Overview

The Adaptive Behavior Assessment System–Second Edition (ABAS–II) provides a comprehensive norm-referenced assessment of the adaptive skills of individuals ages birth to 89 years. The clinician can use the ABAS–II to diagnose and classify disabilities and disorders; identify an individual’s strengths and limitations; and to document and monitor the individual’s performance over time. The ABAS–II provides for the assessment of an individual by multiple respondents (e.g., parents, teachers, family members, the individual), evaluates function across multiple environments, and contributes to a complete assessment of the daily functional skills of an individual. The ABAS–II is an invaluable tool in the assessment of individuals who may be experiencing difficulties with the daily adaptive skills necessary for functioning effectively in their environments. When the goal of treatment is improving daily functioning and quality of life for an individual whose adaptive skill limitations are of concern; a comprehensive diagnostic assessment such as ABAS–II is essential because it provides the analysis of strengths and weaknesses in adaptive functioning the clinician needs to develop the appropriate intervention plan.

What’s New in ABAS–II

ABAS–II includes new features such as the infant–preschool Parent/Primary Caregiver and Teacher/Daycare Provider rating forms, normative data for children ages birth to five years, and an expanded structure that incorporates the current American Association of Mental Retardation (AAMR) guidelines for diagnosis of mental retardation. In addition to including younger age ranges and the AAMR guidelines, ABAS–II retains all of the features of the first edition of ABAS. These include an assessment of overall adaptive functioning (the General Adaptive Composite) and an assessment of the 10 adaptive skill areas specified by the Diagnostic and Statistical Manual of Mental Disorders–Fourth Edition–Text Revision (DSM–IV–TR; American Psychiatric Association, 2000). ABAS–II also retains the Parent and Teacher Forms for ages 5–21 years and the Adult Form for ages 16–89 years.

The AAMR (2002) emphasizes the importance of evaluating conceptual, social, and practical skills when assessing adaptive behavior for diagnostic and intervention purposes. Significant limitations in adaptive behavior are defined as performance at least two standard deviations below the mean on either (a) conceptual, social, or practical adaptive functioning, or (b) an overall score on a standardized measure that assesses these three adaptive domains.

In the table below, the 10 skill areas of the original ABAS have been conceptually grouped into the three broad domains according to AAMR guidelines.

<table>
<thead>
<tr>
<th>Adaptive Domains</th>
<th>Conceptual</th>
<th>Social</th>
<th>Practical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td></td>
<td>Leisure</td>
<td>Community Use</td>
</tr>
<tr>
<td>Functional Academics</td>
<td></td>
<td>Social</td>
<td>Home/School Living</td>
</tr>
<tr>
<td>Self-Direction</td>
<td></td>
<td></td>
<td>Self-Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Health and Safety</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Work</td>
</tr>
</tbody>
</table>

Because federal and state governments and other professional associations (e.g., American Psychiatric Association) have not yet revised their policies to reflect AAMR policy recommendations (i.e., the use of conceptual, social, and practical skills in diagnosis, classification, and program planning), ABAS–II retains the 10 skill areas and the General Adaptive Composite (GAC) from the first edition in order to provide standardized norm-referenced assessment of these skill areas, in addition to addressing the three broad domains of behavior advocated by the AAMR.

ABAS–II Rating Forms

The multidimensional quality of ABAS–II is derived from five rating forms that can be used in combination with one another or separately. Each rating form comprises 193 to 241 items and can be completed independently by a respondent in about 20 minutes. The instructions and items can be read aloud to a respondent if he or she does not have the necessary reading skills to complete the form independently. The rating scale for the ABAS–II items requires a respondent to indicate if the individual being assessed is able to perform an activity independently, and if so, how frequently (always, sometimes, or never) he or she performs the activity.
Scores Reported

The ABAS–II normative data enable the clinician to obtain a normative comparison between an individual’s adaptive behavior and the typical adaptive behavior of same-age individuals from a representative national sample. Optional analyses provide for the identification of strengths and weaknesses in skill areas and comparison of scores for the adaptive domains. ABAS–II provides:

- norm-referenced scaled scores for the 10 skill areas (M = 10, SD = 3)
- norm-referenced standard scores for the Conceptual, Social, and Practical Adaptive Domains and for the GAC, including standard scores (M = 100, SD = 15), 90% and 95% confidence intervals and percentile ranks
- adaptive skill classifications of Extremely Low, Borderline, Below Average, Average, Above Average, Superior, and Very Superior which may be used for the skill areas, adaptive domains, and the GAC

