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DIAGNOSTIC ADAPTIVE BEHAVIOR SCALE

USER'S MANUAL

STANDARDIZATION VERSION

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DIAGNOSTIC ADAPTIVE BEHAVIOR SCALE

The Diagnostic Adaptive Behavior Scale (DABS) was designed to facilitate the diagnosis of intellectual disability (ID). It was developed within the framework of current approaches of the measurement of adaptive behavior and reflects both the theoretical and empirical work done and the evolving conceptions of adaptive behavior. This work is consistent with the current AAIDD (American Association on Intellectual and Developmental Disabilities; formerly American Association on Mental Retardation) definition of adaptive behavior which is (see Luckasson et al., 2002; p. 14):

“Adaptive behavior is the collection of conceptual, social, and practical skills that have been learned by people in order to function in their everyday lives.”

In recent reviews of the construct of adaptive behavior and adaptive behavior scales a number of common elements in our understanding of the construct have been highlighted. Chief among these are that adaptive behavior is:

- (a) developmental and increases in complexity and then plateaus;
- (b) composed of conceptual, social, and practical skills;
- (c) dependent upon the expectations of age, cultural group and demands of particular situations and environments;
- (d) assessed based on the *individual's typical performance* during daily routines and changing circumstances, not *maximum performance*; and
- (e) assessed in reference to the community setting that is typical for that individual's age peers and cultural group.

The DABS is a norm-referenced instrument that assesses adaptive behavior of individuals between the ages of 4 and 21 years, using data obtained from an interview with a respondent who knows the person very well. Significant efforts were made during scale development to reduce cultural and contextual influences on scores. The DABS does not attempt to provide an exhaustive assessment of an individual's strengths and weaknesses in adaptive functioning, and therefore should not be used for the purposes of programming or identifying areas of needed intervention or supports.

The unique and significant contributions of the DABS are that it:

1. Focuses on identifying significant limitations in adaptive behavior for the diagnosis of ID.
2. Assesses specific dimensions that have emerged from factor analytic studies of adaptive behavior which have indicated that the three primary areas of adaptive behavior are conceptual, practical, and social skills.
3. Measures some aspects of adaptive behavior that are not currently measured by existing standardized instruments [e.g., naiveté, gullibility (i.e., wariness), and technology-based skills].
4. Contains items that maximally differentiate between individuals with and without ID.
5. Uses Item Response Theory (IRT) to reliably measure individual levels of performance across the continuum of adaptive skills and ages, with special attention to providing precise information around the cutoff point for determining significant limitations in adaptive behavior.
6. Allows the interviewer to probe further those items whose scoring is influenced by the opportunity to perform the behavior or by cultural factors that influence the behavior's expression.

Domains Measured

Based on the current AAIDD definition of adaptive behavior (Luckasson et al., 2002), the three domains measured on the DABS are: conceptual, social, and practical skills.

- Conceptual Skills.** These skills are: language, reading and writing, and money, time, and number concepts.
- Social Skills.** These skills are: interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), follows rules/obeys laws, avoids being victimized, and social problem solving.
- Practical Skills.** These skills are: activities of daily living (personal care), occupational skills, use of money, safety, health care, travel/transportation, schedules/routines, and use of the telephone.

Administration Instructions and Procedure

The DABS is administered via a face-to-face interview. Because the DABS is used to make clinical decisions about individual people and their lives, we have taken exceptional steps to ensure the reliability of the data that are collected. These steps include: (a) wording items in clear, concise and easy to observe ways and (b) interviewing a respondent who knows the individual very well, rather than simply handing out the booklets for independent completion. Any deviation from this approach will reduce the instrument's effectiveness.

The importance of an interview is the ability to enhance the collection of reliable and valid information. This also allows the interviewer to assess the reliability and accuracy of the information provided by the respondent. Because of the intended use of the DABS as a diagnostic tool, it is important to get as reliable and valid information as possible, which is enhanced through a face-to-face interview.

Each DABS interview consists of two or more people: an interviewer and one or more respondents. The interviewer should read the items to the respondent(s), probe the respondent(s) for additional information when necessary to identify the typical level of performance, and record a rating that best represents the individual's typical performance level on each item.

