

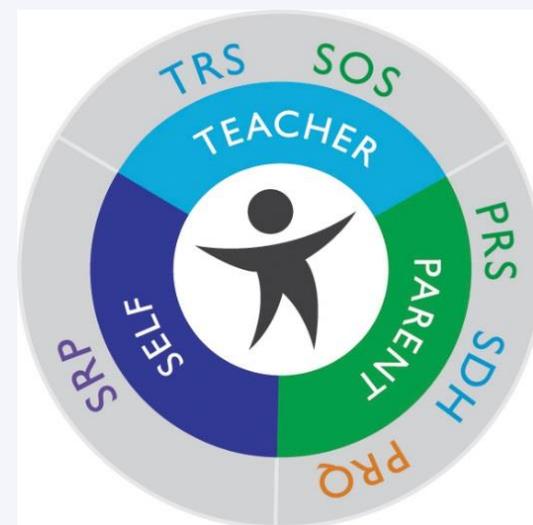
Introduction
to



Maggie Kjer, PhD
Assessment Consultant, GA
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Agenda

- Introduction to the BASC-3 family of tools
 - In-depth look at TRS/PRS/SRP
 - Words of wisdom from Dr. Randy Kamphaus
- Scoring the BASC-3 on Q-Global – Demonstration
- BASC-3 Flex Monitor – Demonstration
- Interpreting BASC-3 Q-global reports



**THAT MOMENT
WHEN**



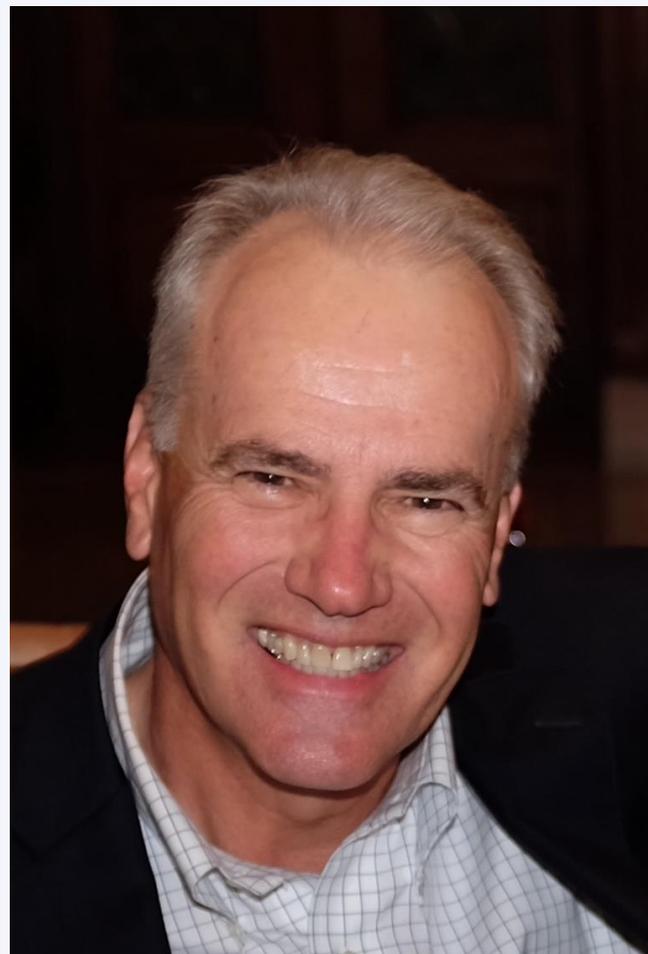
**BOTH THE TEACHER AND THE PARENT RETURN
THE BASC THE DAY AFTER, RECEIVING IT!**.net

BASC- 3 Authors

Cecil R. Reynolds, Ph.D.



Randy W. Kamphaus, Ph.D.





Comprehensive Behavior Management Solution

Screen → Assess → Intervene → Monitor

Behavioral and Emotional Screening System (BESS)

BASC-3 Rating Scales
- Teacher Rating Scales (TRS)
- Parent Rating Scales (PRS)
- Self-Report of Personality (SRP)

Parenting Relationship Questionnaire (PRQ)

Structured Developmental History (SDH)

Student Observation System (SOS)

Behavior Intervention Guide

Behavioral and Emotional Skill-Building Guide

Flex Monitor

Student Observation System (SOS)

BASC-3 Administration and Scoring Options

Paper

- One version of paper record form
 - Replaces hand-scoring, computer entry, and scanned forms
- Requires separate worksheets for hand scoring

Digital

- Pay per reports
 - Include on-screen administration, scoring, and reporting
- Unlimited-use scoring subscriptions
 - Include scoring and reporting only
 - No on-screen administration

Options

Hand Scoring

- Administration: Paper
- Scoring & Reporting: Paper

Hybrid

- Administration: Paper
- Scoring & Reporting: Q-global unlimited use subscription

All Digital

- Administration: Q-global
- Scoring & Reporting: Q-global pay per reports

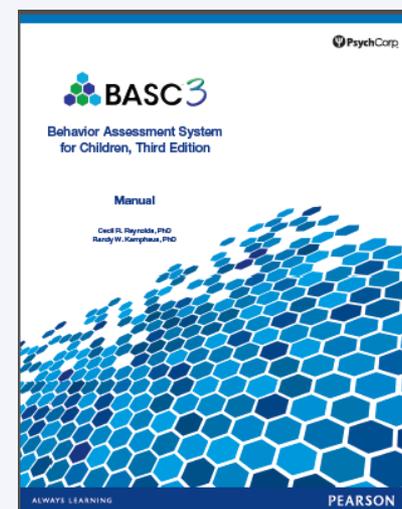
Multi-dimensional, Multi-method System

- Measures different aspects of behavior and personality
 - Includes:*
 - Positive, adaptive dimensions
 - Negative, clinical dimensions
- Uses multiple methods to collect information
 - History
 - Observation
 - Rating scales
 - Self-report
 - Relationship questionnaire

BASC-3 Rating Scales (TRS, PRS, and SRP)