Sample Items

<table>
<thead>
<tr>
<th>Skill Area</th>
<th>Infant-Preschool Forms</th>
<th>School-Age And Adult Forms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>Speaks in sentences of six or more words.</td>
<td>Ends conversations appropriately.</td>
</tr>
<tr>
<td>Community Use</td>
<td>Asks to go to a park or other favorite place.</td>
<td>Finds and uses a pay phone.</td>
</tr>
<tr>
<td>Functional Academics</td>
<td>Sings the alphabet song.</td>
<td>Makes reminder notes or lists.</td>
</tr>
<tr>
<td>Home/School Living</td>
<td>Turns TV on and off.</td>
<td>Wipes up spills at home/school.</td>
</tr>
<tr>
<td>Leisure</td>
<td>Shows interest in mobiles or other moving toys.</td>
<td>Plays alone with toys, games or other fun activities.</td>
</tr>
<tr>
<td>Health and Safety</td>
<td>Refrains from putting dirt or sand in mouth.</td>
<td>Carries scissors safely.</td>
</tr>
<tr>
<td>Self-Care</td>
<td>Holds and drinks from a sipping cup.</td>
<td>Uses public restroom alone.</td>
</tr>
<tr>
<td>Self-Direction</td>
<td>Resists pushing or hitting another child when angry or upset.</td>
<td>Completes large home or school projects on time.</td>
</tr>
<tr>
<td>Social</td>
<td>Smiles when he/she sees a parent.</td>
<td>Laughs in response to funny comments or jokes.</td>
</tr>
<tr>
<td>Motor*/Work</td>
<td>Shakes rattle or toy.</td>
<td>Cares properly for work supplies and equipment.</td>
</tr>
</tbody>
</table>

*Motor replaces the Work skill area on the infant-preschool forms.

Psychometric Properties

Standardization

The five ABAS–II forms were developed based on information gathered over eight years of research. Data collected during pilot and national tryout phases were analyzed to select items for the national standardization editions. The standardization samples for the Parent/Primary Caregiver and Teacher/Daycare Provider Forms for children ages birth to five years comprised 2100 individuals; the standardization samples for the Parent and Teacher Forms, and Adult Form comprised 5270 individuals. The composition of the standardization samples were representative of the U.S. population in terms of the following variables: sex, race/ethnicity, geographic region, and parent education level. These samples represented a continuum of development, including people with typically developing skills and people identified with a disability, in proportions representative of the general U.S. population (U.S. Bureau of the Census, 1999, 2000).
Evidence of Reliability

Reliability studies provide confidence and support for many
correlation and support of the ABAS-II and are summarized as follows:

- **All Forms**
  - **Internal Consistency**: Reliability coefficients for the GAC
    are in the high .90s for all age groups, ranging from .97 to .99.
    Reliability coefficients for the adaptive domains are in the
    .90s, ranging from .91 to .98. Average reliability coeffi-
cients of the skill areas across age groups are typically in the .90s,
    ranging from .85 to .97.
  - **Parent and Teacher Forms and Adult Form**
    - **Test-Retest Reliability**: Test-retest reliability
      coefficients of the GAC are all in the .90s. The mean
      GAC scores of the two testings (in a 1–2 week period)
      are very consistent, with the mean test-retest scores slightly
      higher. As expected, the test-retest reliability coeffi-
cients of the 10 skill areas are slightly lower, mainly in
      .80s to .90s.
    - **Inter-Rater Reliability**: (Teacher Form [ages 5–21]
ratings by two teachers) Inter-rater reliability
      coefficients on the GAC scores are .91 for students
      between ages 5 and 9, .87 for students between ages 10
      and 21, and .89 for students of all ages. The inter-rater
      reliability coefficients for the skill areas generally are
      in the .60s and .70s. (Correlations corrected for
      variability in sample.)
    - **Inter-Rater Reliability**: (Parent Form [ages 5–21]
ratings by both parents) The inter-rater reliability
      coefficients on the GAC scores are .83–.85 for both
      age groups (ages

Evidence of Validity

The correlation between the school-age Teacher Form GAC
and the *Vineland Adaptive Behavior Scales–Classroom Edition*
(VABS) Adaptive Behavior Composite is .82. Furthermore, all
scores from nine ABAS skill areas and the three VABS
subdomains correlate significantly (p < .01). For example, the
two scales that assess communication correlate .76.

Evidence of Clinical Validity

Clinical validity studies support the use of the ABAS-II with
clients with a variety of problems and disorders.

The mean GAC scores of the Mental Retardation (MR)
sample ranged from 55 to 73 points, which was significantly
lower than the matched control groups, which ranged from 95
to 101 points. The mean scaled scores for the skills areas were
similarly low and much lower than those of the control group.
Further, 50 to 82 percent of the individuals with mental
retardation sampled scored less than two standard deviations
below the mean on the GAC. Seventy-six to 100% of the
sample scored less than two standard deviations below the
mean on at least two of the skills areas. In addition, significant
differences were displayed between mean GAC scores of the
individuals with mild and moderate mental retardation sample.

