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Influence of Family and Institutional Environment on the Adaptive Behaviour of Children with Mild Intellectual Disability¹

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Abstract

The development of adaptive skills is determined by factors inherent to a person, as well as by opportunities and expectations of the socio-cultural environment in which the person grows up. This paper analyses the adaptive behaviour of children with mild intellectual disability (MID) living with families or in institutions for children without parental care. The sample consisted of 95 children with MID, aged between 10 and 13.11. Data on their adaptive skills were obtained during standardized interviews with special education teachers, through using the AAMR Adaptive Behaviour Scale – School, Second Edition (ABS-S:2). Analysing the domain scores and factor scores regarding the first part of ABS-S:2 scale, it was possible to determine that the children with MID who lived with families achieved much better results in practical and social skills than the children who lived in institutions. Score differences in the Maladaptive Behaviour Scale between the two above-mentioned groups of children with MID were statistically significant in all domains.

Key words: *conceptual skills; family; institutionalization; maladaptive behaviour; practical skills; social skills.*

Introduction

Adaptive behaviour is a multidimensional and hierarchical construct, which represents one of the defining parameters of intellectual disability (American

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Association on Intellectual and Developmental Disability, 2010). It consists of conceptual, social, and practical skills necessary for everyday life (Luckasson et al., 2002). The conceptual dimension of adaptive behaviour is manifested in functional-academic, cognitive, and communication skills. The practical dimension is manifested in activities related to everyday self-care, while the social dimension is manifested in interpersonal skills and socially responsible behaviour (Pierangelo & Giuliani, 2002). The development of adaptive skills is determined by factors inherent to a person (such as cognitive, emotional, and social potential), and by opportunities and expectations of the socio-cultural environment in which that person grows up.

Even though there are significant correlations between many dimensions of adaptive behaviour and intelligence, they are considered different phenomena in most definitions. Thus, a person should not be categorized as intellectually disabled even though he/she meets the psychometric criterion of the diagnosis (IQ lower than 70), unless there are significant deviations (2SD or more) in adaptive behaviour (Borthwick-Duffy, 2007). Such approach emphasizes the relation between his/her personal characteristics and the quality of experiences from interacting with the environment. There is a transfer from deficit paradigm to understanding and explaining ways in which risk factors and resilience factors influence a child's development (Margalit, 2003). Risk factors increase the incidence of developmental disorders, while promotional factors enhance resilience (Burchinal et al., 2008), a process in which a person applies positive adaptive mechanisms despite the influence of significant risk factors (Luthar, Cicchetti, & Becker, 2000). A child's development depends not only on personal characteristics, but also on the aspects of family, social and physical environment (Luthar et al., 2000). Contextual factors, such as family relations, mental diseases in the family, time spent in appropriate educational environment, socio-economic status, and opportunities to acquire and apply adaptive skills, can significantly influence adaptive behaviour (Zigler, 1995).

Research results which assessed the effect of IQ as a risk factor indicated that general intellectual potential is not an independent risk factor. Cumulative effect of several risk factors proved to be a stronger predictor of a child's development than IQ. Grouping IQ factors and negative emotional or financial circumstances within a family significantly influence a child's development, the lower the IQ, the more significant the influence (e.g. Sameroff, Seifer, Barocas, Zax, & Greenspan, 1987).

Children with intellectual disability experience difficulties in academic skills and abilities due to slow cognitive development, often accompanied by social isolation which further increases the risk for behavioural problems (Huston et al., 2001; McIntyre, Blacher, & Baker, 2006). Children from economically disadvantaged families are often more at risk than children from rich families. Thus, double burden, which may influence the development, occurs due to cumulative effect and interactive risk nature (Emmett, 2005; Kemp & Carter, 2002).

Family potential is multifaceted and related to different factors, so the consequences of family risk factors may be the feeling of helplessness, lack of motivation, inadequate

education, and an inadequate system of rules (Kemp & Carter, 2002). Studies on children from economically disadvantaged families and minority groups indicated that the limitation of experiences which enable learning, lack of early language experience, and basic academic knowledge are related to future academic achievements in extent and type (Brooks-Gunn & Markman, 2005; Hart & Risley, 1995; Mistry, Vandewater, Huston, & McLoyd, 2002).

Environmental factors can be more significant factors of academic achievements than biological ones (Brooks-Gunn & Markman, 2005; Leffert & Siperstein, 2002). Therefore, in order to reach conclusions on child's strengths, it is necessary to consider the family whose integral part a person with intellectual disability is, since such families, especially those with children who, apart from ID, also have behavioural problems, face different obstacles which may influence family dynamics (Baker, Blacher, & Olsson, 2005; Maes, Broekman, Dosen, & Nauts, 2003).

Children who feel accepted by their families are more likely to develop a positive image of themselves and a feeling of belonging (Minuchin, 2002), which some authors consider crucial for the development of social self (Baumeister & Twenge, 2003). Family relations characterized by high cohesion and expression lead to deeper feelings of stability and emotional security in children with disability, which is essential for good interpersonal communication (Levitt, 2005). Family climate in early childhood is a predictor of adaptive functioning of children with different disabilities from early to middle childhood (Hauser-Cram et al., 2001). Studies indicate that characteristics of a family environment significantly influence the quality of peer relationships (Guralnick et al., 2003).

The development of children who do not live in a family environment is influenced by numerous risk factors, regardless of children's personal strengths. Studies on the abilities of institutionalized children have shown that institutional deprivation influences cognitive and emotional development (Dubrovina, 1991; Gligorović & Buha, 2002; Goldfarb, 1945; Spitz, 1945). A group of Russian psychologists described the so-called "temporal disorder of mental development", which occurs in children who grow up in children's homes, as a result of the lack of stimulation in early childhood. The most conspicuous characteristic of that disorder is falling behind in the development of speech and language, which is manifested in late development of speaking, poor vocabulary, grammar mistakes, poor understanding of speech, and slow learning of new words. The authors believe that the above-mentioned findings to some extent result from the lack of verbal interaction with adults, but they are primarily determined by a specific communication context: the aim of communication for a child living in an institution is attracting attention of adults and establishing physical contact with them, while speech is in the second place (Dubrovina, 1991). According to the results of a study conducted in Serbia, which assessed speech and language abilities of institutionalized children aged between 7 and 16 (more than half of whom attended the school for children with ID), most children experienced difficulties in

narrative speech (retelling a story and productive speech), regardless of the level of their intellectual development. Their expressive speech is characterized by latency, poor vocabulary, simple syntax, and frequent grammar mistakes (Gligorović & Buha, 2002). The so-called cumulative cognitive deficit often occurs in older children who grow up in institutions, which involves cognitive and language impairments, falling behind in the development of cognitive abilities, lack of motivation for cognitive activities (which may appear to be attention or memory disorders), and discrepancy between children's learning strengths and the model of teaching. Constant failures in cognitive activities lead to the lack of self-esteem and interest, as well as to constant frustration in that area (Cox, 1983; Gindis, 2005; Haywood, 1987). Falling behind in the development of cognitive functions may result in progressive cognitive-behavioural incompetence (Haywood, 1987; Juffer & van Ijzendoorn, 2005; O'Connor et al., 2000; Roy, Rutter, & Pickles, 2000).

By examining the health and mental status of previously institutionalized children from Russia, Romania and China, adopted in other countries, it was confirmed that institutionalization is a high risk factor for later development. The results of many studies have shown a significant developmental disparity between previously institutionalized children and children who grow up with families in the areas of language development (e.g. Gindis, 2005; Glennen & Masters, 2002; Lindblad, Hjern, & Vinnerljung, 2003), school success, academic achievements (e.g. Dalen & Rygvold, 2006), behaviour and emotions (Juffer & van Ijzendoorn, 2005; McGuinness & Pallansch, 2007; O'Connor et al., 2003), cognitive and intellectual development (e.g. Becket et al., 2006; Dalen, 2001; Gindis, 2005; Howard, Smith, & Ryan, 2004; Judge, 2004; O'Connor et al., 2000; Rutter, Kreppner, O'Connor, & The English and Romanian Adoptees Study Team, 2001; van Ijzendoorn, Juffer, & Klein Poelhuis, 2005). The studies on Romanian children showed significantly reduced activation of various brain areas that are involved in higher cognitive processes, emotions and emotion regulation (Becket et al., 2006; Chugani et al., 2001; Gunnar & Kertes, 2005; Rutter, 2005; Zeanah et al., 2003).

