

Clinical Assessment Resource

An overview of the best practice tools and approaches to conducting biopsychosocial and developmental assessments of children, young people and adults with a disability who display behaviours of concern

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Clinical Assessment Guide

The following guideline describes the clinical assessment tools that should be considered, where appropriate, for use when conducting any biopsychosocial and developmental assessment of a person with a disability.

The list is not an exhaustive one, but details those tools that are commonly used when working with people with intellectual or developmental disability. Some tools (i.e. actuarial risk assessment and cognitive assessment tools) have restrictions on user qualifications and training and so a multidisciplinary approach to choosing and administering specific assessment tools should be taken. Additionally there are some assessment tools that are viewed as 'gold standard' within their speciality area (i.e. Autism Diagnostic Interview-Revised [ADI-R] and Autism Diagnosis Observation Schedule [ADOS]) but require extensive training for qualification of administrators and so will not be reported within this document.

It is intended that the document is dynamic and the assessment tools described throughout this guideline will be reviewed annually (minimum requirement) to ensure that they are up to date and to add any new instruments.

It should be noted that there is still a paucity of assessment tools that have been formally validated for use with people with an intellectual disability, so the results from the administration of some of these should be reported with caution. There are also significantly fewer assessment tools for valid use with children and young people with a disability so some may need to be adapted for use with this population group. Those tools that have been specifically designed or validated for use with children, adolescents or adults with a disability are indicated at the top of the instrument description (Age for administration, level of intellectual functioning and whether they are disability specific/validated instruments).

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Other recommended resources:

- Royal College of Psychiatrists. (2001). *Diagnostic Criteria for Psychiatric Disorders for use with Adults with Learning Disabilities/mental retardation (DC-LD)*, Occasional Paper OP48, London: Gaskell.
- Alan Carr, A., O'Reilly, G., Noonan Walsh, P. & McEvoy, J. (2007). *The Handbook of Intellectual Disability and Clinical Psychology Practice*, London: Routledge.
- Cottis, T. (2008). *Intellectual Disability, Trauma and Psychotherapy*, East Sussex: Routledge.
- Therapeutic Guidelines Ltd. (2005). *Management Guidelines Developmental Disability*, North Melbourne: Therapeutic Guidelines Limited.
- Therapeutic Guidelines Ltd. (2003). *Therapeutic Guidelines Psychotropic, Version 5*, North Melbourne: Therapeutic Guidelines Limited.
- American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)*, Washington: American Psychiatric Association.
- Fletcher, R., Loschen, E., Stavrakaki, C. & First, M. (2007). *Diagnostic Manual – Intellectual Disability (DM-ID)*, New York: National Association for the Dually Diagnosed.
- Beukelman, D.R. & Mirenda, P. (2005). *Augmentative and Alternative Communication: Supporting Children and Adults with Complex Communication Needs*, Baltimore: Brookes Publishing.
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- Ozonoff, S., Rogers, S.J. & Henden, R.L. (2003). *Autism Spectrum Disorders: a Research Review for Practitioners*, Arlington: American Psychiatric Publishing Inc.
- Harris, J.C. (2006). *Intellectual Disability: Understanding its Development, Causes, Classification, Evaluation and Treatment*, New York: Oxford University Press.

Acquired Brain Injury (ABI)

Overt Behaviour Scale (OBS)

Age	Functioning	Disability
>16 yrs & not at school	Varying	ABI
Author /s	Kelly, G., Todd, J., Simpson, G., & Kremer, P., & Martin, C. (2009). The overt behaviour scale (OBS): A tool for measuring challenging behaviours following ABI in community settings. <i>Brain Injury</i> , 20(3), 307-319.	
Description	<p>The scale is designed to:</p> <ul style="list-style-type: none"> • Rate overt challenging behaviours in community settings that can occur following ABI; • Behaviour over the last 3 months is rated (not historical behavioural events); • Is a tool to elicit information not to ascertain presumed intention or functions of the behaviour <p>There are 9 categories of behaviour listed in the OBS:</p> <ul style="list-style-type: none"> • Verbal aggression (VA); • Physical aggression against objects (PA objects); • Physical acts against self (PA self); • Physical aggression against other people (PA people); • Inappropriate sexual behaviour (SEX) • Perseveration / repetitive behaviour (PER/REP); • Wandering / absconding (WAN/ABS); • Inappropriate social behaviour (SOC); • Lack of initiation (INI) 	
Setting	Community settings	
Implementation	<p>Clinician implemented via either of the following:</p> <ul style="list-style-type: none"> • Direct observation (clinician who knows the client well); • Semi-structured interview with an informant knowledgeable of the client. 	
Administration Qualifications	No specific qualifications are outlined however it does state that it is for clinician or allied health practitioner administration.	
Administration Time	Designed to be relatively straightforward, however no specific timelines specified.	
Evidence	Psychometric data for the OBS is available in: Kelly, et al. (2009).	
Available Resources	Guidelines for administration are readily available on the internet at www.abibehaviour.org.au and the scale is available after contacting one of the authors via a request form. The scale will be sent to you via email.	

Adaptive Behaviour

Independent Living Scales (ILS)

Age	Functioning	Disability
Elderly	Wide range cognitive levels	ID, ABI/TBI or dementia
Author /s	Loeb, P.A. (1993). <i>Validity of the Community Competence Scale with the elderly</i> . Unpublished doctoral dissertation, Saint Louis University.	
Description	<p>The ILS is an individually administered assessment of adult's competence in instrumental activities of daily living. An individual's score on the ILS can guide determination of the most appropriate living arrangements for adults who are cognitively impaired. Information at the individual item level is specific enough to identify needed support services, adaptations, or instruction for adults who are unable to function independently in certain areas of everyday living. This is an objective measure of functional competence independent of cognitive ability.</p> <p>The ILS is comprised of five subscales:</p> <ul style="list-style-type: none"> • Memory/Orientation, Managing Money, Managing Home and Transportation, Health and Safety, and Social Adjustment. • Problem Solving ability and Performance/Information ability are also measured in some of the items. <p>Of note is that test materials are not related to Australian culture (i.e. use of money such as pennies, nickels) and some questions would use unfamiliar terminology and would need to be slightly adapted (i.e. social security, paying bills by money order or cheque, coinage).</p>	
Setting	Privately on an individual basis without participation from others.	
Implementation	<ul style="list-style-type: none"> • Combination of verbal questions with verbal responses required with the ability to use a pictorial representation of a ratings scale for provision of answers. Those answering need to be fluent in English. • Can be administered to a range of educational levels and the initial screening items assess vision, reading ability, hearing, speech, mobility, ability to sign one's name and the ability to write. This will provide information as to how to administer and/or adapt the test administration. 	
Administration Qualifications	<ul style="list-style-type: none"> • An understanding of standardized administration and scoring and be knowledgeable and experienced in working with the population group being tested. These individuals may include persons with a bachelor degree in psychology, nursing, social work, occupational therapy, or a related field. • Interpretation of the ILS requires an understanding of individualised assessment and how to interpret a functional assessment. Ideally those who interpret should have completed a master's level program or equivalent, including psychiatrists, social workers, nurses, occupational therapists and individuals in the field of psychology or related fields. 	
Administration Time	Approximately 45 minutes, but can vary according to person's level of functioning.	
Evidence	Reported to have good reliability and validity. Used primarily with the elderly population.	
Available Resources	<ul style="list-style-type: none"> • ILS Manual • ILS Record Forms • ILS Stimulus Booklet • \$320 	

* please see references for Vineland Adaptive Behaviour Scales

Autism

Autism Spectrum Screening Questionnaire (ASSQ)

Age	Functioning	Disability
6-17 years	Average IQ to Mild ID	ASD
Author /s	Ehlers S, Gillberg C, Wing L. (1999). A screening questionnaire for Asperger syndrome and other high-functioning autism spectrum disorders in school age children. <i>Journal of Autism and Developmental Disorders</i> , 29(2):129-41.	
Description	<ul style="list-style-type: none"> • The ASSQ is a 27-item checklist for completion by lay informants when assessing symptoms characteristic of Asperger's syndrome and other high-functioning autism spectrum disorders in children and adolescents with normal intelligence or mild mental retardation. • The questionnaire is scored on a 3-point scale. • Eleven items refer to social interaction, 6 cover communication problems and 5 refer to restricted and repetitive behaviour. The remaining items embrace motor clumsiness and other associated symptoms (including motor and vocal tics). 	
Setting	Any	
Implementation	<ul style="list-style-type: none"> • Designed for completion by lay informants. • The ASSQ was designed as a screening instrument due to the fact that lay informants' ratings on scales, such as this, are highly subjective and biased judgments. Thus, the ASSQ is not intended for diagnostic purposes, but as a measure for identifying children who need a more comprehensive evaluation. 	
Administration Qualifications	None. If a positive screen is made, further assessment by a qualified mental health professional(s) is required.	
Administration Time	5-10 minutes	
Evidence		
Available Resources	A copy of the questionnaire is available in the main article. The article also includes a discussion of relevant clinical cut-off scores. A copy of the questionnaire is also included within the guide as a Word document	

Sensory Behaviour Schedule (SBS)

Age	Functioning	Disability
All	All	Autism Spectrum Disorder
Author /s	Harrison, J. & Hare, D.J. (2004). Brief Report: Assessment of sensory abnormalities in people with autistic spectrum disorders, <i>Journal of Autism and Developmental Disorders</i> , 34(6): 727-730.	
Description	<ul style="list-style-type: none"> The SBS is a tool for routine screening and individual assessment in both generic and autism-specific services. The scale consists of 10 questions assessing visual, auditory, olfactory, gustatory, tactile, kinaesthetic, proprioceptive, vestibular, temperature and sensory preferences. 	
Setting		
Implementation	The use of the SBS should facilitate the development of more appropriate environments for people with ASD and also inform functional analyses of cases of challenging behaviour where sensory dysfunction is suspected of being a causal and/or maintaining factor.	
Administration Qualifications	None. The results of the SBS should be provided to a relevant health professional (such as an Occupational Therapist) for advice on designing appropriate interventions.	
Administration Time	1-2 minutes	
Evidence		
Available Resources	The scale is contained in the article above and attached in Appendix.	

The Stress Survey Schedule for Individuals with Autism and Pervasive Developmental Disabilities (PDD)

Age	Functioning	Disability
Children to adult	Proxy reporting tool	ASD/PDD
Author /s	Grodén, J., Diller, A., Bausman, M., Velicer, W., Norman, G., & Cautela, J. (2001). The development of a stress survey schedule for persons with autism and other developmental disabilities. <i>Journal of Autism and Developmental Disorders</i> , 31(2), 207-217.	
Description	<p>The purpose of the Stress Survey Schedule for Individuals with Autism and PDD is to provide educators, therapists and parents with a tool to increase awareness of environmental stressors that affect the lives of persons with autism. Such a tool can be used to create programming aimed at modifying stress reactions in the population of persons with autism and in similar populations, thereby enhancing the quality of their lives and their overall physical and emotional well being. Possible uses include:</p> <ul style="list-style-type: none"> • A clinical tool used to determine a person's needs and develop interventions that aim to modify stress reactions; • A communication tool for staff and parents to increase their awareness of stressful situations and indicators of stress so that they can accurately and consistently implement programs for stress reaction modification; • Research in the cause and nature of stress reactions in persons with autism; • Proactive planning tool; • Provide additional QOL indicators specific to people with ASD (Plimley, 2007) 	
Setting	Any	
Implementation	No	
Administration Qualifications	None identified.	
Administration Time	5-10 minutes	
Evidence	Has been increasingly identified by Plimley (2007) and the initial article by Groden et al (2001) identifies that the schedule consistently measures the following dimensions of stress (Change, Interest/ritual related, pleasant events, unpleasant events, sensory/personal contact, social/environmental interactions, anticipation /uncertainty). Further studies using the instrument are recommended.	
Available Resources	A copy of the questionnaire is freely available on the internet from http://pic.mpls.k12.mn.us/sites/97711090-59b5-4f98-964e-932ab29cf5be/uploads/StressSurvey.pdf	

