

## SOCIAL SKILLS OF MOTHERS OF YOUTH AND ADULTS WITH DOWN SYNDROME<sup>1</sup>

### *HABILIDADES SOCIAIS DE MÃES DE JOVENS E ADULTOS COM SÍNDROME DE DOWN*

### *HABILIDADES SOCIALES DE MADRES JÓVENES Y ADULTAS CON SÍNDROME DE DOWN*

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**ABSTRACT:** The work context requires complex interpersonal relationships and in people with disabilities this aspect can be a challenge. As the family plays an important role in teaching and maintaining these relationships, mothers of young people and adults with Trisomy 21 were chosen for the present study to understand how their social skills can relate to their children's life trajectory. Five mothers of young people and adults who were in the labor market participated in the research. As a data collection instrument, an inventory of social skills and a questionnaire were used. The results scored good repertoires of social skills in three mothers. As for the life trajectory, all mothers received the diagnosis after the birth of their children, who underwent therapies with other professionals. Mothers reported that their children communicate satisfactorily, despite having delayed language, and most attended regular school. In the aspects of social interaction, it was reported that young people and adults have no difficulties. The present study is considered to have contributed to the suggestion of future interventions with this population.

**KEYWORDS:** Trisomy 21. Down syndrome. Mothers. Social skills. Labor market.

**RESUMO:** *O contexto de trabalho requer relações interpessoais complexas e em pessoas com deficiência esse aspecto pode ser um desafio. Como a família desempenha importante papel no ensino e manutenção dessas relações elegeu-se, para o presente estudo, mães de jovens e adultos com Trissomia 21 a fim de entender como as habilidades sociais destas podem se relacionar com a trajetória de vida de seus filhos. Participaram da pesquisa cinco mães de jovens e adultos que estavam no mercado de trabalho. Como instrumento de coleta de dados utilizou-se o inventário de habilidades sociais e um questionário. Os resultados pontuaram bons repertórios de habilidades sociais em três mães. Quanto à trajetória de vida, todas as mães receberam o diagnóstico após o nascimento dos filhos, os quais realizaram terapias com outros profissionais. As mães relataram que seus filhos se comunicam de maneira satisfatória, apesar de terem apresentado atraso na linguagem, e a maioria*

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*frequentou escola regular. Nos aspectos de interação social foi relatado que os jovens e adultos não apresentam dificuldades. Considera-se que o presente estudo tenha contribuído como sugestão para futuras intervenções com essa população.*

**PALAVRAS-CHAVE:** *Trissomia 21. Síndrome de Down. Mães. Habilidades Sociais. Mercado de Trabalho.*

**RESUMEN:** *El contexto laboral requiere relaciones interpersonales complejas y en las personas con discapacidad este aspecto puede ser un desafío. Dado que la familia juega un papel importante en la enseñanza y el mantenimiento de estas relaciones, las madres de jóvenes y adultos con trisomía 21 fueron elegidas para el presente estudio con el fin de comprender cómo sus habilidades sociales pueden relacionarse con la trayectoria de vida de sus hijos. Participaron de la investigación cinco madres de jóvenes y adultos que se encontraban en el mercado laboral. Como instrumento de recolección de datos se utilizó un inventario de habilidades sociales y un cuestionario. Los resultados obtuvieron buenos repertorios de habilidades sociales en tres madres. En cuanto a la trayectoria de vida, todas las madres recibieron el diagnóstico luego del nacimiento de sus hijos, quienes fueron sometidos a terapias con otros profesionales. Las madres informaron que sus hijos se comunican satisfactoriamente a pesar de haber retrasado el lenguaje y la mayoría asistía a la escuela regular. En los aspectos de interacción social se informó que jóvenes y adultos no tienen dificultades. Se considera que el presente estudio ha contribuido a la sugerencia de futuras intervenciones con esta población.*

**PALABRAS CLAVE:** *Trisomía 21. Síndrome de Down. Madres. Habilidades sociales. Mercado de trabajo.*

## Introduction

In interpersonal development, the ability to establish and maintain social interactions that are simultaneously productive and satisfying in the face of different interlocutors, situations and demands is of paramount importance. This ability can be a challenge in the context of people with disabilities because some types of disabilities have deficient and/or insufficient this development, which, in turn, creates obstacles in the daily lives of these people.

