

Clinical Applications of the BASC-3 Content Scales
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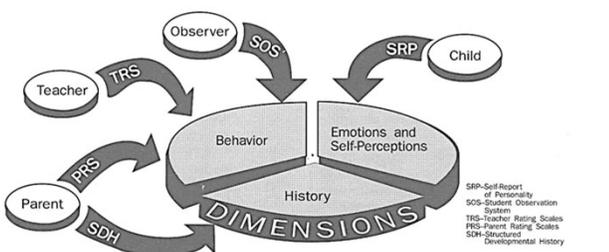

Conflict of Interest Notice

We are the authors of the BASC-3, the assessment scale that will be emphasized in today's training. While we view our comments and opinions as expressed to be accurate, you should judge the facts and materials for yourself and make an independent decision regarding your choice of diagnostic and related techniques.



What is the BASC-3?
 A Multidimensional, Multimethod approach to assessing child and adolescent EBDs.

The Original BASC Model



SRP-Self Report of Personality
 SOS-Student Observation System
 TRS-Teacher Rating Scales
 PRS-Parent Rating Scales
 SDH-Structured Developmental History

BASC-3 Scale Types

Scale Type	Description
Clinical	Measure maladaptive behaviors, where high scores indicate problematic levels of functioning. Items are unique to a Clinical or Adaptive scale.
Adaptive	Measure adaptive behaviors or behavioral strengths, where low scores indicate possible problem areas. Items are unique to a Clinical or Adaptive scale.
Content	Measure maladaptive or adaptive behaviors; are comprised of a few unique items along with items from other Clinical or Adaptive scales.
Composite	Comprised of scale groupings that are based on theory and factor analytic results.
Probability Indexes	Empirically derived scales comprised of items from other scales that were selected based on their ability to differentiate those with and without behavioral or emotional functioning diagnosis or classification.

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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 about real or imagined problems
Anxiety	The tendency to be nervous, fearful, or worried
Attention Problems	The tendency to be easily distracted and unable to concentrate more than momentarily
Atypicality	The tendency to behave in ways that are considered "odd" or commonly associated with psychosis
Conduct Problems	The tendency to engage in antisocial and rule-breaking behavior, including destroying property
Depression	Feelings of unhappiness, sadness, and stress that may result in an inability to carry out everyday activities or may bring on thoughts of suicide
Hyperactivity	The tendency to be overly active, rush through work or activities, and act without thinking
Learning Problems	The presence of academic difficulties, particularly understanding or completing homework
Somatization	The tendency to be overly sensitive to and complain about relatively minor physical problems and discomforts
Withdrawal	The tendency to evade others to avoid social contact

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BASC-3 TRS and PRS Sample Clinical Scale Items – Item Content deleted from handout – Please consult the BASC-3 Manual or any computerized report if you wish to review item content.

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Adaptive Scales

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

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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

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- ### TRS and PRS Validity Indexes
- F Index
 - Consistency Index
 - Number of Omitted/Un-scorable Item
 - Patterned Responses
- 9

Clinical Probability Indexes

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

BASC-3 Probability Indexes

Clinical Probability Index

- Children with elevated scores on this index likely present with a variety of behavioral challenges that may include an inability to adjust well to change and pay attention, a propensity to do or say unusual things, problems with behavioral and/or emotional regulation, and difficulty maintaining appropriate social relationships.

EBD Probability Index

- Children who present with elevated scores on this index likely exhibit a variety of behaviors that are disruptive, unusual, or antisocial, resulting in strained relationships with both adults and peers. In addition, they may display a range of negative emotions including anger, pessimism, and sadness.

Autism Probability Index

- Children who present with elevated scores on this index likely exhibit a variety of behaviors that are unusual and experience problems with developing and maintaining social relationships.

BASC-3 Probability Indexes, cont.

- ADHD Probability Index**

Children who present with elevated scores on this index likely experience problems that will adversely affect their academic performance, such as difficulty focusing or maintaining attention, inability to organize tasks effectively, difficulty making decisions, or difficulty moderating their own activity level.

- Functional Impairment Index**

Indicates the level of difficulty a child 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.

