Enhancing Your Adaptive Behavior Evaluations

Patti L. Harrison, PhD
Professor Emeritus, The University of Alabama

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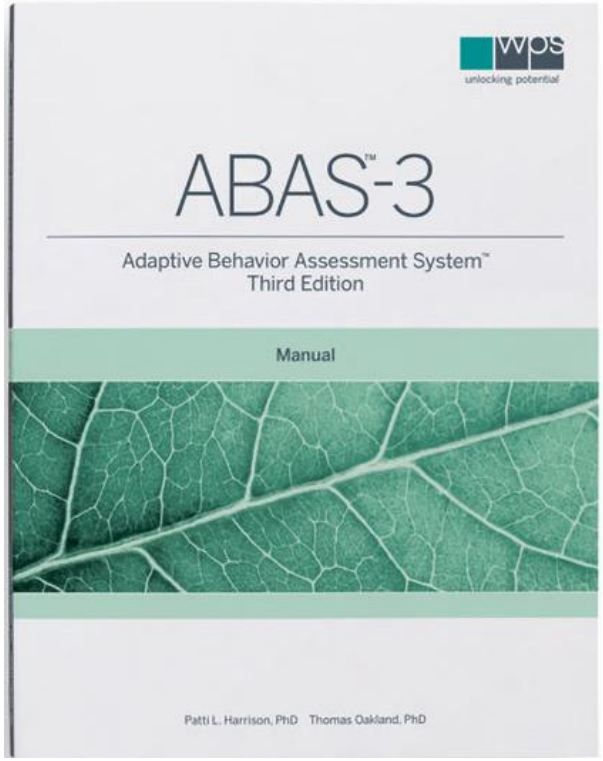
Learning Objectives

- Understand historical and current perspectives of adaptive behavior assessment for individuals with intellectual disabilities, autism, and other types of developmental, learning, social–behavioral, and health problems.
- Summarize features of norm-referenced, adaptive behavior scales, with an emphasis on the Adaptive Behavior Assessment System, 3rd Edition (ABAS-3).
- Apply a research foundation to diagnose and plan interventions using the ABAS-3 and other adaptive behavior assessments.
- Integrate adaptive behavior evaluation into a data-based, decision-making model of psychological, educational, and treatment services.

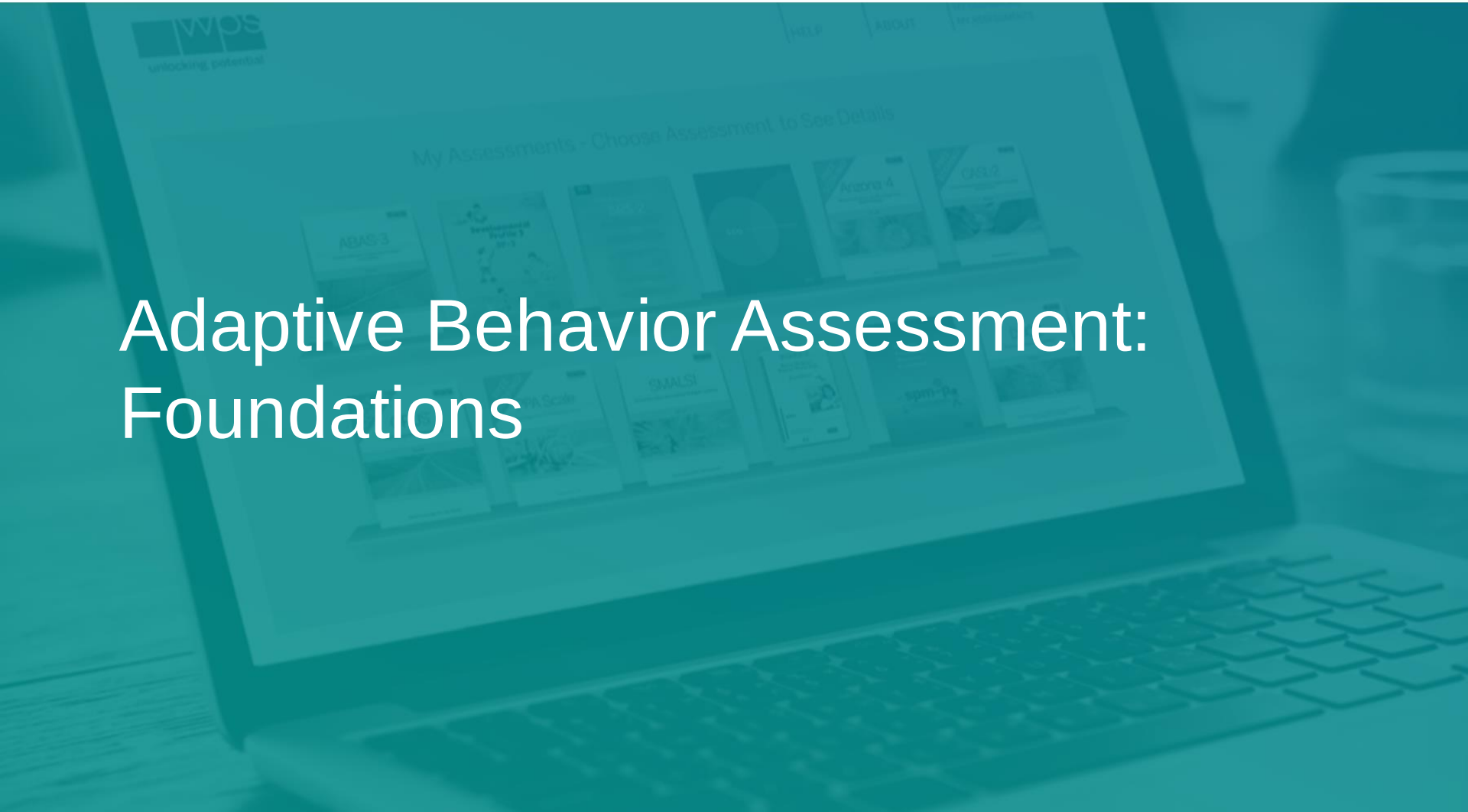
NASP Ethics Standard III.5.5 Disclosure of Financial Interests

- The ABAS-3, and its prior editions, will be discussed during the webinar. The webinar presenter, Patti Harrison, is coauthor of the instrument and receives royalties from its publisher.



Outline

- Foundations
- Rating Scales
- Research
- Interventions
- Best Practices



Adaptive Behavior Assessment: Foundations

History

- Pre 1900s: Focus on self-care and community engagement as criteria for disabilities.
- Early 1900s: Beginning of widespread use of IQ scores to define intellectual and other disabilities.
- Jane Mercer: "IQ: The Lethal Label"
- Court decisions: Implications for assessment and placement of children in special education and other programs

IQ Tests: Too Much Emphasis?

- American Association on Mental Retardation (now American Association on Intellectual and Developmental Disabilities): Increasing focus on adaptive behavior in its 12 definitions of MR/ID since 1959.
- Special education legislation: Importance of comprehensive, valid assessment and decision-making.
  - Use multiple tools to assess specific areas of educational need (not only IQ).
  - Use no single procedure as only criterion for determining that a child has a disability.

Definition of Adaptive Behavior

Adaptive Behavior = Everyday Competence

- Adaptive behavior is defined as practical, everyday skills needed to function and meet the demands of one's environments, including skills necessary to effectively and independently take care of oneself and to interact with other people.