The Family Stress and Coping Questionnaire (FSCQ-A)

Age	Functioning	Disability
Families with children or young people with Autism	Parent reporting tool	ASD
Author /s	Tehee, E., Honan, R., & Hevey, D. (2009). Factors contributing to stress in parents of individuals with autistic spectrum disorders. <i>Journal of Applied Research in Intellectual Disabilities</i> , 22, 34-42.	
Description	<p>In a study conducted by Tehee et al. (2009), questionnaires were used to assess the perceived levels of stress, stress and coping, social support and the types and level of support and information / education accessed by parents of a child with ASD. With permission of the authors, the OSP were able to access and utilise the same questionnaires in order to establish what factors appeared to impact upon parents perceived levels of stress. The following information pertains to each questionnaire as used by Tehee et al. (2009).</p> <ul style="list-style-type: none"> • Involvement and Responsibility Questionnaire Tehee et al. (2009) adapted this questionnaire from a self-report measure originally developed by Konstantareas and Homaditis (1992). • Family Stress and Coping The Family Stress and Coping Questionnaire (Tehee et al., 2009) was adapted from the Family Stress and Coping Interview (FSCI; Nachshen, Woodford & Minnes, 2003) which had been modified into an interview from its original questionnaire format as the Family Stress and Support Questionnaire (FSSQ; Minnes & Nachshen, 1997). • Support Questionnaire The Support Questionnaire was developed by Tehee et al. (2009) to assess the helpfulness of informal and formal sources of support provided to parents in regard to caring for an individual with an ASD. • Information and Education Questionnaire The Information and Education Questionnaire was also developed by Tehee et al. (2009) to measure the amount of information and education parents had received with regard to areas of concern in caring for an individual with an ASD • Perceived Stress Scale - 10 item (PSS-10) Cohen, Kamarck and Mermelstein (1983) developed a ten item scale looking at how stress is perceived by measuring how much respondents find their lives unpredictable, uncontrollable and overloaded. 	
Setting	Any	
Implementation	No	
Administration Qualifications	None identified, although permission from authors to use the scale must be sought	
Administration Time	20-30 minutes	
Evidence	See article for description of analyses of measures.	
Available Resources	Article is readily available. Contact with author required to access scales and scoring	

Cognition & Intelligence

Wide Range Assessment of Memory and Learning (WRAML-2)

Age	Functioning	Disability
5 to 90 years of age	Varying levels	Yes
Author /s	Sheslow, D., & Adams, W. (2003). <i>Wide Range Assessment of Memory and Learning, Second Edition (WRAML2): Administration and Technical Manual</i> . Florida USA: Psychological Assessment Resources Inc.	
Description	<ul style="list-style-type: none"> The WRAML2 assesses memory ability, including evaluation of immediate and/or delay recall as well as differentiating between verbal, visual or more global memory deficits. Apart from use in clinical assessment settings it can also be used for research purposes when a well normed and psychometrically sound memory measure is required. 	
Setting	Individually administered test.	
Implementation	<ul style="list-style-type: none"> There is the ability to use the memory screening option in order to decide whether more in-depth assessment is indicated. Full administration of the assessment also includes optional/additional subtests, which may have age restrictions for administration. Measurement of long term memory is not included, however delay recall and recognition procedures are employed to allow information immediately recalled to be assessed after delays of 10 to 30 minutes. 	
Administration Qualifications	<ul style="list-style-type: none"> Administration by trained clinicians/researchers experienced in administration of psychometric instruments who are familiar with the age group of the participants. Interpretation of results is restricted to those with graduate or equivalent professional training and supervised clinical experience in the area of cognitive assessment (i.e. registered psychologists, speech and language pathologists or LD specialists) 	
Administration Time	Memory Screening Index requires approximately 20 minutes. Full administration is likely to take at a minimum of 60 minutes, varying depending on level of cognitive functioning and communication.	
Evidence	The Administration and Technical Manual has a significant amount of information on test development, standardisation, reliability and validity of the scale.	
Available Resources	<ul style="list-style-type: none"> WRAML-2 Administration and Technical Manual Examiner forms Design Memory Recognition forms 2 pencils (to be purchased) Stopwatch (to be purchased) 4 Picture Memory Stimulus Cards Picture Memory Response Forms 2 Red China Markers Finger Windows Card Design Memory Recognition Forms Picture Memory Recognition Forms Sound Symbol Booklet 2 Symbolic Working Memory Stimulus Cards \$510 at www.parinc.com 	

Mini-Mental State Examination (MMSE)

Age	Functioning	Disability
Adults	Varying	Yes
Author /s	Folstein, M.F., Fostein, S.E., & Fanjiang, G. (2001). Mini-Mental State Examination: Clinical Guide. Florida, USA: Psychological Assessment Resources Inc.	
Description	<ul style="list-style-type: none"> • A standardised approach to assessing cognitive state. • The MMSE is an aid to the clinical mental status examination. Usually used as a screen for cognitive impairment and to measure patient progress over time. It is not a diagnostic tool as it is only a brief, untimed screener sampling a limited number of cognitive functions. 	
Setting	Administered in a private and quiet area and in person's primary language.	
Implementation	The cut off score of 23 may have less predictive validity for people who have low levels of education. The examinee will ask questions of the person and gain verbal response. There is only one item that requires reading ability, however language ability is a strong focus overall throughout the MMSE.	
Administration Qualifications	It can be administered by anyone who has experience with (a) persons who have cognitive impairment and (b) the conventions of administration and scoring. It can be used by physicians, medical students, psychologists, probationary psychologists, nurses and student nurses, social workers and trained research workers.	
Administration Time	In most cases the MMSE can be administered in 5 to 10 minutes.	
Evidence	Please see the Clinical Guide for a detailed review of reliability and validity data analysis. Generally it appears to have good reliability and validity. There are no specific studies examining the utility of the MMSE in individuals diagnosed with a learning disability, although it can be useful in diagnosing dementia or delirium in people with an intellectual disability or learning disability (Folstein, Folstein & McHugh, 1975; Tombaugh & McIntyre, 1992).	
Available Resources	<ul style="list-style-type: none"> • Pocket Norms Guide • MMSE User's Guide • MMSE Clinical Guide • MMSE Response Forms Comprehensive Kit = \$297 at www.psychassessments.com.au	

Personality

Personality Assessment Inventory (PAI)

Age	Functioning	Disability
18 years through adulthood	Grade 4 reading level	No
Author /s	Morey, L.C. (1991). <i>The Personality Assessment Inventory Professional Manual</i> . Odessa, Florida: Psychological Assessment Resources	
Description	<ul style="list-style-type: none"> The PAI is a self administered test of personality designed to provide information on critical client variables in professional settings. It has gained popularity as both a clinical and research tool. The 344 items of the PAI comprise 22 non-overlapping full scales: 4 validity, 11 clinical, 5 treatment consideration and 2 interpersonal scales. 10 of the full scales contain subscales. 	
Setting	Can be used for group or individual administration. When applying to people with a disability individual administration is recommended.	
Implementation	<ul style="list-style-type: none"> This is a self report measure containing 344 individual items. Some individuals with a mild to borderline level of ID may be able to read and answer independently, although for most the questions will need to be read to them and some words rephrased to aid comprehension. This means that the administration is no longer standardised and the results should be interpreted with caution. This assessment tool would not be appropriate for use as a proxy measure for someone with lower levels of cognitive functioning or with those with limited verbal communication / augmentative communication aids. 	
Administration Qualifications	Graduate level training in psychodiagnostic assessment. To administer the tool requires training in the administration of self report measures, done under the supervision of a qualified professional. Interpretation requires training in the basics of psychometric assessment as well as in descriptive psychopathology.	
Administration Time	50-60 minutes with non-disabled population who utilise as a self report measure	
Evidence	The PAI has been examined across various samples in a number of different studies cross-culturally and found to have good reliability and validity.	
Available Resources	<ul style="list-style-type: none"> An Interpretative Guide to the Personality Assessment Inventory (PAI) Casebook for the Personality Assessment Inventory (PAI) Essential of PAI Assessment PAI administration kit (Professional Manual, HS Answer Sheets, 2 folders with Question Booklets, Profile Form Adults-Revised, Critical Items Form-Revised, and Structural Summary-Revised) \$295 at www.3parinc.com 	

The Standardised Assessment of Personality (SAP)

Age	Functioning	Disability
21+	Average IQ to Moderate ID	Yes
Author /s	Mann, A.H., Jenkins, R., Cutting, J.C., et al. (1981). The development and use of a standardized assessment of abnormal personality. <i>Psychological Medicine</i> , 11, 839-847.	
Description	<ul style="list-style-type: none"> The SAP (Standardised Assessment of Personality) provides a means of detecting the presence and type of personality disorder in a patient, regardless of the nature of the illness, by means of a short, semi-structured interview with an informant (relative or close friend). The questions are tailored to the ICD-10 and the DSM-IV criteria for diagnosis of personality disorder. There are three components to the SAP: unstructured description, probing questions and questions relating to specific categories of personality disorders. A scoring table is also provided which allows for both ICD-10 and DSM-IV diagnoses. <p>The SAP has been used with adults with intellectual disability.</p>	
Setting	Any	
Implementation	The informant must have known the person for at least 5 years while free from illness and be familiar with their behaviour in a variety of situations. It must be stressed to the informant that the interviewer is interested in the personality features of the patient before illness started or during times when the patient is illness-free.	
Administration Qualifications	The user requires a clinical mental health background. The use of the SAP in isolation is not recommended in the formation of a personality disorder diagnosis.	
Administration Time	Variable depending on the result of the probing questions. Up to 1 hour.	
Evidence		
Available Resources		

Psychopathology

Young Mania Rating Scale – Parent Version (P-YMRS)

Age	Functioning	Disability
18+	Severe to Profound ID	Yes
Author /s	Gracious et al. (2002). Discriminate validity of a parent version of the young mania rating scale. <i>American Academy of Child and Adolescent Psychiatry</i> , 41(11), 1350-1359.	
Description	<ul style="list-style-type: none"> This 11-item scale is typically used to assess severity of mania in bipolar patients. Items cover topics such as increased motor activity energy, sexual interests, and changes in sleep patterns, irritability, and disruptive-aggressive behaviour. The P-YMRS rating form has 11 multiple-choice items that are scored from 0 to 8 with a total score calculated. The P-YMRS has been used in populations of people with intellectual disability. 	
Setting	Any	
Implementation		
Administration Qualifications	None specified however interpretation of the results is required in conjunction with DSM-IV diagnostic criteria and therefore a clinical mental health background is required.	
Administration Time	5 minutes	
Evidence	The Young Mania Rating Scale is a well-known, commonly used, valid, and reliable measure of mania recognised in the literature with the general population. It has been reliably used in people with intellectual disability.	
Available Resources	A copy of the P-YMRS is available at http://www.measurecme.org/resources/MEASURE_YMRS.pdf	

Beck Depression Inventory (BDI-II)

Age	Functioning	Disability
13 to 80 years of age	Mild to moderate ID	Yes
Author /s	Beck, A.T., Steer, R.A., & Brown, G.K. (1996). <i>Manual for the Beck Depression Inventory</i> . San Antonio, TX: Psychological Corporation.	
Description	The BDI-II is a 21 item self report instrument for measuring the severity of depression in adults and adolescents aged 13 years and older.	
Setting	The BDI-II can be self administered or read aloud by the examiner for individuals with reading difficulties or problems with concentration. With greater cognitive difficulties adaptation of wording and assisting responses with pictorial likert type scales is required.	
Implementation	Testing environment should have sufficient lighting for reading and be quiet enough to facilitate adequate concentration. See above for self or oral administration.	
Administration Qualifications	Although the BDI-II can be easily administered and scored by paraprofessionals, scores should be interpreted only by professionals with appropriate clinical training and experience. Requires clinical ability to use as only one part of a broader diagnostic assessment.	
Administration Time	5 to 10 minutes for standard administration. People with lower cognitive abilities or severe depression or obsessional disorders may take longer.	
Evidence	A number of recent studies have found the instrument to be a reliable and valid tool in assessing depression in people with a mild level of intellectual disability (Kazdin, Matson & Senatore, 1983; Helsel & Matson, 1989; Lindsay & Olley, 1998; Lindsay & Lees, 2003; Powell, 2003). Numerous comprehensive reviews concerning the BDI's applications and psychometric properties across a broad spectrum of both clinical and nonclinical populations have reported high reliability regardless of clinical population.	
Available Resources	<ul style="list-style-type: none"> • BDI-II Manual • BDI-II Response Forms (\$272.40 for manual & 25 forms). Purchase at www.pearsonpsychcorp.com.au 	