CLINICAL INDEX SCORE TABLE: General Combined Norm Group

	Raw Score	T Score	Percentile Rank	90% Confidence Interval
ADHD Probability Index	17	64	91	55-70
Autism Probability Index	8	54	75	47-61
EBD Probability Index	22	57	78	52-62
Functional Impairment Index	39	53	67	49-57

CLINICAL INDEX NARRATIVES

The BASC-3 items endorsed by Sample's parent/guardian resulted in a clinically significant Hyperactivity scale score, a pattern that occurred in 4.7% of the standardization sample. Children with this profile may exhibit problems with behavioral regulation and may be overactive, impulsive, and disruptive. Given this profile, possible diagnostic considerations might include attention-deficit/hyperactivity disorder (ADHD). These problems are likely to occur across multiple settings (e.g., school, home) and to be worse in situations requiring sustained mental effort.

Sample's profile is characterized by an at-risk Attention Problems scale score in addition to a clinically significant Hyperactivity scale score. In making diagnostic considerations regarding the possibility of ADHD, such a profile is probably more consistent with a diagnosis of ADHD combined presentation, as opposed to predominantly hyperactive/impulsive or inattentive presentation.

Sample also exhibited an elevation on the BASC-3 Internalizing scale of Depression, a pattern that occurred in 64.7% of the BASC-3 standardization sample with a clinically significant Hyperactivity scale score. This profile indicates that she is experiencing increased levels of internal distress characterized by depressed mood, and additional diagnostic considerations are likely to include depressive disorders (e.g., major depressive disorder, bipolar disorder). Children with these problems may exhibit inattention and restlessness, which can appear behaviorally similar to ADHD. Furthermore, it may be the case that emotional distress is causing Sample to act out, or that negative feedback related to her behavioral issues is resulting in these internalizing problems. Thus, further investigation is warranted in order to clarify the complex relationship between her various behavioral and mood symptoms.

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

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

BASC-3 Self-Report of Personality Scales

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

SRP Validity Indexes

- **F Index:** The *F* Index is a measure of the respondent's tendency to be excessively negative about, self-perceptions or emotions.
- **L Index:** The *L* Index on the SRP measures the child's tendency to give an extremely positive picture of himself or herself—what might be called "faking good." The index consists of items that are unrealistically positive statements (such as "I tell the truth every single time.") or are mildly self-critical statements that most people would endorse (such as "I have some bad habits.>").
- **V Index:** Each level of the SRP includes a *V* Index made up of three or four nonsensical or highly implausible statements (such as "I drink 50 glasses of milk every day.>"). The *V* Index serves as a basic check on the validity of the SRP scores. If a respondent agrees (i.e., answers *True*, *Often*, or *Almost always*) with several of these statements, the SRP may be invalid.
- **Additional Indexes of Validity Available With BASC-3 Digital Scoring**

Reports generated using Q-global offer additional indexes of validity not available to users of the hand-scoring worksheets. The **Consistency Index** flags cases in which the respondent has given different responses to items that usually are answered similarly. The **Response Pattern Index** detects two types of response patterning: repeated and cyclical. Both the Consistency Index and Response Pattern Index are available for the TRS, PRS, and SRP forms.



Newly Released Content Scales in 2020: The EDQS



BASC-3 Emotional Disturbance Qualification Scales: EDQS

- New content scales that provide a prima facie match to the 5 qualifying criteria of the Federal IDEIA definition of ED.
- Provide a Social Maladjustment indicator.
- All scales are expert derived and based upon a content-level matching of BASC-3 clinical, adaptive, and content scales to the Federal criteria.
- Each scale is a rescaled composite score of other BASC-3 scales.
- Separate-gender and combined-gender norms are available for the EDQS—we recommend combined.

Social Maladjustment Profiles on the PRS/TRS

- Aggression
- Hyperactivity
- Conduct Problems

All ≥ 7 of 60

Concurrent With:

- Anxiety
- Depression

Both < 7 of 60

And:

- Adaptive Composite

< 7 of 45

You should also consider Sensation Seeking on the SRP; often ≥ 60 in SM.

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Please Remember:

The presence of social maladjustment does not grant any form of immunity from Emotional Disturbance as defined in IDEIA

- ▶ Yes—you can have SM and ED
- ▶ Yes—you can have a substance abuse Dx and ED
- ▶ Yes—you can have most any diagnosis and ED. There are no known immunizing disorders.

