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To what extent does g impact on conceptual, practical and social adaptive functioning in clinically referred children?

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Abstract

Background: Previous analyses have found variable results when evaluating the size of the association between intellectual ability and adaptive functioning in individuals with impaired function.

Methods: We assessed the association between intellectual ability measured as a latent higher-order g and three different areas of adaptive functioning in a sample of clinically referred individuals with low IQ.

Results: Regressing g on conceptual, practical and social adaptive functioning yielded standardised regression coefficients of .65, .60 and .51 respectively.

Conclusions: Results suggests that even at low levels of ability, increments in g still have important consequences for human functioning. Further, the influence of g may not be equally strong across different areas of human functioning.

Introduction

Adaptive functioning is an important clinical construct indexing the ability of a person to function effectively in the world (e.g. Tassé et al. 2012). In particular, it forms the basis for one of the three criteria for intellectual disability (ID). These criteria are significant limitations in intellectual functioning and adaptive behaviour, and childhood onset (Schalock et al. 2007). The first criterion makes clear the cognitive origin of the disability, while the second reflects that these cognitive deficits are manifested as difficulties in aspects of human functioning that affect everyday living.

Conceptually, intellectual and adaptive functioning are considered correlated but distinct constructs (Su et al. 2008). The consensus model of adaptive functioning is a three-dimensional model including practical, conceptual and social adaptive functioning (Tasse et al. 2012). Our understanding of ID can be enhanced by knowing how these three domains of adaptive functioning are (possibly differentially) related to intellectual functioning. Previous studies which have attempted to quantify the magnitude of this association have found variable results. Estimates of the correlation between adaptive functioning and intellectual ability have ranged from almost zero in some cases up to as high as 0.77 in others (e.g. Rozkowski & Bean 1980; Sparrow et al. 1984; de Bildt et al. 2005). This variability can be attributed to several sources, the majority of which would tend to reduce the association meaning that on balance, empirical studies may be apt to underestimate the importance of intellectual ability for adaptive functioning.

First, the association will be affected by type of sample utilised. The association will be very low in highly able samples because participants will be scoring at ceiling on the measure of adaptive functioning (e.g. Moss & Hogg 1997). For example, Sparrow et al.

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(1984) reported correlations ranging from .07 to .36 between non-verbal intellectual ability as measured by the Kaufman Assessment Battery for Children (K-ABC; Kaufman & Kaufman 1938) and the domains of adaptive functioning measured by the Vineland adaptive behaviour scales in a sample of children who participated in the standardisation of the two instruments. The correlation between the instrument and full scale IQ measured by either the Wechsler Adult Intelligence Scale (WAIS: Wechsler 1955) or the revised edition (WAIS-R: Wechsler 1981) administered to a sample of adults with an intellectual disability ranged from .31 to .54 with the domains of adaptive functioning. The latter, more impaired sample, thus yielded a higher correlation between adaptive functioning and intellectual ability.

The correlation between intellectual ability and adaptive functioning can also be attenuated even in individuals with low ability due to range restriction arising from simultaneous selection on the constructs of interest in the analysis i.e. intellectual ability and adaptive functioning (e.g. see Sackett & Yang 2000). Samples including only individuals who have ID will yield attenuated associations relative to samples including some individuals with low IQ but without a diagnosis of ID. This is because ID diagnosis imposes simultaneous selection criteria whereby individuals receive the diagnosis only if they have both low adaptive functioning and low intellectual ability. This kind of selection will result in a lower correlation between these two constructs within the population of individuals who have an ID. Unless statistical corrections are made, empirical studies may, therefore, underestimate the association between intellectual ability and adaptive functioning if they base their analyses only on data from those with a diagnosis of ID. Restricting analyses to, for example, only participants who are in the mild or moderate or severe category without statistical correction will further attenuate the association. This may explain the relatively low correlations for those with a mild or moderate ID of .18 and .36 respectively reported by de Bildt et al. (2005).

The association could also be underestimated by sub-optimal psychometric operationalisations of intellectual ability. Previous studies have primarily used Full Scale IQ (FSIQ), a uni-dimensional scale score, to estimate intellectual ability (though see Su et al. 2008 for an exception). Contemporary models of intellectual ability, however, describe its structure as multi-layered, with a structure that includes both a general ability factor (g) and more specific ability factors such as verbal ability, perceptual ability, and spatial ability (Johnson & Bouchard 2005; McGrew 2009). Further, the use of an observed sum score conflates systematic and measurement error variance which can downwardly bias associations of intellectual ability with external criteria. Specifying intellectual ability as a higher-order or bi-factor confirmatory factor model can address this issue (e.g. see Murray & Johnson 2013). This allows the associations of both a general factor (g) and specific ability factors (e.g. verbal ability, spatial ability etc.) with adaptive functioning to be investigated.

