

Behavior Assessment System for Children, Second Edition (BASC-2)

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The Behavior Assessment System for Children, Second Edition (BASC-2), is a set of five core measures originally published in the 1990s (Reynolds & Kamphaus, 1992) and several new measures, software packages, and other components published in conjunction with the BASC-2 and subsequently (Reynolds & Kamphaus, 2004). Given the breadth of this set of measures, and the necessity to stay within space allocations, the widely used teacher, parent, and student self-report ratings scales will be the focus of this entry, although further readings are provided for the reader wishing to learn about all measures and components within the system. The five core components of the current BASC-2 include a Parent Rating Scale (PRS) of children's behavior and emotions; a Teacher Rating Scale (TRS) of children's behavior and emotions; a Student Self-Report (SRP) of the behavior and emotions of youth; a Structured Developmental History (SDH) form that allows the clinician to gather information about a child or adolescent's background, developmental information, and history; and a Student Observation System (SOS) for recording and classifying children's classroom behavior.

The newer BASC-2 measures and components include a set of four Progress Monitoring (PM) measures for tracking change in behavioral and emotional adjustment over time as rated by teachers, parents, and youth: a

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Self-Report of Personality—Interview Edition (SRP-I) for 6- and 7-year-olds, which allows a self-report assessment of young children with limited and emerging reading comprehension skills; an Intervention Guide (IG) and Classroom Guide (CG) that provide a compendium of evidence-based interventions, research citations for the evidence presented, and procedural steps for carrying out each intervention in school settings; a Parenting Relationship Questionnaire (PRQ) for assessing parental perceptions of the quality and characteristics of the relationship between parent and child, parenting practices, stress associated with parenting, and perceptions of school services; and a Behavioral and Emotional Screening System (BESS), which includes 25- to 30-item student, parent, and teacher universal screeners aimed at detecting children with behavioral and emotional risks in school and other settings.

The PRS and TRS have separate forms for three age groups: a preschool form (PRS-P and TRS-P, ages 2–5), a child form (PRS-C and TRS-C, ages 6–11), and an adolescent form (PRS-A and TRS-A, ages 12–21). The SRP also has three separate forms divided by age: a child form (SRP-C, ages 8–11), an adolescent form (SRP-A, ages 12–21), and a college form (SRP-Col, ages 18–25). The item content of each form varies to reflect developmental changes in the manifestation of various problems and disorders. Spanish versions of the BASC-2 SRP, SDH, and PRS are also available. A chapter of the BASC-2 manual (Reynolds & Kamphaus, 2004) is devoted to the development and psychometric properties of the Spanish editions. A separate Spanish edition has been created in Spain and is sold throughout Latin America.

The BASC-2 rating scales incorporate several informant validity indexes for gauging the validity and, thus, utility of a completed form. The F, or *fake bad*, Index measures the raters' tendency to be excessively negative about their

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self-perceptions and emotions. The L, or *fake good*, Index, available only on the SRP, measures a child or youth's tendency to portray him or herself in an extremely positive light, usually as relatively problem free and possessing strong behavioral competencies. The V, or *validity*, Index provides an assessment of the accuracy of a rater's responses. This V Index consists of four or five nonsensical or highly implausible items that, if acknowledged by the rater, indicate that the rater did not understand the items or is responding in a highly invalid manner. The P, or *patterning*, Index is calculated via scoring software to determine if the rater is responding to the items carelessly by marking many items in the same direction, suggesting that the items are not being read or responded to carefully. Similarly, the C, or *consistency*, Index is only available through software scoring. This index essentially evaluates the correlation between scores for items on a scale that are different, yet highly correlated according to standardization data. A deviant C Index suggests that items that are usually correlated for most raters are not being rated in this way by the current rater.