Characteristics of Adaptive Behavior

- All people: Use adaptive skills to function effectively and independently in everyday life.
- Adaptive behavior: Increases and grows more complex with age.
- Adaptive behavior: Helps people meet demands and expectations of environments and situations.
- Adaptive behavior: Focus is on typical behavior in natural environments, not maximum performance on tests.

Characteristics of Adaptive Behavior *(cont.)*

- Adaptive behavior deficits: Difficulties with important life activities, including peer relationships, addressing personal needs, learning new skills, and general functioning in home, school, and community.
- Adaptive behavior: Deficits may coexist with strengths.
- Comprehensive assessment of adaptive skills: Identifies strengths, needs, and goals for intervention and treatment programs.
- Adaptive behavior interventions and supports: May improve a person's life-functioning.

Primary Domains of Adaptive Behavior and Examples of Skills

- *Conceptual skills:* problem-solving, communication, academics, money, time, self-direction, etc.
- *Social skills:* interpersonal skills, social justice, gullibility, naiveté, social problem-solving, etc.
- *Practical skills:* self-care, domestic skills, work skills, safety, health care, etc. (AAIDD; 2021, p. 30)

Major Purposes of Adaptive Behavior Assessment:

#1 Diagnosis and Classification of Disabilities and Disorders

Intellectual Disabilities (ID): Professional Standards Require Adaptive Behavior Assessment

- American Association of Intellectual and Developmental Disabilities (AAIDD; 2021)
- Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013)
- IDEA (2004) impacting state education agency requirements

AAIDD (2021)

- “Intellectual disability (ID) is characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates during the developmental period, which is defined operationally as before the individual attains age 22.” (p. 1)

Adaptive Behavior Deficits: Criteria for ID

- AAIDD (2021): "…approximately two standard deviations or more below the mean in at least one of the three adaptive behavior domains: conceptual, social, or practical…" (p. 31)
- DSM-5 (2013): No specific score cutoff, but "…when at least one domain of adaptive functioning—conceptual, social, or practical—is sufficiently impaired that ongoing support is needed in order for the person to perform adequately in one or more life settings at school, at work, at home, or in the community." (p. 38)

IDEA (2004) and Adaptive Behavior Deficits for ID

- Federal regulations for IDEA do not provide definition of adaptive behavior deficits for ID.
- McNicholas, Floyd, Woods, Singh, Manguno, & Maki (2018) - Review of state special education regulations for ID: Variation in adaptive behavior criteria but 65% had no adaptive behavior score cutoff and 51% had no reference to type of score or type of informants.

Autism and Adaptive Behavior Assessment

- Adaptive behavior assessment: Primary component for diagnosis, identification of strengths and weaknesses, and intervention planning for children with autism.
- Emphasized in professional resources about autism (e.g., Dilly & Hall, 2019).
- Frequently used in autism research.

Developmental Delay and Adaptive Behavior Assessment

- IDEA (2004) definition—Deficits in one or more: physical development, cognitive development, communication development, social or emotional development, or adaptive development.
- Deficits in adaptive: One of the areas of developmental delay.
- Adaptive behavior assessment often provides information about physical, communication, and social–emotional development as well.

Adaptive Behavior Assessment and Other Difficulties, Disabilities, Disorders, and Challenges

- Adaptive behavior should be assessed routinely for children and adults who have challenges that may interfere with daily functioning, as part of comprehensive assessments for evaluating strengths and limitations, diagnosis and classification, and identifying needs for services and supports.
- Thus, can be important in assessment for attention deficits, emotional disturbance, learning disability, behavior or conduct disorder, health impairments, traumatic brain injury, physical or orthopedic impairments, sensory disabilities, dementia, stroke, etc.

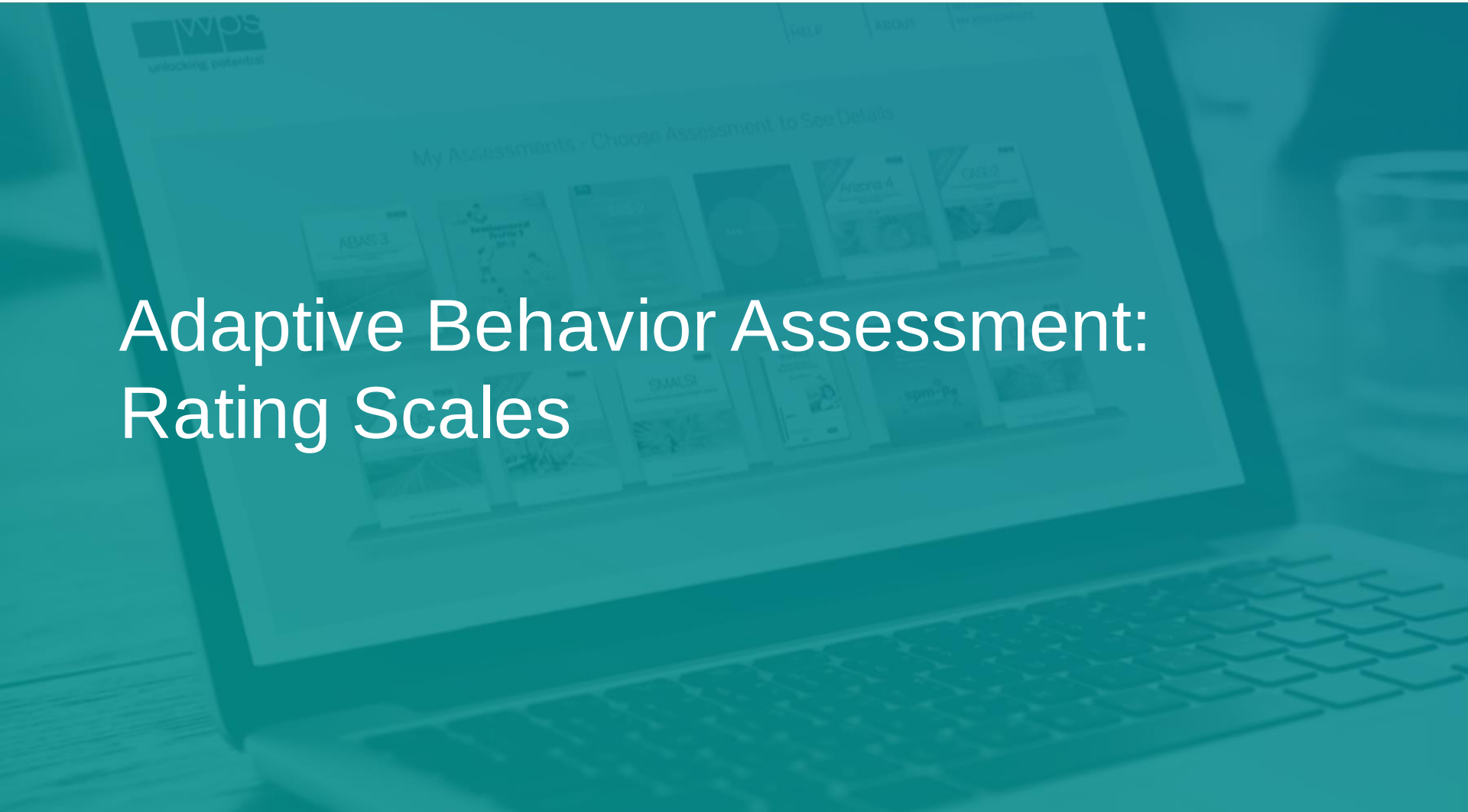
Major Purposes of Adaptive Behavior Assessment:

#2 Designing and Implementing Interventions for Increasing Adaptive Skills

- Adaptive functioning determines the level of supports needed (AAIDD, 2021; DSM-5, 2013)

Functional Daily Living Skills: Important Goals of Interventions, Training, and Treatment

- Skills needed during daily routines that occur naturally in home, school, community, work, and other environments.
- Skills that allow people to be independent in important environments and settings.
- Includes identification of both strengths and deficits.
- Requires evaluation of specific skills to function in CURRENT environments and to assist with transition to NEXT environments, including different educational or treatment settings or to less restrictive or more inclusive environments.