A reliable indicator of how this interpersonal development takes place can be the family, because, normally, it is in this context that the main interpersonal relationships occur. Thus, the union of family members of people with disabilities and their interpersonal relationships deserve interventions and research aimed at helping them in their most different contexts (family, work, social, among others). Based on this need, the population chosen for this study was that of mothers of young people and adults with Trisomy 21, as their social

skills will be of great importance in the interpersonal formation of any subjects (DEL PRETTE; DEL PRETTE, 2013).

Social skills (SS) can be understood, according to Del Prette and Del Prette (2017), as a descriptive construct of social behaviors valued in a culture and which, when properly performed, has a high probability of providing positive results for both the person and for your community. Behaviors characterized as SS, according to Del Prette and Del Prette (2017), can be classified and grouped into different classes and subclasses. This classification and grouping consider formal and functional aspects, that is, gestures, facial expression, body expression etc., and their function in a given situation.

Del Prette and Del Prette (2017, p. 27) suggest a portfolio of SS whose premise is to list the classes and subclasses “relevant and pertinent to social tasks and roles as well as to the stage of development”. This separation is didactic and guides the identification of these classes, namely: 1. Communication; 2. Civility; 3. Make and maintain friendships; 4. Empathy; 5. Assertives; 6. Express solidarity; 7. Manage conflicts and solve interpersonal problems; 8. Express affection and intimacy; 9. Coordinate a group and; 10. Public Speaking.

The learning of these SS occurs in different cultural environments, with the family being one of the main ones (DEL PRETTE; DEL PRETTE, 2017). This, in people with disabilities, will be of paramount importance since, according to Goitein and Cia (2011), involvement, care and stimulation will be essential for their development. In the family, cultural patterns are usually transmitted by establishing rules, managing consequences and offering behavioral models for parents and/or caregivers.

Beidel, Turner and Morris (2000) highlight that some SS are considered extremely relevant in any social contact, such as smiling, making eye contact, asking and answering, giving and acknowledging compliments, among others. In populations with disabilities, these behaviors are no different, but usually, studies involving these behavioral patterns occur in children and adolescents, for example, the studies by Mancini, Silva, Gonçalves and Martins (2003), Bonomo, Garcia and Rosseti (2009), Angelico and Del Prette (2011), Rodrigues, Santos and Carlino (2014).

Perhaps this fact is due to the existence of measurement instruments in SS whose respondent, in the case of children and adolescents, may be the guardians or teachers. Few studies encompass the adult population as the one by Rodrigues, Bianchi, Aissa, Souza and Galvani (2019) because, in the case of adults with disabilities, the measurement of these abilities becomes more complex, as the SS instruments for adult populations are of self-report and the instrument can infer abstract situations that would be difficult to understand for some

populations, such as the one with Trisomy 21. Elliott and Gresham (2008) bring some instruments for populations with disabilities, but internationally and, as indicated by Quitério, Nunes and Gerck (2020), who preliminarily bring a possibility of instrument for adults without articulated speech, these instruments are still far from our cultural reality.

Therefore, it is considered that the studies of SS in young people and adults with disabilities, and especially those who are already in the labor market, are of paramount importance because, as evidenced by the study by Pereira and Batanero (2009), when entering the world of work, people with disabilities are inserted in several challenging social characteristics, such as the need for interaction, overcoming difficulties, active participation in society, among others. It is also highlighted that the work environment will provide important characteristics regarding, for example, the acquisition or improvement of social skills, and also regarding the aspect of professional maturity.