<table>
<thead>
<tr>
<th>MR Sample</th>
<th>Form</th>
<th>Sample Size</th>
<th>Mean GAC</th>
<th>% GAC ≤70</th>
<th>% 2+ skill areas ≤4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Down’s Syndrome</td>
<td>Teacher</td>
<td>n = 22</td>
<td>55 (100)</td>
<td>82 (5)</td>
<td>100 (23)</td>
</tr>
<tr>
<td>MR Moderate</td>
<td>Teacher</td>
<td>n = 41</td>
<td>59 (98)</td>
<td>70 (4)</td>
<td>100 (30)</td>
</tr>
<tr>
<td>MR Mild</td>
<td>Teacher</td>
<td>n = 66</td>
<td>73 (97)</td>
<td>50 (14)</td>
<td>76 (32)</td>
</tr>
<tr>
<td>MR-Unspecified</td>
<td>Teacher</td>
<td>n = 84</td>
<td>62 (101)</td>
<td>70 (7)</td>
<td>98 (20)</td>
</tr>
<tr>
<td>MR-Unspecified</td>
<td>Parent</td>
<td>n = 41</td>
<td>64 (99)</td>
<td>71 (0)</td>
<td>83 (5)</td>
</tr>
<tr>
<td>MR-Unspecified</td>
<td>Adult</td>
<td>n = 30</td>
<td>62 (92)</td>
<td>87 (17)</td>
<td>87 (17)</td>
</tr>
</tbody>
</table>

*Note: Data for matched control group appears in parentheses.*
ABAS-II is designed for use with children and youths who may have various disorders in addition to mental retardation; these include autism, attention-deficit disorders, behavioral and emotional disorders, physical disorders, and learning disabilities. ABAS–II includes clinical studies of children with developmental delay, developmental risk factors, and language disorders.

### Autism

The mean GAC on the school-age Teacher Form of the children with autism was 54, which was significantly lower than the mean of 101 for the matched control group. Significant differences were found on all nine skill areas (with Work excluded) as well as on the GAC.

### Attention Deficit and Attention Deficit/Hyperactivity Disorder (ADD/ADHD)

The mean GAC on the school-age Teacher Form of the 5–9 year old children with ADD/ADHD was 77, which was significantly below the mean of 101 for the matched control group. Significant differences between the ADD/ADHD group and control group were found on all skill areas. The mean GAC on the school-age Parent Form of the 6–21 year old children with ADD/ADHD was 91, which was significantly below the mean of 100 for the matched control group. Significant differences between the ADD/ADHD group and control group were found on 3 of 9 skill areas.

### Emotional/Behavioral Disorders

The mean GAC on the school-age Teacher Form of the children with behavioral disorders was 77, which was significantly below the mean of 92 for the matched controls. Those with behavior disorders also displayed lower scores on eight of the nine skill areas. The mean GAC on the school-age Teacher Form of the children with emotional disturbance was 78, which was significantly lower than the mean of 99 for the matched control group. Significant differences were found on all nine skill areas (with Work excluded) as well as on the GAC.

### Physical Impairment

The mean GAC on the school-age Teacher Form of the children with physical impairments was 62, which was significantly lower than the mean of 102 for the matched control group. Significant differences were found on all nine skill areas (with Work excluded) as well as on the GAC.

### Learning Disabilities (LD)

Children with LD, broken into four groups that comprised different age ranges, consistently scored significantly lower than the matched controls on the school-age Parent and Teacher Forms. The mean GAC of the LD groups were 91, 84, 87, and 88 points, which were significantly lower than the means of 102, 99, 94, and 103 for the matched controls. The children with learning disabilities sampled displayed significantly lower scores on six to eight of the nine skill areas.

### Important Notes About Clinical Validity Studies

The clinical data presented here should not be considered definitive representations of diagnostic groups; the sample cases were collected by convenience; the sample size of some studies are relatively small; and the cases included in each clinical study may not have been diagnosed using the same criteria.

## Advantages of Using ABAS–II

The ABAS–II

- provides current norms
- provides norms that include a proportionate sample of Hispanics
- provides norms that include a proportionate sample by socioeconomic status
- follows AAMR recommendations for the diagnosis and treatment of mental retardation by providing an assessment of the three domains as specified in the 2002 definition of mental retardation
- provides scores for the 10 skill areas critical to the assessment of mental retardation as specified by the DSM–IV–TR
- provides for a rapid yet comprehensive assessment of adaptive behaviors using a questionnaire format
- does not require a parent or teacher interview
- provides a guessing score to help evaluate whether or not a respondent has sufficient information needed to complete the form
- provides broader coverage of children and youth by including norms for parent and teacher forms for clients ages birth to 21 years
- offers Scoring Assistant software that enables scoring and profiling in minutes
- includes Spanish-language Parent and Teacher Forms
provides correlation studies with Wechsler Scales of Intelligence, including *Wechsler Preschool and Primary Scale of Intelligence—Third Edition*, *Wechsler Intelligence Scale for Children, Third and Fourth Editions*, *Wechsler Adult Intelligence Scale*, and the *Wechsler Abbreviated Scale of Intelligence*. 