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BASC-3 EDQS

- Only available via computer-scoring. No hand scoring option is available.
- Available to all computer scoring options at no added cost.
- Automatically included with other content scales unless deselected in the Qg report menu options.

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Differentiating Between the Emotional and Behavioral Disorder Index (EBD Index) and the EDQS

- The EBD Index and the EDQS were created using radically different methods and thus are complementary, providing quite different types of information. Because of the differences in the derivation of the EBD Index and the EDQS, they will not always agree, although they will more often than not.
- The EBD Index is actuarially derived with no regard for item content. It is based on the ability of items to differentiate purely statistically students in special education with pre-existing classifications of ED and non-referred students. The EBD Index reflects how closely BASC-3 item scores match those of students who were identified as ED. The sample used to derive the EBD Index represents students who are actually being classified and placed in special education nationwide.
- We perceive a national referral bias that favors teacher referrals of students who tend to be more aggressive and display more externalizing problems. The EBD Index subsequently correlates highly with externalizing disorders and is less sensitive to students with internalizing disorders.
- In sharp contrast, the five composites of the EDQS are solely content-derived scales based on expert opinion and consensus to match the content of the BASC-3 scales to the criteria of the Federal definition as it is written into the laws and regulations that govern disability determination as ED. 28

BASC-3 EDQS Computer Score Reports: Example 1, TRS-C Age 8

Emotional Disturbance Qualification Composites (EDQCs)	Raw Score	T Score	Percentile Rank	90% Confidence Interval	Clinical Indicator
EDQC 1: Unsatisfactory Interpersonal Relationships	461	83	99	81-85	Clinically Significant
EDQC 2: Inappropriate Behavior/Feelings	434	65	91	63-67	At-Risk
EDQC 3: Unhappiness or Depression	106	53	74	49-57	Acceptable
EDQC 4: Physical Symptoms or Fears	132	70	95	65-75	Clinically Significant
EDQC 5: Schizophrenia and Related Disorders of Thought	349	73	97	70-76	Clinically Significant
Social Maladjustment Indicator					Present

BASC-3 EDQS: Ex. Narrative

- EDQC 1: Unsatisfactory Interpersonal Relationships**
- John's T score on the Unsatisfactory Interpersonal Relationships Composite is 83 and has a percentile rank of 99. This T score falls in the Clinically Significant classification range and usually warrants follow-up assessment or intervention. Teacher reports that John has significant difficulty establishing and/or maintaining interpersonal relationships with others compared to same-age peers.
- EDQC 2: Inappropriate Behavior/Feelings**
- John's T score on the Inappropriate Behavior/Feelings Composite is 65 and has a percentile rank of 91. This T score falls in the At-Risk classification range and follow-up assessment or intervention may be necessary. Teacher reports that John displays some inappropriate behaviors or feelings under normal circumstances more often than same-age peers.
- EDQC 3: Unhappiness or Depression**
- John's T score on the Unhappiness or Depression Composite is 53 and has a percentile rank of 74. Teacher reports that John displays no signs of pervasive unhappiness or depressive mood when compared to same-age peers.
- EDQC 4: Physical Symptoms or Fears**
- John's T score on the Physical Symptoms or Fears Composite is 70 and has a percentile rank of 95. This T score falls in the Clinically Significant classification range and usually warrants follow-up assessment or intervention. Teacher reports that John displays physical symptoms or fears associated with personal or school problems much more often than same-age peers.
- EDQC 5: Schizophrenia and Related Disorders of Thought**
- John's T score on the Schizophrenia and Related Disorders of Thought Composite is 73 and has a percentile rank of 97. This T score falls in the Clinically Significant classification range and usually warrants follow-up assessment or intervention. Teacher reports that John displays significantly elevated levels of atypical or withdrawn behavior and may struggle with functional communication compared to same-age peers.
- Social Maladjustment Indicator**
- Teacher's responses suggest that John exhibits behaviors that are inconsistent with societal norms much more often than same-age peers. Teacher's responses suggest that social maladjustment may be present and follow-up assessment or intervention should occur based on the laws and regulations in the appropriate jurisdiction. Examiners should be aware that the presence of social maladjustment does not rule out emotional disturbance and that social maladjustment and various forms of emotional disturbance are often comorbid.

