Utilizing the BASC-3 for Intervention and Progress Monitoring

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Overall Process
1. ASSESS
2. LINK TO INTERVENTION
3. MONITOR PROGRESS

BASC-3 Components
- BASC-3 Teacher Rating Scales (TRS), Parent Rating Scales (PRS), and Self-Report of Personality (SRP)
- BASC-3 Student Observation System
- BASC-3 Structured Developmental History
- BASC-3 Parenting Relationship Questionnaire—all ages
- BASC-3 Behavioral and Emotional Screening System (Teacher, Parent, Student Forms)
- BASC-3 Behavior Intervention Guide
- Behavioral and Emotional Skill-Building Guide, part of the BASC-3 family
- BASC-3 Flex Monitor (Teacher, Parent, and Student Forms)

RATING SCALES (PRS, TRS, SRP)
- Parent Rating Scale
  - Preschool, Child, Adolescent
  - All available in Spanish as well as English
- Teacher Rating Scale
  - Preschool, Child, Adolescent
- Self-report of Personality
  - Interview, Child, Adolescent, College
  - Child & Adolescent also in Spanish

BASC-3 Rating Scale Options

Comprehensive Behavior Management Solution

Screen → Assess → Intervene → Monitor

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- BASC-3 Flex Monitor (Teacher, Parent, and Student Forms)
**School solution**

<table>
<thead>
<tr>
<th>HYBRID MODEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscription per person</td>
</tr>
<tr>
<td>Administration: Paper</td>
</tr>
<tr>
<td>Scoring &amp; Reporting: Q-global unlimited subscription</td>
</tr>
</tbody>
</table>

**Step 1:**
Interpret Rating Scales

**Systematic Approach to Interpretation**

1. Interpret Validity Indexes
2. Interpret Composite Scores
3. Interpret Scale Scores
4. Interpret Items

**Rating Scales:**
Interpretation principles

- Most raters are truthful.
- Person with the most deviant ratings is the person who knows the child best
- Referral Bias: (schools)
  - Teacher ratings are going to be the most deviant
  - Parents will identify smaller number of problems
  - Child will identify none
- Have a conversation with the raters for qualitative information
- Embrace disagreeable ratings because they enhance your qualitative perspective

**Tips from Dr Kamphaus**

- Do not hand out 5 or 6 teacher rating scales – the more you give the more disagreeable the results.
- Be very careful about who you put in special education because the outcomes are very negative.
- Peers are better at identifying depression in other kids then parents or teachers.

**Q-global And The BASC-3**

- Q-global is a secure, online, web-based system used to administer and score the TRS, PRS, SRP, SDH, SOS, and PRQ forms.
- Administration Options
  - OSA (on screen administration)
  - ROSA (remote on screen administration)
    - Sends an email to the respondent containing a web link needed to complete the form
    - Then you will receive an email indicating the form is complete
  - Paper form & manual response entry
**BASC-3 Q-Global Report Features**

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

**Report Options for BASC-3 Q-Global**

- **Select Confidence Level**
  - 60%
  - 50%
  - 75%

- **Select Primary Norm Group**
  - General Contended
  - General Gender-Specific
  - Clinical Contended
  - Clinical Gender-Specific
  - ADHD Contended
  - ADHD Gender-Specific

- **Select up to four additional norm groups for comparison**
  - General Contended
  - General Gender-Specific
  - Clinical Contended
  - Clinical Gender-Specific
  - ADHD Contended
  - ADHD Gender-Specific

**Score Report**

**Sample Diagnostic Criteria Section Q-Global**

- **Attention-Deficit/Hyperactivity Disorder (ADHD)**
  - List of Symptoms
  - Discriminated ADH-Related Items and All Other Items

**Additional Reports**

- **Multi-rater Report**
  - Allows you to compare results from the BASC-3 PRS and TRS across multiple raters

- **Progress Report**
  - Allows you to compare the same rater across multiple time points

- **Integrated Summary Report**
  - Combines results from individual components including the SRP.