Beck Anxiety Inventory (BAI)

Age	Functioning	Disability
Adults and possibly adolescents	Mild to moderate ID	Yes
Author /s	Beck, A.T., Steer, R.A. (1991). <i>Beck Anxiety Inventory Manual</i> . San Antonio, Tx: Psychological Corporation.	
Description	The BAI is a 21 item scale that measures the severity of anxiety in adults and adolescents.	
Setting	The BAI was developed with adult psychiatric outpatients and so should be used cautiously with other clinical populations. A few adolescents were included but the reliability and validity of the BAI for adolescents has not be directly tested.	
Implementation	Testing environment should have sufficient lighting for reading and be quiet enough to facilitate adequate concentration. See above for self or oral administration.	
Administration Qualifications	Although the BAI can be easily administered and scored by paraprofessionals, scores should be interpreted only by professionals with appropriate clinical training and experience. Requires clinical ability to use as only one part of a broader diagnostic assessment.	
Administration Time	5 to 10 minutes for standard administration, otherwise for oral administration it takes around 10 minutes.	
Evidence	In a study by Lindsay and Lees (2003) an adapted form (visual bars for responding) of the BAI has been used as a valid and reliable instrument for measuring anxiety in a group of sex offenders with intellectual disabilities as opposed to a control group of individuals with an intellectual disability attending a day placement for reasons related to behaviours of concern. See full article for description.	
Available Resources	<ul style="list-style-type: none"> • BAI Manual • BAI Response Forms • Kit \$272.90 from www.pearsonpsychcorp.com.au 	

Conners Adult ADHD Rating Scales – Observer: Long Version (CAARS-O:L)

Age	Functioning	Disability
18+		
Author /s	Conners, C.K., Erhardt, D & Sparrow, E. (1999). <i>Conners' Adult ADHD Rating Scales (CAARS) Technical Manual</i> , Toronto: Multi-Health Systems.	
Description	<p>The CAARS has been designed to help assess, diagnose, and monitor treatment of ADHD in adults. Suitable for clinical, research, rehabilitation and correctional settings, the CAARS scales quantitatively measure ADHD symptoms across clinically significant domains, while examining the manifestations of those symptoms.</p> <p>The long version of the observer form (CAARS-O:L) has 66 items and contains nine empirically-derived scales that help assess a broad range of problem behaviours:</p> <ul style="list-style-type: none"> • Inattention/Memory Problems • Impulsivity/Emotional Lability • Hyperactivity/Restlessness • Problems with Self-Concept <p>The long form also includes:</p> <ul style="list-style-type: none"> • DSM-IV ADHD symptom measures - help assess Inattentive Symptoms, Hyperactive-Impulsive Symptoms, and Total ADHD Symptoms • ADHD Index - 12 items that help identify respondents who may benefit from a more detailed clinical assessment • Inconsistency Index - helps identify random or careless responding <p>The CAARS has been found to be reliable for use in adults with intellectual disabilities. The standard cut off <i>T</i>-score used in the CAARS is 65. A higher cut off <i>T</i>-score of ≥ 70 on the CAARS has been recommended in people with an ID because of the wide overlap in behaviours associated with ADHD and ID. An even higher <i>T</i>-score such as 75 is recommended for inferring clinically significant problems in a low base rate group.</p>	
Setting	Any	
Implementation		
Administration Qualifications	A relevant qualification in a health-related discipline with training in the administration, scoring and clinical interpretation of assessments.	
Administration Time	10-15 minutes	
Evidence	La Malfa, Lassi, Bertelli, Pallanti & Albertini (2008) have outlined the reliability and validity of the CAARS with adults with an intellectual disability.	
Available Resources	Available for purchase from Psychological Assessments Australia www.psychassessments.com.au A variety of kits are available.	

Developmental Behaviour Checklist (DBC)

Age	Functioning	Disability
<p>Child Version : 4-18 years</p> <p>Adult Version: 18 years through adulthood</p>	<p>All levels of intellectual disability</p>	<p>Yes</p>
<p>Author /s</p>	<p>Einfeld, S.L., & Tonge, B.J. (1991). Psychometric and clinical assessment of psychopathology in developmentally disabled children. <i>Australia and New Zealand Journal of Developmental Disabilities</i>, 17(2), 147-154.</p>	
<p>Description</p>	<p>The Developmental Behaviour Checklist, (DBC), (Einfeld & Tonge, 2002) is an Australian-developed instrument for the assessment of a range of behavioural and emotional disturbances in young people (aged 4 to 18) or adults (18+) with a developmental or intellectual disability. The questionnaire is completed by parents or other primary carers or teachers, reporting problems over a six month period.</p> <p>The DBC-P (Primary Carer Version) is completed by primary carers and the DBC-T (Teacher Version) is completed by school teachers and are used for children and young people aged 4-18 years.</p> <p>The DBC-A (Adult Version) (Mohr, Tonge & Einfeld, 2005) is completed by paid carers or family members for adults aged 18+ years.</p> <p>The DBC can be scored on 3 levels:</p> <ol style="list-style-type: none"> 1. The Total Behaviour Problem Score (TPBS) gives an overall measure of behavioural/emotional disturbance; 2. Subscale scores give measure of disturbance across five domains for the DBC-P and T: <ul style="list-style-type: none"> • Disruptive/Antisocial Behaviour • Self-Absorbed • Communication Disturbance • Anxiety • Social Relating <p>The DBC-P can also be used to screen for autism using an established algorithm (Brereton et al., 2002; Witwer & Lecavalier, 2007) as well as for depression, psychosis, hyperactivity and anxiety (refer to the DBC-P & T Manual).</p> <p>The DBC-A is scored across six subscales:</p> <ul style="list-style-type: none"> • Disruptive • Self-Absorbed • Communication Disturbance • Anxiety/Antisocial • Social Relating • Depressive <p>DBC-M (Daily Monitoring of Behaviour) allows for 5 target behaviours to be monitored on a daily basis. This can be used to monitor the success of specific interventions.</p> <ol style="list-style-type: none"> 3. The score given to individual items. <p>The DBC-P and -T can be scored and percentiles calculated and compared with norms from the total sample or level of intellectual disability using the established scoresheets. The DBC-T also provides a breakdown of scores according to gender. A clinical cut-off score is provided which indicates potential psychiatric caseness.</p> <p>There are no norms available yet for the DBC-A however clinical cut-off scores are provided.</p>	

Setting	Is a checklist for completion by parents/carers/teachers or administered during an assessment interview.
Implementation	<p>Available versions:</p> <ul style="list-style-type: none"> • DBC-P (Primary Carer Version) has 96 items for completion by a primary carer who has known the young person for a minimum of 6 months; • DBC-T (Teacher Version) has 94 items to be completed by teachers who have known the young person for at least 2 months; • DBC-A (Adult Version) is adapted from the above versions and is also to be completed by a carer of the adult with ID and who knows the adult well.
Administration Qualifications	The DBC and associated materials may be purchased for use by professionals who are trained in the administration and interpretation of psychological tests.
Administration Time	It is a brief tool that should be easily and quickly completed by others (about 15 minutes to complete). Those completing the DBC may need to be reminded of and re-orientated to the time frame for considering evidence of behavioural and emotional difficulties (i.e. over the past 6 months)
Evidence	The instrument has a high inter-rater reliability between parents and between teachers. Test re-test reliability and internal consistency are also high. The DBC-P has also been demonstrated to be sensitive to change over time. The DBC-A has acceptable test retest and inter-rater reliability assessed separately with family members and paid carers and internal consistency is also high. It has been extensively shown to be a valid tool (Brereton, Tonge, Mackinnon, & Einfeld, 2002; Einfeld, & Tonge, 1995; Gray, Tonge, Sweeney, & Einfeld, 2008; Mohr, Tonge, Einfeld, 2005).
Available Resources	<ul style="list-style-type: none"> • All materials can be purchased separately or in packs • Further information can be found at http://www.med.monash.edu.au/spppm/research/devpsych/dbc.html

Glasgow Depression Scale for People with a Learning Disability (GDS-LD)

Age	Functioning	Disability
18+	Mild to Moderate ID	
Author /s	Cuthill, F.M., Espie, C.A. & Cooper, S-A. (2003). Development and psychometric properties of the Glasgow Depression Scale for People with Learning Disabilities, <i>British Journal of Psychiatry</i> , 182(4): 347-353.	
Description	<ul style="list-style-type: none"> The scale is useful for screening, monitoring progress and contributing to outcome appraisal for people with ID suspected of having a depressive illness. The Glasgow Depression Scale for people with a Learning Disability (GDS-LD) is a 20 question scale which is quick and easy to use and is applicable to population screening, as well as to symptom monitoring and evaluation of change. For example, the GDS-LD might be used as screening tools to guide staff in making better-informed referral decisions. The GDS-LD provides a means of engaging patients in dialogue about their needs and treatment. 	
Setting	A 'present state' tool that gauges symptom level across a 1-week period.	
Implementation		
Administration Qualifications	Is suitable for administration by a range of professionals working with people with learning disability. The GAS-LD is completed by the person with a disability themselves.	
Administration Time	10-15 minutes	
Evidence		
Available Resources	The article above is inclusive of the Scale and instructions for its use.	

Glasgow Depression Scale for People with a Learning Disability (GDS-LD) – CARER SUPPLEMENT

Age	Functioning	Disability
18+	Mild to Moderate ID	
Author /s	Cuthill, F.M., Espie, C.A. & Cooper, S-A. (2003). Development and psychometric properties of the Glasgow Depression Scale for People with Learning Disabilities, <i>British Journal of Psychiatry</i> , 182(4): 347-353.	
Description	<ul style="list-style-type: none"> The scale is useful for screening, monitoring progress and contributing to outcome appraisal for people with ID suspected of having a depressive illness and to assist carers to report their direct observations and concerns. The Glasgow Depression Scale for people with a Learning Disability Carer Supplement (GDS-CS) is a 16 question scale which is quick and easy to use and is applicable to population screening, as well as to symptom monitoring and evaluation of change. For example, the GDS-CS might be used as screening tools to guide staff in making better-informed referral decisions. The GDS-CS provides a means of engaging carers in dialogue about the needs and treatment of people with intellectual disability. 	
Setting	A 'present state' tool that gauges symptom level across a 1-week period.	
Implementation		
Administration Qualifications	Is suitable for administration by a range of professionals working with people with learning disability. The Scale is completed by the carer themself.	
Administration Time	5 minutes	
Evidence		
Available Resources	The article above is inclusive of the Scale and instructions for its use.	

Glasgow Anxiety Scale for People with Intellectual Disability (GAS-ID)

Age	Functioning	Disability
18+	Mild ID	Yes
Author /s	Mindham, J. & Espie, C.A. (2003). Glasgow Anxiety Scale for People with Intellectual Disability (GAS-ID): development and psychometric properties of a new measure for use with people with a mild intellectual disability, <i>Journal of Intellectual Disability Research</i> , 47(1): 22-30.	
Description	<ul style="list-style-type: none"> • The GAS-ID a self-rating scale to measure anxiety symptoms in people with mild ID. The scale comprises the 'three systems' of cognitive, behavioural and somatic symptoms which have long been known to co-present in anxiety disorders. It is not intended as a diagnostic tool, although it may be used in conjunction with such instruments to improve understanding and quantification of anxiety psychopathology in this population. • The scale comprises 27 questions with a three point likert scoring system. An explanation about how to conduct the interview is contained on page 24. 	
Setting	Any	
Implementation	The scale is completed in an interview-style format however if the person is able to read, then they are assisted to read along. The use of visual cue cards is required. A positive score on the GAS-ID necessitates further clinical assessment by a mental health professional.	
Administration Qualifications	None, however the assessor must be confident and experienced in the use of clinical questioning and use of visual cue cards with people with intellectual disability.	
Administration Time	5-10 minutes	
Evidence		
Available Resources	The scale and instructions for its use are contained in the article above.	

