**Autism Scales**

1. **Vineland Adaptive Behaviour Scale ( VABS):**

The Vineland Adaptive Behavior Scale (VABS) is one of the various assessment tools that can be used to help diagnose and evaluate the special needs of students. The focus of this particular test is the measurement of the adaptive behaviors, including the ability to cope with environmental changes, to learn new everyday skills and to demonstrate independence.

**Author(s): Sara S Sparrow, Domenic V Cicchetti, Celine A Saulnier**

**Publication Year:** 2016

**Age Range:**Birth to 90 years

**Administration:**Approximately 20 minutes for Interview Form; 10 minutes for Parent/Caregiver and Teacher Forms

**Qualification Code:**[CL2R](https://www.pearsonclinical.co.uk/information/qualificationcodes.aspx" \l "CL2R)

All Vineland-3 forms aid in diagnosing and classifying intellectual and developmental disabilities and other disorders, such as autism, Asperger Syndrome, and developmental delays. The scales are organized using three domains--Communication, Daily Living Skills, and Socialization--that correspond to the three broad domains of adaptive functioning specified by the American Association on Intellectual and Developmental Disabilities and by DSM-5. In addition, Vineland-3 offers optional Motor Skills and Maladaptive Behavior domains for situations in which these areas are of concern.

1. **Social Responsiveness Scale, Second Edition (SRS-2)**

Authors: Constantino & Gruber

Year: 2012

The second edition of the widely administered Social Responsiveness Scale maintains continuity with the original instrument as an efficient quantitative measure of the various dimensions of interpersonal behavior, communication, and repetitive/stereotypic behavior associated with autism spectrum disorder (ASD).

The SRS-2 extends the age range from 2.5 years through adulthood.(18yrs)

There are now four forms, each consisting of 65 items and for a specific age group: Preschool Form (ages 2.5 to 4.5 years);

School-Age Form (4 to 18 years);

Adult Form (ages 19 and up);

Adult Self-Report Form (ages 19 and up).

The individual items of the SRS-2 show strong parallels across forms. While most of the 65 items are the same, some were changed and reference activities and social behavior that are specific and appropriate to the ages covered by their respective form. Only the School-Age form is unchanged in its item content from the first edition of the SRS. Each item is scored on a 4 point Likert-scale:

1 (“not true”);

2 (“sometimes true);

3 (often true); and

4 (“almost always true”).

Scores are obtained for five Treatment Subscales: Social Awareness; Social Cognition; Social Communication; Social Motivation; and Restricted Interests and Repetitive Behavior. There are also two DSM-5 Compatible Subscales (Social Communication and Interaction and Restricted Interests and Repetitive Behavior) that allow comparison of symptoms to the new DSM-5 ASD diagnostic criteria.

Ref: Constantino, J. N., & Gruber, C. P. (2012). Social Responsiveness Scale, Second Edition. Los Angeles, CA: Western Psychological Services.

1. **Autism Impact Measure (AIM)**

Authors: Stephen M. Kann, Micah O. MazurekDarryn SikoraJayne BellandoLee Branum-MartinBenjamin HandenTerry KatzBrian FreedmanMary Paige PowellZachary Warren

Year : 2014

A new treatment outcome tool specifically designed to be sensitive to change in core symptoms of ASD: the Autism Impact Measure (AIM) (Kanne et al., 2014).

The AIM was developed to assess both frequency and functional impact of core ASD symptoms over short periods of time. By focusing on both frequency and impact of symptoms, the measure was intended to measure two separate, but related, aspects of symptom presentation:

Frequency of occurrence and associated symptom-related effects on day-to-day functioning are both important clinical considerations.

The AIM was developed as the first tool to allow clinicians to assess both aspects of core symptom severity. The AIM was designed to detect improvements in symptom expression and related impairment, thereby fostering prioritization of interventions. Items are rated on a Likert-type scale based on occurrence over the past 2-weeks, allowing the measure to detect incremental change over a relatively brief period of intervention.

