

NOTES ON THE HANDICAP, BEHAVIOUR, SKILLS SCHEDULE

These notes were taken from the training course on 10-11.6.86. given by Lorna Wing, Mr. Eamit of Social Psychiatry, Mordsley Hospital London.

These notes are intended to guide a clinician in the use of the HBS. For reliable use for example, for research, the clinician would need to consult with a trained user to clarify reliability issues.

The HBS was originally tested from information obtained from parents and teachers and found to reasonable reliability on 150 intellectually handicapped, autistics and psychotics. Parents rated more on dimensions of sociable affectionate and behaviour problems, which probably reflects a real difference. This work was done using the HBS as a standardised scale but LW recommends obtaining information from more than one source for accuracy of information. It is important to chat around an item and use language appropriate to the informant rather quoting the schedule verbatim. One should be selective of item according to the anticipated level of function in question.

There are two kinds of items:

DEVELOPMENT:

Occasionally kids, especially autistics, reach a higher and miss out on earlier levels; this implies a shaky developmental ability, eg. can multiply in head by can't give 2 cups.

Age related stages are derived from infant development books and occasionally have large developmental age jumps, eg. tricycle at 3 and bicycle at 7 years.

It is up to the researcher to define whether they are using it to record the base level or the highest achieved level or similarly in behaviour disturbance the worst level in the last defined period, or variation. With Development skills the same issue arises with an emerging skill.

ABNORMAL / DIFFICULT BEHAVIOUR:

These are from clinical observation and are intended to be exhaustively inclusive; they are rated as marked or minor problem. The technical problem of the schedule is that severity is a combination of frequency and severity.

In their new version of the Disability Assessment Schedule (DAS) called the Profile of Abilities and Adjustment (PAA) they have incorporated a system of frequency and severity, and researchers may wish to devise something similar.

Note: It is possible to derive the DAS scores from the HBS but one would have to do it oneself although it would perhaps be possible to write a computer program to take this over.

Scoring as marked but: not applicable = 9 or 99
and absent = 0 or 00.

The scoring is designed to fit on computer punchcards, 80 holed.

Avoid leading questions as far as possible but they may be necessary. Avoid asking repeated questions in the areas that information overlaps. Note taking (and records of little stories) is encouraged and where there is uncertainty then you should make a note that this needs checking from another source or from direct observation. If your observations differ with the informant then score your observations.

It is better to interview one parent, as both together leads to them arguing and prolongs the interview. Further, she advises that it is best not to interview in front of the subject but to see the subject at a separate time.

As such it constitutes a semi structured questionnaire.

The schedule is designed for autism but in those with severe mental retardation her findings are that 50% have autistic features. Incidence of autisms: 2/1000 of the wider diagnostic range, of whom 1/4 are pure autistic. In those with IQ > 70 incidence = 20%.

When designing her research she looked at the AAMD Adaptive Behaviour Skills Schedule (ABS) and found it unsatisfactory as it lacks on areas such as development of imaginal play and other behaviours central to Autism. LW thought it would be interesting to compare them in a study.

COMMENTS ON THE QUESTIONS IN THE SCHEDULE AND HER CLINICAL VIEWS RELATING TO AUTISM

Non verbal language can be rated on any of the sign languages, eg. Makaton. Autistics show echopraxia as a non verbal echolalia, eg. in Makaton. May also show pronoun reversal, eg. by copying bye bye by waving to themselves.

Parents tend to play down abnormalities, eg. of speech.

Discussion: The dimension of non verbal communication of speech can now be improved following Tony Attwood's Ph.D. in which he looks at 3 types of NVC:

1. the movement that concurs with speech.
2. gestures that give information, eg. pointing or head nodding.
3. that which expresses sympathy, eg. touching when someone is unhappy or an empathic expression of eg, sadness for another.

Autistics, in their tendency towards concrete language, will be better at 2 than 1 and poor at 3. Downs often have well developed gesture and social skills even more advanced than their mental age. Hence LW's advice that you need both IQ and social age to get the best predictive pattern.

? chronic schizophrenics lack some sorts of gesture.

T Attwood also reports the developmental sequence of gesture.

Use of speech is rated on: 8.c: Intelligibility, how well it can be understood and
8.d: Intelligibility, from the content not the execution.

Interest in communication, 14: record usual usage, as autistics often have ability but less usage. Distinguish staff and peers interaction.

Sharing of interests, 14.c: autistics often have an impaired memory, eg. they can't remember what was for lunch but have isolated memories in detail from the past. This often creates a problem of distinguishing understanding and memory problems.

Play: Autistics often develop pretend play in adolescents, ie. when it is age inappropriate, even for their mental age. Play with others may be just using them as objects rather than playing with. If a child has no pretend play then there is tremendous problem occupying them.

