Updated Norms | Summary Report | FLEX Monitor | Continuous Performance Test (CPT)

Authors: Cecil R. Reynolds & R.W. Kamphaus
Pearson Project Director: Rob Altmann
August 2015

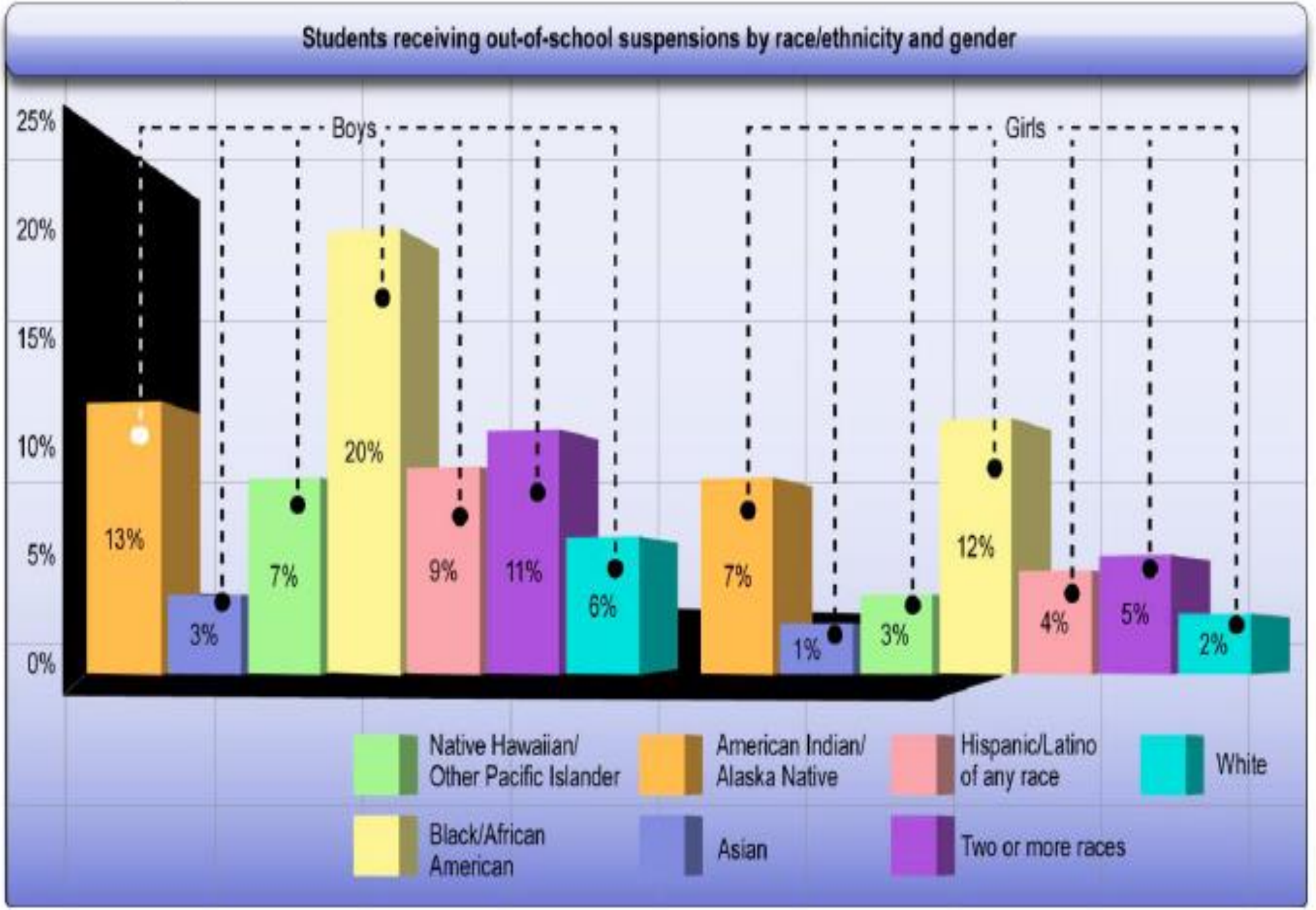
The 20/20 Problem:
Of the 20% of Children who have a Mental Health Disorder, only 20% Receive Services

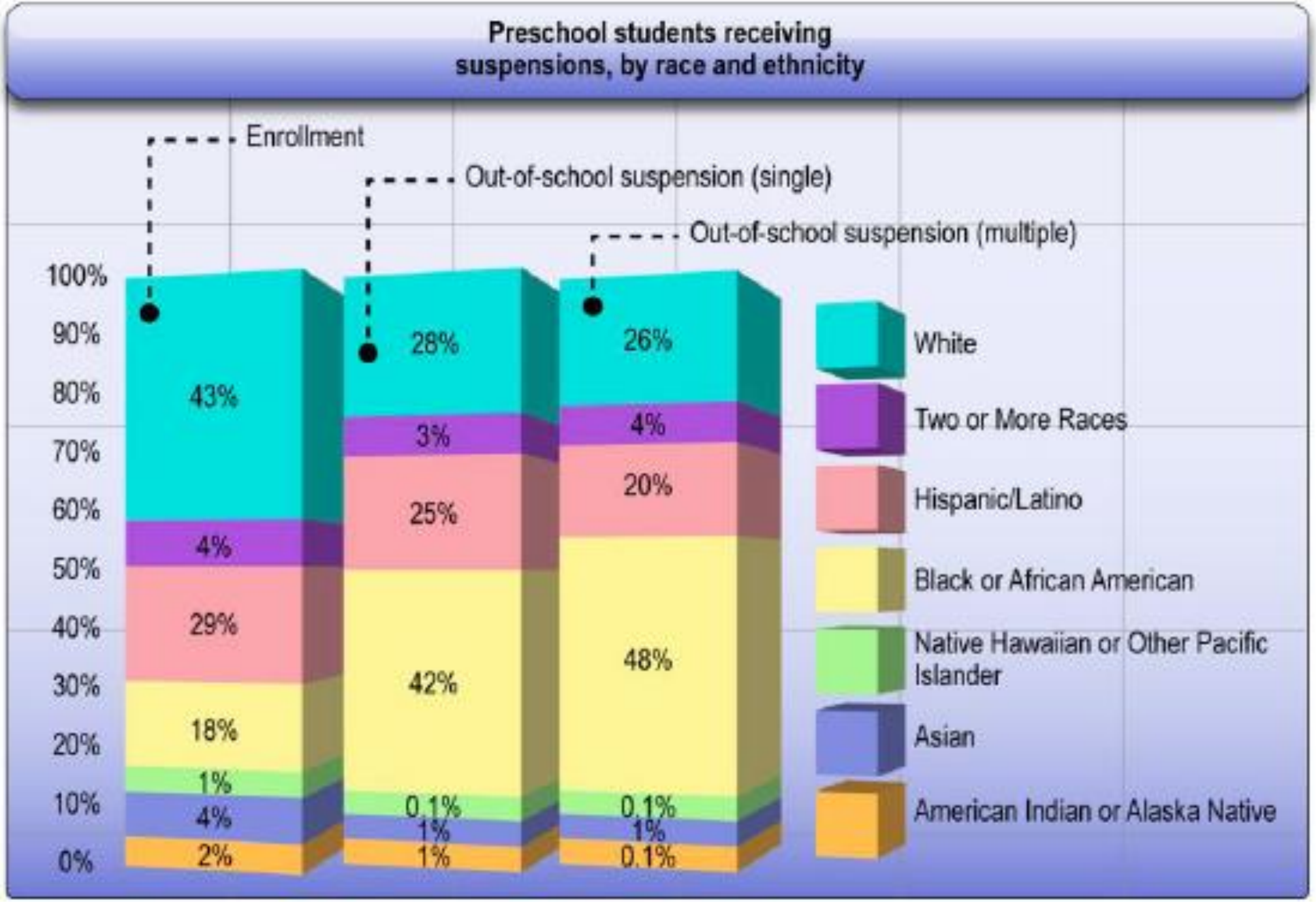
Teacher and Parent Referral are Imperfect: **In one study Head Start staff under-identified children with behavioral or emotional problems as a group, and those children with the highest risk for poor academic readiness were MOST likely to be unidentified and untreated. -** Fantuzzo, Bulotsky, McDermott,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

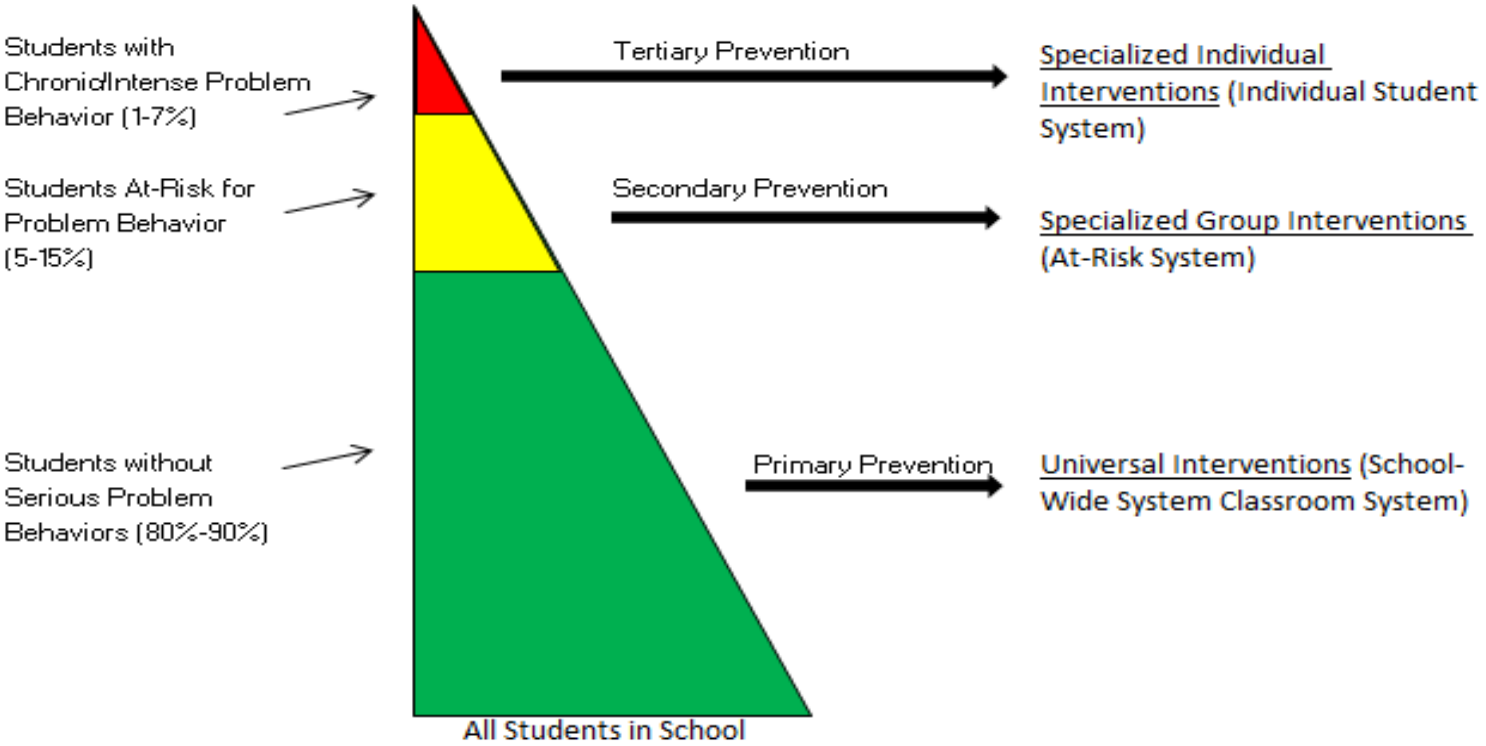
Disproportionate Discipline

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
25%
20%
15%
10%
5%
0%
Boys
Girls
13%
3%
7%
20%
9%
11%
6%
7%
1%
3%
12%
4%
5%
2%
Native Hawaiian/ Other Pacific Islander
American Indian/ Alaska Native
Hispanic/Latino of any race
White
Black/African American
Asian
Two or more races


Preschool students receiving suspensions, by race and ethnicity
Enrollment
Out-of-school suspension (single)
Out-of-school suspension (multiple)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
43%
4%
29%
18%
1%
4%
2%
28%
3%
25%
42%
0.1%
1%
1%
26%
4%
20%
48%
0.1%
1%
0.1%
White
Two or More Races
Hispanic/Latino
Black or African American
Native Hawaiian or Other Pacific Islander
Asian
American Indian or Alaska Native

