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## Aberrant behavior checklist pdf

### Aberrant behavior checklist scoring.

 Clinical and Experimental Pharmacology

**Editorial** **Open Access**

**Aberrant Behavior Checklist: Current Identity and Future Developments**

**Michael G Aman**  
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The Aberrant Behavior Checklist (ABC) is a standardized problem behavior rating scale originally designed to assess treatment effects in people with Intellectual Disabilities (ID) [1,2]. It was developed in the early 1980s because, as we researchers, could find no adequate instrument for measuring social and behavioral problems. Irritability was a principal component-derived tool encompassing five subscales and 34 items. The ABC was later found to have a high internal consistency (0.90) and a high test-retest reliability (0.85) [3].

Following its introduction, the ABC was slowly but gradually adopted as an outcome measure for pharmacological studies. It was also adopted as an outcome measure for behavioral interventions, for research on behavior phenotypes, and for characterize samples that were studied in various contexts (e.g., effects of planned changes in the environment on behavior, effects of pharmacological agents on behavior, effects of behavior on pharmacological agents, and the process of being translated) into 39 languages other than English ([http://psychmed.ox.ac.uk/media/ABC\\_Aman.pdf](http://psychmed.ox.ac.uk/media/ABC_Aman.pdf), [Bibliography.pdf](http://psychmed.ox.ac.uk/media/ABC_Aman.pdf), and [http://psychmed.ox.ac.uk/media/ABC\\_Aman.pdf](http://psychmed.ox.ac.uk/media/ABC_Aman.pdf)). Not surprisingly, the ABC maintains a foothold in autism research.

In early spring 2012, the foundation Autism Speaks convened a major meeting to identify the most optimal outcome measures for autism research. The meeting was well attended, which included many distinguished researchers in the ASD field, who identified the ABC as the most promising measure for social and stereotypic behavior at the time for measuring social disability and the stereotypic behavior subscale as a reputational outcome for restrictive and repetitive behaviors. Not surprisingly, the ABC maintains an important niche at present.

**Unexpected Developments**

Following its introduction, the ABC was gradually adopted as an outcome measure for pharmacological studies. It was also adopted as an outcome measure for behavioral interventions, and for characterize samples that were studied in various contexts (e.g., effects of planned changes in the environment on behavior, effects of pharmacological agents on behavior, effects of behavior on pharmacological agents, and the process of being translated) into 39 languages other than English ([http://psychmed.ox.ac.uk/media/ABC\\_Aman.pdf](http://psychmed.ox.ac.uk/media/ABC_Aman.pdf), [Bibliography.pdf](http://psychmed.ox.ac.uk/media/ABC_Aman.pdf), and [http://psychmed.ox.ac.uk/media/ABC\\_Aman.pdf](http://psychmed.ox.ac.uk/media/ABC_Aman.pdf)). Not surprisingly, the ABC maintains a foothold in autism research.

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**Inappropriate use of total score**

For quite some time, some investigators have collaged scores across all five subscales to compute a single total score. This is despite a major meeting to identify the most optimal outcome measures for autism research. The meeting was well attended, which included many distinguished researchers in the ASD field, who identified the ABC as the most promising measure for social and stereotypic behavior at the time for measuring social disability and the stereotypic behavior subscale as a reputational outcome for restrictive and repetitive behaviors. Not surprisingly, the ABC maintains an important niche at present.

**Corresponding author:** Michael G Aman, The Nisonger Center, UCOED, Ohio State University, USA. <http://dx.doi.org/10.4172/2461-1459.1000114>

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### What is behavioral checklist method. Aberrant behavior checklist pdf italiano. Aberrant behavior checklist-second edition (abc-2) pdf. Aberrant behavior checklist autism pdf.

The most widely-used symptom checklist for assessing problem behaviors of children and adults with developmental disabilities. --- New Edition Michael G. Aman, Ph.D. and Nirbhay N. Singh, Ph.D. Age Range: 5 years to Adult Time: 10-15 minutes The new ABC-2 can assess problematic behavior at home, in educational and work settings, and in residential and community-based facilities.