Imaginative activities is based on the developmental sequence described by Mary Sheridan and Marion Lowe (test of symbolic play) and that of Costello.

Work by Fanson showed that even babies prefer complex to simple patterns, and human faces but autistics prefer sameness. In Piagetian terms they use primary circular reaction in their stereotopies whereas others show repetitive movements as a means to learn something new, ie. secondary circular reaction; for the autistic it is an end in its own.

Social Interaction: 22: ratings 0-2 = Unaware or aloof or indifferent,
3 = Passive,
4 = Active but odd, ie. positive but naive without regard to recipients, (as might be described in Asperger's Syndrome).
5-6 = Normal

Those behaviours called ABNORMALITIES are concerned with frequency to be rated as marked whereas those called BEHAVIOUR DIFFICULTIES are concerned with severity.

Abnormalities to sound, 23: autistics often will have, eg. tantrums over an obscure sound that an observer wouldn't even notice. Conversely they may also have a fascination with an odd sound: 23.b.

- 26.e. Rocking standing up is fairly distinctive of autistics.
- 26.h. eg., Grimacing.
- 27.d. Clinging to objects (and to places)
- 27.f. May be quite peculiar fears, eg. red buses not green.

BEHAVIOUR PROBLEMS with no social awareness means that the person does not have a premonitive understanding of the implication of the behaviour for the other person, eg. aggression for domination. This can technically lead to the need to rate some behaviours on both aware and unaware scales though the schedule isn't designed for this.

- 28.d. Tantrums: marked = every day, > ½ hour.
minor = 1/week.

Practical skills is a relatively useful measure to guide on the burden of care someone is, especially the level of independence: 33.

LW has related this to effects on the parents in simple terms of limitations of social activities and work, and in terms of help gained but found it correlated only weakly.

Appendix 1: These symptoms of catonic states refer to the findings that autistics have these symptoms presumed to be of organic origin as those with Encephalitis Lythargica had / have.

OTHER COMMENTS:

The social incapacity of autistics is fundamental and can not be learned: Education can enable the ceiling to be reached earlier and the more intelligent can learn some social skills with which to conceal their problem.

Accordingly biochemists are now looking for a subcortical problem now.

The Vineland Social Maturity Scale is directly derivable from the HBS but in those with higher ability further questions need to be asked that are included in the schedule. (see other handout).

There is a new edition of the Vineland Social Maturity Scale available from NFER.

Those with self injurious behaviour have social impairment as a hallmark (shown by Glynis Murphy in her Hilda Lewis Study).

LW has in the past used a criteria of dividing behaviour into moderate and severe, eg. severe = > 1 major BD. More recently she has used a 9 point scale.

REFERENCE:

J. Ment. Defic, Res 1977.21.213-226 by Judy Gould. Describes the correlation of the vineland social maturity scale and intelligence in the SMR which is not high but nor are other measures.

Wing, L., 1981. A schedule for dividing profits of handicaps in mentally retarded children. In Cooper B.(Ed): Assessing the needs of the mentally handicapped. Academic Press: London.

D.R.Dossetor
Department of Psychological Medicine
Royal Alexandra Hospital for Children
Camperdown, Sydney

C:\WP51\DD\NOTES.HBS

ABE Schedule - Developmental Profile (Edition 2)

Mental age equivalent	Motor	Self care	Language	IVC	School wo	Imag./social	Practical
15							
14							
13							
12							
11							
10							
9							
8							
7							
6							
5							
4							
3							
2							
1							
0							

- Card 1
- 10 11 MOB
- 20 12 BIKE
- 20 14 HAND-EYE
- 20 15 FEED
- 20 20 WASH
- 20 22 DRESS
- 20 27 -- CORR
- 20 31 CORR SP
- 20 33,34 USE SP
- 20 35 QUEST
- 20 36 INTELL
- 20 51 CORR NVC
- 20 55 COPY
- 20 56 USE NVC
- 20 59 SHAPE INT
- 20 60,61 VIS-SPAT
- 20 64 DRAW
- 20 72 READ
- 20 74 NUMBER
- 20 75 MONEY
- 20 77 TIME
- 20 79 TV
- 20 80 CARD 2
- 20 9 DIAG
- 20 17 SOCIAL
- 20 17 CARD 3
- 20 9 CLEAN
- 20 10 COOK
- 20 19 SUPPLY
- 20 21 SHOP

HBS Schedule - Abnormalities of behaviour (Edition 2)

Quality of:

- 22 Social interact.
- 19 Eye contact
- 18 Imag. activ.
- 11e Use of speech

Attention:

- 32d Own interests
- 32e Given tasks

Other problems

(Appendices A2,3,4)

