



Updated Norms | Summary Report | FLEX Monitor |

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Declaration of Conflict of Interest: Dr. Moran receives financial compensation from sales of BASC-3

The 20/20 Problem:

Of the 20% of Children who have a Mental Health Disorder, only 20% Receive Services

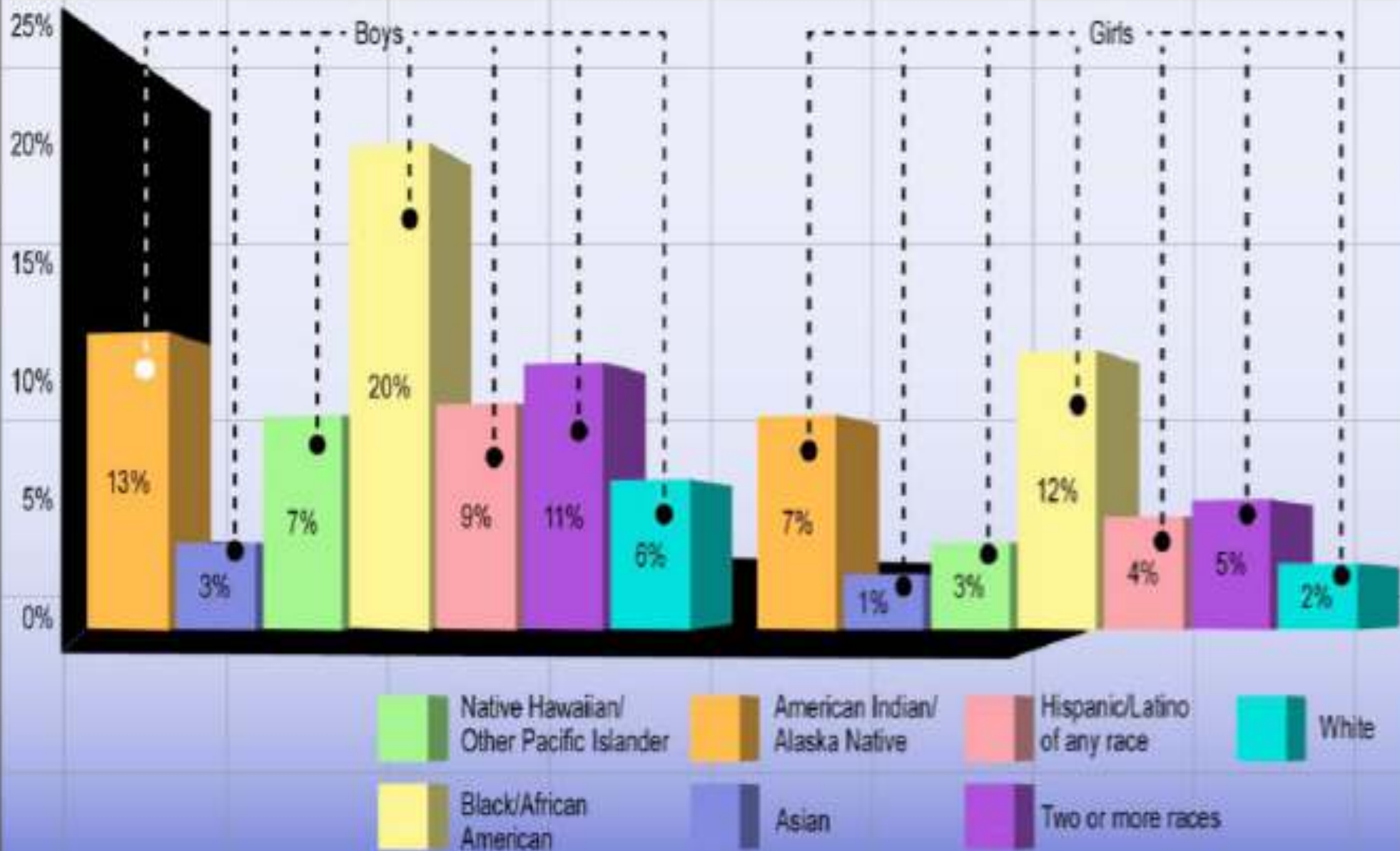
Teacher and Parent Referral are Imperfect: In one study Head Start staff under-identified children with behavioral or emotional problems as a group, and those children with the highest risk for poor academic readiness were **MOST** likely to be unidentified and untreated. - Fantuzzo, Bulotsky, McDermott, Mosca, &Lutz, 2003

No “Child Find” Effort is in Place: Schools routinely engage in universal screening for vision, hearing, speech, and academic problems to mitigate risk, but **NOT** for emotional and behavior problems.

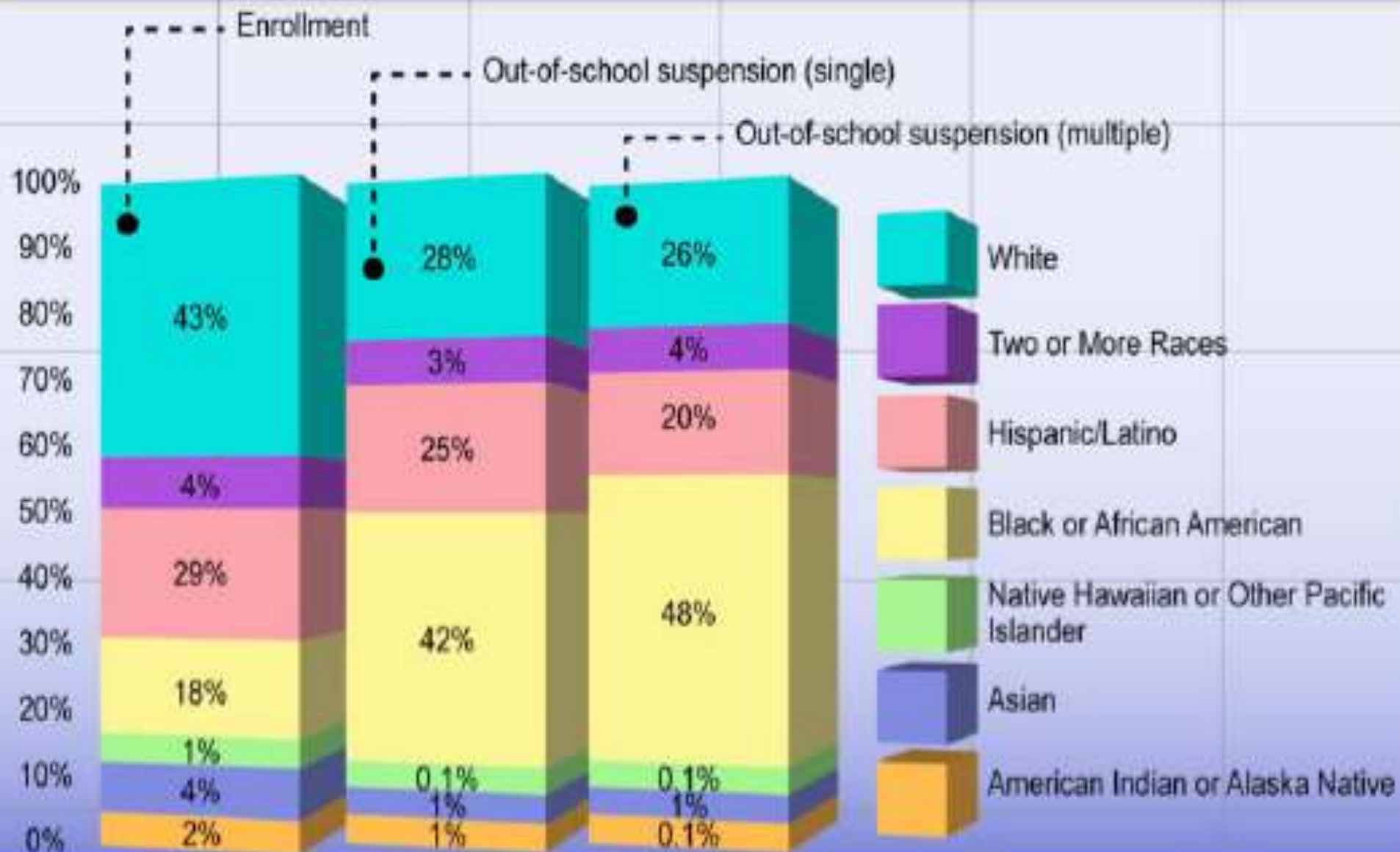
Disproportionate Discipline

Disproportionality Starts at Referral. Bradshaw, et al., (2010) found that if a Black and White student have the same teacher rating scale scores and other results, the Black student would still have a **24% to 80%** greater chance of receiving an Office Discipline Referral (**ODR**) compared to a White peer.

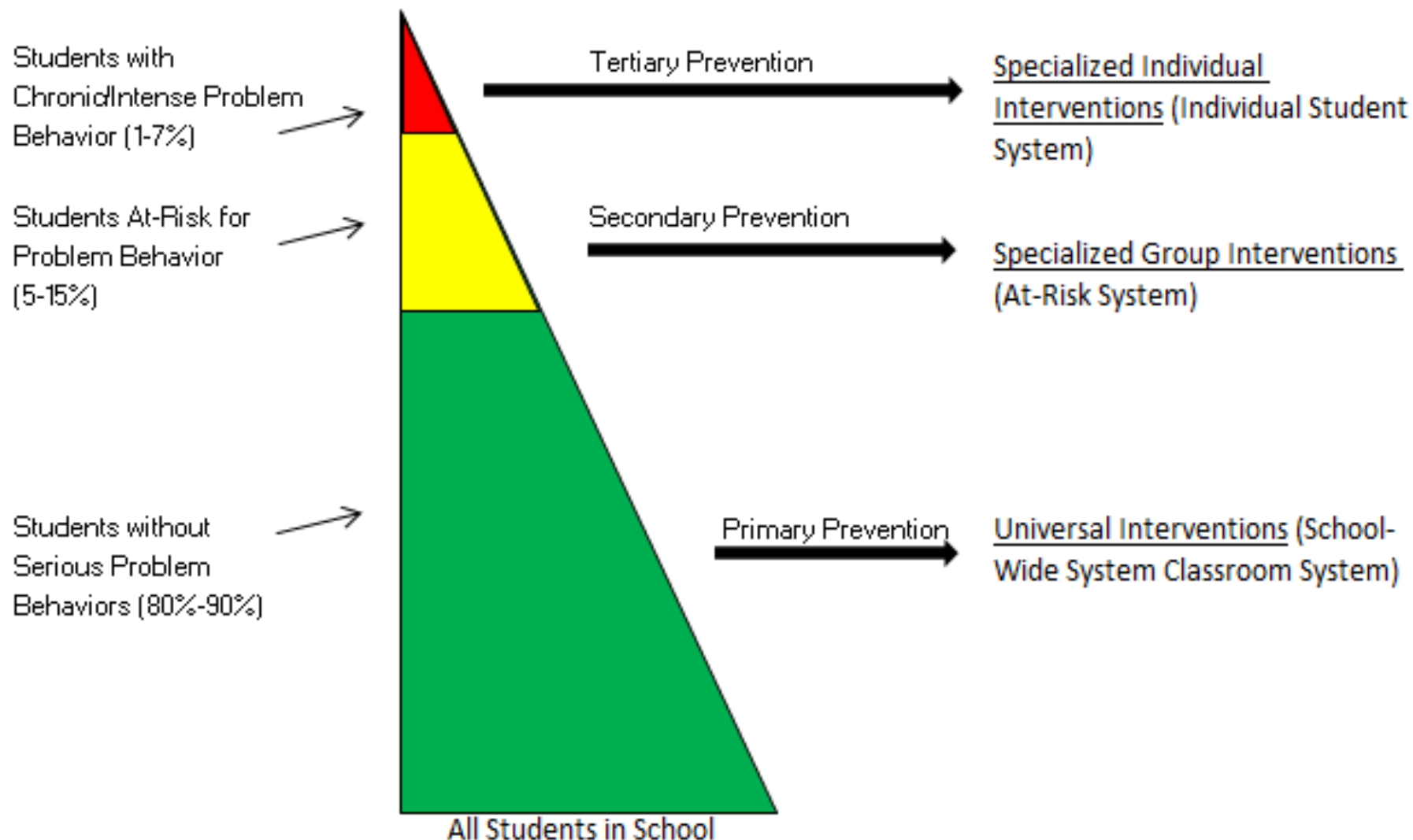
Students receiving out-of-school suspensions by race/ethnicity and gender



Preschool students receiving suspensions, by race and ethnicity



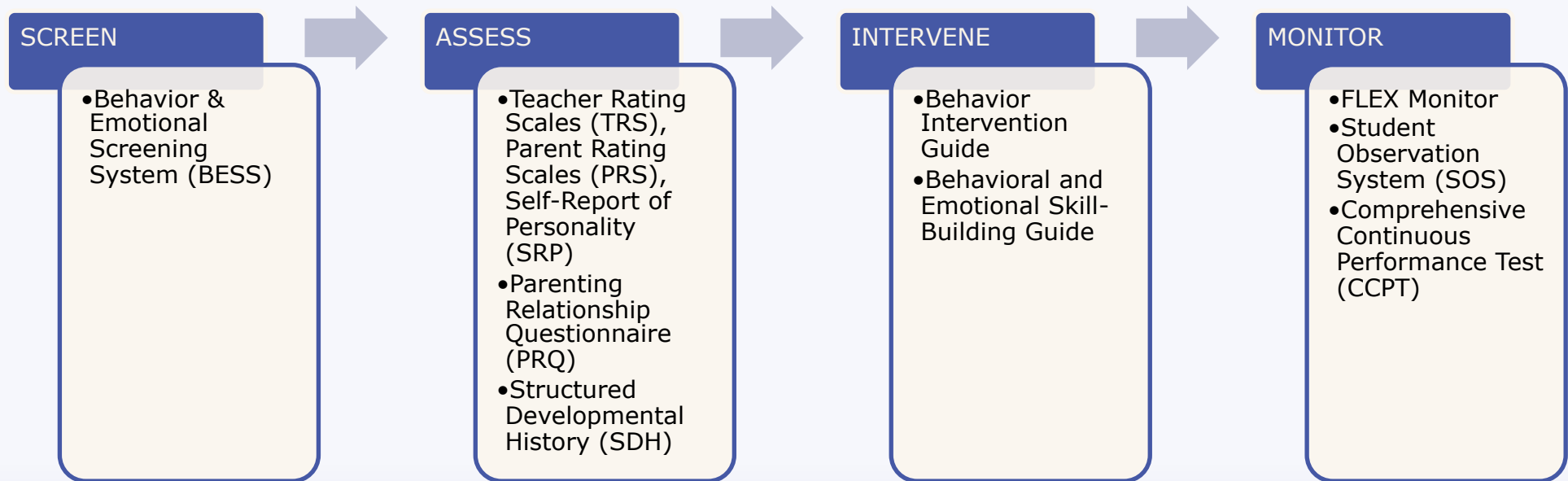
Continuum of Prevention Services



Components

- Behavioral and Emotional Screening System (BESS)
- Teacher Rating Scales (TRS)
- Parent Rating Scales (PRS)
- Self-Report of Personality (SRP)
- Structured Developmental History (SDH)
- Student Observation System (SOS)
- Behavior Intervention Guide
- Behavioral and Emotional Skill Building Guide
- Flex Monitor
- Parenting Relationship Questionnaire (PRQ)
- Comprehensive Continuous Performance Test

Comprehensive Behavior Management



BASC-3 Revision Goals

- Maintain measurement integrity and quality
- Improve integration of components
- Improve item content, scale reliability, and score inference validity
- Offer new content scales without lengthening the rating scales significantly
- Measure broad range of behavior, emotion, and personality including, positive, adaptive dimensions and negative, clinical dimensions.

TRS, PRS, and SRP – What's New?

- On average, across the TRS and PRS forms, 32% new items
- Each content scale now includes a few items that are unique to the scale
- Significant addition to Executive Functioning items and coverage based on research by Dr. Mauricio A. Garcia Barrera of the University of Victoria, British Columbia, Canada
 - 4 new subscales (software only): Problem Solving, Attentional Control, Behavioral Control, and Emotional Control
- Significant addition of Developmental Social Disorder items

BASC-3 Scale Types

Scale Type	Description
Clinical	Measure maladaptive behaviors, where high scores indicate problematic levels of functioning. Items are unique to a Clinical or Adaptive scale.
Adaptive	Measure adaptive behaviors or behavioral strengths, where low scores indicate possible problem areas. Items are unique to a Clinical or Adaptive scale.
Content	Measure maladaptive or adaptive behaviors; are comprised of a few unique items along with items from other Clinical or Adaptive scales.
Composite	Comprised of scale groupings that are based on theory and factor analytic results.
Indexes	Empirically derived scales comprised of items from other scales that were selected based on their ability to differentiate those with and without behavioral or emotional functioning diagnosis or classification.

Clinical Scales

Clinical Scale	Description
Aggression	The tendency to act in a hostile manner (either verbal or physical) that is threatening to others about real or imagined problems
Anxiety	The tendency to be nervous, fearful, or worried
Attention Problems	The tendency to be easily distracted and unable to concentrate more than momentarily
Atypicality	The tendency to behave in ways that are considered "odd" or commonly associated with psychosis
Conduct Problems	The tendency to engage in antisocial and rule-breaking behavior, including destroying property
Depression	Feelings of unhappiness, sadness, and stress that may result in an inability to carry out everyday activities or may bring on thoughts of suicide
Hyperactivity	The tendency to be overly active, rush through work or activities, and act without thinking
Learning Problems	The presence of academic difficulties, particularly understanding or completing homework
Somatization	The tendency to be overly sensitive to and complain about relatively minor physical problems and discomforts
Withdrawal	The tendency to evade others to avoid social contact

BASC-3 TRS and PRS Sample Clinical Scale Items

- **Hyperactivity**

Acts without thinking

Is in constant motion

- **Aggression**

Bullies others

Manipulates others

- **Conduct Problems**

Disobeys

Hurts others on purpose

- **Anxiety**

Is fearful

Has trouble making decisions

- **Depression**

Is negative about things

Says, "I can't do anything right"

- **Somatization**

Is afraid of getting sick

Complains of physical problems

Italicized items are new

BASC-3 TRS and PRS Sample Clinical Scale Items

- **Attention Problems**

Has short attention span

Has trouble concentrating

- **Learning Problems**

Gets failing school grades

Demonstrates critical thinking skills

- **Atypicality**

Seems out of touch with reality

Acts as if other children are not there

- **Withdrawal**

Quickly joins group activities

Isolates self from others

Italicized items are new

Adaptive Scales

Adaptive Scale	Description
Activities of Daily Living	The skills associated with performing basic, everyday tasks in an acceptable and safe manner
Adaptability	The ability to adapt readily to changes in the environment
Functional Communication	The ability to express ideas and communicate in a way others can easily understand
Leadership	The skills associated with accomplishing academic, social, or community goals, including the ability to work with others
Social Skills	The skills necessary for interacting successfully with peers and adults in home, school, and community settings
Study Skills	The skills that are conducive to strong academic performance, including organizational skills and good study habits

BASC-3 TRS and PRS Adaptive Scale Sample Items

- **Activities of Daily Living**

Organizes chores or other tasks well

Makes healthy food choices

- **Adaptability**

Adjusts well to changes in plans

Accepts things as they are

- **Social Skills**

Shows interest in others' ideas

Accepts people who are different from his or her self

Italicized items are new

BASC-3 TRS and PRS Adaptive Scale Sample Items

- **Leadership**

Is usually chosen as leader

Is highly motivated to succeed

- **Study Skills**

Completes homework

Stays on task

- **Functional Communication**

Responds appropriately when asked a question

Starts conversations

Italicized items are new

Content Scales

Content Scale	Description
Anger Control	The tendency to become irritated and/or angry quickly and impulsively, coupled with an inability to regulate affect and self-control
Bullying	The tendency to be intrusive, cruel, threatening, or forceful to get what is wanted through manipulation or coercion
Developmental Social Disorders	The tendency to display behaviors characterized by deficits in social skills, communication, interests, and activities; such behaviors may include self-stimulation, withdrawal, and inappropriate socialization
Emotional Self-Control	The ability to regulate one's affect and emotions in response to environmental changes
Executive Functioning	The ability to control behavior by planning, anticipating, inhibiting, or maintaining goal-directed activity, and by reacting appropriately to environmental feedback in a purposeful, meaningful way
Negative Emotionality	The tendency to react in an overly negative way and to any changes in everyday activities or routines
Resiliency	The ability to access both internal and external support systems to alleviate stress and overcome adversity