Hare Psychopathy Checklist – Screening Version (PCL: SV)

Age	Functioning	Disability
Males 21 years plus	Mild	Yes
Author /s	Hart S.D., Cox, D.N. & Hare, R.D. (2003). <i>Hare Psychopathy Checklist Screening Version (PCL:SV)</i> . New York: MHS.	
Description	<ul style="list-style-type: none"> • Psychopathy is a severe personality disorder characterised by a set of affective, interpersonal and behavioural features, which include the selfish, callous and remorseless use of others, deficient affective experience, and an impulsive and irresponsible lifestyle, which may include antisocial behaviour. • The PCL-SV is a relatively quick way of assessing psychopathic traits in offenders. This assessment can also be completed in the absence of criminal record information and therefore can be used outside of forensic settings, unlike the PCL-R. • Please note that guidelines for the administration of this assessment with people who have an intellectual disability have been developed by Morrissey (2006). These guidelines must be used when administering and interpreting this assessment. 	
Setting	Individually administered test, forensic populations.	
Implementation	It is recommended that the PCL-SV is administered first and full PCL-R administered only if the SV score is found to be significant.	
Administration Qualifications	It is recommended that clinicians who use the PCL-SV or who supervise its use should: <ul style="list-style-type: none"> • Possess an advanced degree in the behavioural or medical sciences ie. MA, PhD, MSW; • Have completed graduate courses in psychopathology, statistics and psychometric theory; • Have registration with legal professional bodies ie. registration boards; • Have experience with forensic or other relevant populations; • Ensure that they have adequate training and experience in the use of the PCL-R. 	
Administration Time	While the procedure is similar to that of the PCL-R, the emphasis with this test is on the guided interview with the person to collect historical-demographic data and to sample the interpersonal style of the individual. Collateral sources are then used to confirm or deny important claims by the individual.	
Evidence	Research by Morrissey et al. (2005) provides initial evidence for the reliability and validity of its use with males who have a mild level of intellectual disability, given the use of specific guidelines developed. Specific guidelines are available through Morrissey et al. (2005).	
Available Resources	<ul style="list-style-type: none"> • Technical manual • Interview guide • Scoring form 	
Cost	Approximately \$430 for the full package	
Website / contact	www.parinc.com	

Hare Psychopathy Checklist – Revised (PCL-R)

Age	Functioning	Disability
Males 21 years plus	Mild	Yes
Author /s	Hare, R.D. (2003). <i>Hare PCL-R: Technical Manual</i> . New York: MHS.	
Description	<ul style="list-style-type: none"> • The PCL-R is the most widely used measure of psychopathy. It consists of a 20 items usually scored on the basis of interview and file information. • Psychopathy is considered to be a significant factor for risk assessment and the PCL-R score is included as a part of a number of structured risk assessments, including the SVR-20 and HCR-20. • Please note that guidelines for the administration of this assessment with people who have an intellectual disability have been developed by Morrissey (2006). These guidelines must be used when administering and interpreting this assessment. 	
Setting	Individually administered test, forensic populations.	
Implementation	It is recommended that the PCL-SV is administered first and that the full PCL-R is administered only if the SV score is found to be significant.	
Administration Qualifications	It is recommended that clinicians who use the PCL-R or who supervise its use should: <ul style="list-style-type: none"> • Possess an advanced degree in the behavioural or medical sciences ie. MA, PhD, MSW; • Have completed graduate courses in psychopathology, statistics and psychometric theory; • Have registration with legal professional bodies ie. registration boards; • Have experience with forensic or other relevant populations; • Ensure that they have adequate training and experience in the use of the PCL-R. 	
Administration Time	The assessment draws not only on individual interviews but also on collateral sources which may include file reviews, interviewing carers and professionals involved, observation of the person and informal interactions with the person. As a consequence the assessment may take a considerable period of time to complete.	
Evidence	Research by Morrissey et al. (2005), Gray et al. (2007) and Lindsay et al. (2008) provides initial evidence for the reliability and validity of its use with males who have an intellectual disability, given the use of specific guidelines developed available from Morrissey et al. (2005).	
Available Resources	<ul style="list-style-type: none"> • Technical manual • Interview guide • Scoring form 	
Cost	Approximately \$700 for the full package	
Website / contact	www.parinc.com	

The Psychiatric Assessment Schedule for Adults with Developmental Disability Checklist (PAS-ADD Checklist)

Age	Functioning	Disability
18+		Yes
Author /s	Moss S, Prosser H, Costello H, Simpson N, Patel P, Rowe S, Turner S, Hatton C. (1998). Reliability and validity of the PAS-ADD Checklist for detecting psychiatric disorders in adults with intellectual disability. <i>Journal of Intellectual Disability Research</i> , 42(2), 173-83.	
Description	<ul style="list-style-type: none"> • The PAS-ADD Checklist is a screening instrument specifically designed to help staff recognize mental health problems in the people with intellectual disability for whom they care, and to make informed referral decisions. • The instrument consists of a life-events checklist and 25 symptom items scored on a four-point scale. Scores are combined to provide three threshold scores. The crossing of any of these thresholds indicates the need for a more thorough assessment. • The items are worded in everyday language, making the Checklist suitable for use by individuals who do not have a background in psychopathology. 	
Setting	Can be used in an interview format or as a self-completed checklist	
Implementation	Any setting	
Administration Qualifications	The Checklist was designed primarily for use by family members and professional care staff, and therefore does not have a formal training requirement. Results need to be interpreted by a mental health clinician to inform further assessment as required.	
Administration Time	5 minutes	
Evidence		
Available Resources	Further information about the PAS-ADD Checklist and how to purchase it is available at www.passadd.co.uk	

The Strengths and Difficulties Questionnaire

Age	Functioning	Disability			
4 to 17 years	All levels of ID for the Parent and Teacher versions, requires reading ability for the self-report measure	Yes			
Author /s	Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A Research Note. <i>Journal of Child Psychology and Psychiatry</i> , 38, 581-586				
Description	<p>The SDQ is a brief behavioural screening questionnaire for 4 to 17 year olds. It exists in several versions to meet the needs of researchers, clinicians and educationalists.</p> <p>There are three versions of the SDQ:</p> <ul style="list-style-type: none"> • Parent • Teacher • Self-report <p>The Parent and Teacher versions are available in two age ranges, 4-10 years and 11-17 years while the Self-report is only available for 11-17 year olds.</p> <p>All versions of the SDQ ask about 25 attributes, some positive and others negative. These 25 items are divided between 5 scales:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"> <ol style="list-style-type: none"> 1) emotional symptoms (5 items) 2) conduct problems (5 items) 3) hyperactivity/inattention (5 items) 4) peer relationship problems (5 items) 5) prosocial behaviour (5 items) </td> <td style="width: 5%; text-align: center; vertical-align: middle;">}</td> <td style="width: 35%; vertical-align: middle;"> added together to generate a total difficulties score (based on 20 items) </td> </tr> </table> <p>Several two-sided versions of the SDQ are available with the 25 items on strengths and difficulties on the front of the page and an impact supplement on the back. These extended versions of the SDQ ask whether the respondent thinks the young person has a problem, and if so, enquire further about chronicity, distress, social impairment, and burden to others. This provides useful additional information for clinicians and researchers with an interest in psychiatric caseness and</p>		<ol style="list-style-type: none"> 1) emotional symptoms (5 items) 2) conduct problems (5 items) 3) hyperactivity/inattention (5 items) 4) peer relationship problems (5 items) 5) prosocial behaviour (5 items) 	}	added together to generate a total difficulties score (based on 20 items)
<ol style="list-style-type: none"> 1) emotional symptoms (5 items) 2) conduct problems (5 items) 3) hyperactivity/inattention (5 items) 4) peer relationship problems (5 items) 5) prosocial behaviour (5 items) 	}	added together to generate a total difficulties score (based on 20 items)			
Setting	Any				
Implementation	Easily completed independently by parents and teachers. The Self-report may take longer and may require explanation.				
Administration Qualifications	No qualifications are specified in order to administer or score the SDQ, however interpretation of the scores require a clinical background and comparison with norms require an understanding of statistics.				
Administration Time	5 minutes for parents and teachers, longer for the self-report.				
Evidence	<p>The SDQ is a mandated outcome measure used in public Child and Adolescent Mental Health Services in Victoria.</p> <p>The SDQ has been successfully used with populations of children and adolescents with intellectual disabilities and means and standard deviations have been reported in a number of studies (i.e. Emerson, 2005; Kaptein, Jansen, Vogels & Reijneveld, 2008; Muris & Maas, 2004). Australian normative and psychometric data have also been reported for children without disabilities (Mellor, 2005; Hawes & Dadds, 2004).</p>				
Available Resources	<p>The website www.sdqinfo.com provides access to most abstracts and provides a wealth of information about the tool, as well as information regarding scoring and copies of all questionnaires for download. The website also has a link to a free on-line scoring system.</p>				

Risk Assessment

Historical Clinical Risk-20 (HCR-20) – Assessing risk for violence

Age	Functioning	Disability
21 years plus	Mild	Yes
Author /s	Webster, C.D., Douglas, K., Eaves, D. & Hart, S.D. (1997). <i>HCR-20: Assessing Risk for Violence (version 2)</i> . Canada: Mental Health Law and Policy Institute, Simon Fraser University.	
Description	The HCR-20 is the most widely used and well researched structured professional judgement risk assessment instrument for the prediction of violence. It is organised into three sections – historical (10 items), clinical (5 items) and risk (5 items). Items are marked according to whether they are present in the individual, possibly present or absent. The final decision regarding level of risk for violence is structured in the form of a 3 point scale: low risk, moderate risk and high risk for violence.	
Setting	Individually administered test, forensic populations	
Implementation	The scoring form is completed once interviews, file reviews and relevant assessments have been completed.	
Administration Qualifications	It is recommended that clinicians who use the HCR-20 or who supervise its use should: <ul style="list-style-type: none"> • Possess an advanced degree in the behavioural or medical sciences ie. MA, D Psych, PhD, MSW; • Have completed graduate courses in psychopathology, statistics and psychometric theory; • Have registration with legal professional bodies ie. registration boards; • Have experience with forensic or other relevant populations; • Ensure that they have adequate training and experience in the use of the HCR-20. 	
Administration Time	The procedure relies on the use of multiple sources of information involving client, support worker and significant other interviews, file and previous assessment reviews and the administration and interpretation of relevant assessment tools. As a consequence the assessment may take a considerable amount of time to complete.	
Evidence	Research by Morrissey, Hogue, Mooney, Lindsay, Steptoe, Taylor and Johnston (2005), Gray, Fitzgerald, Taylor, and Snowden (2007) and Lindsay, Hogue, Taylor, Steptoe, Mooney, O'Brien, Johnston and Smith (2008) provide evidence for the reliability and validity of its use with males who have an intellectual disability.	
Available Resources	<ul style="list-style-type: none"> • Technical manual • Scoring form 	
Cost	Approximately \$200 for the full package	
Website / Contact	www.parinc.com	

Sexual Violence Risk – 20 (SVR-20)