Continuum of Prevention Services



Challenges to SBMH

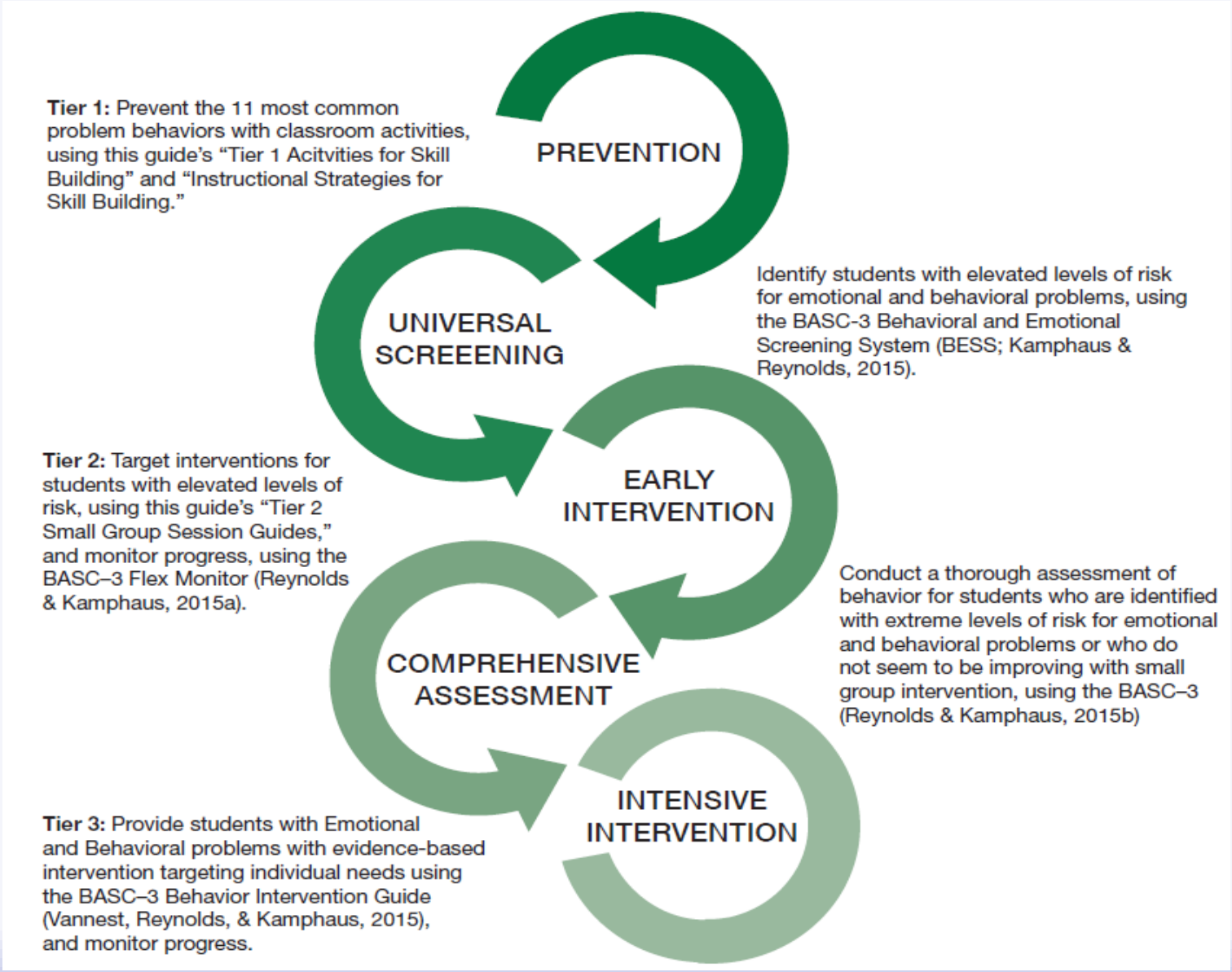
Systematic screening for mental issues is not a common practice.

School-based mental health professionals are typically assigned to multiple schools and too often used for *crisis response* as opposed to *crisis prevention*.

Limited access to professional development opportunities that address mental health issues.

Fragmentation of services within schools and between school and community-based services.

BASC-3 System Overview For Behavioral RTI



Comprehensive Behavior Management

SCREEN

- Behavior & Emotional Screening System (BESS)

ASSESS

- Teacher Rating Scales (TRS), Parent Rating Scales (PRS), Self-Report of Personality (SRP)
- Parenting Relationship Questionnaire (PRQ)
- Structured Developmental History (SDH)

INTERVENE

- Behavior Intervention Guide
- Behavioral and Emotional Skill-Building Guide

MONITOR

- FLEX Monitor
- Student Observation System (SOS)
- Comprehensive Continuous Performance Test (CCPT)

BASC-3 Options

Paper

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

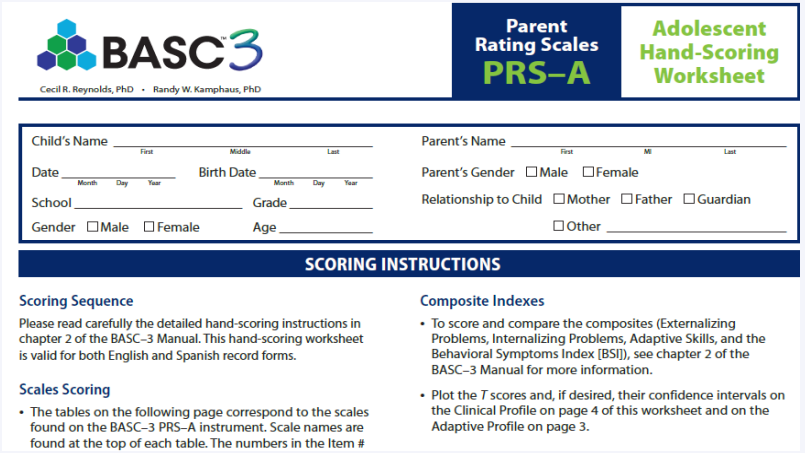
Digital

- 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	Hybrid	All Digital
• Administration: Paper	• Administration: Paper	• Administration: Q-g
• Scoring & Reporting: Paper	• Scoring & Reporting: Q-g unlimited subscription	• Scoring & Reporting: Q-g

TRS, PRS, and SRP Hand Scoring



BASC-3

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

Parent Rating Scales PRS–A

Adolescent Hand-Scoring Worksheet

Child's Name _____ (First Middle Last)

Parent's Name _____ (First MI Last)

Date _____ (Month Day Year) Birth Date _____ (Month Day Year)

Parent's Gender ☐Male ☐Female

School _____ Grade _____

Relationship to Child ☐Mother ☐Father ☐Guardian

Gender ☐Male ☐Female Age _____

☐Other _____

SCORING INSTRUCTIONS

Scoring Sequence

Please read carefully the detailed hand-scoring instructions in chapter 2 of the BASC–3 Manual. This hand-scoring worksheet is valid for both English and Spanish record forms.

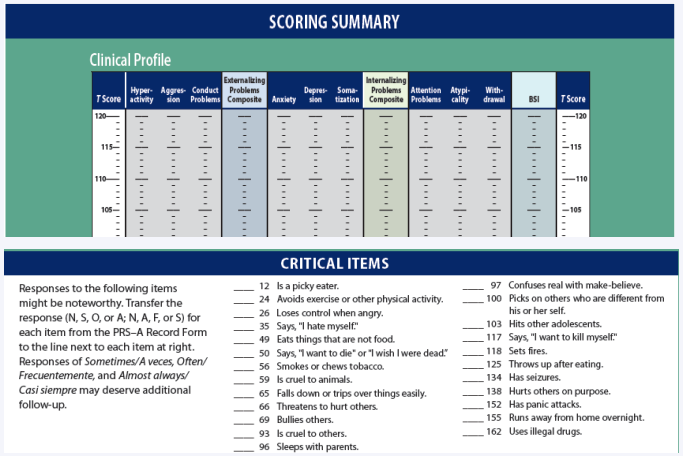
Scales Scoring

- The tables on the following page correspond to the scales found on the BASC–3 PRS–A instrument. Scale names are found at the top of each table. The numbers in the Item #

Composite Indexes

- To score and compare the composites (Externalizing Problems, Internalizing Problems, Adaptive Skills, and the Behavioral Symptoms Index [BSI]), see chapter 2 of the BASC–3 Manual for more information.
- Plot the *T* scores and, if desired, their confidence intervals on the Clinical Profile on page 4 of this worksheet and on the Adaptive Profile on page 3.

Page 1



SCORING SUMMARY

Clinical Profile

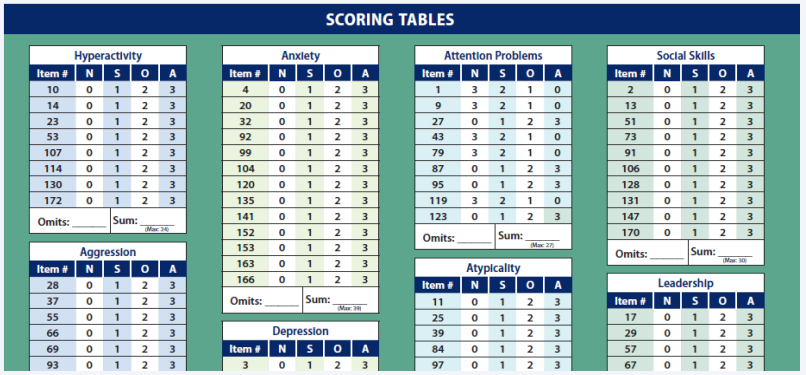
T Score	Hyper-activity	Aggres-sion	Conduct Problems	Externalizing Problems Composite	Anxiety	Depres-sion	Soma-tization	Internalizing Problems Composite	Attention Problems	Atypi-cality	With-drawal	BSI	T Score
120													120
115													115
110													110
105													105

CRITICAL ITEMS

Responses to the following items might be noteworthy. Transfer the response (N, S, O, or A; N, A, F, or S) for each item from the PRS–A Record Form to the line next to each item at right. Responses of *Sometimes/A veces, Often/Frecuentemente,* and *Almost always/Casi siempre* may deserve additional follow-up.

___ 12 Is a picky eater.
___ 24 Avoids exercise or other physical activity.
___ 26 Loses control when angry.
___ 35 Says, "I hate myself."
___ 49 Eats things that are not food.
___ 50 Says, "I want to die" or "I wish I were dead."
___ 56 Smokes or chews tobacco.
___ 59 Is cruel to animals.
___ 65 Falls down or trips over things easily.
___ 66 Threatens to hurt others.
___ 69 Bullies others.
___ 93 Is cruel to others.
___ 96 Sleeps with parents.
___ 97 Confuses real with make-believe.
___ 100 Picks on others who are different from his or her self.
___ 103 Hits other adolescents.
___ 117 Says, "I want to kill myself."
___ 118 Sets fires.
___ 125 Throws up after eating.
___ 134 Has seizures.
___ 138 Hurts others on purpose.
___ 152 Has panic attacks.
___ 155 Runs away from home overnight.
___ 162 Uses illegal drugs.

Page 4



SCORING TABLES

Hyperactivity

Item #	N	S	O	A
10	0	1	2	3
14	0	1	2	3
23	0	1	2	3
53	0	1	2	3
107	0	1	2	3
114	0	1	2	3
130	0	1	2	3
172	0	1	2	3

Omits: _____ Sum: _____ (Max: 24)

Aggression

Item #	N	S	O	A
28	0	1	2	3
37	0	1	2	3
55	0	1	2	3
66	0	1	2	3
69	0	1	2	3
93	0	1	2	3

Anxiety

Item #	N	S	O	A
4	0	1	2	3
20	0	1	2	3
32	0	1	2	3
92	0	1	2	3
99	0	1	2	3
104	0	1	2	3
120	0	1	2	3
135	0	1	2	3
141	0	1	2	3
152	0	1	2	3
153	0	1	2	3
163	0	1	2	3
166	0	1	2	3

Omits: _____ Sum: _____ (Max: 39)

Depression

Item #	N	S	O	A
3	0	1	2	3

Attention Problems

Item #	N	S	O	A
1	3	2	1	0
9	3	2	1	0
27	0	1	2	3
43	3	2	1	0
79	3	2	1	0
87	0	1	2	3
95	0	1	2	3
119	3	2	1	0
123	0	1	2	3

Omits: _____ Sum: _____ (Max: 27)

Atypicality

Item #	N	S	O	A
11	0	1	2	3
25	0	1	2	3
39	0	1	2	3
84	0	1	2	3
97	0	1	2	3

Social Skills

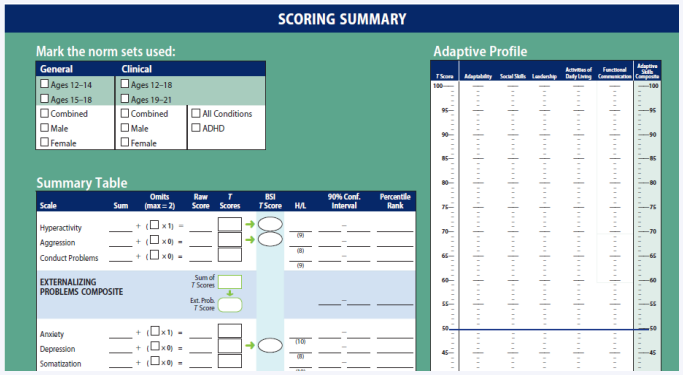
Item #	N	S	O	A
2	0	1	2	3
13	0	1	2	3
51	0	1	2	3
73	0	1	2	3
91	0	1	2	3
106	0	1	2	3
128	0	1	2	3
131	0	1	2	3
147	0	1	2	3
170	0	1	2	3

Omits: _____ Sum: _____ (Max: 30)

Leadership

Item #	N	S	O	A
17	0	1	2	3
29	0	1	2	3
57	0	1	2	3
67	0	1	2	3

Page 2



SCORING SUMMARY

Mark the norm sets used:

General	Clinical	
☐Ages 12–14	☐Ages 12–18	
☐Ages 15–18	☐Ages 19–21	
☐Combined	☐Combined	☐All Conditions
☐Male	☐Male	☐ADHD
☐Female	☐Female	

Summary Table

Scale	Sum	Omits (max = 2)	Raw Score	T Scores	BSI T Score	H/L	90% Conf. Interval	Percentile Rank
Hyperactivity		+ (☐ × 1) =						
Aggression		+ (☐ × 0) =						
Conduct Problems		+ (☐ × 0) =						
EXTERNALIZING PROBLEMS COMPOSITE				Sum of T Scores				
				Ext. Prob. T Score				
Anxiety		+ (☐ × 1) =						
Depression		+ (☐ × 0) =						
Somatization		+ (☐ × 0) =						

Adaptive Profile

T Score	Adaptability	Social Skills	Leadership	Activities of Daily Living	Functional Communication	Adaptive Skills Composite
100						100
95						95
90						90
85						85
80						80
75						75
70						70
65						65
60						60
55						55
50						50
45						45

Page 3

- **Hand Score Worksheet replaces carbonless forms**
- **4 page, 11x17 folded sheet**
- **Transfer responses to worksheet**
- **Sum responses and look up T scores, similar to existing forms**

BASC-3 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	Adjusts easily to new surroundings.
	Adjusts well to changes in family plans.
	Adjusts well to changes in plans.
	Adjusts well to changes in routine.
Atypicality	Acts as if other children are not there.
	Acts strangely.
	Babbles to self.
	Bangs head.
	Confuses real with make-believe.
	Seems out of touch with reality.
	Seems unaware of others.
	Shows feelings that do not fit the situation.
Developmental Social Disorder	Avoids eye contact.
	Engages in repetitive movements.
	Shows basic emotions clearly.
Functional Communication	Communicates clearly.
	Is able to describe feelings accurately.
	Is clear when telling about personal experiences.
	Responds appropriately when asked a question.
Social Skills	Shows interest in others' ideas.
Withdrawal	Has trouble making new friends.
	Isolates self from others.
	Prefers to play alone.
	Quickly joins group activities.