In this sense, relating the theme of SS and the work environment, and also corroborating the idea that each type of disability will bring with it a specificity, Trisomy 21 (T21) was chosen for this study. The nomenclature Trisomy 21 was adopted to refer to Down syndrome, despite the eponym Down Syndrome, in honor of Professor John Langdon Down. In 1980, professor Jérôme Lejeune mentioned that the intention of the tribute was transparent, but he recalled that, until the end of the 1950s, the predominant language was French and, from 1960, it became English. Due to inadequate translations for *Down syndrome*, laity and even professionals, unfortunately, began to write the word “Syndrome” with the first letter capitalized and down starting with lowercase, giving a pejorative connotation and ignoring the reference to a surname. For this reason, Professor Lejeune expressed an intention to change such nomenclature, thus justifying the proposal of the term Trisomy 21 (MUSTACCHI; SALMONA; MUSTACCHI, 2017).

According to the Guidelines for attention to people with Down syndrome, T21 is a genetic alteration resulting from the presence of an extra chromosome 21 in the human cell and the main cause of intellectual disability in this population. The presence of the extra 21st chromosome in the genetic constitution determines specific physical characteristics and delays in different areas of development (BRASIL, 2013).

In addition to intellectual disability, which, according to the Diagnostic and Statistical Manual of Mental Disorders DSM-V (APA, 2014), is defined as a disorder beginning in the developmental period and marked by functional deficits, both intellectual and adaptive, in the conceptual and social domains. and practical (APA, 2014), language delay is common in this

population. This can, according to Quitério (2009), compromise the acquisition of symbolic systems and, consequently, the development of SS.

In addition to these aspects, Soresi and Nota (2000) state that the literature points to a tendency towards little social interaction in this audience when compared to people with typical development and that this deficient repertoire can negatively result in adaptation and social interaction in adult life, especially in the world of work.

Therefore, Angonese, Boueri and Schmidt (2015) suggest studies with groups of workers with ID with different focuses. The authors highlight the need to develop professional and career guidance strategies for the population with disabilities, as a way to effectively contribute to their insertion and permanence in the labor market, focusing on providing conditions for learning and better development for this population. However, there is also the need to look at the social skills of family members of people with disabilities who have entered the labor market. This is because, as some studies have identified, the empowerment of families of children with disabilities is positively correlated with some of these SS (ARAGON; COSTA; CIA, 2019), it would be necessary to understand how the SS of these families developed because, as highlighted by Papay and Bambara (2014), these also have an important role in the insertion, success and permanence of people with intellectual disabilities in the work context.

Thus, the relevance of the theme proposed by this study is justified by the suggestion that mothers with good repertoires of social skills will positively influence their children's social skills and, consequently, the better adaptability of these people with disabilities throughout life, especially in labor market. In this sense, two questions guide this study: How is the repertoire of social skills characterized in mothers of young people with T21 who are already in the labor market? What relationship do mothers' social skills have with their children's life trajectory?

Faced with these questions, this paper aims to analyze the repertoire of social skills of mothers of young people and adults with T21 who are already in the labor market and relate these skills to their children's life trajectory.

## **Methodology**

This research is descriptive (COZBY, 2003), fulfilled all ethical criteria for research with human beings and had a favorable opinion from the Ethics Committee in Research with

Human Beings (CAAE: 68948817.1.0000.5504). The same took place in a support institution for people with T21 in a city in the interior of the state of São Paulo.

Five mothers of young people and adults with T21 participated in the study. These were classified as M1, M2, M3, M4 and M5 and their ages ranged between 48 and 62 years. As for the level of education, two have completed high school and three have higher education.

As for young people and adults with T21, children of the interviewed participants, the ages ranged between 21 and 38 years, two were male (F1 and F5) and 3 were female (F2, F3 and F4). All children were diagnosed with T21 and had been employed in the labor market for over a year.

