


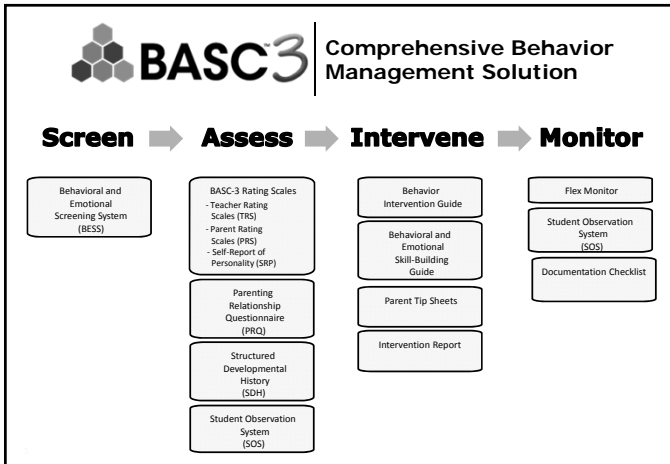
Utilizing the BASC-3 for Intervention and Progress Monitoring

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Overall Process

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

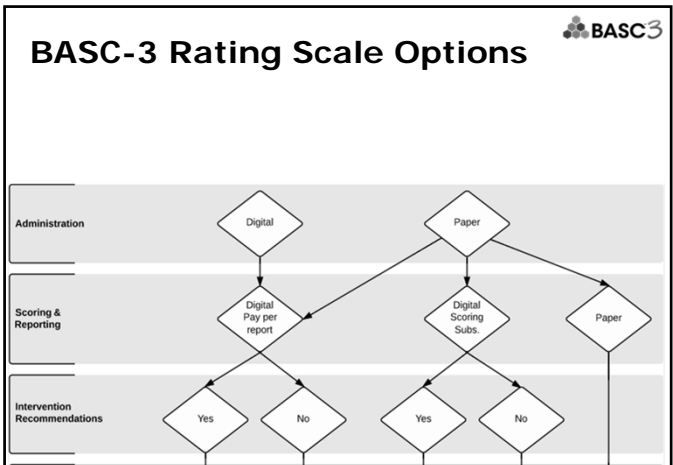
BASC-3 Components




- 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)

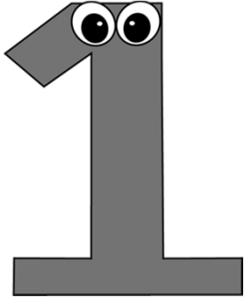
- Parent Rating Scale
 - Preschool, Child, Adolescent
 - All available in Spanish as well as English
- Teacher Rating Scale
 - Preschool, Child, Adolescent
- Self-report of Personality
 - Interview, Child, Adolescent, College
 - Child & Adolescent also in Spanish




School solution 

HYBRID MODEL	
Subscription per person •Administration: Paper •Scoring & Reporting: Q-global unlimited subscription	Inventory of Digital Usages •Administration: Q-global •Scoring & Reporting: Q-global

**Step 1:
Interpret Rating Scales**




Systematic Approach to Interpretation 

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

These basic steps are suggested when interpreting all forms; TRS, PRS, SRP

**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 than 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

PEARSON

Report Options for BASC-3 Q-Global

Include Report Options

- Use Examinee Name
- Clinical and Adaptive Scales**
 - Validity Index Summary Table
 - T Score Profile (Composites and Scales)
 - Score Tables (Composites and Scales)
 - Validity Index Narratives and Item Lists
 - Narratives (Composites and Scales)
- Intervention Recommendations
- Content Scales and Indexes**
 - T Score Profile
 - Score Tables
 - Content Scale Narratives
 - Clinical Summary Narratives
- DSM-5 Diagnostic Considerations
- Target Behaviors for Intervention
- Critical Items
- Items by Scale/Index**
 - Clinical and Adaptive Scales
 - Content Scales and Indexes
- Item Responses