**BASC-3 Multirater Report**

**FREE!**

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**BASC-3 Integrated Report**

Up to 5 BASC-3 TRS, PRS, & SRP records

Includes:
- Validity Index Summary Table*
- Scaled score Summary Table*
- Shared Items Comparison section**

Administration selections must be from same report level (Preschool, Child, Adol)

Only one SRP can be included; no COL

Administration selections must be in “Report Generated” status

* Always prints on report
** Only prints when significant discrepancies exist in responses

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**Scales with Elevated Scores Summary Table**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Assessment 1</th>
<th>Assessment 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>T-score (Z)</td>
<td>T-score (Z)</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>70</td>
<td>70</td>
</tr>
<tr>
<td>Aggression</td>
<td>61</td>
<td>65</td>
</tr>
<tr>
<td>Conduct Problems</td>
<td>65</td>
<td>59</td>
</tr>
<tr>
<td>Attention Problems</td>
<td>60</td>
<td>54</td>
</tr>
<tr>
<td>Adaptability</td>
<td>38</td>
<td>42</td>
</tr>
</tbody>
</table>

Light gray shading indicates score is at-risk. Dark gray shading indicates score is Clinically Significant.

- Indicates that the scale is not available for this form or the age at the time of the administration is not acceptable for the norm group selected.
- Ratings from each of the following scales were in the At-Risk or Clinically Significant classification range across all setters included in this report:
  - Hyperactivity
  - Aggression

- Ratings from the following scales were in the At-Risk or Clinically Significant classification range for at least one or more rating(s) included in this report:
  - Conduct Problems
  - Attention Problems
  - Adaptability

Differences between or among classification levels can occur for a variety of reasons, including actual differences in behavior across settings, different actual behavior in the presence of different raters (e.g., across teachers with different management styles or between parents), or in some instances small, nonsignificant differences in scores near preset cutoff points. Comparing the responses of persons completing the BASC-3 forms can be helpful in understanding the obtained differences in behavioral classifications levels.

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**Step 2: Link to Intervention**
Q-Global - Intervention Report

- Adds Intervention Report section to BASC-3 Report

Intervention Report section content:
- Table with Primary & Secondary improvement areas and Adaptive Strengths
- Intervention Summary Section
- Walks through some different Intervention Options, using information from Intervention Guide
- Does not cover every Intervention suggested in Guide in every report

BASC-3 Behavior Intervention Guide
Kimberly Vannest, Cecil Reynolds, Randy Kamphaus

- Comprehensive set of empirically-based interventions for a variety of behavioral and emotional problems
- Organized around scales included on the BASC-3 TRS, PRS, and SRP forms
- Intervention Components include:
  - Behavior Intervention Guide (Paper and Digital)
  - Parent Tip Sheets
  - Documentation Checklist
  - Intervention Summary software report for TRS, PRS, and SRP

What is in the Guide?
Each of the 78 Interventions:
- THE BASICS - Descriptions of essential concepts, about resources and skills needed
- The "PIE" approach
  - PREP – what do I need to get started or use this intervention (training? Materials? Skill sets?)
  - IMPLEMENT – step by step directions, examples for elementary and secondary grades, practical suggestions from actual implementers with students
  - EVALUATE – what do I need to check on to see if this worked? What do I trouble shoot if I’m not sure I got the results I wanted

BASC-3 PRS-C 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.

<table>
<thead>
<tr>
<th>Primary Improvement Areas</th>
<th>Secondary Improvement Areas</th>
<th>Adaptive Skill Strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atypicality</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Withdrawal (Anxiety)</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Functional Communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adaptability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Paula’s scores on Atypicality, Functional Communication, and Social Skills fall in the clinically significant range and probably should be considered among the first behavioral issues to resolve.

Note that Paula has scores on Atypicality, Adaptability, and Leadership that are areas of concern. Interventions in these areas are not provided in this report. However, these areas may require additional follow up.

BASC-3 Behavior Intervention Guide

✓ 78 – Interventions across eleven of the most common problems of children and youth.
✓ Step by step procedures (prep – implement-evaluate)
✓ Considerations for practice and troubleshooting.
✓ Elementary and Secondary illustrations.
✓ Annotated bibliographies of research studies.

