Chapter 7
An Example Using the BASC-2 Behavioral and Emotional Screening System (BESS)

In this chapter, we provide an example of a multiple-gated screening program that we have implemented in several school districts in the USA. First, we provide an overview of the assessments used from the *Behavior Assessment System for Children, Second Edition* (BASC-2; Reynolds and Kamphaus 2004) and how they have been designed in a way that lends itself to multiple gating. Second, we focus more specifically on the *BASC-2 Behavioral and Emotional Screening System* (BESS; Kamphaus and Reynolds 2007), as this is the screening instrument associated with the BASC-2 system and requires more careful attention, given the focus of this volume. Finally, we provide an overview of the implementation in the school districts, including lessons learned and examples of data reports.

The BASC-2 System of Assessment

The use of the BASC-2 omnibus assessment of behavioral and emotional difficulties as a diagnostic measure is widespread across school districts in the USA and is, therefore, an intuitive choice for integrating emotional and behavioral screening into existing school psychological services in many districts. The BASC-2 family of instruments (Reynolds and Kamphaus 2004) is composed of the self-report of personality (SRP), Parent Rating Scales (PRS), and Teacher Rating Scales (TRS), which assess the age range of 2½ through 18 years. The BASC-2 forms contain four subscales: externalizing problems, internalizing problems, school problems, and adaptive skills. A Behavioral Symptoms Index (BSI) is also provided and indicates overall behavioral and emotional problems across all measured domains. The BASC-2 TRS and PRS items are rated on a four-point frequency response scale, ranging from "Never" to "Almost Always." Both forms can be completed in approximately 20 minutes. The SRP, designed for ages 8 through 18 years, can be completed in 30–40 minutes. The SRP not only includes the same frequency response but also contains items that require a dichotomous "True" or "False" response. All BASC-2 forms were developed jointly in Spanish and English. Thus,

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the Spanish version is not a mere translation of the English form; its development is described in detail in the BASC-2 manual.

The BASC-2 norms were based on a large normative sample that is representative of the general population of US children with regard to sex, race/ethnicity, and clinical or special education classification (Reynolds and Kamphaus 2004). The BASC-2 manual provides three types of reliability evidence for the three informant choices: internal consistency, test–retest reliability, and inter-rater reliability. The manual presents evidence of factor analytic support for the construct validity of the scales and subscales. The BASC-2 instrument and its component scales also exhibit high correlations with analogous scales from other behavior rating scales (Reynolds and Kamphaus 2004, 1992). Additionally, several independent reviews of the BASC have noted that the BASC TRS and PRS possess adequate to good evidence of reliability and validity using a variety of indicators (Doyle et al. 1997; Vaughn et al. 1997).

One advantage of the BASC-2 is that it can be scored on the computer using the ASSIST Plus scoring software; computer hand-entry or scanned-entry are both available options. This software provides information regarding Diagnostic and statistical Manual-IV-Text Revision (DSM-IV-TR) (APA 2000) diagnostic criteria, which is a useful feature for those interested in diagnostic assessment. In addition, the ASSIST Plus software is integrated with the *BASC-2 Intervention Guide* (Vannest et al. 2008), generating data-based intervention guide narratives based on scale scores. This narrative provides a summary of up to two interventions for each identified problem area, including a classification of BASC-2 subscale scores into primary (i.e., *T*-score 70 or higher) and secondary intervention areas (i.e., *T*-score of 60–69). For each intervention, a brief summary is provided along with an example. Procedural steps for implementing the intervention are generated along with considerations for implementing the intervention and a list of research studies that report on the effectiveness of the intervention technique. A maximum of two evidence-based interventions for a total of three BASC-2 problem areas are printed in the intervention report.

The *Behavior Assessment System for Children-2 Intervention Guide (BASC-2 IG)* is a comprehensive compendium of research-based interventions that are appropriately matched to the specific problem area a child is experiencing. For each BASC-2 problem area, a comprehensive literature review was conducted using electronic databases in psychology and education. The research studies summarized in the "Evidence for Use" sections of the IG provide general support for the use of these intervention methodologies and promising validity evidence for the procedural steps included in the IG. Parent Tip Sheets (one for each problem area) were developed to further the involvement of parents in the intervention process. The tip sheets provide information about particular areas of elevated scores, as well as the strategies that may be implemented at home. The documentation checklist facilitates the recording of the steps that have been taken to remediate or manage a child's behavioral or emotional problems. In addition to recording the steps that have been taken with the child, it also includes a section that allows the teacher to record the fidelity of the intervention approaches that have been used. The Classroom Intervention Guide contains interventions for a variety of behavioral and emotional