Respondents

The respondent providing the information for completing the DABS should know the individual very well and have had the opportunity to observe this person on a daily or weekly basis, preferably in a variety of settings, and over an extended period of time. Respondents should be adults and may be selected from family members, friends, teachers, employers/colleagues, or staff personnel. The individual whose adaptive behavior is being assessed is NOT considered an appropriate respondent (i.e., no self-report). **Ratings should be based on respondents' direct observation and knowledge of the individual being assessed.**

Interviewer

The DABS should be administered by a professional who has completed at least a Bachelor's degree, several years of direct work experience with people with an intellectual disability or closely related developmental disabilities, and previous assessment experience (e.g., case manager, psychologist, social worker). However, under exceptional circumstances, others who do not have a Bachelor's degree but have experience conducting individual assessments and possess extensive knowledge of behavior rating procedures or psychological testing principles may be acceptable interviewers. The person conducting the interview must establish a good rapport with the respondent(s), respect the cultural and linguistic diversity of the respondent(s) as well as the individual being assessed, take a holistic approach to the person, be open minded and show tolerance towards divergent views, self-monitor for possible bias, and ask questions in easy to understand ways.

Administration and Interviewer Guidelines

Administration guidelines

The primary purpose of the Diagnostic Adaptive Behavior Scale is diagnostic. The DABS was developed to provide diagnostic information around the point where an individual presents significant limitations in adaptive behavior. A significant limitation in adaptive behavior is one of the three criteria for a diagnosis of intellectual disability (the other two being significant limitations in intellectual functioning and age of onset before 18 years). The DABS is intended to examine adaptive skills across different age ranges that most often distinguish between persons who do and do not have an intellectual disability (ID).

The following administration guidelines should be followed when using the DABS:

- The Interviewer should be a professional (e.g., psychologist, case manager, social worker) who has completed at least a Bachelor's degree, direct work experience with people with an intellectual or closely related developmental disability, and previous assessment experience.
- The Respondents should know the individual being assessed very well and have had the opportunity to observe the person on a daily or weekly basis, preferably in a variety of settings, and over an extended period of time. Respondents should be adults and may be selected from family members, friends, teachers, co-workers, employers, direct-support staff, case managers, or other adults who meet the above criteria.
- The DABS should be completed with as many respondents as the Interviewer deems necessary to provide the most valid and complete assessment.
- The DABS should be administered in a face-to-face interview format.
- The interview should be conducted **ONLY** in English without translation or adaptation of the content or items. The DABS was developed and validated in English, therefore, there should be no translation or adaptation of the DABS or its content. Translation or adaptation of any portion of the DABS may result in different scores. The validity of the results obtained from a DABS interview using translated items or conducted via a translator cannot be ascertained except through an independent empirical process.

Interviewer guidelines

The five interviewer guidelines that follow are based on the authors' extensive experiences in developing and using assessment instruments, a review of existing guidelines recommended by developers of other adaptive behavior assessment instruments, and an understanding of clinical judgment. The intent of these Guidelines is to increase the reliability and validity of the DABS results. The DABS results can be used in the process of ruling-in or ruling-out a diagnosis of ID. Thus, these Guidelines must be closely followed:

1. **Focus on typical behavior.** The typical behavior that the person exhibits during daily routines and changing circumstances is what is evaluated on the DABS. Therefore, in evaluating what is "typical," the Interviewer needs to incorporate the following aspects of adaptive behavior into the rating given to any one item by the multiple respondents: (a) adaptive behavior increases in complexity across the developmental period and then plateaus; (b) the level of adaptive behavior exhibited is dependent on the expectations of age, cultural group, and demands of particular situations and environments; and (c) adaptive behavior is evaluated in reference to the general community setting that is typical for that individual's age peers and cultural group.
2. **Use multiple respondents.** Using multiple respondents increases the validity of the assessment of the individual's adaptive behavior by allowing the Interviewer to obtain a complete picture of the adaptive behavior of the person in a variety of settings and in response to different environmental demands. Different respondents will undoubtedly see the person differently. Therefore, it is incumbent on the Interviewer to seek out those persons

who can provide the most valid and complete information based on their *direct observation of the person across different settings*.

As a general rule: Certain respondents will have better knowledge of specific adaptive behaviors because they have had the opportunity to observe them directly and on a regular basis. There may be situations where different respondents do not agree perfectly on the individual's typical performance of certain adaptive behaviors. The Interviewer should use his/her clinical judgment in determining which respondent is better able to provide the most accurate assessment of the individual's typical performance. The Interviewer should then use this rating as the final rating for that specific adaptive behavior item.

