



PRACTICAL RESOURCES
for the Mental Health
PROFESSIONAL

ABAS-II

Clinical Use and Interpretation

Edited by
Thomas Oakland and Patti L. Harrison



ADAPTIVE BEHAVIOR ASSESSMENT SYSTEM-II: CLINICAL USE AND INTERPRETATION

Editors

Thomas Oakland
and
Patti L. Harrison



AMSTERDAM • BOSTON • HEIDELBERG • LONDON • NEW YORK • OXFORD
PARIS • SAN DIEGO • SAN FRANCISCO • SINGAPORE • SYDNEY • TOKYO

Academic Press is an imprint of Elsevier



Academic Press is an imprint of Elsevier
525 B Street, Suite 1900, San Diego, CA 92101-4495, USA
30 Corporate Drive, Suite 400, Burlington, MA 01803, USA
84 Theobald's Road, London WC1X 8RR, UK

First edition 2008

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Library of Congress Cataloging in Publication Data

A catalog record for this book is available from the Library of Congress

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

ISBN: 978-0-12-373586-7

For information on all Academic Press publications
visit our website at books.elsevier.com

Typeset by Charon Tec Ltd (A Macmillan Company), Chennai, India
www.charontec.com

Printed and bound in the USA

08 09 10 10 9 8 7 6 5 4 3 2 1

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PREFACE

Mature persons can be expected to be responsible for meeting their personal needs as well as for responding effectively to responsibilities that arise through their family, school, work, social settings, and community involvement. Centuries ago these qualities were thought to constitute intelligence. They now are considered to be adaptive behavior.

During the 20th century, adaptive behavior assessment first became important when diagnosing mental retardation and developing interventions for persons with mental retardation. Its importance has expanded, given increased recognition that adaptive behavior is important for all persons and may constitute the ultimate developmental outcome. Thus, professionals need to be alert to possible detriments in adaptive behavior and skills as a result of disabilities, disorders, and impairments, including those associated with attention disorders, auditory and visual acuity impairments, autism spectrum disorders, behavioral and emotional disorders, brain injury, dementia, developmental disorders, learning disabilities, psychotic disorders, stroke, and substance-related disorders.

In 1992, the American Association on Mental Retardation (AAMR; now named the American Association on Intellectual and Development Disabilities or AAIDD), a leader in defining adaptive behavior, broadened and sharpened its concept of adaptive behavior by underscoring the importance of adaptive skills. "Mental retardation refers to substantial limitations in present functioning. It is characterized by significantly subaverage intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work. Mental retardation manifests before age 18." (AAMR, 1992, p. 5). This emphasis on adaptive skills enables clinicians to narrow their focus from the broader concept of adaptive behavior to one on critical and functional behaviors

in one or more of the ten adaptive skill areas, thus increasing the linkage between assessment and intervention efforts.

We have been committed to the principle of linking assessment and intervention efforts for some time. We first recognized the need to develop a test of adaptive behavior consistent with current notions of adaptive behavior based on ten adaptive skills. This led to the development of the Adaptive Behavior Assessment System (ABAS) for ages 5–89 and later its revision, the Adaptive Behavior Assessment System-II (ABAS-II) for ages 0–89. We then saw the need for a book that helps clinicians and others better understand current theory and research on adaptive behavior and skills as well as to use this information to inform comprehensive assessment and intervention efforts. We trust you and others will find this book, *Adaptive Behavior Assessment System-II: Clinical Use and Interpretation*, assists your ability to use the ABAS-II in your work with infants, children, youth, and adults.

We, along with colleagues at Harcourt Assessment, saw the need to assist clinicians further by providing a computer-assisted method that helps identify strengths and weaknesses and that links ABAS-II item data and needed interventions. This led to the *ABAS-II Intervention Planner and Scoring Assistant*. It determines scaled and standard scores, identifies score differences, assists in drafting reports, suggests item-level interventions for school and home based on test results, and enables professionals to track children's progress over time. We hope these two additions assist professionals in their use of the ABAS-II.

The completion of this edited book was possible due to the professional commitment of the 35 chapter authors who share our view to provide content that enable those who use the ABAS-II to improve their professional skills in assessment and planning interventions. We also appreciate the support and encouragement with the ABAS and ABAS-II from our colleagues at Harcourt Assessment, including Dr. Aurelio Prifitera, Dr. Larry Weiss, Dr. Jianjun Zhu, Dr. David M. Schwartz, Yvonne Elias, and Dr. Judith Treloar. The contributions of Mary Sichi to the ABAS, ABAS-II, and the *ABAS-II Intervention Planner and Scoring Assistant* have been instrumental and thus particularly noteworthy. We thank our colleagues at Elsevier, including Nikki Levy, Barbara Makinster, and other staff. We also express our gratitude to Nicholas Longo, graduate research assistant at the University of Alabama, for his assistance.

Thomas Oakland
Patti L. Harrison
February 2008

American Association on Mental Retardation (1992). *Definitions, classifications, and systems of supports* (9th ed.). Washington, DC: Author.

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