The research on cognitive and brain functions of previously institutionalized adopted children showed that the later the child was adopted, the greater the difficulties. General cognitive abilities are lower than the average in most children, and IQ correlates negatively with the time spent in an institution (the longer the time in a home, the lower the IQ). The cognitive control analysis, by means of Go/No-Go task, showed that the children who had lived in institutions achieved lower general results than their peers, and their performance also correlated negatively with the time of adoption – children adopted at younger age tend to have higher scores. The authors connect falling behind on IQ tests and cognitive control tests with a trauma which leads to the abnormal maturation of prefrontal functions. Also, the shrinkage of hippocampus as a function of the time spent in an institution was discovered, which, according to the authors, explains learning and memory difficulties in children

who had been institutionalized. They are considerably slower than their peers on tasks which involve connecting new stimuli with answers, an activity also related to hippocampal function (Noble, Tottenham, & Casey, 2005).

The level and aspect of expressing developmental disability largely depend on the length of deprivation, and also on the number of different factors, such as malnutrition, infections, genetic factors, prematurity, etc. (e.g. Dalen, 2007; Howard et al., 2004; Miller, 2000; O'Connor et al., 2000; Roy et al., 2000).

Having in mind that contextual factors influence various capabilities and considering the fact that adaptive behaviour is one of the aspects of development in which all qualities of one's personality are intermingled, the aim of this study was to determine the relation between different dimensions of adaptive functioning and life circumstances in children with mild intellectual disability.

Method

Participants

The sample consisted of 95 children (52 females and 43 males) with mild intellectual disability, aged between 10 and 13.11. The participants attended elementary schools for children with intellectual disability in Belgrade (Serbia). IQ scores ranged from 50 to 70 ($M=60.43$, $SD=7.287$) in the sample. No significant relation was determined between IQ and the participants' gender ($F(1)=0.475$, $p=0.492$), nor between IQ and their family status ($F(3)=0.208$, $p=0.891$).

The results of Adaptive Behaviour Scale (ABS) were pondered according to age norms valid for children with intellectual disability, making age comparison unnecessary.

Instruments and Procedures

The data on age, gender, and family status, as well as the results of standardized psychometric instruments (IQ) were based on the official documentation provided by pedagogical-psychological services.

The data on adaptive skills and behavioural problems were obtained during standardized interviews with special education teachers, by applying the AAMR scale of adaptive functioning (AAMR Adaptive Behaviour Scale – School, Second Edition, 1993) (Lambert, Nihira, & Leland, 1993). ABS-S:2 is a behavioural scale of assessing children and adolescents, aged between 3 and 21. It consisted of 104 items, divided into two parts – the first part assessed adaptive behaviour, while the second part assessed maladaptive behaviour.

The first part of ABS-S:2 scale consisted of 67 items, distributed in 9 subscales or areas, as follows: domain 1 (Independent Functioning), domain 2 (Physical Development), domain 3 (Economic Activity), domain 4 (Language Development), domain 5 (Numbers and Time), domain 6 (Prevocational/Vocational Activity), domain 7 (Self-Direction), domain 8 (Responsibility), and domain 9 (Socialization).

The second part of ABS-S:2 scale consisted of 37 items, distributed in 7 subscales or areas, as follows: domain 10 (Social Behaviour), domain 11 (Conformity), domain 12 (Trustworthiness), domain 13 (Stereotyped and Hyperactive Behaviour), domain 14 (Self-Abusive Behaviour), domain 15 (Social Engagement), and domain 16 (Disturbing Interpersonal Behaviour).

Five separately assessed factors were determined by using factor analysis: Factor 1 – Personal Self-Sufficiency, Factor 2 – Community Self-Sufficiency, Factor 3 – Personal/Social Responsibility, Factor 4 – Social Adjustment, and Factor 5 – Personal Adjustment. Factor scores consisted of separate item scores from different areas and/or domains.

Raw scores were weighted towards standard ones according to age norms. We thought that the Scale could meet the needs of research on children with intellectual disability, even though it had not been standardized for children in Serbia. Similarly to most other instruments where the sources of information include other people (parents, teachers, etc.), the question which remains open in the case of ABS-S2:2 is its reliability, which depends on reference framework, expectations and capacity of people who provide information, as well as their possibility to observe the child in different situations (Sattler, 2002).

Data Analysis

Standard and percentile scores were used in the analysis of adaptive behaviour dimensions. Measures of central tendency (mean), measures of variability (standard deviation), and results range (minimum and maximum) were used for presenting basic statistical parameters. χ^2 test was used for determining the relations significance between non-parametric variables. Multivariate variance analysis (MANOVA) was used for determining the influence of family status on adaptive behaviour variables.

Results

Adaptive Behaviour

The first part of ABS scale assessed physical development, skills related to independence in everyday life, basic functional academic skills, basic work habits and skills, communication, self-direction, and social skills. Table 1 shows the results of adaptive behaviour assessment.

The MANOVA-based analysis of family status and adaptive behaviour parameters revealed a statistically significant relation between family status and the domains such as Independent Functioning, Prevocational/Vocational Activity, and Socialization. In other adaptive domains, family status did not prove to be a significant factor.

Post-hoc analysis determined that the children who lived in institutions considerably differed from the children who lived with families, regardless of its type.

The participants who lived with families were grouped and compared to the ones in institutions. The already determined differences were more significant in: domain 1 – Independent Functioning ($F(1)=7.690, p=0.007$), domain 6 – Prevocational/Vocational Activity ($F(1)=8.037, p=0.006$), and domain 9 – Socialization ($F(1)=10.183, p=0.002$).

Table 1. Adaptive behaviour of children in families and institutions

| ABSS:2 part I | Family | Min | Max | M | SD | Levene's Test Sig. | MANOVA | |
|---------------------------------------|--------|-----|-----|-------|-------|--------------------|---------|------|
| | | | | | | | F(2.95) | p |
| Independent Functioning | BP | 10 | 18 | 14.07 | 2.080 | .521 | 4.285 | .017 |
| | SP | 11 | 18 | 14.65 | 2.396 | | | |
| | I | 8 | 17 | 12.73 | 2.313 | | | |
| Physical Development | BP | 13 | 17 | 15.85 | 1.026 | .509 | .049 | .953 |
| | SP | 13 | 17 | 15.94 | 1.088 | | | |
| | I | 12 | 17 | 15.91 | 1.269 | | | |
| Economic Activity | BP | 6 | 13 | 9.96 | 1.677 | .734 | 1.587 | .210 |
| | SP | 6 | 13 | 10.06 | 1.600 | | | |
| | I | 6 | 13 | 9.27 | 1.638 | | | |
| Language Development | BP | 9 | 16 | 13.35 | 1.713 | .901 | .070 | .933 |
| | SP | 10 | 16 | 13.35 | 1.835 | | | |
| | I | 9 | 17 | 13.18 | 2.062 | | | |
| Numbers and Time | BP | 10 | 14 | 11.65 | 1.174 | .137 | .410 | .665 |
| | SP | 9 | 14 | 12.00 | 1.658 | | | |
| | I | 7 | 14 | 11.77 | 1.631 | | | |
| Prevocational/ Vocational Activity | BP | 6 | 15 | 11.38 | 2.635 | .343 | 4.258 | .017 |
| | SP | 7 | 16 | 11.94 | 2.794 | | | |
| | I | 6 | 15 | 9.59 | 3.157 | | | |
| Self-Direction | BP | 9 | 17 | 12.49 | 2.418 | .717 | 1.986 | .143 |
| | SP | 9 | 17 | 12.47 | 2.322 | | | |
| | I | 9 | 17 | 11.32 | 2.438 | | | |
| Responsibility | BP | 6 | 14 | 11.53 | 1.762 | .382 | 2.885 | .061 |
| | SP | 10 | 14 | 11.76 | 1.348 | | | |
| | I | 7 | 14 | 10.64 | 1.590 | | | |
| Socialization | BP | 9 | 16 | 12.53 | 2.035 | .916 | 5.334 | .006 |
| | SP | 10 | 16 | 12.94 | 2.015 | | | |
| | I | 8 | 15 | 11.05 | 2.058 | | | |

Note: BP-both parents; SP-single parent; I-institution;

Furthermore, differences in domain 7 – Self-Direction ($F(1)=4.015$, $p=0.048$) and domain 8 – Responsibility ($F(1)=5.548$, $p=0.021$) were also determined.

Maladaptive Behaviour

The second part of ABS scale assessed the presence of maladaptive forms of behaviour, such as disturbances in interpersonal behaviour, mental and physical disturbance of others, inadaptability, unreliability, inhibition, stereotyped, hyperactive and involuntary behaviour. Table 2 shows the results of maladaptive behaviour assessment.