However, an additional complication is that the best validated and most commonly used measures of intellectual ability show substantial floor effects in individuals with an intellectual disability (Whitaker & Gordon 2012). In clinical practice, it is not uncommon for an individual with an ID to be unable to even complete the first item of an intellectual ability subtest. All individuals for which this applies will score a '1' on this subtest, however, all of these individuals will not be of equal ability. Thus, the associations among subtests used to estimate g and specific abilities in a CFA model may themselves be distorted by the poorer measurement properties of intellectual ability tests at low levels, particularly, when the sample are exclusively or primarily of low IQ. This will have a knock-on effect on the correlation between these ability factors and adaptive functioning. Floor effects are an issue which affect different intellectual ability assessments to different degrees. Thus, the specific choice of intellectual assessment can affect the extent to which it correlates with adaptive functioning.

Although floor effects and lower limits on the range of ability that can be measured cannot be addressed directly in the absence of measures of intellectual ability that extend into the lowest ranges of ability, it is possible to use a statistical proxy and model the censoring that occurs at the minimum possible value on intellectual ability subtests (e.g. Muthén 1989).

The aim of the present study was to estimate the association between intellectual ability and conceptual, practical, and social adaptive functioning in ID, taking into account these different sources of variability in the association to the extent that this is possible. We therefore, estimate the effect of g on dimensions of adaptive functioning using a sample with a broader range of intellectual functioning from severe intellectual disability to no intellectual disability. We also use a higher-order model of intellectual ability to estimate g and a tobit model to account for the limited range of scores possible at the low end of currently available intellectual assessments.

Methods

Data collection

Pre-existing data were gathered from the case notes of children referred to child and adolescent mental health and ID services in four regions in Scotland on: intellectual ability as measured by the Wechsler Intelligence Scale for Children- Fourth Edition (WISC-IV: Wechsler 2003); adaptive functioning as measured by the Adaptive Behaviour Assessment System- Second Edition (ABAS II: Harrison & Oakland 2003) parent/caregiver form for ages 5-21. The scale yields standardised scores for three sub-domains: conceptual, practical and social and the full scale (the general adaptive composite score: GAC); age at assessment; gender; diagnosis of ID. Permission to collect the data was obtained from the Caldicott Guardians in each region.

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Participants

Data were collected for 510 children (338 males, 169 females, 3 for whom gender information was not available), 237 of whom had a diagnosis of ID. The mean age was 67.5 months (SD= 39.9). In our sample, all case notes of children referred to seven services, from four out of 14 health board areas in Scotland were sampled. The services were chosen because they represented areas of Scotland ranging from predominantly rural to predominantly urban and geographical areas representing North, South and Central Scotland. Of the services, two were child ID services, two were child and adolescent mental health (CAMH) services and three services provided child ID and CAMH services within the same overarching service. Cases were included in the current research if information was available in the case notes in relation to: intellectual ability (as measured by the WISC-IV) and adaptive functioning (as measured by the ABAS II). Not all cases were specifically referred for an assessment of ID, but all cases that were included had been assessed in relation to intellectual and adaptive functioning. Specific sub-samples were used for different aspects of the analysis, as described in the following sections.

Analysis

We used structural equation modelling to first establish a measurement model for g and then a full structural model to establish how g related to the three domains of adaptive functioning. Data from 456 participants that had WISC-IV subtest data were used for both models, even though this resulted in large proportions of missingness for the adaptive functioning variables as this was available for only 102 participants. This translated into covariance coverages (i.e. the percentage of cases available for a pair of variables) of only 22% for the three adaptive functioning variables.

We used maximum likelihood (ML) estimation to account for this missingness, because this allows the information in the observed cases about the missing cases to be utilised. This method yields unbiased parameter estimates when data are missing at random (MAR). Even when data are not missing at random (NMAR), ML performs better than traditional methods of dealing with missing data because the bias tends to be isolated to a subset of parameters, rather than affecting the entire model (Enders 2010). It is not possible to test the MAR assumption statistically; however, its tenability can be evaluated considering how the data were sampled and why a case might have missing data on either the WISC-IV subtests or adaptive functioning.