TRS

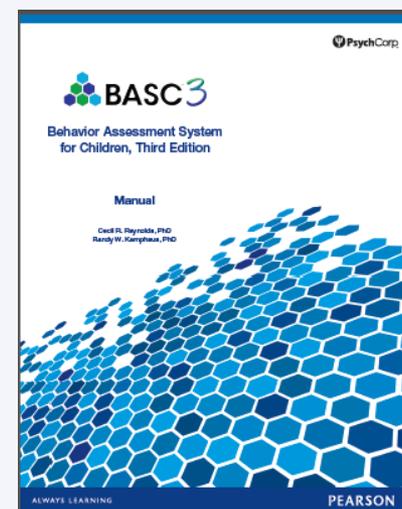
- Comprehensive measure of both adaptive and problem behaviors in the school setting
- Completed by teachers or others in similar role
- Three forms:
 - Preschool (ages 3 – 5)
 - Child (Ages 6 – 11)
 - Adolescent (Ages 12 – 21)
- 10 – 15 minute completion time



BASC-3 Rating Scales (TRS, PRS, and SRP)

PRS

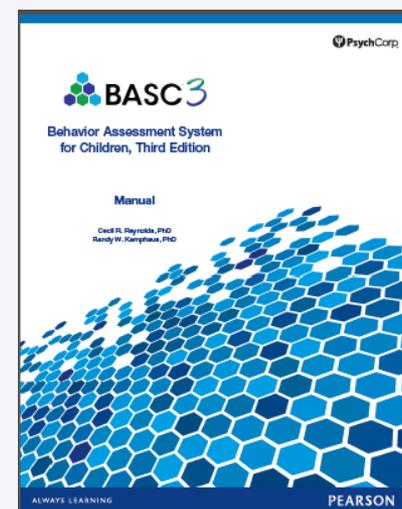
- Comprehensive measure of child's adaptive and problem behaviors in community and home settings
- Completed by parents or caregivers
- Three forms:
 - Preschool (ages 3 – 5)
 - Child (Ages 6 – 11)
 - Adolescent (Ages 12 – 21)
- 10 – 20 minute completion time



BASC-3 Rating Scales (TRS, PRS, and SRP)

SRP

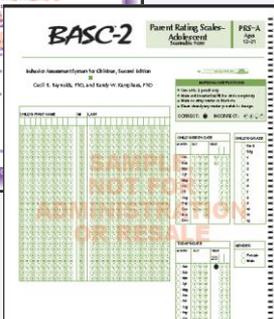
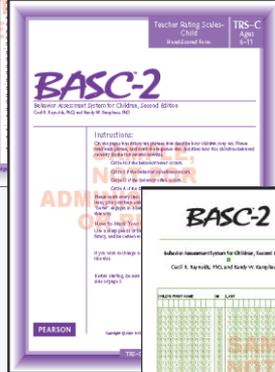
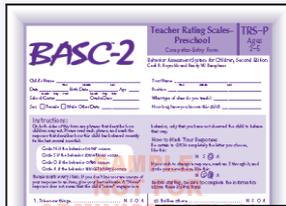
- Omnibus personality inventory consisting of T/F and four-point scale of frequency questions
- Completed by child or adolescent
- Three forms:
 - Child (ages 8 – 11)
 - Adolescent (Ages 12 – 21)
 - College (Ages 18 – 25)
 - Also, SRP-I (Interview version) for children ages 6 – 7
- 20 – 30 minute completion time



TRS, PRS, and SRP – What's New?

- On average, across TRS and PRS forms, 32% new items
- Each Content Scale now includes a few items unique to scale
- Significant addition to Executive Functioning items and coverage
 - Four new subscales (Q-global scoring only):
 - Attentional Control
 - Behavioral Control
 - Emotional Control
 - Problem Solving
 - Significant addition of Developmental Social Disorder items

TRS, PRS, and SRP – What's New?



Parent Rating Scales

PRS-C

Child Ages 6-12

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

Student's Name _____

Date _____ Birth Date _____

School _____ Grade _____

Sex: Female Male Age _____

Other Data _____

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 S if the behavior sometimes occurs.
 Circle O 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 estimate. 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 S **O** A

If you wish to change a response, mark an X through it, and circle your new choice, like this: **S** X O A

Before starting, be sure to complete the information above these instructions.

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1 2 3 4 5 6 7 8 9 10 11 12 A B C D E

Product Number 1000000000XX

TRS, PRS, and SRP – What’s New?

Child's Name _____ Your Name _____
 Date _____ Child's Birth Date _____ Your Gender: Female Male
 Age _____ Child's Gender: Female Male Relationship to Child: _____

ITEM SCORING

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

Scales Scoring
 • The tables below correspond to the scales found on the BASC-3 PRQ instrument. Scale names can be found at the top of each table.

• Transfer the sum and number of omits for each scale to the appropriate columns in the Summary Table. To compute the raw score, T score, confidence interval, and percentile rank for each scale, see Chapter 2 of the BASC-3 PRQ manual for more information.

• Plot the T scores and, if desired, their confidence intervals on the Profile on the next page of this worksheet.

• Finally, fill in the Critical Items section on page 4.

Page 1

SCORING TABLES

Attachment					Communication					Discipline Practices					Involvement				
Item#	N	S	O	A	Item#	N	S	O	A	Item#	N	S	O	A	Item#	N	S	O	A
1	0	1	2	3	2	0	1	2	3	3	0	1	2	3	4	0	1	2	3
7	0	1	2	3	6	0	1	2	3	9	0	1	2	3	10	0	1	2	3
15	0	1	2	3	20	0	1	2	3	25	0	1	2	3	16	0	1	2	3
19	0	1	2	3	28	0	1	2	3	27	0	1	2	3	38	0	1	2	3
24	0	1	2	3	35	0	1	2	3	31	0	1	2	3	48	0	1	2	3
30	0	1	2	3	37	0	1	2	3	43	0	1	2	3	47	0	1	2	3
34	0	1	2	3	51	0	1	2	3	48	0	1	2	3	55	0	1	2	3
36	0	1	2	3	57	0	1	2	3	61	0	1	2	3	62	0	1	2	3
41	0	1	2	3	60	3	2	1	0	83	0	1	2	3	75	0	1	2	3
44	0	1	2	3	66	0	1	2	3	Sum					Sum				
52	0	1	2	3	68	0	1	2	3	Omits =	Max: 27				Omits =				
54	0	1	2	3	80	0	1	2	3	F index					F index				
64	0	1	2	3	85	0	1	2	3	D index	%				D index	%			
62	0	1	2	3	Sum					Sum					Sum				
67	0	1	2	3	Omits =	Max: 39				Omits =					Omits =				
Sum					F index					F index					F index				
Omits =					Max: 48					Omits =					Max: 48				
F index					D index					F index					D index				
D index					%					D index					%				

Page 2

CRITICAL ITEMS

These are important as single items. Transfer the response (0, 1, 2, 3) for each item to the left of the item and follow up with the parent as necessary.