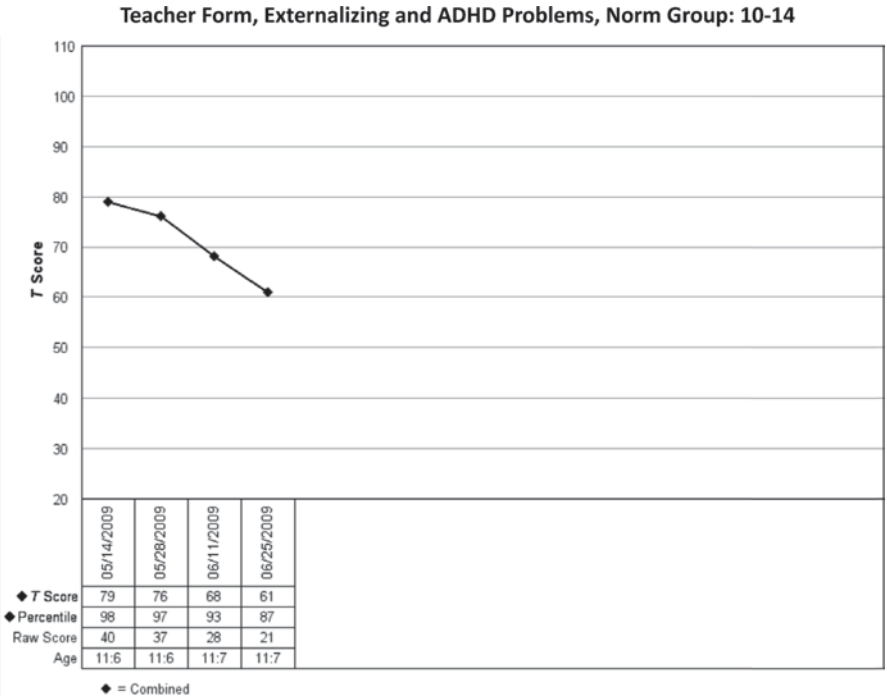

Fig. 7.1 Graph of BASC-2 PM data across four time-points

problems that can be used in a regular classroom setting. The classroom guide consists of two workbooks for two general types of behavioral or emotional problems: externalizing and school problems, and internalizing and adaptive skill problems.

Once intervention begins, progress can be monitored and recorded using the *BASC-2 Progress Monitor (BASC-2 PM*; Reynolds and Kamphaus 2009) form. Progress monitoring forms are available for teachers, parents, and students across four domains of interest: externalizing and attention deficit hyperactivity disorder (ADHD) problems, internalizing problems, social withdrawal, and adaptive skills. Each form contains 15–20 items, requiring not more than 5 minutes to complete and no informant training. As stated in Chapter 5, many times instruments that were designed for other purposes are used erroneously to monitor progress during intervention. However, the *BASC-2 PM* forms were designed to have the sensitivity necessary to detect the changes in each domain of interest specifically for the purpose of progress monitoring. Each form was developed using a nationally representative sample and has Spanish language versions available as well. Psychometric properties including internal consistency, test–retest reliability, and correlations with similar measures are adequate; full information is provided in the *BASC-2 PM* manual. The *BASC-2 PM* forms are scored using the *BASC-2 PM* ASSIST Plus software, which provides information about score elevation as compared to national norms, as well as the statistical significance of change in scores over time. Examples of the graphical and tabular information generated using the *BASC-2 PM* form over time are provided in Figs. 7.1 and 7.2. As shown in Fig. 7.1, this case demonstrated

Teacher Form, Externalizing and ADHD Problems, Norm Group: Ages 10-14

						Comparison to Baseline			Comparison to Previous Tests		
Test Date	Age	Raw Score	T Score	Percentile Rank	90% CI	Tests	Difference	Sig Level	Tests	Difference	Sig Level
T1: 05/14/2009	11:6	40	79	98	76-82	---	---	---	---	---	---
T2: 05/28/2009	11:6	37	76	97	73-79	T2-T1	-3	NS	---	---	---
T3: 06/11/2009	11:7	28	68	93	65-71	T3-T1	-11	.05	T3-T2	-8	.05
T4: 06/25/2009	11:7	21	61	87	58-64	T4-T1	-18	.05	T4-T3	-7	.05

Fig. 7.2 Example of BASC-2 PM data across four time-points

decreases in teacher-reported externalizing and ADHD problems over the course of approximately 6 weeks. Figure 7.2 provides information regarding the statistical significance of these changes and indicates that there was a significant difference between the behavioral ratings provided at Time 1 and Time 3. Clearly, this is a strong tool for use in monitoring progress, providing information regarding not only change but also the magnitude of any observed changes over time.