Select Confidence Level

- 68% 90% 95%

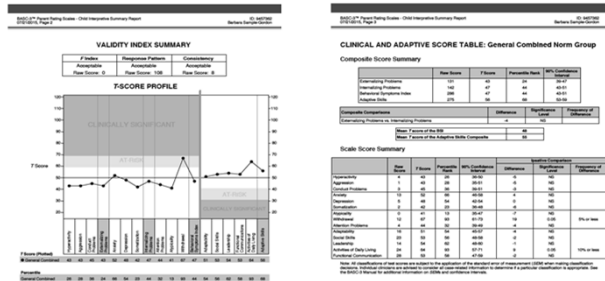
Select Primary Norm Group

- General Combined
- General Gender-Specific
- Clinical Combined
- Clinical Gender-Specific
- ADHD Combined
- ADHD Gender-Specific

Select up to four additional Norm Groups for Comparison

- General Combined
- General Gender-Specific
- Clinical Combined
- Clinical Gender-Specific
- ADHD Combined
- ADHD Gender-Specific

Score Report



Sample Diagnostic Criteria Section Q-Global

DIAGNOSTIC CONSIDERATIONS

Listed below are Diagnostic Considerations based on the ratings obtained from BEFirst on the TRS-A rating form. Each section first presents a list of symptoms of the disorder, along with TRS-A items that correspond to these symptoms. While information from TRS-A items will likely be helpful for making a diagnosis, clinicians are strongly encouraged to use additional information that is gathered outside of the BASC-3 TRS-A form (e.g., observations of behavior, clinical interviews) when making a formal diagnosis.

Attention-Deficit/Hyperactivity Disorder (ADHD)

List of Symptoms

- Symptoms for ADHD: Inattention** Relevant BASC-3 TRS-A Items and BEFirst BMid, RLAs² Responses
- Does not pay close attention to details, or makes careless mistakes
 - X Has difficulty sustaining attention
 - Does not seem to listen when spoken to
 - Does not follow through on instructions and fails to finish tasks
 - Has trouble organizing activities/tasks
 - Dislikes/avoids tasks that involve sustained mental effort
 - Loses necessary materials
 - X Is easily distracted
 - Is often forgetful
- Corresponding TRS-A items and BEFirst responses are listed on the right side of the list.

Additional Reports

FREE!

Multi-rater Report

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

Progress Report

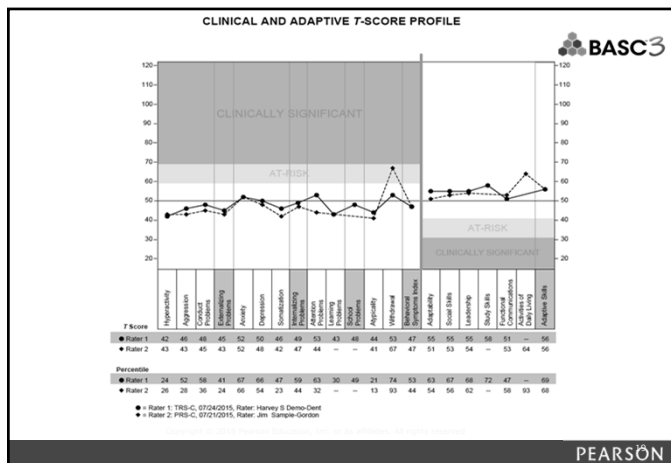
Allows you to compare the same rater across multiple time points

Integrated Summary Report

Combines results from individual components including the SRP.

BASC-3 Multirater Report





BASC-3 Multirater Report Page 4 ID: 9457302 Barbara Sample-Gordon

MULTIRATER REPORT T SCORE SUMMARY: General Combined

	Rater 1 Harvey S Demo-Deit	Rater 2 Jim Sample-Gordon
Comparisons		
Externalizing Problems	45	43
Internalizing Problems	49	47
Behavioral Symptoms Index	47	47
School Problems	48	—
Adaptive Scales		
Adaptability	56	56
Scales		
Hyperactivity	42	43
Aggression	46	43
Conduct Problems	45	45
Anxiety	52	52
Depression	59	48
Somatization	45	42
Attention Problems	53	44
Learning Problems	43	—
Appropriateness	44	41
Withdrawal	53	67
Adaptability	55	51
Social Skills	55	53
Leadership	55	54
Study Skills	58	—
Functional Communication	51	53
Activities of Daily Living	—	64

Comparisons are made between the corresponding scale scores for each rater. Differences statistically significant at p = .05 are shown in shaded cells, due to the number of comparisons being made, some significant differences may be attributable to chance.