Adaptive Behavior Assessment: Rating Scales

Adaptive Behavior Assessment System, 3rd Ed. (ABAS-3; Harrison & Oakland, 2015)

- Parent/Primary Caregiver Form (Ages 0–5)
- Teacher/Daycare Provider Form (Ages 2–5)
- Parent Form (Ages 5–21)
- Teacher Form (Ages 5–21)
- Adult Form (Ages 16–89)

ABAS-3: Composites and Skill Areas

General Adaptive Composite (GAC, OVERALL TOTAL SCORE)

- Conceptual Domain
  - Communication
  - Functional Academics
  - Self-Direction
- Social Domain
  - Leisure
  - Social
- Practical Domain
  - Community Use
  - Home Living
  - Health and Safety
  - Self-Care
- Work (for older adolescents and adults only)

(Additional motor adaptive skill area for young children)

ABAS-3: Item Ratings

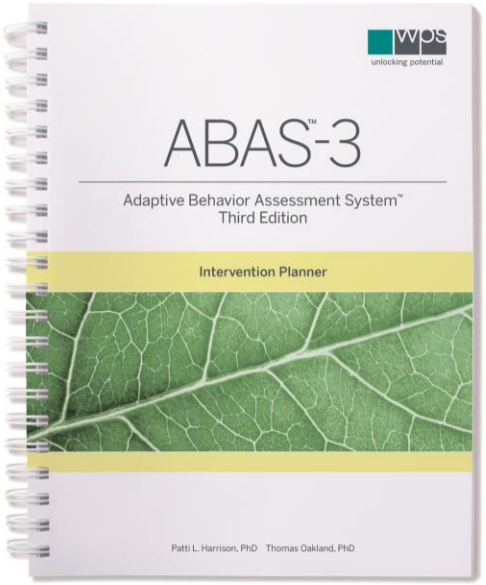
- Circle 0 if person is ***not able*** to perform the behavior—if they can't do this behavior because they don't have the ability.
- If person is ***able*** to perform the behavior, rate how often they perform the behavior when needed, without reminders and help.
  - Circle 1 if person ***never (or almost never)*** performs the behavior when needed.
  - Circle 2 if person ***sometimes*** performs the behavior when needed.
  - Circle 3 if person ***always (or almost always)*** performs the behavior when needed.
- Check if guessed.

ABAS-3: Normative Scores

- Composites—GAC and Conceptual, Social, and Practical domains:
  - Standard scores (M = 100, SD = 15)
  - Confidence intervals
  - Percentile ranks
- Adaptive skill areas:
  - Scaled scores (M = 10, SD = 3)
  - Test-age equivalents (optional)

Additional ABAS-3 Resources

- Paper and online item-level *Intervention Planner*
- Paper and online administration and scoring
- Online interpretive reports
- Online parent and teacher reports
- Online progress monitoring reports



Vineland Adaptive Behavior Scales, 3rd Ed. (Sparrow, Cicchetti, & Saulnier, 2016)

- Each form includes a longer version (*Comprehensive*) or briefer version (*Domain-Level*).
  - Interview Form (Ages 0–90)
  - Parent/Caregiver Form (Ages 0–90)
  - Teacher Form (Ages 3–21)

Vineland-3: Composites and Subdomains

Adaptive Behavior Composite (ABC, OVERALL TOTAL SCORE)

Communication Domain	Daily Living Skills Domain	Socialization Domain
▪ Receptive ▪ Expressive ▪ Written	▪ Personal ▪ Domestic/Numeric ▪ Community/School Community	▪ Interpersonal Relationships ▪ Play and Leisure ▪ Coping

Vineland-3: Optional Domains

Adaptive Behavior Composite (ABC, OVERALL TOTAL SCORE)

Motor Skills Domain (Ages 0–9)	Maladaptive Behavior (Ages 3 and up)
▪ Gross Motor ▪ Fine Motor	▪ Internalizing ▪ Externalizing ▪ Critical Items

Vineland-3: Item Ratings

- 2: Usually
- 1: Sometimes
- 0: Never
- Check if estimated

Vineland-3 : Normative Scores

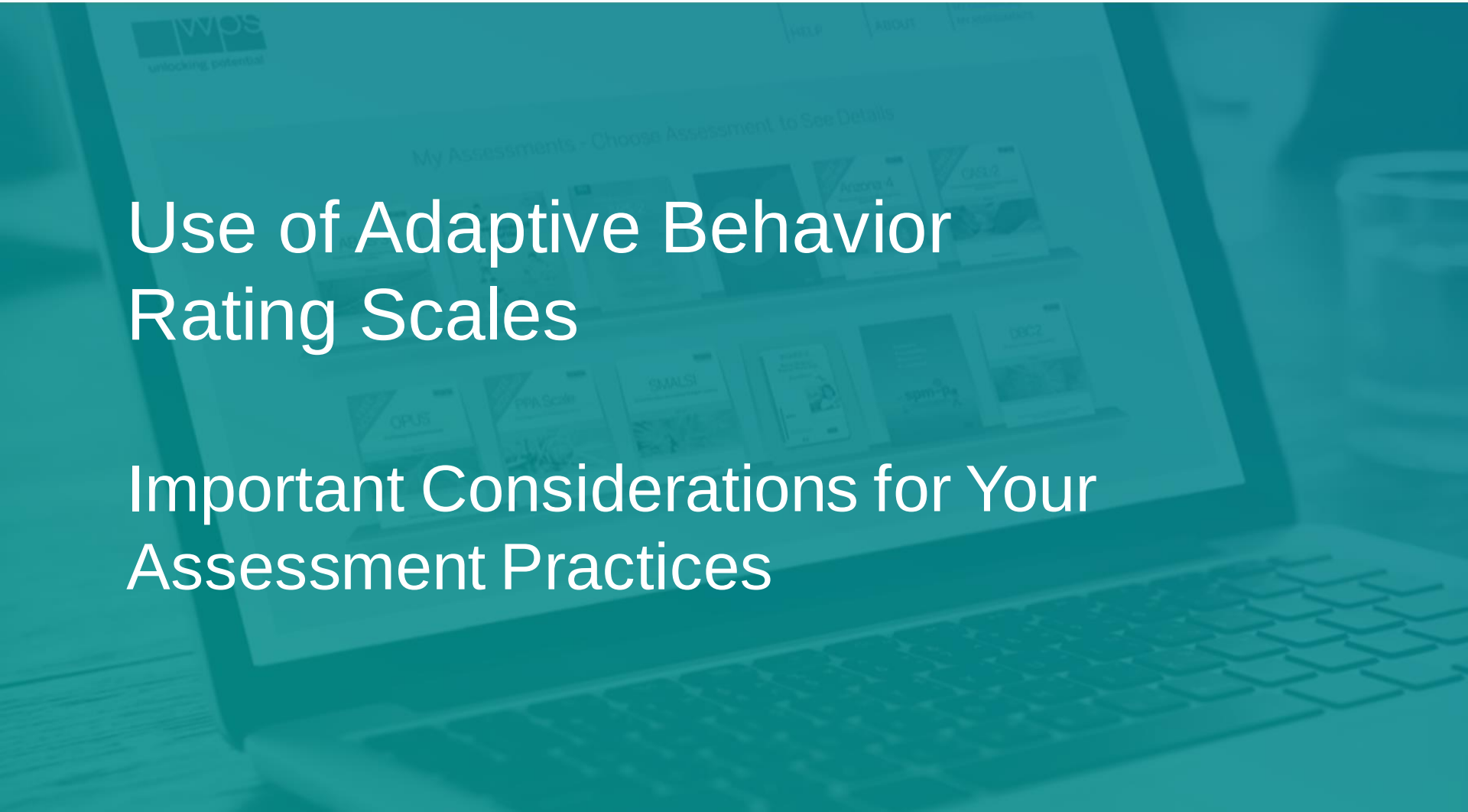
- Composites—ABC and Communication, Daily Living Skills, Social, and Motor domains:
  - Standard scores (M = 100, SD = 15)
  - Confidence intervals
  - Percentile ranks
- Subdomains:
  - V-scale scores (M = 15, SD = 3)
  - Age equivalents/growth scale values

