

Application of the Vineland Adaptive Behavior Scale on a Child with Intellectual Disability after integrated into a Mainstream School

تطبيق مقياس فاينلاند للسلوك التكيفي على طفل معاق ذهنيًا بعد إدماجه في المدرسة العادية

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Abstract:

This study aims to measure the adaptive behavior of a child with mild intellectual disability integrated into a mainstream school.

The Vineland Adaptive Behavior Scale was administered to the student during the preparatory stage and then again after the second term of the first year of primary school. The scale comprises five skills: communication skills, daily living skills, socialization skills, motor skills, and maladaptive behavior.

The results demonstrated the importance of school integration in modifying and developing the child's adaptive behavior.

Keywords: Vineland Scale, Application, Adaptive Behavior, Mild Intellectual Disability, School Inclusion

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المخلص:

تهدف هذه الدراسة إلى قياس السلوك التكيفي لدى الطفل المعاق ذهنيًا (إعاقة خفيفة) المدمج في المدرسة العادية.

تم بتطبيق مقياس "فاينلاند للسلوك التكيفي" على الحالة في مرحلة التحضيري ثم إعادة تطبيقه بعد انتهاء الفصل الثاني للسنة الأولى ابتدائي. يضم المقياس خمسة مهارات المتمثلة في: مهارات التواصل، مهارات الحياة اليومية، مهارات التنشئة الاجتماعية، المهارات الحركية، السلوك غير التكيفي.

أظهرت النتائج أهمية الدمج المدرسي يساهم في تعديل وتطوير السلوك التكيفي للحالة.

الكلمات المفتاحية: مقياس فاينلاند، تطبيق، السلوك التكيفي، إعاقة عقلية خفيفة، الدمج المدرسي.

1- Introduction

Concern for individuals with special needs reflects a society's awareness and civility, serving as an indicator of national progress. The close relationship between social awareness and civilized values creates this effect. People develop different attitudes about special needs individuals based on how advanced their society has become. The countries work to build support programs which enable this population to use their abilities at maximum capacity. Through these initiatives people with special needs can develop community integration skills which leads to social participation and personal growth and equal participation with their peers(Qahtan, 2005, p. 15).

The condition of intellectual disability creates major obstacles for people because it produces severe mental and operational deficits. People who have these disabilities face multiple problems because of this condition. The core problem stems from the cognitive domain which creates major obstacles for various developmental areas and essential life skills despite other existing challenges. Children need these abilities to learn how to get along with others while developing social skills and understanding their environment. Teaching a child with intellectual disabilities for life demands educators to deliver various learning opportunities which develop their ability to adjust and connect with others. The training process enables people to develop skills which lead them from needing complete assistance toward complete independence(Khaleq & Aziz, 2017, p. 384).

Psychologists from various human life domains have studied adaptive behavior because it serves as a basic psychological concept. The assessment measures how well people reach independence and perform their social roles according to their community and age requirements. The study of adaptive behavior as an intellectual disability field began only recently although it has existed as a philosophical and literary and medical concept for many years.

The Vineland Adaptive Behavior Scale (VABS) emerged as a key instrument in this field during 1984 because it enables developmental evaluation from birth up to eighteen years of age. The scale assesses five different areas which include communication and daily living and

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socialization and motor skills and maladaptive behavior according to Bander (Nasser, Al-Atbi, 2010, pp. 04-05).

The Vineland Adaptive Behavior Scale (VABS) functions as an assessment tool which identifies both positive and negative behavioral characteristics in children who have intellectual disabilities. The evaluation system bases its assessment on how children perform in relation to other children who share their age and cultural background. The scale functions as a complete assessment tool which delivers clinical value for training purposes and therapeutic planning and intervention evaluation. The tool functions as a standard assessment instrument which helps identify and diagnose children with mild intellectual disabilities who attend general educational settings.