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

	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	0.16	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

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

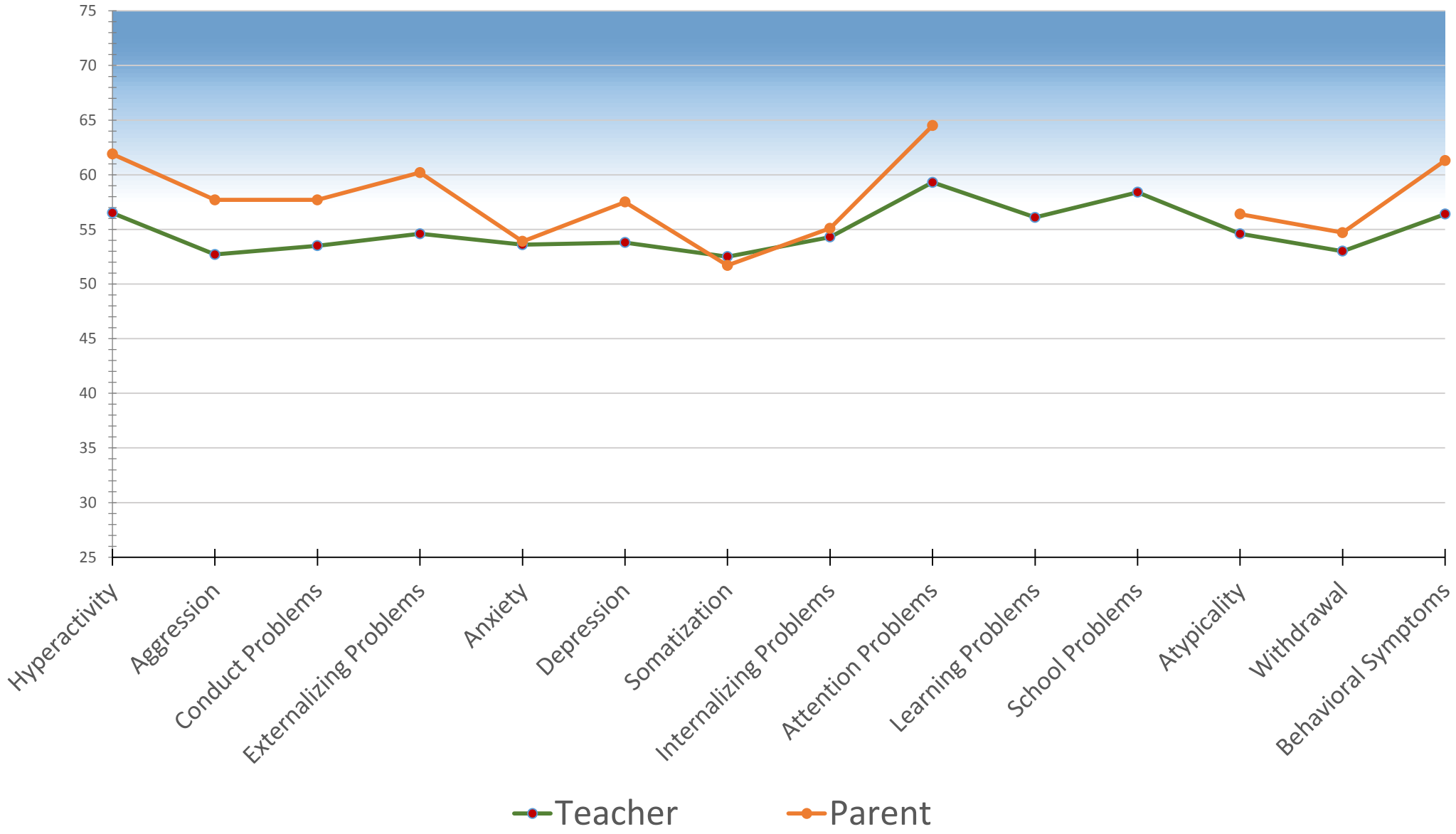
Composite Scales

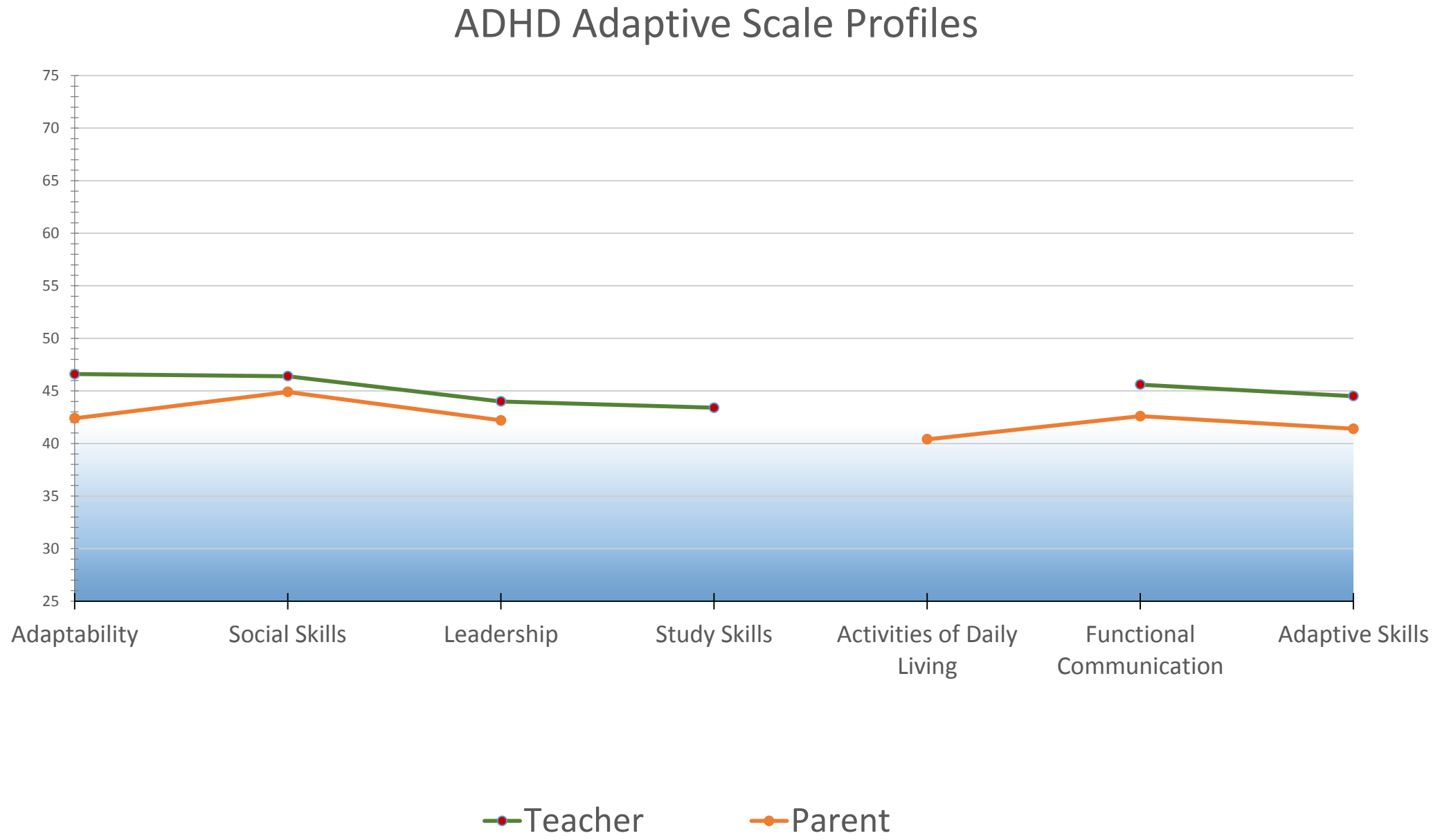
	Externalizing Problems	Internalizing Problems	School Problems	Adaptive Skills	Behavioral Symptoms Index
TRS-P	Hyperactivity Aggression	Anxiety Depression Somatization		Adaptability Social Skills Functional Communication	Hyperactivity Aggression Depression Attention Problems Atypicality Withdrawal
TRS-C, 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

Clinical Indexes – New

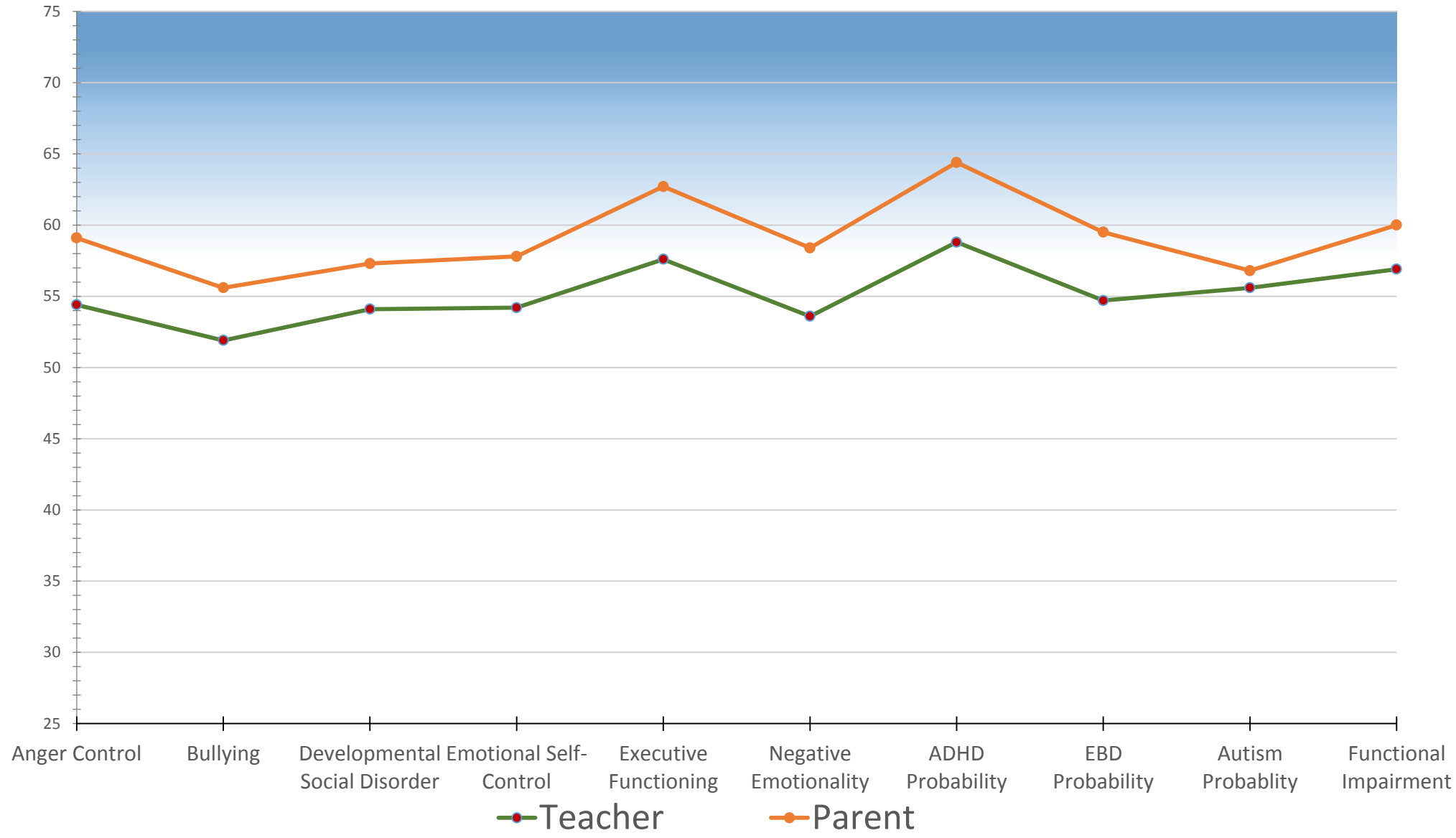
	Teacher Rating Scale			Parent Rating Scale		
	P 2-5	C 6-11	A 12-21	P 2-5	C 6-11	A 12-21
Index						
ADHD Probability		*	*		*	*
Emotional Behavior Disorder Probability		*	*		*	*
Autism Probability		*	*		*	*
Functional Impairment	*	*	*	*	*	*
Clinical Probability	*			*		