The checklist can be completed by parents, special educators, psychologists, direct caregivers, nurses, and others with good knowledge of the person being assessed. This new edition summarizes 30-plus years of research, including extensive data on validity, reliability and documentation of intervention effects.

Aggressive Behavior:	
1. Fighting, hitting, teasing, biting, etc.	<input type="checkbox"/>
2. Verbally attacks, argues, name calling, provokes, and pesters other children	<input type="checkbox"/>
3. Steals	<input type="checkbox"/>
4. Gets angry when they do not get their way	<input type="checkbox"/>
5. Argues with the teacher and talks back	<input type="checkbox"/>
6. Destroys or steals materials, belongings and schoolbook	<input type="checkbox"/>
7. Shows defiance, opposition, and noncompliance	<input type="checkbox"/>

Disruptive Behavior:	
1. Continues to do or demands attention, positive or negative from teachers and peers	<input type="checkbox"/>
2. Openly "defiant" doesn't follow class or school rules	<input type="checkbox"/>
3. Intentionally interrupts lessons by stamp, opposition, or defiant verbal or physical behavior	<input type="checkbox"/>
4. Tolls less, occurs, starts or blatantly creates drama and gossip	<input type="checkbox"/>
5. Likes to set boundaries or limits or limits own without harsh control from teachers	<input type="checkbox"/>

Uncooperative Behavior:	
1. Blames teachers and peers for own mistakes	<input type="checkbox"/>
2. Will not do what is asked, does not follow directions or appropriate structures	<input type="checkbox"/>
3. Works only when threatened with punishment	<input type="checkbox"/>
4. Openly defiant of teacher's or peer's requests	<input type="checkbox"/>
5. Argues with the teacher and talks back	<input type="checkbox"/>
6. Likes to be the center of attention, looks	<input type="checkbox"/>

Manipulative and Copping Behavior:	
1. Likes to have things from others, blames, blames, blames, etc.	<input type="checkbox"/>
2. Plays helpless, confused, forgetful, lost, etc	<input type="checkbox"/>
3. Works only when given individual help	<input type="checkbox"/>
4. Blames others for own mistakes, blames, blames, blames, etc	<input type="checkbox"/>
5. Constantly disengages own skills or ability, or criticizes own work as poor	<input type="checkbox"/>
6. Does not initiate play or talk with peers	<input type="checkbox"/>
7. Continually tries to keep off tasks by talking, distract, and avoiding work by engaging with others	<input type="checkbox"/>
8. Avoids challenging academic tasks by avoiding, opting out, ignoring, shutting down, and mentally saying "I can't do it"	<input type="checkbox"/>

Inappropriate Social Behavior:	
1. They push or shove, hit, or damage others for their poor behavior	<input type="checkbox"/>
2. Sexual harassment (unwelcome sexual conduct, language of any kind)	<input type="checkbox"/>
3. Hit, push, shove, or damage others	<input type="checkbox"/>
4. Does not play with others during recess or seeks others that are socially the same	<input type="checkbox"/>
5. Does not initiate play or talk with peers	<input type="checkbox"/>
6. Likes to be the center of attention, looks	<input type="checkbox"/>

### Comments:

Detailed guidelines are included for good clinical practice, instruction raters, identifying clinically-significant scores, as well as solutions for numerous clinical and/or research challenges. It rates 58 specific symptoms, and provides comprehensive descriptions, for each assessed behavior. These items resolve into five subscales: Irritability/Social Withdrawal/Stereotypic Behavior/Hyperactivity/Noncompliance/Inappropriate Speech. The ABC-2 includes an extensive combined Manual for both Community and Residential use. Normative data is included for multiple populations, including: Intellectual Disability; ASD; Fragile-X; children, adolescents and adults. Extensive psychometric assessment of the ABC-2 has indicated that the subscales have high internal consistency, good reliability and well-established validity. Empirically developed by factor analysis from 1,000 individuals. Detailed subscale norms are available for children and adults in the community, and in congregate facilities. It has become the standard in the developmental disabilities field, for assessing challenging behaviors.

The ABC-2 Kit includes the new Manual (for both Community and Residential applications), 50 Community/Residential Checklists and 50 Score Sheets.

