

Guide to Using Psychotropic Medication to Manage Behaviour Problems among Adults with Intellectual Disability

Technical Document

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Technical Document Section 5: The Use of Assessment Scales in People with a Learning Disability

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Introduction

In general psychiatry, various rating scales and assessment tools are used when making a diagnosis, evaluating treatment outcomes and adverse events, and assessing risk. The same should hold true when managing a population with a learning disability.

It is for this reason as well as others mentioned throughout this guideline that much emphasis has been placed on the thorough assessment of the individual in managing behaviour problems in adults with a learning disability. The assessment of the individual in this context must involve a comprehensive assessment of the behaviour problems to be managed, this allows for the careful monitoring of intervention effects. The present guideline strongly recommends the use of objective outcome measures to assess the behaviour prior to the initiation of medication, throughout the use of medication and during the withdrawal of medication. The use of objective, validated and standardised outcome measures allows for a more accurate depiction of the presentation of the behaviour over time rather than relying on subjective self reports or reports from carers which may be influenced by many different factors other than the behaviour being monitored.

However, in the assessment of the individual there are many other factors that require measurement and evaluation. Issues such as the causes of the behaviour, quality of life, adverse events, and the strengths, abilities and needs of the individual also require attention and it is recommended that where possible, assessment scales may be used. This section is primarily concerned with the use of assessment scales to measure the severity and frequency of behaviour problems in adults with a learning disability. Therefore, a search was carried out to identify relevant papers on rating scales and checklists with information on the psychometric properties of each, where available.

This is not a comprehensive review, for which readers should consult O'Brien et al (2005). This section presents data related to some regularly used behaviour assessment instruments for individuals with a learning disability. We have excluded from the review some of the old psychopathology assessment scales, which included behavioural items (such as the Reiss Screen for Maladaptive Behaviour (Reiss, 1988); Psychopathology Instrument for Mentally Retarded Adults (PIMRA, Matson et al, 1984); Schedule of Handicaps, Behaviour and Skills (Wing, 1982) and the Disability Assessment Schedule (DAS, Holmes et al, 1982)).

Method

A search was carried out to identify all rating scales (including checklists) that have important behaviour rating components:

The following databases were searched:

PsycInfo	(1974 – July week 4, 2004)
Embase	(1980 – week 32, 2004)
Cinahl	(1982 – July week 5, 2004)
Medline	(1966 – July week 5, 2004)

The search terms were decided on in an iterative manner in conjunction with the guideline development group (GDG, see Appendix 1 for a list of the search terms used).

Once the search was completed, the relevant papers were identified by the GDG. All scales with reference to the assessment of 'problem' or 'maladaptive' behaviours were presented to the group. Once it was decided which were important to an adult population defined as having behaviour problems as previously mentioned in the guideline, the data on the psychometric properties of each, where available, was extracted.

Results

The results indicate that there are many tools that have been used and subsequently validated for use in people with a learning disability. Details regarding the assessment of the individual are mentioned in Appendices 1 and 2 of Section 2 of the Technical Guide). Again all aspects of the development of this evidence were conducted with feedback and approval from the GDG.

Aberrant Behaviour Checklist (ABC)

Residential & Community Version

The ABC is a symptom checklist for assessing problem behaviours of children and adults with a learning disability at home, in residential facilities, and work training centres (Aman et al, 1985a). It is also useful for classifying problem behaviours of children and adolescents with a learning disability in educational settings, residential and community-based facilities, and developmental centres. The ABC-Residential was empirically developed by factor analysis on data from 1,000 residents. The 58 items resolve into five subscales - (1) Irritability, Agitation, (2) Lethargy, Social Withdrawal, (3) Stereotypic Behaviour, (4) Hyperactivity, Non-compliance, and (5) Inappropriate Speech.

The ABC-Community item content is the same as for the ABC-Residential, except that home, school, and workplace are listed as the relevant settings. Then 58 specific symptoms are rated and an extensive manual gives comprehensive descriptions for each behaviour type assessed. The checklist can be completed by parents, special educators, psychologists, direct caregivers, nurses, and others with knowledge of the person being assessed.