ADHD Clinical Scale Profiles

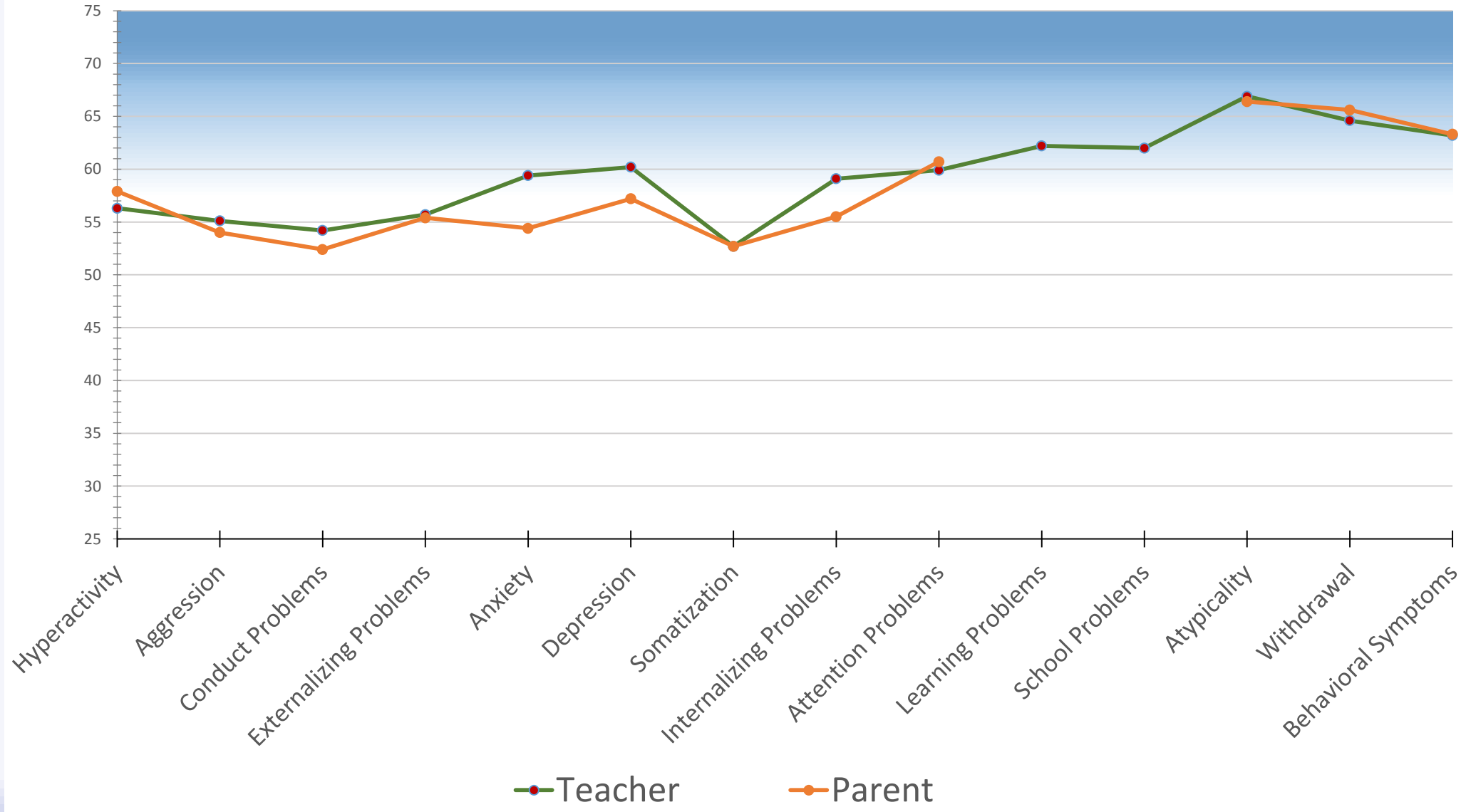


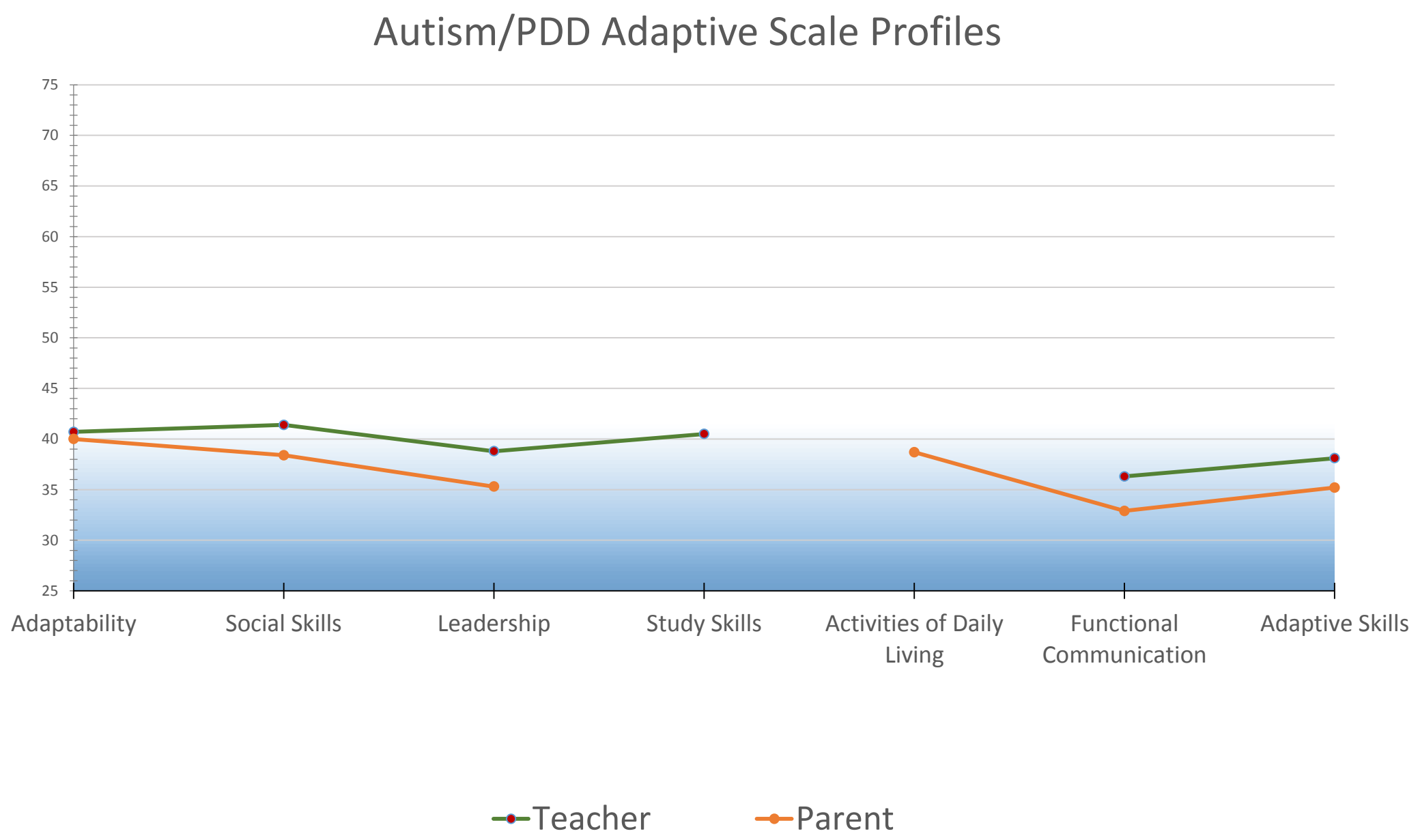

ADHD Adaptive Scale Profiles
75
70
65
60
55
50
45
40
35
30
25
Adaptability
Social Skills
Leadership
Study Skills
Activities of Daily Living
Functional Communication
Adaptive Skills
Teacher
Parent