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**The Aberrant Behavior Checklist:**

**A Behavior Rating Scale for the Assessment of Treatment Effects**

**Michael G. Aman, Nirbhay N. Singh, and Steven N. Souza**

**University of Arizona, University of California, San Francisco, and University of Florida**

**Abstract**

The development of a wide range of rating and treatment effects in severe mental retardation and developmental disabilities has been a major concern for many years. The Aberrant Behavior Checklist (ABC) is a rating scale designed to measure treatment effects in people with developmental disabilities. It was developed in the early 1980s because we, as researchers, could find no adequate instrument for measuring social and behavioral problems. Irritability was a principal component-derived tool encompassing five subscales and 34 items. The ABC was later found to have a high internal consistency (0.90) and a high test-retest reliability (0.85) [3].

Following its introduction, the ABC was slowly but gradually adopted as an outcome measure for pharmacological studies. It was also adopted as an outcome measure for behavioral interventions, and for characterize samples that were studied in various contexts (e.g., effects of planned changes in the environment on behavior, effects of pharmacological agents on behavior, effects of behavior on pharmacological agents, and the process of being translated) into 39 languages other than English ([http://psychmed.ox.ac.uk/media/ABC\\_Aman.pdf](http://psychmed.ox.ac.uk/media/ABC_Aman.pdf), [Bibliography.pdf](http://psychmed.ox.ac.uk/media/ABC_Aman.pdf), and [http://psychmed.ox.ac.uk/media/ABC\\_Aman.pdf](http://psychmed.ox.ac.uk/media/ABC_Aman.pdf)). Not surprisingly, the ABC maintains a foothold in autism research.

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**Introduction**

After requesting access, Johnson & Johnson Pharmaceutical submitted phase 3 and complementary data to the U.S. Food and Drug Administration (FDA) in pursuit of a clinical indication for treating irritability in children with autism. The application was approved in 2008, and this is the start for considerable pharmaceutical company interest in the ABC for treating children with autism disorders. Not long after, Bristol-Myers Squibb launched analogous studies, and established that aripiprazole was used in reducing irritable and antisocial behavior in autism with a 52% reduction in symptoms. Not long after, Aripiprazole was also FDA-approved for treating severe behavioral problems in autism with a 51% reduction in symptoms.

Following its introduction, the ABC was gradually adopted as an outcome measure for pharmacological studies. It was also adopted as an outcome measure for behavioral interventions, and for characterize samples that were studied in various contexts (e.g., effects of planned changes in the environment on behavior, effects of pharmacological agents on behavior, effects of behavior on pharmacological agents, and the process of being translated) into 39 languages other than English ([http://psychmed.ox.ac.uk/media/ABC\\_Aman.pdf](http://psychmed.ox.ac.uk/media/ABC_Aman.pdf), [Bibliography.pdf](http://psychmed.ox.ac.uk/media/ABC_Aman.pdf), and [http://psychmed.ox.ac.uk/media/ABC\\_Aman.pdf](http://psychmed.ox.ac.uk/media/ABC_Aman.pdf)). Not surprisingly, the ABC maintains a foothold in autism research.

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**Methodology**

Following its introduction, the ABC was gradually adopted as an outcome measure for pharmacological studies. It was also adopted as an outcome measure for behavioral interventions, and for characterize samples that were studied in various contexts (e.g., effects of planned changes in the environment on behavior, effects of pharmacological agents on behavior, effects of behavior on pharmacological agents, and the process of being translated) into 39 languages other than English ([http://psychmed.ox.ac.uk/media/ABC\\_Aman.pdf](http://psychmed.ox.ac.uk/media/ABC_Aman.pdf), [Bibliography.pdf](http://psychmed.ox.ac.uk/media/ABC_Aman.pdf), and [http://psychmed.ox.ac.uk/media/ABC\\_Aman.pdf](http://psychmed.ox.ac.uk/media/ABC_Aman.pdf)). Not surprisingly, the ABC maintains a foothold in autism research.

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**Conclusion**

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**Author's Note**

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**Conflict of Interest**

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