It is noteworthy that, although the research was carried out only with the mothers of youngsters and adults with DS, the children will be mentioned at various times and, therefore, we chose to classify them as F1, F2, F3, F4 and F5. Table 1 summarizes the classification data of the participants and their children.

**Table 1.** Characterization of participants

<b>Participant (mother)</b>	<b>Schooling degree</b>	<b>Son (with T21)</b>	<b>Age</b>	<b>Type of Schooling</b>	<b>Workplace and Function</b>
<b>M1</b>	Higher Education	F1	27 years	Regular school	Retail/ Replenisher
<b>M2</b>	High School	F2	21 years	Regular school	Pharmacy/ Replenisher
<b>M3</b>	High School	F3	29 years	Regular school	Pharmacy/ Replenisher
<b>M4</b>	Higher Education	F4	38 years	Specialized Institution	Unimed Quality of Life Center/ Reception
<b>M5</b>	Higher Education	F5	22 years	Regular school	Clinical Analysis Laboratory/ Reception

Source: Devised by the authors

As a data collection instrument, the Social Skills Inventory 2 - IHS2-Del Prette (DELPRETTE; DEL PRETTE, 2018) and an anamnesis script were used. The IHS2-Del Prette is a self-report instrument for the assessment of social skills, analyzed and approved by the Federal Council of Psychology. The instrument allows characterizing social performance in different situations, enabling diagnosis in different contexts: clinical, educational, personal

selection, among others. The respondent must estimate the frequency with which they react in the way suggested in each item, considering the total number of times they have been in the situation described, and estimate the frequency of their response on a Likert-type scale, with five points, ranging from 0-2 (never or rarely) to 9-10 (always or almost always). The items produce a TOTAL SCORE ( $\alpha = 0.944$ ) and scores on five factors: F1 – Assertive Conversation ( $\alpha = 0.934$ ); F2 – Affective-sexual approach ( $\alpha = 0.774$ ); F3 – Positive Feeling Expression ( $\alpha = 0.984$ ); F4 – Self-Control/Coping ( $\alpha = 0.840$ ) and F5 – Social Resourcefulness ( $\alpha = 0.840$ ). The instrument can be used in populations whose age ranges from 18 to 59 years, with specific calculation for two groups: 18-38 years and 39-59 years. The anamnesis script was built based on Brazil (2013), totaling 28 open questions and, for this article, the following axes were used: 1. Diagnosis and Early Intervention; 2. Schooling and Language and; 3. Aspects of Social Interaction.

As a data collection procedure, first, the mothers of young people and adults with T21 who were inserted in the labor market were contacted. Then, days and times were scheduled with the participants, according to each one's convenience, at the institution they already attended. On the day set for collection, the mothers came to the institution and the research objectives were explained by the researcher and, if they chose to participate, the mothers signed the Free and Informed Consent Term for the research. Then the IHS2-Del Prette was presented, after which the researcher started recording the answers to the anamnesis script. For the analysis of the data from the IHS2-Del Prette, the instrument's correction sieve was used and based on it, the classification of their SS. For the data from the anamnesis, a content analysis was performed with a pre-determined categorization from the thematic blocks as suggested by Franco (2008).

## **Results and Discussion**

The results are presented in two topics: (a) social skills of the interviewed mothers and (b) the children's life trajectory.

### **a) Social Skills of Mothers of Young People and Adults with T21**

The results obtained in the social skills scores by the IHS2-Del Prette, applied to the mothers, are described in the table below.