When used in concert with the *BASC-2 Behavioral and Emotional Screening System* (BESS; Kamphaus and Reynolds 2007), described in more detail in the next section, it is clear that the BASC-2 family of assessments was designed with a multiple-gated approach in mind. At the first gate, screening using the administration of the BESS to one or more informants establishes the pool of children and adolescents who are at elevated levels of risk for behavioral and emotional problems. At the second gate, those who were identified as at-risk on the BESS are rated by one or more informants on the complete BASC-2 in order to detect specific areas of difficulty as well as consider potential diagnostic classification; the reader is directed to Chapter 6 for more specific information regarding empirical support for this two-gated approach. Furthermore, the *BASC-2 Intervention Guide* provides suggested interventions that can be used both within the classroom and in a more individualized format. Completion of the *BASC-2 PM,* both before and during the intervention phase, assists with establishing a baseline in the domain of interest as well as monitoring the extent of progress over time. This complete recommended system of approach is represented in Fig. 7.3 with red arrows signifying continued risk/difficulty and green arrows representing students who exit the system at a given gate.

The BASC-2 Behavioral and Emotional Screening System

The *BASC-2 Behavioral and Emotional Screening System* (BESS) is a brief screening measure used to identify behavioral and emotional strengths and weaknesses in youth from preschool-age through high school (Kamphaus and Reynolds 2007) with the self-report appropriate for students in grades 3–12. Like the BASC-2, the

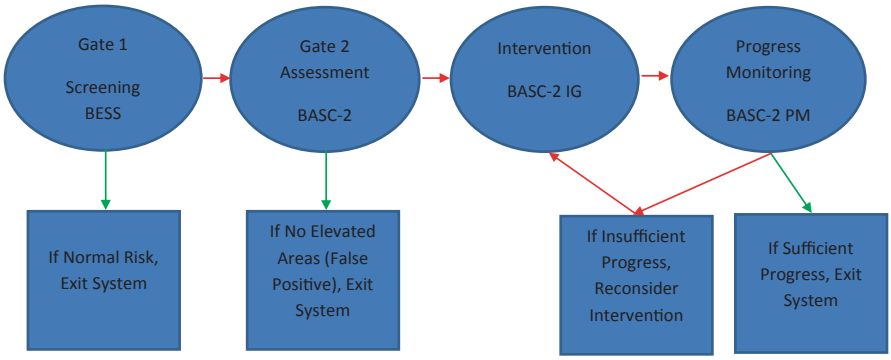

Fig. 7.3 Multiple-gated approach to using the BASC-2 system

BESS consists of three informant report forms (parent, teacher, and child/adolescent) and is available in English and Spanish versions. The BESS test development program was consistent with the definition of behavioral and emotional risk offered by the report of the National Academies (O'Connell et al. 2009): "For prevention, one of the goals of screening should be to identify communities, groups, or individuals exposed to risks or experiencing early symptoms that increase the potential that they will have negative emotional or behavioral outcomes and take action prior to there being a diagnosable disorder" (p. 223). Accordingly, for the purposes of BESS development, behavioral and emotional risk was defined as early symptoms that may later develop into disorders that reach diagnostic thresholds for special education placement or a mental health disorder. Therefore, it is important to note that the BESS was truly designed to be used as a brief, quick screening instrument for elevated risk and not as a comprehensive or diagnostic assessment tool.

Test developers designed the content of the items on the BESS to represent the major constructs of child adjustment (Reynolds and Kamphaus 2004; Kamphaus and Reynolds 2007): internalizing problems, externalizing problems, school problems, and adaptive skills. Items were selected by conducting a factor analysis on all items from the standardized pool of the BASC-2; items with the highest factor loadings were selected within each dimension on each form with roughly equal representation of the dimensions of the BASC-2 on each BESS screener. Additionally, in order to increase internal consistency within the internalizing factor the test developers chose several additional internalizing items to include on the BESS form based upon content validity.

