Introduction to the BASC-3 Rating Scales and Intervention Guides

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Agenda

– BASC-3 Rating Scales: Administration, Interpretation, and Scoring

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

Development and Applications of the BASC-3 Family of Assessments

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Purpose and Benefits of BASC-3

- Strong base of theory and research
- Useful for identifying behavior problems as required by IDEA, and for developing FBAs, BIPs, and IEPs
- Assists with Differential diagnosis
- Helps determine educational eligibility for special education
- Aides in design of treatment plans
- Allows clinician to monitor progress
- Offers evidence-based interventions

Qualification Level: B

Age Range: 2:0 - 21:11 (TRS and PRS); 6:0 through college age (SRP)

Other Languages: Spanish (Parent and Self-Report)

RTI Tiers: RTI Levels 2 and 3

Completion Time: 10-20 minutes (TRS and PRS), 30 minutes (SRP)

Scores/Interpretation: T scores and percentiles, for a general population and clinical populations

Scoring Options: Q-global™ Web-based Administration, Scoring, and/or Reporting, or Manual Scoring.

Publication Date: Available August, 2015

Authors of BASC-3

**Randy W. Kamphaus, Ph.D.**   **Cecil R. Reynolds, Ph.D.**

BASC-3 Revision Goals

- Maintain measurement integrity and quality
- Improve integration of components
- Improve item content, scale reliability, and score inference validity
- Offer new content scales without lengthening the rating scales significantly
- Enhance flexibility of administration and reporting options
- Enhance progress monitoring
- Enhance links and implementation to verified intervention strategies

What is the BASC-3?
A Multidimensional, Multimethod approach to assessing child and adolescent Emotional Disabilities.
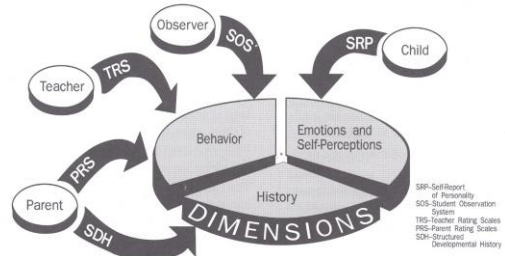
Multi-Dimensional System

- Multidimensional - Measures different aspects of behavior and personality

- Includes:
  - Positive, adaptive dimensions such as leadership, social skills, and study skills.

  - Negative, clinical dimensions such as aggression, anxiety, and depression.

Multi-Method System

TRS: Teacher Rating Scales

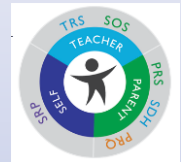PRS: Parent Rating Scales

SRP: Self-Report of Personality

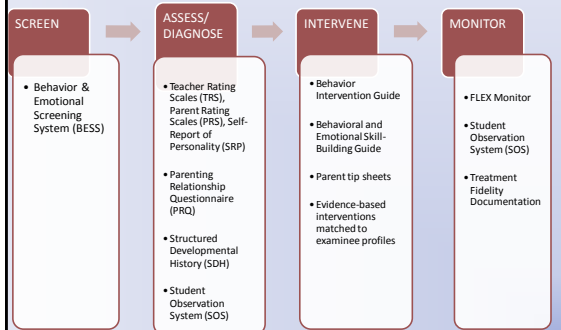   SRP-I: Self-Report of Personality - Interview (Ages 6-7)

PRQ: Parenting Relationship Questionnaire

SDH: Structured Developmental History

SOS: Student Observation System

Comprehensive Diagnostics & Behavior Management

SCREEN	ASSESS/ DIAGNOSE	INTERVENE	MONITOR
• Behavior & Emotional Screening System (BESS)	• 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 • Parent tip sheets • Evidence-based interventions matched to examinee profiles	• FLEX Monitor • Student Observation System (SOS) • Treatment Fidelity Documentation

BASC-3 Diagnostic Components

- SDH: The Structured-Developmental History
     All ages
- SOS: Student Observation System
     All ages
- SRP: Self-report of Personality

SRP-I	SRP-C	SRP-A	SRP-COL
Ages 6-7	Ages 8-11	Ages 12-21	Ages 18-25

- PRS: Parent Rating Scales

PRS-P	PRS-C	PRS-A
Ages 2-5	Ages 6-11	Ages 12-21

- TRS: Teacher Rating Scales

TRS-P	TRS-C	TRS-A
Ages 2-5	Ages 6-11	Ages 12-21

- PRQ: Parenting Relationship Questionnaire
     Ages 2-18

All Are Available via Paper and Q-Global/Digital

All Forms (Except TRS) are Available in English and Spanish

The American Academy of Pediatrics (AAP) Report on Diagnosis of ADHD

- In 2000, the American Academy of Pediatrics (AAP) noted that ADHD is a common problem and becoming increasingly a controversial one…

- The AAP recommended broad diagnostic work that is largely behaviorally-based.