BASC-3 Behavior Intervention Guide – What’s new?

- 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
Behavior Intervention Guide Updates

- “Evidence” section containing the annotations of the supporting research articles are now contained in the Q-global resource library
- Each intervention continues to provide a “Considerations” section containing suggestions to enhance the effectiveness of the intervention strategy in various settings or environments
- Parent Tip Sheets have been updated, with interventions strategies being presented in a straightforward, parent-friendly way
- Documentation Checklist provides a way to help increase treatment fidelity

Behavior Intervention Guide

PIE format (Prep, Implement, and Evaluate)

For Example, in Conduct Chapter:

- Characteristics and Conditions
- Theoretical framework
- Definitions and examples
- Annotated bibliography of research studies*
- Procedural steps
- Examples
- Considerations

Intervention Selection

- All interventions listed demonstrate evidence of effectiveness in the scientific literature.
- All interventions listed are documented to be effective with the designated population.
- All interventions listed can be done in schools.
- Professional judgment is still a requisite for effective treatment.
- Multiple effective interventions for each class of behavioral and emotional issues
- You match them to your student and your setting.

EXAMPLE: Interventions known to be effective for Conduct Problems

Anger Management Skills Training
Independent Group-Oriented Contingency Management
Interdependent Group-Oriented Contingency Management
Moral Motivation Training
Multisystemic Therapy
Parent Training
Problem-Solving Training
Social Skills Training
We must monitor RX fidelity or it will not occur

Along with the Intervention Guides, the Documentation Checklist is available to document and assess treatment fidelity in for individual cases.

We Must Also Partner With Parents: Parent Tip Sheets

Parent Tip Sheets

Supports professional practice by enhancing communication skills.
Provides support and partnership between home and school.
Includes:
- Brief explanation of the nature and cause of problem behavior
- Suggestions for working with their child
- Three or four corresponding, evidence based strategies appropriate for a home setting.
- Chart to track and monitor progress
- Websites and additional resources for parents and families

Recent research summarized in the APA clinician’s digest...

Including an extensive meta-analysis, demonstrates that when parents are included as part of the treatment/intervention process for children and adolescents with EBDs, treatment effects improve between .5 and 1.0 SDs.

Step 3: Monitor Progress

BASC-3 Flex Monitor: What is it?

A psychometrically sound means of developing user-customized behavior rating scales and self-report of personality forms tailored to the needs of:
1) the individual practitioner
2) an individual case
3) an individual program need

Reliability data and standardized scores are then obtainable for each unique form developed for your unique need.
**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 (ADHD, Ext., Int., Adaptive)
  - 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?**

- 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?**

- 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 exclusive to the BASC-3

**BASC-3 Flex Monitor Pricing**

*(Includes on-screen administration, scoring, and reporting.)*

<table>
<thead>
<tr>
<th>Product #</th>
<th>Component</th>
<th>Price</th>
</tr>
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<tbody>
<tr>
<td>30869</td>
<td>BASC-3 Flex Monitor Digital Manual</td>
<td>$55.00</td>
</tr>
<tr>
<td>30876</td>
<td>BASC-3 Q-global FLEX Monitoring Report</td>
<td>$ 1.25</td>
</tr>
</tbody>
</table>

No charge to create a Flex Monitor form on Q-Global. The user is charged only once they run a report.

**Adam D. Heinz**

**Age 6:2**

- Currently in First grade
- Described as a bright, sweet child who wants to please
- Wants more friends; is sometimes sad and lonely
- Displays significant hyperactivity and inattention in the classroom
- Often interrupts others, talks out of turn, and is generally disruptive
- Doing well academically in spite of problematic behaviors

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Anise Flowers, Ph.D.
Adam’s TRS