In the present study cases would not have been initially sampled for a number of reasons. In respect of child ID services, an individual may not have had information recorded in relation to intellectual and/or adaptive functioning if the person's level of ID was at such a level that formal assessment would not have been possible, but it would be clear that the person had ID, for example those with a profound ID. In respect of CAMH services, where an individual had been referred to the service for a reason that was unrelated to concern about ID or cognitive functioning, for example anxiety or depression, no assessment of intellectual or adaptive functioning would have been carried out. A common reason for adaptive functioning scores, specifically, to not be available in the current research would be if this was measured using an alternative measure of adaptive functioning such as the Vineland Adaptive Behavior Scales (Sparrow et al. 2005). This is unlikely to be related to an individual's level of adaptive functioning.

As a sensitivity check related to missingness in the current sample, we also report the parameter estimates from our structural model fit only to the sub-sample of 102 individuals with both adaptive functioning and intellectual ability data. This is small for structural equation modeling, however, necessary sample size depends on several features of the data

and model. These were favourable for the present analysis as expected factor loadings were high and the size of the model not overly large (e.g. Jackson et al. 2013). Thus, the sample size is small but likely adequate for our analyses. However, as a further sensitivity check we also report the correlations based on observed scores, taking FSIQ as an estimate of *g*, again, in only the sub-sample of 102 individuals with adaptive functioning data.

We used robust maximum likelihood as our estimation method to account for the skewed nature of the indicators, given that the sample was mostly scoring near the lower end of the scales. For scaling and identification, the first indicator of each first-order factor was fixed to 1.0 and the variance of the second-order *g* fixed to 1.0. Model fit was evaluated using Tucker-Lewis Index (TLI), comparative fit index (CFI), Root Mean Square Error of Approximation (RMSEA). Models were judged to be of good fit when TLI and CFI values were >0.95 (Hu & Bentler 1999); RMSEA values were <0.08 (Schermelleh-Engel et al. 2003). All models were estimated in Mplus 6.11 (Muthén & Muthén, 2010).

Measurement model for intellectual ability.

Confirmatory factor analysis was used to establish an appropriate measurement model for intellectual ability. We adopted a model of *g* based on the proposed scoring structure of the WISC-IV (a higher-order model). Alternative measurement models based on CHC-theory for the WISC-IV have been suggested and have received some empirical support. For example Keith et al. (2006) reported that a CFA model of the WISC-IV based on CHC theory was better fitting than one based on its scoring structure when analysing the WISC-IV standardisation data. We adopt the measurement model based on the scoring structure here because it has generally been shown to fit well in both clinical and non-clinical samples (Bodin et al. 2009; Chen et al. 2009). In addition, the CHC theory model is less parsimonious

than the scoring structure model, and a less parsimonious model can appear to fit better than a more parsimonious model, even when the true model is the latter (Murray & Johnson 2013).

We would not expect substantial differences in the correlations of *g* with the dimensions of adaptive functioning dependent on which of these alternative models is adopted, because in both models *g* is a dominant source of item variance. In addition, estimates of *g* are generally highly correlated across different models, provided that the model specification is sensible and the indicators are sufficiently diverse and large in number (e.g. Johnson et al. 2008).

g as a predictor of Conceptual, Practical Social and Adaptive Functioning.

After establishing an appropriate measurement model for *g*, a full model was specified in which *g* predicted the three domains of adaptive functioning: conceptual, practical and social. These were measured as single indicators and allowed to correlate in the model. We were utilising data from individuals at the low end of the intelligence continuum, therefore, we expected there to be substantial floor effects (Whitaker & Gordon 2012). As this could affect the correlation of *g* with the domains of adaptive functioning, we estimated a model in which the observed indicators of the measurement model for *g* were treated as censored from below, using a tobit model.

Results

Descriptive statistics are provided in Table 1. The bivariate correlations between the adaptive function components and FSIQ based on observed scores are shown in Table 2. These suggested that conceptual, practical and social adaptive functioning are highly correlated with each other and with intellectual ability in our sample.