Additional Vineland-3 Resources

- Paper and online administration and scoring
- Online interpretive reports
- Online multirater report
- Online progress monitoring reports
- Item-level information for comparisons between raters and progress monitoring

Other Adaptive Behavior Scales

- Several other published adaptive behavior scales measure skills as defined by professional standards (e.g., AAIDD, DSM).
- Note: Broad behavior rating scales generally are NOT adaptive behavior measures as defined by professional standards.



Use of Adaptive Behavior Rating Scales

Important Considerations for Your Assessment Practices

Typical Performance vs. Skills

- What a person DOES vs. what a person CAN DO.
- Frequency (does not do—or how often).
  - When needed
  - Without reminders
  - Without assistance

Multiple Respondents

- Recommendation for ALL adaptive behavior assessment: Obtain rating forms from two or more respondents.
- Comprehensive assessment: Obtain information across settings, in response to various environmental demands and expectations, and from unique perspectives.
- Triangulation of information: Important for assessment AND interventions.

Rating Scale Advantages and Limitations

- Most common method of adaptive behavior assessment is with rating scales completed by respondents.
- ALL behavior rating scales have advantages and limitations.

Advantages: All Types of Behavior Rating Scales

- Allow for a comprehensive assessment of many skills and behaviors.
- Involve important informants in the assessment process.
- Provide information from multiple perspectives and sources of information.
- Focus on skills displayed in naturalistic settings.
- Provide information about what a client can do AND actually does—and how often they do it when needed at home, at school, in the community, and in work settings.
- Considered to be one of the most valid, practical, and efficient techniques for assessing behavior.

Limitations: All Types of Behavior Rating Scales

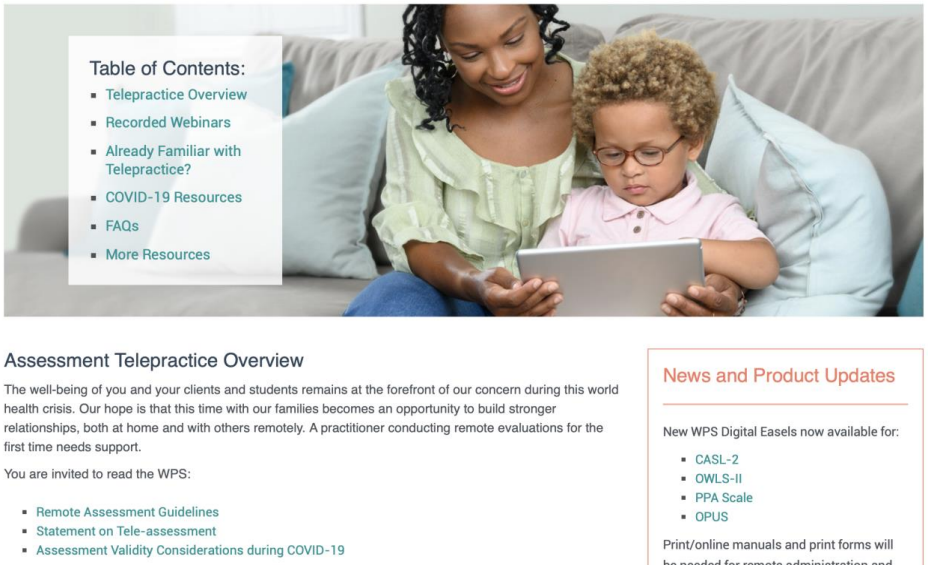
- Ratings reflect a summary of the relative frequency, rather than exact frequency, of the person's behaviors.
- Ratings reflect the respondent's standards and expectations for behavior that may differ from respondent to respondent and setting to setting.
- Thus, use of multiple respondents assists in providing information from different perspectives.
- HOWEVER, ratings reflect the respondent's perceptions and honesty in communicating these perceptions.
- Respondent's ratings may be influenced by characteristics of the individual (e.g., appearance, cognitive ability, background) or factors related to the respondent.

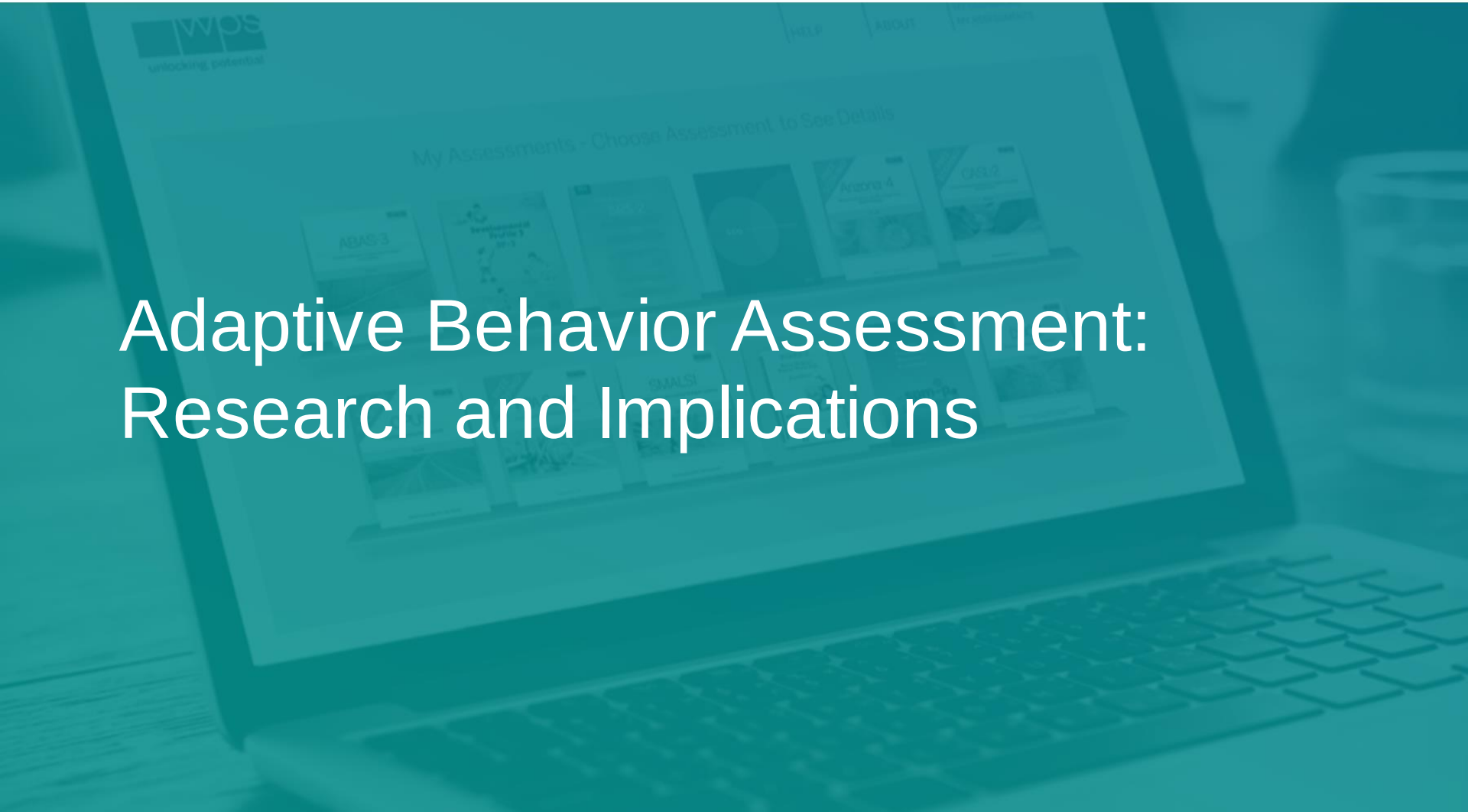
Addressing Limitations of Behavior Rating Scales