   (AAP Committee on Quality Improvement, 2000)

The American Academy of Pediatrics recommended that…

- The assessment of ADHD should include:
  - information obtained directly from parents/caregivers, as well as a classroom teacher or other school professional, regarding the core symptoms of ADHD in various settings, the age of onset, duration of symptoms and degree of functional impairment.

- Evaluation of a child with ADHD should also include assessment for co-existing conditions: learning and language problems, aggression, disruptive behavior, depression or anxiety.

- As many as one-third of children diagnosed with ADHD also have a **co-existing condition.**

These recommendations apply not just to DSM-5 diagnoses…

- The criteria for classification of a student as *Emotionally Disturbed* under IDEIA requires that we look <u>broadly</u> at children, the context of their behavior, history, and acuteness/chronicity.

IDEIA's Definition of <u>Emotional Disturbance</u>

- The term means a condition exhibiting one or more of the following characteristics over <u>a long period of time</u> and to a <u>marked degree</u> that adversely affects a child's educational performance:

  - An inability to learn that cannot be explained by intellectual, sensory, or health factors;
  - An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
  - Inappropriate types of behavior or feelings under normal circumstances;
  - A general pervasive mood of unhappiness or depression;
  - A tendency to develop physical symptoms or fears associated with personal or school problems;

- The term includes schizophrenia. The term <u>does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance</u>.

## ISBE's Definition of <u>Emotional Disability</u>

- **Emotional Disability** (includes schizophrenia but <u>does not apply to children who are socially maladjusted</u>, unless it is determined that they have an emotional disturbance) means a condition exhibiting one or more of the following characteristics over a <u>long period of time</u> and to a <u>marked degree</u> that adversely affects a child's educational performance:

  - An inability to learn that cannot be explained by intellectual, sensory, or health factors;
  - An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
  - Inappropriate types of behavior or feelings under normal circumstances;
  - A general pervasive mood of unhappiness or depression; or
  - A tendency to develop physical symptoms or fears associated with personal or school problems.

Social Maladjustment

- "…there is a final, perhaps fatal flaw in this practice. The "Achilles heel" in this regard may be the problem of co-occurrence or comorbidity…" (p. 903)

- Comorbidities are common in childhood psychopathology and being socially maladjusted does not make one immune from ED's.

Merrell, K.W., & Walker, H.M. (2004). Deconstructing a definition: Social maladjustment versus emotional disturbance and moving the EBD field forward. *Psychology in the Schools, 41*, 899-910.

Know who you are evaluating:
"Symptoms" do not mean the same thing for everyone.

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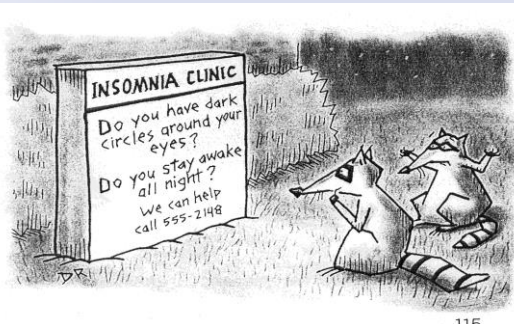
Poor Academic Outcomes Associated with Presence of an ED

- **Lower grades and poor attendance rates**
  (Suldo, Thalji, & Ferron, 2011)

- **Greater incidence of adolescent smoking** *(Lewis et al., 2011),* **illicit substance use** *(Goodman, 2010),* **and alcohol.**

- **More mental health disorders in early adulthood**
  (Johnson, Cohen, & Kasen, 2009; Kinnunen, Laukkanen, & Kylma, 2009).

- **Only 20% of students in special education with emotional and behavioral disorders pursue any type of post-secondary education**
  (Wagner, Kutash, Duchnowski, & Epstein, 2005).