Fit statistics for the measurement model for *g*, estimated using robust maximum likelihood estimation (Model 1), are provided in Table 3. The model was a good fit by all fit criteria. Figure 1 shows the full model including both the measurement model for intellectual ability and the adaptive functioning variables (Model 3). As numerical integration is required in the estimation of this full model, absolute fit indexes are not available, but AIC and BIC for this model are reported in Table 3 and these can be compared with the model estimated using robust maximum likelihood estimation but with no treatment of the censoring (Model 2). In Model 2, the standardised regression coefficients of *g* on conceptual, practical and social adaptive functioning were .71, .65 and .55 respectively. In Model 3, these parameters were .63, .59 and .50 respectively. In Model 2 estimated in the reduced sample of individuals with data on adaptive functioning, these paths were .67, .64, and .55 respectively. In Model 3 estimated in this reduced sample these paths were .62, .60 and .52 respectively.

Insert table 3 and figure 1 about here

Discussion

In the present study, general intellectual ability (*g*) as estimated as a latent higher-order factor correlated reasonably strongly with different aspects of adaptive function, supporting the coherence of the ID construct and its diagnostic criteria. Conceptual functioning was most strongly related and social functioning least related to *g*. In content, the conceptual domain is closest to *g* in measuring skills traditionally considered to strongly reflect intelligence e.g. items relating to reading and writing. In contrast, the social domain contains items on social relationships, emotion recognition and expression which may have an affective basis that is independent of IQ (e.g. Rojahn et al. 1995).

The present study was not able to directly address some outstanding issues in the question of how *g* impacts on adaptive functioning at low levels of IQ. First, the WISC-IV is

subject to floor effects (Whitaker & Gordon 2012). In the present study we used a statistical method which attempts to account for the impact of censoring on parameter estimates, however, it is not a substitute for using measures of intelligence that span a fuller range of ability. In addition, it is important to note that the precise magnitude of the association between g and adaptive functioning will always be affected by the range of ability of participants.

Nevertheless, the fact that intellectual ability was related to adaptive functioning in this sample, using a robust model of g implies that, even at low levels of ability, increments in intelligence are predictive of important aspects of human functioning. In the normal range of intelligence, ability level is associated with educational, occupational and social success (Gottfredson 1997; Deary et al. 2007; von Stumm et al. 2010) and mortality (Calvin et al. 2011). While it can't be assumed that similar correlates exist in those with ID, the correlations of g with adaptive functioning, suggest that even at lower levels, differences in g are important. For example, it is possible that differences in adaptive functioning partly mediate the association between intellectual ability and life expectancy in those with ID (Patja et al. 2000; Bittles et al. 2002). Further longitudinal research is required to establish if correlates of ability found in the general population also hold for people with ID.

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Table 1: Descriptive Statistics for Intellectual Ability and Adaptive Functioning Variables

Variable	N	Mean	SD	Min	Max
Vocabulary	430	5.99	3.72	1	18
Similarities	430	7.12	4.03	1	19
Comprehension	422	5.99	3.77	1	19
Block Design	431	6.69	3.59	1	19
Picture Concepts	410	7.25	3.71	1	18
Matrix Reasoning	390	6.63	3.28	1	15
Digit Span	426	5.97	3.47	1	19
Letter-Number Sequencing	303	6.21	3.60	1	14
Symbol Search	393	6.51	3.46	1	19
Coding	426	5.85	3.44	1	19
Conceptual	102	62.13	17.84	5	120
Social	102	69.01	18.35	8	120
Practical	102	58.15	20.59	4	120

Table 2: Pearson's correlations between the adaptive function components and FSIQ

	FSIQ (degrees of freedom)
Conceptual	0.64 (97)
Social	0.56 (97)
Practical	0.64 (97)

Table 3: Model fit statistics for g Measurement Models

Model	Satorra-Bentler χ^2	df	TLI	CFI	RMSEA (90 % CI)	AIC	BIC
Measurement model for g (Model 1)	112.29	31	.95	.97	.08 (.06-.09)	19339.82	19478.38
g predicting adaptive functioning (Model 2)	149.15	58	.96	.97	.06 (.05-.07)	21773.30	21922.94
g predicting adaptive functioning accounting for censoring (Model 3)	-	-	-		-	21124.62	21314.25
Model 1 in reduced sample	45.97	31	.96	.97	.08 (.02-.12)	3318.96	3400.96
Model 2 in reduced sample	87.44	58	.96	.97	.07(.04-.10)	5709.80	5830.55
Model 3 in reduced sample	-	-	-	-	-	5500.22	5620.97

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