The program enables students to participate in regular school activities which help them develop independence and social skills and academic competencies. The program establishes an environment which supports acceptance and teamwork between families and educational institutions and public areas to help children with mild intellectual disabilities (Al-Saadani, 2019, pp. 05-06)

Based on the foregoing, this study raises the following questions:

- who are the children with mild intellectual disabilities integrated into mainstream education?;
- Is there a difference between the pre-test and post-test of the Vineland Adaptive Behavior Scale?;
- Does the integration of children with mild intellectual disabilities into regular schools contribute to modifying their adaptive behavior?.

Every scientific and academic study is guided by a set of objectives. The primary objectives of the present research are as follows:

- To assess adaptive behavior among individuals with mild intellectual disabilities who are integrated into mainstream schools;
- To examine the role of school inclusion in enhancing adaptive behavior among students with mild intellectual disabilities.

2- Study Significance

The significance of this study lies in both the importance of the institution under consideration—as an educational and pedagogical entity—and the relevance of the subject: applying the VABS to a child with a mild intellectual disability integrated into a mainstream school. The study also seeks to highlight a group of individuals with special educational needs, namely children with mild intellectual disabilities included in regular educational settings.

This research seeks to:

- Provide relevant institutions with feedback regarding this category of students with mild intellectual disabilities through the application of the VABS;
- Demonstrate that these students are capable of adaptation, as well as the development of social and, to some extent, academic skills within educational institutions;
- Highlight how such progress positively affects the individual with disabilities, their family, the educational institution, and society at large.

3- Definition of Terms

This research, entitled “The Application of the Vineland Adaptive Behavior Scale to a Child with a Mild Intellectual Disability After Integration into a Mainstream School”, employs the following key terms:

- Adaptive Behavior
- Mild Intellectual Disability
- Vineland Adaptive Behavior Scale
- School Inclusion

3-1- Vineland Adaptive Behavior Scale (VABS)

The VABS is a standardized tool designed to diagnose and assess adaptive behavior across six dimensions: communication skills, daily living skills, socialization skills, motor skills, and maladaptive behavior.

3-2- Adaptive Behavior

Adaptive behavior refers to the dimensions measured by the scale, which emphasize the performance of daily activities required for both personal independence and social competence.

3-3- Mild Intellectual Disability

The term mild intellectual disability denotes a general level of intellectual functioning significantly below average, manifesting during the developmental period. It is accompanied by deficits in adaptive behavior and is typically identified by the child's score on the Draw-a-Person Intelligence Test, with an IQ range of 50–75.

3-4- School Inclusion

School inclusion refers to the educational and social integration of children with special needs and typically developing children within mainstream classrooms, at least for part of the school day. The goal of inclusion is to minimize individual differences by avoiding the segregation of children with disabilities in separate schools.

4-Previous studies

- **Abdul-Razzaq's study (2003)** aimed to identify the effectiveness of the inclusion system in developing adaptive behavior skills and some cognitive aspects among students with mild intellectual disabilities. The study was conducted on a sample of 40 students, divided into two groups: 20 students from intellectual education institutes and 20 students from intellectual education classes attached to regular schools. Their ages ranged from 9 to 12 years. The researcher used an adaptive behavior scale, an Arabic language test, and a scale for assessing the family's economic and social status. The study found statistically significant differences between the mean scores of the students with mild intellectual disabilities in the inclusion system and their peers in the segregated system in adaptive behavior across the dimensions of independent performance, physical development, home activities, responsibility, and language proficiency, all in favor of the students in the inclusion system. There were also statistically significant differences between the mean scores of the students with mild intellectual disabilities in the inclusion system and their peers in the segregated system. The Isolation System

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In maladaptive behavior, as well as in the dimensions of behavior (rebellious, destructive, withdrawal, psychological disturbances), there are statistically significant differences between the average scores of mildly intellectually disabled students in the inclusion system and their peers in the isolation system in language abilities, favoring the inclusion students.

- **A study by Abdelkader Khadro et al. (2021)** aimed to identify the effectiveness of a training program for developing some adaptive behavior skills in children with intellectual disabilities. The Columbia Intelligence Scales Battery was used to determine the children's IQ scores, and the Vineland Adaptive Behavior Scales were used to assess adaptive behavior levels before and after the program's implementation. The study employed an experimental design with a single sample and two measurement levels. The sample consisted of 10 children with intellectual disabilities attending psycho-pedagogical centers in Djelfa. Their IQ scores were average, ranging between 50 and 65. The study concluded that there were statistically significant differences in favor of the post-test, indicating the program's effectiveness in developing communication and daily living skills in children with intellectual disabilities(Khader and others ;2021, p1425).