BASC3

DEVELOPMENT & STANDARDIZATION

Development of the BASC-3

- Items were selected based on:
  – Standardized item loading in SEM analyses (English & Spanish)
  – Item bias statistics
  – Clinical groups discrimination
  – Item-total correlation

- General normative sample was be stratified by:
  – Gender by race/ethnicity
  – Gender by geographic region
  – Gender by parent education level

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BASC-3 Standardization Sites Map

Development of PRS & SRP Spanish Forms

- 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 the materials.

- Additional rounds of changes were conducted to come up with standardization item sets.

- Psychometric properties of Spanish items were evaluated prior to making final item selections.
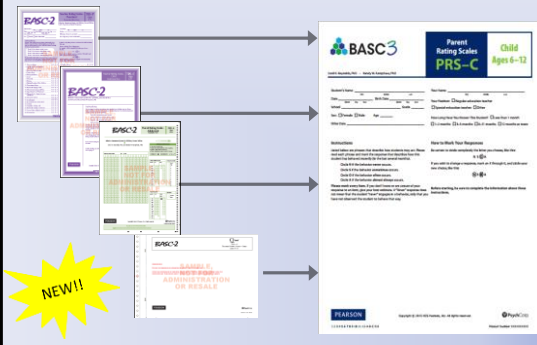
BASC3

Teacher Rating Scales (TRS)
and
Parent Rating Scales (PRS)

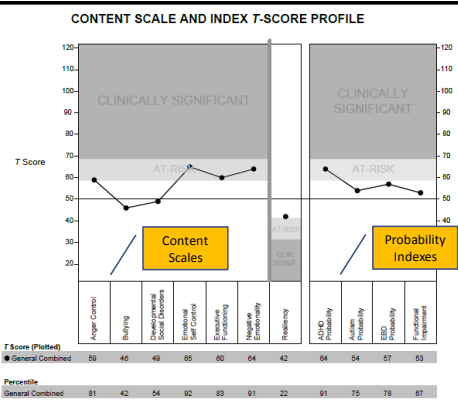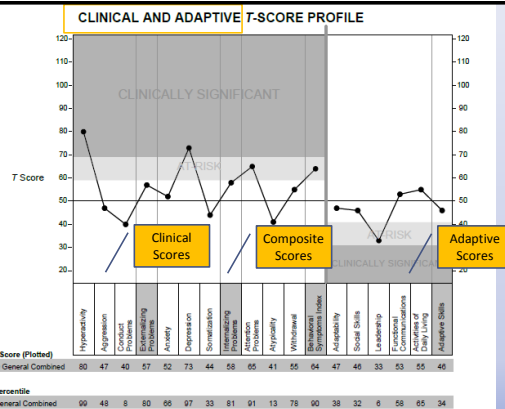**NEW!!**

TRS & PRS – What's New?

- On average, across the TRS and PRS forms there are 32% new items.

- Significant addition to <u>Developmental Social Disorder</u> items.

- Significant addition to <u>Executive Functioning</u> items

  – Based on research by Dr. Mauricio A. Garcia- Barrera of the University of Victoria, BC, Canada.

  – 4 new EF subscales: Problem Solving, Attentional Control, Behavioral Control, and Emotional Control

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TRS, PRS, and SRP – What's New?

NEW!!

BASC-3 Scale Types

Scale Type	Description
Clinical	Measures <u>maladaptive behaviors</u>, where high scores indicate problematic levels of functioning.
Adaptive	Measures adaptive behaviors or behavioral <u>strengths</u>, where low scores indicate possible problem areas.
Content	Measures maladaptive or adaptive behaviors. Some unique items, some clinical and adaptive items.
Composite	Comprised of scale groupings that are based on theory and factor analytic results.
Probability Indexes (NEW)	Empirically derived scales comprised of items from other scales that were selected based on their ability to <u>differentiate</u> those with and without behavioral or emotional functioning diagnosis or classification.

