

The Autism Diagnostic Observation Schedule (ADOS)

The **Autism Diagnostic Observation Schedule (ADOS)** is a semi-structured, standardized assessment of communication, social interaction, and play or imaginative use of materials for individuals who have been referred for further testing secondary to the suspicion of possible autism or an autistic spectrum disorder. The ADOS was created by Catherine Lord, PhD; Michael Rutter, MD FRS; and colleagues, Pamela C. DiLavore, Ph.D., and Susan Risi, Ph.D and developed for full clinical application by Western Psychological Services, released in 1999. The ADOS can be used to evaluate individuals at different developmental levels and chronological ages, from toddlers to adults, from individuals with no speech to those who are verbally fluent. The ADOS examines the following areas: communication, social interaction, play, imagination, and stereotyped behaviors and restricted interests.



A clinician must participate in 2 full days of training in order to be able to administer the ADOS. Ongoing support and training is also available for the clinician to ensure accuracy in the administration and analysis of the ADOS. The ADOS consists of standard activities that allow the examiner to observe behaviors that have been identified as important to the diagnosis of autism spectrum disorders for specific developmental levels and chronological ages. The ADOS incorporates the use of planned social occasions, referred to as “presses”, in which a particular type of behavior is likely to appear. Structured activities and materials provide standard contexts in which social interactions, communication, and other behaviors relevant to autism spectrum disorders are observed.



The ADOS measure uses four different “modules”, individually designed to target individuals of specific developmental ages and language abilities (from nonverbal to verbally fluent). The individual being evaluated is administered one module which best matches his or her expressive language level and chronological age.

- Module 1 is used with children who do not consistently use phrase speech.
- Module 2 with those who use phrase speech but are not verbally fluent.
- Module 3 with verbally fluent children.
- Module 4 with verbally fluent adolescents and adults.

The one group within the autism spectrum that the ADOS does not address is nonverbal adolescents and adults.

The examiner observes the clients' behavior and assigns identified segments to predetermined observational categories. Categorized observations are subsequently combined to produce quantitative scores for analysis. The activities are meant to be enjoyable for the examinee while providing a standardized context for interactions. After the administration of the ADOS, examiners use their notes of observations collected throughout the evaluation and assign ratings in specific categories based on degree of abnormality.

An algorithm is then applied to specific diagnostic domains that include social, communication, and stereotyped and restricted behaviors. A sum of total individual item ratings is derived for each clinical domain, and if the total summed score for each domain exceeds an empirically derived cut-off point, then it is suggested that the individual meets autism criteria for that individual domain. These ratings are used to determine an ADOS classification, *not a diagnosis*, which can then be used in conjunction with other assessment information to determine an overall diagnosis by a medical doctor, psychologist, or other qualified professional.

