World Journal of Multidisciplinary Research and Development
worldsubjectjournal.com
Online ISSN: 3107-9598
Received: 13-09-2026, Accepted: 13-10-2026, Published: 28-10-2026
Volume 2, Issue 4, 2026, Page No. 24-30

Adaptive behavior competence in educational therapy: a three-domain model of conceptual, social, and activities-of-daily-living skills

Alex Xing Gao[1], Tina Qi Wang[1], Kok Hwee Chia[2]
[1] Crossland Education & Enrichment School, Singapore
[2] Merlion Paediatric Therapy Clinic, Singapore

Abstract
Adaptive behavior is a multidimensional term that refers to the conceptual and social skills, and applications to learn and use from these as well as to the everyday life. It is especially relevant in the assessment and treatment of people with intellectual and developmental disabilities (IDD) because intellectual functioning is not enough to describe how a person functions at home, school, community and in other natural environments. In this narrative review, the authors investigate how adaptive behavior works in the framework of the three domains of the Adaptive Behavior Diagnostic Scale (ABDS): Conceptual skills, social skills and practical skills, and the practical domain in this paper is Activities of Daily Living Skills (ADLS). The authors introduce a proposed ABC equation as a summation in terms of descriptive language for adaptive behavior: ABC = (CS + SS + ADLS) ÷ 3, as long as the three domain scores are expressed on a common metric. The review discusses adaptive behavior and why adaptive behavior assessment is essential for educational therapy, how assessment results can be used to develop specific intervention plans based on individualized intervention plans. This review is particularly interested in the interplay between intellectual ability and everyday functional performance, the impact of adaptive behavior in understanding support needs and how adaptive behavior assessment and the importance of ecological, developmental, cultural and contextual factors are reflected in the assessment and support needs. The ABC equation is presented as a complementary approach to better the model and not as a substitute for the standardized adaptive behavior assessment. The main value of assessment findings is to integrate them into the functional intervention planning and monitoring of the intervention and monitoring process in educational therapeutic purposes.

Keywords: Adaptive behaviour, adaptive functioning, intellectual and developmental disabilities, conceptual skills, social skills, activities of daily living, educational therapy

Introduction

Adaptive behavior refers to the collection of conceptual, social and practical skills that people learn and perform in everyday life (American Association on Intellectual and Developmental Disabilities [AAIDD], 2021 [1, 9, 10, 11]; American Psychiatric Association [APA], 2022 [2]). These skills enable people to respond to the needs of their environments and to become more self-sufficient, involved in social life and self-possessed.

The domain of conceptual skills in adaptive behavior is especially important in the context of intellectual and developmental disabilities (IDD) [9, 10] since adaptive behavior is not the same as intelligence (intellectual quotient or IQ). An individual may show a certain level of intellectual or academic ability under standardized testing conditions but may have much more difficulty applying knowledge in everyday situations. AAIDD [1, 5, 6] specifically distinguishes adaptive behavior from intelligence and emphasizes that adaptive skills reflect social and practical competence in meeting everyday environmental demands.

The current notion of adaptive behavior, e.g., Adaptive Behavior Assessment System-3rd Edition (ABAS-3; Harrison & Oakland, 2015 [5], 2018 [6]) and Adaptive Behavior Diagnostic Scale (ABDS; Pearson *et al*., 2016 [8]) consists of three domains: (1) conceptual skills; (2) social skills; and (3) practical skills. These domains are also reflected in the diagnostic frameworks of the AAIDD [1,9,10,11], the Diagnostic and Statistical Manual of Mental Disorders-5th Edition-Text Revision (DSM-5-TR; APA, 2022 [2]), and the International Classification of Diseases (11th ed.; ICD-11) (World Health Organization [WHO], 2022 [16]). Recent research has also confirmed the tripartite structure of adaptive behavior, with confirmatory factor analysis of the Diagnostic Adaptive Behavior Scale (DABS) (Tassé *et al*., 2016 [12], 2017 [14], 2026 [13]).

The Adaptive Behavior Diagnostic Scale (ABDS; Pearson *et al*., 2016 [8]), which is frequently used by the authors, is an interview-based standardized measure for individuals (including children, adolescents and young adults) from approximately 2 to 21 years of age. It assesses adaptive behavior across Conceptual, Social and Practical domains, with the latter including everyday functional skills.