Behaviour rated as follows:

0 = Not at all a problem

1 = the behaviour is a problem, but SLIGHT in degree

2 = the problem is MODERATELY SERIOUS

3 = the problem is SEVERE in degree

The raters are asked to consider the frequency of the behaviour, the reaction of the behaviour to all concerned, the disruptiveness of the behaviour to daily activities, and accounts from other known carers.

Psychometric properties

The ABC is an informant based problem behaviour rating scale that was primarily intended for treatment evaluation in individuals with a severe learning disability (Aman et al, 1985a). The initial scale consisted of a large number of behaviour problems that were subsequently used to rate residents

with a learning disability. It was then reduced to a second version. Both versions were used to derive a factor structure for the scale, namely: I) irritability, agitation, crying; II) lethargy, social withdrawal; III) stereotypic behaviour; IV) hyperactivity, non-compliance; and V) inappropriate speech. The scale was cross validated and then compared with other scales used in factor analytic research.

Aman et al (1985b) also assessed the reliability and validity of Aberrant Behaviour Checklist.

Reliability of the ABC

The internal consistency as calculated using the alpha co-efficient is high across all subscales. Test-retest reliability was evaluated by asking 13 raters to assess 184 residents at 2 time periods, 4 weeks apart. Again, the level of reliability as shown in the following table, is fairly high.

	Internal Consistency (alpha co-efficient)	Test-retest Reliability (Spearman's correlate)
Irritability	0.92	0.98
Lethargy	0.91	0.99
Stereotyped behaviour	0.90	0.98
Hyperactivity	0.94	0.98
Inappropriate Speech	0.86	0.96

Inter-rater reliability was assessed in two groups of service users by four and then three nurses and was analysed using Spearman's correlation co-efficient. There was variation across both the raters and across the subscales, however, overall the reliability was fairly acceptable with the mean correlation being 0.63.

Aman et al (1987) went on to assess the effects of variations in instruction on the reliability of the Aberrant Behaviour Checklist. Instruction based on frequency (which included a call for decisions about how often a behaviour occurred) yielded better inter-rater and test-retest reliability co-efficients.

Validity of the ABC

Evidence of validity of the scale was gained in 3 different ways:

- 1) People with and without Downs syndrome were assessed for differences in their social adaptation
- 2) Subscale and total scores on the ABC were compared with other behaviour scale
- 3) Independent assessments by observing the behaviour were made.

Subsequently, Aman et al (1995) assessed the construct validity of the ABC-C using a factor analysis of 1040 group home residents. This factor analysis indicated that the factor structure derived from the original ABC was valid when used in group home residents. Furthermore, the coefficients of

congruence showed a high level of concordance with the original factor structure, and the internal consistency continued to be high for each of the five subscales. The use of psychotropic medication was often associated with differences in the scores of the subscales.

American Association on Mental Deficiency (AAMD) Adaptive Behaviour Scales (ABS)

Residential and Community: Second Edition (ABS-RC:2)

The American Association on Mental Deficiency (AAMD, now the American Association on Mental Retardation, AAMR) Adaptive Behaviour Scales (Nihira et al, 1969) were designed to measure personal independence and social skills in children with a learning disability. The scale has been revised and modified numerous times since and in 1993, Nihira et al published the ABS-RC:2 to be used in individuals with a learning disability from childhood through to 80 years of age. The scale consists of 356 items and is divided into two parts. The first part is concerned with individual responsibility and functioning and the second part with social behaviours. It is the second part of the scale that is of relevance here, for the assessment of behaviour problems, and consists of the following sub domains: social behaviour; conformity; trustworthiness; stereotyped and hyperactive behaviour; self-abusive behaviour; social engagement and disturbing interpersonal behaviour. Each item is scored as a yes/no or by a qualifying statement that best describes the behaviour.

The AAMD ABS has been well validated and has shown good inter-rater reliability (O'Brien et al, 2001). However, O'Brien et al (2001) suggest that it is not suitable as a screening tool for behaviour disorder.