The BESS teacher screener consists of 27 items, and the student and parent screeners consist of 30 items each. The BESS requires no informant training and can be completed in 5 minutes or less for each child to be rated. Respondents are given four rating options—Never, Sometimes, Often, or Almost Always—for each item and the sum of the items generates a total *T*-score with high scores reflecting greater problems (Kamphaus and Reynolds 2007). The scoring rubric or risk level for behavioral and emotional risk is as follows: (a) a *T*-score of 20–60 suggests a "normal" level of risk; (b) 61–70 suggests an "elevated" level of risk; and (c) 71

or higher suggests an "extremely elevated" level of risk. The risk level classification cut-scores were developed to maximize sensitivity and specificity, and results presented in the manual suggest that sensitivity, specificity, positive predictive value, and negative predictive value were generally high. The BESS may be entered by hand or via scanner with computer software. The software report includes raw scores, *T*-scores, and percentiles based on a normative sample that closely matches recent US Census population characteristics. This information is available for individual students and aggregated groups, such as classrooms, schools, or districts, for those who are interested in comparing screening results across multiple levels.

The BESS split-half reliability estimates range from 0.90 to 0.97. Test–retest reliability estimates are high, ranging from 0.80 to 0.91. Inter-rater reliability estimates range from 0.71 to 0.83. The concurrent validity of the BESS was examined by administering the items along with other social-emotional measures. In addition, the BESS provides validity indices to detect biased responding; the availability of these validity scales has been cited as a particular advantage of the BESS screener (Levitt et al. 2007).

Since its publication, other independent studies have also examined the factor structure and other psychometric properties of the BESS. Dowdy et al. (2011b) found that the Parent BESS loaded onto four distinct factors: externalizing problems, attention problems, internalizing problems, and adaptive skills. It is interesting to note that, in this instance, externalizing and attention problems separated from one another despite the fact that they were conceptualized as belonging to the same factor. Dowdy et al. (2011a) determined that the Student BESS also contained four factors. These factors were inattention/hyperactivity, internalizing problems, school problems, and personal adjustment and reflected the anticipated content of the self-report form. Finally, Dever et al. (2012) discovered the four latent factors that were anticipated within the BESS teacher-report form: externalizing problems, internalizing problems, school problems, and adaptive skills.

It has been demonstrated that the BESS student form has moderate to high levels of stability across a 4-year period (Dowdy et al. 2014) and exhibits measurement invariance across African American, Hispanic, and Caucasian (non-Hispanic) students (Raines 2011). Studies of the BESS teacher form have found that it exhibits measurement invariance when rating English language learners (Dowdy et al. 2011c), is a better tool than teacher nomination when used to identify students with behavioral and emotional risk (Dowdy et al. 2013a), and identifies proportions of students as expected given a population-based model of mental health concerns (Schanding and Nowell 2013). Finally, the BESS parent-report has shown moderate correlations with DSM diagnostic criteria suggesting that risk is indeed related to, but not necessarily indicative of, diagnostic categories (Dowdy et al. 2013b).

As empirical evidence on the BESS screener continues to be collected, school districts across the nation are beginning to utilize this instrument to identify students who may be at-risk for behavioral and emotional difficulties. In order to better understand the feasibility, technical adequacy, and implementation of a screening program such as this, the remainder of the chapter provides real-world examples of two different school districts utilizing the BESS, both alone and as part of a multiple-gated approach.

Examples of Screening Programs Using the BESS Form

In this section, we recount our experiences with two different school districts: (1) South District and (2) West District. It is important to note that both districts initiated the interest in a screening or multiple-gated program and approached us for technical assistance in their endeavors; as mental health screening is still a nascent field, such supports are often necessary to get a universal screening program "off the ground" for the first time. Below we provide insight into decisions that must be made, challenges that a district may face when implementing such an approach, and examples of ways in which the data can be used to aid schools and districts in correctly identifying students in need of additional support and interventions.

The Example of South District

South District is a predominantly African American district located in a small city in the Southeastern USA. The administrators in South District were keenly interested in the ability of a screening program to identify potential behavioral and emotional risk prior to the development of more severe concerns due to an increase in behavioral incidents within their high schools. Therefore, in this instance, the administrators chose to begin by screening all students (Gate 1) in four target high schools identified as having the highest number of disciplinary incidents. Approximately 3000 high school students were enrolled in the four high schools selected for participation in year 1.