Age	Functioning	Disability
21 years plus	Mild	Yes
Author /s	Boer, D.P., Hart, S.D., Kropp, P.R. & Webster, C.D. (1997). <i>Manual for the Sexual Violence Risk – 20: Professional Guidelines for Assessing Risk of Sexual Violence</i> . Vancouver: The British Columbia Institute Against Family Violence.	
Description	The SVR-20 has shown strong validity with mainstream sexual offenders within correctional and forensic mental health settings. It was developed using a subset of the HCR-20 historical items, as well as a number of items specific to sexual offending. Like the HCR-20 it is organised into three sections – psychosocial adjustment (11 items), sexual offences (7 items) and future plans (2 items). Items are marked according to whether they are present in the individual, possibly present or absent. The final decision regarding level of risk for sexual violence is structured in the form of a 3 point scale: low risk, moderate risk and high risk for sexual violence.	
Setting	Individually administered test, forensic populations	
Implementation	The scoring form is completed once interviews, file reviews and relevant assessments have been completed.	
Administration Qualifications	It is recommended that clinicians who use the SVR-20 or who supervise its use should: <ul style="list-style-type: none"> • Possess an advanced degree in the behavioural or medical sciences ie. MA, D Psych, PhD, MSW; • Have completed graduate courses in psychopathology, statistics and psychometric theory; • Have registration with legal professional bodies ie. registration boards; • Have experience with forensic or other relevant populations; • Ensure that they have adequate training and experience in the use of the SVR-20. 	
Administration Time	The procedure relies on the use of multiple sources of information involving client, support worker and significant other interviews, file and previous assessment reviews and the administration and interpretation of relevant assessment tools. As a consequence the assessment may take a considerable amount of time to complete.	
Evidence	Limited research evidence to support the use of this instrument (Lambrick, 2003). Has been shown to have higher predictive validity than the Static-99 with mainstream sexual offenders, which suggests it is likely to be a valid risk assessment. Currently a part of wider validation trials in a number of studies nearing completion.	
Available Resources	<ul style="list-style-type: none"> • Technical manual • Scoring form. 	
Cost	Approximately \$200 for the full package	
Website / contact	www.parinc.com	

STATIC-99

Age	Functioning	Disability
21 years plus	Mild	Yes
Author /s	Harris, A., Phenix, A., Hanson, R.K. and Thornton, D. (2003). <i>Static-99 Coding Rules (Revised 2003)</i> . Ottawa: Department of the Solicitor General of Canada.	
Description	The Static-99 is a widely used and extensively researched actuarial risk assessment instrument for adult males who have already been charged with or convicted on at least one sexual offence against a child or non-consenting adult. It consists of 10 items and produces estimates of future risk based on the number of risk factors present in the individual. Items in the assessment include offending against males, offending against children, offending against strangers, noncontact sexual offences and number of prior sexual offences.	
Setting	Individually administered test, forensic populations	
Implementation	The scoring form is completed once file reviews and other relevant sources of information have been reviewed. Due to the historical nature of information required client, significant other and support worker interviews are not required.	
Administration Qualifications	It is recommended that clinicians who use the Static-99 or who supervise its use should: <ul style="list-style-type: none"> • Possess an advanced degree in the behavioural or medical sciences ie. MA, D Psych, PhD, MSW; • Have completed graduate courses in psychopathology, statistics and psychometric theory; • Have registration with legal professional bodies ie. registration boards; • Have experience with forensic or other relevant populations; • Ensure that they have adequate training and experience in the use of the Static-99. 	
Administration Time	The length of time taken to complete the procedure is dependent upon the availability of information required to complete the assessment.	
Evidence	The Static-99 has been shown to have predictive validity in sex offenders with an intellectual disability (Lindsay et al., 2008).	
Available Resources	<ul style="list-style-type: none"> • Technical manual and scoring forum 	
Cost	Free and available on the internet.	
Website / contact	www.sgc.gc.ca	

Quality of Life

The Life Satisfaction Matrix (LSM)

Subjective	Objective	Age	Disability
*	*	Children, Adolescents and Adults	Profound Multiple Disabilities
Author /s & Source	Lyons, G. (2005). The Life Satisfaction Matrix: an instrument and procedure for assessing the subjective quality of life of individuals with profound multiple disabilities. <i>Journal of Intellectual Disability Research</i> , 49 (10), 766-769.		
Description	The LSM is a measure of the QoL of individuals with profound and multiple disabilities (PMD). The premise is that individuals with PMD express their inner states through consistent behavioural repertoires, these repertoires can be identified by familiar others and validated by an independent other and an individual's routine daily activity preferences can be ascertained by their affective behavioural repertoire. This measure assumes that persons with PMD can gain improved QoL if they are able to spend more time on activities that they prefer rather than on those they do not like. The LSM also has a subjective component of measurement, by focusing on the communicative nature of a person's behavioural repertoire as an indication of their satisfaction with life.		
Setting	Any accommodation or other disability service sector environment		
Implementation	The LSM is readily available for use within the research article and Dr Gordon Lyons is readily contactable for consultation and support in accurately implementing the LSM. The LSM can be time intensive.		
Training	No specific training required, although familiarity with and competency in interview and observational skills is required. It is also recommended that contact with Dr Lyons for consultation occur prior to using this tool.		
Cost	No cost for access to the article.		
Evidence	Still in the early stages of validation. If used in combination with a proxy/objective type measure may provide a more robust objective measure of the QoL of an individual with PMD		
Origin	Australia		
Contact	Gordon.Lyons@newcastle.edu.au or the article can be found via the internet and <i>Journal of Intellectual Disability Research</i> .		

A Delphi Study of the QoL of People with Profound Multiple Disabilities

Subjective	Objective	Age	Disability
	*	Adults	Profound Multiple Disabilities
Author /s & Source	Petry, K., Maes, B., & Vlaskamp, C. (2007). Operationalizing quality of life for people with profound multiple disabilities: A Delphi study. <i>Journal of Intellectual Disability Research, 51 (5), 334-349</i>		
Description	This is an initial study utilising a proxy approach (asking parents and direct support staff of people with profound multiple disabilities [PMD], as well as a panel of experts) to identify QoL domains relevant to people with PMD. Although the exact questionnaire used to guide measurement of carers perspectives on the QoL of someone with PMD is not currently available, the use of the published domains (4) and sub-domain categories are available in the initial article. The domains and sub-domains provide specific areas of enquiry during individual assessment. Although this objective measure was focused on adults with PMD, the reported domains appear generally applicable to children or adolescents (although not validated).		
Setting	Any accommodation or other disability service sector environment within the community. Can be used as a basis for interviewing direct support workers or family members.		
Implementation	The actual research tool is not readily available, however the domains and sub-domains are reported in the research article.		
Training	No specific training has been outlined because the actual research questionnaire is not readily available from the authors.		
Cost	No cost for access to the initial article.		
Evidence	Still in the early stages of validation. The initial Delphi study reports results suggest that it is a valid operationalisation of the QoL of people with PMD and can be used as an instrument to measure the QoL of this target group.		
Origin	Belgium		
Contact	Correspondence to Katja Petry, Centre for Disability, Special Needs Education and Child Care, Belgium katja.petry@ped.kuleuven.be		

Personal Wellbeing Index – Intellectual Disability

Subjective	Objective	Age	IQ
	*	Adults (18+)	Adequate receptive / expressive language
Author /s & Source	Cummins, R.A., & Lau, A.L.D. (2005). <i>Personal Wellbeing Index – Intellectual Disability (English) 3rd Edition</i> . Melbourne: School of Psychology Deakin University.		
Description	<p>The PWI represents the satisfaction sub-scale of the Com-Qol. The original scales of Importance and the objective ComQol Scale have been abandoned for reasons described in the document 'Caveats to using the Comprehensive Quality of Life Scale' (http://acqol.deakin.edu.au/instruments/index.htm).</p> <p>The PWI differs from the ComQol satisfaction scale in substituting 'Satisfaction with future security' for the original 'satisfaction with own happiness'. The PWI is designed as the first level of deconstruction of the global, abstract question 'How satisfied are you with your life as a whole'?</p> <ul style="list-style-type: none"> • PWI- A for use with the general population • PSI- ID for use with people who have an intellectual disability or other form of cognitive impairment • PWI – SC for use with children and adolescents who are attending school • PWI – PS for use with children of pre-school age. 		
Setting	Any accommodation or other disability service sector environment. There is no time limit. Generally the pre-testing and the full scale administration take from 10 to 20 minutes to complete.		
Implementation	<p>The QOL-Q is restricted for use by persons who meet the following qualifications and varies depending on the intended use of questionnaire:</p> <ol style="list-style-type: none"> 1. All users should have at least one year's experience working in a professional, educational or administrative capacity with persons with an ID or a closely related condition. If being used for individual assessment they should be licensed, registered or certified psychologists, qualified mental retardation professionals, social workers, case managers or special educators; 2. If being used as part of an internal evaluation program the person should have prior experience in evaluating services for people with ID or be under the supervision of someone who has such experience; 3. If part of a formal external evaluation of an ID program, the individual who interprets the results should have at least a master's degree, including one college course on psychometric assessment. 		
Training	No specific training required apart from the user qualifications outlined above.		
Cost	Free on the internet site outlined below.		
Evidence	The basic psychometrics of the PWI-A have been described (Cummins, Eckersley, Pallant, Van Vugt & Misajon, 2002) and detailed data concerning scale composition, reliability, validity and sensitivity are provided in the many reports on the Australian Unity Wellbeing Index (http://acqol.deakin.edu.au/index.htm).		
Origin	Melbourne Victoria Australia		
Contact	http://acqol.deakin.edu.au		

QOL-Q: Quality of Life Questionnaire

Subjective	Objective	Age	IQ
*	*	Adults (18+)	Adequate receptive / expressive language
Author /s & Source	Schalock, R.L., & Keith, K.D. (1993). <i>Quality of Life Questionnaire (QOL-Q) Manual</i> .		
Description	Is a 40 item rating scale in interview format, designed to allow individuals with an ID, with sufficient language skills, to answer questions relating to their overall quality of life. For those who lack necessary language skills the instrument can be completed by two raters who know the individual well and are familiar with the individual's current activities and living environment. From an Australian perspective there may be difficulties with implementing the scale given the use of language. The QOL-Q has an empowerment/independence subscale which assesses the choice exercised by people with an ID.		
Setting	Any accommodation or other disability service sector environment.		
Implementation	<p>The QOL-Q is restricted for use by persons who meet the following qualifications and varies depending on the intended use of questionnaire:</p> <ol style="list-style-type: none"> 1. All users should have at least one year's experience working in a professional, educational or administrative capacity with persons with an ID or a closely related condition. If being used for individual assessment they should be licensed, registered or certified psychologists, qualified mental retardation professionals, social workers, case managers or special educators; 2. If being used as part of an internal evaluation program the person should have prior experience in evaluating services for people with ID or be under the supervision of someone who has such experience; 3. If part of a formal external evaluation of an ID program, the individual who interprets the results should have at least a master's degree, including one college course on psychometric assessment. 		
Training	No specific training required apart from the user qualifications outlined above.		
Cost	See website below. Currently the QOL-Q is ordered and delivered from the USA, with a basic initial pack costing \$110 (US) with additional shipping/handling costs of \$61 (US).		
Evidence	The instrument has been widely researched internationally and has shown good reliability and validity.		
Origin	United States of America		
Contact	http://www.idspublishing.com/life.htm		

The Choice Questionnaire

Subjective	Objective	Age	IQ
*	*	Adults	Adequate communication skills
Author /s & Source	Stancliffe, R.J., & Parmenter, T.R. (1999). The Choice Questionnaire: A scale to assess choices exercised by adults with intellectual disability. <i>Journal of Intellectual and Developmental Disability, 24 (2), 107-132.</i>		
Description	<p>An instrument used to assess the degree of personal control, or choice, exercised by people with intellectual disability over a variety of aspects of their lives. Includes measures to assess response bias (acquiescence, nay saying and recency effects).The scale covers choice making across six life domains: domestic matters, co-residents and staff, money and spending, health and social activities, community access and personal relationships, work and day activities and overall choice. It is an instrument designed to assess choices available to adults with an ID and because the Choice Questionnaire has some item content which is inappropriate for children its use should be restricted to adults and possibly older adolescents.</p> <p>The scale identifies individuals with restricted opportunities for choice, although can not be used for individual planning or assessment because intervention aimed at increasing choice should target choices which are most important to the individual, not just the specific domains used in the Choice Questionnaire.</p>		
Setting	Any accommodation or other disability service sector environment. Not studied with those in other accommodation situations other than supported community living.		
Implementation	There are no specifications for qualifications of users of the scale.		
Training	No training specified.		
Cost	Free. See contacts below.		
Evidence	This instrument has shown to be a reliable and valid self report and proxy report instrument.		
Origin	Australia		
Contact	rogers@med.usyd.edu.au or the Journal of Intellectual & Developmental Disability, Vol 24 (2).		