Table 2. Maladaptive behaviour of children in families and institutions

| ABSS:2 part II | Family | Min | Max | M | SD | Levene's Test Sig. | MANOVA | |
|---------------------------------------|--------|-----|-----|-------|-------|--------------------|---------|------|
| | | | | | | | F(2,95) | p |
| Social Behaviour | BP | 2 | 16 | 10.33 | 3.323 | .168 | 4.191 | .018 |
| | SP | 6 | 16 | 10.00 | 3.062 | | | |
| | I | 3 | 12 | 8.09 | 2.408 | | | |
| Conformity | BP | 2 | 16 | 11.02 | 3.669 | .293 | 6.354 | .003 |
| | SP | 6 | 16 | 10.82 | 2.899 | | | |
| | I | 4 | 14 | 8.09 | 2.617 | | | |
| Trustworthiness | BP | 5 | 16 | 11.02 | 2.571 | .894 | 6.601 | .002 |
| | SP | 8 | 14 | 10.94 | 1.952 | | | |
| | I | 3 | 15 | 8.68 | 3.138 | | | |
| Stereotyped and Hyperactive Behaviour | BP | 4 | 14 | 12.22 | 2.307 | .101 | 7.097 | .001 |
| | SP | 8 | 14 | 12.12 | 1.799 | | | |
| | I | 1 | 14 | 9.86 | 3.441 | | | |
| Self-Abusive Behaviour | BP | 9 | 13 | 12.36 | 1.025 | .099 | 9.296 | .000 |
| | SP | 11 | 13 | 12.47 | .800 | | | |
| | I | 4 | 13 | 10.64 | 2.985 | | | |
| Social Engagement | BP | 7 | 13 | 11.89 | 1.436 | .321 | 3.466 | .035 |
| | SP | 9 | 13 | 12.18 | 1.286 | | | |
| | I | 7 | 13 | 10.95 | 2.171 | | | |
| Disturbing Interpersonal Behaviour | BP | 5 | 16 | 10.35 | 2.790 | .771 | 2.544 | .084 |
| | SP | 7 | 16 | 10.88 | 2.870 | | | |
| | I | 5 | 16 | 8.95 | 3.154 | | | |

Note: BP-both parents; SP-single parent; I-institution.

The MANOVA-based analysis of family status and maladaptive behaviour parameters revealed a statistically significant relation between family status and all the maladaptive behaviour domains, except the Disturbing Interpersonal Behaviour domain.

Post-hoc analysis determined that the children who lived in institutions considerably differed from the children who lived with families, regardless of its type.

The participants who lived with families were grouped and compared to the participants who lived in institutions. The already determined differences were more significant in: domain 10 – Social Behaviour ($F(1)=8.313, p=0.005$), domain 11 – Conformity ($F(1)=12.797, p=0.001$), domain 12 – Trustworthiness ($F(1)=13.335, p<0.000$), domain 13 – Stereotyped and Hyperactive Behaviour ($F(1)=14.327, p<0.000$), domain 14 – Self-Abusive Behaviour ($F(1)=18.731, p<0.000$), and domain 15 – Social Engagement ($F(1)=6.568, p=0.012$). Furthermore, the differences in domain 16 – Disturbing Interpersonal Behaviour ($F(1)=4.668, p=0.033$) and domain 8 – Responsibility ($F(1)=5.548, p=0.033$) were also determined.

Differences between the children with MID who lived in institutions and the ones who lived with families were considerable in each domain of the Maladaptive Behaviour Scale.

Factors of Adaptive Behaviour

The factors included scores of both parts of the Adaptive Behaviour Scale, grouped according to the factor analysis. They reflected personal and social independence, personal and social dimensions of responsibility, and adaptation. Table 3 shows the results of factor analysis.

Table 3. Factor scores of children in families and institutions

| ABSS:2 factors | Family | Min | Max | M | SD | Levene's Test Sig. | MANOVA | |
|----------------|--------|-----|-----|--------|--------|--------------------|---------|------|
| | | | | | | | F(2,95) | p |
| Factor 1 | BP | 112 | 141 | 136.60 | 6.593 | .066 | 3.852 | .025 |
| | SP | 125 | 141 | 138.35 | 4.676 | | | |
| | I | 99 | 141 | 131.77 | 12.425 | | | |
| Factor 2 | BP | 91 | 118 | 108.07 | 6.480 | .747 | 1.825 | .167 |
| | SP | 96 | 119 | 109.12 | 7.541 | | | |
| | I | 88 | 121 | 105.23 | 7.534 | | | |
| Factor 3 | BP | 95 | 140 | 117.25 | 12.970 | .745 | 3.902 | .024 |
| | SP | 103 | 141 | 118.41 | 11.774 | | | |
| | I | 93 | 138 | 108.95 | 12.617 | | | |
| Factor 4 | BP | 67 | 121 | 98.13 | 13.878 | .104 | 7.106 | .001 |
| | SP | 80 | 118 | 96.71 | 10.582 | | | |
| | I | 68 | 106 | 86.23 | 10.704 | | | |
| Factor 5 | BP | 75 | 119 | 106.25 | 10.957 | .093 | 7.846 | .001 |
| | SP | 89 | 119 | 105.71 | 9.518 | | | |
| | I | 58 | 119 | 94.59 | 15.571 | | | |

Note: BP-both parents; SP-single parent; I-institution; Factor 1 - Personal Self-Sufficiency; Factor 2 - Community Self-Sufficiency; Factor 3 - Personal/Social Responsibility; Factor 4 - Social Adjustment; Factor 5 - Personal Adjustment.

The MANOVA-based analysis of family status and adaptive functioning factors revealed a statistically significant relation between family status and all the adaptive functioning factors, except the Community Self-Sufficiency factor.

Post-hoc analysis determined that the children who live in institutions considerably differ from the children who live with families, regardless of its type.

The participants who lived with families were grouped and compared to the participants who lived in institutions. The already determined differences were more significant in: factor 1 – Personal Self-Sufficiency ($F(1)=7.123$, $p=0.005$), factor 3 – Personal-Social Responsibility ($F(1)=7.771$, $p=0.006$), factor 4 – Social Adjustment ($F(1)=14.178$, $p<0.000$), and factor 5 – Personal Adjustment ($F(1)=15.823$, $p<0.000$).

Factor 2 – Community Self-Sufficiency differences were somewhat below the statistical significance ($p=0.069$).

The differences were not statistically significant only in the domain of factor 2 – Community Self-Sufficiency, which described conceptual skills, i.e. a person's ability to interact with the environment and to use social resources (the area of social interaction – relies on communication skills and the ability to handle money and the concept of time).

Discussion

By analyzing the scores covering the first part of ABS-S:2, it was determined that the children with MID who lived with families, regardless of its type, had considerably higher scores in the domains assessing practical and social skills than the children who lived in institutions. Even though a single parent family, where one parent – usually a father – is absent, is considered to be a potential risk factor (Matson & Laud, 2007), no statistically significant differences were determined between the children with MID with regard to family type.

According to the obtained results, the children in institutions were less independent in everyday life, showed less initiative and persistence on tasks, had worse basic work skills, and were less responsible and less socialized, when compared to the children who lived with families. No differences were observed in the areas of speech and language development, economic activities, and concepts of numbers and time. This indicates that the institutionalized children with MID did not fall behind in conceptual sphere, but rather in spheres referring to responsibility towards themselves and others, in comparison to their peers who lived with families. The same trend was observed in the analysis of factor scores, where there was no statistical significance only in the domain of factor 2 – Community Self-Sufficiency which assessed social independence, i.e. a set of conceptual skills including item scores from the following areas: Prevocational/Vocational Activity, Economic Activity, Language Development, and the complete Numbers and Time domain.

Considerable differences were found in factor 1 – Personal Self-Sufficiency (which described practical skills, i.e. a person's everyday self-care ability), factor 3 – Personal -Social Responsibility (which described social skills, i.e. the ability to establish and maintain adequate interpersonal relations), factor 4 – Social Adjustment (which described mainly externalized behavioural problems, such as aggression, antisocial behaviour, and establishing inadequate interpersonal relations), and factor 5 – Personal Adjustment (which described behaviour that may be seen as autistic, stereotyped, hyperactive, and socially inappropriate).