BASC-3 TRS and PRS New Content Scale Only Items

- **Anger Control**

Loses control when angry

Gets angry easily

- **Bullying**

Tells lies about others

Puts others down

- **Developmental Social Disorders (See next slide)**

Engages in repetitive movements

Avoids eye contact

BASC-3 Q-global: Autism/PDD DSM Items

Developmental Social Disorders Scale, Ex Items

Adaptability	<p>Adjusts easily to new surroundings.</p> <p>Adjusts well to changes in family plans.</p> <p>Adjusts well to changes in plans.</p> <p>Adjusts well to changes in routine.</p>
Atypicality	<p>Acts as if other children are not there.</p> <p>Acts strangely.</p> <p>Babbles to self.</p> <p>Bangs head.</p> <p>Confuses real with make-believe.</p> <p>Seems out of touch with reality.</p> <p>Seems unaware of others.</p> <p>Shows feelings that do not fit the situation.</p>
Developmental Social Disorder	<p>Avoids eye contact.</p> <p>Engages in repetitive movements.</p> <p>Shows basic emotions clearly.</p>
Functional Communication	<p>Communicates clearly.</p> <p>Is able to describe feelings accurately.</p> <p>Is clear when telling about personal experiences.</p> <p>Responds appropriately when asked a question.</p>
Social Skills	<p>Shows interest in others' ideas.</p>
Withdrawal	<p>Has trouble making new friends.</p> <p>Isolates self from others.</p> <p>Prefers to play alone.</p> <p>Quickly joins group activities.</p>

TRS-P: Correlations with the Autism Spectrum Rating Scales (2-5 yrs.) Teacher Ratings												
	Social/Communication	Unusual Behaviors	DSM-IV-TR	Peer Socialization	Adult Socialization	Social/Emotional Reciprocity	Atypical Language	Stereotypy	Behavioral Rigidity	Sensory Sensitivity	Attention/Self-Regulation	Total
Composite												
Externalizing Problems	0.4	0.38	0.42	0.3	0.42	0.38	0.24	0.38	0.28	0.39	0.46	0.43
Internalizing Problems	0.29	0.46	0.4	0.27	0.31	0.19	0.37	0.45	0.38	0.43	0.34	0.45
Adaptive Skills	-0.55	-0.42	-0.57	-0.45	-0.44	-0.54	-0.38	-0.39	-0.34	-0.42	-0.38	-0.52
Behavioral Symptoms Index	0.52	0.48	0.55	0.43	0.47	0.48	0.34	0.49	0.36	0.49	0.49	0.55
Clinical Scale												
Hyperactivity	0.38	0.41	0.41	0.26	0.37	0.35	0.26	0.38	0.31	0.38	0.51	0.45
Aggression	0.37	0.31	0.39	0.3	0.43	0.36	0.19	0.34	0.23	0.34	0.37	0.38
Anxiety	0.16	0.41	0.3	0.13	0.3	0.12	0.29	0.3	0.36	0.39	0.17	0.34
Depression	0.26	0.35	0.32	0.28	0.34	0.19	0.27	0.31	0.31	0.31	0.24	0.35
Somatization	0.24	0.31	0.27	0.21	0.06	0.13	0.32	0.42	0.2	0.28	0.38	0.36
Attention Problems	0.53	0.46	0.54	0.35	0.46	0.51	0.41	0.41	0.36	0.46	0.59	0.54
Atypicality	0.52	0.45	0.53	0.46	0.39	0.44	0.39	0.49	0.29	0.44	0.5	0.54
Withdrawal	0.42	0.34	0.45	0.39	0.3	0.41	0.14	0.39	0.25	0.4	0.16	0.41
Adaptive Scale												
Adaptability	-0.46	-0.48	-0.53	-0.4	-0.41	-0.41	-0.37	-0.42	-0.44	-0.43	-0.41	-0.52
Social Skills	-0.37	-0.26	-0.4	-0.32	-0.27	-0.43	-0.27	-0.26	-0.18	-0.31	-0.17	-0.32
Functional Communication	-0.56	-0.33	-0.54	-0.43	-0.44	-0.55	-0.31	-0.31	-0.21	-0.33	-0.39	-0.47
Content Scales												
Anger Control	0.35	0.35	0.42	0.31	0.44	0.33	0.21	0.36	0.3	0.36	0.32	0.38
Bullying	0.43	0.31	0.43	0.34	0.37	0.45	0.16	0.34	0.23	0.34	0.37	0.4
Developmental Social Disorders	0.61	0.49	0.63	0.49	0.45	0.59	0.34	0.53	0.37	0.51	0.42	0.61
Emotional Self-Control	0.32	0.39	0.4	0.28	0.41	0.26	0.31	0.35	0.36	0.35	0.35	0.41
Executive Functioning	0.53	0.48	0.55	0.42	0.53	0.48	0.36	0.44	0.38	0.46	0.52	0.56
Negative Emotionality	0.23	0.31	0.29	0.23	0.31	0.16	0.18	0.28	0.31	0.26	0.23	0.33
Resiliency	-0.47	-0.46	-0.51	-0.4	-0.47	-0.41	-0.36	-0.43	-0.38	-0.42	-0.4	-0.51
Clinical Indices												
Clinical Probability Index	0.59	0.51	0.62	0.45	0.49	0.55	0.42	0.51	0.39	0.5	0.57	0.61

TRS-C: Correlations with the Autism Spectrum Rating Scales (6-18 yrs.) Teacher Ratings													
Dimension	Social/Communication			Unusual Behaviors			Self-Regulation			DSM-IV-TR			Total
	Social/Communication	Unusual Behaviors	Self-Regulation	DSM-IV-TR	Peer Socialization	Adult Socialization	Social/Emotional Reciprocity	Atypical Language	Stereotypy	Behavioral Rigidity	Sensory Sensitivity	Attention	
Composite													
Externalizing Problems	0.16	0.42	0.53	0.3	0.23	0.4	0.2	0.4	0.27	0.35	0.46	0.49	0.38
Internalizing Problems	0.37	0.39	0.32	0.4	0.45	0.39	0.39	0.34	0.25	0.34	0.42	0.23	0.39
School Problems	0.25	0.48	0.62	0.39	0.27	0.4	0.33	0.53	0.31	0.41	0.47	0.61	0.48
Adaptive Skills	-0.43	-0.61	-0.52	-0.54	-0.48	-0.44	-0.53	-0.52	-0.37	-0.59	-0.56	-0.55	-0.58
Behavioral Symptoms Index	0.35	0.56	0.53	0.46	0.42	0.48	0.39	0.5	0.35	0.48	0.57	0.48	0.52
Clinical Scale													
Hyperactivity	0.11	0.4	0.51	0.26	0.17	0.36	0.15	0.45	0.26	0.29	0.41	0.53	0.36
Aggression	0.22	0.45	0.51	0.36	0.28	0.46	0.24	0.4	0.35	0.41	0.5	0.44	0.4
Conduct Problems	0.13	0.33	0.48	0.25	0.21	0.33	0.17	0.28	0.17	0.31	0.39	0.41	0.31
Anxiety	0.38	0.43	0.31	0.43	0.43	0.41	0.43	0.39	0.26	0.43	0.45	0.21	0.42
Depression	0.44	0.47	0.36	0.49	0.51	0.44	0.46	0.37	0.32	0.43	0.48	0.26	0.48
Somatization	0.19	0.15	0.19	0.19	0.29	0.22	0.18	0.14	0.1	0.06	0.23	0.13	0.18
Attention Problems	0.12	0.38	0.51	0.24	0.13	0.28	0.2	0.41	0.21	0.31	0.33	0.52	0.35
Learning Problems	0.34	0.49	0.58	0.45	0.35	0.42	0.39	0.52	0.35	0.43	0.5	0.55	0.51
Atypicality	0.26	0.41	0.38	0.33	0.33	0.33	0.28	0.39	0.23	0.35	0.46	0.36	0.38
Withdrawal	0.5	0.57	0.34	0.54	0.59	0.47	0.51	0.39	0.37	0.53	0.53	0.27	0.52
Adaptive Scale													
Adaptability	-0.45	-0.58	-0.41	-0.53	-0.47	-0.44	-0.49	-0.42	-0.36	-0.61	-0.49	-0.4	-0.54
Social Skills	-0.35	-0.47	-0.37	-0.43	-0.39	-0.39	-0.45	-0.31	-0.25	-0.49	-0.46	-0.4	-0.45
Leadership	-0.31	-0.48	-0.46	-0.41	-0.35	-0.34	-0.45	-0.45	-0.24	-0.45	-0.47	-0.5	-0.47
Study Skills	-0.22	-0.44	-0.48	-0.36	-0.27	-0.31	-0.3	-0.49	-0.27	-0.39	-0.39	-0.55	-0.42
Functional Communication	-0.47	-0.59	-0.48	-0.54	-0.52	-0.4	-0.52	-0.54	-0.44	-0.55	-0.59	-0.48	-0.57
Content Scales													
Anger Control	0.57	0.77	0.71	0.7	0.62	0.66	0.58	0.7	0.61	0.73	0.71	0.66	0.73
Bullying	0.08	0.25	0.37	0.18	0.14	0.26	0.13	0.21	0.16	0.21	0.34	0.33	0.24
Developmental Social Disorders	0.49	0.59	0.41	0.55	0.54	0.48	0.52	0.46	0.37	0.55	0.59	0.38	0.55
Emotional Self-Control	0.58	0.72	0.58	0.7	0.63	0.62	0.62	0.65	0.52	0.71	0.69	0.48	0.69
Executive Functioning	0.32	0.6	0.62	0.47	0.35	0.45	0.41	0.58	0.37	0.53	0.55	0.64	0.55
Negative Emotionality	0.52	0.65	0.58	0.62	0.57	0.59	0.55	0.51	0.45	0.65	0.64	0.45	0.63
Resiliency	-0.42	-0.56	-0.46	-0.51	-0.45	-0.42	-0.52	-0.47	-0.32	-0.58	-0.52	-0.48	-0.54
Clinical Indices													
ADHD Probability Index	0.26	0.55	0.6	0.42	0.32	0.44	0.34	0.56	0.33	0.46	0.53	0.6	0.5
EBD Probability Index	0.34	0.53	0.54	0.46	0.41	0.48	0.39	0.46	0.35	0.48	0.57	0.47	0.5
Autism Spectrum Rating Scale	0.15	0.31	0.46	0.35	0.25	0.36	0.25	0.37	0.25	0.35	0.46	0.46	0.35

PRS-P: Correlations with the Autism Spectrum Rating Scales (2-5 yrs.) Teacher Ratings												
	Social/Communication	Unusual Behaviors	DSM-IV-TR	Peer Socialization	Adult Socialization	Social/Emotional Reciprocity	Atypical Language	Stereotypy	Behavioral Rigidity	Sensory Sensitivity	Attention/Self-Regulation	Total
Composite												
Externalizing Problems	0.16	0.32	0.16	-0.01	0.4	-0.06	0.43	0.27	0.22	0.35	0.6	0.28
Internalizing Problems	0.05	0.28	0.09	0.07	0.37	-0.15	0.24	0.11	0.32	0.26	0.27	0.19
Adaptive Skills	-0.53	-0.34	-0.55	-0.45	-0.38	-0.51	-0.27	-0.28	-0.27	-0.18	-0.34	-0.49
Behavioral Symptoms Index	0.4	0.53	0.44	0.28	0.59	0.19	0.51	0.4	0.46	0.46	0.66	0.52
Clinical Scale												
Hyperactivity	0.24	0.42	0.29	0.09	0.41	0.05	0.51	0.38	0.3	0.4	0.6	0.37
Aggression	0.03	0.12	-0.04	-0.12	0.3	-0.14	0.2	0.06	0.05	0.24	0.43	0.09
Anxiety	-0.07	0.22	0.01	0.01	0.14	-0.19	0.15	0.06	0.31	0.21	0.05	0.08
Depression	0.13	0.26	0.18	0.08	0.38	-0.03	0.26	0.15	0.31	0.19	0.34	0.22
Somatization	0.05	0.17	-0.01	0.06	0.33	-0.14	0.1	0.08	0.12	0.22	0.23	0.13
Attention Problems	0.49	0.46	0.5	0.28	0.42	0.39	0.53	0.46	0.35	0.28	0.68	0.53
Atypicality	0.41	0.51	0.42	0.33	0.58	0.21	0.46	0.37	0.46	0.51	0.52	0.52
Withdrawal	0.3	0.27	0.35	0.41	0.25	0.27	0.02	0.15	0.29	0.21	0.02	0.31
Adaptive Scale												
Adaptability	-0.32	-0.4	-0.44	-0.22	-0.42	-0.32	-0.19	-0.3	-0.45	-0.27	-0.33	-0.41
Social Skills	-0.5	-0.24	-0.48	-0.43	-0.26	-0.5	-0.15	-0.24	-0.2	-0.1	-0.23	-0.42
Activities of Daily Living	-0.21	-0.14	-0.21	-0.24	-0.17	-0.14	-0.27	-0.03	-0.06	-0.07	-0.19	-0.19
Functional Communication	-0.48	-0.15	-0.44	-0.43	-0.23	-0.48	-0.18	-0.21	-0.03	-0.08	-0.2	-0.37
Content Scales												
Anger Control	0.18	0.25	0.21	0.09	0.4	0.03	0.28	0.16	0.22	0.25	0.37	0.25
Bullying	-0.15	-0.01	-0.22	-0.15	0.26	-0.3	-0.01	-0.04	-0.04	0.2	0.2	-0.09
Developmental Social Disorders	0.62	0.51	0.66	0.52	0.44	0.58	0.37	0.51	0.42	0.43	0.46	0.63
Emotional Self-Control	0.18	0.32	0.24	0.11	0.43	0.03	0.31	0.22	0.31	0.26	0.41	0.29
Executive Functioning	0.42	0.44	0.47	0.23	0.51	0.31	0.46	0.41	0.34	0.38	0.61	0.49
Negative Emotionality	0.14	0.24	0.16	0.08	0.39	-0.01	0.26	0.13	0.23	0.21	0.38	0.22
Resiliency	-0.38	-0.44	-0.48	-0.27	-0.43	-0.35	-0.12	-0.35	-0.47	-0.28	-0.27	-0.46
Clinical Indices												
Clinical Probability Index	0.52	0.36	0.51	0.42	0.5	0.43	0.38	0.34	0.3	0.26	0.53	0.5
Functional Impairment Index	0.51	0.45	0.54	0.45	0.51	0.4	0.39	0.37	0.38	0.32	0.5	0.53

PRS-C: Correlations with the Autism Spectrum Rating Scales (6-18 yrs.) Teacher Ratings													
	Social/Communication	Unusual Behaviors	Self-Regulation	DSM-IV-TR	Peer Socialization	Adult Socialization	Social/Emotional Reciprocity	Atypical Language	Stereotypy	Behavioral Rigidity	Sensory Sensitivity	Attention	Total
Composite													
Externalizing Problems	0.2	0.37	0.56	0.33	0.38	0.49	0.24	0.39	0.23	0.36	0.38	0.44	0.42
Internalizing Problems	0.3	0.37	0.37	0.34	0.41	0.31	0.27	0.44	0.2	0.38	0.26	0.34	0.4
Adaptive Skills	-0.65	-0.64	-0.7	-0.69	-0.63	-0.65	-0.69	-0.6	-0.44	-0.59	-0.58	-0.68	-0.75
Behavioral Symptoms Index	0.36	0.48	0.63	0.49	0.51	0.55	0.41	0.54	0.3	0.48	0.38	0.55	0.56
Clinical Scale													
Hyperactivity	0.14	0.33	0.5	0.3	0.29	0.4	0.2	0.35	0.19	0.35	0.27	0.41	0.36
Aggression	0.22	0.38	0.49	0.33	0.38	0.45	0.25	0.41	0.26	0.35	0.38	0.38	0.4
Conduct Problems	0.17	0.27	0.49	0.25	0.31	0.45	0.21	0.3	0.17	0.25	0.38	0.38	0.35
Anxiety	0.31	0.41	0.39	0.41	0.4	0.32	0.31	0.48	0.24	0.45	0.17	0.37	0.43
Depression	0.32	0.42	0.48	0.4	0.47	0.44	0.32	0.46	0.25	0.45	0.32	0.41	0.46
Somatization	0.15	0.15	0.1	0.1	0.21	0.06	0.06	0.22	0.03	0.1	0.2	0.12	0.15
Attention Problems	0.43	0.51	0.75	0.55	0.48	0.56	0.52	0.57	0.37	0.47	0.42	0.71	0.63
Atypicality	0.28	0.36	0.45	0.39	0.43	0.38	0.33	0.43	0.27	0.34	0.18	0.44	0.42
Withdrawal	0.42	0.35	0.36	0.43	0.4	0.44	0.43	0.39	0.17	0.35	0.27	0.35	0.44
Adaptive Scale													
Adaptability	-0.51	-0.59	-0.56	-0.6	-0.55	-0.54	-0.57	-0.54	-0.37	-0.6	-0.49	-0.5	-0.63
Social Skills	-0.64	-0.57	-0.63	-0.63	-0.59	-0.63	-0.64	-0.52	-0.38	-0.52	-0.61	-0.6	-0.69
Leadership	-0.61	-0.5	-0.61	-0.6	-0.5	-0.53	-0.65	-0.5	-0.37	-0.43	-0.38	-0.61	-0.66
Activities of Daily Living	-0.45	-0.54	-0.69	-0.54	-0.55	-0.6	-0.49	-0.51	-0.41	-0.48	-0.58	-0.67	-0.63
Functional Communication	-0.61	-0.58	-0.58	-0.63	-0.57	-0.51	-0.66	-0.54	-0.38	-0.53	-0.46	-0.58	-0.67
Content Scales													
Anger Control	0.22	0.41	0.51	0.34	0.39	0.44	0.24	0.43	0.22	0.44	0.38	0.38	0.43
Bullying	0.25	0.36	0.5	0.35	0.41	0.47	0.28	0.41	0.3	0.33	0.37	0.41	0.41
Developmental Social Disorders	0.59	0.65	0.61	0.67	0.64	0.59	0.63	0.62	0.43	0.64	0.5	0.58	0.7
Emotional Self-Control	0.31	0.5	0.49	0.45	0.49	0.49	0.31	0.55	0.29	0.52	0.37	0.41	0.49
Executive Functioning	0.49	0.61	0.76	0.62	0.59	0.61	0.56	0.61	0.41	0.57	0.53	0.71	0.7
Negative Emotionality	0.27	0.41	0.5	0.38	0.43	0.46	0.29	0.44	0.23	0.46	0.36	0.4	0.45
Resiliency	-0.64	-0.6	-0.58	-0.66	-0.6	-0.55	-0.69	-0.52	-0.42	-0.54	-0.52	-0.58	-0.69
Clinical Indices													
ADHD Probability Index	0.37	0.54	0.75	0.53	0.51	0.59	0.45	0.59	0.36	0.5	0.46	0.7	0.63
EBD Probability Index	0.42	0.53	0.65	0.52	0.55	0.61	0.45	0.55	0.36	0.51	0.49	0.55	0.62
Autism Probability Index	0.52	0.49	0.53	0.58	0.59	0.57	0.55	0.57	0.33	0.48	0.32	0.52	0.59

BASC-3 TRS and PRS New Content Scale Only Items

- **Emotional Self Control**

Is overly emotional

Overreacts to stressful situations

- **Executive Functioning**

Plans well

Breaks large problems into smaller steps

- **Negative Emotionality**

Reacts negatively

Finds fault with everything

- **Resiliency**

Finds ways to solve problems

Is resilient

BASC-3 Options

Paper

- One record form to replace hand scoring, computer entry and scanned forms.
- Separate worksheets for manual scoring.

Digital

- Pay per reports (Includes on-screen administration, scoring and reporting.)
- Unlimited Scoring Subscriptions (Includes scoring and reporting. Does not include on-screen administration.)