BASC-3 EDQS: Ex. 2, SRP-A Age 15

Emotional Disturbance Qualification Composites (EDQCs)	Raw Score	T Score	Percentile Rank	90% Confidence Interval	Clinical Indicator
EDQC 1: Unsatisfactory Interpersonal Relationships	240	86	99	82-90	Clinically Significant
EDQC 2: Inappropriate Behavior/Feelings	548	73	97	70-76	Clinically Significant
EDQC 3: Unhappiness or Depression	197	68	93	64-72	At-Risk
EDQC 4: Physical Symptoms or Fears	260	68	94	64-72	At-Risk
EDQC 5: Schizophrenia and Related Disorders of Thought	273	74	97	70-78	Clinically Significant

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BASC-3 EDQS: Ex. 3, PRS-C Age 8

Emotional Disturbance Qualification Composites (EDQCs)	Raw Score	T Score	Percentile Rank	90% Confidence Interval	Clinical Indicator
EDQC 1: Unsatisfactory Interpersonal Relationships	387	70	96	67-73	Clinically Significant
EDQC 2: Inappropriate Behavior/Feelings	367	53	69	50-56	Acceptable
EDQC 3: Unhappiness or Depression	94	47	45	42-52	Acceptable
EDQC 4: Physical Symptoms or Fears	145	76	98	71-81	Clinically Significant
EDQC 5: Schizophrenia and Related Disorders of Thought	230	45	36	42-48	Acceptable
Social Maladjustment Indicator					Absent

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BASC-3 EDQS: Summary and Cautions

- The BASC-3 EDQS reflect new combinations of BASC-3 scales grouped to align with the constructs of ED as represented in IDEA.
- These constructs serve as the minimum criteria that are used to determine a student's eligibility for special education under these Federal rules. The EDQS are useful when conducting comprehensive psychoeducational evaluations for special education eligibility. These are expert scales designed to match the criteria put forth in the federal definition. They do not answer the Q of why students behave as they do.
- Some who meet the criteria for ED based on behavior may be better categorized under a different disability when their behaviors are better accounted for by the other disability. Good examples of this are examinees who have ADHD and/or ASD.
- Nearly all students with ADHD will have inappropriate behavior under normal circumstances. Sometimes this will be caused by an emotional disturbance; however, in many cases these behaviors are better accounted for by the presence of ADHD. Examinees with ASD will almost always be unable to build and maintain appropriate relationships with peers and teachers.
- When seeking the most appropriate school placement for an examinee with ASD whose ED indicators are elevated, it is important to discern whether the qualifying behaviors are in addition to ASD or caused directly by the ASD. This determination is best accomplished via a detailed history and clinical interview in the context of a comprehensive evaluation.
- Although students with intellectual disability have a higher prevalence rate of mental health disorders than those with normal intellectual development, some students may exhibit immature behaviors consistent with their developmental level but give the appearance of ED. Examiners should investigate the source of the ED symptoms because they may be an indication of comorbid ED or may be accounted for better by developmental level.
- Making the classification and/or diagnosis that best accounts for the observed behaviors is a common task in the field and is consistent with most diagnostic guidance in documents such as the DSM-5.

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THE BASC-3 EDQS

The **BASC-3 EMOTIONAL DISTURBANCE QUALIFICATION SCALES (EDQS) SUPPLEMENTAL INFORMATION GUIDE** is available to all BASC-3 customers free of charge on the Pearson Clinical Assessment web site.

It is only 6 pages long but contains critical information relating to accurate interpretation of the EDQS. Please do read it before using these scales to make decisions about students.