For educational therapy, the adaptive behavior assessment is of particular importance. Educational therapy is about not only helping an individual to acquire knowledge but also to help the person utilize his or her abilities and learned skills (Marshall & Rotter, 2023 [6]). In such cases, assessment needs to go beyond academic achievement and cognitive performance to determine whether the learned skills are transferred to everyday functioning.

The main message of this paper is that educational therapy implies knowing both what an individual can do, and what the individual does functionally. An adaptive behavior assessment (e.g., ABAS-3 [5], ABDS [8], DABS [13,14]) is one of the key mechanisms for this distinction.

Literature Review

1. Adaptive behavior and intellectual functioning are related but distinct

Intellectual functioning and adaptive behavior should not be treated as interchangeable constructs. Intellectual assessment or IQ test, such as Wechsler Intelligence Scale for Children-5th Edition (WISC-5; Wechsler, 2014 [15]), generally focuses on cognitive performance under a standardized setting, whereas adaptive behavior is about the typical way people function in everyday life. Adaptive behavior then concerns performance learning and not just potential performance (AAIDD, 2021 [1]; APA, 2022 [2]; Schalock *et al*., 2010 [9]; Schalock *et al*., 2021 [11]; Schalock & Luckasson, 2021 [10]).

This distinction is particularly important for educational therapy. For instance, an individual might have sufficient knowledge of numbers but low ability to use money; sufficient vocabulary but struggle in communicating needs to others; sufficient knowledge of hygiene but struggle to perform hygiene activities on a day-to-day basis; adequate knowledge of studying but difficulty in applying it to everyday problem solving. Knowledge ≠ Functional application and Cognitive ability ≠ Adaptive competence. Adaptive behavior assessment provides information about the second part of this distinction.

2. The three domains of adaptive behavior

2.1 Conceptual Skills

Conceptual skills are the functional use of cognitive and communication-related knowledge. Some examples are language; literacy; reading; writing; number concepts; mathematics; money; time; memory; problem solving; judgment; self-direction; and learning to use and apply practical knowledge. The AAIDD through the works of Schalock *et al*. (2010 [9], 2021 [11]) and Schalock & Luckasson (2021) [10] identifies literacy, self-direction, and concepts of number, money, and time as the conceptual skills to be learned in adaptive behavior. In educational therapy, conceptual adaptive skills are very important, because educational therapists need to g*et al*l academic learning to be functional when delivering their intervention programs.

2.2 Social Skills

Social competence, particularly for individuals with IDD, is important because social functioning can be compromised in school, home and work and in the community. It is about understanding and responding to others and social situations. It includes interpersonal communication; building and maintaining relationships; social responsibility; social judgment; social problem solving; recognizing social boundaries; understanding social expectations; avoiding exploitation or victimization; and social skills to respond to such situations. The AAIDD [1,9,10,11], identifies interpersonal skills, social responsibility, social problem solving, following rules and avoiding victimization as important social adaptive skills.

2.3 Activities of Daily Living Skills

The practical domain includes skills required for independent everyday life. In this paper, these are primarily called Activities of Daily Living Skills (ADLS; Edemekong *et al*., 2019 [4]): e.g., eating; dressing; toileting; bathing; grooming; personal hygiene; mobility; safety; household routines; transportation; healthcare; time management; money management; work-related routines and community participation are some examples. The AAIDD [1,9,10,11] lists practical adaptive skills as personal care, occupational skills, healthcare, travel and transportation, schedules and routines, safety, money use, and telephone use. Hence, ADLS is the real-life example of adaptive competence.

3. The ABDS and the three-domain model

The Adaptive Behavior Diagnostic Scale (ABDS; Pearson *et al*., 2016 [8]) is designed to assess adaptive behavior and identify adaptive behavior deficits. It provides scores for Conceptual, Social, and Practical (CSP) domains and is intended for 2-21 years of age (Pearson *et al*., 2016 [8]). Recent work (Tassé *et al*., 2016 [12], 2026 [13]) has identified the ABDS as one of the first standardized instruments specifically based on the contemporary tripartite understanding of adaptive behavior. For the three-domain (or CSP) structure is not just about a specific set of skills. It is also indicative of a larger theoretical and diagnostic model shared by the world's biggest classification systems.