3. **Complete one protocol per individual being evaluated.** This single protocol should reflect the Interviewer's clinical judgment of the most accurate response based on all the information obtained from the multiple respondents. Interviewers may wish to collect ratings from multiple respondents on separate protocols, but ultimately information from all respondents needs to be synthesized onto one final DABS form with one rating per item.
4. **Rate all items.** All items should be rated.
5. **Understand clinical judgment.** Clinical judgment may be involved when the Interviewer implements Guidelines 1, 2, and 3. Therefore, it is incumbent on the Interviewer to understand clearly what *clinical judgment is and what it is not*. As formulated by Schalock and Luckasson (2005) "*clinical judgment is a special type of judgment rooted in a high level of clinical expertise and experience; it emerges directly from extensive data. Clinical judgment is based on the clinician's explicit training, direct experience with those with whom the clinician is working, and specific knowledge of the person and the person's environment. Clinical judgment should not be thought of a justification for abbreviated evaluations, a vehicle for stereotypes or prejudices, a substitute for insufficiently explored questions, an excuse for incomplete or missing data, or a way to solve political problems*" (Schalock & Luckasson, 2005, pp. 5-6)¹.

Assuring Interviewer-Respondent Rapport

A high level of rapport and trust facilitates obtaining accurate information. If rapport has not been established between the interviewer and the respondent, there is a greater risk of getting inaccurate information. The interviewer should spend a few minutes at the beginning of the interview establishing rapport with the respondent. This can be done by conversing with the respondent about general matters. For example, the DABS interviewer could ask the respondent about the weather, sports, hobbies, family, friends, work/school, etc. These few minutes may help reduce some of the anxiety that might be experienced by the respondent.

Setting the Stage for the Interview

The interviewer should explain the purpose of the interview/assessment to the respondent by providing an introduction similar to the following:

*My name is _____. I'm going to talk with you so that I can fill out the Diagnostic Adaptive Behavior Scale, or the DABS. I will read the items on the DABS and ask you to assess _____'s **typical performance** on these behaviors. I am completing the DABS to assess _____'s adaptive behavior. During this interview, we will assess _____'s **TYPICAL PERFORMANCE**, rather than maximum performance. Please describe _____'s behavior as accurately as you can and base your responses on your direct observations and knowledge of him/her.*

¹ Schalock, R. L., & Luckasson, R. (2005). *Clinical judgment*. Washington, DC: American Association on Mental Retardation.

Explaining Items

Most of the DABS items are written concisely and clearly but may require elaboration beyond reading the item. The interviewer may need to describe an item further to assure that the respondent understands what information is being requested or probe for further information in order to determine *typical performance*. In so doing, however, the interviewer should be careful not to inadvertently influence the respondent's response.

Probing

The interviewer should probe for more information as needed to ensure a valid rating. One important use of probing would be to distinguish between situations where there is no opportunity for the individual to perform the specified skill versus not performing the skill because of a lack of ability.

Cultural Sensitivity

The interviewer must constantly use his/her clinical judgment in gauging the relevance of specific adaptive skills with respect to the individual's cultural group. For example, in some cultural groups, the use of forks may not be relevant in determining an individual's adaptive functioning with respect to eating skills; whereas in others, it remains a relevant skill to be mastered. Thus, for some specific items/skills on the DABS the interviewer/respondent will need to take into account what has been referred to as "repertoires of cultural practices" typical of the group and social context in which the individual is immersed when assessing the relevance/weight of these specific items/skills.

Rating System

Each behavioral skill item on the DABS is rated based on the person's level of typical performance in adapting to the environmental demands typical for the individual's age group and cultural/ethnic group. *The focus of the assessment is on what the person does, which incorporates issues related to opportunity, motivation, illness, and physical impairment. If the person typically uses assistive technology/devices (e.g., wheel chair, communication board), the person should be rated with the said technology in place.*

Every item is rated according to the following rating system:

- "0" No – rarely or never does it.
- "1" Yes – does it with reminders or assistance but rarely or never independently.
- "2" Yes – does it sometimes independently – but sometimes needs reminders or assistance.
- "3" Yes – does it always or almost always independently – never or rarely needs reminders or assistance.

- "NS" No Score – has a physical impairment that impedes performance of this skill.
No Score – lacks opportunity due to cultural, gender, and/or geographic/regional factors.
No Score – lacks opportunity due to environmental constraints.
No Score – the respondent has no direct knowledge of the individual's typical performance.

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