1. **Autism Diagnostic Interview-Revised (ADI-R)**

Authors: Anne Le Couteur, Catherine Lord, Michael Rutter, Western Psychological Services. Year: 2003

The Autism Diagnostic Interview-Revised (ADI-R) is a clinical diagnostic instrument for assessing autism in children and adults. The ADI-R provides a diagnostic algorithm for autism as described in both the ICD-10 and DSM-IV. The instrument focuses on behavior in three main areas: qualities of reciprocal social interaction; communication and language; and restricted and repetitive, stereotyped interests and behaviors. The ADI-R is appropriate for children and adults with mental ages from about 18 months and above.

DESCRIPTION:

The ADI-R is a standardized, semi-structured clinical review for caregivers of children and adults. The interview contains 93 items and focuses on behaviors in three content areas or domains: quality of social interaction (e.g., emotional sharing, offering and seeking comfort, social smiling and responding to other children); communication and language (e.g., stereotyped utterances, pronoun reversal, social usage of language); and repetitive, restricted and stereotyped interests and behavior (e.g., unusual preoccupations, hand and finger mannerisms, unusual sensory interests). The measure also includes other items relevant for treatment planning, such as self-injury and over-activity. Responses are scored by the clinician based on the caregiver's description of the child's behaviour.

Scores:

The ADI-R interview generates scores in each of the three content areas (i.e., communication and language, social interaction, and restricted, repetitive behaviors). Elevated scores indicate problematic behavior in a particular area. Scores are based on the clinician's judgment following the caregiver's report of the child's behavior and development. For each item, the clinician gives a score ranging from 0 to 3. A score of 0 is given when "behavior of the type specified in the coding is not present"; a score of 1 is given when “behavior of the type specified is present in an abnormal form, but not sufficiently severe or frequent to meet the criteria for a 2”; a score of 2 indicates "definite abnormal behavior” meeting the criteria specified; and a score of 3 is reserved for "extreme severity" of the specified behavior.

1. **Autism Diagnostic Observation Schedule (ADOS-R)**

The Autism Diagnostic Observation Schedule was created by [Catherine Lord](https://en.wikipedia.org/wiki/Catherine_Lord_(autism_researcher)), Ph.D., Michael Rutter, M.D., FRS, Pamela C. DiLavore, Ph.D., and Susan Risi, Ph.D. in 1989. It became commercially available in 2001 through WPS (Western Psychological Services). Second Edition (ADOS-2), was released by WPS in May 2012. It includes updated norms, improved algorithms for Modules 1 to 3 and a new Toddler Module that facilitates assessment in children ages 12 to 30 months.

BENEFITS: Allows you to accurately assess and diagnose autism spectrum disorders across age, developmental level, and language skills

AGES 12 months through adulthood

ADMIN TIME 40–60 minutes

SCORES Toddler Module provides ranges of concern reflecting the extent to which a child demonstrates behaviors associated with ASD. Modules 1 through 4 provide cutoff scores for autism and autism spectrum classifications. Modules 1 through 3 also provide a Comparison Score indicating level of autism spectrum-related symptoms compared to children with ASD who are the same age and have similar language skills.

PUBLISH DATE 2012

QUALIFICATIONS Level C required.

TRANSLATION: Available in Czech, Danish, Dutch, Finnish, French, German, Italian, Norwegian, & Swedish.

1. **M-CHAT (Modified Checklist for Autism in Toddlers)**

The M-CHAT is a short parent-report checklist designed to detect risk for ASDs in very young children. A child screened positive when any 3 of 23 items were failed, or any 2 of 6 critical items were failed. The most current estimate of M-CHAT sensitivity suggests an upper bound of 0.91, which corroborates the original validation study. The M-CHAT Follow-up Interview (FUI) is a structured interview designed to clarify parents’ responses and elicit examples of behaviors relevant to each at-risk response. The M-CHAT FUI improves the specificity and positive predictive value of the M-CHAT by reducing the false positive rate.

1. **CARS ( Childhood Autism Rating Scale)**

The Childhood Autism Rating Scale (CARS) is a standardized observation of the child that facilitates ASD diagnoses in children. Parent report can also be considered during CARS scoring. The CARS rates children suspected of having an ASD on 15 items that include social and communication skills and stereotyped interests and behaviors. The final diagnostic algorithm represents a sum of item scores and classifies the child as having severe autism, mild-moderate autism, or no autism indicated.