Consumer Based Quality of Life Assessment

Subjective	Objective	Age	IQ
*	*	Adults	Broad range of cognitive ability and communication skills
Author /s & Source	Bonham, G.S., BAschert, S., Schalock, R.L., Marchand, C. B., Kirchner, N., & Rumenap, J. M. (2004). Consumer-based quality of life assessment: The Maryland Ask Me! Project. <i>Mental Retardation</i> , 42 (5), 338 – 355.		
Description	The Maryland Ask Me Project focuses on consumers with an intellectual or developmental disability taking an active participatory role in interviewing other adults with an Intellectual Disability/Developmental Disability (ID/DD) about their perceived quality of life. It is based on eight core QoL domains already identified in the research literature by Schalock & Keith (1993) and builds upon it with more recent literature in the field (Schalock & Verdugo, 2002). This approach is based on the premise that people with an ID should be asked directly about their own life and interviewers with an ID are in the best position to elicit meaningful responses from their peers. In this project people with a DD were trained to survey other consumers perceived quality of life as measured with an adaptation of the Schalock & Keith (1993) QOL-Q. Consumers were also involved in the initial development of the survey and also administered the survey to their peers. The more experienced interviewers with an ID/DD were also used as quality assurance reviewers of other interviewers.		
Setting	Any accommodation or other disability service sector environment.		
Implementation	Interviewers had previously been interviewees and were specifically trained in how to administer the survey to others and also to whether people could understand the questions being asked..		
Training	See implementation above. Additionally organisations interested in replicating the project are required to become certified users of the survey.		
Cost	Fee for certification and training manual. Exact cost unknown.		
Evidence	This instrument has shown to be a reliable and valid self report and proxy report instrument.		
Origin	United States of America: Maryland.		
Contact	gbonham@BonhamReserach.com		

Speech & Language

Checklist of Communication Competencies (Triple CCC)

Age	Functioning	Disability
adolescents & adults	Severe and multiple disabilities functioning at unintentional to early symbolic levels of communication.	Yes
Author /s	Bloomberg, K., & West, D. (1999). <i>The Triple C – Checklist of Communicative Competencies</i> . Scope, Melbourne, Vic.	
Description	<p>The CCC is a widely used observational screening tool designed to ascertain the approximate stage at which a person is communicating. The original six stages have recently been collapsed into five stages and reflect the communication continuum from unintentional through to symbolic communication. The stages are:</p> <ul style="list-style-type: none"> • Unintentional passive (UP) • Unintentional active (UA) • Intentional informal (II) • Symbolic (basic) (SB) • Symbolic (established) (SE) <p>The Checklist of Communication Competencies is not designed for use with children or for people who effectively use speech or other formal communication systems competently as their main form of communication. The Checklist may not be useful for some people with autism, where there are communication skills that may be masked by learned helplessness especially when others pre-empt the individual's need to communicate and/or when others communicate on behalf of the person or when the individual's attempts to communicate are not listened to.</p>	
Setting	Any	
Implementation	<p>The checklist should be completed by those who know the person well e.g. disability support workers and often it is useful for different support professionals from the same and different environments to complete separate checklists and compare findings.</p> <p>If the individual completing the checklist is unsure if the person can complete a particular skill, set up the situation and observe how the person responds.</p> <p>The Checklist of Communication Competencies should be reviewed regularly e.g.12 months to evaluate progress</p>	
Administration Qualifications	Although initially developed for disability support workers recent research indicates the need for the checklist to be completed in collaboration with a speech pathologist	
Administration Time	Varies approximately 1 -1/2 hrs	
Evidence	Adequate reliability and validity is reported by Iacono, West, Bloomberg., & Johnson, H. (2009).	
Available Resources	<ul style="list-style-type: none"> • Instruction manual and video/DVD • Checklists 	
Cost	Approximately \$77 for manual, video/DVD and 10 checklists Additional checklists \$16.50 for 20 checklists	
Website / contact	Communication Resource Centre 830 Whitehorse Road Box Hill VIC 3128 03 9843 2000 Email: crc@scopevic.org.au	

Pre Verbal Communication Schedule (PVCS)

Age	Functioning	Disability
Children & adults	Severe to profound learning disabilities	Yes
Author /s	Kiernan, C., & Reid, B. (1987). The Pre-Verbal Communication Schedule. Windsor: NFER-NESON.	
Description	<p>The PVCS assesses the communication skills of people who are either pre-intentional or have very early level communication skills. It comprises of two sections, one concerned with pre-communicative behaviours and the prerequisite skills and the other concerned with communicative behaviours.</p> <p>The first section examines the individual's needs and preferences, vision and looking, picture recognition, hearing and listening, the developments of sounds, control of the speech musculature and production of noises accompanying actions. Control of hands and arms is seen as a pre-requisite for gestural communication (e.g. key word signing). The non communicative expression of emotion, social interaction without communication and response to music and singing ability are also assessed. Verbal and motor imitation is seen as either non-communicative or communicative ability.</p> <p>Twelve categories of communicative behaviour are also assessed. These include communication through showing pictures or objects, though some gestures, and through systematic symbols systems, through looking, pointing, manipulation and speech or non-speech sounds and communication though speech are assessed. Finally whole body communication through flexing, relaxing, or accommodating the body, communicative expression of emotions and the manipulation of the emotional states of others are covered. Thus this assessment tool focuses predominantly on assessing an individuals expressive abilities and gives important information on an individual's receptive abilities . There are 195 items on the questionnaire which has been designed to provide a profile that will allow practitioners to assess the current types and levels of communicative skills.</p> <p>The resulting diagnostic information about the individual's pre-communicative, informal and formal communication can be used as the basis of a therapy program.</p>	
Setting	Any; preferably person's everyday environment	
Implementation	<p>In collaboration with a speech pathologist or communication specialist involve as many people as you can to complete the checklist. If the individual completing the checklist is unsure if the person can do a particular skill, set up the situation and observe how the person responds.</p> <p>The Checklist consists of two score sheets. Score Sheet 1 provides an overall picture of the individual's overall communicative performance and Score Sheet 2 looks at the individual's communication in terms of the functional use of communicative responses. Full scoring details are given in the accompanying manual.</p> <p>The checklist should be reviewed regularly e.g.12 months to evaluate progress and ascertain the functional effectiveness of strategies implemented.</p>	
Administration Qualifications	Designed for use by both specialist and non specialist staff; best to be completed in collaboration with a speech pathologist/communication specialist	
Administration Time	Approximately 2 hours	
Evidence	Limited validity study carried out in 1985. See manual for more information	
Available Resources	<ul style="list-style-type: none"> • Instruction manual • Forms 	
Cost	\$191.50 complete set (includes checklist and manual that provides	

	scores with implications for program planning)
Website / contact	ACER 19 Prospect Hill Road Camberwell VIC 3124 Ph: 1800 338 402 Email: sales@acer.edu.au Out of print

Functional Communication Profile- Revised

Age	Functioning	Disability
Age 3 to adult	mild to profound	Yes
Author /s	Kleiman, L.I. (2003). <i>Functional Communication Profile (Revised): Assessing Communicative Effectiveness in Clients with Developmental Delays</i> . Illinois: LinguSystems.	
Description	<p>An informal tool that assesses the communicative effectiveness in individuals with Developmental Disabilities especially ASD, PDD-NOS, Chromosomal Abnormalities, Dual Diagnosis and secondary sensory impairments; hearing, vision and sensory integration. The tool evaluates the individual's present communication skills from which information gathered is used to recommend appropriate strategies. The tool has the ability to evaluate the communication skills for individuals regardless of whether expression is by means of speech, non-oral means (VOCA, Sign) or through non verbal communication.</p> <p>The tool is a comprehensive guide in which the administrator assesses and then rates the individual on eleven major skill categories of: communication and related aspects including: Sensory, Motor, Behaviour, Attentiveness, Receptive Language, Expressive Language, Pragmatic/Social, Speech, Voice, Oral and Fluency.</p>	
Setting	Individual's everyday environment: home, school, day activities	
Implementation	<p>Using the profile each evaluation item is marked even if the skill is scored as; none or n/a, unable, no response. In this way the reader can determine that the administrator has at least examined /considered that skill area.</p> <p>As the FCP is an informal instrument there is no scoring: no age-references or severity norms. However standardised assessments such as the CELF-4 and TACL-EE can be used if further assessment is indicated.</p> <p>The administrator rates the impairment level for each of the eleven categories based on a subjective decision from responses to the test items and the administrator's general impressions. The administrator is directed to rate the individual on various parameters, including severity of impairment, frequency of occurrence, mode of communication, degree, of independence vs. assistance/prompting, quality of performance and inventory of skills, depending on the individual test item.</p>	
Administration Qualifications	Registered speech language pathologist	
Administration Time	Hard to predict dependant on a variety of factors. A well versed user approximately 2 hours.	
Evidence		
Available Resources	<ul style="list-style-type: none"> • Instruction manual • Forms 	
Cost	Approximately \$100	
Website / contact	LinguSystems INC 3100 4 th Avenue East Moline, IL 61244-9700 Telephone (008) 776-4332 Email: service@linguisystems.com Web: linguisystems.com	

The Communication Assessment Profile-CASP

Age	Functioning	Disability
Adults but can be adapted for use with young adolescents and older people with dementia	mild to profound	Yes
Author /s	van der Gagg, A. (1989). Joint assessment of communication skills: formalising the role of carer. <i>The British Journal of Mental Subnormality</i> , 35, 22-30.	
Description	<p>The assessment focuses on indentifying ways of maximising the individual's use of skills to enhancing quality of life. It also allows for the individual to be viewed within a social context and the assessment looks closely at the interaction between the individual and the environment.</p> <p>The CASP looks at a wide range of areas and includes:</p> <ul style="list-style-type: none"> • Staff perceptions on the effectiveness of the person's communicative abilities; • hearing and auditory skills; • receptive and expressive skills; • comprehension of functional everyday objects; • comprehension and expression at sentence level; • adequacy of existing communicative functions;; • concepts and social signs;; • articulation; • imitation of gestures and oro-motor skills. 	
Setting	Any	
Implementation	<p>The CASP is divided into three parts and includes:</p> <p><u>PART 1 Carer's Assessment</u>. This is a questionnaire for support workers to report on the individual's demonstrated communication abilities and the everyday situations in which the individual participates in.</p> <p><u>PART 2 Therapist's Assessment</u> is completed by a speech pathologist/therapist and assesses a broad range of areas as mentioned above in Description. Volume 1 CASP is also used (has pictures etc) to elicit a range of responses.</p> <p><u>PART 3 Joint assessment</u> information from PARTS 1 and 2 are used to complete PART 3. This is completed jointly by the support worker and therapist and provides an opportunity for joint discussion and observation necessary for intervention planning. In addition PART 3 contains a profile summary that is used to convert raw sores from PART 2 to percentiles using the percentile rank chart on page 9 of Volume 2 of the CASP.</p>	
Administration Qualifications	No qualification restrictions however preferably in consultation with a speech language pathologist	
Administration Time	Best to complete across various environments. Takes approximately three hours.	
Evidence	Purcell, Morris & McConkey (1999) and van der Gaag (1989) report on the validity and reliability of the assessment tool	
Available Resources	<ul style="list-style-type: none"> • Instruction manual • Forms 	
Cost	Approximately \$ 300	
Website / contact	www.speechprofiles.co.uk No Australian Distributor	

Clinical Evaluation of Language Fundamentals-Fourth Edition-Australian Standardised Edition (CELF-4 Australian) CELF-4