**Table 2.** Characterization of the social skills of the mothers participating in the research regarding the general and factorial score

PARTICIPANT	OVERALL SCORE	F1	F2	F3	F4	F5
M1	91	45	9	30***	10**	18***
M2	72**	36***	8	18*	12**	6*
M3	82***	38***	0*	32	12**	20
M4	63*	23**	0*	26*	15***	21
M5	94	36***	9	30***	16	22

Caption: F1- Assertive Conversation; F2- Affective-sexual approach; F3- Positive Feeling Expression; F4- Self-Control/Confrontation; F5 - Social Resourcefulness

Reference Values (minimum-maximum): 39 to 59 years (female - GENERAL SCORE = 38,78-115; F1 = 2,39-51; F2 = 0-12; F3 = 17-32; F4 = 2-20; F5 = 5-24)

\* Inferior repertoire of social skills. Indicative of deficit and need for training in social skills, especially in those subscales and most critical items for personal and professional adjustment

\*\* Lower average social skills repertoire, with results below average on most items. Indicative of the need for training in social skills, especially in those subscales and items that are most critical for personal and professional adjustment

\*\*\* Good social skills repertoire, scoring within average for most items or balance between resources and deficits on those items and subscales they appear on. Good repertoire of social skills, scoring within average for most items or balance between resources and deficits on those items and subscales in which they appear.

Source: Devised by the authors

According to data in Table 2, the general scores obtained by the IHS2-Del Prette, M1 and M5 presented an elaborate SS repertoire, M3 a good HS repertoire, M2 a lower average SS<sup>4</sup> repertoire and M4 a lower social skills repertoire with indicative of deficit and need for SS Training. It is believed that, in relation to mothers with good social skills scores (M1, M3 and M5), the mothers' trajectory itself may have influenced the results since, as verified by the anamnesis, they needed to seek different types of care for their children and possibly demonstrate good resilience to overcome their condition of disability. In addition, it is suggested that a good repertoire also influenced the children to be inserted in the labor market, as the family experiences of people with disabilities in the labor market have a family influence, as demonstrated by the study by Augusto (2020).

<sup>4</sup> It is noteworthy that the classification nomenclatures used for the repertoires of social skills found by the participants are those named by the reference instrument used and validated by the Federal Council of Psychology, in this case the IHS2-Del Prette.



Regarding the factor scores, good SS repertoires can be seen in Factor 1, corresponding to assertive conversation in all participants, except for M4. It is noteworthy that this skill is of paramount importance for parents of people with disabilities who, in most cases, need to fight for their children's rights and seek support services throughout their lives (AUGUSTO, 2020). This is also important for children who entered the labor market, since all positions held by participants with T21 in this study refer to positions that relate directly to the public.

In Factor 2, affective-sexual approach, participants M3 and M4 had a lower SS repertoire indicative of social skills training (SST). It is important to note that the research by Silva, Paixão and Villela (2016) had already shown that mothers of people with T21 are aware of their children's sexuality, but do not realize it in their daily lives. Perhaps the non-perception can be related to the fact that they do not recognize their own sexuality and, therefore, also that of their children. Therefore, it is suggested that future research and interventions can be carried out in order to verify the real existence of this difficulty, since the sample in this study is small and may not correspond to the general characteristics of these mothers. On the other hand, if this difficulty is evidenced, it is suggested the creation of programs that can help these mothers in their own sexuality and, consequently, in that of their children.

In Factor 3, expression of positive feeling, participants M2 and M4 had inferior SS repertoires with an indication of SST. The expression of feelings has already been evidenced in the literature as a difficulty found in relatives of people with disabilities in different contexts: siblings (ALVES; SERRALHA, 2019), time of diagnosis (SILVA; LIMA, 2017), among others. This data suggests that interventions be carried out focused on the expression of feelings of family members, especially mothers, so that they can, in this way, help their children with disabilities in the expression of feelings, since the literature, as highlighted in the study by Rooke, Almeida and Mejia (2017), shows that interventions have been aimed at guiding or supporting the families of people with disabilities.

In Factor 4, self-control and coping, all participants had median scores or above average. Possibly this fact is due to these families being constantly exposed to situations in which they need to use this social skill, since it is known that the context of people with disabilities requires their families to face adverse and often stressful situations. This data corroborates the findings in the study by Aragon, Costa and Cia (2019) in which positive correlations were found between the empowerment of parents of people with disabilities and their social skills.