- **A study by Aya Fawzy El-Sayed Turki (2024)** aimed to identify the relationship between mothers' parental competence and the adaptive behavior of children with intellectual disabilities. It also sought to determine the differences between the average scores of mothers with intermediate qualifications and those with higher qualifications on the parental competence scale and their children's adaptive behavior. Furthermore, the study aimed to uncover differences between the average scores of mothers from different cultural backgrounds (rural versus urban) on both the parental competence scale and their children's adaptive behavior scale. The research sample consisted of 102 mothers of students with mild intellectual disabilities and their children enrolled in special education schools in Tanta. The descriptive methodology was employed, and the instruments included the parental competence scale and the adaptive behavior scale. The results showed a positive correlation between the parental competence of mothers of children with intellectual disabilities and their children's adaptive behavior. The study also found no statistically significant differences between the average scores of mothers of children with intellectual disabilities who had intermediate or higher educational qualifications on the parental competence scale. However, differences were found on the

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children's adaptive behavior scale in the "self-direction skills" dimension. In favor of mothers with an intermediate qualification, it also resulted in no differences between the average scores of mothers with a rural/urban cultural background on the parenting competence scale, while differences were found on the children's adaptive behavior scale in the two dimensions (daily life skills, and social skills) in favor of mothers with an urban cultural background(Aya Fawzy El-Sayed Turki 2025, p96)

Our review of previous studies reveals the following:

- These studies varied in their topics, objectives, sample, methodology, and data collection tools. However, these studies greatly assisted us in defining the variables of the current study and in utilizing the appropriate tools. For example, the Vineland Adaptive Behavior Scales were used, providing us with theoretical frameworks.
- The current study differs from previous studies in its methodology, variables, and dimensions of adaptive behavior.

5- Theoretical Framework

5-1 Definition of Adaptive Behavior

According to the Vineland framework, adaptive behavior encompasses personal responsibility, defined as the individual's ability to manage personal affairs, achieve success, and make appropriate decisions. It also includes social responsibility, which refers to the capacity to fulfill expected social roles successfully, assume the responsibilities associated with those roles, and engage in social and emotional integration when making appropriate decisions or responding to social demands(Khaleq & Aziz, 2017, p. 388).

Another definition emphasizes adaptive behavior as the child's ability to perform social roles appropriate to individuals of the same age and environment, in a manner consistent with the expectations of the social systems in which they participate(Dhahiri, 2008, p. 137).

5-2 The Vineland Adaptive Behavior Scale (VABS)

The VABS (VABS), developed by Sparrow, Balla, and Cicchetti (1984), defines adaptive behavior as "the performance of daily activities necessary for personal and social self-sufficiency."

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This definition encompasses three key elements:

- Adaptive behavior is age-related, as it develops and becomes more complex with the individual's advancement in age;
- Adaptive behavior is determined in relation to the expectations or standards of other individuals;
- Adaptive behavior is measured through actual performance rather than potential ability. While ability is necessary to carry out daily activities, an individual's adaptive behavior may be considered inadequate if that ability is not demonstrated when required.

5-3 Characteristics of the Vineland Adaptive Behavior Scale (VABS)

The emphasis of the VABS on systematic and objective assessment, grounded in scientific principles rather than belief or normative judgment, has allowed for a shift in diagnosis from a strictly clinical and medical stage to a less restrictive approach. Consequently, the scale has been applied across a variety of fields

The most significant characteristics that distinguish the VABS from other measures include the following:

- Its ability to discriminate between individuals' performance across different levels of measurement;
- Its capacity to provide valid indications within samples, by reflecting consistency in the type of disability among individuals;
- Its usefulness in identifying both the degree and severity of the disability.
- Its applicability from birth through the age of eighteen;
- Its inclusion of items that represent the various domains of adaptive behavior skills;
- Its development and refinement over more than two decades, with application to a sample of 3,000 individuals of different ages.