_____ 32 I have a hard time with my child.

_____ 33 I have a hard time with my child.

_____ 34 When I am at school, my child misbehaves.

_____ 38 My child is a problem in my household.

_____ 39 My child is a problem in my household.

_____ 40 My child is a problem in my household.

_____ 41 My child is a problem in my household.

_____ 42 My child is a problem in my household.

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_____ 98 My child is a problem in my household.

_____ 99 My child is a problem in my household.

_____ 100 My child is a problem in my household.

Page 3

- Hand Scoring Worksheet replaces carbonless forms
- 4-page, 11" x 17" folded sheet
- Transfer responses to Worksheet
- Sum responses and look up T-scores, similar to existing forms

Completing the SRP-I

- Used with children ages 6 and 7
- On BASC-2, examiner read items to child
- Now a structured interview, similar to Vineland-II
 - Interviewer asks child series of Yes/No and open-ended questions
- Administration time typically 25 minutes or less
- Detailed administration instructions on pp. 13 – 14 of BASC-3 Manual

Changes to BASC-3 SRP-I

- Wanted to get more out of 1-on-1 session than simple Yes/No responses
 - Child is now asked to expand on his/her answers, providing clinically rich information
- Can be a lot of variability in how younger children interpret questions
 - Especially when asking about wide variety of problem areas
- Method used on the SRP-I provides much more natural way for children to provide information useful for clinicians
 - Also better accommodates children who think differently

SRP-I Interpretation

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

Item	General category (Percentage of responses)	Examples
2. Do you ever get bored at school? (Yes=49%)	Activities/classwork/homework (56%)	Art, music, reading, math, writing
	Waiting/quiet time/time out (35%)	When tired; when have to be quiet; when have to finish work; losing recess
3. Do you ever get into trouble at school? (Yes=39%)	Disrespect/aggression/blaming others (24%)	Throw things; push others; talking back; being loud
	Social/emotional aspects (48%)	Talking when shouldn't; being mean; calling others' names
	Disorganization/inattention (13%)	Not listening; being distracted; not following directions
4. Does your teacher ever make you feel bad? (Yes=15%)	Punishment/withholding reinforcement (58%)	Can't go to recess if work not done; get yelled at; can't be line leader
	Corrective feedback (23%)	Tells child to make good choices; tells child to sit down; changes status of tracking tool (e.g., moves picture to another color)

Changes to BASC-3 SRP-I

- New format also likely to take less time
 - For many children, not all questions required
- When same amount of time required, likely to yield much more information than previous version

IN-DEPTH LOOK AT BASC-3 TRS & PRS

BASC-3 Scale Types

Scale Type	Description
Clinical	<ul style="list-style-type: none">• Measure maladaptive behaviors• High scores indicate problematic levels of functioning• Items are unique to a Clinical scale
Adaptive	
Content	
Composite	
Indexes	

TRS/PRS Clinical Scales

Clinical Scale	Description
Aggression	Tendency to act in a verbally or physically hostile manner that is threatening to others about real or imagined problems
Anxiety	Tendency to be nervous, fearful, or worried
Attention Problems	Tendency to be easily distracted and unable to concentrate more than momentarily
Atypicality	Tendency to behave in ways that are considered “odd” or commonly associated with psychosis
Conduct Problems	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	Tendency to be overly active, rush through work or activities, and act without thinking
Learning Problems	Presence of academic difficulties, particularly understanding or completing homework
Somatization	Tendency to be overly sensitive to, and complain about, relatively minor physical problems and discomforts
Withdrawal	Tendency to evade others to avoid social contact

BASC–3 TRS and PRS Sample Clinical Scale Items

Hyperactivity (boys ↑ on TRS)

- Acts without thinking
- *Is in constant motion*

Aggression (boys ↑ on TRS)

- Bullies others
- *Manipulates others*

Conduct Problems (boys ↑ on TRS)

- Disobeys
- *Hurts others on purpose*

Anxiety (girls ↑ on TRS, SRP)

- 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

Words of Wisdom from Randy Kamphaus

- Hyperactivity, Aggression, and Conduct Problems scales go together
 - Worry when they don't
 - E.g., when Aggression is high, but Hyperactivity is not
- Elevated Hyperactivity alone is not bad
 - Hyperactivity may have no bearing on academic achievement
 - Many gifted students are hyperactive, but get straight A's
 - Typical profile of graduate students
- Hyperactivity with impulsivity is problematic
- Most items on Aggression scale are verbal, not physical

Words of Wisdom from Randy Kamphaus

- Anxiety, Depression, and Somatization do not go together (they are not co-linked)
- Two possible reasons for high Somatization scores
 - Somatization
 - Anxiety
 - Anxiety scale may miss anxiety in children
 - Somatization may do better job of picking it up
- If Somatization high, follow up with further questions
 - Such as *“Does he have headaches/stomachaches during the weekend?”*
- Depression scale may be better referred to as “sadness scale”
 - Because depression is a diagnosis

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

- Is fearful
- *Has trouble making decisions*

Italicized items are new

Words of Wisdom from Randy Kamphaus

- Attention Problems scores correlate highly with those on Learning Problems scale, but not with Hyperactivity
 - You can't be inattentive and get straight A's
 - Attentional problems are more devastating than hyperactivity and impulsivity
 - Remember Hyperactivity scale and giftedness
- High Attention Problems score with sluggishness indicates problem
 - Remember ~300 different medications can cause attention problems
 - Also consider Sluggish Cognitive Tempo
 - "Concentration Deficit Disorder" (*Barkley*)

Words of Wisdom from Randy Kamphaus

- Atypicality scale
 - May be elevated for many cases, but don't jump to conclusions
 - Least accurate scale, but included because you can't have rating scale that doesn't measure psychosis
 - Psychoticism scales never good because base rate is too low
- High Atypicality scores may reflect:
 - Intellectual disability
 - Autism Spectrum Disorder
 } More likely
 - Schizophrenia
 - Bipolar Disorder
 } Much less likely

Discussion Point:

Who is referred for GNETS most often?