4. Why adaptive behavior assessment is essential in educational therapy

Adaptive behavior assessment is particularly important in educational therapy for five major reasons. Firstly, it establishes functional relevance: Educational therapy should enhance the person's ability to function and not only enhance their functional knowledge in a structured school environment (Marshall & Rotter, 2023 [7]). Adaptive assessment answers: "Can the person use knowledge and skills in real life?" In that sense, teaching numeracy is of much higher functional importance if an individual can use numerical knowledge to know prices, count money, understand quantities, keep track of the time, follow schedules and make decisions in everyday life. This is why the sequential developmental path used in educational therapy is as follows: Academic learning → Functional application → Adaptive competence.

Secondly, it identifies support needs: Adaptive behavior is closely related to the level and type of support an individual requires. Modern IDD frameworks place great emphasis on adaptive functioning assessment as a factor to determine support needs and how well people function (Schalock & Luckasson, 2021 [10]; Schalock *et al*., 2021 [11]). The AAIDD [1,9,10,11] says adaptive behavior assessment needs to be based on reliable, valid and standardized measures that provide information about conceptual, social, and practical functioning. This means assessment results can help the therapist answer the following questions about the work of

the therapist: "What does the individual do independently?"; "What needs prompting?"; "What requires physical assistance?"; "What skills have been acquired but are inconsistently performed?"; "What skills have not yet been acquired?" and "What environmental supports are required?"

Thirdly, it does not rely on IQ: The most critical educational implication is that the IQ score cannot describe everyday functioning. In our world of diagnostic research, adaptive functioning is important to determine intellectual disability (AAIDD, 2021 [1,10,11]; APA, 2022 [2]). Therefore, the adaptive behavior is an additional tool to help with cognitive assessment in the following sequential steps: Cognitive assessment + adaptive behavior assessment → complete understanding of functioning. It is especially valuable for the planning of intervention for the individuals whose cognitive abilities and daily functioning are quite different.

Fourthly, it guides individualized educational intervention: Educational therapy should be personalized to the individual according to their strengths, limitations, development level, environment and support requirements (Marshall & Rotter, 2023 [7]). The adaptive assessment enables the educational therapist to convert broad diagnostic information into functional intervention targets. In the following sequential developmental pathway, there are three examples: (1) Low Conceptual Skills → functional communication or numeracy or literacy; (2) Low Social Skills → social communication/problem-solving intervention; and (3) Low ADLs → self-care/independence intervention.

Lastly, as a functional outcome measure: Educational progress should not be measured only on the basis of test scores. In academic terms, an individual may excel academically without significantly improving independence. On the other hand, a small change in academic performance can make a big difference in day-to-day functioning. Hence, adaptive behavior assessment offers an outcome perspective: "Did learning lead to greater functional independence?" This will be particularly important for individuals with significant developmental disabilities, for whom educational outcomes might be communication, self-care, safety and social engagement, as opposed to academic success alone. Adaptive behavior in individuals with autism and developmental disability has also been highlighted as modifiable and influenced by developmental and environmental factors, and this is certainly relevant to intervention plan development.

Research Method & Materials

The narrative review was introduced in this paper by applying the SANRA framework for narrative reviews (Baethge *et al*., 2019 [3]). The review was organized on the basis of the following: (1) justification of the review; (2) definition of adaptive behavior; (3) literature on adaptive functioning; (4) standardized assessment; (5) application to IDD; (6) relevance for educational therapy; (7) development of a functional competence model. The literature considered is from AAIDD [1], APA [2], WHO [16], peer-reviewed research & literature on standardized adaptive behavior assessment.

The proposed model considers adaptive behavior as: AB = (CS, SS, ADLS) where CS is Conceptual Skills, SS is Social Skills, and ADLS is Activities of Daily Living Skills. In addition, the model also proposes an integrated Adaptive Behavior Composite (ABC) index, which is often expressed in T-score, for measuring the overall competence of adaptive behavior.