- Rapport and preparation of respondents.
  - Purpose of assessment
  - Emphasis on honesty and objectivity
  - Instructions about criteria for ratings
  - Skill or performance (can do/does do)
  - Being available for questions
- Analyze completed rating forms and item scores.
- Attention to guessed/estimated item scores.
- Use clinical assessment techniques for follow-up interviews and observations.

Remote Assessment and Validity Considerations During the Pandemic

- See excellent WPS guidance at https://pages.wpspublish.com/telepractice-101
- Implications for adaptive behavior assessment





Adaptive Behavior Assessment: Research and Implications

Relationship Between Adaptive Behavior and Intellectual Assessment: Selected Research Findings

- Adaptive behavior and intelligence scales measure distinct but related constructs (Keith, Fehrmann, Harrison, & Pottebaum, 1987; Alexander and Reynolds, 2020).
- Correlations between adaptive behavior and intelligence assessments tend to be moderate.
- Relationships between intelligence and adaptive behavior can be complex.

Factors for You to Consider: Adaptive Behavior and Intellectual Assessment

- Intelligence tests:
  - Sample maximum performance
  - Interpreted in terms of a trait system
  - Presume stability
- Adaptive behavior scales:
  - Provide descriptions of typical, everyday behavior
  - Infrequently interpreted in terms of a trait system
  - Presume performance can change

Inter-Informant Agreement: Selected Research Findings

- Correlations between parent and teacher measures of adaptive behavior tend to be moderate to moderately high, as reported in manuals for adaptive behavior scales and other research studies.
- Parents or teachers higher?

Factors for You to Consider: Inter-Informant Agreement

- People behave differently in different settings.
- Different expectations/frames of reference in different settings.
- Respondent lack of information or opportunities to observe skills.
- Respondent honesty in reporting/bias.
- Importance of multiple informants. For example, both parents and teachers are valuable informants.
- Similarities and differences between respondents: Both are important for interpretation and decisions.

Research with Clinical Groups

- Many research studies are reported in assessment manuals and research journals.
- Research supports implications for evaluating adaptive behavior for many individuals.

Intellectual Disabilities: Selected Research Findings

- ABAS-II, ABAS-3, Vineland-II, and Vineland-3 manuals: Average scores consistently lower than two SDs below mean and significantly lower than matched control groups. Scores distinguished between individuals with different ID levels.
- Papazoglou, Jacobson, & Zabel (2013), ABAS-II scores for school-age children referred for neuropsychological assessment: ABAS-II GAC at least one SD below mean for 71% and two SDs below mean for 45%. Low adaptive behavior most evident for three of four clinical clusters (Low IQ/Executive Function, Borderline IQ/Executive Function/Externalizing, and Executive Function/Internalizing cluster), but not for Within Normal Limits cluster.

Autism: Selected Research Findings

- ABAS-II, ABAS-3, Vineland-II, and Vineland-3 manuals:
  - Average scores in the 60s and 70s.
  - Greatest deficits generally in adaptive skill areas for Communication and Social Skills.
- Similar findings in other research with children with low-functioning and high-functioning autism (e.g., Kanne, Gerber, Quirmbach, Sparrow, Cicchetti, & Saulnier, 2011; Kenworthy, Case, Harms, Martin, & Wallace, 2010; Lopata, Fox, Thomeer, Smith, Volker Kessel, McDonald, & Lee, 2012; Markowitz, Carlson, Frey, Riley, Shimshak, Heinzen, Strohl, Lee, & Klein, 2006; McDonald, Lopata, Nasca, Donnelly, Thomeer, & Rodgers, 2016).

Autism: Selected Research Findings *(cont.)*

- Lopata, Smith, Volker, Thomeer, Lee, & McDonald (2013), Vineland-II and ABAS-II scores for school-age children with high-functioning autism:
  - Significant deficits overall for the sample, with relative weaknesses in social skills and strengths in academic-related skills for both Vineland-II and ABAS-II.
  - Vineland-II scores significantly higher than ABAS-II, except consistency in social skills.
  - Results also indicated significant discrepancies between the children's average IQ score and their scores on the adaptive domains and composites of the three adaptive measures.

Developmental Delay (DD): Selected Research Findings

- ABAS-II and Vineland-3 manuals:
  - DD mean scores significantly lower than matched control groups but not as low as for samples with ID.
- Milne & McDonald (2015), ABAS-II and Vineland-II scores for preschoolers referred for DD: Although Vineland-II significantly higher than ABAS-II, 87% of sample had scores < 70 +/- 5 on one or more domains.

Other Childhood Diagnoses: Selected Research Findings

- **ADHD.** ABAS-II and ABAS-3 manuals: Mean scores in 70s and low 80s; lowest for Self-Direction. Vineland-II manual: Mean Survey Form score of 94; lowest for Socialization and high Maladaptive Behavior Index. Mean Teacher Rating Form score of 89; lowest for Communication.
- **Emotional or Behavioral Disorders.** ABAS-II, ABAS-3, and Vineland-II manuals: Mean scores generally in 70s and 80s; lowest for Self-Direction and Socialization.
- **Learning Disabilities.** ABAS-II manual: Mean scores in 80s; lowest for Communication, Functional Academics, and Self-Direction. Vineland-II manual: Mean scores in high 80s to 90s; lowest for Communication.