Options

Hand Scoring

- Administration: Paper
- Scoring & Reporting: Paper

Hybrid

- Administration: Paper
- Scoring & Reporting: Q-g unlimited subscription

All Digital

- Administration: Q-g
- Scoring & Reporting: Q-g

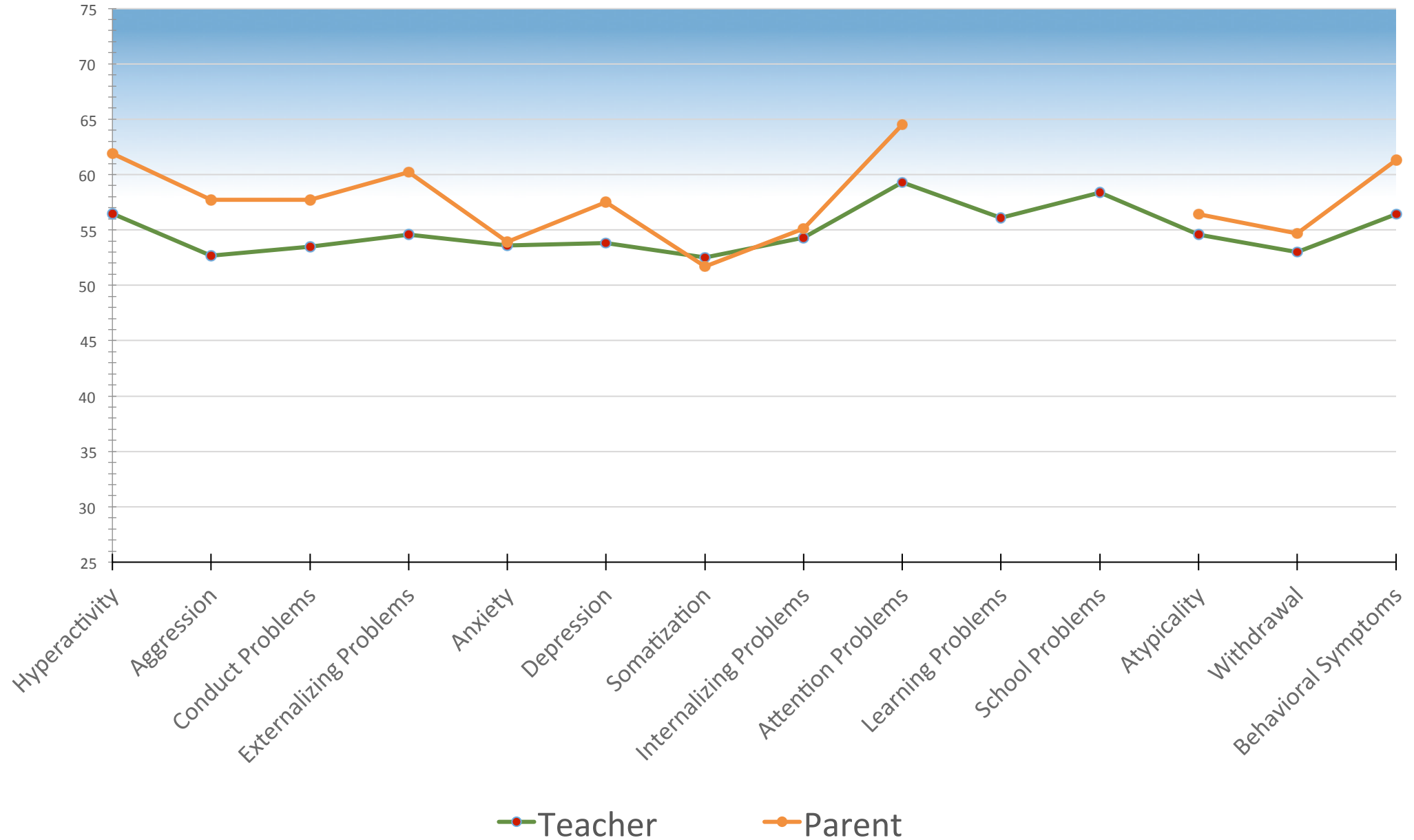
Composite Scales

	Externalizing Problems	Internalizing Problems	School Problems	Adaptive Skills	Behavioral Symptoms Index
TRS-P	Hyperactivity Aggression	Anxiety Depression Somatization		Adaptability Social Skills Functional Communication	Hyperactivity Aggression Depression Attention Problems Atypicality Withdrawal
TRS-C, TRS-A	Hyperactivity Aggression Conduct Problems	Anxiety Depression Somatization	Learning Problems Attention Problems	Adaptability Social Skills Functional Communication Leadership Study Skills	Hyperactivity Aggression Depression Attention Problems Atypicality Withdrawal
PRS-P	Hyperactivity Aggression	Anxiety Depression Somatization		Adaptability Social Skills Functional Communication Activities of Daily Living	Hyperactivity Aggression Depression Attention Problems Atypicality Withdrawal
PRS-C, PRS-A	Hyperactivity Aggression Conduct Problems	Anxiety Depression Somatization		Adaptability Social Skills Functional Communication Leadership Activities of Daily Living	Hyperactivity Aggression Depression Attention Problems Atypicality Withdrawal

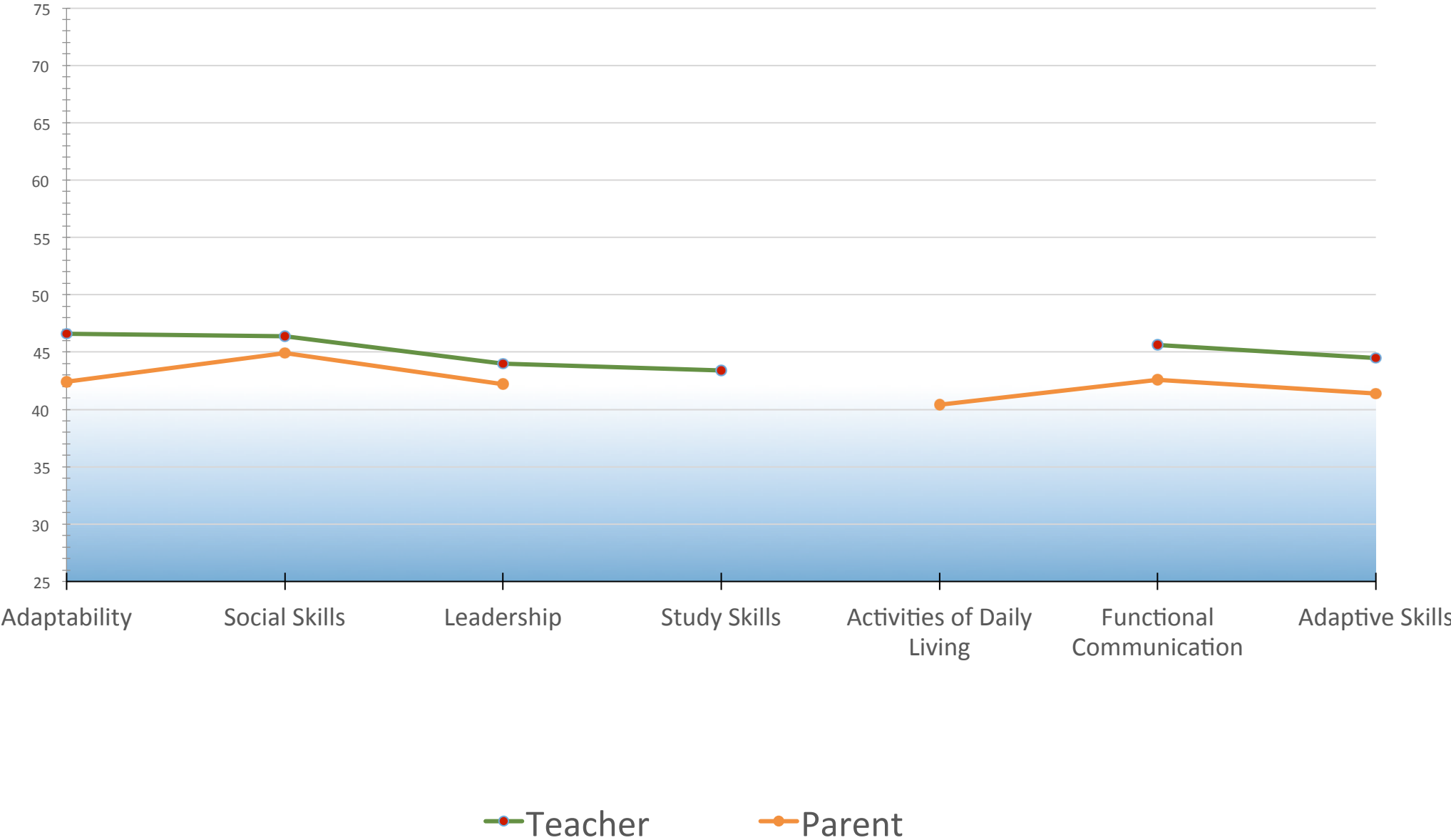
New Clinical Indexes – New

	Teacher Rating Scale			Parent Rating Scale		
	P 2-5	C 6-11	A 12-21	P 2-5	C 6-11	A 12-21
Index						
ADHD Probability		*	*		*	*
Emotional Behavior Disorder Probability		*	*		*	*
Autism Probability		*	*		*	*
Functional Impairment	*	*	*	*	*	*
Clinical Probability	*			*		