ADHD Content and Clinical Index

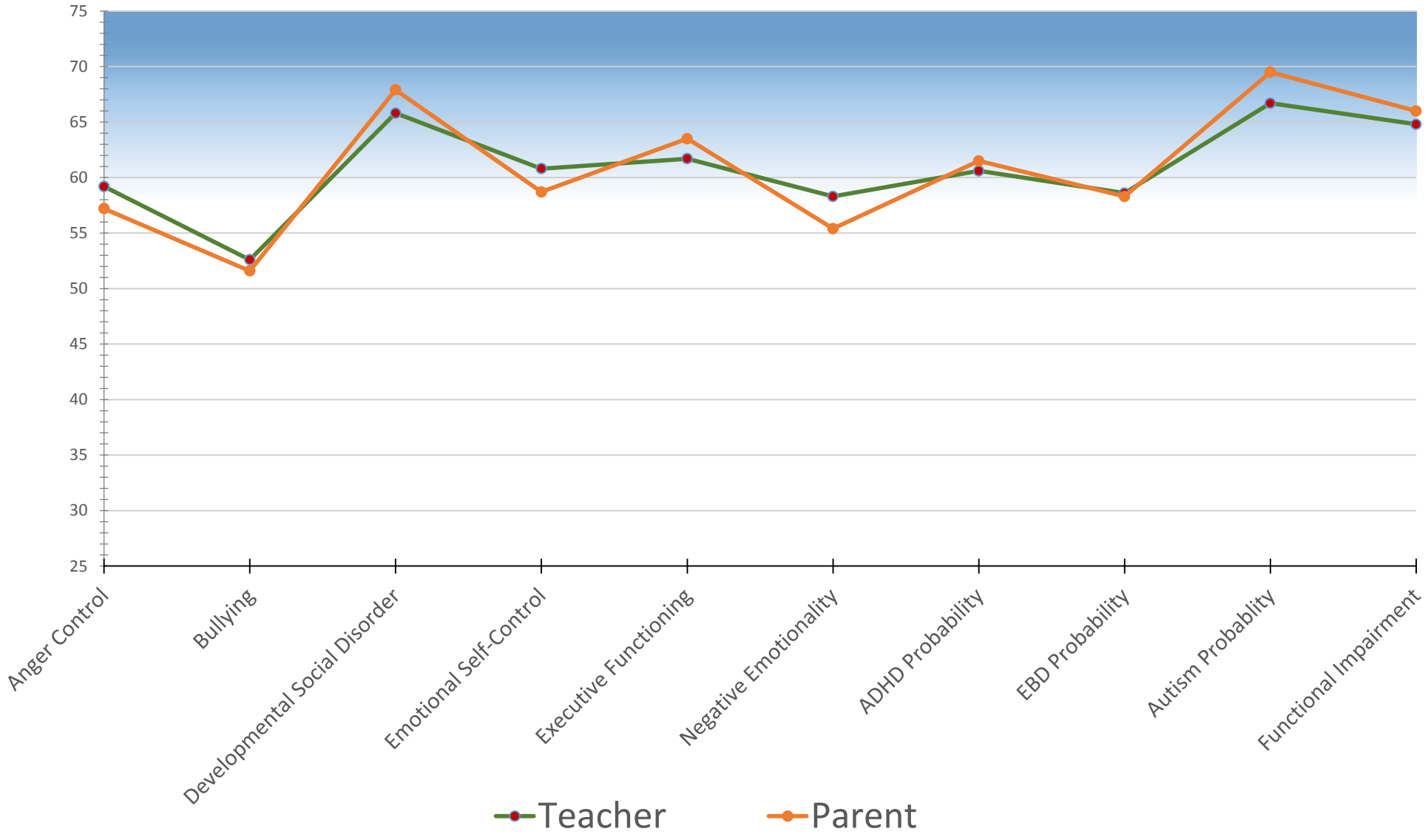


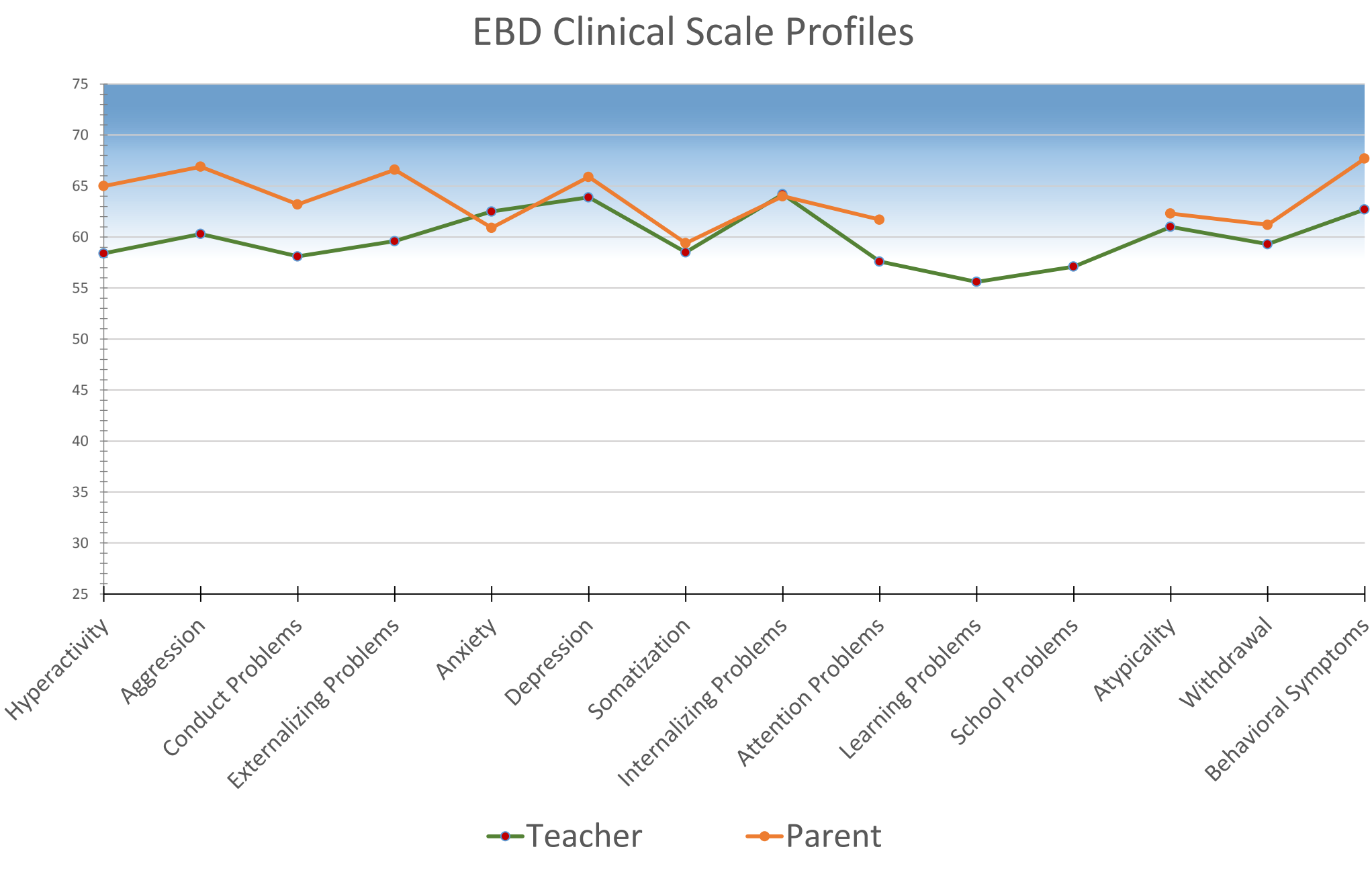
Autism/PDD Clinical Scale Profiles



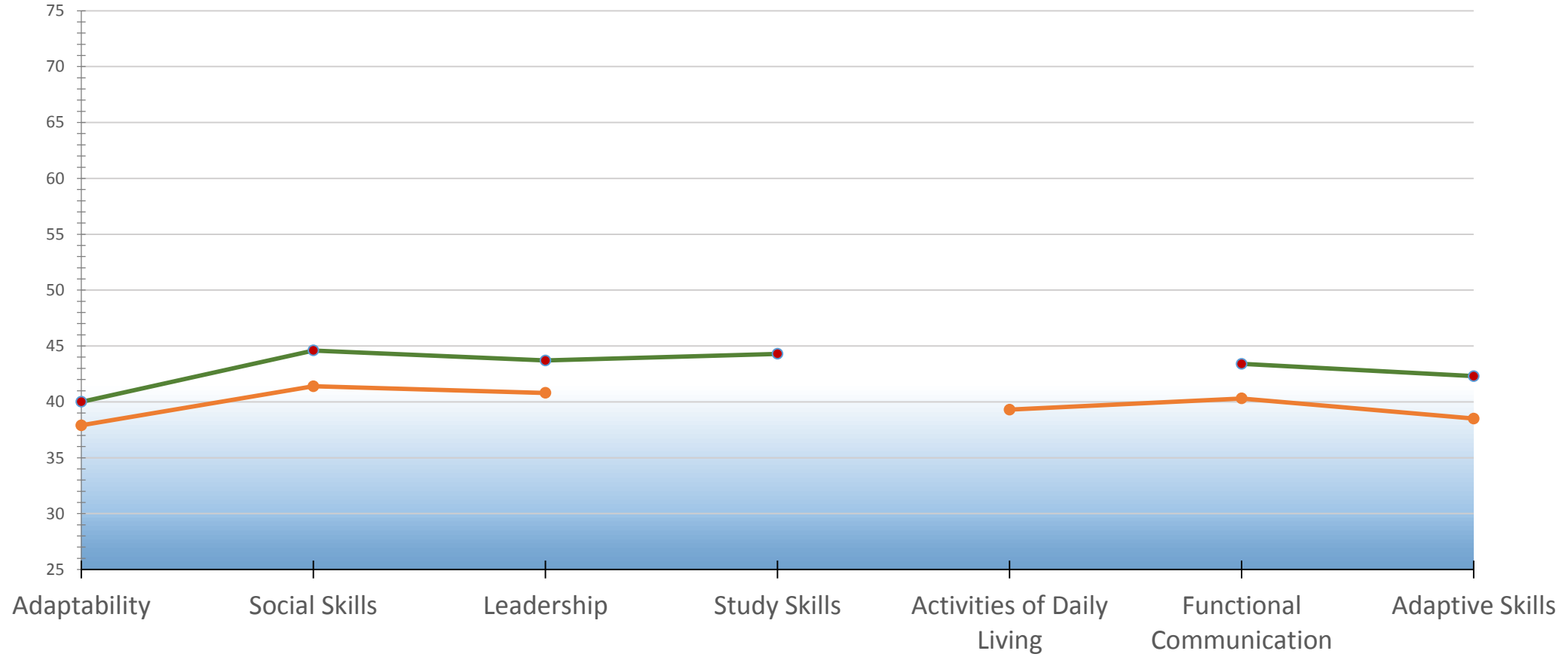

Autism/PDD Adaptive Scale Profiles
75
70
65
60
55
50
45
40
35
30
25
Adaptability
Social Skills
Leadership
Study Skills
Activities of Daily Living
Functional Communication
Adaptive Skills
Teacher
Parent

Autism/PDD Content and Clinical Index

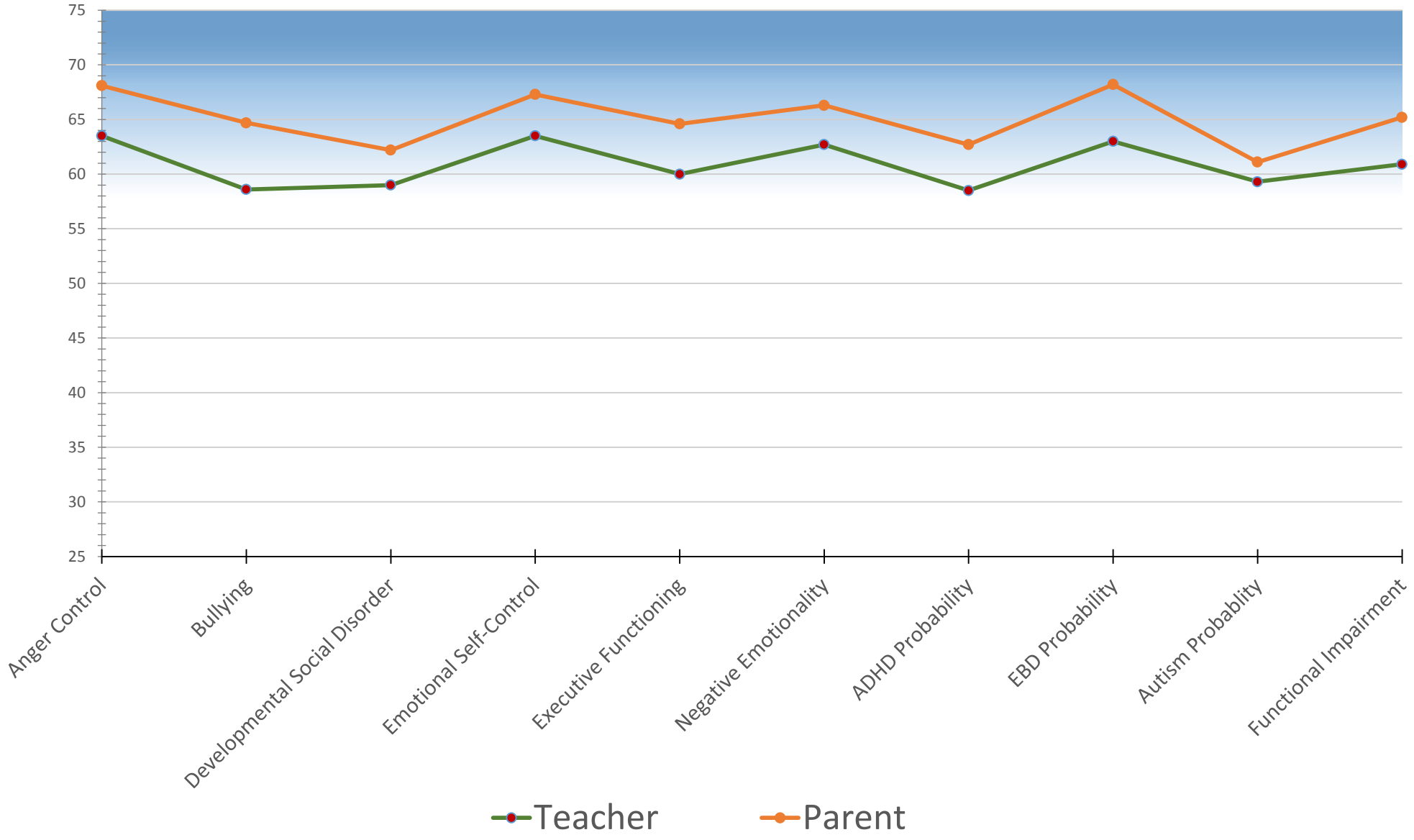


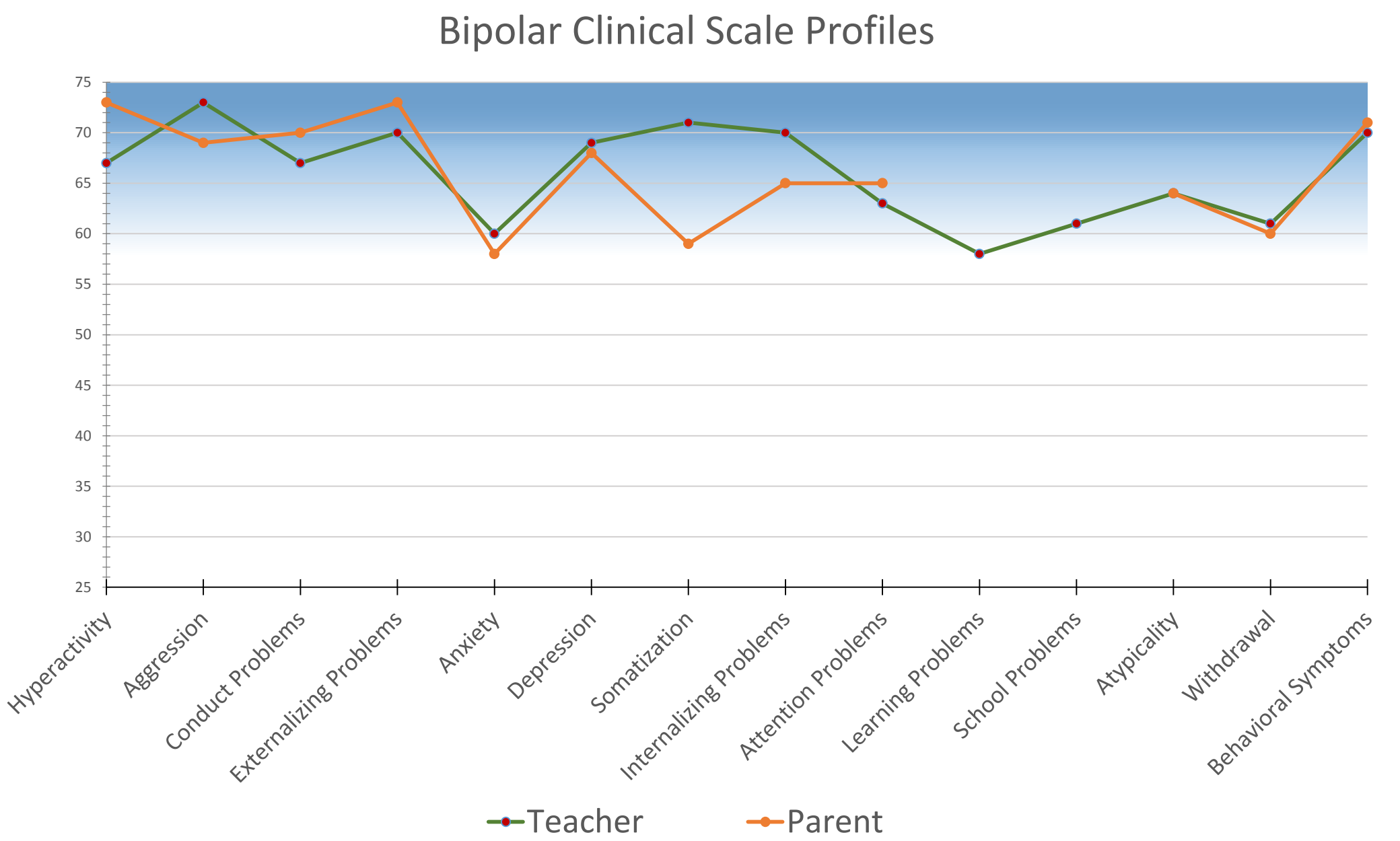

EBD Clinical Scale Profiles
75
70
65
60
55
50
45
40
35
30
25
Hyperactivity
Aggression
Conduct Problems
Externalizing Problems
Anxiety
Depression
Somatization
Internalizing Problems
Attention Problems
Learning Problems
School Problems
Atypicality
Withdrawal
Behavioral Symptoms
Teacher
Parent