The district wanted their results as quickly as possible in order to act on them immediately, and, therefore, chose to partner with our research program due to access to a scanning system for data entry. In a universal screening program, scannable data entry is almost a necessity as it decreases data entry and analysis time exponentially when compared to hand entry of hundreds or thousands of screening instruments. When considering what form of the BESS to administer, teachers expressed concerns about not knowing the students adequately because students changed classrooms throughout the day, and administrators expressed concerns about response rates if parents were selected to be the informants. Therefore, in order to maximize response rates and efficiency of data collection, the decision was made to use the self-report BESS form for all students. This is an instance where the practical concerns and constraints of the district were necessary to consider when determining the approach to screening that would be most acceptable to the district and its stakeholders.

As stated by Parisi et al. (2014), generating "buy in" is critical before beginning a screening program; this is especially true in the case of school psychologists, who in most cases will be responsible for interpreting the results of the assessment and making recommendations regarding next steps. Therefore, prior to the screening day, researchers and administrators met with school psychologists and interested teachers to explain the procedure and anticipated data that would be

available following the screening. In this meeting, a plan was developed to screen all students in each school during their supervisory period in order to avoid loss of instructional time. In addition, the team decided to use individuals other than teachers to administer the screener in a group format so that students could be assured of the confidentiality of their individual responses. The district already had a passive consent procedure in place for any school-wide assessments, which included academic, behavioral, or health assessments. Although this district had a mechanism in place for passive consent, in other districts consent may be a roadblock to collecting universal data; this issue is discussed more fully in Chapter 8.

It should be noted that the preparation for screening is at least as important as, and perhaps more time-intensive than, the actual administration of the screening instruments. Prior to the screening day, teams prepared packets for each homeroom, including the appropriate number of instruments, pencils, and student rosters. A script was developed in order to ensure that all administrations would be carried out consistently across assistants (Dever et al. 2013). In this case, student rosters were used to check the accuracy of demographic information provided by the students following the administration of the BESS form; later we discuss a lesson learned from this example that suggests having screening team members use student rosters to complete particular sets of information prior to the screening day.

On the day of screening, research assistants and school psychologists administered the BESS forms to students in their homerooms; this process required only approximately 30 minutes of time per school. Following screening, forms were scanned in order to minimize the amount of time between screening and follow-up with those who were identified as being at elevated levels of risk. Using this method, within approximately 2 weeks all data were collected, scanned, and disseminated back to the schools.

The BESS software provides results for each student screened, which can be organized in a roster by classroom, school, or district. The results are presented such that students with the highest levels of risk appear at the top of the list, to assist with triage efforts. In Figure 7.4, we present a truncated version of the data provided to South District. Note that these data include information on each of the four validity indices, raw scores, *T*-scores, and risk-level classification. Given this information, South District was able to coordinate a comprehensive assessment (Gate 2) for each of the students who reported elevated levels of risk and were not currently receiving any services.

Additionally, we provided each of the four high schools with an aggregated report of its results at the school-level, broken down by gender and grade level. This school-level report provided information on the total numbers of students classified as at elevated or extremely elevated risk by grade level and gender. In addition, based on previous factor analytic work that suggested that the self-report BESS contains items that cover the domains of internalizing problems, inattention, school problems, and adaptive skills (Dowdy et al. 2011a), the school-level reports also provided information concerning aggregate levels in each of these four areas for all the students in that school. Figure 7.5 presents the results of risk level by grade for one particular school and indicates that students in the higher grades (11–12)

	Validity Indices			Scores		
Test Date	**F**	**CONS**	**PTRN**	**Raw**	**T**	**Classification**
12/1/14	E	A	A	64	83	Extremely Elevated
12/1/14	A	A	A	51	73	Extremely Elevated
12/1/14	A	A	A	50	72	Extremely Elevated
12/1/14	A	A	A	42	66	Elevated
12/1/14	A	A	L	35	61	Elevated
12/1/14	A	A	A	32	58	Normal
12/1/14	A	A	A	29	56	Normal
12/1/14	A	A	A	28	55	Normal
12/1/14	A	A	A	15	45	Normal

