THE SOCIAL COMMUNICATION QUESTIONNAIRE (SCQ[™])

A Training Module for Early Interventionists

VT-ILEHP ASD LEND Program 2010

SCQ: What is it?



A 40-item standardized parent report screening measure for children at risk & assessing persons with autism and other severe behavioral disorders above 4.0 years old and with a mental age of at least 2.0 years.
Provides norm-referenced information that can <u>assist</u> in the

diagnosis of Autism

Development of the SCQ

- The SCQ was developed by Michael Rutter and Catherine Lord and published in 2003
- Designed as a screening questionnaire to be filled out by primary caregivers of individuals with ASD
- Based on the revised ADI (Autism Diagnostic Interview) (ADI-R: Lord, Rutter, and Le Couteur, 1994) and DSM-IV (American Psychiatric Association, 1994)
- Based on three areas of functioning: Reciprocal Social Interaction, Communication, and Restricted, Repetitive, and Stereotyped Patterns of Behavior

ADI-R and SCQ

- The SCQ was designed to be a companion screening measure for the Autism Diagnostic Interview-Revised (ADI-R).
- The ADI-R is a 93-item structured interview which can take 1 ¹/₂ to 2 ¹/₂ hours to complete.
- The 40 SCQ items "were chosen to match ADI-R which were found to have discriminative diagnostic validity" (Rutter, Bailey, Lord 2003).

The SCQ Manual



Provides detailed instructions on how to administer the SCQ along with information about reliability, validity, normative population **Provides factor loading for** different deficiency domains and validity analysis for each item for research purposes

SCQ Forms

- There are two SCQ forms which differ in terms of time period in which these behaviors have been observed in a child's lifetime.
- Make sure to inform the parent which form he or she will be completing
- Lifetime form
 - Focuses on behaviors observed during <u>any time during a child's</u> life along with some behaviors that might have been observed between the child's <u>fourth and fifth birthdays</u>.
 - Should be used for diagnostic screening purposes.
- Current Form
 - Focuses on behaviors observed during the <u>most recent 3 months</u> of the child's life.
 - More appropriate to determine change of individual's behavior over time, i.e. since the last assessment for children diagnosed with ASD.

Administering the SCQ

- Present the Parent with the appropriate form
 - If you are presenting the parent with the Lifetime form mention it might help if they try to recall where they lived or who the child's teacher/caretaker was during that period.
- Completing the form should take less than 10 minutes
- It is important that parents answer all of the questions.
- After the parent has answered the questions tear off the perforated strip, open the form and score the test based on the directions there.

Scoring

- Once the edge of the form is torn, open it, remove the carbon copy paper and begin scoring:
 - Item 1 does not receive a score, but it determines what other items you will use for your final score.
 - If the parent answered 'yes' to Item 1 on either the Current or the Lifetime form, score items 2-40.
 - If the parent answered 'no' to Item 1 on either the Current or Lifetime form, score items 8-40.
 - Total the items

Interpretation

- A cutoff score of 15 or greater is used as an indication of possible ASD and hence a need for additional comprehensive evaluation by a specialist such as a child psychiatrist, psychologist or developmental pediatrician trained in diagnosing ASD.
- Limited subscale information can also be obtained for the three different domains of deficiency by consulting pp. 8, 14, and 16 of the Manual.

Case Examples



Case Study: Josephine

4.5-year old, verbal female

- **Background**: Pre-school teacher noticed that she was occasionally making repetitive motions and avoiding prolonged play with her peers. When Josephine's mother brought her to her pediatrician, her mother completed the "Lifetime" SCQ.
- Josephine's mother answered the following questions based one whether or not she believe that Josephine had ever exhibited the listed behaviors. When a nurse scored the questionnaire the following answers with 1 point:
 - 4. Has she ever used socially inappropriate questions or statements? For example, has she ever regularly asked personal questions or made personals statements at awkward times? (Yes)
 - 6. Has she ever used words that she seemed to have invented or made up herself; put things in odd, indirect ways; or used metaphorical ways of saying things (E.g. saying hot rain for steam)? (Yes)
 - 7. Has she ever said the same thing over and over in exactly the same way, or insisted that you say the same thing over again? (Yes)
 - 9. Has her facial expression usually seemed appropriate to the particular situation, as far as you could tell? (No)

Case Study: Josephine

When a nurse scored the questionnaire the following answers with 1 point (continued):

- 13. Has she ever had any special interests that were unusual in their intensity but otherwise appropriate for her age and peer group? (Yes)
- 19. Does she have any particular friends or a best friend? (No)
- 26. When she was 4 to 5, did she ever show you things that interested her to engage your attention? (No)
- 30. When she was 4 to 5, did she ever want you to join in her enjoyment of something? (No)
- 31. did she ever try to comfort you when she was sad or hurt? (No)
- 33. When she was 4 to 5, did she show a normal range of facial expressions? (No)
- 35. When she was 4 to 5, did she play an pretend or make-believe games? (No)
- 36. When she was 4 to 5, did she seem interested in other children of approximately the same age whom she did not know? (No)
- 38. When she was 4 to 5, if you came into a room and started talking to her, without calling her name, did she usually look up and pay attention to you? (No)
- 39. When she was 4 to 5, did she ever play imaginative games with another child in such a way that you could tell that they each understood what the other was pretending? (No)
- 40. When she was 4 to 5, did she play cooperatively in games that required joining in with a group of other children, such as hide-and-seek or ball games? (No)

Case Study: Beatrice

QUESTIONS:

 Does this mean that Josephine has Autism?
ANSWER: No, but this score of 15 is above the threshold that indicates a risk of Autism.

2. What is the appropriate next step for the pediatrician to take? ANSWER: Josephine's risk of Autism indicates that she should be diagnosed by a developmental specialist such as a child psychiatrist, psychologist or developmental pediatrician.

Case Study: Josephine

 Conclusion: Josephine was referred to a developmental specialist who administered the ADOS and the ADI-R. He diagnosed Josephine with PDD-NOS and she immediately began to receive behavioral intervetions.



Rutter, M., Anthony, B., Lord, C., (2003). The Social Communication Questionnaire Manual. Los Angeles: Western Psychological Services