5-4- Definition of School Integration

School integration is defined as: "The current special education system employs an approach which moves qualified disabled children into regular classrooms where they learn alongside their non-disabled

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classmates. Educational designs that follow systematic planning and programming methods provide clear role definitions for educators who teach disabled students and their classmates."

Another definition states: "The integration of children with special needs into regular schools together with their peers, while providing both special education services and supportive services."(Abdallah, 2023, p. 1176)

5-5- Definition of Intellectual Disability

–Definition by the American Association on Intellectual and Developmental Disabilities (AAIDD): Intellectual disability is defined as a general level of intellectual functioning that falls below average, arising during the developmental period, and accompanied by impairments in one or more of the following domains: maturation, learning, and social adjustment(Achoui, 2001, p. 256).

–Medical Definition of Intellectual Disability: Physicians were among the first to address the definition and diagnosis of intellectual disability, attributing it to causes such as damage to the nervous system occurring before, during, or after birth, particularly to the cerebral cortex. This includes impairments in areas responsible for speech, higher mental processes, visual-motor coordination, movement and sensation, as well as reading and hearing, among others.

–Psychometric Definition of Intellectual Disability: The psychometric definition emerged as a result of criticisms directed at the medical definition and due to significant advances in the field of psychological measurement, pioneered by Binet (1905) and followed by the development of other measures of cognitive ability, including Wechsler's Intelligence Scale for Children (1949). This definition relied on the intelligence quotient (IQ) as the primary criterion for diagnosing intellectual disability. Individuals with an IQ score below 75, based on the normal distribution of cognitive ability, were classified as intellectually disabled(Magda, 2002, p. 26).

–Social Definition of Intellectual Disability: The social definition emphasizes the extent to which an individual interacts with and adapts to their community. This perspective was advanced by Mercer and Gens, focusing on the degree to which an individual succeeds—or fails—in meeting the social expectations required of them, in comparison with peers

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of the same age group. These expectations may vary depending on the individual's age and encompass the concept of adaptive behavior. Failure to meet such expectations indicates difficulties in social adjustment, which is considered an aspect of social development that parallels physical, psychological, cognitive, and emotional growth

5-6- Classification of Intellectual Disability

Intellectual disability is classified according to its degree, which is determined by cognitive functional performance, developmental maturity, and the extent of deficits in adaptive behavior. The classifications are as follows:

–**Mild Intellectual Disability (Educable):** IQ ranges between 55 and 77. Children in this category can benefit from mainstream educational programs, though their progress tends to be slow, and they typically encounter significant challenges in academic achievement.

–**Moderate Intellectual Disability (Trainable):** IQ ranges between 40 and 45. Individuals in this group are often referred to as “trainable.” They commonly face health problems in addition to deficits in adaptive behavior.

–**Severe Intellectual Disability:** IQ ranges between 25 and 39. Due to substantial physical, cognitive, emotional, and psychological difficulties, individuals in this category require specialized life-skills, social, psychological, and medical programs to achieve a functional level of independence.

–**Profound Intellectual Disability:** IQ of 25 or below. These individuals demonstrate extremely limited capacity to comprehend and respond to instructions. Their condition is typically accompanied by deterioration in health, motor coordination deficits, delayed or impaired readiness for language and speech, and significant limitations in personal and social competence (Khawla, 2006, p. 50).

6- Methodology and Procedures

6-1- Research Method

A research method refers to the systematic steps followed by a researcher in addressing a topic under study in order to reach specific conclusions. It constitutes an objective means of uncovering scientific truth.

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For the present study, the case study method was adopted, as it is the most appropriate for the research topic.

The VABS was administered in the field setting to the case (M.N), with whom we have worked for several years. The child has been integrated into a mainstream school for four years (three years in preparatory classes and one year in first grade of primary school). The scale was applied both at home and at school, with the assistance of the child's special educational aide, as well as the cooperation of the mother and the classroom teacher. The follow-up period extended over two years, during which the child's social and learning skills were assessed. Additionally, the teacher provided periodic reports on the child's progress within the classroom, which were supplemented by regular discussions held with the mother and the educational aide.