Fig. 7.4 Example of triaged BESS results for students, with names removed

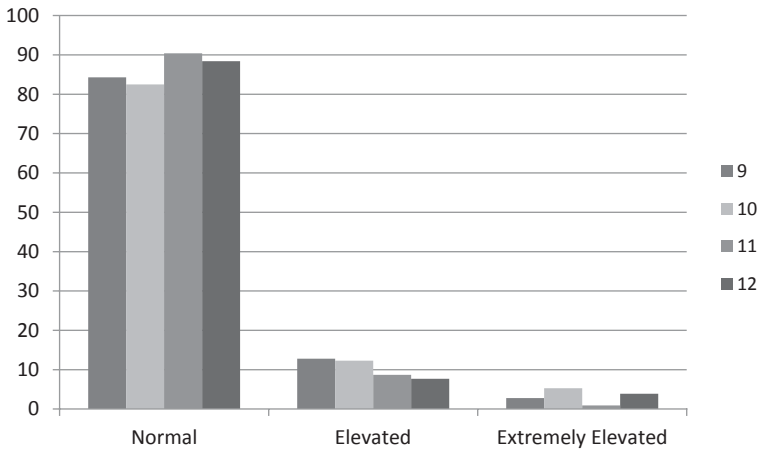

Fig. 7.5 Sample report of classification by grade

reported lower levels of risk. This finding resulted in school-wide discussions of ways to support the 9th and 10th grade students. This school was also informed that females reported higher levels of internalizing problems than males, but that there were no significant gender differences in the other domains (Fig. 7.6).

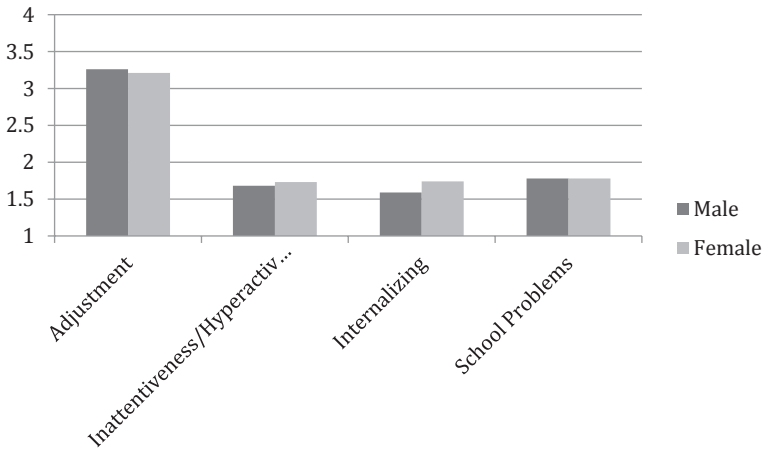

Fig. 7.6 Sample report of domain scores by gender

As Parisi et al. (2014) suggest, the practice of screening itself is often instrumental in gaining momentum for a screening program; without actually seeing the data about your own classrooms, schools, and districts, it is often difficult to visualize the impact that such data might have in a real-world application. After the presentation of results to the four selected high schools, the administrators, teachers, and school psychologists reported that they were able to see more clearly the utility of such data. Due to the overwhelming perception that the benefits of these screening data far outweighed the costs, South District decided to conduct universal screening at all of its high schools the following year. The process was the same as that described above with one exception: student rosters were used to complete student names and identification numbers on the BESS forms prior to the screening day. This decision was made after realizing that having the students complete this information themselves required more time than actually completing the BESS items themselves; therefore, screening time upon second implementation took approximately 15–20 minutes per administration rather than 30 minutes.

Figure 7.7 provides a poignant example of the type of data that district-level universal screening is able to provide. Across all high school students in South District, 10th grade students reported significantly higher levels of risk as compared to the other grades. As researchers, we had expected 9th grade students to have the highest levels of risk due to transitional difficulties. However, administrators at the high schools immediately understood this result given information that we as researchers did not have; namely, all high schools in the district provided smaller, school-within-a-school experiences for their 9th grade students in order to assist them in adjusting to the high school experiences. The screening data provided a different perspective according to these administrators: rather than aiding with adjustment, it seemed that students were experiencing delayed behavioral and emotional difficulties upon being integrated into the larger high school at grade 10. These data provided principals and assistant principals with the opportunity to rethink the current