Internalizing
Problems

Poor
Adaptive Skills

Externalizing
Problems

BASC-3 Scale Types

Scale Type	Description
Clinical	<ul style="list-style-type: none"> • Measure maladaptive behaviors • High scores indicate problematic levels of functioning • Items are unique to a Clinical scale
Adaptive	<ul style="list-style-type: none"> • Measure adaptive behaviors or behavioral strengths • Low scores indicate possible problem areas • Items are unique to an Adaptive scale
Content	
Composite	
Indexes	

TRS/PRS Adaptive Scales

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

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*

Words of Wisdom from Randy Kamphaus

- If Functional Communication, Adaptability, and Social Skills scales low, follow up with adaptive behavior measure
 - Vineland-3
 - Parent ratings of adaptive skills always worse than teacher ratings, but have more validity
- Students who are “difficult” or have a short fuse tend to score low on adaptive behavior scales
- Study Skills scale indicates whether student is lacking skills in classroom

BASC-3 Scale Types

Scale Type	Description
Clinical	<ul style="list-style-type: none"> • Measure maladaptive behaviors • High scores indicate problematic levels of functioning • Items are unique to a Clinical scale
Adaptive	<ul style="list-style-type: none"> • Measure adaptive behaviors or behavioral strengths • Low scores indicate possible problem areas • Items are unique to an Adaptive scale
Content	<ul style="list-style-type: none"> • Measure maladaptive or adaptive behaviors • Comprised of a few unique items along with items from other Clinical or Adaptive scales
Composite	
Indexes	

TRS/PRS Content Scales

Content Scale	Description
Anger Control	Tendency to become irritated and/or angry quickly and impulsively, coupled with an inability to regulate affect and self-control
Bullying	Tendency to be intrusive, cruel, threatening, or forceful to get what is wanted through manipulation or coercion
Developmental Social Disorders	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	Ability to regulate one's affect and emotions in response to environmental changes
Executive Functioning	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	Tendency to react in an overly negative way and to any changes in everyday activities or routines
Resiliency	Ability to access both internal and external support systems to alleviate stress and overcome adversity

BASC–3 TRS & PRS Content Scales – New Items

Anger Control

- *Loses control when angry*
- *Gets angry easily*

Bullying

- *Tells lies about others*
- *Puts others down*

Developmental Social Disorders

- *Engages in repetitive movements*
- *Avoids eye contact*

Words of Wisdom from Randy Kamphaus

- Some research indicates that Developmental Social Disorders scale is as accurate as the ADOS and CARS in identifying Autism Spectrum Disorders
- Correlations between Developmental Social Disorders scale and ASRS:
 - .61 (Ages 2 – 5)
 - .70 (Ages 6 – 18)
- Reliability for autism should be .90 because “this is a diagnosis that you don’t want to mess up”

Words of Wisdom from Randy Kamphaus

- Original Content Scales on BASC-2 had only one research study each supporting their use
 - Changed on BASC-3
- Each Content Scale now has a few items unique to that scale

BASC–3 TRS & PRS Content Scales – New 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 Scale Types

Scale Type	Description
Clinical	<ul style="list-style-type: none"> • Measure maladaptive behaviors • High scores indicate problematic levels of functioning • Items are unique to a Clinical scale
Adaptive	<ul style="list-style-type: none"> • Measure adaptive behaviors or behavioral strengths • Low scores indicate possible problem areas • Items are unique to an Adaptive scale
Content	<ul style="list-style-type: none"> • Measure maladaptive or adaptive behaviors • Comprised of a few unique items along with items from other Clinical or Adaptive scales
Composite	<ul style="list-style-type: none"> • Comprised of scale groupings based on theory and factor analytic results
Indexes	

TRS/PRS Composite Scales

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

BASC-3 Scale Types

Scale Type	Description
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Content	<ul style="list-style-type: none"> • Measure maladaptive or adaptive behaviors • Comprised of a few unique items along with items from other Clinical or Adaptive scales
Composite	<ul style="list-style-type: none"> • Comprised of scale groupings based on theory and factor analytic results
Indexes	<ul style="list-style-type: none"> • Empirically-derived scales comprised of items from other scales selected for their ability to differentiate those with and without behavioral or emotional functioning diagnosis or classification

TRS/PRS Clinical Indexes – New!

	Teacher Rating Scale			Parent Rating Scale		
	Pre-Sc. 2-5	Child 6-11	Adol. 12-21	Pre-S. 2-5	Child 6-11	Adol. 12-21
Index						
ADHD Probability Index		*	*		*	*
Emotional Behavior Disorder Probability Index		*	*		*	*
Autism Probability Index		*	*		*	*
Functional Impairment Index ¹	*	*	*	*	*	*
Clinical Probability Index	*			*		

¹Also available on SRP

ADHD, Autism, and EBD Probability Indexes

- Probability indexes provide empirical assistance with classification decisions
 - E.g., *“What is the likelihood this child has ADHD?”*
- All were created in same way:
 - Compared a clinical sample to the normative sample
 - Statistically identified items that best differentiated those conditions from normality
 - So, for example EBD Probability Index answers question: *“Is this child like others in Special Ed with that classification?”*

Clinical Probability Index

- Works in same way, except we combined all children with these disabilities and compared them to normative sample
- A broader scale, provided only for preschoolers
- Children with elevated scores likely presenting with variety of behavioral challenges that may include:
 - Inability to adjust well to change and pay attention
 - Propensity to do or say unusual things
 - Problems with behavioral and/or emotional regulation
 - Difficulty maintaining appropriate social relationships
- Indicates presence of behavioral or emotional deficit without associating it with precise diagnosis at early age