Difficulties in social skills in institutionalized children with MID were additionally emphasized by the score analysis of Maladaptive Behaviour Scale, since the differences between children who lived in institutions and the ones who lived with families were considerable in every domain. In our previous research, through the analysis

of percentile scores regarding the second part of ABS-S:2 scale, it had been observed that between 18 and 22% of children with MID achieved below average results (range: below average, bad, and very bad) in the areas of social behaviour, adaptability, reliability, and disturbing interpersonal behaviour (Buha-Đurović & Gligorović, 2009). The current study determined that institutionalized children with MID expressed considerably more maladaptive forms of behaviour that could be described as hyperactive, stereotyped, and involuntary, comparing to their peers with MID who lived with families.

According to the results of studies on adopted children who had previously lived in institutions, difficulties in the sphere of emotions and socialization can develop as a result of the lack of caring experience, which can be crucial for establishing close relationships with others. The lack of a consistent child-adults relation increases the possibility of developing emotional and social problems (Chugani et al., 2001), and the difficulties in cognitive functions (Juffer & van Ijzendoorn, 2005; Becket et al., 2006; van Ijzendoorn et al., 2005; Gunnar & Kertes, 2005; Rutter, 2005; Dalen, 2007).

The institutionalized children with MID in our study do not differ in IQ and conceptual skills from the children who lived with families. However, the question is to what extent their level of intellectual functioning is determined by constitutional factors, and to what extent it is determined by contextual factors. Unfortunately, we do not have data about their pre-institutionalized development or its circumstances, which could provide possible answers.

A Norwegian study which assessed the school competence of adopted children, who had previously been institutionalized, determined that such children had a lower level of social abilities, especially cooperation and self-control, than their peers who lived with families. There were no differences in respecting school rules. However, the adopted children had more behavioural problems, especially hyperactivity (Dalen, 2005). Our results showed that the children with MID who lived in institutions were more prone to physically aggressive and emotionally offensive behaviour. It is possible that this pattern resulted from their constant struggle for their positions. Avoiding rules, being resistant to authorities, having disturbing interpersonal behaviour, and disrespecting public and personal assets can also be the result of institutionalized life "climate" and the lack of behavioural model which develops from identifying with adults (parents). It is possible that the inclination towards withdrawal and inactivity, which is a form of internalized behaviour (Campbell, 2006) and is much more frequent in institutionalized children, results from low self-esteem and loss of interest. In other words, cumulative cognitive deficit can cause some emotional/behavioural problems, and, in children who lived in institutions, it develops as a cumulative effect of medical, socio-economic (neglect, abuse, malnutrition), cultural, and educational deprivations in early childhood.

Constant errors in cognitive activities can lead to low self-esteem, loss of interest, and constant frustration related to the cognitive sphere. The lack of inner motivation

in cognitive activities increases with age and becomes one of the leading characteristics of cumulative cognitive deficit (Haywood, 1987).

It was determined that institutionalized children with MID experienced more externalizing behavioural problems (factor 4 – Social Adjustment and factor 5 – Personal Adjustment), i.e. inadequately controlled behaviour towards others, such as aggression, antisocial behaviour, inadequate interpersonal relations, hyperactivity and stereotyped behaviour. Children with MID and externalizing behavioural problems in early childhood often feel lonely at school during their middle childhood (Howell, Hauser-Cram, Joanne, & Kersh, 2007), also observed in typically developing children, whose maladaptive behaviour leads to disruptive classroom behaviour, and, consequently, to bad social acceptance and a feeling of loneliness (Ladd & Troop-Gordon, 2003). Socially inappropriate forms of behaviour, such as excessive hugging, kissing, touching others, etc. are more frequent in institutionalized children with MID. In literature these are categorized as atypical forms of behaviour related to attachment in post-institutionalized children, such as non-discriminatory friendships and non-inhibited behaviour, i.e. lack of awareness of social boundaries and difficulties in accepting social signals about what is acceptable or appropriate for other people (O'Connor et al., 2003; Rutter, 2005; Rutter et al., 2007).

The results of this study support the socio-cultural model of behavioural problems, which explains different behavioural problems taking into account the environmental limitations in which a child lives – social stigma and rejection, neglect and abuse, and family factors (Matson & Laud, 2007).

Conclusion

This paper analyses the adaptive behaviour of children with mild intellectual disability (MID) who lived with families or in institutions for children without parental care. Data on their adaptive skills were obtained during standardized interviews with special education teachers, by applying the AAMR Adaptive Behaviour Scale – School, Second Edition. We can conclude from our results that the institutionalized environment is evidently a risk factor in developing the personal independence and social behaviour of institutionalized children with MID. The findings of some studies indicated that most children in post-institutionalized period showed considerable progress in all ability ranges. Even with all the effort and goodwill, it is very hard to adequately support the optimal brain development in an institutionalized environment (Rutter, 2005). Institutions for children without parental care provide fewer opportunities for a child to acquire and apply different skills. Lack of personal contact and physical stimulation, insufficient space, lack of toys, etc., influence the overall child development (Dalen, 2007). Unfortunately, the possibility of deinstitutionalization does not depend on the determined factors or good intentions, but primarily on socio-economic circumstances and promotion of children's rights in a certain environment. Although a model of foster families for children without parental care exists in

Serbia, it is far from sufficient for a large number of children who live in institutions. Economic circumstances prevent an increase in the number of employees. Apart from that, their parents are often alive and consider such institutionalization as a temporary solution, and the children are institutionalized due to poverty and/or family dysfunction, parents' health problems, etc. Some parents visit their children, but children with intellectual disability have significantly less contact with families than other institutionalized children (Gligorović & Buha, 2002). Even when adoption becomes possible, potential parents rarely adopt a child with developmental disability. In the given circumstances, the main practical recommendation is to provide children in institutions with as many opportunities as possible for gaining positive interpersonal experiences, knowledge and skills in different ability ranges, which would compensate for the lack of family environment. This should be done by systematically applying developmental programmes of primary and secondary prevention.

The basic limitation of this study regards the participants' age range. Clearer insights in the developmental outcomes of adaptive behaviour in institutionalized persons with MID could be provided through including adolescent and adult participants.

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Utjecaj obitelji i institucije na prilagodljivo ponašanje djece s blagim intelektualnim poteškoćama²

Sažetak

Razvoj vještina prilagođavanja određen je čimbenicima koji su svojstveni pojedincu, ali i mogućnostima i očekivanjima društveno-ekonomske sredine u kojoj pojedinac odrasta. U ovom se radu analizira prilagodljivo ponašanje djece s blagim intelektualnim poteškoćama (MID) koja žive u obiteljima ili institucijama za djecu bez roditeljske skrbi. Uzorak je činilo 95 takve djece u dobi između 10 i 13.11 godina. Podaci o vještinama prilagođavanja prikupljeni su tijekom standardiziranih intervjua s učiteljima specijalnog obrazovanja, s pomoću AAMR Skale prilagodljivog ponašanja - Škola, drugo izdanje (ABS-S:2). Razmatrajući rezultate domena i faktorske analize u prvom dijelu skale ABS-S:2, utvrđeno je da djeca s blagim intelektualnim poteškoćama koja žive u obiteljima postižu mnogo bolje rezultate u praktičnim i socijalnim vještinama nego djeca u institucijama. Razlike među njima, utemeljene na Skali lošeg prilagodljivog ponašanja, statistički su značajne u svim domenama.

Ključne riječi: društvene vještine; institucionalizacija; konceptualne vještine; loše prilagodljivo ponašanje; obitelj; praktične vještine.

Uvod

Prilagodljivo ponašanje je višedimenzionalni i hijerarhijski konstrukt koji predstavlja jedan od definirajućih parametara intelektualne nesposobnosti (AAMR, Američko udruženje za mentalnu retardaciju, 2010). Sastoji se od konceptualnih, socijalnih i praktičnih vještina nužnih u svakodnevnom životu (Luckasson i sur., 2002). Konceptualna dimenzija prilagodljivog ponašanja ogleda se u funkcionalno-akademske, kognitivnim i komunikacijskim vještinama. Praktična dimenzija ogleda

² Ovo je istraživanje proizašlo iz projekta *Kreiranje protokola za procjenu edukacijskih potencijala djece sa smetnjama u razvoju kao kriterija za izradu individualnih obrazovnih programa*, broj 179025 (2011-2014), čiju provedbu financira Ministarstvo obrazovanja i znanosti Republike Srbije.

se u aktivnostima povezanim sa svakodnevnom brigom o sebi, dok se socijalna dimenzija prepoznaje u interpersonalnim vještinama i društveno odgovornom ponašanju (Pierangelo i Giuliani, 2002). Razvijanje vještina prilagođavanja određeno je čimbenicima svojstvenim pojedincu (kao što su kognitivni, emocionalni i socijalni potencijal), zatim mogućnostima i očekivanjima društveno-kulturne sredine u kojoj pojedinac odrasta.