Behaviour Problems Inventory (BPI-01)

This is the latest version of the Behaviour Problems Inventory (BPI, Rojahn et al, 1989). The BPI-01 is a 52-item respondent based narrow-band behaviour rating scale for self-injurious, stereotypic, and aggressive/destructive behaviour in people with a learning disability.

The BPI-01 contains 14 self-injurious behaviour (SIB) items, 24 stereotypic behaviour items, and 11 aggressive/destructive behaviour items. Each item is scored on two scales. The first is a five point frequency scale and the next a four-point severity scale.

Psychometric properties

The factor structure was confirmed using the Root Mean Square Error of Approximation (RMSEA) to evaluate the goodness of fit for the proposed 3-

factor model. The RMSEA was found to be 0.78, which is suggestive of a reasonable fit.

In addition, the factor validity was assessed by correlating each item with the subscales for SIB, stereotyped behaviour and aggression/destruction. The following table depicts the results for the full scale as well as each factor using the frequency and not the dichotomous scale structure.

	Internal Consistency (Cronbach's alpha)	Test retest reliability (ICC)	Inter-rater reliability (ICC)
Full scale	0.83	0.76	0.91
SIB	0.61	0.71	0.96
Stereotyped behaviour	0.79	0.76	0.90
Aggression/Destruction	0.82	0.64	0.59

ICC – Intraclass correlation coefficient

Checklist of Challenging Behaviour (CCB)

The Checklist of Challenging Behaviour (CCB, Harris et al, 1994) was developed to determine the prevalence of challenging behaviour among people with a learning disability and has been found to be a useful screening tool for both challenging behaviour and mental health problems (Jenkins et al, 1998).

The CCB is divided into two parts, both rated on a 5-point scale. The first part contains 14 behaviours that involve aggression/physical contact with others or the self and the second part contains 18 items on other challenging behaviours (including stereotypical behaviour etc). Both parts take into account the frequency and management difficulty of the behaviour. In addition, part 1 looks at the severity of the behaviour.

Challenging Behaviour Interview (CBI)

The Challenging Behaviour Interview (CBI) is a respondent based scale developed to assess the severity of challenging behaviour or behaviour problems. It is divided into two parts. In the first part, the respondent is asked to answer whether or not the service user has shown any of the following behaviours within the preceding one month: 'self-injury' (SIB), 'physical aggression' (PAG), 'verbal aggression' (VAG), 'disruption of the environment' (DST), or 'inappropriate vocalisation' (IV). Each type of behaviour is clearly defined by the authors and examples are provided. In the second part, there are 14 questions designed to assess the severity of each of the behaviours mentioned above. Each question is graded on a four or five point Likert-type scale.

Oliver et al (2003) investigated the psychometric properties of the CBI. Their study consisted of a child (47) and adult (40) sample with moderate to severe learning disability and was identified as exhibiting challenging behaviour.

Tests for Reliability of Part 1 of the CBI

	Test retest reliability (Kappa co-efficient)	Inter-rater reliability (Kappa co-efficient)
Full scale	0.86	0.67
SIB	0.91	0.71
PAG	0.86	0.62
VAG	0.70	0.80
DST	0.91	0.72
IV	0.90	0.50

Tests for reliability of Part 2 of the CBI

	Test retest reliability (Pearson's co-efficient)	Inter-rater reliability (Pearson's co-efficient)
Full scale	0.96	0.90
SIB	0.85	0.63
PAG	0.76	0.54
VAG	0.75	0.45
DST	0.77	0.77
IV	0.66	0.02

Validity of the CBI

Validity was assessed by comparing the total score of the CBI for the child sample with total scores as obtained in the Aberrant Behaviour Checklist (ABC). The correlation between the two scales for the child sample was 0.56 ($\rho < 0.01$). Correlations with the total score of the CBI in the child sample and the subscales on the ABC varied between 0.19 and 0.68. The same was not done with the adult sample.

The content validity was assessed by comparing scores for each behaviour type on items relating to the impact that the behaviour would be expected to have, based on the topography for that behaviour.