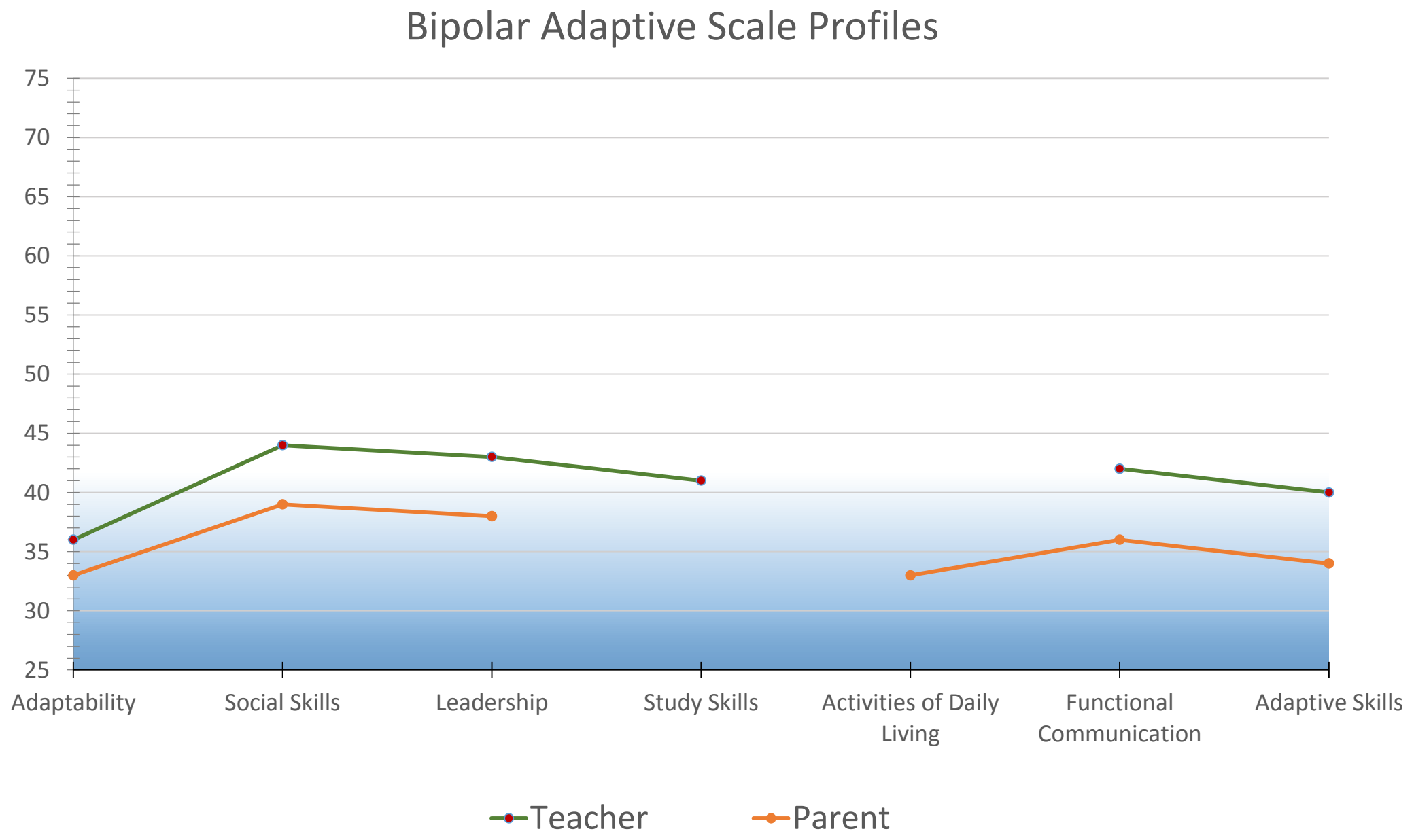
EBD Adaptive Scale Profiles



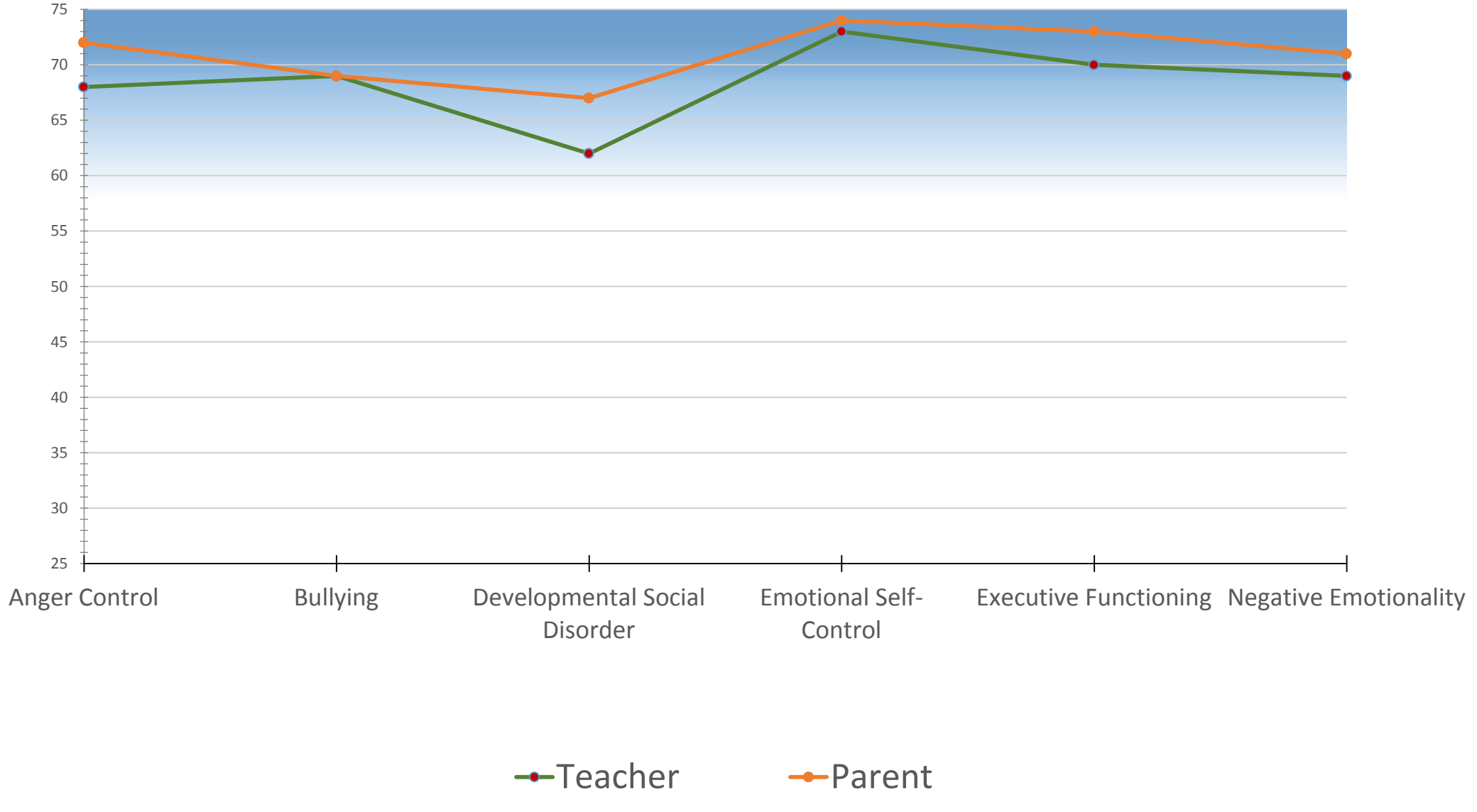
EBD Content and Clinical Index




Bipolar Clinical Scale Profiles
75
70
65
60
55
50
45
40
35
30
25
Hyperactivity
Aggression
Conduct Problems
Externalizing Problems
Anxiety
Depression
Somatization
Internalizing Problems
Attention Problems
Learning Problems
School Problems
Atypicality
Withdrawal
Behavioral Symptoms
Teacher
Parent


Bipolar Adaptive Scale Profiles
75
70
65
60
55
50
45
40
35
30
25
Adaptability
Social Skills
Leadership
Study Skills
Activities of Daily Living
Functional Communication
Adaptive Skills
Teacher
Parent

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
- Fractionation after the preschool years (3 to 6),
- 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.

Executive Functioning Indexes
New to BASC-3 TRS and PRS forms

- Problem Solving Index
- Attentional Control Index
- Behavioral Control Index
- Emotional Control Index
- Overall Executive Functioning Index

BASC-3 SRP Clinical and Adaptive Scales

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

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 *N*
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 *N*
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
		N
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 - ADDITIONAL COMPONENTS

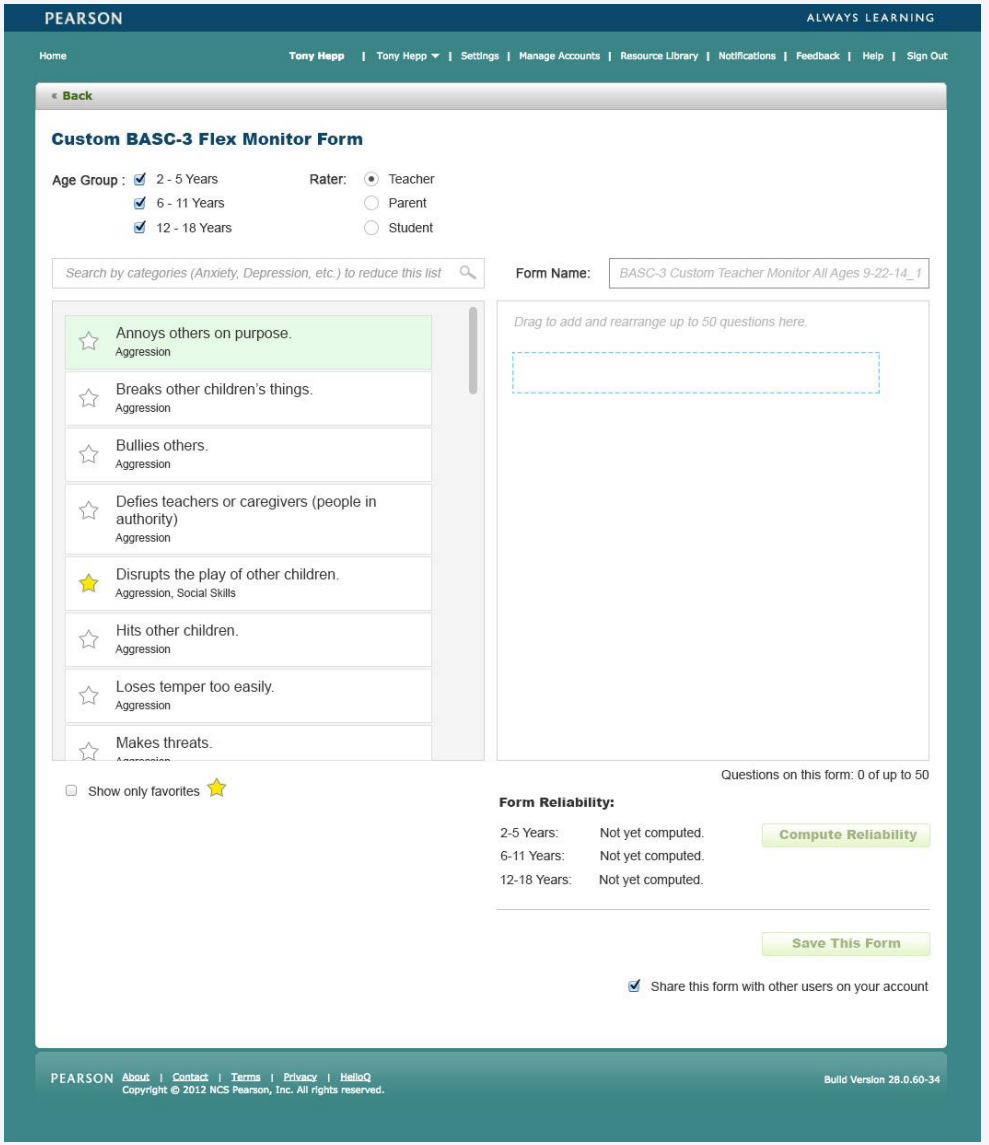
Student Observation System (SOS), Structured Developmental History (SDH), Parenting Relationship Questionnaire (PRQ), Behavioral and Emotional Screening System (BESS), BASC-3 Intervention Guide, BASC-3 Behavioral and Emotional Skill-Building Guide, BASC-3 Flex Monitor, BASC-3 Continuous Performance Test

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



BASC-3 Flex Monitor – How will it work?

- Forms can be saved, and shared with other users within a school or hierarchy

- 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

BASC-3 Flex Monitor – Why choose the Flex Monitor?