CLINICAL AND ADAPTIVE T-SCORE PROFILE

Clinical Scores / Composite Scores / Adaptive Scores

CONTENT SCALE AND INDEX T-SCORE PROFILE

Content Scales / Probability 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 Problems	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 Problems	Anxiety Depression Somatization		Adaptability Social Skills Functional Comm. Leadership Activities of Daily Living	Hyperactivity Aggression Depression Attention Problems Atypicality Withdrawal

TRS/PRS Clinical Scales

Clinical Scale	Description
Aggression	The tendency to act in a hostile manner (either verbal or physical) that is threatening to others
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

Adaptive Scales

Adaptive Scale	Description
Activities of Daily Living	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

CONTENT SCALE AND INDEX *T*-SCORE PROFILE
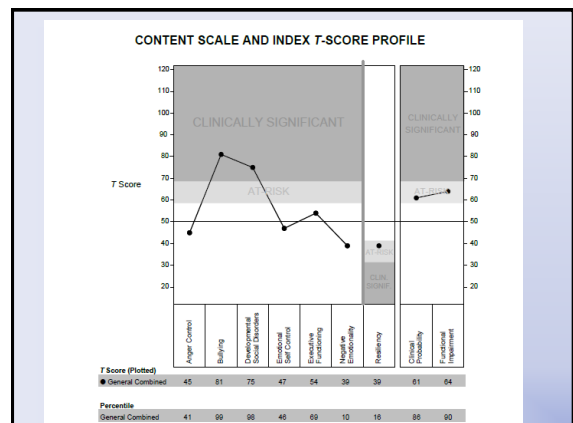
TRS/PRS Content Scales

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

Developmental Social Disorders Scale 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.

Slide 1

Executive Functioning Indexes
BASC-3 TRS and PRS

NEW!!

EXECUTIVE FUNCTIONING INDEX SUMMARY

| Overall Executive Functioning Index	Problem Solving Index	Attentional Control Index	Behavioral Control Index	Emotional Control Index
Not Elevated	Not Elevated	Elevated	Elevated	Not Elevated
Raw Score: 38	Raw Score: 11	Raw Score: 13	Raw Score: 11	Raw Score: 3

Slide 2

Clinical Probability Indexes

NEW!!

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

Slide 3

BASC 3

BASC-3 Self-Report of Personality

Slide 4

CLINICAL AND ADAPTIVE T-SCORE PROFILE

Slide 5
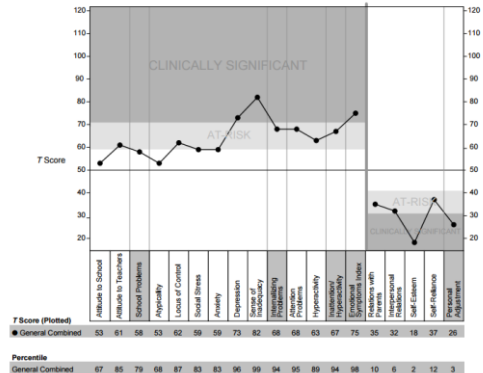
SRP Content Scales and Clinical Index

Scale Type	Description
Anger Control	The tendency to become irritated and angry quickly and impulsively, coupled with an inability to regulate affect and control during such periods
Ego Strength	The expression of a strong sense of one's identity and overall emotional competence, including feelings of self-awareness, self-acceptance, and perception of one's social support network
Mania	The tendency to experience extended periods of heightened arousal, excessive activity (at times with an obsessive focus), and rapid idea generation without the presence of normal fatigue
Test Anxiety	The tendency to experience irrational worry and fear of taking routine structured school tests of aptitude or academic skills regardless of the degree of preparation or study or confidence in one's knowledge of the content to be covered
Functional Impairment Index	Indicates the level of difficulty an examinee has engaging in successful or appropriate behavior across a variety of interactions with others, performing age-appropriate tasks, regulating mood, and performing school-related tasks.

Slide 6

BASC-3 Self-Report of Personality Scales

Scale	Child	Adolescent	College
Composite Scales			
Emotional Symptoms	•	•	•
Inattention/Hyperactivity	•	•	•
Internalizing Problems	•	•	•
Personal Adjustment	•	•	•
School Problems	•	•	X
Clinical and Adaptive Scales			
Alcohol Abuse	X	X	*
Anxiety	•	•	•
Attention Problems	•	•	•
Attitude to School	•	•	X
Attitude to Teachers	•	•	X
Atypicality	•	•	•
Depression	•	•	•
Hyperactivity	•	•	•
Interpersonal Relations	•	•	•
Locus of Control	•	•	•
Relations with Parents	•	•	•
School Maladjustment	X	X	•

BASC-3 Self-Report of Personality Scales (*cont.*)