Premda postoje značajne korelacije između mnogih dimenzija prilagodljivog ponašanja i inteligencije, oni se, prema većini definicija, smatraju različitim fenomenima. Pojedinac tako ne treba biti klasificiran kao intelektualno nesposoban čak i kada odgovara psihometrijskom kriteriju za određivanje dijagnoze (IQ ispod 70), osim ako ne pokazuje značajne devijacije (2SD ili više) u prilagodljivu ponašanju (Borthwick-Duffy, 2007). Takav pristup naglašava odnos između osobina ličnosti i kvalitete iskustava proizašlih iz interakcije s okolinom. Paradigma deficita prenosi se na razumijevanje i objašnjenje načina na koje rizični čimbenici i čimbenici otpornosti utječu na djetetov razvoj (Margalit, 2003). Rizični čimbenici povećavaju mogućnost razvojnih poremećaja, dok promidžbeni čimbenici pojačavaju otpornost (Burchinal i sur., 2008), proces u kojemu se pojedinac koristi pozitivnim mehanizmima prilagođavanja unatoč utjecaju važnih rizičnih čimbenika (Luthar, Cicchetti, i Becker, 2000). Djetetov razvoj ne ovisi samo o osobinama njegove ličnosti, već i o aspektima njegova obiteljskog, društvenog i fizičkog okruženja (Luthar i sur., 2000). Kontekstualni čimbenici, kao što su obiteljski odnosi, mentalne bolesti u obitelji, vrijeme provedeno u odgovarajućoj odgojno-obrazovnoj sredini, društveno-ekonomski status te mogućnosti usvajanja i primjene vještina potrebnih za prilagođavanje, mogu bitno utjecati na prilagodljivo ponašanje (Zigler, 1995).

Rezultati istraživanja kojima se određivao učinak kvocijenta inteligencije kao rizičnog čimbenika pokazali su da opći intelektualni potencijal nije neovisan rizični čimbenik. Kumulativni učinak nekoliko rizičnih čimbenika pokazao se jačim prediktorom djetetova razvoja u usporedbi s kvocijentom inteligencije. Kvocijenti inteligencije, promatrani zajedno s negativnim emocionalnim ili financijskim okolnostima u obitelji, bitno utječu na djetetov razvoj – što je niži kvocijent inteligencije, taj je utjecaj jači (npr. Sameroff, Seifer, Barocas, Zax i Greenspan, 1987).

Intelektualno nesposobna djeca suočavaju se s poteškoćama u pogledu akademskih vještina i sposobnosti zbog svog sporog kognitivnog razvoja, koji često prati društvena izolacija, što opet povećava rizik za pojavu problema u ponašanju (Huston i sur., 2001; McIntyre, Blacher i Baker, 2006). Djeca iz ekonomski problematičnih obitelji često su više izložena riziku nego djeca iz dobrostojećih obitelji. Tako su pod dvostrukim opterećenjem, što može utjecati na njihov razvoj, zbog kumulativnog učinka i interaktivne prirode rizika (Emmett, 2005; Kemp i Carter, 2002).

Obiteljski je potencijal višestruk i povezan je s različitim čimbenicima, tako da se posljedice rizičnih obiteljskih čimbenika mogu prepoznati u osjećaju bespomoćnosti, nedostatku motivacije, neodgovarajućoj naobrazbi i usvajanju neodgovarajućeg

sustava pravila (Kemp i Carter, 2002). Istraživanja na uzorku djece iz ekonomski problematičnih obitelji i manjinskih skupina pokazala su kako su ograničena iskustva učenja i nedostatak ranih jezičnih doticaja i osnovnog akademskog znanja povezana s budućim akademskim postignućima u smislu opsega i vrste (Brooks-Gunn i Markman, 2005; Hart i Risley, 1995; Mistry, Vandewater, Huston i McLoyd, 2002).

Čimbenici koji se odnose na životnu sredinu mogu još snažnije utjecati na akademska postignuća od onih bioloških (Brooks-Gunn i Markman, 2005; Leffert i Siperstein, 2002). Da bi se došlo do zaključaka o djetetovim prednostima, potrebno je stoga razmotriti obitelj čiji je sastavni dio intelektualno nesposoban pojedinac, jer su takve obitelji, osobito one s djecom koja imaju još i probleme u ponašanju, suočene s raznim preprekama koje utječu na njihovu dinamiku (Baker, Blacher i Olsson, 2005; Maes, Broekman, Dosen i Nauts, 2003).

Djeca koja se osjećaju prihvaćenima od obitelji vrlo vjerojatno će stvoriti pozitivnu predodžbu o sebi i osjećaj pripadnosti (Minuchin, 2002), što pojedini autori smatraju ključnim za razvoj društvene osobnosti (Baumeister i Twenge, 2003). Obiteljski odnosi koje obilježava visok stupanj povezanosti i izražajnosti prođubit će osjećaje stabilnosti i emocionalne sigurnosti u djece s poteškoćama, što je presudno za dobru međuljudsku komunikaciju (Levitt, 2005). Obiteljska klima u ranom djetinjstvu prediktor je prilagodljivog ponašanja djece s različitim poremećajima od ranog do srednjeg djetinjstva (Hauser-Cram i sur., 2001). Istraživanja pokazuju da obilježja obiteljskog okruženja bitno utječu na kvalitetu odnosa s drugima (Guralnick i sur., 2003).

Razvoj djece koja ne žive u obiteljskom okruženju pod utjecajem je brojnih rizičnih čimbenika, bez obzira na osobne prednosti kojima raspoložu. Istraživanja sposobnosti institucionalno zbrinute djece pokazuju da navedena deprivacija utječe na njihov kognitivni i emocionalni razvoj (Dubrovina, 1991; Gligorović i Buha, 2002; Goldfarb, 1945; Spitz, 1945). Jedna skupina ruskih psihologa opisala je takozvani „privremeni poremećaj mentalnog razvoja” do kojega dolazi kada djeca odrastaju u dječjim domovima, a rezultat je nedostatka stimulacije u ranom djetinjstvu. Najistaknutije obilježje takva poremećaja odnosi se na zaostao jezični razvoj, a prepoznaje se po kasnoj pojavi govora, skromnom rječniku, gramatičkim pogreškama, slabom razumijevanju govornih izričaja i sporom usvajanju novih riječi. Autori su uvjereni kako spomenuti rezultati donekle proizlaze iz nedostatka verbalne interakcije s odraslima, ali su uglavnom određeni specifičnim komunikacijskim kontekstom: komunikacijski cilj za dijete koje odrasta u instituciji jest privući pozornost odraslih i uspostaviti fizički kontakt sa njima, dok mu je govor na drugom mjestu (Dubrovina, 1991). Prema rezultatima jednog istraživanja u Srbiji, kojim su se provjeravale govorne i općejezične sposobnosti u institucionalno zbrinute djece između 7 i 16 godina starosti (njih više od pola pohađalo je školu za djecu s intelektualnim poremećajem), većina djece imala je problema u vezi s naracijom (pripričavanje priče i govorna produkcija), bez obzira na razinu intelektualnog razvoja. Njihov je govorni izričaj bio obilježen latentnošću, manjkavim rječnikom, jednostavnom sintaksom i učestalim gramatičkim pogreškama

(Gligorović i Buha, 2002). Takozvani kumulativni kognitivni deficit često se pojavljuje u starije djece koja odrastaju u institucijama, a obuhvaća: kognitivna i jezična oštećenja, slabije razvijene kognitivne sposobnosti, nedostatak motivacije za provedbu kognitivnih aktivnosti (što može biti problem povezan s pažnjom ili pamćenjem) i raskorak između prednosti koju ta djeca imaju za učenje i modela poučavanja. Stalni neuspjeh postignut u kognitivnim aktivnostima vodi nedostatku samopouzdanja i zanimanja, kao i stalnih frustracija u tom području djelovanja (Cox, 1983; Gindis, 2005; Haywood, 1987). Zaostao razvoj kognitivnih funkcija može uzrokovati progresivnu nekompetentnost u smislu kognitivnih sposobnosti i ponašanja (Haywood, 1987; Juffer i van Ijzendoorn, 2005; O'Connor i sur., 2000; Roy, Rutter i Pickles, 2000).