In Factor 5, social resourcefulness, only M2 obtained a score indicative of SST. The other mothers scored good SS scores. This data is suggestive for future research, as it contradicted the study by Spinazola, Cia, Azevedo and Gualda (2018). In the study of the aforementioned authors, the mothers of people with Trisomy 21 claimed to need more information about how to talk to their child and, in this sense, it is in line with good repertoires of skills, as found in the present research. Therefore, a better understanding of what are the real difficulties and facilities of these mothers regarding aspects of social resourcefulness is suggested, in order to produce future interventions that can benefit them.

### **b) Life trajectory of their children**

Data from the anamnesis were grouped into categories: 1. Early Diagnosis and Intervention; 2. Schooling and Language and; 3. Aspects of Social Interaction described below.

#### **Early Diagnosis and Intervention**

In this category, mothers were asked about the time of diagnosis and whether their children had been referred to any type of care or early stimulation programs. Regarding diagnosis, all mothers reported that their children were diagnosed after birth, and M1 and M5 reported having received confirmation by the karyotype test just 40 days after delivery. According to the Guidelines for the care of people with Down syndrome after birth, the diagnosis of T21 is indicated by the child's physical appearance and is confirmed when an extra copy of chromosome 21 is found in a blood sample (BRASIL, 2013).

As a result of the diagnosis, all participants indicated their children's participation in stimulation programs from birth, all starting with medical advice. These programs usually involved assistance from speech therapists, occupational therapists and physiotherapists, most claimed an estimated time of eight years, except for speech therapists, as some adults (F3 and F5) still attend. The experiences of these mothers were contrary to what the study by Ribeiro (2017) demonstrated, in which mothers reported negative experiences with health professionals in the care and diagnosis of their children.

Only M1 indicated a different type of stimulation, Bobath. According to Peres, Ruedell and Diamante (2009), this method is “aimed at encouraging and increasing the child's ability to move functionally in the most coordinated way possible” (p. 29, our translation).

## **Schooling and Language**

In this category, mothers were asked about schooling, whether their children had attended school, what type and how old they had started. According to reports, only F4 attended a specialized institution, the other four (F1, F2, F3 and F5) attended regular school since Child Education, with varying initial ages, starting between 3 and 5 years.

In terms of language, the mothers' statements were in line with what the literature shows about speech difficulties in people with T21 (SENO; GIACHETI; MORETTI-FERREIRA, 2014). When asked about their children's speech age (words, phrase and complex phrase), whether there was a delay in appearance, whether their children respond when called and how is the articulation and understanding of speech pronunciation by strangers, the mothers reported very similar aspects: M1, M2 and M4 highlighted that their children did not show delays in simple speech, such as saying the word "water". In complex speeches, such as the elaboration of the sentence "I want water", only M2 and M4 reported the absence of difficulty in their children; M3 and M5 reported that their children, F3 and F5, had speech delay in general, and M3 reported that F3's speech occurred after 6 years of age and M5 was unable to measure the precise date. These aspects corroborate what is found in the literature, as highlighted by Seno, Giacheti and Moretti-Ferreira (2014).

In the other aspects of language questioned (if you respond when called, if you respond to anyone, on the articulation in the speech and if strangers understand their children), the mothers were unanimous in answering that the speech depends a lot on the interest and the subject that is being treated. Only M3 and M5 said that although strange people normally understand their children's speech, sometimes there is a difficulty.

Other questions verified in this category were regarding the reporting of facts and/or stories and whether these occurred on different or specific themes, and also whether the children exposed their opinions using convincing elements in their justifications. Mothers M1, M4 and M5 reported that their children always narrate facts and stories in great detail. They also highlighted that there is some repetition on the topic that interests them, but that these narrations also occur in other themes.