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

Scales with Elevated Scores Summary Table

Scales	Assessment 1 TRS-C Demo Teacher	Assessment 2 PRS-C Sample Parent
Hyperactivity	70	66
Aggression	61	65
Conduct Problems	65	59
Attention Problems	60	54
Adaptability	38	42

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 scorable for the norm group selected.

Ratings from each of the following scales were in the At-Risk or Clinically Significant classification range across all raters 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 rater(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 classification levels.

SHARED ITEM COMPARISONS

Scale: Conduct Problems

Items	Asmt 1 TRS-C Demo Teacher	Asmt 2 PRS-C Sample Parent
TRS/PRS		
Breaks the rules.	Sometimes	Sometimes
Breaks the rules just to see what will happen.		Sometimes
Cheats in school.	Never	
Deceives others.	Sometimes	Sometimes
Disobeys.	Sometimes	Sometimes
Gets into trouble.	Often	Sometimes
Hurts others on purpose.	Never	Never
Is in trouble with the police.		
Lies.	Sometimes	Sometimes
Lies to get out of trouble.		Sometimes
Smokes or chews tobacco.		
Sneaks around.	Sometimes	Sometimes
Steals.		Never
Uses foul language.		
Uses illegal drugs.		
Uses others' things without permission.	Sometimes	

Shaded cells indicate possible behavioral/emotional concerns.
 Blank cells indicate the item response is either missing or not available for this form.

**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 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.

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

Paula's scores on Withdrawal (Anxiety), 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 for these areas are not provided in this report. However, these areas may require additional follow up.



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

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.

- Aggression
- Conduct
- Hyperactivity
- Attention
- Academic Problems
- Anxiety
- Depression
- Somatization
- Adaptability
- Functional Communication Problem
- Social Skills Problems

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 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)

HOW TO IMPLEMENT BULLY PREVENTION



PREP

- Identify faculty-development days or workshops during which teachers and staff can participate in the program. Teachers and other staff and administrators compose groups to plan the program.
- Identify programs for purchase or self-develop one. Self-development involves creating 4-8 units of instruction and activities. Curriculum should be finished prior to the start of the program, ideally in a summer or pre-semester start. Curriculum content includes the following topics:
 - ▲ awareness,
 - ▲ intervening and helping victims;
 - ▲ preventing and reporting; and
 - ▲ planning for evaluating, modifying, and maintaining programs.

Behavior Intervention Guide



IMPLEMENT

- Define bullying and why it is problematic in schools, communities, and even in the workplace. Relay costs (e.g., illness, job, feelings, damage, suicides, culture).
- Reach a consensus that school climate is important and that bullying is not conducive to a climate of respect and tolerance.
- Problem-solve methods for intervening and helping victims.
- Teach the procedures for what students and faculty are to do if they are bullied, and what to do if they become aware of or see bullying occurring.
- Codify prevention methods.
- Create a paper or electronic method for anonymous reporting.



EVALUATE

- Monitor office discipline referrals and parent reports to the office to determine program effectiveness.

**For Example,
in Conduct Chapter:**

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

** Not in paper version of manual*

Intervention Selection

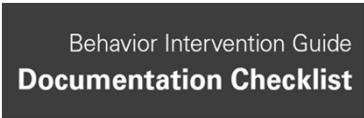
- All interventions listed demonstrate evidence of effectiveness in the scientific literature.
- All interventions listed are documented to be effective with the designated population.
- All interventions listed can be done in schools.
- Professional judgment is still a requisite for effective treatment.
- 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

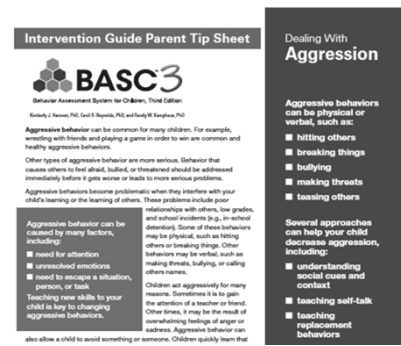
- Anger Management Skills Training
- Independent Group-Oriented Contingency Management
- Interdependent Group-Oriented Contingency Management
- Moral Motivation Training
- Multisystemic Therapy
- Parent Training
- Problem-Solving Training
- Social Skills Training

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:

- o Brief explanation of the nature and cause of problem behavior
- o Suggestions for working with their child
- o Three or four corresponding, evidence based strategies appropriate for a home setting.
- o Chart to track and monitor progress
- o Websites and additional resources for parents and families

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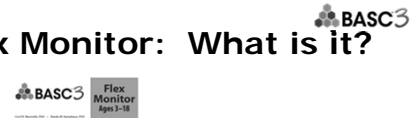
Recent research summarized in the APA clinician's digest...