Physical, Health, and Sensory Disorders: Selected Research Findings

- Deficits reported for clinical groups, for example:
  - Biological risk factors (low birth weight, FAS, etc.)
  - Motor and physical impairments
  - Visual or hearing impairments
  - Electrographic seizures and electrographic status epilepticus
  - Moderate-severe traumatic brain injury

Physical, Health, and Sensory Disorders: Selected Research Findings *(cont.)*

  - A measure of neurological impairment after stroke
  - Cerebral palsy and spina bifida
- (e.g., Abend, Wagenman, Blake, Schultheis, Radcliffe, Berg, Topjian, & Dlugos, 2015; Anderson, Beauchamp, Yeates, Crossley, Hearps, & Catroppa, 2013; Lo, Gordon, Hajek, Gomes, Greenham, Anderson, Yeates, & Mackay, 2014; Warschausky, Kaufman, Schutt, Evitts, & Hurvitz, 2017)

Factors for You to Consider: Research with Clinical Groups

- Adaptive behavior scales have important uses for people with many types of problems and disorders.
- Adaptive behavior scales have diagnostic implications for intellectual disabilities and contribute to comprehensive evaluation and diagnosis for many other issues.
- Adaptive behavior scales identify needs and planning for interventions and treatments.

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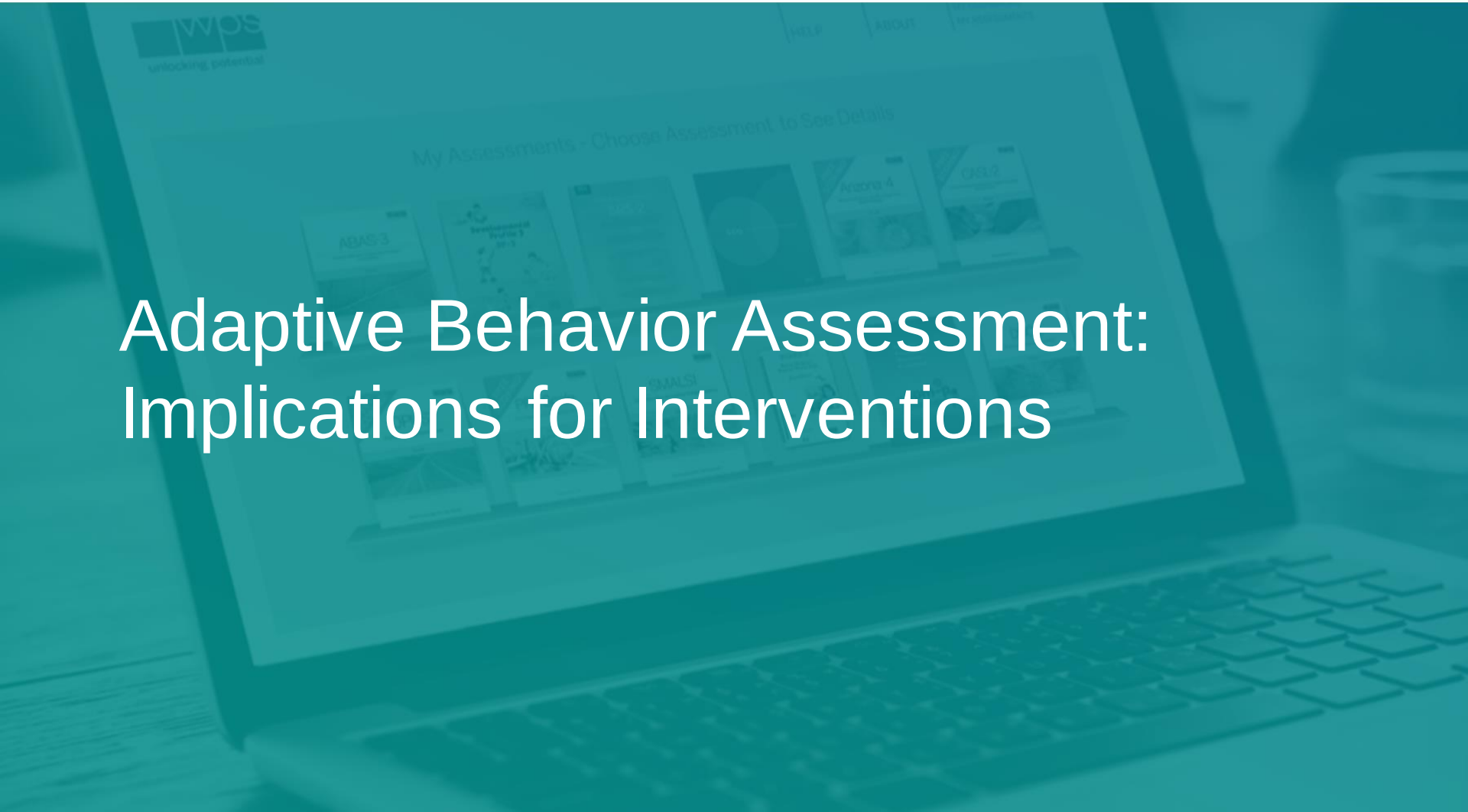


Adaptive Behavior Assessment: Implications for Interventions

Goals: Functional Daily Living Skills Important for Training and Interventions

- Depending on individual needs and developmental level, different functional skills may be the focus of interventions
- Skills for interventions (AAMR, 2002):
  - Needed to function now
  - Needed to function in target environment
  - Personal preferences
- Higher priority skills
  - Critical in domestic, personal, leisure, community, vocational domains
  - Critical to health and safety
  - Highly preferred by the individual or caregivers

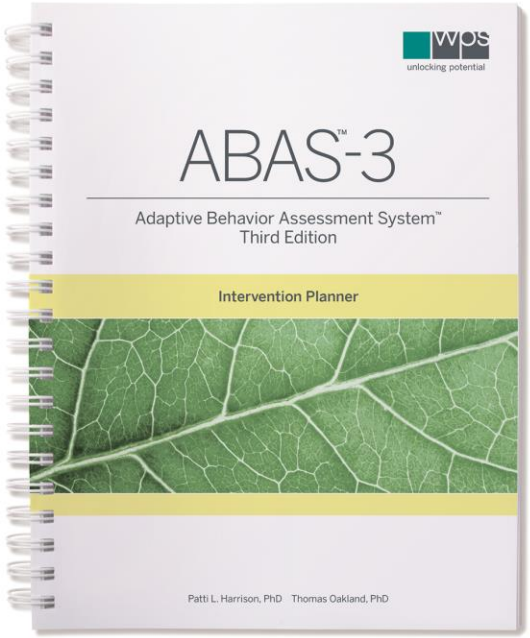
Goals: Functional Daily Living Skills Important for Training and Interventions *(cont.)*

- Will promote increased independence
- Will contribute to satisfaction/acceptance

- Lower priority skills
  - Can only be learned with great difficulty
  - Age inappropriate, time-limited, no future value

ABAS-3 Intervention Planner

- Provides intervention strategies for each ABAS-3 item.
- Using the ABAS-3 Intervention Planner:
  - Conduct the ABAS-3 assessment and complete scoring.
  - Identify adaptive skill areas to be targeted during intervention (e.g., items rated 0 or 1).



ABAS-3 Intervention Planner *(cont.)*

- Prioritize items to form objectives for most relevant needs and individual's strengths/weaknesses.
- Select and implement corresponding intervention strategies from ABAS-3 Intervention Planner, as well as additional strategies suggested by parents, professionals, and others.
- Monitor implementation, progress, and effectiveness.