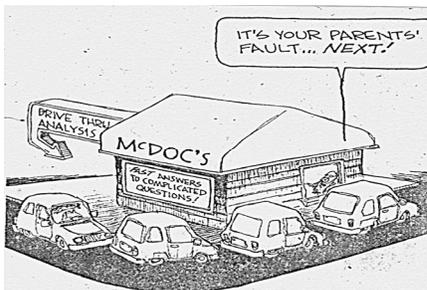
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Qualification Means Access **BUT** Differential Diagnosis is Crucial to Treatment Success

- Treatment of child and adolescent emotional and behavioral disorders should never be “one-size” fits all.
- The evidence-based research literature argues strongly in favor of matching treatments to specific diagnoses and dimensions of behavior if we are to be effective in treatment.
- Students with EBDs deserve treatment—not just management.
- A declaration of eligibility (i.e., Randy is ED) is insufficient to guide Rx.
- The Content Scales and Actuarial Indexes are often useful in differential diagnosis since they help us conceptualize as well as quantify our approach for each individual student.

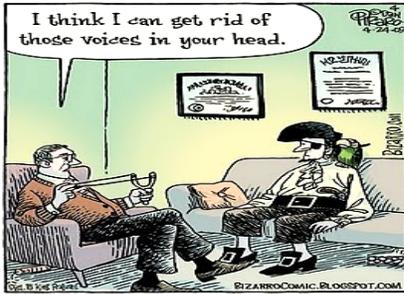
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“One Size Fits All” Does Not Work



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We Must Match the Rx to the Dx



The BASC-3 Model Provides the Guidance—and the BASC-3 Materials, the Wherewithal — to Make Accurate Differential Diagnoses of EBDs

- History and Context (SDH).
- Current behavior in multiple settings (PRS/TRS).
- Assessed via multiple methods (e. g., SRP, PRS/TRS, SOS).
- Evaluation of feelings, emotions, and self-perceptions (SRP) and Parenting (PRQ).
- Links to evidence-based interventions and monitoring forms (e. g., BIG, Flex Monitor, Treatment Fidelity).

Do Not Interpret Test Data Blindly



Sorry... Bugs and Rorschachs Just Seem to Go Together

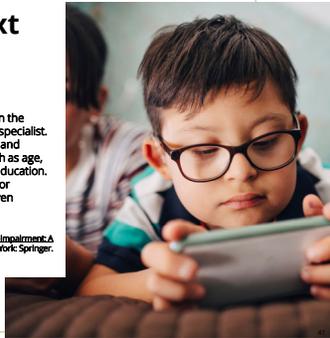


History and Context are Crucial

Berg, Franzen, and Wedding (1987) suggest that:

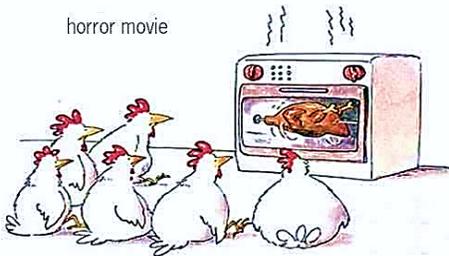
"A careful history is the most powerful weapon in the arsenal of every clinician, whether generalist or specialist. Brain-behavior relations are extremely complex and involve many different moderator variables, such as age, level of premorbid functioning, and amount of education. Without knowledge of values for these moderator variables, it is virtually impossible to interpret even specialized, sophisticated test results." (p.47)

Berg, R., Franzen, M., & Wedding, D. (1987). *Screening for brain impairment: A manual for mental health practice*. New York: Springer.

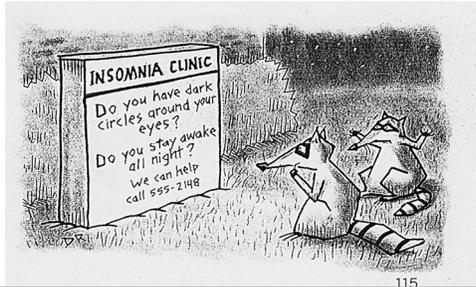


Context is Always Important

horror movie



Know Who You Are Evaluating:
Remember, "Symptoms" do Not Mean the Same Thing for Everyone.