A final assessment of the validity of the CBI looked at comparing the total mean scores on SIB, IV, PAG and VAG using t-tests for independent samples. These tests showed significant differences for SIB and IV ($t = 2.93$, $\rho < 0.01$) and VAG and PAG ($t = 4.11$, $\rho < 0.005$). No differences were found between SIB and PAG or between PAG and DST.

Diagnostic Assessment of the Severely Handicapped (DASH-II)

The Diagnostic Assessment of the Severely Handicapped-II is the currently used, revised version of the DASH (Matson, 1991). The DASH-II is a multidimensional informant-based behaviour rating scale consisting of 84 items that are grouped into 13 subscales that look at severity, frequency and the duration of the identified behaviour. Items are scored on a 3-point scale.

Psychometric properties

Selvin et al (1995) examined the reliability of the DASH. This study included 658 adults (aged 21-82 yrs) with severe and profound learning disability. The informants were direct care staff who had worked with the service user for at least six months and the raters were graduate professionals in the field of learning disability.

The Mean Percentage Agreement (MPA) across all items was 0.86 for frequency, 0.85 for duration, and 0.95 for severity. Intra-class correlation coefficients were greater than 0.5 for ten of the subscales, indicating adequate agreement. However, they were less than 0.5 for the anxiety, schizophrenia and sexual disorders subscales indicating poor agreement. Test-retest reliability was calculated using percentage agreement and kappa coefficients. MPA across all items was 0.84 for frequency, 0.84 for duration, and 0.91 for severity.

Subsequently, numerous studies have looked at the subscales of the DASH-II and have validated them in the diagnosis of stereotypy (Matson et al, 1997), depression (Matson et al, 1997), mania (Matson & Smiroldo, 1997), and autism/ Pervasive Developmental Disorder (Matson et al, 1998).

Health of the Nation Outcome Scales for People with Learning Disabilities (HoNOS-LD)

The Health of the Nation Outcome Scales (HoNOS, Wing et al, 1998) was developed and validated for use in the general population in people with mental health problems (Bebbington et al, 1999). It is a simple tool used to provide a summary of behaviour and functioning. Many adaptations have been developed and validated – one for children and adolescents (HoNOSCA, Gowers et al, 1999), one for the older aged (HoNOS 65+, Burns et al, 1999), and one for people with acquired brain injury (HoNOS-ABI, Fleminger et al, 2005) etc.

The HoNOS-LD has been adapted and validated for use in people with learning disability, irrespective of the degree of disability (Roy et al, 2002). It has 18 items graded for severity on a 5-point scale. The behaviour

components of the scale include behaviour towards others, SIB, behaviour destructive to property, problems with personal behaviours; stereotyped and ritualistic behaviour, panic, phobias, obsessive or compulsive behaviour, other behaviour, problems with sleeping, and problems with eating or drinking.

Psychometric Properties

The scale was used on 372 individuals by 364 raters at 2 different time points (Roy et al, 2002). Raters included clinical psychologists, nurses, occupational therapists, psychiatrists, speech and language therapists and support workers. The inter-rater reliability, as measured using Pearson's correlation for raters 1 and 2, was 0.88 when the case notes were used as the source of information and 0.96 when informants were used.

The validity of items as measured using Pearson's correlation coefficient showed that there was a high degree of correlation between the total scores obtained by rater 1 and rater 2 (83% of correlations were above the level of $T = 0.7$). It was also shown that there was a high level of agreement in scoring between raters for all individual item scores (Cohen's kappa (κ) values all > 0.6 ; p for all < 0.001).

Modified Overt Aggression Scale (MOAS)

The overt aggression scale (OAS) was developed and validated for use in the general population to measure aggressive behaviours in adults and children (Ratey & Gutheil, 1991). Aggression is divided into four categories: verbal aggression, physical aggression against objects, physical aggression against self, and physical aggression against others.