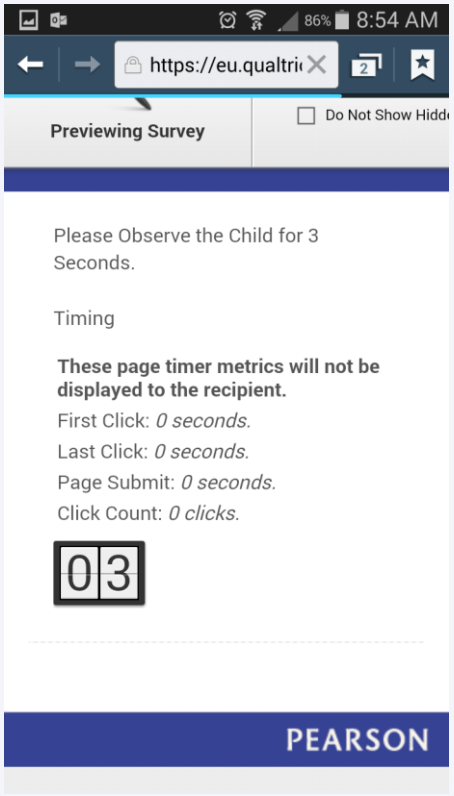
- Its premise is based on the authors' desires to move the field toward better practice

- In every other area of assessment, psychometric properties of the instruments being used are paramount; however, we tend to ignore it when using monitoring tools

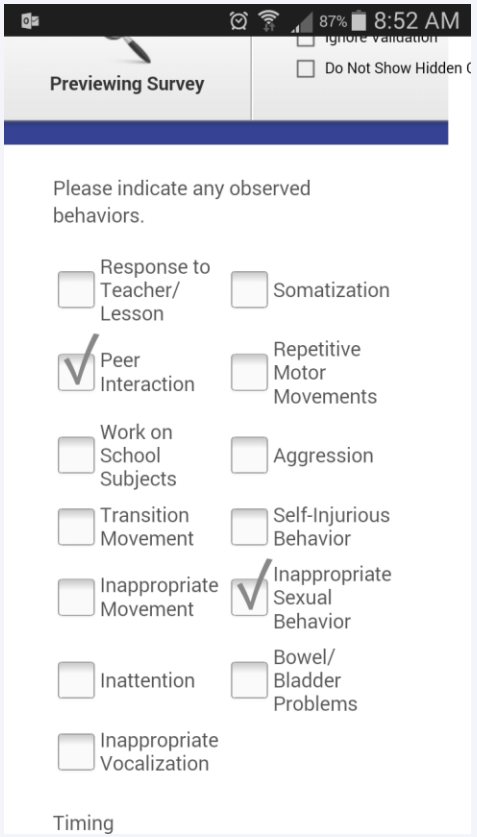
- The BASC-3 Flex Monitor will be a unique offering that is unmatched by the major competitor's of the BASC-3

Student Observation System – Digital and Paper

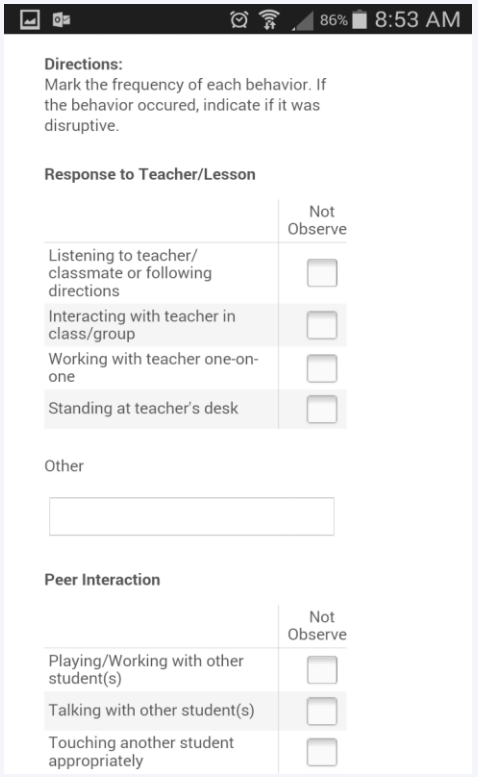
- Digital: Smartphone/Tablet or Laptop



Prompt to observe



Record observations



Complete Part A

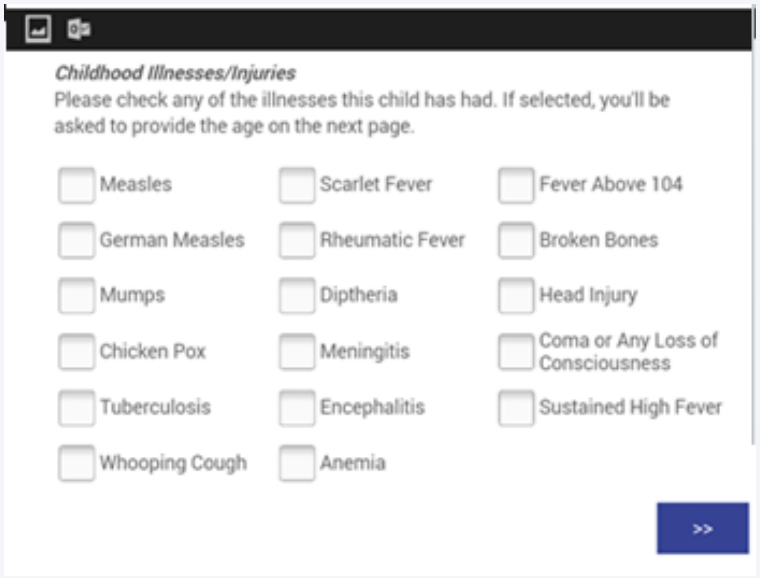
Student Observation System – Digital and Paper

- 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

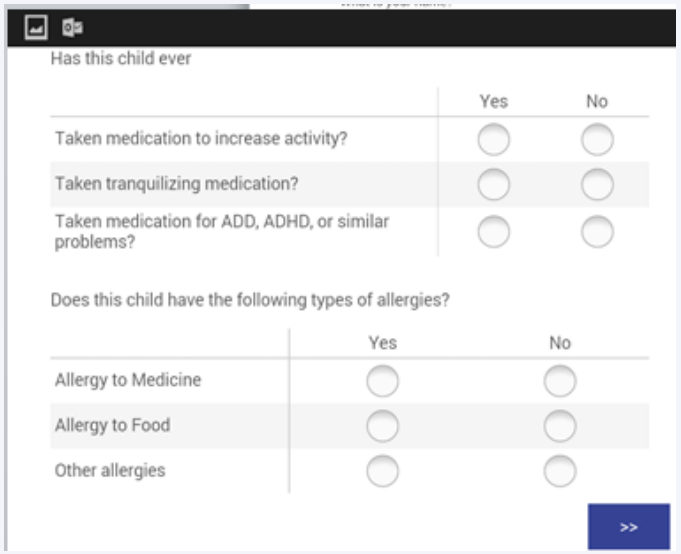
Structured Developmental History – Digital and Paper

- Digital: Tablet or Desktop/Laptop

Parent Information



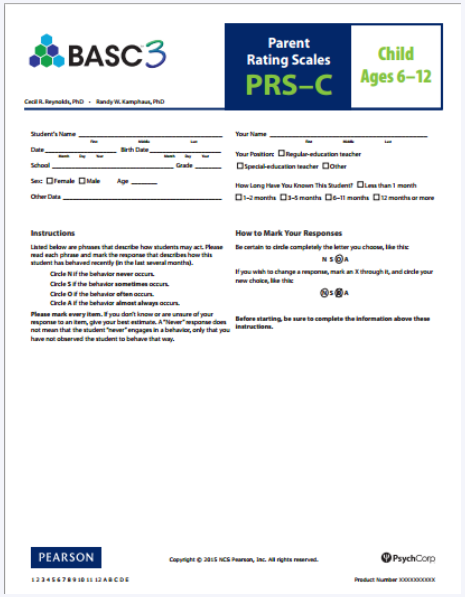
Check boxes for various sections



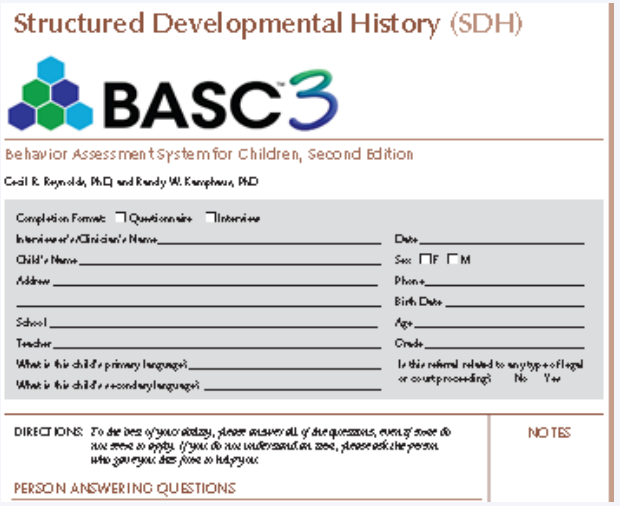
Variety of response formats

Structured Developmental History – Digital and Paper

- The Power of Digital
  - Increased efficiency during administration – only present what is needed
  - Dynamic Digital Assessment



+



=

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

BASC-3 Parenting Relationship Questionnaire

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 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).

Proposed Solution: 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)

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.

Student Case Study: Samantha

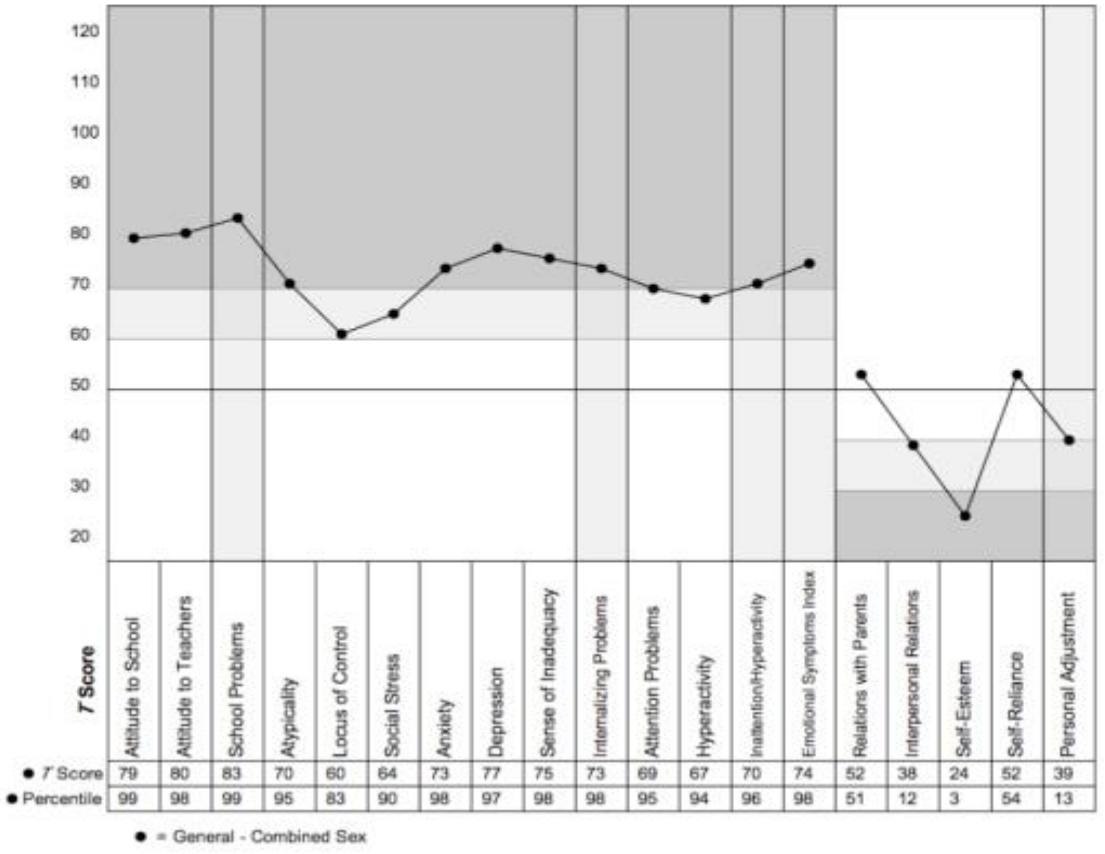
Samantha was identified through self-report screening

Results from BASC-2

Validity Index Summary

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

SRP T Score Profile



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)].