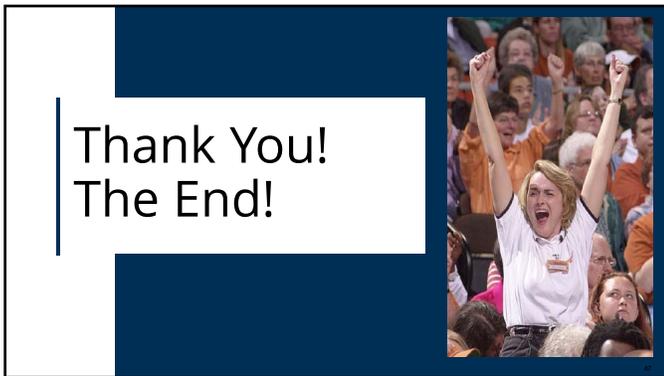
Symptoms Common to 3 Disorders

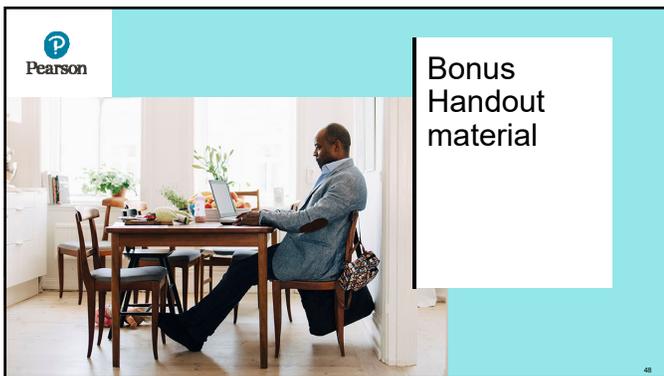
Symptoms		
Affective	Physical	Cognitive
<ul style="list-style-type: none"> Emotional lability Quick temper Hyperirritability Exaggerated startle responses Decreased self-esteem 	<ul style="list-style-type: none"> Accident proneness Restlessness Overactivity Sleep problems Enuresis 	<ul style="list-style-type: none"> Attention problems Memory deficit Learning problems

Attention Deficit Hyperactivity Disorder, Overanxious Disorder of Childhood, and Post-Traumatic Stress Disorder

Symptoms		
Affective	Physical	Cognitive
<ul style="list-style-type: none"> Emotional lability Quick temper Hyperirritability Exaggerated startle responses Decreased self-esteem 	<ul style="list-style-type: none"> Accident proneness Restlessness Overactivity Sleep problems Enuresis 	<ul style="list-style-type: none"> Attention problems Memory deficit Learning problems









Direct Observation Also Has a Role to Play



Student Observation System – Digital and Paper

Digital for Smartphone or Tablet



Observe

Record Observations



Complete



Student Observation System: Digital and Paper



Digital administration occurs through Q-global:

- Promotes consistency with BASC-3 components
- Enables users to have all BASC-3 results in the same place
- Users do not have to find, purchase, or install any apps; administrations begin by simply opening a web address
- Is the replacement for the BASC-2 POP; BASC-3 SOS does not offer ability for customization of forms

Paper is still offered, and can be entered into Q-global if desired

SOS Scales

<u>Adaptive Scales</u>	<u>Behavior Problem Scales</u>
<ul style="list-style-type: none"> • Response to teacher • Work on school subjects • Peer interaction • Transition movement 	<ul style="list-style-type: none"> • Inappropriate movement • Inattention • Inappropriate vocalization • Somatization • Repetitive motor movements • Aggression • Self-injurious behavior • Inappropriate sexual behavior • Bowel/bladder problems

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A Comprehensive Text and Software Guide To Detailed, Specific Interventions



BASC-3 Behavior Intervention Guide

Kimber Van Ness, Cecil R. Reynolds, R.W. Kamphaus

Aimed at the school or clinical psychologist, the BASC-3 Behavior Intervention Guide (yes, the B-I-G one) provides a comprehensive set of empirically-based interventions for a variety of behavioral and emotional problems

The BASC-3 Behavior Intervention Guide is organized around scales included on the BASC-3 TRS, PRS, and SRP forms

Components include:

- Behavior Intervention Guide (Paper and Digital)
- Parent Tip Sheets
- Documentation Checklist
- Intervention Summary software report for TRS, PRS, and SRP

BASC-3 Behavioral and Emotional Skill-Building Guide

Replaces the BASC-2 Classroom Intervention Guides

Includes strategies for classroom and small-group use

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

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

We Must Monitor Intervention Effects

Monitor quantitatively using instruments with known psychometric properties.

Monitor on a regular schedule

Avoid subjective approaches or informal surveys or checklists.