Functional Impairment Index

- Adapted from approach historically used in DSM
 - To give overall indicator of whether or not child is having significant problems in daily functioning due to some type of mental health disorder
 - *“Does this child qualify for special education because there is significant impairment in daily functioning?”*
- Includes a number of school-related items
- Different from the other Clinical Indexes:
 - Others are symptom-matching to children with identified disorders
 - Functional Impairment Index is a collection of functional behaviors that, if scored high, indicate impairment in day-to-day functioning
- Look closely at this scale when considering eligibility for Section 504 plans

Probability Indexes – Sample Items

Clinical Probability Index

- Acts strangely
- Has poor self-control
- Says things that make no sense

ADHD Probability Index

- Is easily distracted
- Is overly active
- Acts out of control

EBD Probability Index

- Is negative about things
- Accepts people who are different from him- or herself
- Breaks the rules

Autism Probability Index

- Seems odd
- Babbles to self
- Engages in repetitive movements

Functional Impairment Index

- Has trouble making new friends
- Communicates clearly

Words of Wisdom from Randy Kamphaus

- ADHD sample – highest scale scores:
 - Inattention
 - Hyperactivity
 - Most deviant scores on ADHD Probability Scale
- Autism sample – highest scale scores:
 - Developmental Social Disorders
 - Autism
- EBD sample:
 - Every scale elevated (no profile)
- Bipolar sample:
 - Most deviant scores of any clinical sample
 - Worst adaptive skills
 - Plus depression

Executive Functioning Indexes

- New to BASC-3 TRS and PRS forms
 - Attentional Control Index
 - Behavioral Control Index
 - Emotional Control Index
 - Problem Solving Index
 - Overall Executive Functioning Index
- Always ask about sports injuries (concussions)

Attentional Control Index

- Ability to sustain attention and attend to task at hand
- High scorers likely to be:
 - Easily distracted
 - Unable to focus attention on any one task for viable period of time
 - Frequently move unpredictably from task to task unproductively

Behavioral Control Index

- Ability to maintain self-control and avoid distracting or interrupting others
- High scorers:
 - Often expend considerable effort not to engage in variety of behaviors such as interrupting, speaking out, and acting impulsively
 - Are still unable to control such behaviors in most circumstances
 - Are often mistakenly seen as attention-seeking, when in fact they simply lack control of ordinary inhibitory mechanism

Emotional Control Index

- Ability to maintain control over emotions in challenging situations
- High scorers:
 - Tend to be individuals who most often over-react or are seen as histrionic and difficult to console
 - Often recognize intrusiveness of such emotions later and may be regretful
 - Continue to have difficulty controlling their emotions and regulating level of emotional response

Problem Solving Index (C and A Forms Only)

- Ability to:
 - Demonstrate planfulness
 - Make decisions
 - Solve problems effectively in everyday life
 - Different from problem-solving on abstract tasks
- Individuals with elevated scores on this scale:
 - Are often disorganized or scattered in their approach to life's problems and even in carrying out daily activities

Executive Functioning Index

- Comprised of items from all other executive functioning indexes
- High scores indicate:
 - Pervasive problems with self-regulation in multiple domains of executive functioning
 - May have many ADHD-like symptoms and are often diagnosed with ADHD and other self-regulation disorders
 - Those with TBI also likely to score high
 - Fail to successfully engage in age-appropriate levels of day-to-day planning, problem-solving, and organization necessary for success in most learning environments

Executive Functioning Indexes – Sample Items

Attentional Control Index

- Is easily distracted
- Has a short attention span

Behavioral Control Index

- Has poor self-control
- Acts without thinking

Emotional Control Index

- Overreacts to stressful situations
- Gets angry easily

Problem Solving Index

- Takes a step-by-step approach to work
- Finds ways to solve problems

TRS/PRS Validity Indexes

- **F** Index
 - Measures respondent's tendency to be excessively negative about child's behaviors, self-perceptions, or emotions
 - Scored by counting number of times respondent answered:
 - *Almost always* to description of negative behavior
 - *Never* to description of positive behavior

TRS/PRS Validity Indexes

Additional validity indexes available with Q-global scoring

- Consistency Index
 - Flags cases in which respondent has given different responses to items that usually are answered similarly
- Response Pattern Index
 - Detects two types of response patterning:
 - Repeated
 - Cyclical

Words of Wisdom from Randy Kamphaus

Validity Scales

- Typically do not work very well
 - This is why there are several on BASC-3
- Results should be questioned when *F* Index and Consistency Index are in Extreme Caution range
- Students who have many problems will have elevated validity scales
 - These kids will have elevated *F* Index scales
- Validity scales work better with students who have few or no problems
- No “fake good” validity index on TRS/PRS because authors could not make it work

IN-DEPTH LOOK AT BASC-3 SRP

Words of Wisdom from Randy Kamphaus

- SRP should be completed in examiner's presence
 - Never send home for completion
- SRP can be completed using:
 - OSA (On-Screen Administration)
 - or-*
 - Paper rating scale form
- There is no digital option for ROSA (Remote On-Screen Administration)
- Authors recommend that examiners go over SRP results with student
 - Utilize age-appropriate language

SRP – Clinical and Adaptive Scales

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
	ADAPTIVE SCALES		CLINICAL SCALES

BASC–3 SRP Sample Clinical Scale 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 (boys ↑)

- 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 Sample Clinical Scale Items

Anxiety (girls ↑)

- 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 (girls ↑)

- 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 Sample Clinical Scale 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 Sample Adaptive Scale 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*

Additional SRP Scales

Composite Scales

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

Content Scales (Adol., College)

- Anger Control
- Ego Strength
- **Mania**
- Test Anxiety

Clinical Indexes

- Functional Impairment Index (C, A)

SRP – Differential Diagnosis

- Mania scale helps differentiate between ADHD and bipolar disorder
- If both Depression and Mania scales elevated, may be bipolar disorder rather than ADHD

BASC–3 SRP Content Scales – New Items

Anger Control

- *I get angry easily*
- *I yell when I get angry*

Ego Strength

- *I'm a good person*
- *I accept my self for who I am*

Mania

- *My thoughts keep me awake at night*

Test Anxiety

- *Tests make me nervous*
- *I do well on tests*

SRP Clinical Index – Functional Impairment Index

- Adapted from approach historically used in DSM
 - To give overall indicator of whether or not child is having significant problems in daily functioning due to some type of mental health disorder
 - *“Does this child qualify for special education because there is significant impairment in daily functioning?”*
- Includes a number of school-related items
- A collection of functional behaviors that, if scored high, indicate impairment in day-to-day functioning