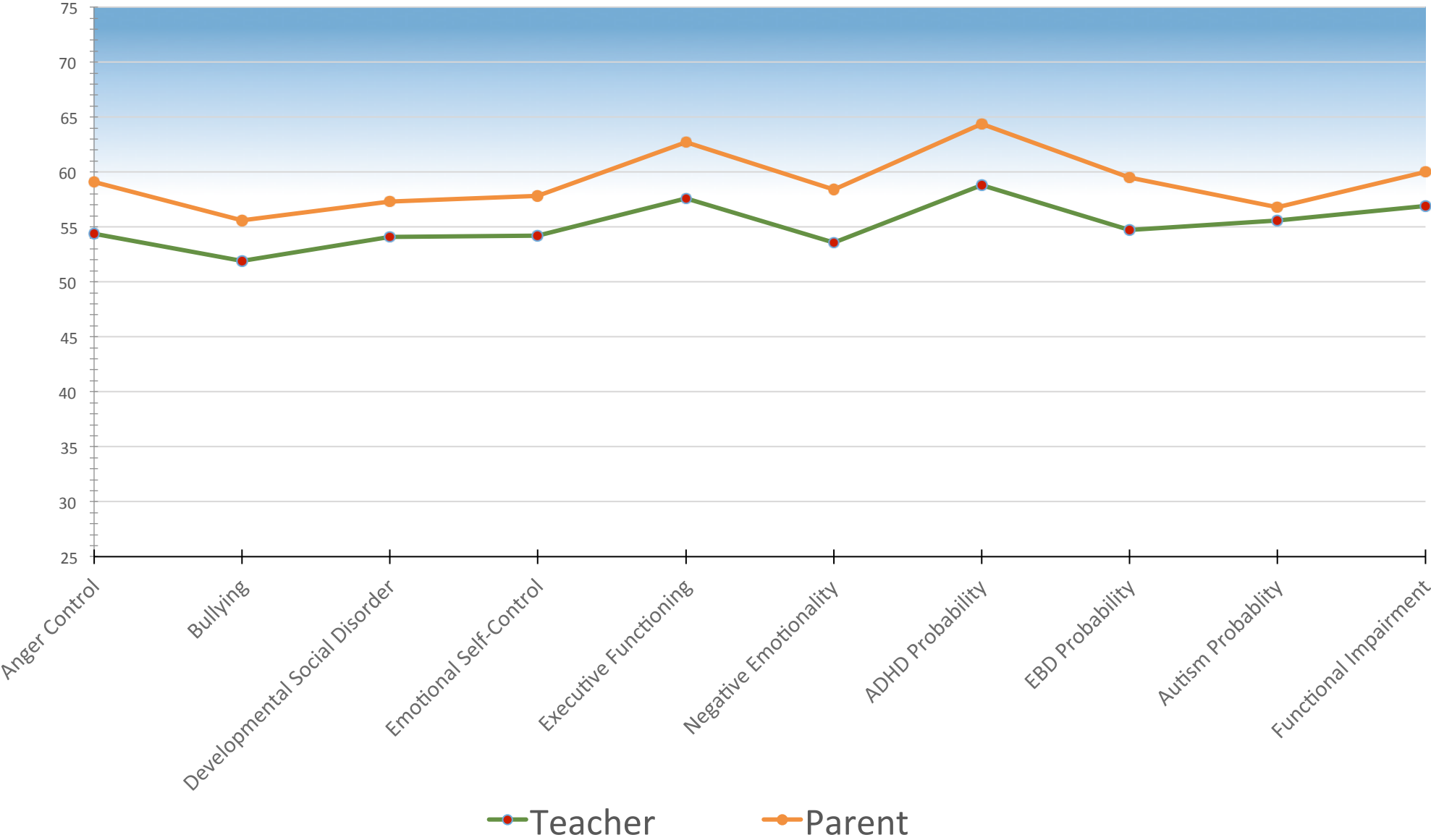
ADHD Clinical Scale Profiles



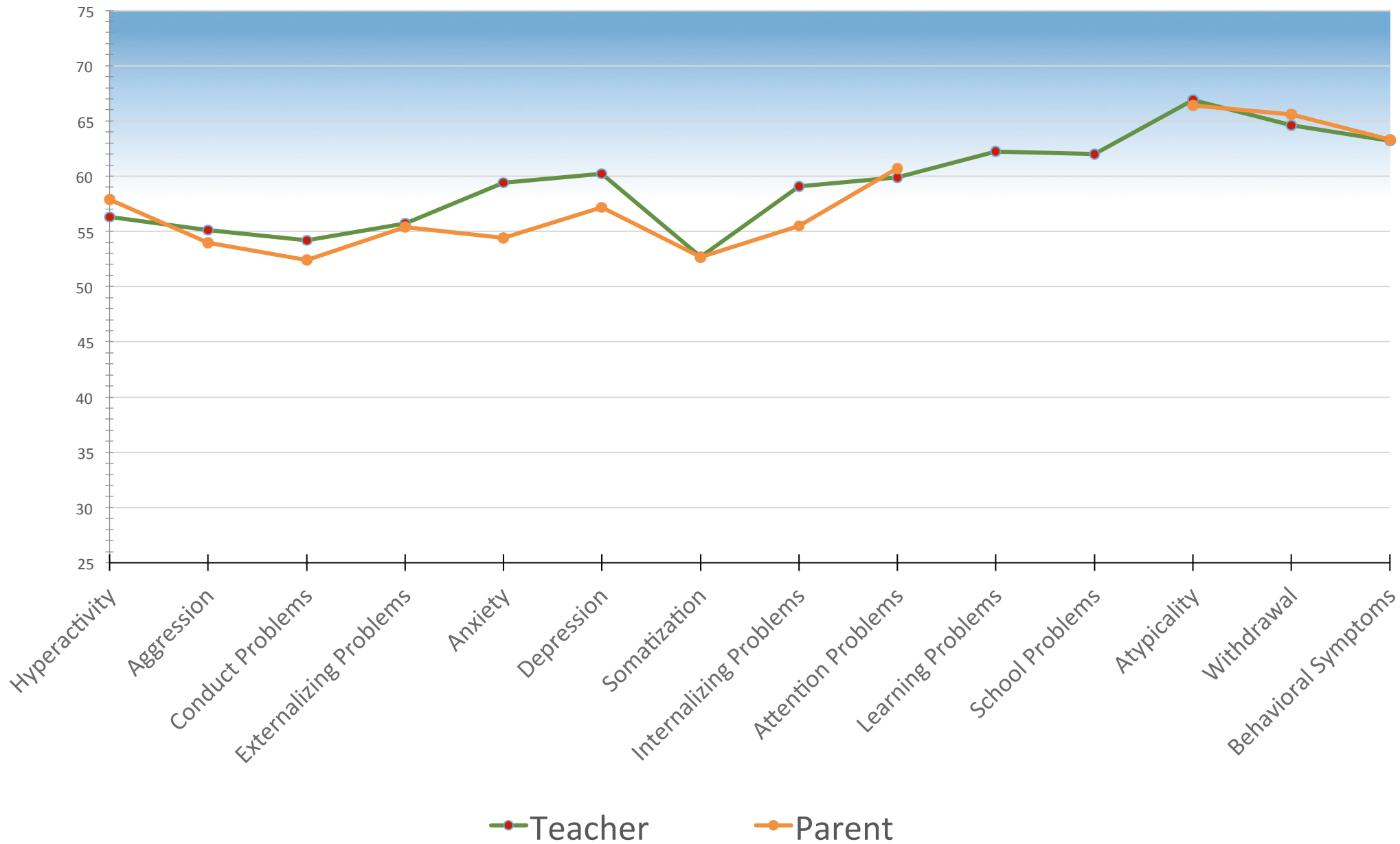
ADHD Adaptive Scale Profiles



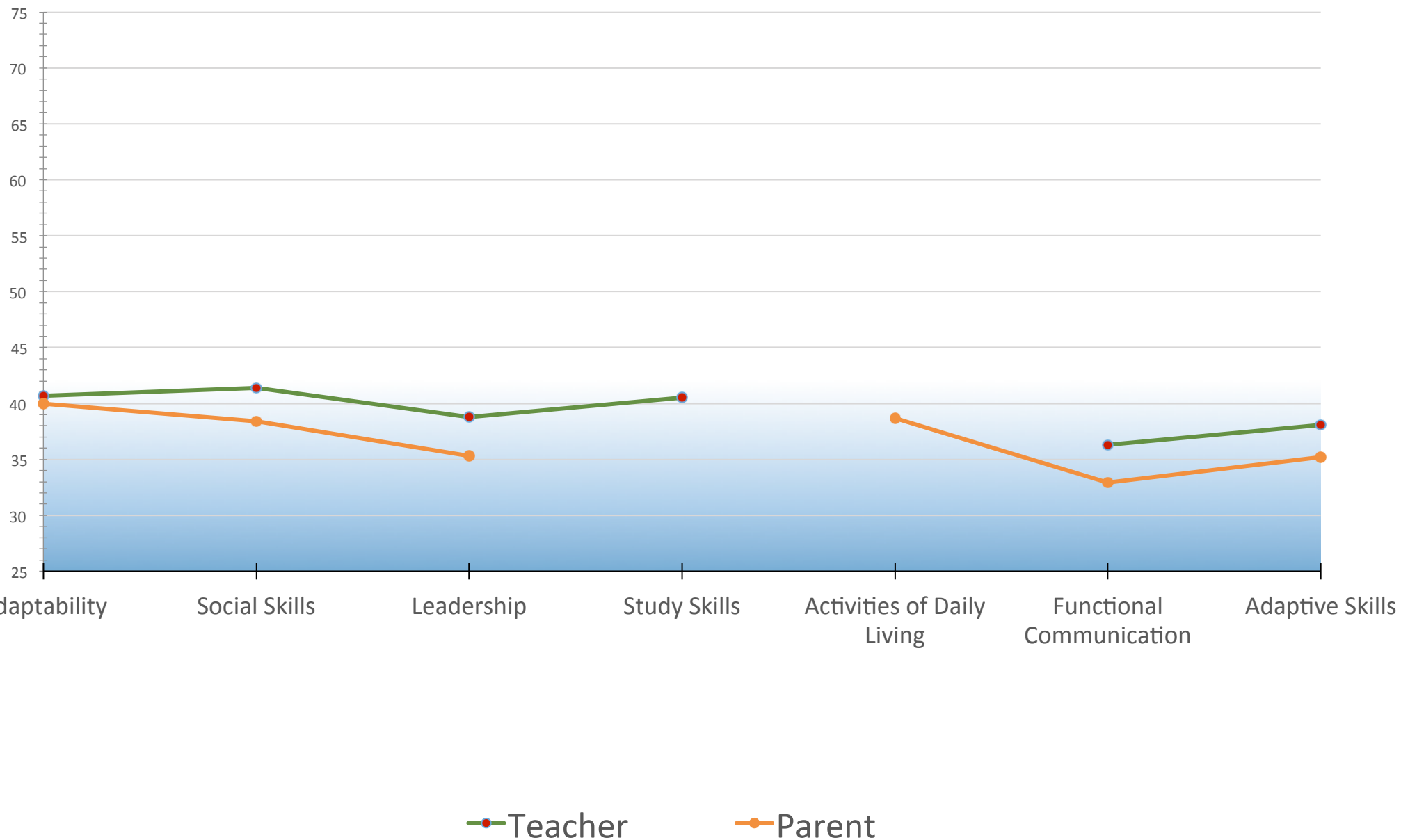
ADHD Content and Clinical Index



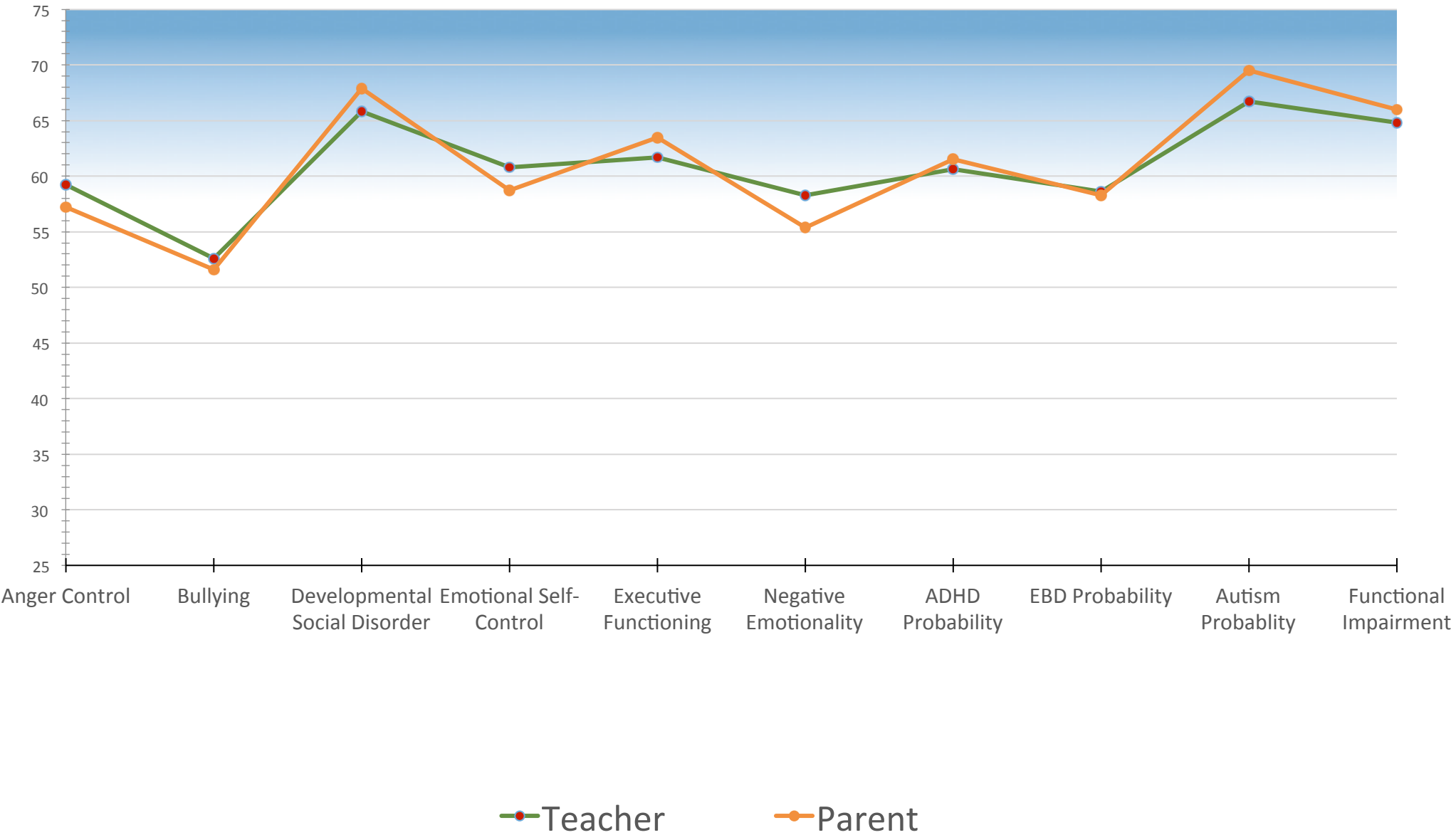
Autism/PDD Clinical Scale Profiles



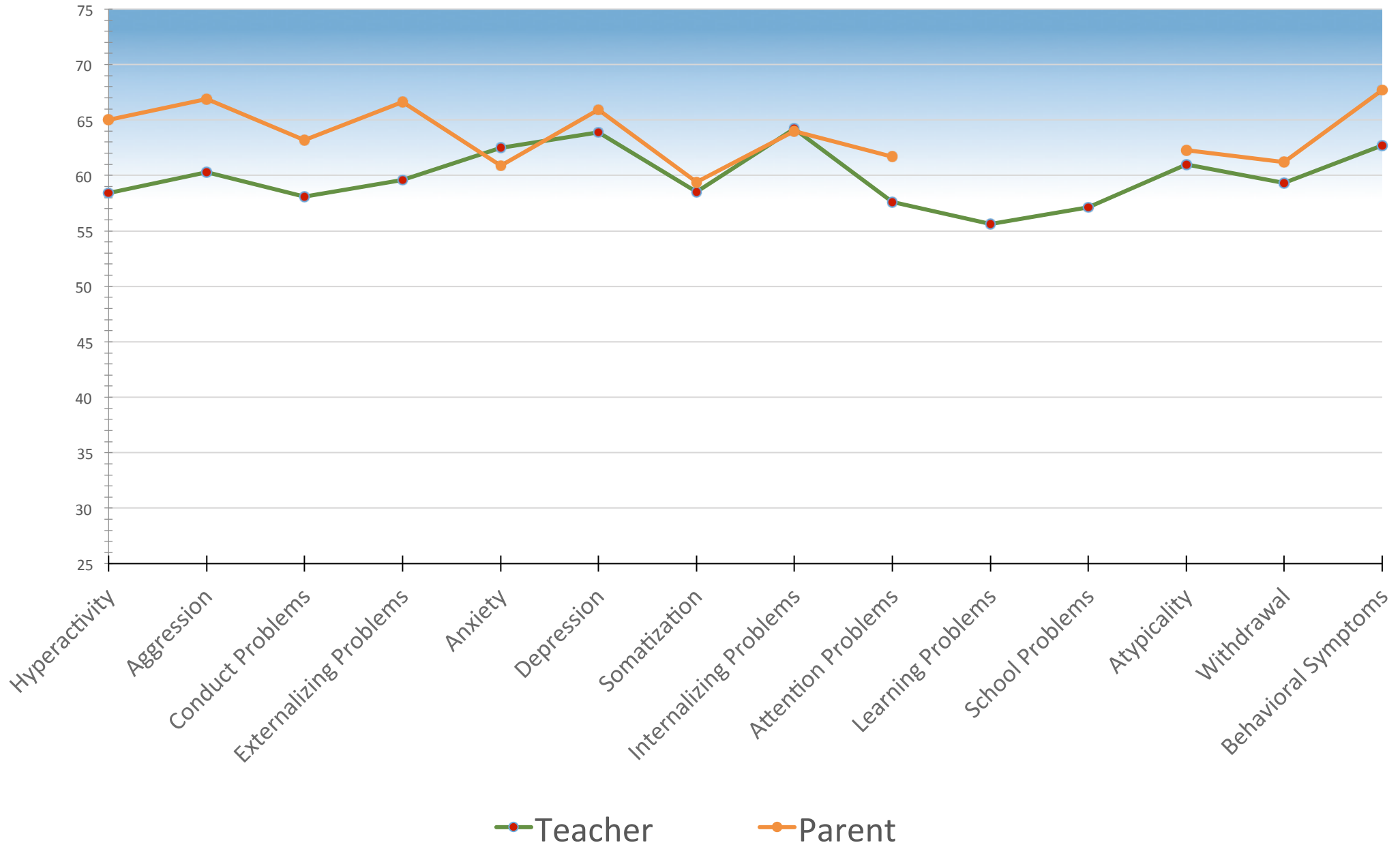
Autism/PDD Adaptive Scale Profiles



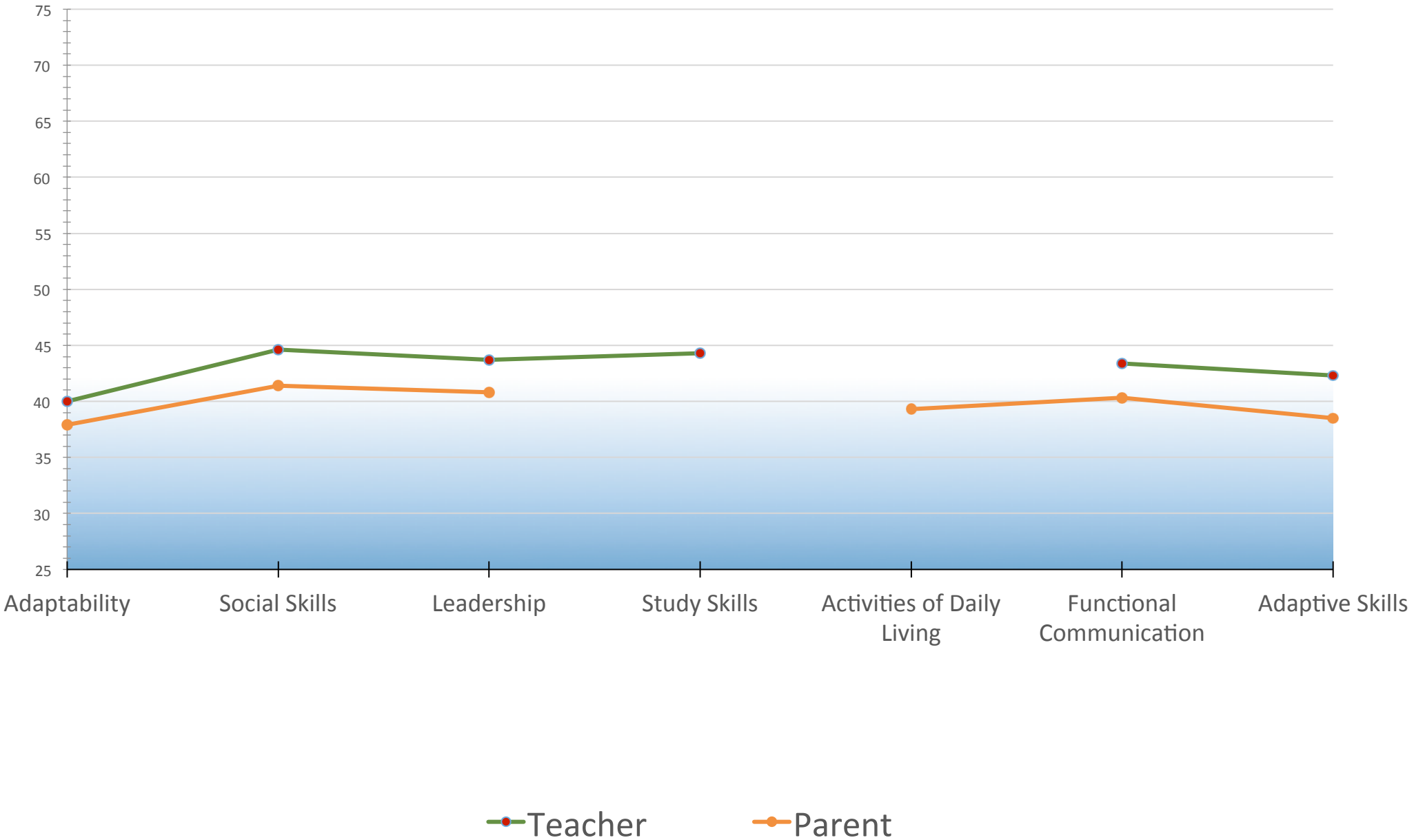
Autism/PDD Content and Clinical Index



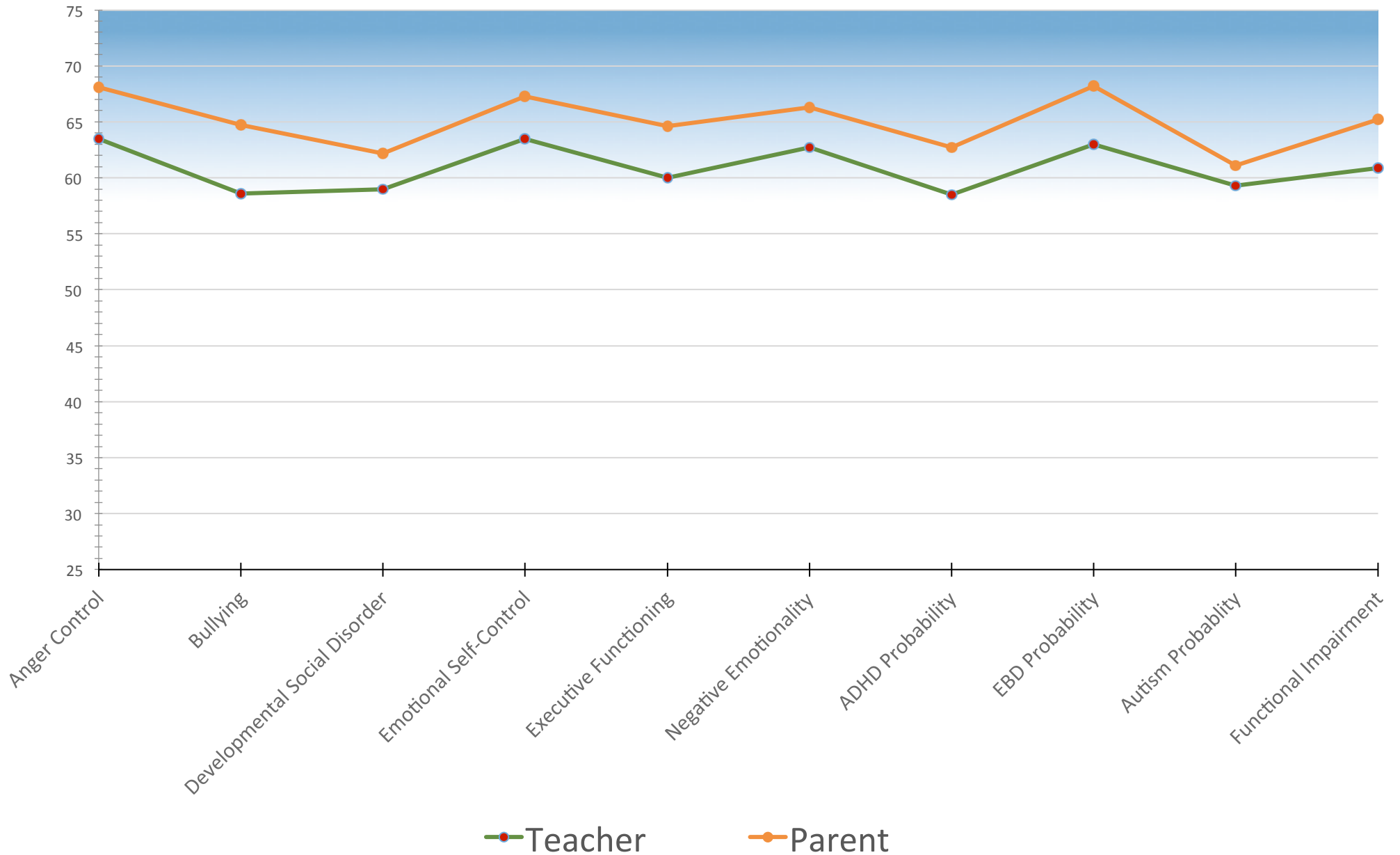
EBD Clinical Scale Profiles



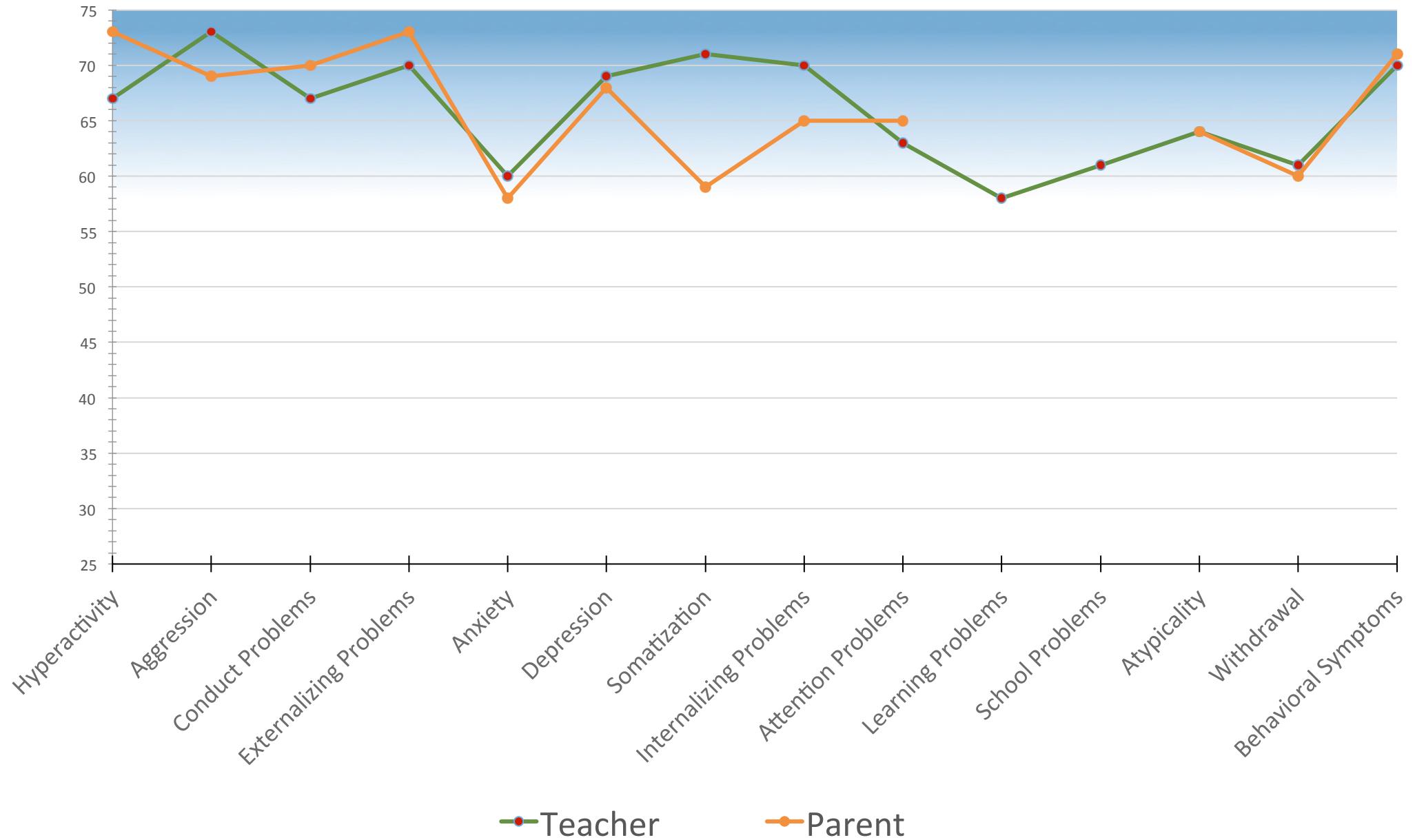
EBD Adaptive Scale Profiles



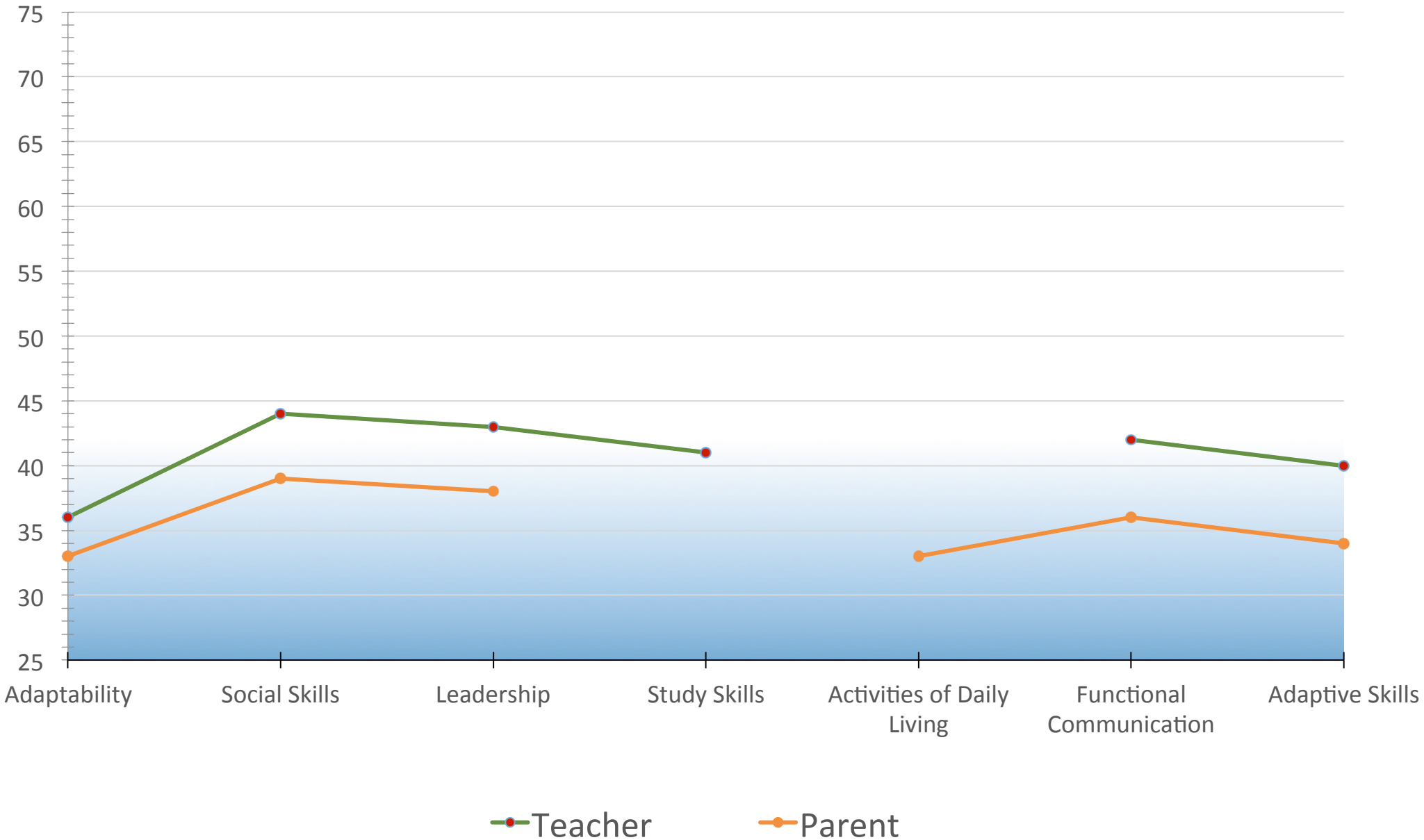
EBD Content and Clinical Index



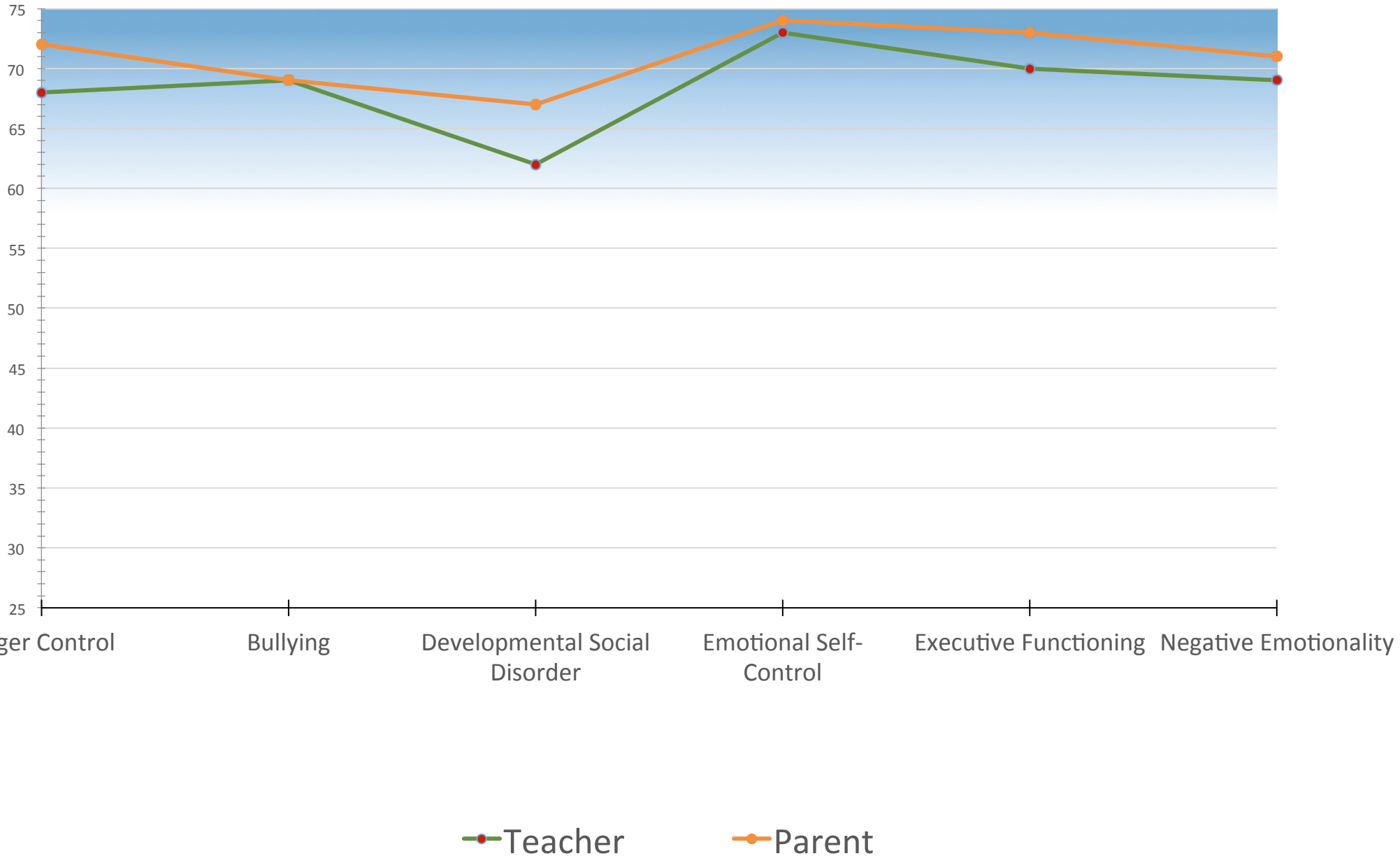
Bipolar Clinical Scale Profiles



Bipolar Adaptive Scale Profiles



Bipolar Content Scale Profiles



Garcia-Barrera, M. A., Karr, J. E., & Kamphaus, R. W. (2013). Longitudinal applications of a behavioral screener of executive functioning: Assessing factorial invariance and exploring latent growth. *Psychological Assessment, 25*, 1300-1313. doi:10.1037/a0034046

- Unidimensional during early development (3 to 6)– multidimensional later,
- Multidimensional at age 6
- Each component follows a unique pattern of increasing advantage for girls with age
- Garcia-Barrera et al.'s (2011) BASC executive functions screener can evaluate longitudinal growth of four executive functions between ages 6 and 11.

New Executive Functioning Indexes for TRS and PRS

- Problem Solving Index
- Attentional Control Index
- Behavioral Control Index
- Emotional Control Index “the process of *initiating, avoiding, inhibiting, maintaining, or modulating* the occurrence, form, intensity, or duration of *internal feeling states, emotion-related physiological, attentional processes, motivational states, and/or the behavioral concomitants of emotion* in the service of accomplishing affect- related biological or social adaptation or achieving individual goals” (Eisenberg and Spinrad (2004))
- Overall Executive Functioning Index

Self-Report of Personality

Scale	Child 8-11	Adolescent 12-21	College 18-25
Alcohol Abuse			X
Anxiety	X	X	X
Attention Problems	X	X	X
Attitude to School	X	X	
Attitude to Teachers	X	X	
Atypicality	X	X	X
Depression	X	X	X
Hyperactivity	X	X	X
Interpersonal Relations	X	X	X
Locus of Control	X	X	X
Relations with Parents	X	X	X
School Maladjustment			X
Self-Esteem	X	X	X
Self-Reliance	X	X	X
Sensation Seeking		X	X
Sense of Inadequacy	X	X	X
Social Stress	X	X	X
Somatization		X	X
Item Total			

ADAPTIVE SCALES

CLINICAL SCALES

BASC-3 SRP Clinical Scale Sample Items

- **Attitude to School**

School is boring

I feel safe at school

- **Attitude to Teachers**

My teacher is proud of me

I like my teacher

- **Sensation Seeking**

I dare others to do things

I like to take risks

- **Atypicality**

I see weird things

People think I'm strange

- **Locus of Control**

I am blamed for things I don't do

I never get my way

- **Social Stress**

I am lonely

Other people seem to ignore me

Italicized items are new

BASC-3 SRP Clinical Scale Sample Items

- **Anxiety**

Little things bother me

I feel stressed

- **Depression**

I just don't care anymore

I feel lonely

- **Sense of Inadequacy**

I fail at things

*Doing my best is never
good enough*

- **Somatization**

I get sick more than others

I am in pain

- **Attention Problems**

I have attention problems

I forget to do things

- **Hyperactivity**

I have trouble sitting still

People tell me to slow down

Italicized items are new

BASC-3 SRP Clinical Scale Sample Items – College Only

- **Alcohol Abuse**

I drink alcohol to feel better

I drink alcohol when I am bored

- **School Maladjustment**

I am tired of going to school

I worry about being able to complete my school degree

Italicized items are new

BASC-3 SRP Adaptive Scale Sample Items

- **Relations with Parents**

My parents are proud of me

I like my parents

- **Interpersonal Relations**

I feel that nobody likes me

I have a hard time making friends

- **Self-Esteem**

I wish I were different

I'm happy with who I am

- **Self-Reliance**

I am dependable

Others ask me to help them

Italicized items are new

BASC–3 SRP Scales

- Clinical Indexes now included in same manual tables.

Composites

- School Problems (C, A)
- Internalizing Problems
- Inattention/Hyperactivity
- Emotional Symptoms Index
- Personal Adjustment

Content Scales (A, COL)

- Anger Control
- Ego Strength
- Mania
- Test Anxiety

Clinical Indexes

- Functional Impairment Index (Not on child level)

