

Checklist for Autism Spectrum Disorder (CASD)

Overview

The Checklist for Autism Spectrum Disorder (CASD; Mayes, 2012) is a diagnostic and screening tool. The CASD is unique because it was designed to assess autism as a spectrum, rather than using distinct subtypes. This approach is consistent with the DSM-5. The 30 items on the CASD were developed to describe the broad range of symptoms (organized into five categories) displayed by individuals with autism spectrum disorder (ASD) in order to help parents and others to understand that relationship between these behaviors and ASD. Moreover, the CASD can be used to design a treatment program by targeting symptoms for intervention. The CASD is administered through a 15-minute semi-structured parent interview, information from a teacher or childcare provider, observations, and review of records. The examiner inquires whether or not each of the 30 symptoms were ever present.

Summary

Name of Tool/Author	Screening/ Diagnosis	Age Range*	Method of Administration/Format	Approximate Time to Administer	Subscales
Checklist for Autism Spectrum Disorder (CASD; Mayes, 2012).		1–17	Thirty items scored by clinician based on semi-structured interview with the parent, information from teacher or other care provider, observations of child, and records. Symptoms are scored based on a lifetime occurrence.	15 min.	Five categories include: Problems with Social Interaction; Perseveration; Somatosensory Disturbance; Atypical Communication and Development; Mood Disturbance; Problems with Attention and Safety

*In years except where noted.

Availability: Stoelting, <http://bit.ly/1kL6ReB>

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Research

Author (Year)	Age Range (in years)	Sample Size	Topic Addressed	Outcome <i>r</i> = correlation
Mayes, Black, & Tierney (2013).	1–16	125	Validity	Sensitivity: Low Functioning (DSM-5 = 98%; DSM-IV = 100%). PDDNOS (DSM-5 27% identified as ASD). Specificity: 100% for DSM-5 and 97% for DSM-IV
Murray, Mayes, & Smith. (2011).	12–17	29	Validity	Agreement between the CASD and ADI-R was 93.1%. ($\kappa = .70$).
Mayes SD, Calhoun SL, Murray MJ, et al. (2009).	1–6	520	Validity Reliability	<p>Validity: The CASD differentiated students with autism from those with ADHD with 99.5% accuracy and students with autism from typically developing students with 100% accuracy.</p> <p>High diagnostic agreement was found with existing measures including the CARS (98%) and GADS (94%).</p> <p>Reliability: Interrater reliability was high ($r = .72, p < .0001$). Clinician and parent diagnostic findings were similar to one another (90% agreement).</p>

References

- Mayes, S.D. (2012). *Checklist for Autism Spectrum Disorder*. Chicago, IL: Stoelting.
- Mayes, S.D., Black, A., & Tierney, C.D. (2013). DSM-5 under-identifies PDDNOW: Diagnostic agreement between the DSM-5, DSM-IV, and Checklist for Autism Spectrum Disorder. *Research in Autism Spectrum Disorders, 7*(2), 298–306.
- Mayes, S.D., Calhoun, S.L., Murray, M.J., Morrow, J.D., Yurich, K.K.L. Mahr, F. . . Petersen, C. (2009). Comparison of scores on the checklist or autism spectrum disorder, Childhood Autism Rating Scale, and Gilliam Asperger’s Disorder Scale for children with low functioning autism, high functioning autism, Asperger’s disorder, ADHD, and typical development. *Journal of Autism and Developmental Disorders, 39*(12), 1682–1693.

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Murray, M.J., Mayes, S.D., & Smith, L.A. (2011). Brief report: Excellent agreement between two brief autism scales (Checklist for Autism Spectrum Disorder and Social Responsiveness Scale) completed independently by parents and the Autism Diagnostic Interview – Revised. *Journal of Autism and Developmental Disabilities, 41*(11), 1586–1590.