SRP Validity Indexes

- **F** Index
 - Measures child's tendency to be excessively negative about his/her behaviors, self-perceptions, or emotions
 - Scored by counting number of times child answered:
 - *True* or *Almost always* to description of negative behavior or attitude
 - *Never* or *False* to description of positive behavior or attitude

SRP Validity Indexes

- **L Index**

- Measures child's tendency to give an extremely positive picture of him-/herself – sometimes called “faking good”

Consists of:

- Unrealistically positive statements
 - E.g., *“I tell the truth every single time.”*
- Mildly self-critical statements that most people would endorse
 - E.g., *“I have some bad habits.”*

SRP Validity Indexes

- **V** Index
 - Serves as basic check on validity of the SRP scores
 - Made up of three or four nonsensical or highly implausible statements
 - E.g., “*I drink 50 glasses of milk every day.*”
 - If child agrees (i.e., answers *True, Often, or Almost always*) with several of these statements, SRP may be invalid

SRP Validity Indexes

Additional validity indexes available with Q-global scoring

- Consistency Index
 - Flags cases in which child has given different responses to items that usually are answered similarly
- Response Pattern Index
 - Detects two types of response patterning:
 - Repeated
 - Cyclical

Number of Items on BASC-3 TRS, PRS, and SRP

TRS	BASC-3	BASC-2	Difference
P	105	100	5
C	156	139	17
A	165	139	26
PRS			
P	139	134	5
C	175	160	15
A	173	150	23
SRP			
I	**	65	
C	137	139	-2
A	189	176	13
COL	192	185	7

General Administration: TRS/PRS/SRP Forms

- When conducting a paper-and-pencil (PnP) administration, use:
 - BASC-3 record forms to capture rater responses

The image shows two pages of the BASC-3 Teacher Rating Scales (TRS-C) form. The top page is the 'Child Hand-Scoring Worksheet' and the bottom page is the 'Scoring Instructions'.

Page 1: Child Hand-Scoring Worksheet

Teacher Rating Scales TRS-C **Child Ages 6-11**

Child's Name: _____ Sex: _____ Birth Date: _____
 School: _____ Grade: _____
 Gender: Male Female Age: _____
 Your Name: _____
 Your Position: Regular-education teacher Special-education teacher

How long have you known this child?
 Less than 1 month 1-2 months 3-5 months 6-11 months 12 months or more

Do you have concerns about this child's:
 (a) Vision? Y N
 (b) Hearing? Y N

Before starting, be sure to

	Remember	N = Never	S = Some
1. Pays attention.....	N	S	O
2. Communicates clearly.....	N	S	O
3. Transitions well.....	N	S	O
4. Is overly active.....	N	S	O
5. Congratulates others when good things happen to them.....	N	S	O
6. Argues when denied own way.....	N	S	O
7. Reads.....	N	S	O
8. Is fearful.....	N	S	O
9. Does strange things.....	N	S	O
10. Is overly aggressive.....	N	S	O
11. Has trouble keeping hands or feet to self.....	N	S	O
12. Says, "Nobody likes me!".....	N	S	O
13. Falls down or trips over things easily.....	N	S	O
14. Is easily distracted.....	N	S	O
15. Is easily stressed.....	N	S	O
16. Isolates self from others.....	N	S	O
17. Finds ways to solve problems.....	N	S	O
18. Plans well.....	N	S	O
19. Says, "please" and "thank you".....	N	S	O
20. Refuses advice.....	N	S	O
21. Listens carefully.....	N	S	O
22. Is unclear when presenting ideas.....	N	S	O
23. Gets into trouble.....	N	S	O
24. Is easy to please.....	N	S	O
25. Is usually chosen as a leader.....	N	S	O
26. Has peck attacks.....	N	S	O
27. Eats things that are not food.....	N	S	O
28. Has reading problems.....	N	S	O
29. Is overly emotional.....	N	S	O
30. Speaks out of turn during class.....	N	S	O

Page 2: Scoring Instructions

Teacher Rating Scales TRS-C **Child Hand-Scoring Worksheet**

Child's Name: _____ Sex: _____ Birth Date: _____
 School: _____ Grade: _____
 Gender: Male Female Age: _____
 Teacher's Name: _____
 Teacher's Position: Regular-education teacher Special-education teacher

How long has this teacher known this child?
 Less than 1 month 1-2 months 3-5 months 6-11 months 12 months or more

SCORING INSTRUCTIONS

Scoring Sequence
 Please read carefully the detailed hand-scoring instructions in chapter 2 of the BASC-3 Manual.

Scales Scoring
 The tables on the following page correspond to the scales found on the BASC-3 TRS-C instrument. Scale names are found at the top of each table. The numbers in the Item # column refer to the item numbers on the BASC-3 TRS-C Record Form, while the numbers in the N, S, O, and A columns represent the scoring values associated with the item responses.

- To begin scoring, transfer the item responses from the record form by circling the scoring values in the appropriate columns of the Scoring Tables. (Note: Not all item responses from the record form will be transferred to the Scoring Tables.)
- When all responses have been transferred, add up the scoring values and record the total for each scale next to the word Sum. Make sure the sum does not exceed the maximum value printed beneath it.
- Next, record the total number of omitted items for each scale in the designated space at the bottom of the Scoring Tables. (Note: If there are three or more omissions for any scale, do not score that scale.)
- Transfer the sum and number of omissions for each scale to the appropriate columns in the Summary Table. To compute the raw score, T score, high and low scores, confidence interval, and percentiles rank for each scale, see chapter 2 of the BASC-3 Manual for more information.

Composite Indices

- To score and compare the composites (Externalizing Problems, Internalizing Problems, School 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.

Validity F-Index Scoring

- To compute the F-index score, transfer the item responses from the TRS-C Record Form to the F-Index table. (Note: Many items contribute both to scale scores and the F Index. These items appear on the Scoring Tables and the F-Index table.) When all responses have been transferred, add up the scoring values and record the total next to the word Sum. Next, circle the corresponding number or numeric range for this raw score in the F-index area on page 3.
- If the F-index score falls in the Caution or Extreme Caution area, refer to chapter 5 in the BASC-3 Manual for more information.