BASC–3 SRP New Content Only Scale Items

- **Anger Control**

I get angry easily

I yell when I get angry

- **Ego Strength**

I'm a good person

I accept myself for who I am

- **Mania**

*My thoughts keep me awake
at night*

- **Test Anxiety**

*Tests make me nervous
I do well on tests*



Self-Report SRP-I

Interview Ages 6–7

Cecil R. Reynolds, PhD • Randy W. Kamphaus, PhD

Examiner's Name _____
First MI Last

Date _____
Month Day Year

Child's Name _____
First Middle Last

Child's Birth Date _____
Month Day Year

Child's Gender Male Female

Instructions

On the pages that follow are statements that describe how some children think, feel, or act. There are three sets of items. For each item set, please read each item aloud. Circle the response given by the child (**Yes** or **No**) in the space provided. To change a marked response, write an **X** through it and circle the correct choice:

Yes

~~**No**~~

Note: For Step A, be sure to administer the initial set of four questions first. Then ask the appropriate follow-up questions based on the responses given to the questions in the initial set. Repeat this procedure for steps D and G.

Step A – Administer these questions:

- | | | |
|---|------------|-----------|
| 1. <i>Do you like going to school?</i> | Yes | No |
| 2. <i>Do you ever get bored at school?</i> | Yes | No |
| 3. <i>Do you ever get into trouble at school?</i> | Yes | No |
| 4. <i>Does your teacher ever make you feel bad?</i> | Yes | No |

Step B – Administer the appropriate follow-up questions based on the answer provided to Question 1:

If Yes to Question 1, then ask:

If the child responds to Question 1a, go to Step C

1a. *What are some things that you like about school?* _____

If there is no response to 1a, or the student says, “I don’t know,” prompt by asking:

1b. *Do you like playing with other kids?* **Yes** **No** ➡ **Repeat Question 1a**

If there is no response to 1b, prompt by asking:

1c. *Do you like learning new things?* **Yes** **No** ➡ **Repeat Question 1a**

If there is no response to 1c, go to Step C:

If No to Question 1, then ask:

If the child responds to Question 1d, go to Step C

1d. *What are some things that you don’t like about school?* _____

If there is no response to 1d, or the student says, “I don’t know,” prompt by asking:

1e. *Do you like playing with other kids?* **Yes** **No** ➡ **Repeat Question 1d**

If there is no response to 1e, prompt by asking:

1f. *Do you like learning new things?* **Yes** **No** ➡ **Repeat Question 1d**

If there is no response to 1f, go to Step C:

Table 6.11 SRP–I Item Endorsements and Response Categories and Examples

10. Do you feel sad? (Yes=34%)

Problems with others (40%)

When people are mean; getting bullied; fights with siblings

Loneliness/grief (38%)

Missing others; when someone dies; when dad is gone in army; when pet dies/runs away

11. Do you feel like you are all alone? (Yes=25%)

Recreation/free time (52%)

At recess; during free time

Home/family (38%)

In room; when doesn't know where family members are; when goes places without parents

BASC-3 Development & Standardization information

Items selected based on:

- Standardized item loading in SEM analyses in English and Spanish
- Item-total correlation
- Item bias statistics
- Construct relevance

General normative sample was be stratified by:

- Sex by race/ethnicity
- Sex by region
- Sex by mother's education level

General Norm Sample Sizes

Form	Ages	Total <i>N</i>
TRS-P	2-3	200
	4-5	300
TRS-C	6-7	300
	8-11	300
TRS-A	12-14	300
	15-18	300

Form	Ages	Total <i>N</i>
PRS-P	2-3	300
	4-5	300
PRS-C	6-7	300
	8-11	300
PRS-A	12-14	300
	15-18	300

General Norm Sample Sizes

Form	Ages	Total
		<i>N</i>
SRP-I	6–7	300
SRP-C	8–11	300
SRP-A	12–14	300
	15–18	300
SRP-Col	18–25	300

TRS Reliabilities: Mean & Range of Primary Scales

Level	Alpha
P	.86 (.77–.93)
C	.89 (.81–.94)
A	.90 (.83–.96)

PRS Reliabilities: Mean & Range of Primary Scales

Level	Alpha
P	.84 (.76–.90)
C	.86 (.79–.92)
A	.89 (.82–.93)

SRP Reliabilities: Mean & Range of Primary Scales

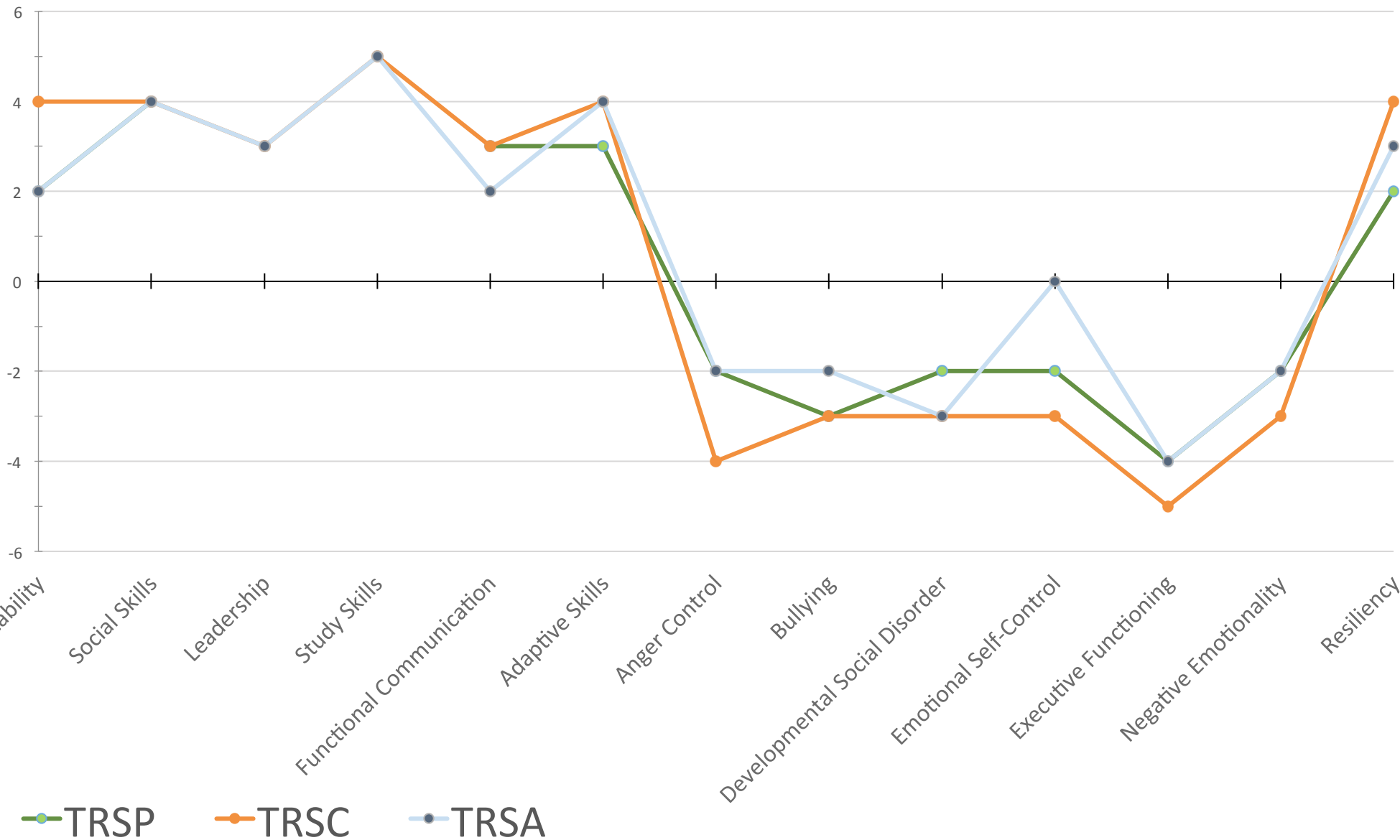
Level	Alpha
C	.81 (.73–.87)
A	.84 (.71–.91)
Col	.85 (.78–.93)

BASC-3 TRS Differences in T Score Units Clinical Scales and Composites



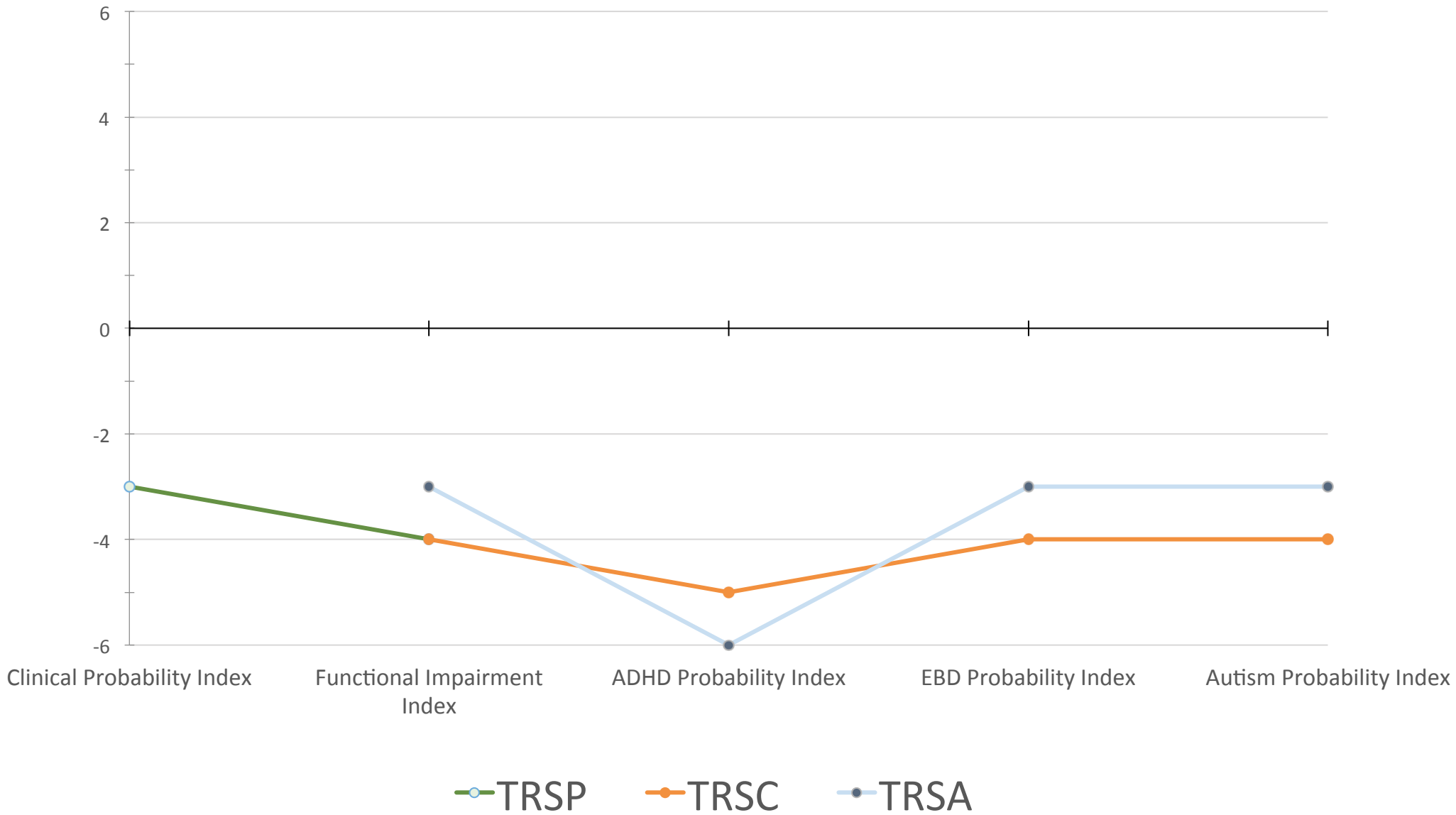
Positive values indicate higher female scores, negative values indicate higher male scores.

BASC-3 TRS Differences in T Score Units Adaptive and Content Scales



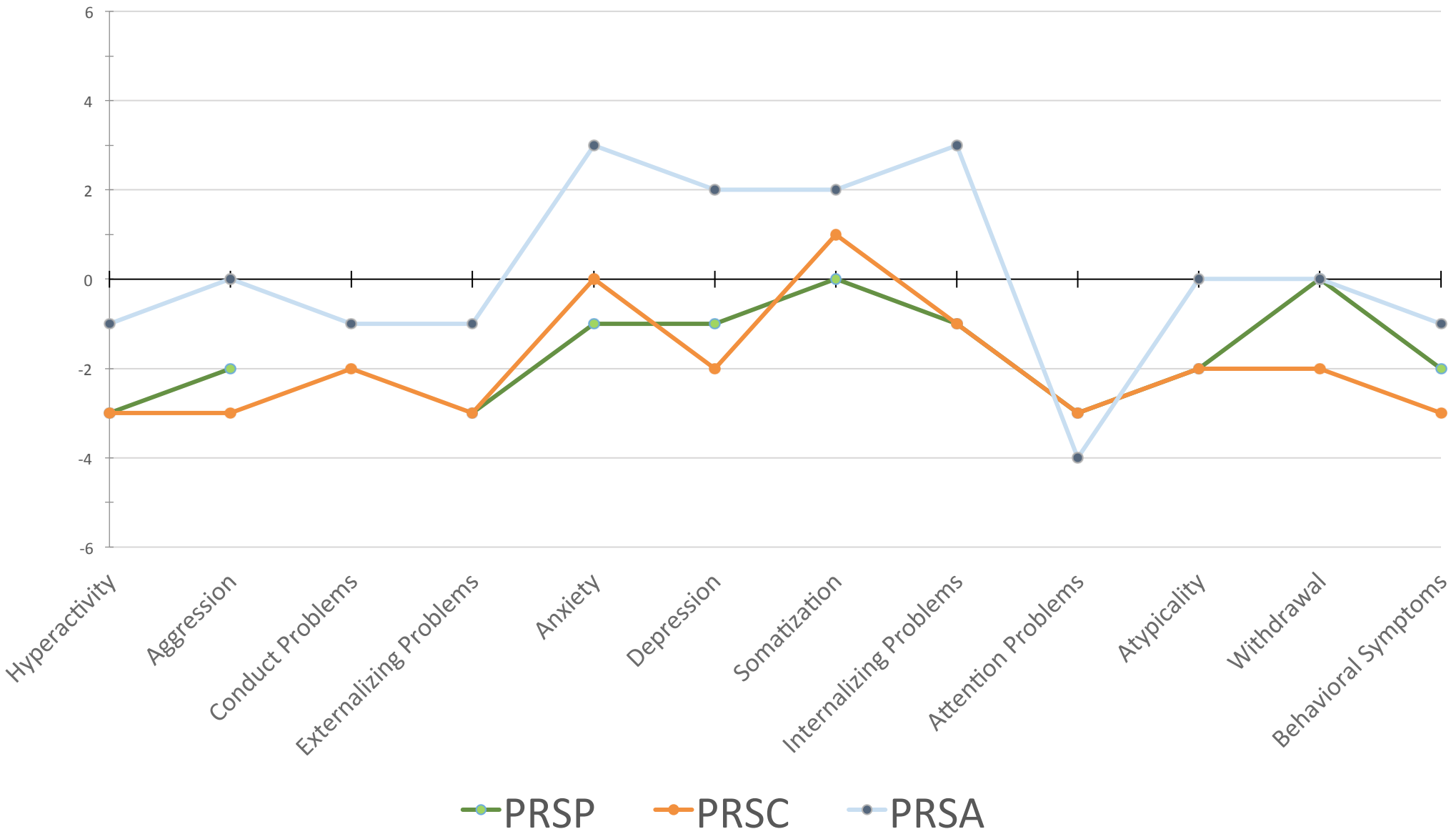
Positive values indicate higher female scores, negative values indicate higher male scores.