Istraživanja zdravstvenog i mentalnog stanja djece iz Rusije, Rumunjske i Kine, koja su najprije bila smještena u institucije, a zatim posvojena u drugim zemljama, potvrdila su da je institucionalizacija visok čimbenik rizika kada je u pitanju kasniji razvoj. Rezultati brojnih istraživanja pokazali su značajnu razvojnu nejednakost između prethodno institucionalno zbrinute djece i djece koja odrastaju u obiteljima. Ta se nejednakost ogleda u jezičnom razvoju (npr. Gindis, 2005; Glennen i Masters, 2002; Lindblad, Hjern i Vinnerljung, 2003), školskom uspjehu, akademskim postignućima (npr. Dalen i Rygvold, 2006), ponašanju i emocijama (Juffer i van Ijzendoorn, 2005; McGuinness i Pallansch, 2007; O'Connor i sur., 2003), kognitivnom i intelektualnom razvoju (npr. Becket i sur., 2006; Dalen, 2001; Gindis, 2005; Howard, Smith i Ryan, 2004; Judge, 2004; O'Connor i sur., 2000; Rutter, Kreppner, O'Connor, i Tim za istraživanje posvojene djece u Engleskoj i Rumunjskoj, 2001; van Ijzendoorn, Juffer i Klein Poelhuis, 2005). Istraživanja na uzorku rumunjske djece pokazuju značajno smanjenu aktivaciju raznih moždanih područja uključenih u zahtjevne kognitivne procese, emocije i njihovu regulaciju (Becket i sur., 2006; Chugani i sur., 2001; Gunnar i Kertes, 2005; Rutter, 2005; Zeanah i sur., 2003).

Istraživanja kognitivnih i moždanih funkcija u djece koja su prethodno bila u institucijama pokazala su da su poteškoće bile veće ako je dijete kasnije usvojeno. Opće kognitivne sposobnosti bile su slabije od prosjeka u većine djece, dok je IQ bio u negativnoj korelaciji s vremenom provedenim u instituciji (što je vremensko razdoblje bilo duže, IQ je bio niži). Kontrolna analiza s pomoću Go/No-Go zadatka pokazala je da su djeca koja su prethodno boravila u instituciji postigla slabije opće rezultate od svojih vršnjaka, što je također bilo u negativnoj korelaciji s vremenom kada je došlo do posvajanja – djeca koja su posvojena u mlađoj dobi nastoje postići bolje rezultate. Autori povezuju slabije rezultate na IQ testovima i kontrolnim kognitivnim testovima s traumom koja dovodi do abnormalnog sazrijevanja prefrontalnih funkcija. Otkriveno je također skupljanje hipokampusa u ulozi funkcije vremena provedenog u instituciji, što autori objašnjavaju poteškoćama pri učenju i pamćenju u prethodno institucionalno zbrinute djece. Ta su djeca znatno sporija od svojih vršnjaka u zadacima koji obuhvaćaju povezivanje novih poticaja s reakcijama na njih, što je također povezano s funkcijom hipokampusa (Noble, Tottenham, i Casey, 2005).

Stupanj i način izražavanja razvojnog problema uvelike ovise o dužini deprivacije, ali i o brojnim drugim čimbenicima, kao što su slaba prehrana, zaraze, genetika, prerana zrelost itd. (npr. Dalen, 2007; Howard i sur., 2004; Miller, 2000; O'Connor i sur., 2000; Roy i sur., 2000).

Imajući u vidu da kontekstualni čimbenici utječu na razne sposobnosti i uzimajući u obzir činjenicu da prilagodljivo ponašanje predstavlja jedan od razvojnih aspekata u kojemu su isprepletene sve kvalitete nečije osobnosti, cilj ovog istraživanja je utvrditi odnos između raznih dimenzija prilagodljivog funkcioniranja i životnih okolnosti u djece s blagim intelektualnim poteškoćama.

Metodologija

Ispitanici

Uzorak se sastojao od 95 djece (52 djevojčice i 43 dječaka) s blagim intelektualnim poteškoćama, u dobi između 10 i 13.11 godina. Pohađali su osnovnu školu za djecu s intelektualnim poteškoćama u Beogradu (Srbija). Njihov se IQ kretao u rasponu od 50 do 70 ($M=60,43$, $SD=7,287$). Nije utvrđen nikakav značajan odnos između IQ i spola ($F(1)=0,475$, $p=0,492$), ni između IQ i obiteljskog statusa ($F(3)=0,208$, $p=0,891$).

Rezultati Skale prilagodljivog ponašanja ponderirani su prema dobnim standardima za djecu s intelektualnim poteškoćama, što dobnu usporedbu čini nepotrebnom.

Instrumenti i procedura

Podaci o dobi, spolu, obiteljskom statusu i rezultatima standardiziranih psihometrijskih mjerenja (IQ) prikupljeni su na temelju službene dokumentacije kojima raspoložu pedagoško-psihološke službe.

Podaci o vještinama prilagođavanja i problemima u ponašanju dobiveni su tijekom standardiziranih intervjua s nastavnicima za specijalno obrazovanje, s pomoću AAMR skale prilagodljivog funkcioniranja (AAMR Skala prilagodljivog ponašanja - Škola, drugo izdanje, 1993) (Lambert, Nihira, i Leland, 1993). ABS-S:2 je bihevioralna skala za procjenu djece i adolescenata u dobi od 3 do 21 godine. Sadrži 104 stavke podijeljene u dva dijela – prvim se dijelom procjenjuje prilagodljivo ponašanje, dok se drugim dijelom procjenjuje loše prilagodljivo ponašanje.

Prvi dio ABS-S:2 skale sadrži 67 stavki, podijeljenih u 9 podljestvica ili područja: domena 1 (Samostalno funkcioniranje), domena 2 (Fizički razvoj), domena 3 (Ekonomska aktivnost), domena 4 (Jezični razvoj), domena 5 (Brojevi i vrijeme), domena 6 (Predprofesionalna/profesionalna aktivnost), domena 7 (Samousmjeravanje), domena 8 (Odgovornost) i domena 9 (Socijalizacija).

Drugi dio ABS-S:2 skale sadrži 37 stavki, podijeljenih u 7 podljestvica ili područja: domena 10 (Socijalno ponašanje), domena 11 (Konformizam), domena 12 (Pouzdanost), domena 13 (Stereotipno i hiperaktivno ponašanje), domena 14 (Autodestruktivno ponašanje), domena 15 (Društvena angažiranost) i domena 16 (Uznemiravajuće interpersonalno ponašanje).

Faktorskom analizom utvrđeno je pet odvojeno procjenjivanih čimbenika: Faktor 1 – Osobna samodostatnost, Faktor 2 – Društvena samodostatnost, Faktor 3 – Osobna/društvena odgovornost, Faktor 4 – Društvena prilagođenost i Faktor 5 – Osobna prilagođenost. Faktorski rezultati sastoje se od rezultata dobivenih s pomoću različitih podljestvica i/ili domena.

Sirovi rezultati ponderirani su prema standardnim rezultatima u skladu s dobnim standardima. Smatrali smo da primijenjena Skala odgovara potrebama istraživanja provedenog na uzorku djece s intelektualnim poteškoćama, iako nije standardizirana za djecu u Srbiji. Slično i u većini drugih instrumenata, u kojima izvori podataka uključuju druge ljude (roditelje, nastavnike, itd.), i u slučaju ABS-S:2 skale, ostaje otvoreno pitanje pouzdanosti, što ovisi o referentnom okviru, očekivanjima i sposobnostima ljudi koji daju podatke, kao i o njihovoj mogućnosti da djecu promatraju u različitim situacijama (Sattler, 2002).

Analiza podataka

U analizi dimenzija prilagodljivog ponašanja korišteni su standardni i rezultati u postotcima. Korištene su mjere centralne tendencije (srednja vrijednost), mjere za varijabilnost (standardna devijacija) i raspon rezultata (minimum i maksimum) da bi se prikazali osnovni statistički parametri. χ^2 test korišten je za utvrđivanje značajnih odnosa između neparametarskih varijabli. Višefaktorska analiza varijance (MANOVA) korištena je radi određivanja utjecaja što ga obiteljski status može imati na varijable prilagodljivog ponašanja.

Rezultati

Prilagodljivo ponašanje

Prvi dio ABS skale procjenjuje fizički razvoj, vještine povezane sa samostalnošću u svakodnevnom životu, temeljnim funkcionalnim akademskim vještinama, osnovnim radnim navikama i sposobnostima, komunikacijom, samousmjeravanjem i društvenim vještinama. Tablica 1 prikazuje rezultate procjene prilagodljivog ponašanja.

Tablica 1.