Mothers M2 and M3 highlighted that it is difficult to report facts or stories, M2 explained that, normally, she is always with her daughter, there are no new aspects of events that have occurred that they have not yet talked about. On the other hand, she added that in terms of giving opinions and justifying, her daughter, F2 has been doing it from an early age. On the contrary, M3 reported that her daughter hardly gives opinions about her wishes.

The mothers of F3 and F5 reported that their children had a delay in language development, corroborating the literature, as mentioned by Lamônica and Ferreira-Vasques (2015). However, the IHS2-Del Prette scores in the item social resourcefulness and conversation were good, which suggests questions about the influence that these skills may have had on their children's deficits or whether, in the mothers' statements about the difficulty, what was mentioned were just diction problems or problems of another nature.

### **Social Interaction Aspects**

In the category aspects of social interaction, mothers were asked about how their children acted: asking and answering questions, expressing feelings, initiative to make friends, seeking help when necessary, using words of civility.

All mothers reported that their children had no problems with the initiative to prepare and answer questions for both known and unknown people. It was also unanimous in the view of the mothers to use civility words such as please, thank you and good morning by their children in any environment.

As for the expression of feelings, M1, M2 and M4 reported that their children express what they feel, but this expression is usually made for close people, such as family members. Mother M3 reported that her daughter is introverted and emotionally more closed. M5, on the other hand, reported that sometimes the child expresses his feelings and sometimes not, there is no constancy in this fact.

In relation to making friends easily, taking the initiative to start a friendship and commenting on situations that please or dislike (verbally or gesturally), M1, M2, M4 and M5 reported positive aspects for all interactions, that is, that their children make friendship with ease, that they have the initiative to start it and comment on situations that they like or dislike. However, mother M4 included in her speech a particularity that, possibly, her daughter would expect a social tip to start the friendship, such as a smile, for example. Bonomo, Garcia and Rossetti (2009) point out that people with T21 have friends, but it is a friendship marked, fundamentally, by attitudes of help and companionship in activities they commonly practice.

As for seeking help, all mothers claimed that their children seek help if necessary. However, M3 and M4 believe that their children's request for help is directed only to people they know and M1, M2 and M5 believe that their children ask for help from known and unknown people and end up finding a way out of the situation.

In general, the mothers participating in the research reported good social skills of civility and empathy in their children, specifically in the subclass reflect feelings, questioned in this research. This data should be further investigated since the social desirability of this issue is high (DEL PRETTE; DEL PRETTE, 2013), since, in our culture, people are expected to greet each other, say good morning, good afternoon and good night, among others, and the mothers' responses may have been controlled by this cultural issue. Some studies have directed structured situations to measure such behaviors in people with disabilities, as was the case in the study by Rodrigues, Bianchi, Aissa, Souza and Galvani (2019).

### **Final considerations**

Diante das questões propostas para o presente estudo acredita-se que os objetivos foram atingidos. Isso porque, aferir o repertório de habilidades sociais de mães de jovens e adultos com T21 deu indícios importantes de que essas habilidades podem auxiliar no favorecimento e ganho dessas habilidades por seus filhos, o contrário também pode ocorrer. Nesse aspecto, o estudo trouxe bons direcionamentos de necessidades a serem preenchidas nessa população, como intervenções que foquem na sexualidade de adultos com deficiência ou estudos que possam medir os desempenhos deles em situações reais ou hipotéticas.

Another highlight obtained in the research was in relation to conversational skills and social resourcefulness, as it can be assumed that the work context requires a good performance of this skill, which, however, could not be verified, since the adults did not participate in completing the questionnaires. Therefore, further studies are suggested in order to understand how these young people and adults with T21, who have speech difficulties, communicate and also how their listeners would understand.

In general, it is understood that this research brought important advances in analyzing the social skills of young people and adults with T21 and relating them to their life trajectory, which may contribute to future studies that continue to investigate such skills and/or carry out interventions focused on the gaps found here.

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