BASC-3 TRS Differences in T Score Units Clinical Probability Indexes



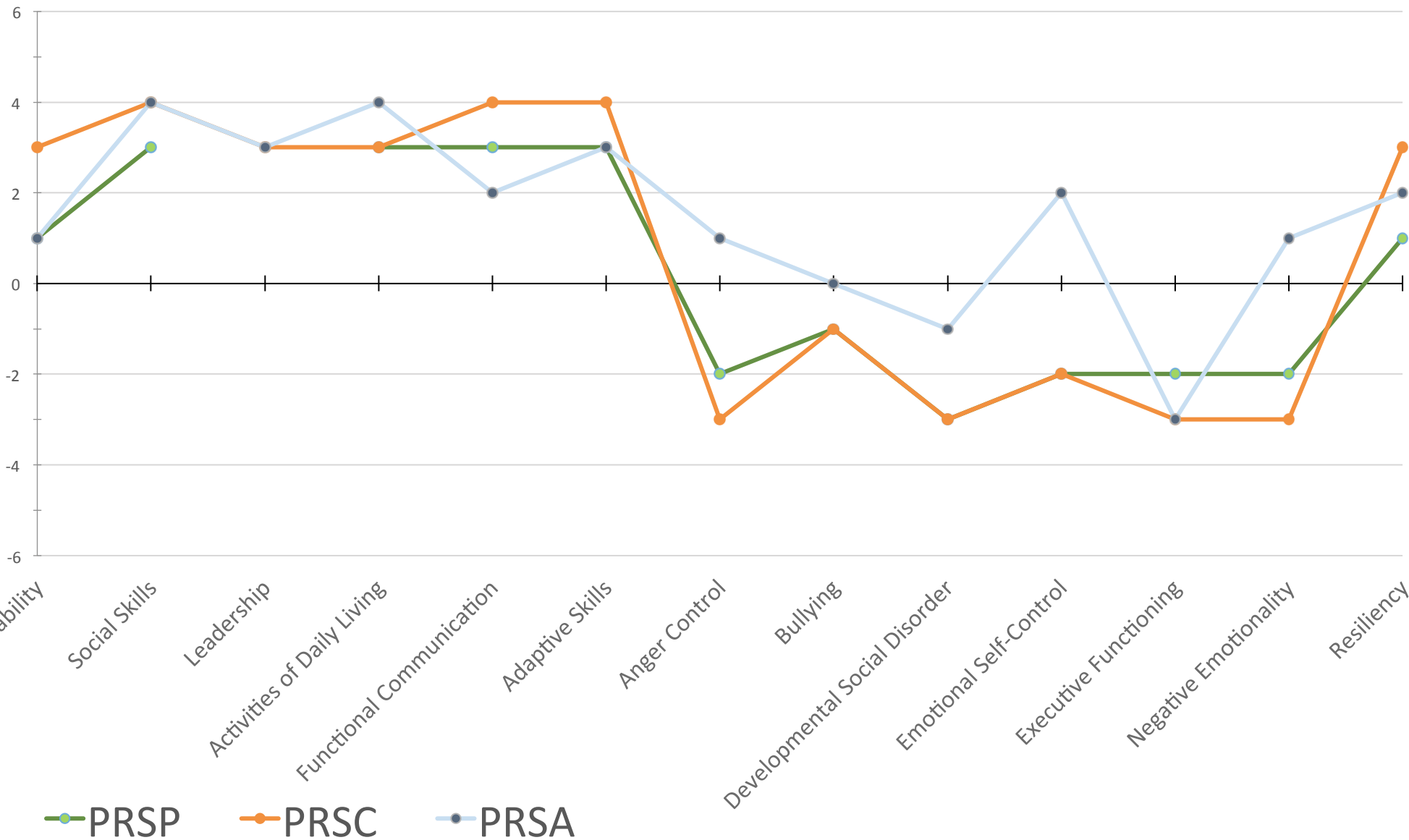
Positive values indicate higher female scores, negative values indicate higher male scores.

BASC-3 PRS Differences in T Score Units Clinical Scales and Composites



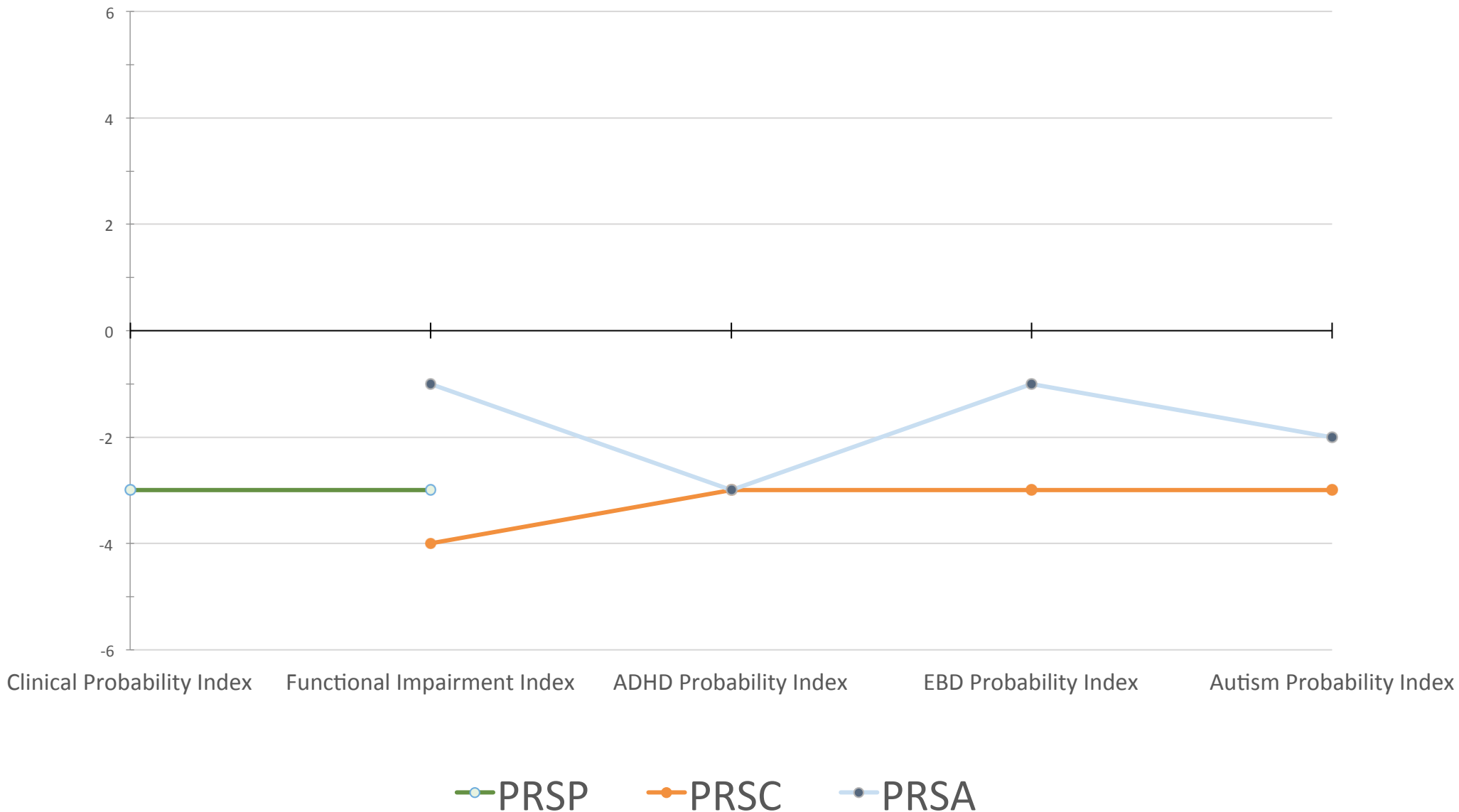
Positive values indicate higher female scores, negative values indicate higher male scores.

BASC-3 PRS Differences in T Score Units Adaptive and Content Scales



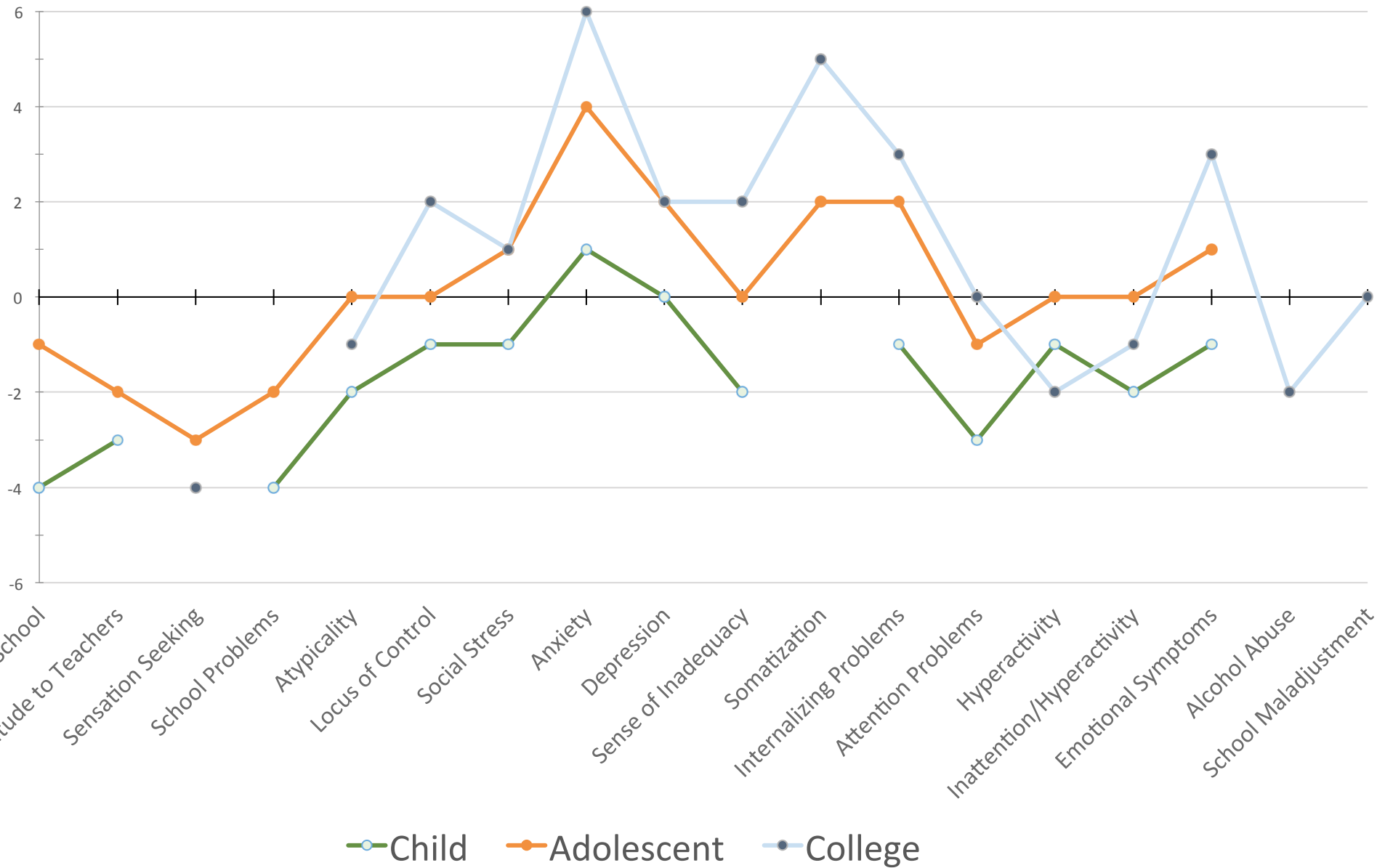
Positive values indicate higher female scores, negative values indicate higher male scores.

BASC-3 PRS Differences in T Score Units Clinical Probability Indexes



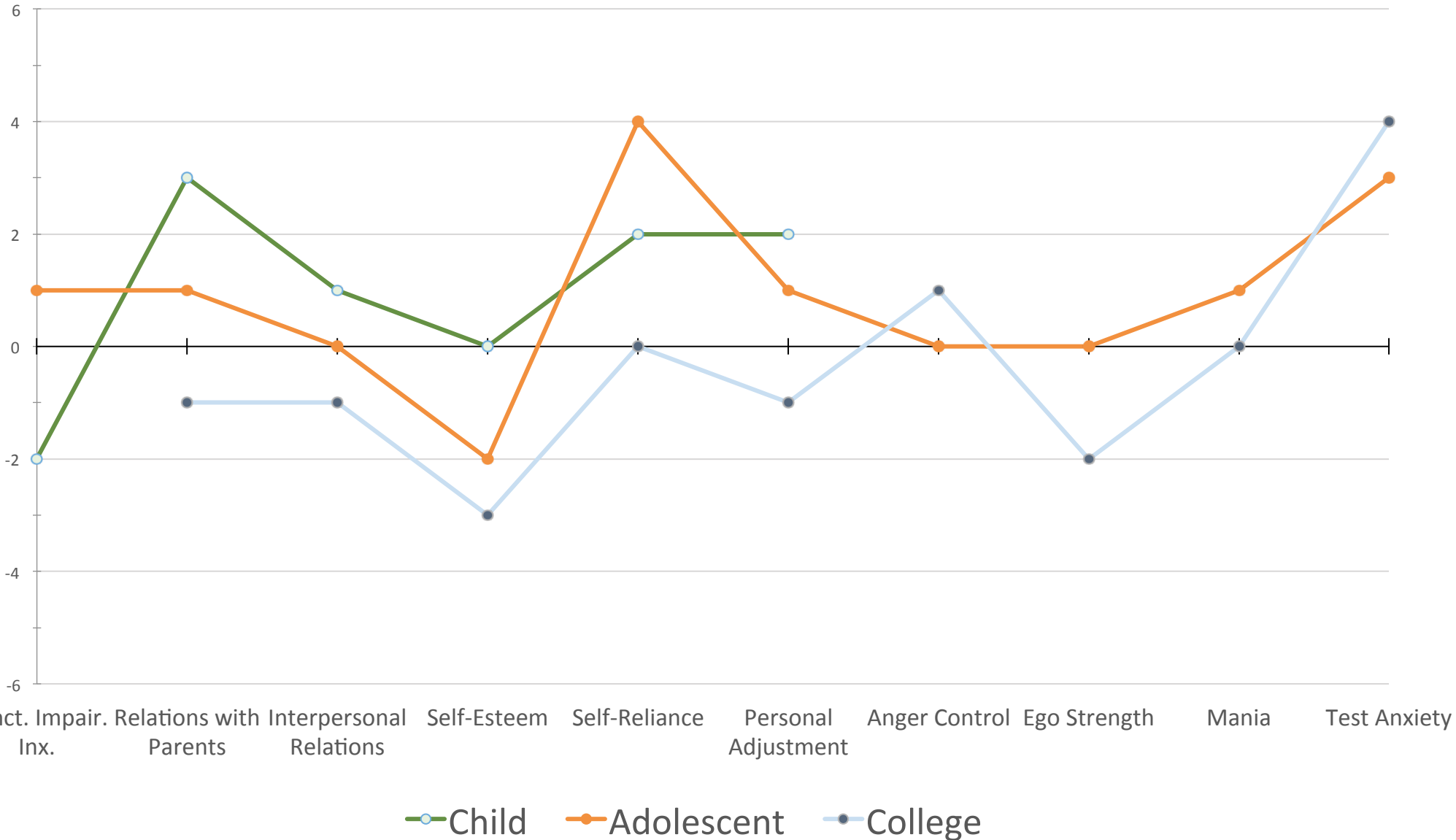
Positive values indicate higher female scores, negative values indicate higher male scores.

BASC-3 SRP Differences in T Score Units Clinical Scales and Composites



Positive values indicate higher female scores, negative values indicate higher male scores.

BASC-3 SRP Differences in T Score Units, Clinical Probability Index, Adaptive and Content Scales



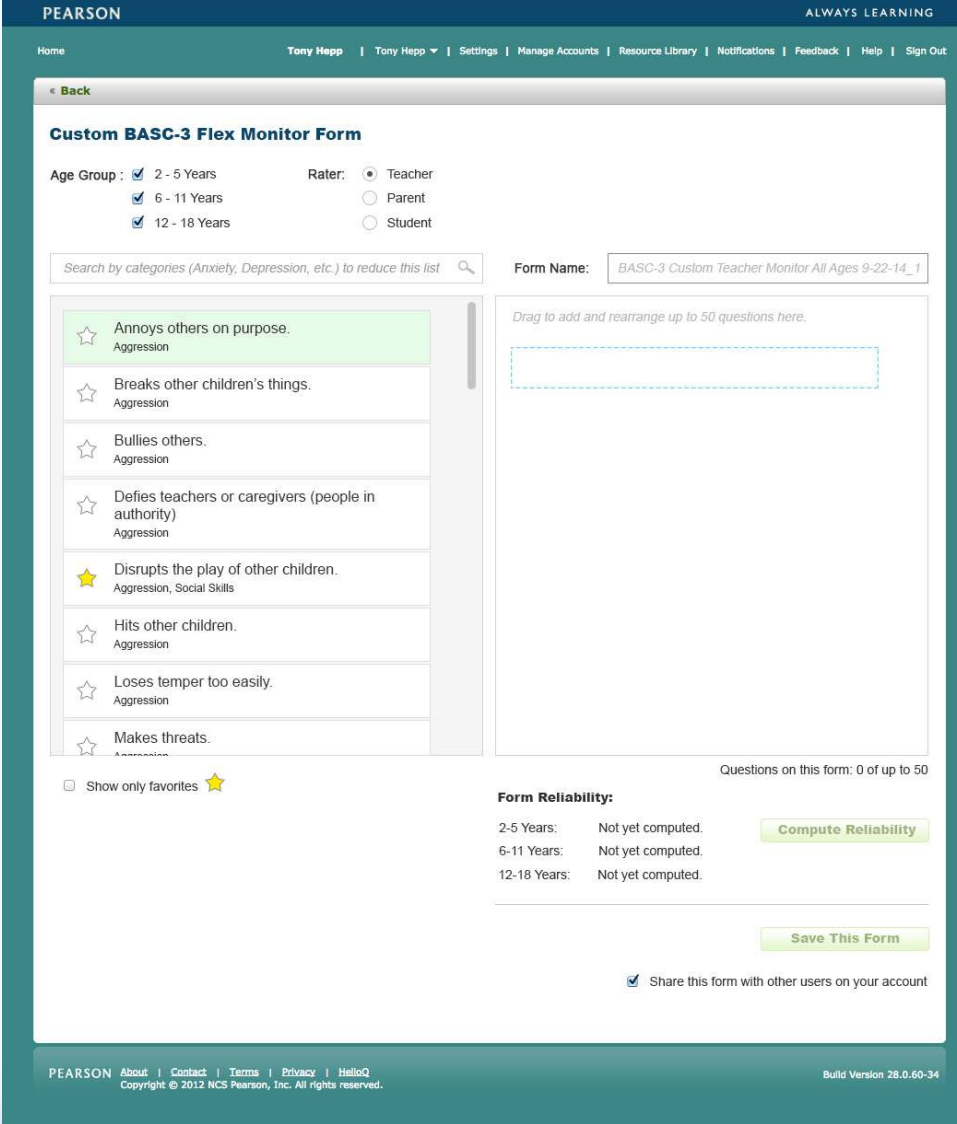
Positive values indicate higher female scores, negative values indicate higher male scores.

BASC-3 Flex Monitor

- The BASC-3 Flex Monitor can be used to monitor behavioral and emotional functioning over a desired period of time
- Users will have the ability to:
 - Choose an existing monitoring form
 - Create a form using an item bank
 - Choose a rater (teacher, parent, or student)
 - Administer digital or paper forms
 - Set up recurring administrations over a specified time period
 - Generate monitoring reports to evaluate change over time

BASC-3 Flex Monitor – How will it work?