MANOVA analiza obiteljskog statusa i parametara prilagodljiva ponašanja otkrila je statistički značajan odnos između obiteljskog statusa i domena Samostalno funkcioniranje, Predprofesionalna/profesionalna aktivnost i Socijalizacija. U drugim domenama obiteljski se status nije pokazao značajnim čimbenikom.

Post-hoc analizom utvrđeno je da se djeca koja borave u institucijama značajno razlikuju od djece koja žive u obiteljima, bez obzira na njihovu vrstu.

Ispitanici koji žive u obiteljima podijeljeni su u skupine i uspoređeni s ispitanicima u institucijama. Već utvrđene razlike još su snažnije izražene u domeni 1 – Samostalno funkcioniranje ($F(1)=7,690, p=0,007$), domeni 6 – Predprofesionalna/profesionalna aktivnost ($F(1)=8,037, p=0,006$) i domeni 9 – Socijalizacija ($F(1)=10,183, p=0,002$).

Štoviše, otkrivene su razlike u domenama 7 – Samousmjeravanje ($F(1)=4,015, p=0,048$) i 8 – Odgovornost ($F(1)=5,548, p=0,021$).

Loše prilagodljivo ponašanje

Drugi dio ABS skale procjenjuje postojanje loših oblika prilagodljiva ponašanja, kao što su poremećaji u interpersonalnom ponašanju, mentalno i fizičko uznemiravanje drugih, neprilagođenost, nepouzdanost, inhibicija, stereotipno, hiperaktivno i nesvjesno ponašanje. Tablica 2 prikazuje rezultate procjene lošeg prilagodljivog ponašanja.

Tablica 2.

MANOVA analiza obiteljskog statusa i parametara lošeg prilagodljivog ponašanja otkrila je statistički značajan odnos između obiteljskog statusa i svih domena lošeg prilagodljivog ponašanja, osim domene Uznemiravajuće interpersonalno ponašanje.

Post-hoc analizom utvrđeno je da se djeca u institucijama značajno razlikuju od djece koja žive u obiteljima, bez obzira na vrstu.

Ispitanici koji žive u obiteljima podijeljeni su u skupine i uspoređeni s ispitanicima u institucijama. Već utvrđene razlike još su snažnije izražene u domeni 10 – Društveno ponašanje ($F(1)=8,313, p=0,005$), domeni 11 – Konformizam ($F(1)=12,797, p=0,001$), domeni 12 – Pouzdanost ($F(1)=13,335, p<0,000$), domeni 13 – Stereotipno i hiperaktivno ponašanje ($F(1)=14,327, p<0,000$), domeni 14 – Autodestruktivno ponašanje ($F(1)=18,731, p<0,000$) i domeni 15 – Društvena angažiranost ($F(1)=6,568, p=0,012$). Štoviše, utvrđene su razlike u domenama 16 – Uznemiravajuće interpersonalno ponašanje ($F(1)=4,668, p=0,033$) i 8 – Odgovornost ($F(1)=5,548, p=0,033$).

Razlike između djece s blagim intelektualnim poteškoćama koja su smještena u institucije i onih koja žive u obiteljima značajne su u svim domenama Skale lošeg prilagodljivog ponašanja.

Čimbenici prilagodljivog ponašanja

Čimbenici obuhvaćaju rezultate oba dijela Skale prilagodljivog ponašanja, klasificiranih prema faktorskoj analizi. Odras su osobne i društvene neovisnosti, osobne i društvene dimenzije odgovornosti i prilagodbe. Tablica 3 prikazuje rezultate faktorske analize.

Tablica 3.

MANOVA analiza obiteljskog statusa i čimbenika prilagodljivog funkcioniranja otkrila je statistički značajan odnos između obiteljskog statusa i svih čimbenika prilagodljivog funkcioniranja, osim čimbenika Društvena samodostatnost.

Post-hoc analizom utvrđeno je da se djeca koja borave u institucijama značajno razlikuju od djece koja žive u obiteljima, bez obzira na njihovu vrstu.

Ispitanici koji žive u obiteljima podijeljeni su u skupine i uspoređeni s ispitanicima u institucijama. Već utvrđene razlike još su snažnije izražene u čimbeniku 1 – Osobna samodostatnost ($F(1)=7,123, p=0,005$), čimbeniku 3 – Osobna/Društvena odgovornost ($F(1)=7,771, p=0,006$), čimbeniku 4 – Društvena prilagođenost ($F(1)=14,178, p<0,000$) i čimbeniku 5 – Osobna prilagođenost ($F(1)=15,823, p<0,000$). Razlike u pogledu čimbenika 2 – Društvena samodostatnost nešto su ispod statističkog značaja ($p=0,069$).

Razlike nisu statistički značajne samo u domeni čimbenika 2 – Društvena samodostatnost, što opisuje konceptualne vještine, to jest nečiju sposobnost interakcije s okolinom i uporabu društvenih resursa (područje društvene interakcije – oslonac na komunikacijske vještine i sposobnost korištenja novca i koncept vremena).

Rasprava

Analizirajući rezultate prvog dijela ABS-S:2 skale, utvrđeno je da djeca s blagim intelektualnim poteškoćama koja žive u obiteljima, neovisno o njihovoj vrsti, imaju znatno bolje rezultate u domenama kojima se procjenjuju praktične i socijalne vještine u odnosu na institucionalno zbrinutu djecu. Čak iako se obitelj u kojoj je samo jedan roditelj – obično otac – odsutan – smatra potencijalno rizičnim čimbenikom (Matson i Laud, 2007), nisu utvrđene nikakve statistički značajne razlike između djece s blagim intelektualnim poteškoćama u odnosu na vrstu obitelji.

Prema dobivenim rezultatima, djeca koja su smještena u institucijama manje su samostalna (neovisna) u svakodnevnom životu, pokazuju manje inicijative i ustrajnosti u zadacima, imaju lošije osnovne radne navike, manje su odgovorna i socijalizirana u usporedbi s djecom koja žive u obiteljima. Nisu primijećene nikakve razlike u područjima jezičnog i govornog razvoja, ekonomskih aktivnosti i koncepata brojeva i vremena. To pokazuje da institucionalno zbrinuta djeca s blagim intelektualnim poremećajem ne zaostaju u sferi koncepata, ali zaostaju u sferama koje se odnose na odgovornost prema sebi i drugima, kada se usporede sa svojim vršnjacima koji žive s obiteljima. Isti je trend zapažen i kod rezultata faktorske analize, u kojoj ne postoji statistički značajna razlika samo u pogledu čimbenika 2 – Društvena samodostatnost, kojim se procjenjuje društvena samodostatnost/profesionalna aktivnost, ekonomska aktivnost i jezični razvoj, zatim u potpunosti domene brojevi i vrijeme.

Značajne su razlike utvrđene kod čimbenika 1 – Osobna samodostatnost (opisuje praktične vještine, tj. nečiju sposobnost da se svakodnevno brine o sebi), čimbenika 3 – Osobna/Društvena odgovornost (opisuje društvene vještine, tj. sposobnost uspostave i održavanja odgovarajućih međuljudskih odnosa), čimbenika 4 – Društvena prilagođenost (opisuje uglavnom vanjske probleme u ponašanju kao što su agresivnost, antisocijalno ponašanje, uspostava neodgovarajućih međuljudskih odnosa), i čimbenika 5 – Osobna prilagođenost (opisuje ponašanje koje se može obilježiti kao autistično, stereotipno, hiperaktivno i društveno neodgovarajuće).

Poteškoće u pogledu socijalnih vještina u institucionalno zbrinute djece s blagim intelektualnim poteškoćama dodatno su istaknute rezultatima na temelju Skale lošeg

prilagodljivog ponašanja jer su razlike između djece koja su smještena u institucijama i i onih koji žive u obiteljima značajne u svim domenama. U našem prijašnjem istraživanju, kada smo analizirali rezultate u postotcima na uzorku drugog dijela ABS-S:2 skale, pokazalo se da između 18% i 22% djece s blagim intelektualnim poteškoćama postiže ispodprosječne rezultate (raspon: ispod prosjeka, loše, vrlo loše) u područjima društvenog ponašanja, prilagodljivosti, pouzdanosti i uznemiravajućeg interpersonalnog ponašanja (Buha-Đurović i Gligorović, 2009). Ovo je istraživanje potvrdilo da djeca u institucijama s blagim intelektualnim poremećajem pokazuju značajno lošije oblike prilagodljivog ponašanja, kao što su hiperaktivni, stereotipni i nesvjesni obrasci, u usporedbi s vršnjacima koji žive u obitelji i imaju isti intelektualni poremećaj.