When the three domains are ranked on the same 0-100 (in percentage) scale, ABC = (CS + SS + ADLS) ÷ 3. Adaptive Behavior Competence; CS = Conceptual Skills; SS = Social Skills; ADLS = Activities of Daily Living Skills. The sequential developmental equation gives each domain equal weight.

To take an example, assume CS = 60, SS = 45 and ADLS = 75. Then ABC = (60 + 45 + 75) ÷ 3 and the ABC score = 60. The descriptive Adaptive Behavior Competence Index is thus 60/100. However, the interpretation should be clear: ABC percentage score = 60, Conceptual = 60, Social = 45 and ADLS = 75. The profile is more informative than the composite score alone.

To convert the ABDS percentage score (0–100) into a T-score, one needs the mean and standard deviation of percentage scores from an appropriate reference sample. A T-score has a mean of 50 and a standard deviation of 10.

Formula

$$T = 50 + 10\left(\frac{X - M}{SD}\right)$$

Where …

X = individual's percentage score

M = mean percentage score of the reference group

SD = standard deviation of the reference group's percentage scores

Example: Suppose the reference group's mean is 70% and its standard deviation is 15 percentage points (see Table 1 below).

Table 1: Percentage Score and Calculated T-Score

Percentage score	Calculated T-score
40	30
55	40
70	50
85	60
100	70

These are illustrative values, not official ABDS conversion scores. The calculation assumes the stated reference-group statistics are appropriate. If scores are strongly skewed, a simple linear transformation may not provide suitable norm-referenced interpretations.

Findings & Discussion of Findings

The literature supports the notion of adaptive functioning as a three-dimensional construct which relates to conceptual, social and practical functioning (AAIDD, 2021 [1,9,10,11]; APA, 2022 [2]; WHO, 2022 [16]). Recent confirmatory factor analytic studies have provided further evidence in favour of this tripartite model in our DABS (Tassé *et al*., 2017 [14],

2026 [13]). Therefore, Adaptive Behavior = Conceptual + Social + Practical. This multidimensional structure is particularly appropriate for educational therapy since different individuals might have very different strengths and weaknesses.

Consider two hypothetical individuals as shown in Table 2 below

Table 2: A Comparison between Two Individuals

Domain	Individual A	Individual B
▪ Conceptual	70	50
▪ Social	50	70
▪ ADLS	60	60
▪ ABC	60	60

Both obtain an ABC of 60: $ABC_A = ABC_B = 60$.

Nevertheless, the intervention implications are different. The individual A may require greater emphasis on social functioning, whereas the individual B may require greater emphasis on conceptual functioning. Therefore, Adaptive profile > Composite score alone. The ABC should consequently be interpreted as a summary indicator, never as a replacement for the domain scores.

1. The What-Why-How framework

▪ **What is being assessed?**

Three dimensions of everyday adaptive competence (see Table 3):

Table 2: The 3 Dimensions of Everyday Adaptive Competence

Domain	Core Question
Conceptual	Can the individual understand and use knowledge functionally?
Social	Can the individual interact, communicate, and respond appropriately to others?
ADLS	Can the individual perform everyday activities with appropriate independence?

▪ **Why assess it?**

The reason is that educational therapy must address the transition from ability → learning → skill → functional performance.

▪ **How is it applied?**

1. Assess adaptive functioning using an appropriate standardized instrument.
2. Obtain the Conceptual, Social, and Practical/ADLS scores.
3. Convert the scores to a common metric where necessary.
4. Calculate the proposed ABC percentage score or calculated T-score.
5. Examine the three-domain profile.
6. Identify strengths and functional limitations.
7. Develop individualized educational therapy goals.
8. Monitor changes over time.

2. From adaptive assessment to educational therapy

A useful educational therapy pathway is as follows: Assessment → Functional Profile → Intervention Goals → Functional Practice → Generalization → Adaptive Outcome. This is particularly important for IDD because learning difficulties may not be confined to academic domains. For example, in Conceptual Intervention: If conceptual functioning is limited, CS↓ intervention may include the following: functional communication; functional literacy; functional numeracy; money concepts; time concepts; sequencing; problem solving; and decision making. In another example, in Social Intervention: If social functioning is limited, SS↓ intervention may include the following: social communication; turn-taking; requesting; responding; interpersonal problem solving; social judgment; and recognizing unsafe social situations. In the last example, in ADLS Intervention: If practical functioning is limited (↓): i.e., ADLS↓ intervention may include the following: dressing; eating; toileting; hygiene; grooming; safety; household routines; and community participation. This approach shifts educational therapy from an exclusively academic-remediation model toward a broader functional-learning model.