- For custom forms, a user will be able to choose from our item pool and start “building” a form
- Items can be filtered/searched
- When building the form, the user will be able to compute the estimated reliability of the form, based on the standardization data sample
- Adjustments can be made to the form based on the user’s needs



The screenshot shows the Pearson BASC-3 Flex Monitor Form builder interface. At the top, it says "PEARSON" and "ALWAYS LEARNING". The user is logged in as "Tony Hepp". The main heading is "Custom BASC-3 Flex Monitor Form".

Age Group: 2 - 5 Years, 6 - 11 Years, 12 - 18 Years

Rater: Teacher, Parent, Student

Search by categories (Anxiety, Depression, etc.) to reduce this list [Search icon]

Form Name: BASC-3 Custom Teacher Monitor All Ages 9-22-14_1

Drag to add and rearrange up to 50 questions here.

Questions on this form: 0 of up to 50

Form Reliability:

2-5 Years:	Not yet computed.	Compute Reliability
6-11 Years:	Not yet computed.	
12-18 Years:	Not yet computed.	

[Save This Form](#)

Share this form with other users on your account

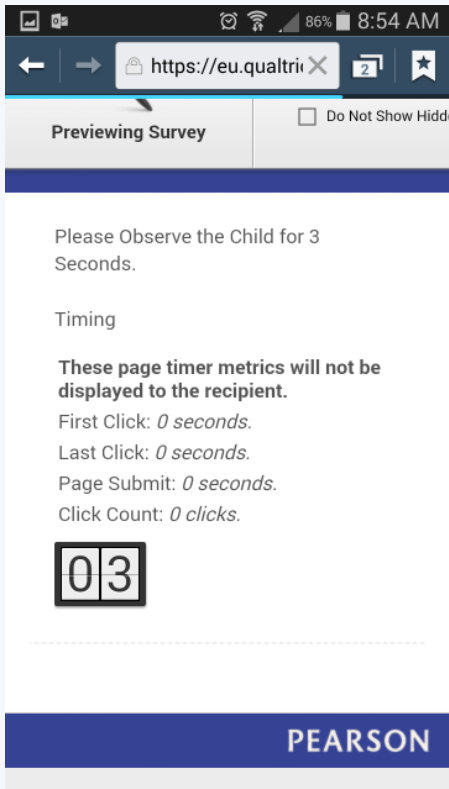
Footer: PEARSON About | Contact | Terms | Privacy | HelloQ
Copyright © 2012 NCS Pearson, Inc. All rights reserved. Build Version 28.0.60-34

BASC-3 Flex Monitor – How will it work?

- Forms can be saved, and shared with other users within a clinic, hospital, or school
- Reports will include T scores that are generated based on the TRS/PRS/SRP standardization samples
 - This enables comparisons with a normative population, describing the extremeness of scores
 - Intra-individual comparisons (i.e., comparing time 1 vs. time 2, etc.) are also provided

Student Observation System – Digital and Paper

- Digital: Smartphone/Tablet or Laptop



Previewing Survey Do Not Show Hidden

Please Observe the Child for 3 Seconds.

Timing

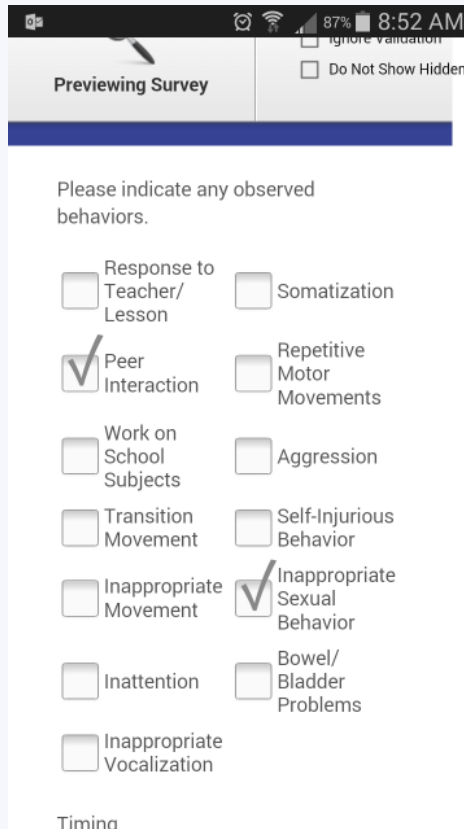
These page timer metrics will not be displayed to the recipient.

First Click: 0 seconds.
Last Click: 0 seconds.
Page Submit: 0 seconds.
Click Count: 0 clicks.

03

PEARSON

Prompt to observe



Previewing Survey Do Not Show Hidden

Please indicate any observed behaviors.

Response to Teacher/Lesson Somatization

Peer Interaction Repetitive Motor Movements

Work on School Subjects Aggression

Transition Movement Self-Injurious Behavior

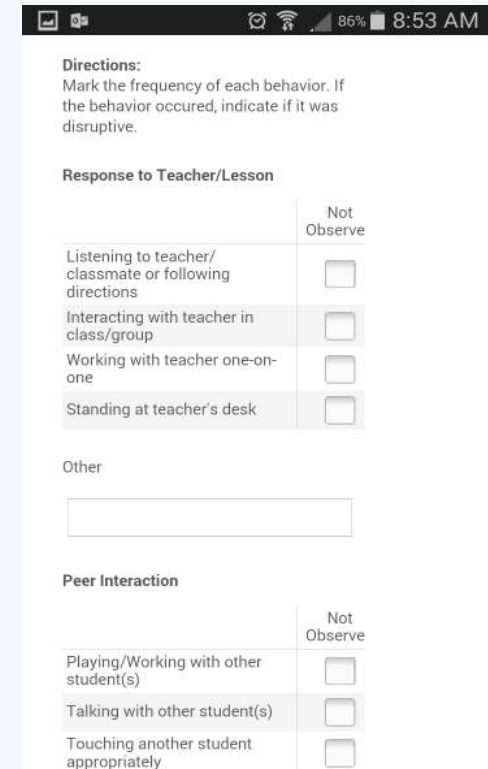
Inappropriate Movement Inappropriate Sexual Behavior

Inattention Bowel/Bladder Problems

Inappropriate Vocalization

Timing

Record observations



Directions: Mark the frequency of each behavior. If the behavior occurred, indicate if it was disruptive.

Response to Teacher/Lesson

	Not Observe
Listening to teacher/classmate or following directions	<input type="checkbox"/>
Interacting with teacher in class/group	<input type="checkbox"/>
Working with teacher one-on-one	<input type="checkbox"/>
Standing at teacher's desk	<input type="checkbox"/>

Other

Peer Interaction

	Not Observe
Playing/Working with other student(s)	<input type="checkbox"/>
Talking with other student(s)	<input type="checkbox"/>
Touching another student appropriately	<input type="checkbox"/>

Complete Part A

Student Observation System – Digital and Paper

- Digital administration occurs through Q-global
 - Promotes consistency with BASC-3 components
 - Enables users to have all BASC-3 results in the same place
 - Users will not have to find, purchase, or install any apps; administrations begin by simply opening a web address
 - Is the replacement for the BASC-2 POP; BASC-3 will not offer ability for customization of forms
- Paper form will still be offered, and can be entered into Q-global if desired

Structured Developmental History – Digital and Paper

- Digital: Tablet or Desktop/Laptop



Survey Completion 0% | 100%

What is your name?

What is your relationship to this child?
 Mother Step Mother
 Father Step Father

If other, please specify.

What is your address?

Parent Information

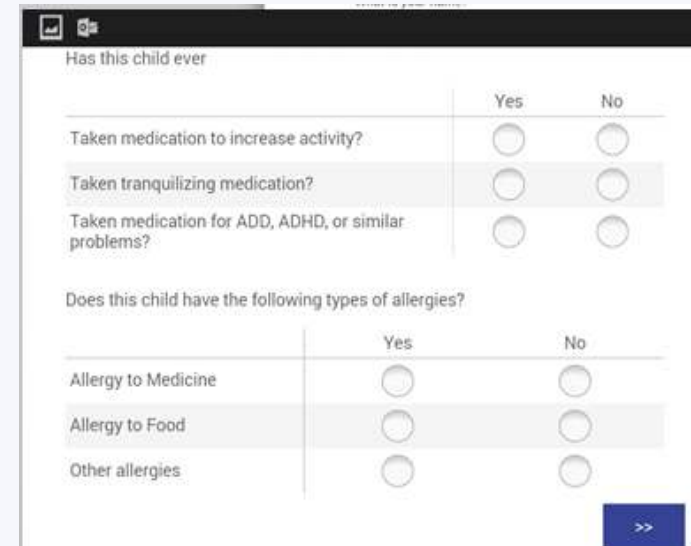


Childhood Illnesses/Injuries
 Please check any of the illnesses this child has had. If selected, you'll be asked to provide the age on the next page.

<input type="checkbox"/> Measles	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Fever Above 104
<input type="checkbox"/> German Measles	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Broken Bones
<input type="checkbox"/> Mumps	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Coma or Any Loss of Consciousness
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Encephalitis	<input type="checkbox"/> Sustained High Fever
<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Anemia	

[>>](#)

Check boxes for various sections



Has this child ever

	Yes	No
Taken medication to increase activity?	<input type="radio"/>	<input type="radio"/>
Taken tranquilizing medication?	<input type="radio"/>	<input type="radio"/>
Taken medication for ADD, ADHD, or similar problems?	<input type="radio"/>	<input type="radio"/>

Does this child have the following types of allergies?

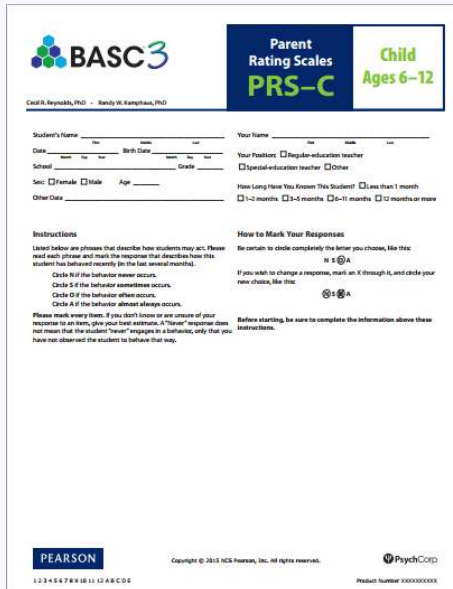
	Yes	No
Allergy to Medicine	<input type="radio"/>	<input type="radio"/>
Allergy to Food	<input type="radio"/>	<input type="radio"/>
Other allergies	<input type="radio"/>	<input type="radio"/>

[>>](#)

Variety of response formats

Structured Developmental History – Dynamic Digital Assessment option

- The Power of Digital
 - Increased efficiency during administration – only present questions needed



BASC3 Parent Rating Scales **PRS-C** Child Ages 6-12

Cecil R. Reynolds, PhD and Randy W. Kamphaus, PhD

Your Name _____

Your Position: Regular-education teacher Special-education teacher Other _____

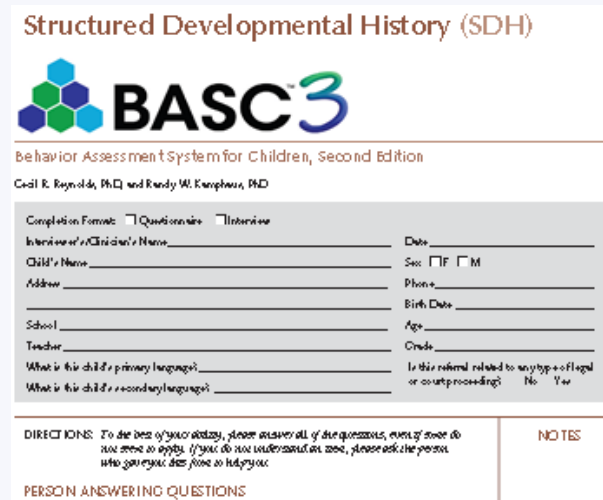
How Long Have You Known This Student? Less than 1 month 1-2 months 3-5 months 6-11 months 12 months or more

Instructions
Listed below are phrases that describe how students may act. Please read each phrase and mark the response that describes how this student has behaved recently (in the last several months).
Circle **N** if the behavior never occurs.
Circle **F** if the behavior often occurs.
Circle **A** if the behavior almost always occurs.
Please mark every item. If you don't know or are unsure of your response to an item, give your best answer. A "never" response does not mean that the student "never" engages in a behavior, only that you have not observed the student to behave that way.

How to Mark Your Responses
Be certain to circle completely the letter you choose, like this: **N** or **A**.
If you wish to change a response, mark an **X** through it, and circle your new choice, like this: **X** **N** **A**.

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Structured Developmental History (SDH)

BASC3

Behavior Assessment System for Children, Second Edition

Cecil R. Reynolds, PhD and Randy W. Kamphaus, PhD

Completion Format: Questionnaire Interview

Interviewer or Clinician's Name _____ Date _____

Child's Name _____ Sex: F M

Address _____ Phone _____

School _____ Birth Date _____

Teacher _____ Age _____

Grade _____

What is this child's primary language? _____ Is this referral related to any type of legal or court proceedings? No Yes

What is this child's secondary language? _____

DIRECTIONS: To the best of your ability, please answer all of the questions, even if some do not seem to apply. If you do not understand an item, please ask the person who gave you this form to help you.

PERSON ANSWERING QUESTIONS

NOTES

=

Administration of additional SDH items that are based on PRS scale scores, allowing faster access to important diagnostic information

BASC-3 Parenting Relationship Questionnaire



- The BASC-3 PRQ assesses the parent's perspective of the relationship between the parent and his/her child, and can be particularly useful:
 - when implementing behavioral/emotional interventions that require any level of parental involvement
 - in family counseling or other settings where it is important to assess parent/child relationship dynamics
- Components include:
 - Manual
 - Record forms
 - Hand score worksheets
 - Q-global administration, scoring, and reporting

BASC–3 PRQ Scales

PRQ–Preschool

- Attachment
- Discipline Practices
- Involvement
- Parenting Confidence
- Relational Frustration

PRQ–Child / Adolescent

- Attachment
- Communication
- Discipline Practices
- Involvement
- Parenting Confidence
- Satisfaction with
School
- Relational Frustration

Form	Ages	Mother Rater	Father Rater	Total
PRQ-P	2-5	200	100	300
PRQ-CA	6-18	800	400	1200

Level	Female Rater	Male Rater
PRQ-P	.87 (.82-.91)	.88 (.83-.93)
PRQ-CA	.88 (.76-.95)	.88 (.76-.96)

Preventing Mental, Emotional, and Behavioral Disorders Among Young People

Progress and Possibilities

Committee on the Prevention of Mental Disorders and Substance Abuse
Among Children, Youth, and Young Adults:
Research Advances and Promising Interventions

Mary Ellen O'Connell, Thomas Boat, and Kenneth E. Warner, *Editors*

Board on Children, Youth, and Families
Division of Behavioral and Social Sciences and Education

NATIONAL RESEARCH COUNCIL AND
INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Poor Academic Outcomes Associated with Mental Health Disorders - Risk

- Lower grades and poor attendance rates (Suldo, Thalji, & Ferron, 2011),
- Greater incidence of adolescent smoking (Lewis et al., 2011), and illicit substance use (Goodman, 2010),
- More mental health disorders in early adulthood (Johnson, Cohen, & Kasen, 2009; Kinnunen, Laukkanen, & Kylma, 2009).
- More than half of all students identified as having significant emotional or behavioral problems drop out, and of those that remain in school only about 42% graduate with a diploma (Bradley et al., 2008).
- Only 20% of students in special education with emotional and behavioral disorders pursue any type of post-secondary education (Wagner, Kutash, Duchnowski, & Epstein, 2005).

Early Detection - Universal Screening for Behavioral and Emotional Risk (BER)

- **According to the National Academy** (O'Connell et al., 2009): “For prevention, one of the goals of screening should be to identify communities, groups, or individuals exposed to risks or experiencing **early symptoms** that increase the potential that they will have negative emotional or behavioral outcomes and take action prior to there being a diagnosable disorder” (p. 223).
- **Screening studies** conducted in California in the 1950's and 1960's used similar item types and content to assess **early symptoms** (Cowen et al., 1973)

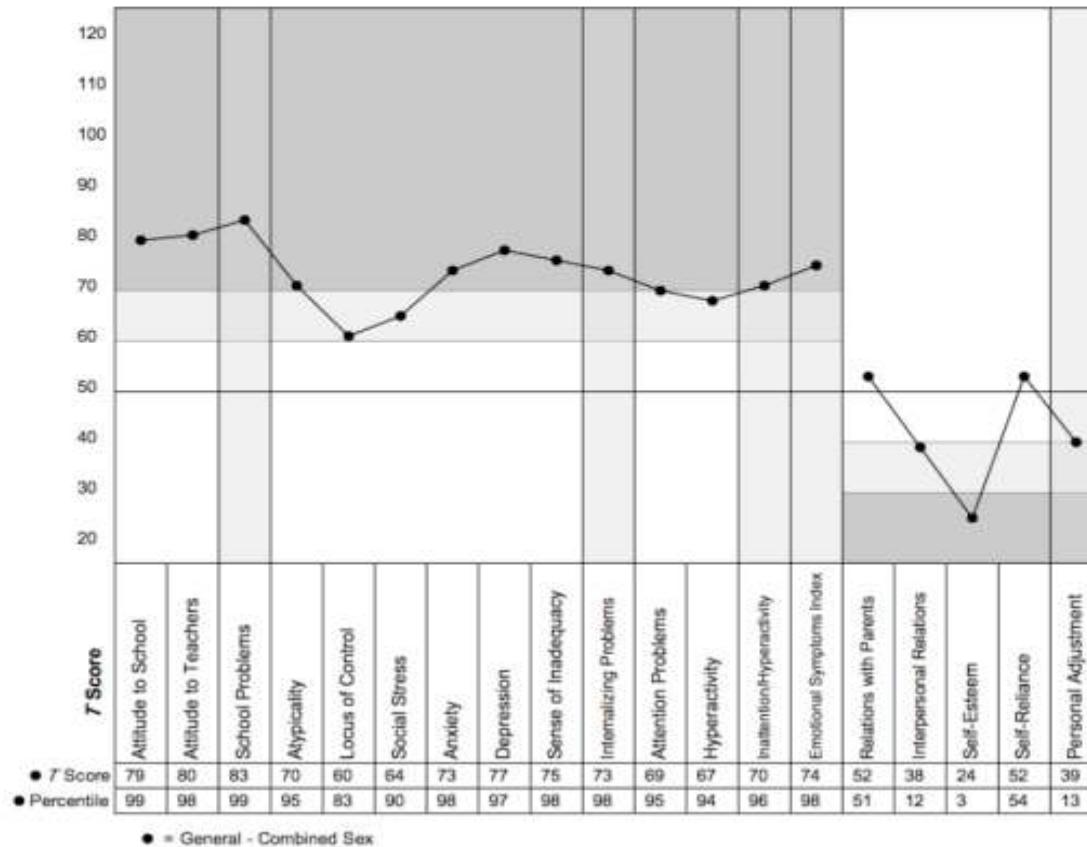
Student Case Study: Samantha

Results from BASC-2

Validity Index Summary

F	Response Pattern	Consistency	L	V
Caution	Caution High	Caution	Acceptable	Acceptable
Raw Score: 4	Raw Score: 102	Raw Score: 21	Raw Score: 3	Raw Score: 0

SRP T Score Profile



Samantha was identified through self-report screening

Screening May Mitigate Disproportionate Referral

- Dowdy, Doane, Eklund and Dever (2011) found that **teachers nominated significantly more males (73.3%)** than females as at risk compared to using a brief teacher-rated BER screener (60.5%).
- Kamphaus and Reynolds (2007), and Kamphaus et al. (2010) found that use of the Teacher Form of the Behavioral and Emotional Screening System (BESS) reduced the disproportionality of boys to girls to **2:1** as compared to 3:1 to 8:1 in prior studies.

Screening Made Practical

Cowen et al. (1973). "...mass-screening devices are more likely to root if they have simple clear formats, are easy to understand, objective, relatable to educational "values" and, above all, minimally time consuming." (p. 32)

The 2004 Individuals with Disabilities Education Improvement Act (IDEIA) allows schools to use up to 15% of their IDEIA funds toward efforts to identify and intervene early with students at-risk [IDEIA, 34 CFR 300.226(a)].

Staffing Costs More Than Materials. Dobrez et al. (2001), "The practical cost of providing developmental and behavioral screening is driven primarily by the time and staff required to conduct and evaluate the screens (p. 913)."