The study also monitored the child's spelling, writing, drawing, arithmetic skills, attention span, and comprehension, in addition to performance across various activities.

6-2-Research Instruments

This study relied on the VABS, developed by Sparrow, Balla, and Cicchetti (1984). This version comprises five main dimensions, subdivided into eleven sub dimensions,

encompassing various aspects of life, including communication skills, daily living skills, socialization skills, motor skills, and maladaptive behavior.

Behavioral ratings vary depending on the individual's responses, with scoring as follows:

- 2: The individual consistently performs the behavior;
- 1: The individual performs the behavior occasionally;
- 0: The individual is unable to perform the behavior.

Additionally, approximate ratings may be used: the symbol (M) when circumstances do not allow for an accurate evaluation, and the symbol (A) when the respondent does not know whether the individual performs the behavior.

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6-3- Case Presentation and Research Findings

The case under consideration (M.N.) involves a child diagnosed with mild intellectual disability. He was born on June 15, 2017, into a family consisting of both parents, who are employed and hold master's degrees, and a younger sister aged three years. Based on the case history obtained from the mother and close relatives, the following summary can be provided:

The mother experienced a normal pregnancy and a natural delivery. The breastfeeding stage proceeded without complications. However, at the age of six months, the child suffered from a severe fever following vaccination. Unfortunately, this high fever resulted in damage to the nervous system. Subsequently, physicians were unable to predict the trajectory of his condition, which led the mother to overlook monitoring his sensory-motor development and other essential skills. As the first child in the family, his mother compared his developmental milestones with those of other children until the walking stage and later the onset of speech. At that point, after consulting a neurologist, it was confirmed that he was experiencing intellectual disability. This marked the beginning of the family's journey toward comprehensive care, a process that the mother continues to struggle with emotionally to this day.

The mother initially found it difficult to accept the reality of her son's condition. Nevertheless, she has devoted significant effort and patience to his upbringing, which has accelerated his uneven developmental progress. With the assistance of educators and specialists in the field, she implemented various intervention programs. These efforts have led to positive outcomes, particularly in the development of behavioral and social skills, personal hygiene, and foundational academic abilities such as drawing, coloring, and letter formation. However, his integration into a mainstream school setting requires a higher level of behavioral and social maturity, which remains a central focus of his ongoing developmental support.

The case subject (M.N.) was admitted to the preparatory class in 2021 following consultation with, and approval from, the specialists supervising his condition, in accordance with the principles of school integration and with an evaluation of each academic stage from multiple dimensions. In that same year (2021), prior to his enrollment in the preparatory class, we

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administered the VABS to him in order to include the results in his school medical file.

Subsequently, the case repeated the preparatory class three times; however, this repetition significantly contributed to the acquisition of numerous skills, most importantly his ability to adapt socially with his typically developing peers. After his transition to the first grade, and at the end of the second semester, we re-administered the same instrument—the VABS—to assess the skills it measures following four years of school integration. These skill domains include: communication skills, daily living skills, socialization skills, motor skills, and maladaptive behavior.

A pedagogical assistant was assigned to support him in meeting his needs both inside and outside the classroom and to accompany him during instruction. This assistant, together with his mother, collaborated with us in administering the scale for the second time. The results obtained through the application of the VABS during the preparatory stage of the 2021 academic year were as follows:

Table N°1: Responses of the case subject on the scale prior to the implementation of school integration in 2021

Dimension	Score
Communication Skills	17
Daily Living Skills	19
Socialization Skills	18
Motor Skills	19
Mal adaptive Behavior	10
Total Score	83

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Table N°2: Responses of the Case on the Scale After Approximately Four Years of School Inclusion (2025)

Dimension	Score
Communication Skills	25
Daily Living Skills	29
Socialization Skills	25
Motor Skills	21
Mal adaptive Behavior	02
Total Score	102

The results of administering the VABS—both the pre-test (before entry into the preparatory stage) and the post-test (at the end of the second semester of the first year)—to the case (M.N.) yielded the following findings:

From Tables (1) and (2), it is evident that the case demonstrated progress in communication skills. This development can be attributed to school inclusion, the positive and healthy classroom environment, as well as the support provided by the pedagogical assistant and the child's mother. Despite the presence of mild intellectual disability, the communication domain, which encompasses sub domains such as language and independence, showed relative improvement. Specifically, in the area of receptive language, which evaluates understanding of spoken language (comprehension, listening, concentration, and following instructions), noticeable progress was observed. Similarly, in expressive language, which assesses spoken language skills (e.g., verbal communication with the teacher and peers), improvements were recorded. Moreover, this domain also includes reading and writing skills, where the post-test results revealed that the child's writing ability had developed more significantly than reading ability. These positive outcomes are primarily the result of mainstream school inclusion, the supportive classroom environment, and peer interaction, which collectively fostered relative skill development.

Regarding the second domain of the scale, Daily Living Skills, the case showed progress in performing personal skills independently, such as eating, drinking, dressing, using the bathroom, personal hygiene, and other

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aspects of self-care. Improvements were also observed in the performance of household tasks.

In terms of Socialization Skills, the case exhibited relative progress in peer integration and demonstrated a notable ability to use a Smartphone effectively, which reflects positive development. This was confirmed by Abdul Qader Hader's 2021 study, "Developing Communication and Daily Living Skills for Children with Intellectual Disabilities."

As for the third domain, Socialization Development, which emphasizes interpersonal relationships and interaction with others—such as responding, imitating, expressing emotions, social communication, leisure activities, play, conformity, responsibility, and sensitivity toward others (including sensory habits, compliance with instructions, apologizing, emotional regulation, and responsibility-taking)—the findings revealed relative progress between pre-inclusion and post-inclusion assessments. The integration of the child into a mainstream school, combined with the support of the teacher, the mother. This was confirmed by Aya Fawzi Al-Sayed Al-Turki's study on the role of the mother in helping develop adaptive behavior skills in a child with mild intellectual disability., and peers both inside and outside the classroom, played a significant role in promoting the child's social and academic development.

As for the dimension of motor skills, which includes the use of the arms and legs as well as motor coordination (such as sitting, walking, running, play activities, the use of hands and fingers, object manipulation, drawing, and the use of scissors), we observed notable improvement based on the results of the scale. Regarding the fifth dimension—maladaptive behavior, which encompasses undesirable patterns of conduct such as politeness in social interactions, withdrawal, shyness, and particularly physical aggression, the pre- and post-test results indicated a gradual decline in these maladaptive behaviors. This reduction can be attributed to the child's integration into school and the initial stages of adaptation to the school environment. As well as the chronological progression and maturation of the condition (4 years in the preparatory phase).

- CONCLUSION

Based on the pre- and post-assessment results of the VABS, and on the integration of M. N., a child with mild intellectual disability, into a mainstream school, we observed the effectiveness of inclusion in improving various skills—communicative, social, academic, and performance-related. The inclusion process enables people to defeat disabilities while backing their capacity to exist and engage in social activities.

Several difficulties and barriers exist which affect educational institutions together with their surrounding social environment. These include:

- Difficulties in enrolling children with intellectual disabilities in schools;
- Lack of acceptance from teachers, peers, and parents, who may resist integrating these students into mainstream classrooms;
- Barriers to the involvement of pedagogical aides, who are often viewed as outsiders in the school environment because of limited awareness of their role in Algerian society and educational institutions;
- Negative perceptions that children with special needs should only be taught in specialized institutions, which denies them the right to enter mainstream classrooms.

In light of these barriers, there is a pressing need for:

- Awareness campaigns and educational initiatives to foster acceptance of this group;
- Monitoring and enforcement of laws that protect the rights of children with special needs, including their right to inclusion in mainstream schools;
- Teacher training programs that specifically address strategies for working with this population;
- Greater parental engagement to strengthen collaboration in the educational process;
- Active involvement of screening and monitoring units, the official bodies responsible for raising awareness, diagnosis, care, and integration of children with special needs.

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In sum, school inclusion plays a significant role in promoting the development of adaptive behavior in children with mild intellectual disabilities and in supporting their broader integration into society.

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