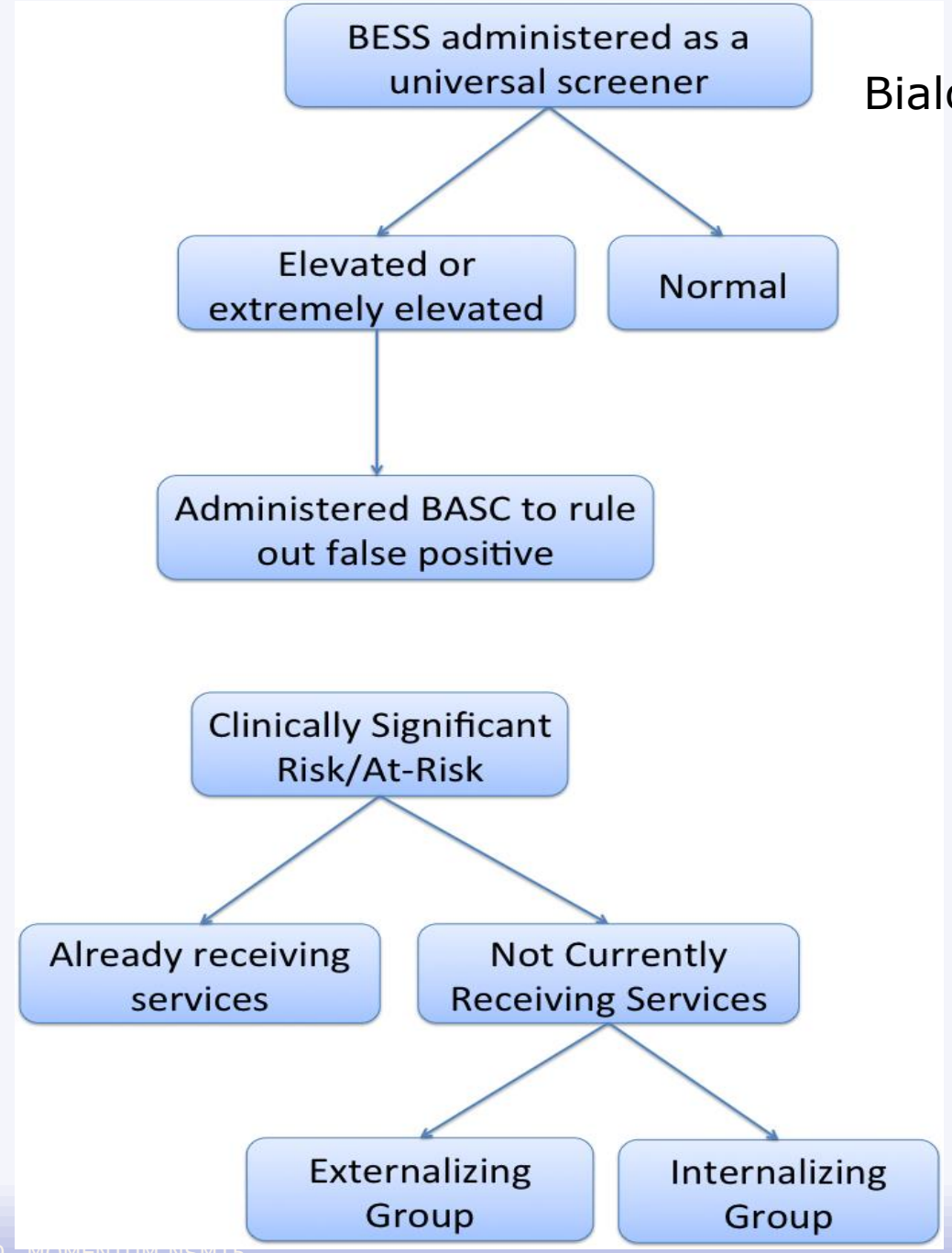
Staffing Costs More Than Materials. Dobrez et al. (2001), “The practical cost of providing developmental and behavioral screening is driven primarily by the time and staff required to conduct and evaluate the screens (p. 913).”

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

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



Bialo, Harrell-Williams, & Kamphaus, 2015

Sample by Gender	
Gender	Count
M	23
F	23

Sample by Grade Level	
Grade	Count
9th	18
10th	18
11th	6
12th	4

7. Acknowledgements:

Supported in part by grants from the Institute of Education Sciences (IES):
R324B060005, Drs. Kamphaus & DiStefano
R324B080006, Dr. Kamphaus

BASC-3 Behavior Intervention Guide

Kimber Vannest, Cecil Reynolds, R.W. Kamphaus

- Aimed at the school or clinical psychologist, the BASC-3 Behavior Intervention Guide (yes, the B-I-G one) 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.
- 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.

Example Procedural Steps

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.

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

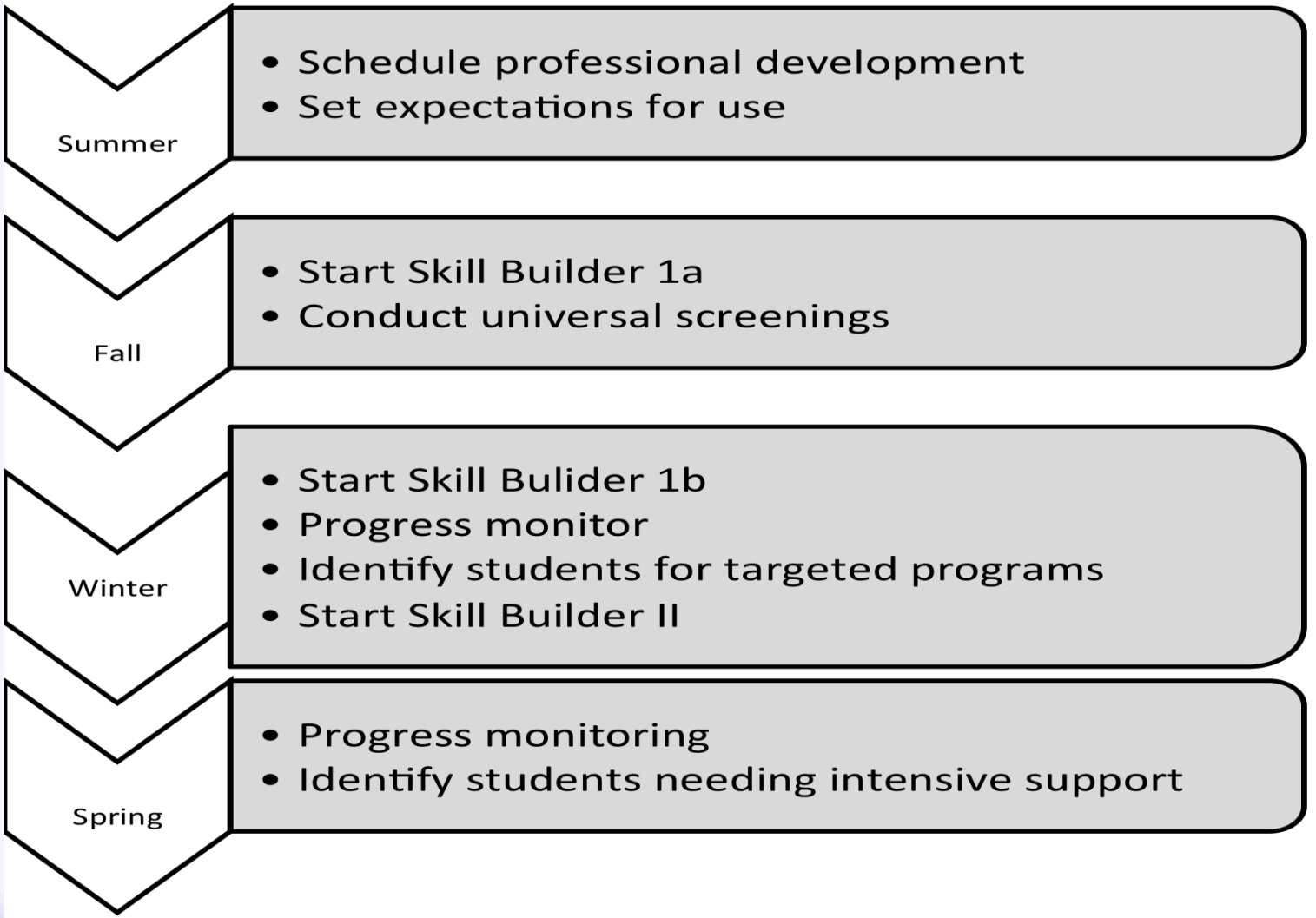
- MST is appropriate for severe conduct disorders. It requires a great deal of in-home intervention, with sessions provided on a daily to weekly basis (Thomas, 2006). There may be a number of obstacles to overcome when implementing MST. For example, defensive family patterns can significantly interfere with problem-solving and communication skills training (Margolin, Burman, & John, 1989). To address this problem, the therapist must understand the function of the behavior and how it is maintained by the family system. It is important that the therapist not make value judgments about the behavior as moral or immoral. In addition, for MST to be optimized, alliances must be established between the therapist and the child, as well as between the therapist and the mother (Robbins et al., 2006).

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

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.



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 – would use the old CG lessons). 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

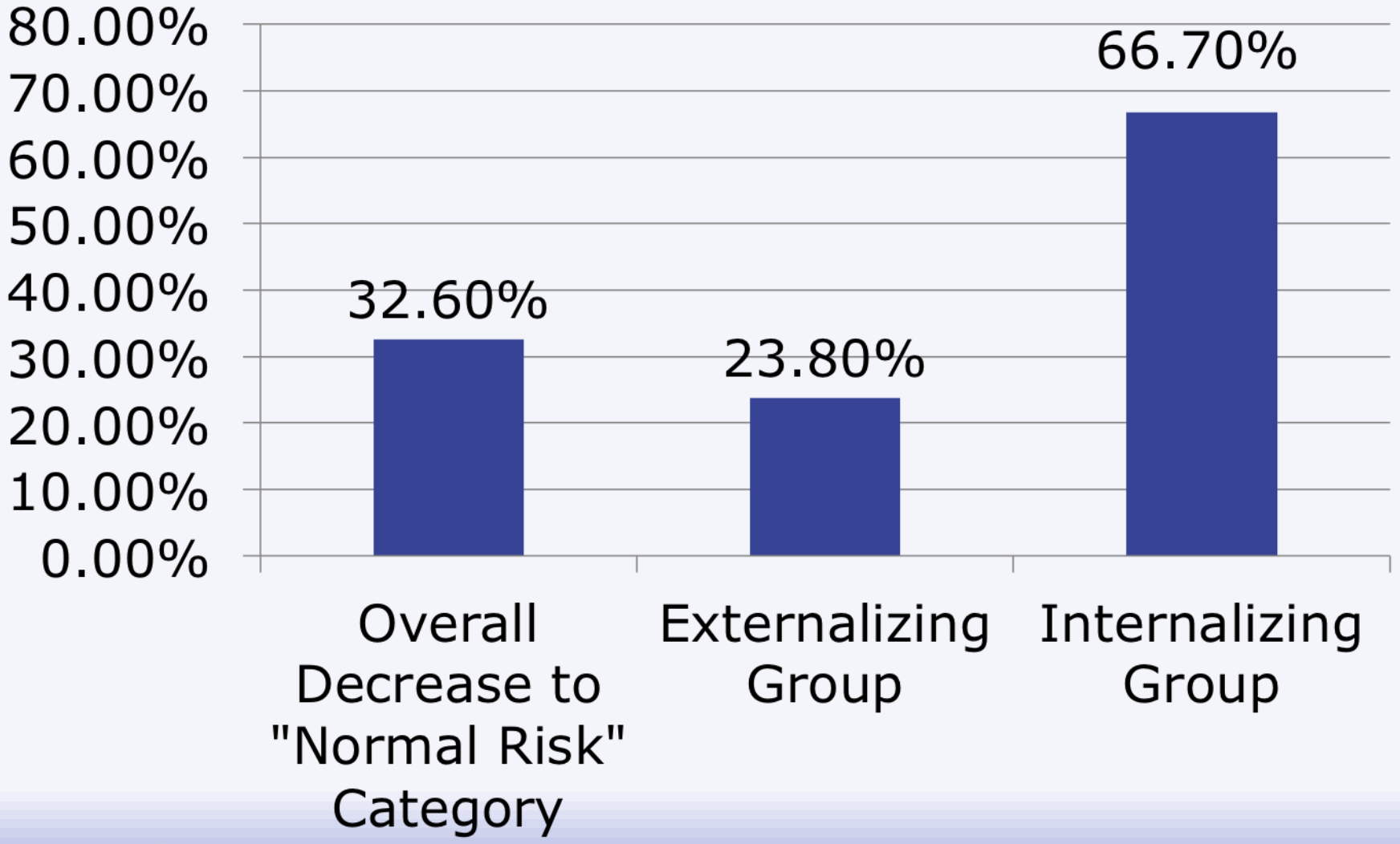
Lesson 5 Cognitive Restructuring

Lesson 6 Self-Monitoring

Lesson 7 Problem Solving

Lesson 8 Group Closing and Skill Synthesis

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



Screener 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*

* $p < .05$

BESS Accuracy

True Positives Identified as at risk who actually are at risk	**False Positives** Identified as at risk but who are not at risk
False Negatives Identified as not at risk but who are actually at risk	**True Negatives** Identified as not at risk who are actually not at risk

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

Behavioral and Emotional Risk

Eui Kim, M.A.
Courtney Carlisle Bolton, M.A.
Katherine Carnazzo, M.Ed.
Erin Dowdy, Ph.D.

Recommendations

Informant Guidelines for Broad-Based Universal School Screening for Emotional and Behavioral Risk

Grade Level	First Gate	Second Gate
Elementary	Teacher/Parent	Parent/Teacher
Middle	Self-Report	Teacher/Parent
High	Self-Report	Teacher/Parent

AMERICAN PSYCHOLOGICAL ASSOCIATION

ANNUAL CONVENTION

HONOLULU, HAWAI'I · 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, HAWAI'I

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

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

Build Support

- Meet with school administration/stakeholders
  - Explain purpose and benefits of screening
    - Make sure all administrators are clear about screening plan and can properly communicate your purpose
  - Develop plan for communicating information to teachers
  - Develop plan for informing parents/obtaining consent
  - Provide clearly written, family-friendly information that outlines the benefits of screening
  - Provide prompt answers and additional information to any parent expressing concern
  - Provide information about screening outcomes (and effectiveness of programming)

Consent, Assent, & Intervention

- Gain student assent
  - Even when parents have provided permission, students must have the freedom to opt out without penalty
  - Provide student-friendly information about the screening
- Encourage family decision-making/protect student and family privacy
  - Educate teachers about confidentiality
  - Guard against labeling
- Screening must lead to effective intervention (O'Connell, Boat, & Warner, 2009)

Implications for practice (Ekllund & Twyford)

- Screening can assist school personnel in identifying children at-risk for behavioral and/or emotional concerns
- Children identified as at-risk have increased rates of office discipline referrals, lower grades, and more absences from school
- Children utilizing mental health services/supports demonstrated fewer office discipline referrals and short-term gains in academic performance

Contacts/Information

www.pearsonclinical.com/BASC-3

Ellen Murphy
Ellen.murphy@pearson.com

Customer Service
clinicalcustomersupport@Pearson.com
800.627.7271