BASC-3 Behavioral and Emotional Screening System

- The BASC-3 BESS is designed to quickly and efficiently assess the behavioral and emotional risk and overall mental health status of children ages 3 thru 18, in a variety of settings:
 - Group-wide screening in schools (e.g., Tier 1 tool)
 - General measure of functioning in settings where it is prohibitive to administer longer TRS/PRS/SRP forms
- Components include:
 - Manual
 - Record forms
 - Hand score worksheets (tentative)
 - Q-global administration, scoring, and reporting



BESS

**Formulario
para estudiantes
Grados 3–12**

Randy W. Kamphaus, PhD • Cecil R. Reynolds, PhD

Tu nombre _____
Nombre(s) Apellido(s)

Fecha _____ Fecha de nacimiento _____
Mes Día Año Mes Día Año

Escuela _____ Grado _____

Sexo Masculino Femenino Edad _____

Recuerda: N = Nunca

A = A veces

F = Frecuentemente

S = Casi siempre

1. Me cuesta trabajo sentarme quieto(a). **N A F S**

2. Mi maestro(a) está orgulloso(a) de mí. **N A F S**

3. Mis padres confían en mí. **N A F S**

4. Me cuesta trabajo prestar atención al maestro(a). . **N A F S**

5. Quiero mejorar, pero no puedo. **N A F S**

6. Los demás me tienen respeto. **N A F S**

7. La gente me dice que vaya más despacio. **N A F S**

8. Estoy solo(a). **N A F S**

9. Me siento a gusto en la escuela. **N A F S**

10. Les agrado a los demás. **N A F S**

11. Me preocupo sin saber por qué. **N A F S**

12. Yo hablo cuando otras personas están hablando. . **N A F S**

13. Siento que mi vida va de mal en peor. **N A F S**

14. Mis padres están orgullosos de mí. **N A F S**

15. Me llevo bien con mi maestro(a). **N A F S**

16. Me culpan de cosas que no puedo evitar. **N A F S**

17. Me siento seguro(a) en la escuela. **N A F S**

18. Se me olvida hacer las cosas. **N A F S**

19. Estoy contento(a) con quien soy. **N A F S**

20. Me meto en problemas por no prestar atención. . . **N A F S**

21. Aun cuando me esfuerzo, fracaso. **N A F S**

22. Mis padres escuchan lo que digo. **N A F S**

23. Me siento fuera de lugar entre la gente. **N A F S**

24. Me cuesta trabajo controlar mis pensamientos. . . **N A F S**

25. Soy bueno(a) para tomar decisiones. **N A F S**

26. Me preocupo por lo que va a pasar. **N A F S**

27. Nadie me comprende. **N A F S**

28. A mis padres les gusta estar conmigo. **N A F S**

BASC-3 Behavioral and Emotional Screening System

- Teacher, Parent and Self-Report forms
- Scores include:
 - Behavioral and Emotional Risk Index (Teacher, Parent, Student)
 - Externalizing Risk Index (Teacher, Parent)
 - Internalizing Risk Index (Teacher, Parent, Student)
 - Adaptive Skills Risk Index (Teacher, Parent)
 - Self-regulation Risk Index (Student)
 - Personal Adjustment Risk Index (Student)
- Q-global administration, scoring, and reporting
 - Group-level administration mode for self-report form
 - Individual and group-level reports
 - Test period (e.g., Fall, Spring)/Progress reports

BESS Scoring and Interpretation

- **Behavioral and Emotional Screening System (BESS)**
(M=50, SD=10)
- High score reflects more problems
- Risk Level classification for behavioral and emotional problems
 - 20 to 60: “Normal” level of risk
 - 61 to 70: “Elevated” level of risk
 - 71 or higher: “Extremely Elevated” level of risk

BESS Accuracy

<p>True Positives</p> <p>Identified as at risk who actually are at risk</p>	<p>False Positives</p> <p>Identified as at risk but who are not at risk</p>
<p>False Negatives</p> <p>Identified as not at risk but who are actually at risk</p>	<p>True Negatives</p> <p>Identified as not at risk who are actually not at risk</p>

Build Support

- Meet with school administration/stakeholders
 - Explain purpose and benefits of screening
 - Encourage family decision-making/protect student and family privacy
 - Educate teachers about confidentiality
 - Guard against labeling
 - Develop plan for communicating information to teachers
 - Develop plan for informing parents/obtaining and opt our procedures
 - Provide clearly written, family-friendly information that outlines the benefits of prevention
 - Provide prompt answers and additional information to any parent expressing concern

BASC-3 Behavior Intervention Guide

Kimber Vannest, Cecil Reynolds, R.W. Kamphaus

- Aimed at the psychologist, the BASC-3 Behavior Intervention Guide provides a comprehensive set of empirically-based interventions for a variety of behavioral and emotional problems
- Like the existing version, the BASC-3 Behavior Intervention Guide is organized around scales included on the BASC-3 TRS, PRS, and SRP forms
- Components include:
 - Behavior Intervention Guide (Paper and Digital)
 - Parent Tip Sheets
 - Documentation Checklist
 - Intervention Summary software report for TRS, PRS, and SRP

BASC-3 Behavior Intervention Guide

- Digital offering
- Updated Evidence For Use sections
- More streamlined and enhanced procedural steps for interventions
- Improvements in usability features (e.g., design)
- Additional supporting documentation to ease use of the intervention and increase the fidelity of implementation

Example of Design



MULTISYSTEMIC THERAPY

DESCRIPTION

Multisystemic therapy (MST) is a short-term, home-based, family-focused intervention used with children who have severe conduct problems (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998). Implementing MST may be more difficult in some educational environments (Borduin et al., 1995); nevertheless, MST is discussed in this chapter due to its demonstrated effectiveness in remediating severe conduct problems in children (Frick, 2000; Henggeler, Cunningham, Pickrel, Schoenwald, & Brondino, 1996; Tarolla et al., 2002). MST is characterized as an action-oriented, intensive, in-home treatment provided by qualified mental health providers that addresses behavior across all areas of functioning, generally lasting for 3–4 months (Henggeler et al. 2006; Thomas, 2006). Parent training and coping skills training are used with the child, family, school, and peer group to simultaneously provide a combination of all effective treatments in multiple environments based on the family systems approach.

EXAMPLE

Albert, an 18-year-old, is currently taking medication for attention-deficit/hyperactivity disorder (ADHD). He has been arrested multiple times for felony activities, is at risk for out-of-home placement, and has earned only enough credits in high school to be considered a first-semester sophomore. He is a member of a gang and has been suspended from school 10 out of the last 20 days. He lives with his mother, who is unemployed and is diagnosed with bipolar disorder and is an alcoholic; his 16-year-old sister who has been diagnosed with anxiety and depression; and his sister's 2-year-old son. To address these factors, the MST team devises a treatment plan to address all issues within Albert's home, school, and social environments and includes team members from the school, community, mental health agency, and juvenile justice system.

GOAL

Reduce delinquent, criminal, antisocial, and aggressive behavior; and increase family cohesion while empowering families to solve future problems.

THE BASICS

1. Select highly trained professionals with small caseloads.
2. Coordinate services with multiple community and school agencies.
3. Implement problem-solving training.
4. Complete a strengths based assessment to determine the behavioral problems and reinforcers within all environments.
5. Engage in individual and comprehensive case conceptualization.

HOW TO IMPLEMENT MULTISYSTEMIC THERAPY



PREP

- Create MST teams with a supervisor who oversees the MST therapist and observes therapy in the child's home.
- Provide extensive training for MST therapists by a multisystemic therapy consultant before beginning the intervention and provide continuing education (e.g., once a month).
- Provide adolescents with the ability to contact their MST therapists around the clock, and prepare the therapists to provide services by making home visits.



IMPLEMENT

- Write and implement a highly individualized treatment plan that addresses all domains of child functioning. Such plans may include:
 - ▲ Teaching cognitive-behavioral skills (e.g., problem-solving or anger management) to the child.
 - ▲ Teaching effective discipline skills (e.g., differential reinforcement, response-cost techniques, contracting skills) to the parents.
 - ▲ Teaching observational skills (e.g., association with deviant peers and school truancy issues) for parents to use in monitoring peer group relations.
 - ▲ Assisting families in parent-school relationships by participating in parent-teacher meetings and special-education meetings, assisting with homework completion, and handling school disciplinary referrals.
 - ▲ Teaching family management strategies (e.g., scheduling, family member responsibilities such as chore lists).
- Hold weekly MST team meetings for peer and supervisory consultation.
- Consult and meet regularly with individuals from other agencies who are providing services to the child (e.g., teachers, school administrators, probation officers, child protective services case managers, and mental health case workers).



EVALUATE

- Evaluate outcomes continuously and modify the treatment plan as needed, with assistance from peer and supervisory consultants.
- Ensure treatment generalization by assigning homework to be completed by the entire family based on the interventions being used, and provide feedback on completion and success at every session.
- Provide a referral for the less intensive treatment following the completion of MST.

Example Procedural Steps

PREPARE

- Create MST teams with a supervisor who oversees the MST therapist and observes therapy in the child's home.
- Provide extensive training for MST therapists by a multisystemic therapy consultant before beginning the intervention and provide continuing education (e.g., once a month).
- Provide adolescents with the ability to contact their MST therapists around the clock, and prepare the therapists to provide services by making home visits.

IMPLEMENT

• Write and implement a highly individualized treatment plan that addresses all domains of child functioning.

Such plans may include:

- Teaching cognitive–behavioral skills (e.g., problem-solving or anger management) to the child.
- Teaching effective discipline skills (e.g., differential reinforcement, response-cost techniques, contracting skills) to the parents.
- Teaching observational skills (e.g., association with deviant peers and school truancy issues) for parents to use in monitoring peer group relations.
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Example Procedural Steps

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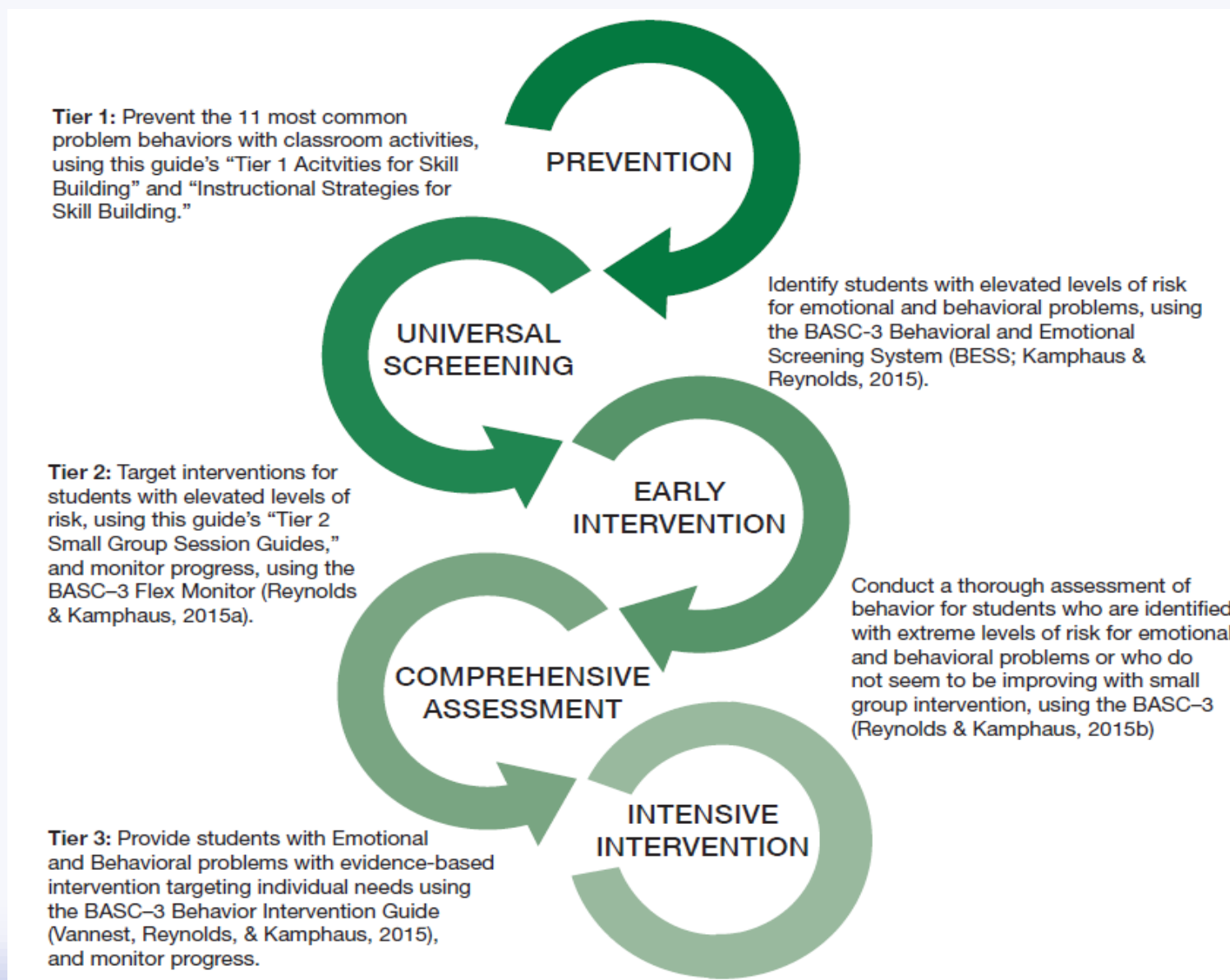
For Teaching

- MST is unlikely to occur in the classroom, but it may involve a teacher for data collection or interviews to determine needs. Academic deficits should not be overlooked, however, because severe conduct disorders often interfere with school attendance and participation.

For Families

- MST is appropriate for severe conduct disorders. It requires a great deal of in-home intervention, with sessions provided on a daily to weekly basis (Thomas, 2006). There may be a number of obstacles to overcome when implementing MST. For example, defensive family patterns can significantly interfere with problem-solving and communication skills training (Margolin, Burman, & John, 1989).....

BASC-3 System Overview For Behavioral RTI



BASC-3 Behavioral and Emotional Skill-Building Guide

- Replaces the BASC-2 Classroom Intervention Guides
- Includes strategies for classroom and small-group use
- Groups may be conducted by guidance counselors, psychologists, social workers, interns, and other trained personnel
- Added emphasis on building skills for *all* students, rather than individualized “interventions” that take too much teacher time

BEHAVIORAL AND EMOTIONAL SKILL BUILDING GUIDE:

Programming and Intervention for Tier One and Two

Kimberly J. Vannest, Cecil R. Reynolds, & Randy W. Kamphaus

SKILL BUILDER IB: STRATEGY INSTRUCTION

Six evidence supported strategies are presented as skills every child should learn in school through explicit instruction, opportunities for practice and feedback. These strategies are briefly described with illustrations and basic steps.

(class wide lessons are available online.)

Skills include:

Relaxation

Problems Solving

Self Management

Listening

Memory

Peer Tutoring

BEHAVIORAL AND EMOTIONAL SKILL BUILDING GUIDE:

Programming and Intervention for Tier One and Two

Kimberly J. Vannest, Cecil R. Reynolds, & Randy W. Kamphaus

SKILL BUILDER II

Eight 30-45 minute lessons for small groups in English and Spanish covering topics of

Lesson 1 Establishing Group Expectations

Lesson 2 Listening Effectively

Lesson 3 Verbal Mediation

Lesson 4 Relaxation Training

Lesson 5 Cognitive Restructuring

Lesson 6 Self-Monitoring

Lesson 7 Problem Solving

Lesson 8 Group Closing and Skill Synthesis

The Timeline

The following conceptual timeline helps visualize an implementation model. These may be used or modified by schools to plan or to facilitate local grants.



Screeners Informant Validity

BESS Student, Parent, and Teacher Prediction of Academic Outcomes in a Four Year Longitudinal Study: Zero Order Correlations

BER Screener	Standardized Reading Scores	Standardized Math Scores	GPA
BESS Student	-.43*	.10	-.55*
BESS Parent	.27	.31	.11
BESS Teacher	-.38*	-.25	-.47*

* $p < .05$

Bialo, Harrell-Williams, & Kamphaus, 2015

East Valley High School



7. Acknowledgements:



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R324B060005, Drs. Kamphaus & DiStefano
R324B080006, Dr. Kamphaus

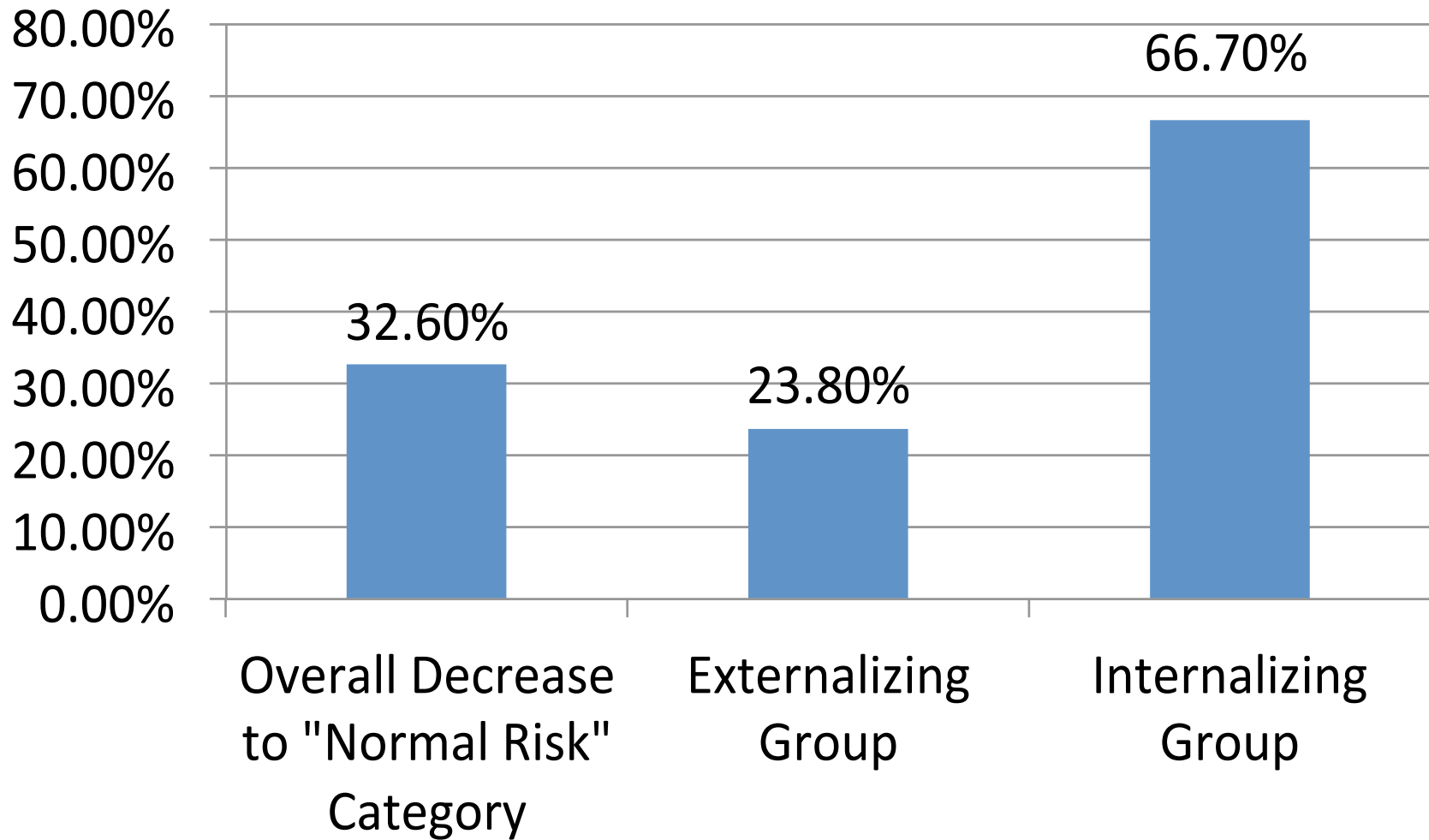
Sample by Gender

Gender	Count
M	23
F	23

Sample by Grade Level

Grade	Count
9 th	18
10 th	18
11 th	6
12 th	4

Students Changed to "Normal Risk" (N=46; Bialo, Harrell-Williams, & Kamphaus, 2015)



AMERICAN PSYCHOLOGICAL ASSOCIATION

ANNUAL CONVENTION

HONOLULU, HAWAII • JULY 31–AUGUST 4, 2013

Linking Results of Screening to
Improved Treatment Utility

*Katie Eklund, Ph.D.
University of Arizona*

*Jennifer Twyford, Ph.D.
California Lutheran University*

Interventions for students identified as “at-risk”

APA
ANNUAL
CONVENTION

JULY 31–AUGUST 4
HONOLULU, HAWAII

23 students at-risk and not receiving services

- 14 students connected to small group support (social skills group, changing families, girls self-esteem/coping, etc.)
- 6 students referred to outside therapy
- 5 students in individual counseling

Teacher/parent communication

- Consultation with teachers to gather additional data
- Classroom observations
- Behavioral rating scales
- Parent consultation & consent



Differences between groups

Spring 2011-12 data

	At-Risk Students	All Students
Office Discipline Referrals	4.02	0.24
Attendance (# days missed)	10.90	5.42
Grades (GPA: 0.0 – 4.0)	2.85	3.59

Changes among at-risk students

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

At-risk student data 2011-12

	Fall 2011	Spring 2012
Office Discipline Referrals	2.26	1.74
Attendance (# days missed)	5.62	5.30
Grades (GPA: 0.0 – 4.0)	2.58	3.02

Resources/Information

www.pearsonclinical.com/BASC-3

Customer Service

clinicalcustomersupport@Pearson.com

800.627.7271