Scale	Child	Adolescent	College
Clinical and Adaptive Scales			
Self-Esteem	•	•	•
Self-Reliance	•	•	•
Sensation Seeking	X	•	•
Sense of Inadequacy	•	•	•
Social Stress	•	•	•
Somatization	X	•	•
Content Scales			
Anger Control	X	•	•
Ego Strength	X	•	•
Mania	X	•	•
Test Anxiety	X	•	•
Clinical Index			
Functional Impairment Index	•	•	X

SRP-Interview Form	
Total Score	•

Self-Report of Personality - Interview

BASC 3 — Self-Report SRP–I — Interview Ages 6–7

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

Examiner's Name ___ First ___ MI ___ Last ___ Date ___ Month ___ Day ___ Year

Child's Name ___ First ___ Middle ___ Last ___ Child's Birth Date ___ Month ___ Day ___ Year

Child's Gender ☐ Male ☐ Female

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

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

Step A – Administer these questions:
1. Do you like going to school? Yes No
2. Do you ever get bored at school? Yes No
3. Do you ever get into trouble at school? Yes No
4. Does your teacher ever make you feel bad? Yes No

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

If Yes to Question 1, then ask: *(If the child responds to Question 1a, go to Step C)*
1a. What are some things that you like about school? ___

If there is no response to 1a, or the student says, "I don't know," prompt by asking:
1b. Do you like playing with other kids? Yes No ➡ Repeat Question 1a
   If there is no response to 1b, prompt by asking:
1c. Do you like learning new things? Yes No ➡ Repeat Question 1a
   If there is no response to 1c, go to Step C:

If No to Question 1, then ask: *(If the child responds to Question 1d, go to Step C)*
1d. What are some things that you don't like about school? ___

If there is no response to 1d, or the student says, "I don't know," prompt by asking:
1e. Do you like playing with other kids? Yes No ➡ Repeat Question 1d
   If there is no response to 1e, prompt by asking:
1f. Do you like learning new things? Yes No ➡ Repeat Question 1d
   If there is no response to 1f, go to Step C:

BASC 3

Interpreting the BASC-3

Do not interpret test data blindly

"A windshield."

FIGURE 9.2 *Standard Normal Distribution and T-Scores*

Standard Deviations	−4	−3	−2	−1	0	+1	+2	+3	+4
Standard Scores			55	70	85	100	115	130	145
T-Scores			20	30	40	50	60	70	80

Percentages: 0.13% 2.14% 13.59% 34.13% 34.13% 13.59% 2.14% 0.13%

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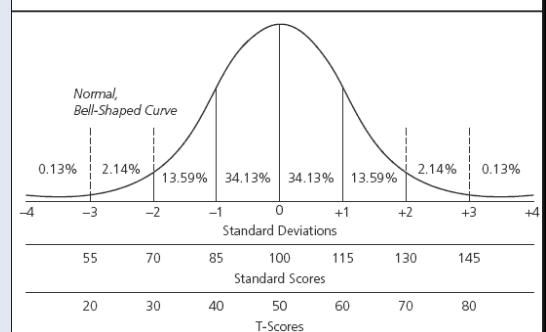
BASC-3 Scale & Composite Score Classification

Classification		T-Score Range
Adaptive Scales	*Clinical Scales*	
Very high	Clinically Significant	**70 and Above**
High	At-Risk	**60-69**
Average	Average	**41-59**
At-Risk	Low	**31-40**
Clinically Significant	Very Low	**30 and below**

Choosing the Right Norms

- BASC-3 Offers:
  - Same Gender Norms (male or female)
  - Combined Gender Norms (male + female)
  - ADHD Norms
  - General Clinical Norms

Choosing the Right Norms

- General National Norms
  - Does Rob have problems with depression relative to other children his age?
- Sex-based Norms
  - How does Michelle's hyperactivity compare to that of other girls?
- Clinical Norms
  - How severe is Natalie's psychoticism in comparison to other children diagnosed with mental health disorders of childhood, including ED's?
- ADHD Norms
  - How severe are Kent's symptoms of depression in comparison to other children diagnosed with ADHD

TRS, PRS, and SRP Validity Indexes

- F Index
- L Index (SRP)
- V Index (SPR)
- Consistency Index
- Number of Omitted/Unscorable Items
- Patterned Responses