3. Adaptive behavior and individualized support

AAIDD [9,10,11] emphasizes that limitations should be interpreted within the individual's environmental and cultural context and that people may demonstrate both limitations and strengths. Appropriate individualized supports can improve functioning over time. This has an important implication for educational therapy. The therapist should not ask only: "What deficits does this individual have?" but also "What skills does this individual possess, what environmental demands are creating difficulty, and what supports can enable greater functional independence?" This changes the intervention orientation from deficit identification to (Strengths + Needs + Environmental Demands + Supports) → Functional Intervention.

4. Weighted ABC equation

The authors have proposed an equal-weight equation for the Adaptive Behavior Composite (ABC) score as follows: ABC = (CS + SS + ADLS) ÷ 3. However, a weighted version could also theoretically be used: $ABC_w = w_c\,(CS) + w_s\,(SS) + w_a\,(ADLS)$, where $w_c + w_s + w_a = 1$. For example, a research project might establish predetermined weights based on psychometric evidence. It is crucial to take note that these weights (w) should not be assigned retrospectively simply because one domain is lower or appears more important for a particular individual. Doing so would make the composite difficult to compare across individuals. For general application during intervention sessions conducted in educational therapy, the equal-weight model is therefore more transparent.

The authors show how the equation can be applied. In this example, suppose an individual has the following percentage scores where Communication skills (CS) = 72; Social skills (SS) = 84; and Practical skills or Daily living skills (ADLS) = 66. Applying the equal-weight formula:

$$ABC = \frac{CS + SS + ADLS}{3}$$

Substitute the scores

$$ABC = \frac{72 + 84 + 66}{3}$$

$$ABC = \frac{222}{3} = 74$$

Therefore, the adaptive behavior composite (ABC) percentage score is 74 or a calculated T-score of an estimated 53.

In another example of a predetermined weighted model, say, if a research study had previously established weights of 0.40 for CS, 0.30 for SS and 0.30 for ADLS, then:

$$ABC_w = 0.40(CS) + 0.30(SS) + 0.30(ADLS)$$

$$ABC_w = 0.40(72) + 0.30(84) + 0.30(66)$$

$$ABC_w = 28.8 + 25.2 + 19.8 = 73.8$$

Thus, the weighted ABC score would be 73.8.

The authors want to highlight an important point in this calculation: the weights are predetermined and should be applied consistently. For regular educational therapy intervention sessions, the equal-weight calculation is easier to understand and compare.

5. Important psychometric qualification

The proposed ABC equation in this review should not be confused with the standardized Adaptive Behavior Index (ABI) or Adaptive Behavior Composite (ABC) score generated by the ABDS administration. The ABDS (Pearson *et al*., 2016 [8]) is a standardized assessment instrument with its own scoring procedures, norms, reliability, and interpretation. The proposed ABC = (CS+SS+ADLS) ÷ 3 is a research and educational therapy conceptual index (based on percentage score) designed to integrate three domain scores when they have been placed on a common metric. Therefore, it should not be presented as an official ABDS score or used to replace the instrument's standardized scoring procedures. It is more for a quick estimation of adaptive behavior competence.

Limitations of the Study

The authors have identified and acknowledged several limitations in their review. First, this is a narrative review, rather than a systematic review or meta-analysis. Therefore, the findings should be understood as a conceptual synthesis rather than a quantitative estimate of effect.

Second, the proposed ABC equation (expressed in percentage score) has not yet been empirically validated. Its reliability, validity, sensitivity to change, and relationship to established adaptive behavior composites require investigation.

Third, equal weighting of Conceptual, Social, and ADLS domains is a theoretical assumption. Future research should determine whether empirical weighting provides a more valid representation of adaptive competence.

