

The APA is offering a number of “emerging measures” for further research and clinical evaluation. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress. They should be used in research and evaluation as potentially useful tools to enhance clinical decision-making and not as the sole basis for making a clinical diagnosis. Instructions, scoring information, and interpretation guidelines are provided; further background information can be found in DSM-5. The APA requests that clinicians and researchers provide further data on the instruments’ usefulness in characterizing patient status and improving patient care at <http://www.dsm5.org/Pages/Feedback-Form.aspx>.

Measure: Clinician-Rated Severity of Autism Spectrum and Social Communication Disorders

Rights granted: This measure can be reproduced without permission by researchers and by clinicians for use with their patients.

Rights holder: American Psychiatric Association

To request permission for any other use beyond what is stipulated above, contact: <http://www.appi.org/CustomService/Pages/Permissions.aspx>



MIRACLE | Counseling

CLINICIAN-RATED SEVERITY OF AUTISM SPECTRUM AND SOCIAL COMMUNICATION DISORDERS

Name: _____ Age: _____ Sex: Male Female Date: _____

Instructions:
 This clinician-rated severity measure is used for the assessment of the **level of interference in functioning and support required as a result of:**

- a) Any social communication problems AND
- b) Any restricted interests and repetitive behaviors

for the individual diagnosed with (please select [✓] the disorder that applies to the individual receiving care):

Autism Spectrum Disorder
OR
 Social Communication Disorder

Based on all the information you have on the individual receiving care and using your clinical judgment, please rate (✓) the social communication problems and restricted interests and repetitive behaviors as experienced by the individual **in the past seven (7) days.**

	Level 0	Level 1	Level 2	Level 3
<p>SOCIAL COMMUNICATION:</p> <p>Rate the level of interference in functioning and support required as a result of SOCIAL COMMUNICATION deficits for this individual.</p>	<input type="checkbox"/> None	<input type="checkbox"/> Mild <i>Requiring support</i> (i.e., Without supports in place, deficits in social communication cause noticeable impairments. Has difficulty initiating social interactions and demonstrates clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions.)	<input type="checkbox"/> Moderate <i>Requiring SUBSTANTIAL support</i> (i.e., Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions and reduced or abnormal response to social overtures from others.)	<input type="checkbox"/> Severe <i>Requiring VERY SUBSTANTIAL support</i> (i.e., Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning; very limited initiation of social interactions and minimal response to social overtures from others.)
<p>RESTRICTED INTERESTS and REPETITIVE BEHAVIORS:</p> <p>Rate the level of interference in functioning and support required as a result of RESTRICTED INTERESTS and REPETITIVE BEHAVIORS for this individual.</p>	<input type="checkbox"/> None	<input type="checkbox"/> Mild <i>Requiring support</i> (i.e., Rituals and repetitive behaviors [RRBs] cause significant interference with functioning in one or more contexts. Resists attempts by others to interrupt RRBs or to be redirected from fixated interest.)	<input type="checkbox"/> Moderate <i>Requiring SUBSTANTIAL support</i> (i.e., RRBs and/or preoccupations and/or fixated interests appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress or frustration is apparent when RRBs are interrupted; difficult to redirect from fixated interest.)	<input type="checkbox"/> Severe <i>Requiring VERY SUBSTANTIAL support</i> (i.e., Preoccupations, fixed rituals and/or repetitive behaviors markedly interfere with functioning in all spheres. Marked distress when rituals or routines are interrupted; very difficult to redirect from fixated interest or returns to it quickly.)

Instructions to Clinicians

The Clinician-Rated Severity of Autism Spectrum and Social Communication Disorders is a 2-item measure that assesses the level of interference in functioning and support required as a result of difficulties in 1) SOCIAL COMMUNICATION and 2) RESTRICTED INTERESTS and REPETITIVE BEHAVIORS that are present for the individual receiving care. The measure may help with treatment planning and prognostic decision-making. The measure is completed by the clinician at the time of the clinical assessment. The clinician is asked to rate the level of interference and support required in functioning due to difficulties in each domain as experienced by the individual during the past seven days.

Scoring and Interpretation

Each item on the Clinician-Rated Severity of Autism Spectrum and Social Communication Disorders measure is rated on a 4-point scale (Level 0=None; Level 1=Mild/Requiring support; Level 2=Moderate/Requiring SUBSTANTIAL support; and Level 3=Severe/Requiring VERY SUBSTANTIAL support). The clinician is asked to review all available information for the individual and, based on his or her clinical judgment, select (✓) the level that most accurately describes the severity of the individual's condition. **The severity level for each item should be reported separately.** A combined score of overall severity should NOT be calculated.

Frequency of Use

To track changes in the individual's symptom severity over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual's symptoms and treatment status. Consistently high scores on a particular domain may indicate significant and problematic areas for the individual that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.