Prema rezultatima istraživanja na uzorku posvojene djece koja su prethodno bila u institucijama, mogu se razviti poteškoće u području emocija i socijalizacije kao rezultat nedostatka skrbeničkog iskustva, što može biti ključno pri uspostavi bliskih odnosa s drugima. Nedostatak povezanosti između djeteta i odraslih povećava mogućnost nastanka emocionalnih i socijalnih problema (Chugani i sur., 2001) i poteškoća pri kognitivnom funkcioniranju (Juffer i van Ijzendoorn, 2005; Becket i sur., 2006; van Ijzendoorn i sur., 2005; Gunnar i Kertes, 2005; Rutter, 2005; Dalen, 2007).

Djeca s blagim intelektualnim poteškoćama, smještena u institucije, iz našeg istraživanja ne razlikuju se po kvocijentu inteligencije i konceptualnim vještinama od djece koja žive u obiteljima. Međutim, postavlja se pitanje do koje će mjere njihovo intelektualno funkcioniranje biti određeno konstitucionalnim čimbenicima. Nemamo, nažalost, podatke o njihovu razvoju ili uvjetima prije dolaska u instituciju, što bi moglo dati odgovor na postavljeno pitanje.

Jedno je norveško istraživanje kojim se procjenjivala kompetencija u školi među posvojenom djecom, koja su prije toga boravila u institucijama, utvrdilo da takva djeca imaju slabije razvijene društvene sposobnosti, osobito u pogledu suradnje i samokontrole, od svojih vršnjaka koji žive u obiteljima. Nije bilo nikakvih razlika među njima u pogledu poštivanja školskih pravila. Međutim, posvojena su djeca imala više problema u ponašanju, što se osobito odnosi na hiperaktivnost (Dalen, 2005). Naši rezultati pokazuju da su djeca s blagim intelektualnim poteškoćama, koja su smještena u institucijama, sklonija fizičkoj agresivnosti i emocionalno uvredljivom ponašanju. Moguće je da takav obrazac proizlazi iz njihove stalne borbe za svojom pozicijom. Izbjegavanje pravila, otpornost prema autoritetu, uznemiravajuće interpersonalno ponašanje, nepoštivanje javne i privatne imovine, može također biti rezultat životne „klime” u institucijama i nedostatka modela ponašanja koji nastaje iz poistovjećivanja s odraslima (roditeljima). Postoji mogućnost da sklonost prema povlačenju i neaktivnosti, što čini oblik internog ponašanja (Campbell, 2006) i učestalije se javlja među institucionalno zbrinutom djecom, proizlazi iz slabog samopoštovanja i gubitka zanimanja. Drugim riječima, kumulativni kognitivni deficit može prouzročiti neke emocionalne/probleme u ponašanju, a kod djece u

institucijama on se razvija kao kumulativni učinak deprivacije na medicinskom, društveno-ekonomskom (zanemarivanje, zlostavljanje, loša prehrana), kulturnom i obrazovnom planu u ranom djetinjstvu.

Stalne pogreške pri obavljanju kognitivnih aktivnosti mogu dovesti do slabog samopoštovanja, gubitka zanimanja i stalne isfrustriranosti kada je u pitanju kognitivna sfera. Nedostatak unutarnje motivacije za kognitivne aktivnosti povećava se s godinama starosti i postaje jedno od vodećih obilježja kumulativnog kognitivnog deficita (Haywood, 1987).

Utvrđeno je da institucionalizirana djeca s blagim intelektualnim poremećajem imaju više iskustva s problemima u izvanjskom ponašanju (čimbenicima 4/Društvena prilagođenost i 5/Osobna prilagođenost), tj. neodgovarajuće kontrolirano ponašanje prema drugima, kao što je agresivnost, antisocijalno ponašanje, neodgovarajući međuljudski odnosi, hiperaktivno i stereotipno ponašanje. Djeca s blagim intelektualnim poteškoćama i problemima u izvanjskom ponašanju u ranom djetinjstvu često se osjećaju usamljenima u školi tijekom srednjeg ciklusa djetinjstva (Howell, Hauser-Cram, Joanne, i Kersh, 2007), što je također primijećeno kod djece koja se uobičajeno razvijaju, a čije loše prilagodljivo ponašanje vodi poremećajima/ispadima u razredu, a samim tim lošoj prihvaćenosti u društvu i osjećaju usamljenosti (Ladd i Troop-Gordon, 2003). Društveno neprihvatljivi oblici ponašanja kao što su pretjerano grljenje, ljubljenje, dodirivanje drugih osoba i ostalo češći su kod djece s blagim intelektualnim poremećajem koja su smještena u institucijama. U literaturi su kategorizirani kao netipični oblici ponašanja povezani s privrženošću kod djece nakon napuštanja institucija, a kao primjere navodimo nediskriminirajuća prijateljstva i neinhibirano ponašanje, tj. nedostatak svijesti o društvenim ograničenjima i poteškoćama u primanju društvenih poruka kojima se signalizira što je prihvatljivo ili što odgovara drugima (O'Connor i sur., 2003; Rutter, 2005; Rutter i sur., 2007).

Rezultati ovog istraživanja idu u prilog društveno-kulturnom modelu problema u ponašanju, kojim se objašnjavaju različiti problemi s aspekta ograničenja sredine u kojoj dijete živi – društvena stigmatizacija i odbačenost, zanemarivanje i zlostavljanje, obiteljski čimbenici (Matson i Laud, 2007).

Zaključak

U ovom se radu analizira prilagodljivo ponašanje djece s blagim intelektualnim poteškoćama (MID) koja žive u obiteljima ili institucijama za djecu bez roditeljske skrbi. Podatci o vještinama prilagođavanja dobiveni su tijekom standardiziranih intervju s nastavnicima za specijalni odgoj, s pomoću AAMR Skale prilagodljivog ponašanja – Škola, drugo izdanje. Na temelju rezultata možemo zaključiti da institucijsko okruženje evidentno predstavlja rizičan čimbenik u razvoju osobne samostalnosti i društvenog ponašanja djece s blagim intelektualnim poteškoćama koja su smještena u institucijama. Rezultati nekih studija pokazali su kako većina djece nakon odlaska iz institucije postiže znatan napredak u svim vrstama sposobnosti. Čak

i unatoč svim naporima i dobroj volji, vrlo je teško na odgovarajući način poduprijeti optimalni razvoj mozga u institucijskom okruženju (Rutter, 2005). Institucije za djecu bez roditeljske skrbi pružaju manje mogućnosti za usvajanje i primjenu različitih vještina. Nedostatak osobnog kontakta i fizičke stimulacije, manjak prostora i igraćaka i slično utječu na cjelokupni djetetov razvoj (Dalen, 2007). Nažalost, mogućnost deinstitutionalizacije ne ovisi o presudnim čimbenicima ili dobrim namjerama, već prije svega o socio-ekonomskim prilikama i promidžbi prava djeteta u određenoj sredini. Iako u Srbiji postoji model druge obitelji namijenjen djeci bez roditeljske skrbi, daleko je od potreba velikog broja djece koja su smještena u institucijama. Ekonomski uvjeti onemogućuju zapošljavanje većeg broja djelatnika. Osim toga, roditelji su često živi i institucijski smještaj djece smatraju privremenim rješenjem, dok se djeca dovode u instituciju zbog siromaštva i/ili disfunkcionalne obitelji, zdravstvenih problema roditelja itd. Neki roditelji posjećuju svoju djecu, ali djeca s intelektualnim poteškoćama imaju značajno manje kontakta sa svojim obiteljima nego ostala djeca koja borave u instituciji (Gligorović i Buha, 2002). Čak i onda kada posvajanje postane moguće, potencijalni roditelji rijetko posvoje dijete s razvojnim problemima. U takvim okolnostima glavno je praktično rješenje pružiti djeci smještenoj u institucijama što više mogućnosti za stjecanje pozitivnih međuljudskih iskustava, raznolikog znanja i vještina, što bi im nadomjestilo obiteljsko okruženje. To bi trebalo postići sustavnom primjenom razvojnih programa namijenjenih primarnoj i sekundarnoj prevenciji.

Osnovno ograničenje ovog istraživanja je u dobnom rasponu ispitanika. Kada bi se kao ispitanici u istraživanje uključili adolescenti i odrasli, mogao bi se dati jasniji pregled rezultata razvoja prilagodljivog ponašanja osoba s blagim intelektualnim poteškoćama.