Fourth, adaptive behavior is affected by age, developmental level, culture, language, environmental expectations, opportunity, and available support. AAIDD specifically emphasizes the importance of cultural and contextual considerations in adaptive behavior assessment.

Fifth, adaptive behavior instruments generally measure typical performance, rather than maximum performance under optimal testing conditions. Consequently, assessment results may differ from what an individual can demonstrate with intensive prompting, structured support, or specialized environmental adaptations.

Finally, adaptive behavior assessment should not be used in isolation to diagnose IDD. It should be integrated with developmental history, clinical information, cognitive assessment where appropriate, and professional judgment.

Implications of the Study

1. Implications for educational therapy assessment

Adaptive behavior should be considered an important component of the educational therapy assessment battery when working with individuals with IDD. A comprehensive assessment can be conceptualized as: Cognitive + Academic + Adaptive + Behavioral/Social + Environmental. This provides a more comprehensive representation of the learner than academic assessment alone.

2. Implications for IEP development

Adaptive behavior findings can be translated directly into individualized educational goals. For example: CS↓ → functional academic goals; SS↓ → social participation goals; and ADLS↓ → independence goals. Consequently, adaptive behavior assessment can help ensure that an IEP contains goals that are functional, measurable, developmentally appropriate, and relevant to everyday life.

3. Implications for intervention monitoring

Repeated adaptive assessment may be represented as ABC_{T1} → ABC_{T2} → ABC_{T3}. However, change (represented by the symbol ∆) should also be examined separately: ∆CS, ∆SS, ∆ADLS. This is important because a stable overall ABC can conceal meaningful improvement in one domain accompanied by little change in another.

4. Implications for educational therapy philosophy

The most important implication is conceptual. The educational therapy for individuals with IDD should not be limited to remediation of academic deficits, but should also address the following: Acquisition + Application + Generalization + Independence. The adaptive behavior assessment provides a mechanism for determining whether educational learning is transferring into meaningful everyday functioning.

Summary

Figure 1 summarizes the three-domain adaptive behavior framework involving Conceptual, Social and Practical (Activities of Daily Living) domains in the ABDS measurement. It translates the results obtained from ABDS administration into individualized educational therapy intervention and monitoring. Moreover, the Figure 1 also reflects the proposed model of ABC = (CS + SS + ADLS) ÷ 3 as a supplementary descriptive index rather than to replace the standardized ABDS scoring.

