

## Measures of Anxiety & Mood Symptoms

**Scales for Assessing Emotional Disturbance** (2nd Ed.). (SAED; Epstein, M. H., & Cullinan, D., 2010). The SAED is a commonly used tool in educational evaluations for special education eligibility under the category of “emotional disturbance”. Given that this eligibility category is sometimes used to qualify students with ASD and other developmental disabilities for special education, we want to evaluate its utility in this follow-up sample. The SAED includes 45 items and is designed for use by general or special education teachers. Norms are provided for youth 5-18 years old.

**Screen for Child Anxiety and Related Disorders – Youth Self-Report & Parent Report Versions** (SCARED; Birmaher et al., 1999) is a 41-item inventory of child anxiety symptoms with parallel versions for parent-report and youth self-report. Youth (ages 8–18) and parents respond to a series of statements such as “People tell me I look nervous/that my child looks nervous” using a 3-point Likert scale, with 0 indicating “not true or hardly ever true” and 2 indicating “very true or often true”. Item scores are summed to yield a total anxiety score, as well as subscale scores for somatic symptoms/panic disorder, Generalized Anxiety Disorder (GAD), separation anxiety, social phobia, and school phobia. Prior investigations indicate an optimal cutoff score of 25 for clinically significant anxiety. The SCARED has been used effectively in our group’s studies of anxiety intervention (Stern et al., 2014).

**Fears Survey Schedule for Children – Hawaii Version** (FSSQ-HI; Muris & Ollendick, 2002). The FSSQ-HI is a revision of the FSSC-R, which is a commonly used tool for measuring the absence/presence and overall intensity of a variety of relatively common fears displayed by children and teens. The HI revision includes an updated list of potential fears and has been shown to be more culturally appropriate than its predecessor. It contains 84 items and fears are rated on a 3-point likert scale with regards to how much they impact the respondent: “none”, “some”, “a lot”. The revised version has strong psychometric properties in youth with a history of both typical development and mental health problems. Data from this study will help to substantiate its psychometric properties in youth with Autism or other Intellectual or Developmental Disabilities.

**Beck Depression Inventory – Second Edition** (BDI-II; Beck Depression Inventory – II: Beck, Steer & Brown, 1996). This is a brief (21 items) self-report checklist, designed to screen for depression symptoms in youth 13 years and older. Items are written at 5<sup>th</sup> grade level. Items are scored on a 4-point scale, from 0 (absence of symptom) to 3 (severe manifestation of symptom). It provides a Total Score which reflects “general sensitivity to depression. The tool is criterion-referenced, as follows: 0-13 = minimal depression; 14-19 = mild depression; 20-28 = moderate depression; 29-63 = severe depression. Internal consistency, test-retest reliability, factor structure validity and convergent validity are strong.

**Strengths & Difficulties Questionnaire:** <https://www.sdqinfo.org/a0.html>. From Publisher: “The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire about 3-16 year olds. It exists in several versions to meet the needs of researchers, clinicians and educationalists. All versions of the SDQ ask about 25 attributes, some positive and others negative. These 25 items are divided between 5 scales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and prosocial skills.

## Measures of Adaptive Functioning in Educational Settings

**Adaptive Behavior Assessment System – Second Edition (ABAS-II;** Harrison & Oakland, 2003). The ABAS-II is a parent or caregiver report measure of a person's ability to function independently in a variety of settings and activities. Norms are provided by age for a Global Adaptive Composite (GAC) and three Composite scores: Conceptual, Social and Practical. Each composite is comprised of several skill areas, which also provide standard scores. Skill areas include: Communication, Functional Academics, Self-direction, Leisure, Social, Community Use, Home living, Health and safety, Self-Care and Work (for those 17 and older only). The ABAS-II has strong psychometric properties and is less time-consuming than the VABS. This instrument has been used in research on adaptive skills and ASD (Kenworthy et al., 2010).

**School Function Assessment – (Coster, Deeney, Haltiwanger, & Haley, 1998)**

*From the publisher:* "The School Function Assessment (SFA) measures student performance of functional tasks that affect the academic and social aspects of an elementary school program. SFA facilitates collaborative program planning for students with various disabling conditions. Age range: Kindergarten through grade 6 "

<https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Behavior/Adaptive/School-Function-Assessment/p/100000547.html>

**Behavior Rating Inventory of Executive Functions (School-Age Version:** Gioia, Isquith, Guy, & Kenworthy, 2000). Adult Version: *Roth, Isquith & Gioia,2005*). The BRIEF is an assessment system designed to gather information about how a person's executive function skills impact functioning at home, in school and in the community. Two different versions School-Age (6-17 years) and Adult (18 and older) allow for developmentally sensitive items across relevant areas of attention and self-regulation. Norms are provided for each of 9 subscales, as well as for a set of developmentally relevant factors that are thought to reflect global functioning. Subscale scores are derived for Inhibit, Shift, Emotional Control, Initiate, Working Memory, Plan/Organize, Organization of Materials, and Monitor. Composite scores are computed for a Global Executive Index, Behavioral Regulation Index, and a Metacognition Index. The BRIEF has been used in many studies of executive function in special populations, including autism, fragile X syndrome and Down syndrome. Time: 20 minutes.

## Measures of Autism Symptoms & Pragmatics in Educational Settings

See the *Educational Identification Toolkit* developed by the Colorado Dept of Education Autism Team: <https://www.cde.state.co.us/cdesped/sd-autism>.

**Social Responsiveness Scale (SRS;** Constantino et al, 2007) is a 65-item checklist that can be completed by parents or teachers of children 3 years and older. Often used in genetics studies, the SRS was designed to try to tell the difference between autism and another psychiatric conditions. The SRS frames questions that provide insight into how the child usually functions in natural settings. The SRS provides norm-based scores that reflect the person's risk for actually having an ASD. Psychometrics are strongest in children 4-14 years and in samples of intellectually competent children. It is also one of the only tools that uses different norms for boys and girls, making it potentially more sensitive and specific in evaluating females. Time: 15-20 minutes.

**Children's Communication Checklist-2 (CCC-2;** Bishop, 2003). The CCC-2 is a 70-item checklist that is completed by a rater (typically a parent, teacher, or therapist) who has been familiar with the child for at least 3 months (Bishop, 2003). It considers the social and communication characteristics of children, which can be totaled and converted to a Scaled Score for one of ten subscales: Speech (i.e., intelligibility); Semantics (i.e., word finding/vocabulary access); Syntax (i.e, grammar); Coherence (e.g., making sense in conversation); Inappropriate Initiation (e.g., intrusive communication, talking too much); Stereotyped Language (e.g., overuse of "learned chunks" in conversations); Use of Context (e.g., understanding of the social rules governing communication); Nonverbal Communication (e.g., understanding and using nonverbal conversational cues); Social Relations (i.e., interest and quality of relationship with peers); and Interests (i.e., restricted and/or repetitive interests). A summary variable, The Social Interaction Deviance Composite (SIDC), may be derived from the Scaled Scores to consider whether or not a youth/young adult is evidencing primarily structural or pragmatic language difficulties. Time: 20-30 minutes.