Sample Intervention Items

ABAS-3 item number	ABAS-3 Item	Intervention Activity
	Communication	
1	Says the names of other people (for example, "Mama," "Daddy," or names of friends).	Point to and/or show the child pictures of family members, friends, teachers, daycare providers, or other people he/she knows. Say their names and ask him/her to repeat their names after you. Encourage him/her to use the names of these people when he/she sees them (for example, "Hi, Daddy" or "There's Suzy").
2	Shakes head or says "Yes" or "No" in response to a simple question (for example, "Do you want something to drink?").	When someone asks you a question while the child is near, or if he/she asks you a question, if appropriate, respond by nodding or shaking your head while saying "Yes, I do" or "No, I don't." Overemphasize your words and actions to make them more noticeable. Encourage the child to let you know his/her wants or needs by nodding or saying "yes" or shaking his/her head or saying "no" when responding to questions.
3	Says "Hello" and "Good-bye" to others.	Say "hello" or "hi" when someone enters the room or when you see people when you are out (for example, at the playground or on the bus). Say "good-bye" when you or they leave. Encourage the child to do the same, prompting or cueing him/her by saying, for example, "Now you tell Mama good-bye."
4	Names 20 or more	While you and the child are doing a routine activity such as washing hands, provide an

Interventions Leading to Adaptive Behavior Score Gains: Selected Research Findings

- More hours of early intervention services for children with Down syndrome, motor impairment, or developmental delay.
- Cognitive interventions for children with neurodevelopmental disorders (e.g., ID, autism, ADHD, etc.).
- Emotional intelligence training for adolescents with intellectual disability.

Interventions Leading to Adaptive Behavior Score Gains: Selected Research Findings *(cont.)*

- Early behavioral interventions for children with autism.
- (e.g., Adibsereshki, Shaydaei, & Movallali, 2016; Ahn & Hwang, 2018; Eldevik, Hastings, Jahr, & Hughes, 2012; Makrygianni, Gena, Katoudi, & Galanis, 2018; Paynter, Trembath, & Lane, 2018; Reichow, 2012; Ventola, Friedman, Anderson, Wolf, Oosting, Foss-Feig, McDonald, Volkmar, & Pelphrey, 2014; Woodman, Demers, Crossman, Warfield, & Hauser-Cram, 2018)

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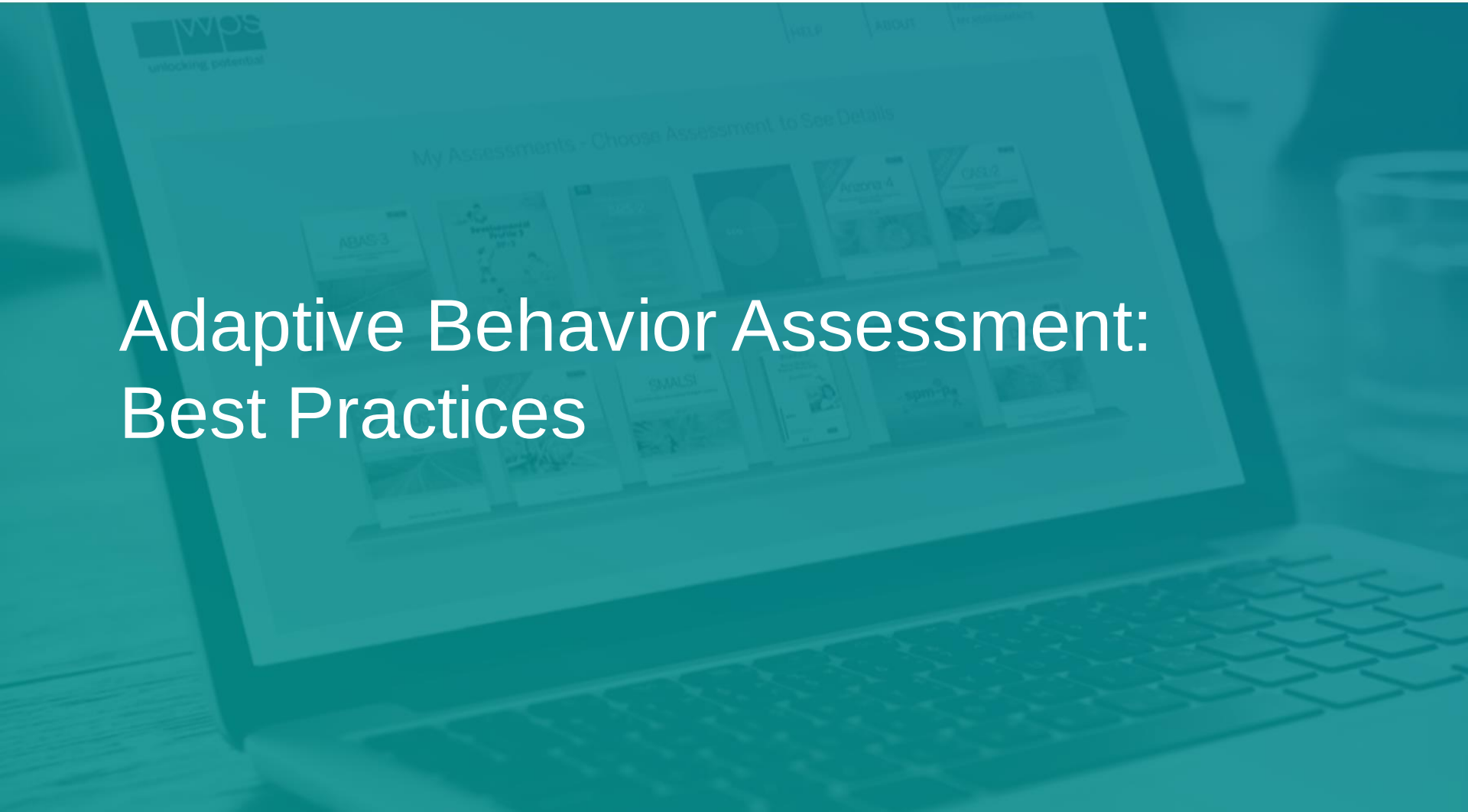

Adaptive Behavior Assessment: Best Practices

Best Practices

- Emphasize comprehensive adaptive behavior evaluation as an integral factor in assessment and interventions for daily functional skills, such as interacting with peers, taking care of personal needs, learning new skills, and general functioning in the home, school, and community.
- Focus on comprehensive assessment across multiple domains, environments, methods, and sources of information.
- Do not use a single procedure as the sole or even primary criterion for determining a diagnosis, classification, or eligibility for services.
- Interpret why there is AND is not convergence of information across intellectual, adaptive behavior, academic, and other types of evaluation.

Best Practices *(cont.)*

- Explore the many factors that impact a person's scores on any type of assessment and evaluate how the factors relate to validity of the assessment results.
- Evaluate advantages and limitations of behavior rating scales as part of interpretation and decision-making.
- Stress adaptive skill improvement as an important intervention and treatment goal for many individuals.
- Incorporate comprehensive adaptive behavior assessment into data collection and interventions for all individuals experiencing learning and other behavior problems, because they may experience associated difficulties in functional daily living skills, and interventions for these skills will be important.

Thank You!