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?


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






BASC-3 Flex Monitor – How will it work?

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



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

- 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.)

Product #	Component	Price
30869	BASC-3 Flex Monitor Digital Manual	\$55.00
30876	BASC-3 Q-global FLEX Monitoring Report	\$ 1.25

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

Adam's TRS



F Index	Response Pattern	Consistency
Acceptable	Acceptable	Acceptable

	T Score	Percentile Rank
Externalizing Problems	59	84
Internalizing Problems	63	90
School Problems	64	88
Behavioral Symptoms Index	67	92
Adaptive Skills	48	40

Adam's TRS


	T Score	Percentile Rank
Hyperactivity	76	98
Aggression	46	51
Conduct Problems	54	73
Anxiety	61	88
Depression	73	96
Somatization	48	61
Attention Problems	72	99
Learning Problems	53	71
Atypicality	59	85
Withdrawal	52	69
Adaptability	36	10
Social Skills	64	91
Leadership	49	46
Study Skills	42	24
Functional Communication	49	43

Adam's TRS

	T Score	Percentile Rank
Anger Control	59	84
Bullying	44	28
Developmental Social Disorders	50	59
Emotional Self-Control	66	92
Executive Functioning	72	98
Negative Emotionality	64	90
Resiliency	41	21

	T Score	Percentile Rank
ADHD Probability Index	73	98
Autism Probability Index	57	77
EBD Probability Index	63	89
Functional Impairment Index	63	87

BASC-3 TRS-C INTERVENTION RECOMMENDATIONS



Primary Improvement Areas	Secondary Improvement Areas
<ul style="list-style-type: none"> - Hyperactivity - Depression - Attention Problems 	<ul style="list-style-type: none"> - Adaptability - Anxiety

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:

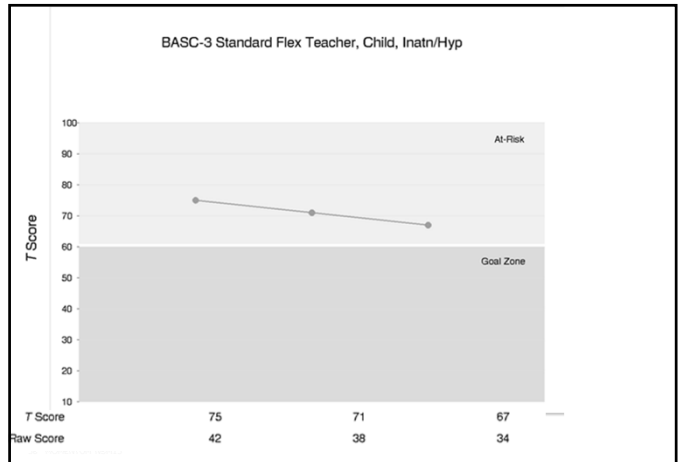
1. Define the target behaviors.
2. Monitor and record behaviors daily.
3. Provide reinforcement for exhibiting the target behaviors.
4. Communicate results to children and parents.

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

T Score	75	71	67
Raw Score	42	38	34
Δ from Initial Score	--	-4	-8
Significant?	--	NS	NS
Δ from Previous Score	--	-4	-4
Significant?	--	NS	NS

ITEM COMPARISONS

N = Never, S = Sometimes, O = Often, A = Almost always

Item Text	N	S	O	A
Pays attention	S	S	S	S
Has trouble staying seated	A	O	S	S
Acts without thinking	A	A	A	A
Listens to directions	S	S	O	O
Is well organized	N	N	N	N
Interrupts others when they are speaking	A	O	O	O
Cannot wait to take turn	A	O	S	S
Is easily distracted from class work	A	A	A	A
Has trouble following directions	O	O	O	O
Disrupts other children's activities	A	A	A	A
Stays on task	S	S	S	S
Speaks out of turn during class	A	O	O	O
Is in constant motion	O	O	O	O
Turns in work on time	A	A	A	A
Has poor self-control	O	O	O	O
Listens carefully	N	N	N	N
Talks over others	A	A	O	O

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)