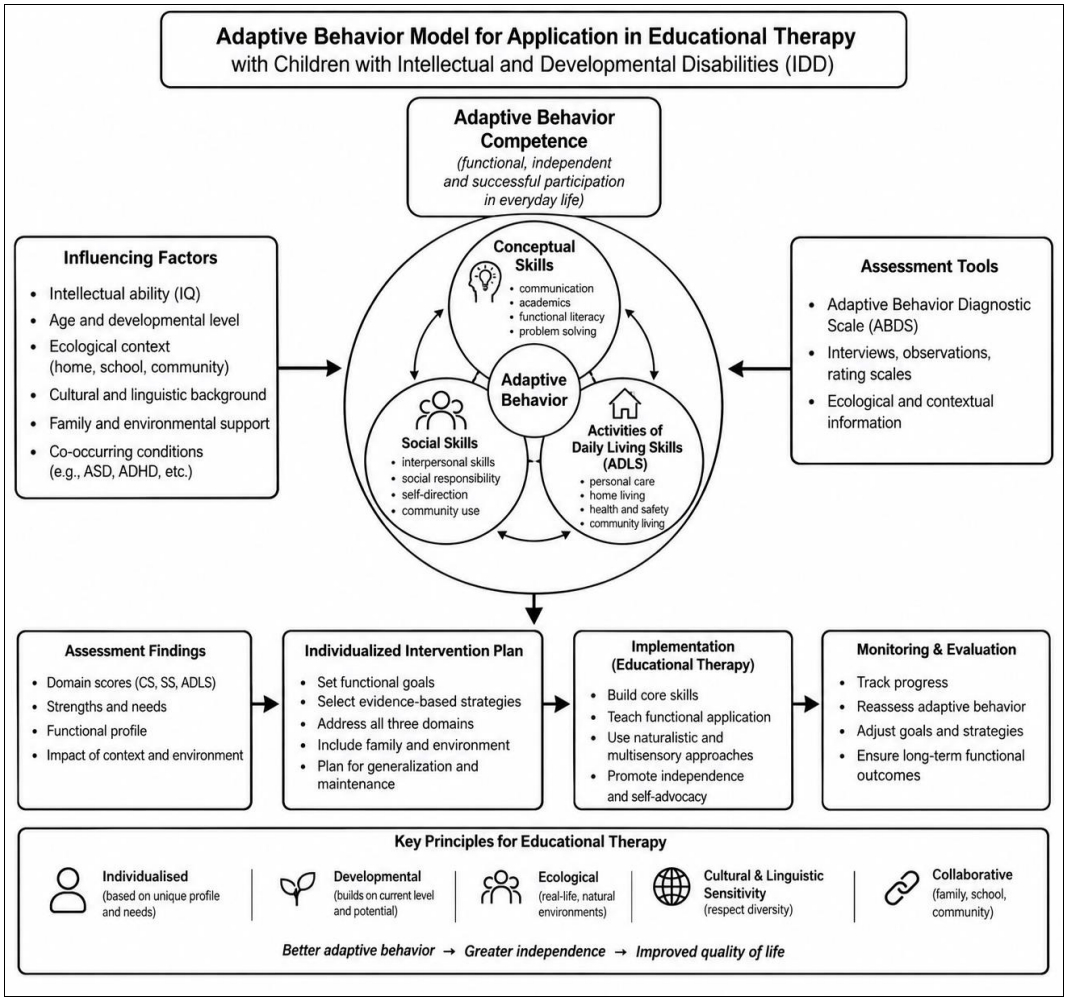

Fig 1: Adaptive Behavior Model for Application in Educational Therapy

The authors would particularly recommend retaining this distinction in this paper: Cognitive Ability ≠ Adaptive Behavior ≠ Academic Achievement, but Cognitive Ability + Academic Skills + Adaptive Skills → Comprehensive Educational Therapy Profile. The distinction makes the adaptive behavior component a functional bridge between assessment and intervention, which is especially relevant to the broader educational therapy framework. Recent evidence (e.g., Tassé *et al*, 2026 [13]) continues to support the conceptual, social, and practical tripartite structure, including the ABAS-3, ABDS, and DABS measurement tradition.

Conclusion

Adaptive behavior is a central dimension of human functioning and is particularly important in understanding individuals with intellectual and developmental disabilities. Contemporary frameworks conceptualize adaptive functioning through conceptual, social, and practical domains, a structure reflected in the ABDS and supported by current diagnostic and psychometric literature (AAIDD, 2021 [1,9,10,11]; APA, 2022 [2]; Pearson *et al*., 2016 [8]; Tassé *et al*., 2026 [13]; WHO, 2022 [16]).

For educational therapy, the importance of adaptive behavior assessment extends beyond diagnosis. It provides information about whether an individual can apply learned abilities and skills to everyday functioning, identifies functional support needs, informs individualized intervention, and provides meaningful outcomes for evaluating intervention effectiveness.

In this review paper, the authors proposed an equation based on percentage score for their Adaptive Behavior Competence (ABC) model is: ABC = (CS+SS+ADLS) ÷ 3, where CS represents Conceptual Skills, SS represents Social Skills, and ADLS represents Activities of Daily Living Skills.

The ABC model should be understood as a supplementary descriptive framework, not as a replacement for the standardized ABDS scoring system. Its principal value is to integrate the three domains into an interpretable functional profile while retaining the individual domain scores. Thus, the educational therapy application can be summarized as: Adaptive Assessment → Functional Profile → Individualized Educational Therapy → Generalization → Greater Functional Independence. In this sense, adaptive behavior assessment provides one of the essential links between assessment of the learner and meaningful change in the learner's everyday life.

Acknowledgement

The authors acknowledge the use of generative artificial intelligence tools for Figure 1 production, language editing and stylistic refinement during manuscript preparation. All three authors assume responsibility for the content of the manuscript.