VALIDITY INDEX SUMMARY

F Index	Response Pattern	Consistency
Acceptable	Acceptable	Acceptable
Raw Score: 0	Raw Score: 130	Raw Score: 10

Parent conference with elevations on Hyperactivity, Conduct Problems, and Aggression?
Always have something nice to say!! ☺

In my 23 years of teaching, your son is my favorite student to have absent.
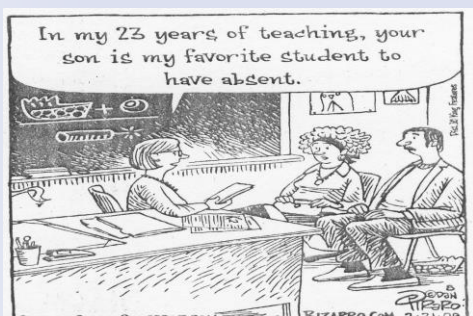
BASC3

SCORING & REPORTING OPTIONS

BASC-3 Administration and Reporting Options

Hand-scoring administration/scoring - Paper
- One record form to replace hand scoring, computer entry, and scanned forms.
- **Separate worksheets for manual scoring.**

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

Three Options

Hand Scoring	Hybrid	All Digital
• Administration: **Paper**	• Administration: **Paper**	• Administration: **Q-global**
• Scoring & Reporting: **Paper – hand-score**	• Scoring & Reporting: **Q-g unlimited subscription**	• Scoring & Reporting: **Q-global scoring**

BASC-3 Hand-Scoring Option

Page 1   Page 4
Page 2   Page 3
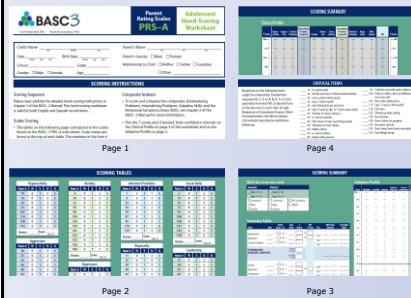
- Hand Score Worksheet replaces carbonless forms
- 4 page, 11x17 folded sheet
- Transfer responses to worksheet
- Sum responses and look up T scores

What is Q-global?

- Q-global is a web-based system used to administer and score the TRS, PRS, SRP, SDH, and SOS forms.
- Digital Administration
  - On-Screen Administration
  - Remote On-Screen Administration
- Manual-Entry
  - Responses from paper forms can be entered into Q-global for online scoring and reporting.
  - Unlimited-Use Options

BASC-3 Q-Global Report Features

- Validity Indexes
- Clinical, Adaptive, and Content Scales
- Clinical Probability Indexes
- Executive Functioning Indexes
- Clinical, Adaptive, and Content Scale Narratives
- Target Behaviors For Intervention
- Critical Items
- DSM-5 Diagnostic Considerations
- Items By Scale
- Item Responses

Advanced Clinical Section
- **Validity Index Narratives**
- **Clinical Summary**
- **DSM-5 Diagnostic Criteria**

DSM-5 Diagnostics Consideration Report

- Outcomes are aligned with DSM-5 to help support diagnostic efficiency

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Report Options for BASC-3 Q-Global

Administering the BASC-3 on Q-global

Administering the BASC-3: Manual Entry

Administering the BASC-3: On-Screen

On-Screen Administration allows the BASC-3 to be administered on a web-enabled device. To start the assessment, select the "On-Screen Administration" and click the "Start Assessment" button.

Administering the BASC-3: Remote On-Screen Administration

Select the link effective dates and enter the rater name and email.

Administering the BASC-3: Remote On-Screen Administration Sample Email

BASC-3 Progress Report

- Available for use with the TRS, PRS and SRP.
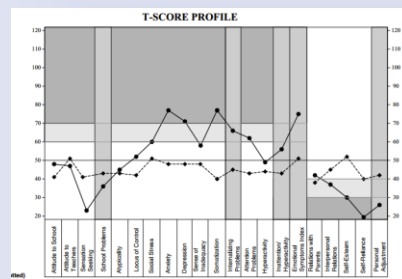
Slide 1: BASC-3 Multi-Rater Report
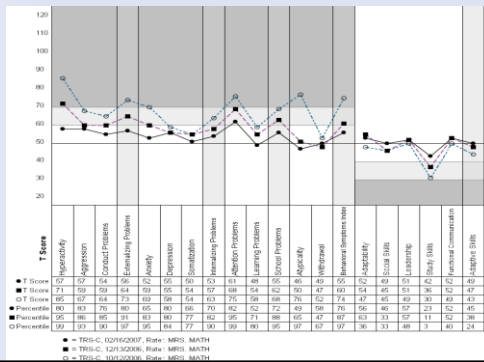
Slide 2: Intervention Recommendations