Critical Items
 Finally, fill in the Critical Items section on page 4.

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PsychCorp Product Number 30004

General Administration: TRS/PRS/SRP Using Q-Global

Assessment Details

Assessment: **BASC-3 PRS-Child**

Status: **Ready for Administration**

Administration Date: 

Age at Administration: **10 years 8 months**

Examiner:  New Examiner

Delivery:  **Manual Entry**

 **On-Screen Administration**

Launch with Test Session Lock
 Test Session Lock will block examinees from accessing your computer during And after testing. When finished, press **Ctrl + Shift + Q** to unlock.

To use this feature, you must [download and install Test Session Lock](#)

 **Remote On-Screen Administration** (one time only).



Final Insights from Randy Kamphaus

- Do not hand out 5 or 6 teacher rating scales
 - More given → more likely disagreement among raters
- Peers are better at identifying depression than are parents or teachers
- Challenge: Do not do individual interventions!
 - Don't think like a psychologist
 - Look for “system problems”



DEMO: Scoring BASC-3 using Q-global

BASC-3 Flex Monitor

- Used to progress monitor behavioral and emotional functioning over desired period of time
- Users have ability to:
 - Choose an existing monitoring form
 - or-
 - Create a form using an item bank
 - Choose a rater (teacher, parent, or student)
 - Administer digital or paper forms
 - Set up recurring administrations over specified time period
 - Generate monitoring reports to evaluate change over time

BASC-3 Flex Monitor

- In schools, the Flex Monitor demonstrates the effects of school-wide programs, or those for interventions created especially to benefit an individual student. It provides documentation for parent meeting discussions.
- In clinics, it demonstrates and documents behavior improvement during the course of therapy, and provides a framework to discuss a patient's status with her or his family, or other care team members.

BASC-3 Flex Monitor – How It Works

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

The screenshot shows the PEARSON BASC-3 Flex Monitor Form builder interface. The top navigation bar includes the PEARSON logo, the text "ALWAYS LEARNING", and a user profile for Tony Hepp with links for Home, Settings, Manage Accounts, Resource Library, Notifications, Feedback, Help, and Sign Out. The main content area is titled "Custom BASC-3 Flex Monitor Form" and features a "Back" button. Below the title, there are filters for "Age Group" (2-5 Years, 6-11 Years, 12-18 Years) and "Rater" (Teacher, Parent, Student). A search bar allows filtering by categories like Anxiety and Depression. The "Form Name" field contains "BASC-3 Custom Teacher Monitor All Ages 9-22-14_1". A list of items is shown on the left, including "Annoys others on purpose.", "Breaks other children's things.", "Bullies others.", "Defies teachers or caregivers (people in authority)", "Disrupts the play of other children.", "Hits other children.", "Loses temper too easily.", and "Makes threats.". A "Show only favorites" checkbox is present. On the right, a dashed box indicates where to drag questions. Below this, a "Form Reliability" section shows that reliability has not yet been computed for any age group, with a "Compute Reliability" button. A "Save This Form" button and a "Share this form with other users on your account" checkbox are also visible. The footer contains PEARSON contact information and the build version 28.0.60-34.

BASC-3 Flex Monitor – How It Works

- Over 700 items can be used to create forms that are tailored to specific monitoring situations.
- Items can be filtered by form type, child's age, or behavior type (e.g., aggression, internalizing problems, etc.).
- The items are:
 - Professionally edited
 - Vetted by clinicians for content and construct consistency
 - Subjected to extensive item analyses, including statistical evaluation for gender and ethnic bias
 - Equated at the item level for equivalent applications in English and in Spanish

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Flex Monitor: Standard forms available on Q-Global

Completed by:

Parents* or Teachers

- Attention-Deficit /Hyperactivity Disorder (ADHD)
- Internalizing problems
- Disruptive behaviors
- Developmental social disorders

Completed by:

Students*

- Internalizing problems
- School problems

**Available in Spanish and English*

BASC-3 Flex Monitor – How It Works

- Forms can be saved and shared with other users within school or account hierarchy
- Reports include *T*-scores based on TRS/PRS/SRP standardization samples

Enables:

- Comparisons with normative population
 - Describe extremeness of scores
- Intra-individual comparisons
 - Changes over time



**DEMO:
BASC-3 FLEX MONITOR using Q-global**



BASC³

BASC-3 Flex Monitor
on Q-global[®]

Development of PRS and SRP Spanish Forms

- English and Spanish editions of BASC-3 developed simultaneously
- Spanish forms available for SRP, PRS, and SDH
- All English forms create from items proven to be good in Spanish
- Digital options allow administration of forms in English or Spanish, depending on respondent's preference

Development of PRS and SRP Spanish Forms

- Process unique among Spanish-language assessments
 - Firm experienced in translating psychological tests completed initial translation of all existing items
 - New items evaluated and back-translated by in-house staff
 - Bilingual psychologists from across US reviewed materials
 - To account for regional differences in Spanish
 - Must find translation that means same thing everywhere
 - Additional rounds of changes made to develop standardization item sets
 - Psychometric properties of Spanish items evaluated prior to making final item selections

Impairment and Diagnosis – Guidelines

70+

- Functional impairment in multiple settings
- Typically a diagnosable condition (*Reynolds & Kamphaus, 2004*)

60 – 69

- Functional impairment in one or more settings
- Sometimes diagnosable condition
(*Ostrander, et al., 1998, Reynolds & Kamphaus, 2004, 1992*)
 - ADHD often diagnosed at lower scores

45 – 59

- No functional impairment or condition

<45

- Notable lack of symptomatology

Types of Normative Scores

T scores

- Indicate distance of scores from norm-group mean
- Mean = 50; SD = 10
- Describe extremeness of a score