References

1. American Association on Intellectual and Developmental Disabilities (AAIDD). AAIDD announces the publication of the 12th edition of its manual. AAIDD News, 2015. Available from: https://www.aaidd.org/news-policy/news/2021/01/15/aaidd-announces-the-publication-of-the-12th-edition-of-its-manual.
2. American Psychiatric Association. Diagnostic and statistical manual of mental disorders (5th ed., text rev.; DSM-5-TR). American Psychiatric Association Publishing, 2022. https://doi.org/10.1176/appi.books.9780890425787
3. Baethge C, Goldbeck-Wood S, Mertens S. SANRA: A scale for the quality assessment of narrative review articles. Research Integrity and Peer Review, 2019, 4. Article No. 5. https://doi.org/10.1186/s41073-019-0064-8
4. Edemekong PF, Bomgaars D, Sukumaran S, Levy SB. Activities of Daily Living. StatPearls, 2019. Retrieved from https://digitalcollections.dordt.edu/faculty_work/1222
5. Harrison PL, Oakland T. Adaptive Behavior Assessment System (3rd ed.). Western Psychological Services, 2015. Available from: https://www.wpspublish.com/abas-3-adaptive-behavior-assessment-system-third-edition
6. Harrison PL, Oakland T. Adaptive Behavior Assessment System (3rd ed.). Western Psychological Services. In J. S. Kreutzer, J. DeLuca, & B. Caplan (Eds.), Encyclopedia of clinical neuropsychology. Springer, 2018, 57-60. https://doi.org/10.1007/978-3-319-57111-9_1506
7. Marshall M, Rotter S. Educational therapy fact sheet. Association of Educational Therapists, 2023. Available from: https://www.aetonline.org/images/ABOUT_Section/Governance_Docs/ET_Fact_Sheet.pdf
8. Pearson NA, Patton JR, Mruzek DW. Adaptive Behavior Diagnostic Scale. Western Psychological Services, 2016.
9. Schalock RL, Borthwick-Duffy SA, Bradley VJ, Buntinx WHE, Coulter DL, Craig EM, *et al*. Intellectual Disability: Definition, classification, and systems of supports (11th ed.). American Association on Intellectual and Developmental Disabilities, 2010. Available from: https://eric.ed.gov/?id=ED509596
10. Schalock RL, Luckasson R. Intellectual disability, developmental disabilities, and the field of intellectual and developmental disabilities. In L. M. Glidden, L. Abbeduto, L. L. McIntyre, & M. J. Tassé (Eds.), APA handbook of intellectual and developmental disabilities: Foundations. American Psychological Association, 2021, 31-45. https://doi.org/10.1037/0000194-002
11. Schalock RL, Luckasson R, Tassé MJ. Intellectual disability: Definition, diagnosis, classification, and systems of supports (12th ed.). American Association on Intellectual and Developmental Disabilities (AAIDD), 2021. Available from: https://www.aaidd.org/docs/default-source/default-document-library/definition-diagnosis-classification-and-systems-of-supports-(12e).pdf?sfvrsn=4ea93b21_0
12. Tassé MJ, Schalock RL, Balboni G, Bersani H, Borthwick-Duffy SA, Spreat S, *et al*. The construct of adaptive behavior: Its conceptualization and measurement. American Journal on Intellectual and Developmental Disabilities,2016:121(2):103–117.
13. Tassé MJ, Schalock RL, Navas P, Andridge R, Balboni G. Confirming the tripartite factor structure of the diagnostic adaptive behavior scale. American Journal on Intellectual and Developmental Disabilities,2026:131(4):304-313. https://doi.org/10.1080/19447515.2026.2669462
14. Tassé MJ, Schalock RL, Thissen D, Balboni G, Bersani H, Borthwick-Duffy SA, *et al*. Diagnostic Adaptive Behavior Scale (DABS). American Association on Intellectual and Developmental Disabilities, 2017.
15. Wechsler D. Wechsler Intelligence Scale for Children-Fifth Edition (WISC-V) [Database record]. APA PsycTests, 2014. https://doi.org/10.1037/t79359-000
16. World Health Organization. International classification of diseases for mortality and morbidity statistics (11th Revision). World Health Organization, 2022. Available from: https://icd.who.int/