You can use the Flex Monitor to make a sound monitoring scale that is case or program specific.



BASC-3 Flex Monitor: What is it?

A psychometrically sound means of developing user customized teacher and parent 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

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

Users will have the ability to:

- Choose an existing monitoring form
- Create a form using an item bank
- Choose a rater (teacher, parent, or student)
- Administer digital or paper forms
- Set up recurring administrations over a specified time period
- Generate monitoring reports to evaluate change over time
- Parent ratings and self-report are available in Spanish



Predetermined Forms You Can Choose

4 Standard forms with preselected items are available as Teacher and Parent Rating Scales for progress monitoring all on Q-global.

Age-appropriate predetermined forms are available for monitoring behaviors associated with:

- 1) Attention-Deficit/Hyperactivity Disorder (ADHD)
- 2) Internalizing Problems
- 3) Disruptive Behaviors, and
- 4) Developmental Social Disorders.

For self-report, 2 forms are available for monitoring behaviors associated with:

- 1) Internalizing Problems, and
- 2) School Problems.



BASC-3 Flex Monitor – How does it work? You Build Your Own Custom Form

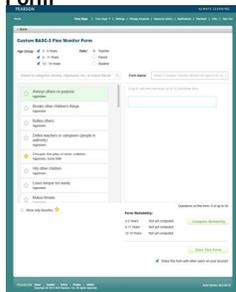
For custom forms, you choose from our item pool and start “building” a form.

Items can be filtered/searched.

When building the form, you can compute the estimated reliability of the form, based on the full BASC-3 standardization data sample.

Adjustments can be made to the form based on the user’s needs.

You can share the form at any point with others or keep it private.



BASC-3 Flex Monitor – How does it work?

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

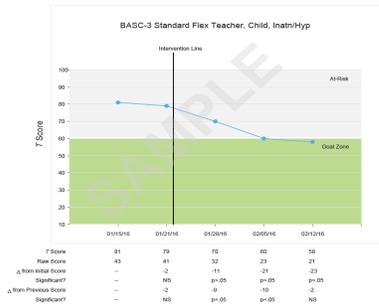
Reliability data are provided to the creator of the form based on the BASC-3 standardization sample.

Reports 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 on your unique form.
- Intra-individual comparisons (i.e., comparing time 1 vs. time 2, time 3, etc.) are also provided.
- Comparisons are based on reliable change metrics.



Sample Graph from Flex Monitor Report



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

Its premise is based on the authors' desires to move the field toward better practice and to make you more efficacious in your work.

Forms can be created for monitoring program success as well as individual success or change. This equates to Customized forms for personalized scenarios.

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.).

Forms are created using heavily vetted, validated items with known characteristics and content relevance, e. g.

All 700+ items have been:

- Professionally edited.
- Vetted by clinicians for content and construct consistency.
- Subjected to extensive item analyses, including statistical evaluations for gender and ethnic bias.
- Equated at the item level for equivalent applications in English and in Spanish.



Why the Flex Monitor, cont. ?

No need for informal assessments or guesstimates of the accuracy of change—or guessing if you have written items that are culturally biased or gender biased.

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

Comprehensive Reporting: Individual reports include comparisons of current scores to a baseline. Graphs provide a snapshot of how a student is performing over time, including a trend analysis of scores to help evaluate pre-intervention levels of functioning (when available), and student performance over time.

The BASC-3 Flex Monitor is a unique offering that is simply unmatched elsewhere.



Important Links

BASC Family Page <https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Behavior/BASC-3-Family-of-Assessments/p/P100010000.html?tab=overview>

Interventions <https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Behavior/Comprehensive/BASC-3-Intervention-Guide-%26-Materials/p/100001522.html>

Flex Monitor <https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Behavior/Adaptive/BASC-3-Flex-Monitor/p/100001542.html>

PRQ <https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Behavior/BASC-3-Parenting-Relationship-Questionnaire/p/100001502.html>

BESS <https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Behavior/Comprehensive/BASC-3-Behavioral-and-Emotional-Screening-System/p/100001482.html>

SOS and SDH <https://www.pearsonassessments.com/store/usassessments/en/Store/Professional-Assessments/Behavior/BASC-3-Family-of-Assessments/p/P100010000.html?tab=product-details>