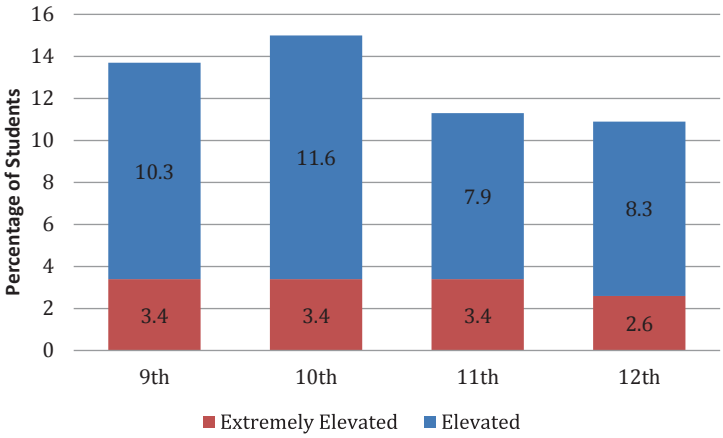

Fig. 7.7 District-level BESS results by grade

system by considering ways to integrate students into the high school incrementally throughout grades 9 and 10. As one principal so eloquently summarized regarding the BESS data, "With these data, I know how to meet the needs of my students… I feel like I am no longer committing random acts of leadership."

The Example of West District

West District is an urban, predominantly Latino, school district near the West Coast of the USA. This district was interested in universal screening in selected schools at the elementary, middle, and high school levels; therefore, different decisions were made regarding the procedures for screening given the need to screen across grades K-12. In elementary school, teacher- and parent-report forms were completed in year 1; however, in year 2, the parent-report forms were omitted at the elementary level due to a lower response rate than desired given the goal to screen universally. At the middle and high school levels, student-report forms were selected as the most appropriate and efficient consistent with the case of South District.

Like most large, urban districts across the country, teachers in this district were under tremendous pressure and had a long list of demands and responsibilities. As such, attempts were made to make the screening at the elementary level as palatable as possible (issues of social validity are discussed more extensively in Chapter 8). To demonstrate commitment to the screening effort, administrators at each selected elementary school dedicated one professional development meeting to the collection of BESS teacher-report data. Using this method, teachers did not have to bring any forms home to complete during their own time, and all the forms were finished in the same period allowing for efficiency in collection and entry of the data.

Preparation for screening, screening at the middle and high school levels, and data entry were conducted using the methodology described in the previous

example. Based on what our team had learnt previously, student names and identification numbers were completed prior to the day of screening when possible in order to limit the amount of time needed for the screening procedure.

Although some BASC-2 forms were administered as follow-up assessments in the case of South District, West District more closely adhered to a multiple-gated system as described in Chapter 6. Following the administration of the BESS, all of the students who were identified as being at elevated levels of risk were further evaluated using a full BASC-2 assessment. Decisions regarding the choice of informant for this assessment were based both on research (e.g., teacher or parent among younger students and those with anticipated externalizing problems, student report among older students with likely internalizing problems) and practicality (e.g., whether the first chosen informant responded to the request to complete the BASC-2 form). Following the BASC-2 assessment, students who were already receiving appropriate services for their needs continued to be monitored. For those students who were not yet receiving services, appropriate interventions were implemented. In some instances, this included the development of new student groups focused on skill-building and self-monitoring. Currently, these groups are being conducted within the schools, and schools are collecting progress monitoring data on these groups using the BASC-2 PM measures most suitable given the goal of the group (e.g., students in a social skills group would likely complete a social withdrawal BASC-2 PM form). The efforts in West District present an applied example of school-wide implementation of the multiple-gated BASC-2 system as presented in Fig. 7.3. As we continue to collaborate with this district, we hope to learn more about the challenges and triumphs associated with this approach and its multiple components.

Conclusion

In this chapter, we provided an overview of the BASC-2 family of assessments within a multiple-gated screening framework. More specifically, we presented information on two applied examples with which we are familiar, given our provision of technical assistance to both the districts. Our use of the BASC-2 family of assessments was due both to our own expertise with these instruments as well as the desire of both the districts to continue with their use of these instruments; examples of research utilizing other screening measures and other multiple-gating systems are available in other chapters throughout this volume. Although more research is clearly needed about the BESS, BASC-2, and related instruments, the use of these assessments thus far provides promising results regarding their utility, acceptability, and feasibility, even among large, urban school districts.

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