Age	Functioning	Disability
5-21 years	Borderline-mild	No
Author /s	Semel, E., Wiig, E., & Secord, W. (2003). <i>Manual for the Clinical Evaluation of Language Fundamentals (4th ed.) (CELF-4)</i> . San Antonio, TX: Psychological Corporation.	
Description	The CELF 4 assesses an individual's overall language ability including receptive and expressive modalities. It can be used both as a screening tool and for diagnosing language disorders in children and young adults. It identifies language difficulties using a four level assessment that addresses language, content structure and use.	
Setting	Individually administered assessment tool	
Implementation	<p>The CELF 4 has 18 subtests organised into four levels. The first level of testing measures general language ability, determines the presence or absence of a language disorder. The four subtests at this level make up the Core Language Score (CLS) the foundational score from of which all or many of the three pathways can be taken to more in-depth information. Subsequent levels of testing examine:</p> <ul style="list-style-type: none"> (a) the nature of the language disorder (b) behaviours associated with the language disorder; and (c) the effect of the language disorder on daily functioning. <p>Each of these requires the administration of additional subtests. Testing at Level 2 describes in greater detail the nature of the language disorder, including receptive and expressive language ability, content, structure, and memory. Item analysis at this level may also be used to describe functional impairment and identify conditions that would maximize the individual's likelihood of improving his or her performance.</p> <p>Level 3 testing evaluates phonological awareness, automaticity of speech, naming skills, and working memory, areas implicated in language disorders.</p> <p>Level 4 provides a description of how an existing language disorder may be affecting daily performance through completion of the Observational Rating Scale and a pragmatic profile. The Observational Rating Scale highlights settings where language difficulties are most problematic. It can be completed by the administrator, a teacher, parent, or caregiver. The student may also be able to complete the scale himself or herself. The pragmatic profile can be completed by anyone familiar with the individual and the expectations for communication placed on that individual in various settings.</p> <p>The CELF-4 includes two spiral-bound stimulus books, each with an easel and tabbed dividers to allow for fast and easy location of the various subtests. Color coding of the dividers corresponds to coding on the recording forms. Subtests that do not require a stimulus book are also color coded for easy recognition. Starting and stopping points and ceiling rules are listed at the beginning of each subtest in the stimulus books. The Concepts and Following Directions subtest stimulus sheet is laminated and may be used as an alternative to reading directions from the stimulus book. Examiners are offered the option of placing the laminated sheet beside the recording form when administering this subtest to facilitate administration and scoring.</p> <p>There are two record forms: one for ages 5 to 8, the second for ages 9 to 21. The recording forms give information regarding demonstration items, trial items and test items and provide places to record and summarize the test results for the student. The summary pages on the</p>	

	record forms are perforated to allow clinicians to store summary scoring information separately from specific subtest information.
Administration Qualifications	The authors of the CELF-4 indicate that anyone trained in the administration and interpretation of individually administered standardized tests may use this tool e.g. Speech Pathologist, educational psychologist etc
Administration Time	Approximately 30-45 minutes for components used to attain CLS. Subtest administration time is dependent
Evidence	Norms data for the CELF-4 were collected in 2002, derived from a sample in excess of 4,500 U.S. residents aged 5 to 21 years. There were 200 students examined at each age from 5 to 16 years and 50 students for each age from 17 to 21 years. A single ethnic category included students who were identified as Native American, Eskimo, Aleut, Asian, or Pacific Islander. In addition, the following four clinical populations were also examined: children with language disorders, mental retardation, autism, and hearing impairments. The CELF-4 was standardized in the United Kingdom and in Australia and made available in 2006 as the Clinical Evaluation of Language Fundamentals, fourth edition UK (CELF-4 _{UK}) and the Clinical Evaluation of Language Fundamentals, fourth edition, Australian standardized edition (CELF-4 Australian), respectively.
Available Resources	The CELF-4 includes two spiral-bound stimulus books and recording forms as well as the CELF-4 Scoring Assistant software to assist in the analysis of testing and to generate a report A stopwatch or timepiece with a second hand is needed to time responses for four of the subtests. The. Online assistance is also available to users. Examples of the output from the Scoring Assistant software are available for viewing on the Web at http://harcourtassessment.com/hai/Images/resource/samprpts/CELF-4%20Scoring%20Assistant.pdf .
Cost	\$1724.00 complete kit
Website / contact	Person Psychological Corporation info@pearsonpsychcorp.vom.au

Test of Language Competence- Expanded Edition (TLC-EE)

Age	Functioning	Disability
5-18years	Borderline-mild	No
Author /s	Elisabeth H. Wiig, Ph.D. and Wayne Secord, Ph.D. 1989	
Description	<p>The TLC-EE is a popular, measure of receptive spoken grammar and syntax and is used to diagnose disorders in higher level language function.</p> <p>The test assesses an individual's ability to understand the following categories of English language forms: Vocabulary, Grammatical Morphemes, and Elaborated Phrases and Sentences. It consists of 142 items, divided into three subtests, each of which corresponds to the categories of language forms previously listed. It can be used on its own or as a complement to the CELF 4.</p>	
Setting	Individually administered assessment tool	
Implementation	<p>The TLC-EE consists of test items that are ordered according to difficulty within each of the subtests:</p> <p><u>Subtest No.1: Ambiguous Sentences</u> This is comprised of 13 sentences which evaluate the individual's ability to identify and correctly assign meaning to a sentence.</p> <p><u>Subtest No. 2: Listening Comprehension</u> This is comprised of 12 subtests which assess comprehension and the ability to draw inference.</p> <p><u>Subtest No. 3: Oral Expression</u> This subtest is comprised of 13 sentences, which assesses the individual's ability to express oral information in sentences.</p> <p><u>Subtest No. 4: Figurative Language</u> This is comprised of 12 subtests which evaluates the individual's capacity to comprehend metaphorical or interpretive language.</p> <p>SCORING Using the scoring guidelines in the Administration Manual of Language Competence test. Basal and ceiling rules for scoring are provided for each section.</p>	
Administration Qualifications	Administration by trained clinicians/researchers experienced in administration of psychometric instruments who are familiar with the age group of the participants. Interpretation of results is restricted to those with graduate or equivalent professional training (i.e. registered psychologists, speech and language pathologists or LD specialists)	
Administration Time	Less than 60 minutes	
Evidence	<p>The TLC-EE provides a variety of norm comparisons based on a standardization sample of 1,102 children. Age norms are available for children ages 3-0 through 9-11, as are percentile ranks, standard scores, and age equivalents.</p> <p>The examiner's manual includes a comprehensive discussion of the test's theoretical and research-based foundation, item development, standardisation, administration and scoring procedures, norms tables, and guidelines for using and interpreting the test's results. Reliability was conducted with individuals with normal language abilities as well as with those who are language delayed, hearing impaired, aphasic, or intellectual disability. Coefficients are mostly in the .90s.</p>	
Available Resources	Includes Administration Manual, Technical Manual, Level 1 and 2 Stimulus Manuals, and 25 each of Level 1 and 2 Record Forms	
Cost	\$1012.55	
Website / contact	Person Psychological Corporation info@pearsonpsychcorp.vom.au	

Pragmatics Profile of Everyday Communication Skills (PPC)

Age	Functioning	Disability
9months to age 10 years	mild to profound	Yes
Author /s	Hazel Dewart and Susie Summers 1995	
Description	<p>The Pragmatics Profile of Everyday Communication Skills in Children enables the professional to build up a comprehensive picture of children's communicative skills in a variety of everyday situations by means of structured interview procedure, to be used with parents, teachers or other carers.</p>	
Setting	any	
Implementation	<p>A complete revision of the <i>Pragmatics Profile of Everyday Communication Skills</i>, the <i>Pragmatics Profile</i> contains two separate interview forms – each of them taking full account of the increasing variety of complexity of the different communicative and social settings that children encounter as they grow older and enter formal education</p> <ul style="list-style-type: none"> • The <i>Pragmatics Profile of Everyday Communication Skills in Pre-School Children</i> is for use with pre-school children, from the age of nine months; • The <i>Pragmatics Profile of Everyday Communication Skills in School-Age Children</i> is for use with school-age children, up to the age of 10 years. <p>Both profiles may be used as part of an initial assessment and as an aid to planning intervention. They are straightforward to administer and have been designed for obtaining structured qualitative information on a wide range of client groups including children with learning disabilities, hearing loss or physical difficulties and those whose first language is not English.</p> <p>The Pragmatics Profile for each of the two age ranges falls into four sections, covering:</p> <ul style="list-style-type: none"> • Communicative Functions • Responses to Communication • Interaction and Conversation • Contextual Variation 	
Administration Qualifications	speech and language therapists, educational and clinical psychologists, health visitors and child development teams	
Administration Time	Approximately 30 minutes to complete	
Evidence	A descriptive, qualitative approach. More info in manual	
Available Resources	<p>The Pragmatics Profile of Everyday Communication Skills in Children contains a Manual section, providing background information on the development and construction of the Pragmatics Profile, together with full administration instructions. It also contains a set of photocopy masters - comprising the two profiles, plus the Record Sheet, Summary Sheet and Brief Instructions Sheet - which will equip users with all that is required for completing the assessment</p>	
Cost	Free Copies from website below	
Website / contact	http://wwwedit.wmin.ac.uk/psychology/pp/children.htm	

Pragmatics Profile of Everyday Communication Skills (PPA)

Age	Functioning	Disability
adults	Mild to profound	Yes
Author /s	Hazel Dewart and Susie Summers 1995	
Description	Pragmatics, the study of how language is used in context, has become a key element in the investigation of language functioning and communication impairment. Yet pragmatic aspects of language are particularly difficult to explore systematically. The <i>Pragmatics Profile of Everyday Communication Skills in Adults (PPA)</i> helps practitioners gain an insight into how an individual typically communicates in day to day interaction in familiar setting with people he or she knows well.	
Setting	any	
Implementation	<p>Like the newly revised <i>Pragmatics Profile of Everyday Communication Skills in Children</i>, the PPA is based on a structured interview in which open-ended questions are asked about communication in everyday situations. A novel feature of the PAA is that it provides the opportunity for communication to be described <i>both</i> by someone who knows an individual well (in the 'Other's Report' version of the interview) <i>and</i> by the person him or herself (in the parallel 'Self-Report' version of the interview). The questions are applicable to any adult, whether or not he or she has communication impairment and regardless of the nature of any impairment. The questions are grouped into the following four areas:</p> <ul style="list-style-type: none"> • Communicative functions - covering requesting and rejecting, giving information and expressing emotion. • Response to communication - dealing with the person's reactions and responses to communication from other people, for example, responses to conflicting views. • Interaction and conversation - covering interaction and participation, for example, initiating and terminating conversation. • Contextual variation - concerning the way different situations can influence the individual's communication. <p>A Summary Form is provided for gathering and recording all the information from the interview. The information gained can be used as a basis for planning intervention that is relevant to the everyday communicative needs of the individual, in cooperation with them and their families or other close associates.</p>	
Administration Qualifications	Speech and language therapists, educational and clinical psychologists, health visitors and child development teams	
Administration Time	Approximately 30 minutes to complete	
Evidence	A descriptive, qualitative approach. More info in manual	
Available Resources	<i>The Pragmatics Profile of Everyday Communication Skills in Adults</i> contains a Manual section, providing background information on the development and construction of the Pragmatics Profile, together with full administration instructions. It also contains a set of photocopy masters - comprising the two profiles, plus the Record Sheet, Summary Sheet and Brief Instructions Sheet - which will equip users with all that is required for completing the assessment	
Cost	Free Copies from website below	
Website / contact	http://wwwedit.wmin.ac.uk/psychology/pp/children.htm	

Assessing and Developing communication and thinking skills in people with Autism and Communication Difficulties