The Modified Overt Aggression Scale (MOAS) is the version that has been adapted for use in people with a learning disability. The categories are the same and each is rated on severity and frequency except that the MOAS is based on weekly scores rather than critical incident reports (Ratey & Gutheil, 1991)

Motivation Assessment Scale (MAS)

The Motivation Assessment Scale (MAS, Durand & Crimmins, 1992) is an informant-based behaviour rating scale consisting of 16 questions and 4 subscales (attention, sensory, tangible and escape). The questions are rated on a 7-point Likert scale. The scale looks at the situational determinants of self-injury. The validity and internal consistency of this study has been established, however, reliability varies across studies (O'Brien, 2001).

Questions About Behaviour Function Scale (QABF)

The Questions About Behaviour Function Scale (QABF, Paclawskyj et al, 2000) is an informant-based functional behaviour rating scale. It consists of 25-items and 5 subscales (attention, tangible, non-social, physical, and escape) rated on a 4-point-likert scale.

Psychometric properties

Paclawskyj et al (2000) conducted a study into the psychometric properties of the QABF. Test-retest reliability was assessed in 34 participants with a learning disability and behaviour problems (SIB, aggression, destruction of property, tantrums/verbal aggression, stereotypy, pica, stealing, and elopement). Inter-rater reliability was assessed in 57 participants. The test-retest reliability was high for the individual items and subscale scores. Similarly, the inter-rater agreement was high, although not as high as for the test-retest coefficients.

Summary of scales

ABC	<ul style="list-style-type: none"> • 4 point Likert Scale with 58 questions • Behaviour Rated as follows: 0 = Not at all a problem 1 = the behaviour is a problem, but SLIGHT in degree 2 = the problem is MODERATELY SERIOUS 3 = the problem is SEVERE in degree • Asked to consider the frequency, the reaction of the behaviour to all concerned, the disruptiveness of the behaviour to daily activities, and accounts form other known carers.
AAMR ABS-RC:2	<ul style="list-style-type: none"> • Assesses coping abilities with the demands of the natural and social environment. • 2 types of items – “yes/no” and “circle the highest level”. • Maladaptive behaviour items are rated “never”, “occasionally” or “frequently”. • No measure of relative severity.
BPI-01	<ul style="list-style-type: none"> • 52-item respondent based instrument for aggressive/destructive behaviour, stereotypy and self-injury in people with ID. • Items rated on both a severity and frequency scale
CCB	<ul style="list-style-type: none"> • A screening tool for challenging behaviour and mental health problems. • Part 1 consists of 14 aggressive behaviours that involve physical contact with other people and self-injury. • Part 2 looks at absconding and stereotypical behaviour. • Both parts are rated on a five-point scale for management difficulty and severity.
CBI	<ul style="list-style-type: none"> • In part 1 respondents are asked whether the participant has shown any of the following behaviour types in the preceding month: self-injury, physical or verbal aggression, disruption of the environment, inappropriate vocalisation. • Part 2 is a 14 item Likert scale designed to assess the severity of each class of behaviour mentioned in part 1.
DASH-II	<ul style="list-style-type: none"> • Multidimensional informant based behaviour rating scale consisting of 84 items scored on a 3-point scale. • Based on DSM and has 13 subscales, 5 of which reflect problem behaviour in adults with severe to profound learning disability including anxiety, stereotypy, self-injury and impulse. • Has been validated for use in people with severe to profound learning disability to address emotional and behaviour problems. • Used to show relationship with behaviour problems and

	psychiatric conditions.
HoNAS-LD	<ul style="list-style-type: none"> • Provides a summary of behaviour and functioning. • 18 items are graded for severity on a 5-point Likert scale.
MOAS	<ul style="list-style-type: none"> • 4 categories looking at verbal and physical aggression. • Assesses both level of severity and frequency.
MAS	<ul style="list-style-type: none"> • Informant based functional behaviour rating scale. • Consists of 16 items assigned to 4 subscales. • Questions are rated on a seven point Likert scale.
QABF	<ul style="list-style-type: none"> • 25-item informant based scale that includes a summary sheet/ graph. • Assess the factors that maintain certain target behaviours in 5 subscales. • Rated on a 4 point Likert-type scale.

Discussion

A thorough assessment of the behaviour is important, not only at the point of diagnosis, but equally so prior to the commencement of medication, during the follow-up and maintenance period of medication use, and before and after a decision is taken with regard to withdrawal of that medication.