BASC-3 TRS-P INTERVENTION RECOMMENDATIONS

Note. Information contained in the Intervention Summary section of this report is based on the BASC-3 Behavior Intervention Guide, authored by Kimberly J. Vannest, Cecil R. Reynolds, and Randy W. Kamphaus.

Primary Improvement Areas	Secondary Improvement Areas	Adaptive Skill Strengths
- Withdrawal (Anxiety)	- Atypicality - Functional Communication - Adaptability - Aggression - Social Skills	- None

- Includes detailed, effective Intervention Strategies

- Provides guidelines for **preparing**, **implementing,** and **evaluating** each intervention strategy.

Slide 3: ADDITIONAL BASC-3 COMPONENTS

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

Slide 4: STUDENT OBSERVATION SYSTEM (SOS)

Slide 5: Student Observation System (SOS)

- 1. Part A - Behavior Key and Checklist - a categorized list of specific behaviors

- 2. Part B - Time Sampling of Behavior - used to document the behaviors that occur during the 15-minute observation period

- 3. Part C - Teacher's Interaction With Student - used to document information that might prove relevant to understanding behaviors that occur during class

Slide 6

PART B – TIME SAMPLING OF BEHAVIOR

Directions:
Each observation interval starts with a 3-second observation time. You will then have 27 seconds to check the category of behavior that occurred during the observation time. The screen will advance automatically after each observation interval.
This will repeat 30 times for a total of 15 minutes.

When you are ready, click >> to start the first 30-second interval.

Observation 2

Please indicate any observed behaviors.

- Response to Teacher/Lesson
- Peer Interaction
- Work on School Subjects
- Transition Movement
- Inappropriate Interactions
- Inappropriate Movement
- Inattention
- Inappropriate Vocalization
- Somatization
- Repetitive Motor Movements
- Aggression
- Self-Injurious Behavior

Digital administration of SOS via computer, tablet or smartphone.

SUMMARY PLOT OF RECORDED BEHAVIOR

STRUCTURED DEVELOPMENTAL HISTORY (SDH)
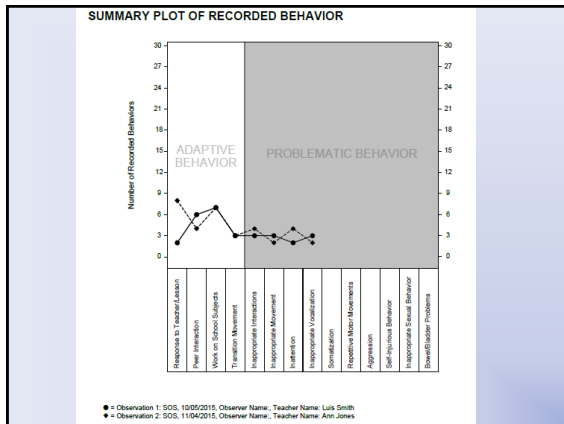
Structured Developmental History

• Gathers information from a wide range of development areas and milestones.

Person Answering Questions	Child's Residence	Friendships
Referral Information	Family Relations	Recreation/Interests
Parents	Pregnancy	Behavior/Temperament
Primary Caregivers	Birth	Educational History
Child Care	Development	Additional Comments
Family History	Medical History	
Brothers/Sisters	Family Health	

Sample Electronic Report: SDH

PARENT RELATIONSHIP QUESTIONNAIRE (PRQ)

Parenting Relationship Questionnaire (PRQ)

Qualification Level: B

Age Range: 2:0-18:11

Reading Level: 3rd Grade

Other Languages: Spanish

RTI Tiers: RTI Levels 2 and 3

Completion Time: 10-15 minutes

Scores/Interpretation: T scores and percentiles, for a general population

Scoring Options: Q-global™ Web-based Administration, Scoring, and/or Reporting, or Manual Scoring.