Age	Functioning	Disability
Children and adults	Mild to profound	Yes
Author /s	Kate Silver, Autism Initiatives 2005	
Description	<p>This resource provides two main assessment forms used to gain descriptive information on an individual's current functional communication abilities and thinking skills. The Communication Assessment Record (CAR) and the Thinking Skills Assessment Record (TSAR) are completed following informant questioning of people who know the person well e.g. support staff and family members.</p> <p>The Communication Curriculum (CC) and Thinking Skills Curriculum (TSC) have been devised for use by teachers/staff and are cross referenced with the CAR and TSAR to identify appropriate teaching targets so that, following an assessment, staff can refer to the CC and TSC to determine which skills should be taught. The codes, which refer to the area of weakness that requires intervention, used in all the forms are:</p> <p>"E" expressive communication</p> <p>"EU" use of communication</p> <p>"U" understanding of communication</p> <p>"S" social interaction</p> <p>"TS" thinking skills</p> <p>The resource also has a Quantification Summary Sheet (QSS) which provides a means of quantifying progress. The QSS also identifies core communication functions, marked with an asterisk, deemed to be essential life skills that are useful for guiding intervention.</p> <p>The resource was developed for use in schools but could easily be used in shared supported accommodation facilities.</p>	
Setting	Any	
Implementation	<p>The Part 1 of the CAR is completed initially and has been especially developed for non speaking communicators. PART 2 of the CAR is completed for verbal communicators using up to 3-4 word phrases. As stated earlier observation and informant questioning is used to complete the CAR. Upon completion the CAR provides a descriptive summary of an individual's functional communication skills: how the individual communicates, what the individual's communication is used for, ascertaining the individual's level of understanding, how the individual interacts in a social context, where the individual communicates most successfully (e.g. home, school) and the factors that improve the communication partner interactions. After each part of the CAR there is a summary sheet that provides a brief overview of the individual's strengths and weaknesses in the areas of communication. The TSAR provides a descriptive summary of the individual's thinking skills and specifically looks at an individual's attention focus and social interaction: choice making abilities, sequence and planning, deducing inference, problem solving, categories, awareness of thoughts and feelings.</p> <p>**The TSAR is not completed for individuals for whom only PART 1 of the CAR is completed as the individual would not be expected to have an understanding of ambiguity, implied meaning or truth value.</p>	
Administration Qualifications	In collaboration with a speech and language pathologist	
Administration Time	Varies dependent on knowledge of the person and need to 'set up' situations to elicit skills	
Evidence	A descriptive, qualitative approach . QSS can be used for objective data on progress	
Available Resources	Resource includes forms (CARS, TSAR, CC, TSC, QSS) and Glossary	
Cost	Initial cost of \$40 for book A fully photocopiable resource	
Website / contact	www.autisinitiaves.org	

Test for Symbol Recognition and Symbol Matching Test

Age	Functioning	Disability
Children and adults	Mild to profound	Yes
Author /s	Ylana Bloom 1997	
Description	<p>The informal guidelines provided in the "Lets Talk Together" resource manual in relation to auditory and verbal symbol recognition and symbol matching are particularly useful for identifying the most relevant visual medium to use with a person with complex communication needs.</p> <p>Correct identification of appropriate mediums to use i.e. real objects, photographs, line drawings, sign, written word, is imperative to the successful implementation of skill development strategies.</p>	
Setting	Any	
Implementation	<p>To administer you will require a symbol assessment kit. This should include a selection of 5-6 everyday items e.g. fork, spoon, keys, socks, lolly, chips. For each everyday item the following visual mediums will be needed:</p> <ul style="list-style-type: none"> • Real object • Magazine cut out (if possible) • Photograph • Coloured and Black and White Line drawings (COMPIC and/or Boardmaker) • Written word • Knowledge of appropriate key word sign. <p>The above is in order easiest to hardest.</p> <p>Begin the test with the easiest visual medium by asking the person to: Show you from two items (Distracter +1) e.g. ask the person to "Where is the..." repeat for 2-3 items. If successful, repeat the above with the next easiest visual medium e.g. magazine cut out. Continue until all visual mediums have been tested. Then proceed to easy to hard matching exercise e.g. Ask the person to "Find the same": real item to real item, then photograph to real item, then real item to photograph etc for all the visual mediums listed above.</p> <p>This technique can be used for all the types of visual mediums including Braille and raised symbols for visual/dual sensory impairments Pages 85-87 of the Let' s Talk Together Manual provides more information.</p>	
Administration Qualifications	none	
Administration Time	10-15 minutes	
Evidence	Informal	
Available Resources	A fully photocopiable resource	
Cost	Initial cost of \$250 for manual which includes any updates	
Website / contact	www.innovativeprogramming.net.au	

Other Assessment Tools

I-CAN: Instrument to Classify Support Needs for People with Disability

Age	Functioning	Disability
18+	All	Multiple
Author /s	Llewellyn, G., Parementer, T., Chan, J., Riches, V., & Hindmarsh, G. (2005). <i>I-CAN: Instrument to Classify Support Needs for People with Disability: A report of a study with funding from the ARC Linkage Grant Scheme 2002-2004</i> . Sydney: Faculty of Health Sciences University of Sydney.	
Description	<p>The I-CAN is an instrument to assess the frequency and intensity of support needed for each individual with a disability (irrespective of type or level of disability, place of residence, age, or health condition) to be an active and participating member of the community. The two domains covered in the I-CAN are:</p> <ul style="list-style-type: none"> • Health and Well Being (Physical, Mental/Emotional, Behaviour and Health Services) • Activity and Participation (Applying Knowledge & General Tasks, Communication, Mobility, Self Care & Domestic Life, Interpersonal Interactions & Relationships & Community, Social and Civic Life) 	
Setting	Interview within residential settings – person with a disability and those that know them well..	
Implementation	The assessment tool is completed by family members of carers who know the person well. It is recommended that the tool be completed by a team rather than an individual. Once distress has been identified the usual clinical decisions have to be made by professionals.	
Administration Qualifications	Training is required in order to be a trained I-CAN facilitator.	
Administration Time		
Evidence		
Available Resources	Resources are available at completion of required facilitator training – including manual and access to computerised report construction based on the website www.i-can.org.au	

Disability Distress Assessment Tool (DisDAT)

Age	Functioning	Disability
18+	Severe to Profound ID	Can also include co-morbid dementia
Author /s	Regnard, C., Reynolds, J., Watson, B., Matthews, D., Gibson, L. & Clarke, C. (2007). Understanding distress in people with severe communication difficulties: developing and assessing the Disability Distress Assessment Tool (DISDAT), <i>Journal of Intellectual Disability Research</i> , 51(4): 277-292.	
Description	The DisDAT is intended to help identify distress cues (for example from pain) in people who because of cognitive impairment or physical illness have severely limited communication. It is designed to describe a person's usual content cues, thus enabling distress cues to be identified more clearly. It documents what many staff have done instinctively for many years thus providing a record against which subtle changes can be compared. This information can be transferred with the client to any environment. There is a monitoring sheet available	
Setting	Any	
Implementation	The assessment tool is completed by family members of carers who know the person well. It is recommended that the tool be completed by a team rather than an individual. Once distress has been identified the usual clinical decisions have to be made by professionals.	
Administration Qualifications	None. The DisDAT is reported to be very easily to use.	
Administration Time	Not stated.	
Evidence		
Available Resources	The assessment tool and instructions for its use are contained in the article above. An instruction document, the assessment tool and monitoring tool can all be downloaded free at http://www.mencap.org.uk in the resources section.	

The Paediatric Pain Profile (PPP)

Age	Functioning	Disability
1-18 years	Children with severe neurological and cognitive impairments	Yes
Author /s	Hunt, A., Goldman, A., Seers, K., Crichton, N., Mastroyannopoulou, K., Moffat, V., Oulton, K., Brady, M., 2004. Clinical validation of the Paediatric Pain Profile, <i>Developmental Medicine and Child Neurology</i> . 46 (1), 9-18.	
Description	<p>The Paediatric Pain Profile is a tool that has been developed specially to help in assessing and monitoring pain in children with severe neurological impairments, especially those with impairments which lead them to be unable to communicate pain through speech. Such impairments mean that the children are dependant on their carers for interpretation of their signs of pain. These signs may include changes in the child's movement and posture, in vocalisation and in facial expression. The Paediatric Pain Profile is designed to pick up those behaviours which have been shown in a series of studies to be the most important indicators of pain. Unrecognised pain has been associated with the expression of behaviours of concern in people who are unable to indicate their pain.</p> <p>The goals of the Paediatric Pain Profile are to:</p> <ul style="list-style-type: none"> • make it easier to describe and record pain behaviours • make it easier to monitor pain and the effectiveness of treatments • make it easier to communicate any concerns about your child's pain to professionals. <p>The Paediatric Pain Profile is a 20-item behaviour rating scale. Each item is rated on a four point scale as occurring "not at all" to "a great deal" in any given time period. After the score on each item is added together the total score will range from 0 to 60. This score is sometimes called the PPP score. In a recent study PPP scores of 14 or more were generally associated by observers with moderate or severe pain. Although this was the pattern across a lot of children, the picture can be different in individual children and with different types of pain. Each child will have his or her own range of behaviours in response to pain.</p> <p>The tool consists of six sections: the pain history, baseline assessments, summary graph, ongoing pain assessments, actions and outcomes and talking to professionals about pain.</p>	
Setting	Any	
Implementation	The tool can be used by parents, carers or clinicians	
Administration Qualifications	None	
Administration Time	2-3 minutes for the scale, longer for full documentation of the profile	
Evidence		
Available Resources	A website has been specifically developed which explains the use of the PPP and allows free download of the tool www.pppprofile.org.uk	

The Sentence Completion and Three Wishes Task

Age	Functioning	Disability
5-55 years	Moderate to Borderline IQ	
Author /s	Dykens E, Schwenk K, Maxwell M, Myatt B. (2007). The Sentence Completion and Three Wishes tasks: windows into the inner lives of people with intellectual disabilities. <i>Journal of Intellectual Disability Research</i> , 51(8): 588-597.	
Description	<p>The Sentence Completion and Three Wishes tasks are useful semi-projective techniques for garnering otherwise hard-to-access self-perceptions and associations of people with ID.</p> <p>The nine sentences include: I would like to . . . ; I wish that I . . . ; If I only . . . ; I hope . . . ; I am . . . ; I would like most to . . . ; I am best when . . . ; People think that I . . . ; and Sometimes I think about . . .</p> <p>In relation to the Three Wishes, the participant is asked: "If you could have three magic wishes that could come true, what would you wish for? What are your three wishes?"</p>	
Setting	Any	
Implementation	No training required.	
Administration Qualifications	None	
Administration Time	Variable depending on the person with the disability	
Evidence		
Available Resources	The article above is inclusive of the questions and instructions.	

Questions About Behavioural Function scale (QABF)

Age	Functioning	Disability
Any	Any	
Author /s	Matson, J., & Vollmer, T. (1995). <i>Questions About Behavioral Function (QABF)</i> . Baton Rouge, LA: Scientific Publications.	
Description	<p>The QABF is a 25 item questionnaire designed to identify functional variables maintaining problem behaviour in persons with intellectual disability. There are five subscales corresponding to give possible functions of behaviours of concern:</p> <ul style="list-style-type: none"> • Attention • Tangible • Self-stimulation • Physical discomfort • Escape / Avoidance <p>Two of the subscales describe non-social functions of behaviours of concern (i.e. self-stimulation and physical discomfort) and the other subscales describe social functions of behaviours of concern in individuals with ID.</p>	
Setting	Any.	
Implementation	Any.	
Administration Qualifications	Some basic training and/or understanding of functional behaviour assessment/analysis is required.	
Administration Time	Approximately 15 to 20 minutes for QABF scoring. Further time required for observation and behaviour data recording.	
Evidence	A number of studies have reported that the psychometric properties of the QABF range from good to excellent (Paclawskyj, Matson, Rush, Smalls & Vollmer, 2000; Paclawskyj, Matson, Rush, Smalls & Vollmer, 2001) and that treatments designed upon outcomes of the QABF were more effective (reduction in target behaviours such as self-injury, aggressive behaviours and stereotypy) than treatments that were not designed upon identified functions with the QABF (Matson, Bamburg, Cherry &	

	Paclawskyj, 1999).
Available Resources	The QABF scoring sheet is freely available on the internet however the full manual and scoresheets are available for purchase

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