Percentile Ranks

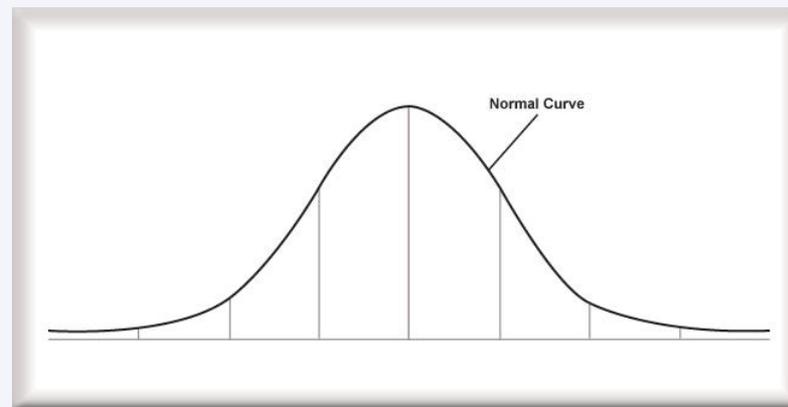
- Indicate percentage of norm sample scoring at or below given raw score
- Describe frequency (or infrequency) of a scores

Types of Normative Scores

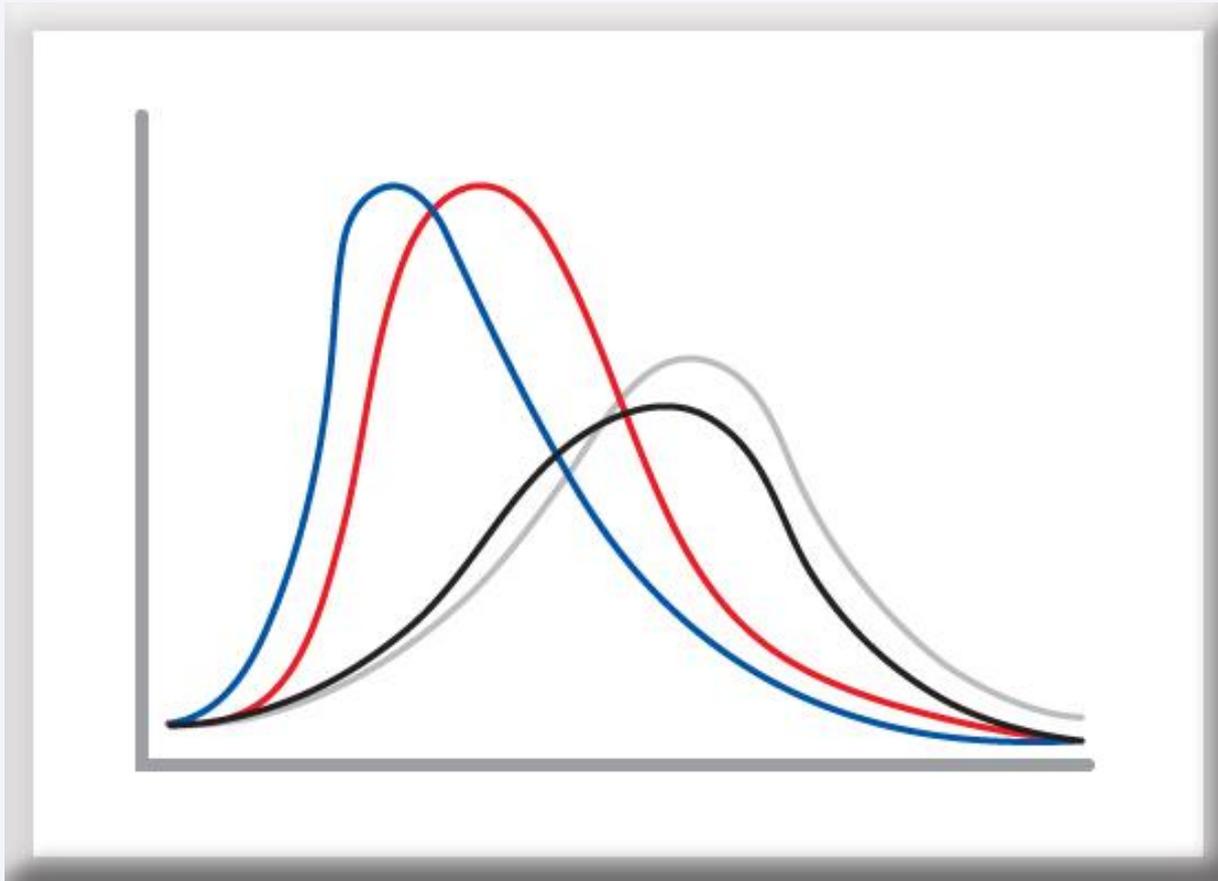
- When a distribution is normal (or normalized), same T score and percentile rank are always paired

For example:

- $T = 30$, %-ile rank = 2
- $T = 40$, %-ile rank = 16
- $T = 50$, %-ile rank = 50
- $T = 60$, %-ile rank = 84
- $T = 70$, %-ile rank = 98



Sample of BASC-3 Score Distributions



■ = Depression

■ = Anxiety

■ = Aggression

■ = Atypicality

Types of Normative Scores

For example:

- Social Skills scale has approximately normal distribution
 - T score of 70 \approx 98th percentile
- TRS Aggression scale is extremely (positively) skewed
 - T score of 70 \approx 94th percentile
- Norms tables provide both T score and percentile rank for each raw score
 - Consider both when interpreting scores, remembering:
 - T scores indicate extremeness of a score
 - Percentile ranks indicate (in)frequency of a score

BASC-3 Interpretive Summary Report with Intervention Recommendations



Behavior Assessment System for Children, Third Edition (BASC™-3)
BASC-3 Parent Rating Scales - Child
Interpretive Summary Report with Intervention Recommendations
Cecil R. Reynolds, PhD, & Randy W. Kamphaus, PhD

Child Information		Test Information	
ID:	12345	Test Date:	07/17/2015
Name:	Sample Examinee	Rater Name:	Anne Sample
Gender:	Female	Rater Gender:	Female
Birth Date:	06/01/2005	Relationship:	Mother
Age:	10:1	Administration Language:	English
Grade:	5th		
School:	Riverview School		

Norm Group 1: General Combined

Additional BASC-3 Reports

Multi-Rater Report

- Allows you to compare results from any of the BASC-3 components in the context of other case information, including the developmental history, interviews, academic records, observations, and other qualitative and quantitative sources

Integrated Summary Report

- Combines results from individual components and provides recommendations based on all information

Questions?

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