<table>
<thead>
<tr>
<th>F Index</th>
<th>Response</th>
<th>Consistency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptable</td>
<td>Acceptable</td>
<td>Acceptable</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>T Score</th>
<th>Percentile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Externalizing Problems</td>
<td>59</td>
</tr>
<tr>
<td>Internalizing Problems</td>
<td>63</td>
</tr>
<tr>
<td>School Problems</td>
<td>64</td>
</tr>
<tr>
<td>Behavioral Symptoms Index</td>
<td>67</td>
</tr>
<tr>
<td>Adaptive Skills</td>
<td>48</td>
</tr>
</tbody>
</table>

Hyperactivity
Aggression
Conduct Problems
Anxiety
Depression
Somatication
Attention Problems
Learning Problems
Atypicality
Withdrawal
Adaptability
Social Skills
Leadership
Study Skills
Functional Communication

Primary Improvement Area: Hyperactivity

There are a variety of interventions that have been shown to reduce, or have shown promise for reducing, hyperactive behavior, including:
- Contingency Management
- Daily Behavior Report Cards (DBRC)
- Functional Behavioral Assessment
- Multimodal Interventions
- Parent Training
- Self-Management
- Task Modification

Detailed summaries of the Contingency Management and Self-Management intervention strategies are provided below. See the BASC-3 Behavior Intervention Guide for more information about these strategies and the other intervention strategies listed above.

Primary Improvement Area: Depression

Cognitive-Behavioral Therapy (which typically includes one or more of the strategies below)
- Psychoeducation
- Problem-Solving Skills Training
- Cognitive Restructuring
- Pleasant-Activity Planning
- Relaxation Training
- Self-Management Training
- Family Involvement
- Interpersonal Psychotherapy

A detailed summary of Relaxation Training and Problem-Solving Skills Training intervention is provided below.
Primary Improvement Area: Attention

- Classwide Peer Tutoring
- Computer-Assisted Instruction
- Contingency Management
- Daily Behavior Report Cards
- Modified-Task Presentation Strategies
- Multimodal Interventions
- Parent Training
- Self-Management

Detailed summaries of the Daily Behavior Report Cards and Modified Task-Presentation intervention strategies are provided below.

Attention Problems Intervention Option 1: Daily Behavior Report Cards

Daily behavior report cards (DBRCs) are used to record a child’s behavior each day. The goal in implementing a DBRCs strategy is to change behavior by providing systematic feedback on performance and progress to children and parents, followed by appropriate reinforcement. The result is increased attention (or decreased inattention) during specific tasks and conditions.

The essential elements of DBRCs include the following:
1. Define the target behaviors.
2. Monitor and record behaviors daily.
3. Provide reinforcement for exhibiting the target behaviors.
4. Communicate results to children and parents.

The procedural steps for incorporating DBRCs into the treatment of attention problems are summarized below. See the BASC-3 Behavior Intervention Guide for a detailed discussion of this topic.

Daily Report Card

- Implemented for 3 target behaviors
  - Following Directions
  - Remaining seated in class
  - Raising hand in class
- Teacher completed the BASC-3 Standard Flex Teacher, Child, Inatn/Hyp (17 items) once per week

Flex Monitor Progress Report

<table>
<thead>
<tr>
<th>Score</th>
<th>T Score</th>
<th>Raw Score</th>
<th>42</th>
<th>38</th>
<th>34</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
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<td>71</td>
<td>67</td>
<td></td>
<td></td>
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<tr>
<td>Significant?</td>
<td>-</td>
<td>NS</td>
<td>NS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change from Previous</td>
<td>-</td>
<td>-4</td>
<td>-4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Significant?</td>
<td>-</td>
<td>NS</td>
<td>NS</td>
<td></td>
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</tbody>
</table>

Coming Soon: Pearson CPT

Product Summary

The Pearson Continuous Performance Test (Pearson CPT) aids in the assessment of attention-related problems in children ages 6 through 14. The Pearson CPT collects data on the examinee’s ability to inhibit impulsivity and respond accurately to images on a computer screen.

Specifications

- Qualification Level: B
- Age Range: 6:0 - 14:11
- Completion Time: 15 to 20 mins
- Domains Measured: Inattentiveness – Impulsivity - Sustained Attention - Vigilance
- Format: Q-global (All Digital)
- Publication Date: December 2016 (PC) - Q1 2017 (MAC)