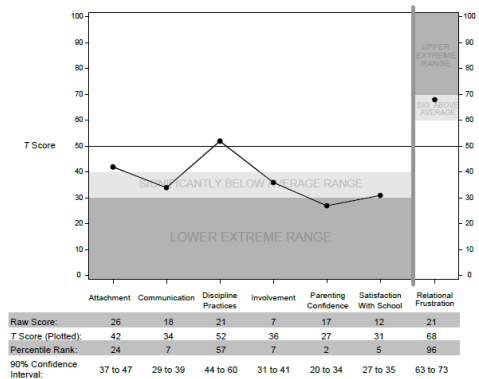**Publication Date:** Available August, 2015

• Assesses parent perspective of the relationship between the parent and his/her child.

BASC-3 PRQ Scales

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

PRQ T-SCORE PROFILE

	Attachment	Communication	Discipline Practices	Involvement	Parenting Confidence	Satisfaction With School	Relational Frustration
Raw Score:	26	18	21	7	17	12	21
T Score (Plotted):	42	34	52	36	27	31	68
Percentile Rank:	24	7	57	7	2	5	96
90% Confidence Interval:	37 to 47	29 to 39	44 to 60	31 to 41	20 to 34	27 to 35	63 to 73

BEHAVIOR INTERVENTION GUIDE

BASC-3 Behavior Intervention Guide

Kimberly Vannest, Cecil R. Reynolds, R.W. Kamphaus

✓ 78 – Interventions across 11 of the most common problems of children and youth.

✓ Step-by step-procedures (prep – implement-evaluate)

✓ Considerations for practice and troubleshooting.

✓ Annotated bibliographies of research studies.
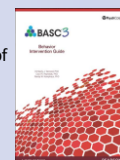
- Aggression
- Conduct
- Hyperactivity
- Attention
- Academic Problems
- Anxiety
- Depression
- Somatization
- Adaptability
- Functional Communication Problem
- Social Skills Problems

BASC-3 Behavior Intervention Guide

- Comprehensive set of empirically-based interventions for a variety of behavioral and emotional problems.

- Organized around scales on BASC-3 TRS, PRS, and SRP forms

- Components include:
  - **Behavior Intervention Guide (Paper and Digital)**
  - **Parent Tip Sheets**
  - **Fidelity Documentation Checklist**

BEHAVIORAL AND EMOTIONAL SKILLS BUILDING GUIDE

Behavioral and Emotional Skill-Building Guide

- Includes strategies for **classroom and small-group use**

- Groups may be conducted by guidance counselors, psychologists, social workers, interns, and other trained personnel

- Focus on building skills for *all* students, rather than individualized "interventions" that take too much teacher time

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FLEX MONITOR

NEW!!

## BASC-3 Flex Monitor:
English and Spanish

- The BASC-3 Flex Monitor can be used to monitor behavioral and emotional functioning over a desired period of time

- A psychometrically sound way of developing customized behavior rating scales and self-report of personality forms

- Reliability data and standardized scores are obtainable for each unique form that is developed.

BASC3

Flex Monitor Form

Remember: N = Never	S = Sometimes	O = Often	A = Almost Always

1. I get so nervous I can't breathe. .... N S O A
2. I worry when I go to bed at night. .... N S O A
3. I get nervous. .... N S O A
4. I feel stressed. .... N S O A
5. I get nervous when things do not go the right way for me. .... N S O A

6. I feel anxious. .... N S O A
7. I worry about what is going to happen. .... N S O A
8. I worry but I don't know why. .... N S O A

BASC-3 Standard Flex Teacher, Child, Inatn/Hyp
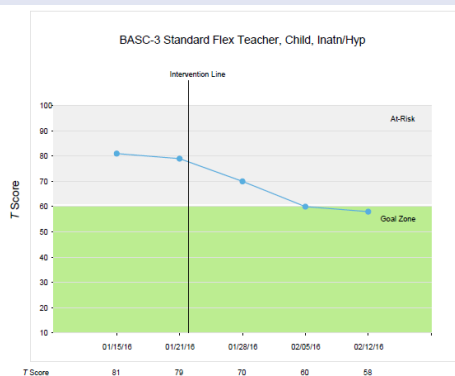
Additional BASC-3 Training Opportunities

- **Free Training webinars:**

www.pearsonclinical.com

- **Online Introductory Training:**

www.PearsonClinical.com/BASC-3Training
  – Enter Code: newBASC3

BASC3

Resources/Information

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