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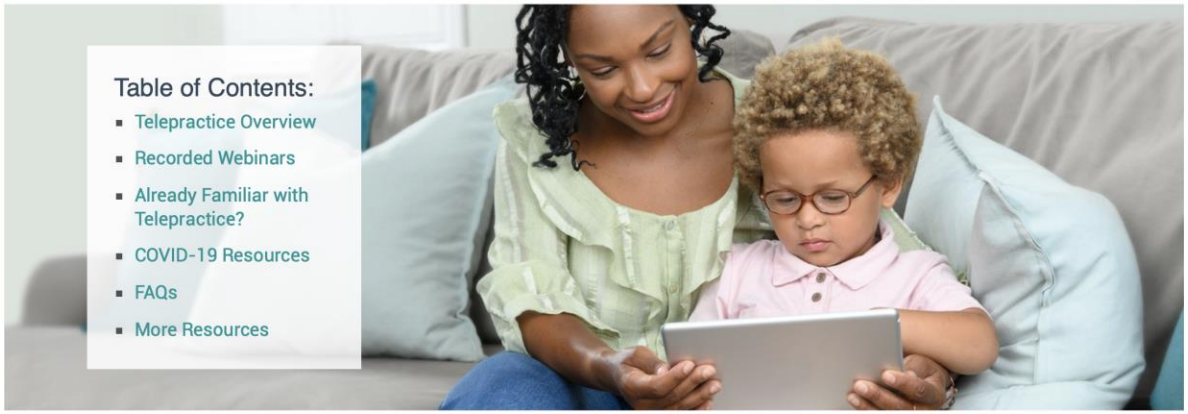

Assessment Telepractice Overview

The well-being of you and your clients and students remains at the forefront of our concern during this world health crisis. Our hope is that this time with our families becomes an opportunity to build stronger relationships, both at home and with others remotely. A practitioner conducting remote evaluations for the first time needs support.

You are invited to read the WPS:

- Remote Assessment Guidelines
- Statement on Tele-assessment
- Assessment Validity Considerations during COVID-19

News and Product Updates

New WPS Digital Easels now available for:

- CASL-2
- OWLS-II
- PPA Scale
- OPUS

Print/online manuals and print forms will

Resources

WPS Online Evaluation System:

platform.wpspublish.com

WPS Video Resources:

https://www.wpspublish.com/webinars

WPS Content Hub:

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WPS YouTube Channel:

- How to Use Digital Easels
- Overview of New DP-4
- What You Need to Know About the Arizona-4 Assessment

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Deal: 15% off the ABAS-3!

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Get valuable support from professionals you can trust:

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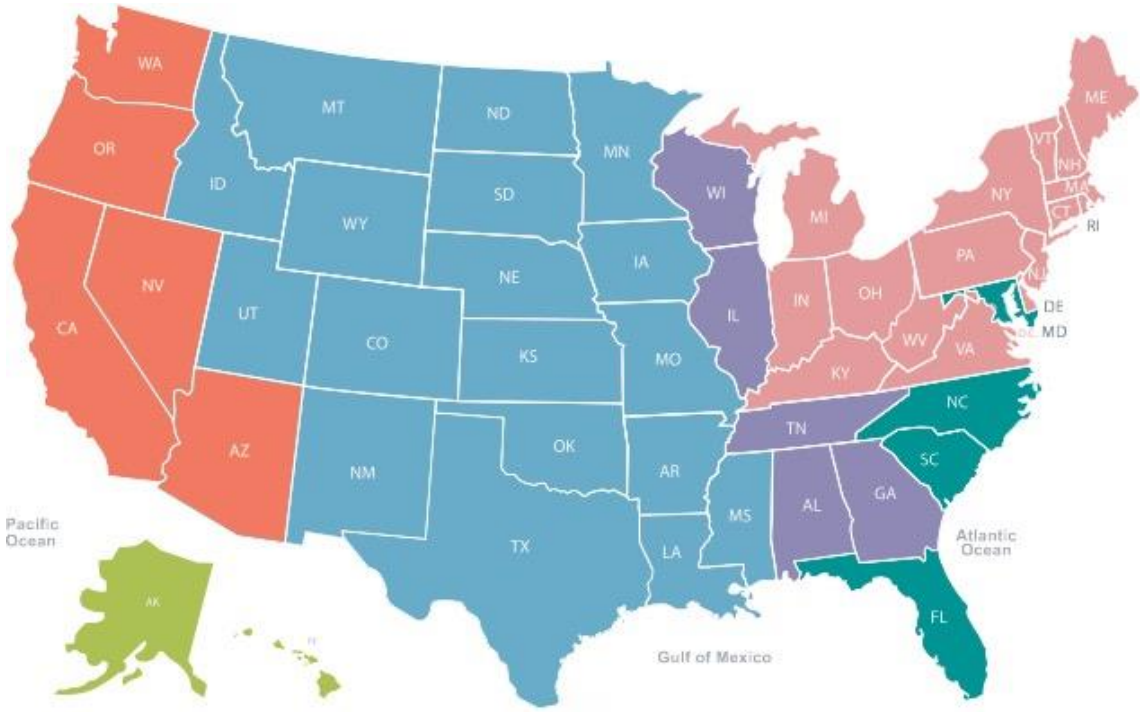

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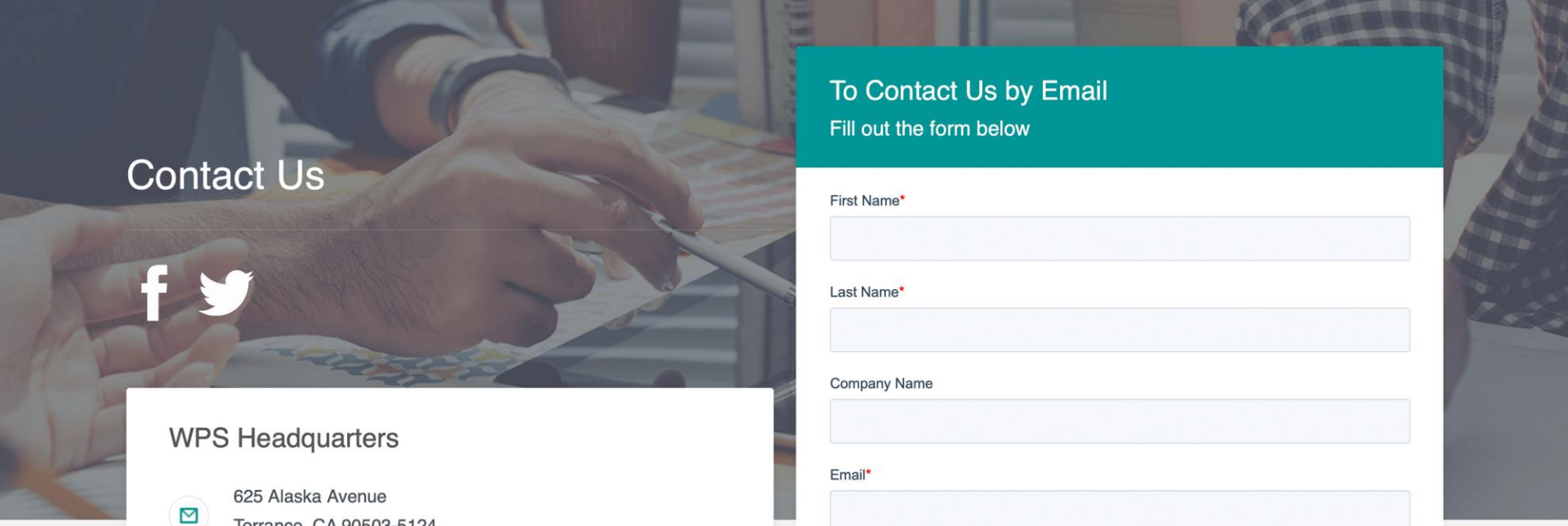

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