It is not fundamental to use any of the scales mentioned above. However, many of these scales have demonstrated their validity in accurately assessing what they were designed to do. Furthermore, they have also been shown to be reliable and consistent from setting to setting. In addition, the scales have been especially validated for use in people with a learning disability.

Whatever assessment is carried out in practice, this guideline recommends that the assessment of the individual covers the dimensions of the behaviour itself, the person, medical/ organic conditions, psychological/ psychiatric issues, and social and environmental issues (B, P, M, P, S).

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Appendix 1: Search terms

#-Search History

- 1-rating scale\$.ab,tw.
- 2-measurement.ab,tw.
- 3-psychological assessment.ab,tw.
- 4-questionnaire\$.ab,tw.
- 5-attitude measure\$.ab,tw.
- 6-interview\$.ab,tw.
- 7-educational measure.ab,tw.
- 8-subscale\$.ab,tw.
- 9-impression\$.ab,tw.
- 10-inventory.ab,tw.
- 11-clinical assessment.ab,tw.
- 12-test\$.ab,tw.
- 13-scale\$.ab,tw.
- 14-risk assesment.ab,tw.
- 15-checklist.ab,tw.
- 16-screen.ab,tw.
- 17-or/1-16
- 18-mental deficien\$.tw,ab.
- 19-mental handicap\$.tw,ab.
- 20-mental retard\$.tw,ab.
- 21-mental impair\$.ab,tw.
- 22-mental disab\$.ab,tw.
- 23-mental\$ challen\$.ab,tw.
- 24-mental disorder\$.tw,ab.
- 25-*mental retardation/
- 26-*mentally disabled persons/
- 27-*mental disorders/
- 28-intellectual\$ disab\$.tw,ab.
- 29-learning disab\$.tw,ab.
- 30-intellectual\$ challenge\$.tw,ab.
- 31-development\$ disab\$.ab,tw.
- 32-or/18-31
- 33-aberrant.ab,tw.
- 34-aggresi\$.ab,tw.
- 35-restless\$.ab,tw.
- 36-behavior\$.ab,tw.
- 37-challeng\$.tw,ab.
- 38-disrupt\$.ab,tw.
- 39-offend\$.ab,tw.
- 40-self-injur\$.ab,tw.
- 41-violen\$.ab,tw.
- 42-stereotyp\$.ab,tw.
- 43-hyperactiv\$.tw,ab.

- 44-property damage.tw.
- 45-or/33-44
- 46-17 and 32 and 45
- 47-limit 46 to human
- 48-aberrant behaviour checklist.mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 49-challenging behaviour interview.mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 50-(MOAS or modified overt aggression scale).mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 51-checklist for challenging behaviour.mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 52-reiss screen.mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 53-(questions about behavioural function scale or QABF).mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 54-(motivation assessment scale or MAS).mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 55-adaptive behaviour scale.mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 56-(behavior problems inventory or BPI).mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 57-behaviour assessment battery.mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 58-pass-add.mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 59-mini pass-add.mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 60-Millon clinical multiaxial inventory-III.ab.
- 61-pimra.mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 62-dash.mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 63-dash-ii.mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 64-anxiety rating scale.mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 65-zung self rating.mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 66-sap.mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 67-aberrant behaviour checklist.mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 68-challenging behaviour interview.mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 69-('abnormal involuntary movement scale' or aims).mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 70-('agitated beahvio\$ mapping instrument' or ABMI).mp. [mp=title, original title, abstract, name of substance word, subject heading word]

- 71-'neuropsychiatric inventory 'or NPI'.mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 72-'disruptive behavio\$ rating scale'.mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 73-'messier'.mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 74-'vineland adaptive behaviour scale'.mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 75-'binets scale'.mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 76-'adaptive behaviour dementia questionnaire'.mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 77- (('mood interest and pleasure questionnaire') or mipq).mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 78- ('questionnaire on attitude\$ consistent with sex offending' or QACSO).mp. [mp=title, original title, abstract, name of substance word, subject heading word]
- 79-or/48-78
- 80-47 and 79