The BASC-2 manual provides instructions for administering and scoring the TRS, PRS, and SRP; gives guidance in using the SDH and SOS; and includes all norm tables. It also provides information on the development, appropriate uses, validity, reliability, and interpretation of all components of the BASC-2. (An electronic version of the manual describing how to use the BASC-2 software is provided on the software installation disc.) Separate manuals, including the same information, are provided for the BASC-2 Parenting Relationship Questionnaire (Kamphaus & Reynolds, 2006), Progress Monitor (Reynolds & Kamphaus, 2009), Self-Report of Personality—Interview Edition (Reynolds & Kamphaus, 2006), and Behavioral and Emotional Screening System (Kamphaus & Reynolds, 2007). The Intervention Guide and Classroom Intervention Guide are book-like in that they provide summaries of evidence

in support of the selection and use of interventions included, rather than psychometric evidence (Vannest, Reynolds, & Kamphaus, 2008, 2009).

The TRS, PRS, and SRP are available in four administration formats: hand-scored forms, computer entry forms, scanned-entry forms, and online administration through Pearson Assessment. The hand-scored forms are printed in a self-scoring format, allowing them to be scored rapidly without using templates or keys. Each hand-scored form includes a profile of scale and composite scores. The computer entry forms, which are simpler one-part forms, are designed to allow the user to key item responses into the BASC-2 ASSIST scoring software in about 2 to 3 minutes per form. The scanned-entry forms are designed for use with mark-read (bubble) scanners that allow for scoring of hundreds or thousands of forms at a time, depending on the capability of the scanner connected to the BASC-2 software. The PRQ is available in hand-scored, computer entry, and scanned-entry forms, and the PM uses computer entry forms only.

Some BASC-2 components offer additional reporting options to enhance communication with parents and other caregivers. A Parent Feedback Report is available for summarizing TRS, PRS, and/or SRP results via a graphical profile of scores, interpretive information for each scale, and a listing of resources for additional information about common childhood behavioral and emotional problems. Parent Tip Sheets are available for the IG for each of the domains assessed by the BASC-2 subscales, which are described in the next section. These forms include a description of the behavior domain, potential etiologies for problems associated with this domain, a description of common IG-sourced interventions that may be used to improve the adjustment of their child, and graphs that parents may use for tracking changes in their child's behavior as interventions are implemented at school or home.

The various BASC-2 ASSIST scoring and reporting software programs available for

the TRS, PRS, and SRP generate profiles of obtained scores, validity indices, and behavioral strengths and weaknesses, and they compute comparisons between multiple raters and multiple administrations over time. The BASC-2 ASSIST Plus software offers content scale scores, potential target behaviors for intervention, and comparisons of BASC-2 results to *DSM* diagnostic criteria, and it “pulls” potential evidence-based interventions from the IG. BASC-2 PM, PRQ, and BESS software programs offer similar functionality specific to each measure. In the case of the PM, for example, comparisons of ratings over time are analyzed statistically and graphically to make decisions about change in a child’s behavior in response to treatment. The PRQ software features comparisons of results from multiple caregivers, and the BESS software produces group reports of student behavioral and emotional risk at the classroom, grade, school, district, and other levels, which are designed to support universal screening practices in schools. The content of the core BASC-2 rating scales is described in the following two sections.

Self-Report of Personality

The SRP utilizes a mixed item-response format in that some of the items require a *true/false* response, whereas others ask for a rating on a 4-point scale of frequency, ranging from *never* to *almost always*. The four-point scale, new on the BASC-2, adds reliability and improves measurement at the extremes of the score range. The SRP takes about 20 to 30 minutes to complete. Scales and item content on both the Child and Adolescent forms yield the same composite scores: School Problems, Internalizing Problems, Inattention/Hyperactivity, Personal Adjustment, and an overall Composite score: the Emotional Symptoms Index (ESI). Clinical scales on the SRP include Alcohol Abuse (SRP-COL), Anxiety (SRP-C, A, COL), Attention Problems (SRP-C, A, COL), Attitude to School (SRP-C,

A), Attitude to Teacher (SRP-C, A), Atypicality (SRP-C, A, COL), Depression (SRP-C, A, COL), Hyperactivity (SRP-C, A, COL), Locus of Control (SRP-C, A, COL), School Maladjustment (SRP-COL), Sensation Seeking (SRP-A, COL), Sense of Inadequacy (SRP-C, A, COL), Social Stress (SRP-C, A, COL), and Somatization (SRP-A, COL). In contrast to the clinical scales, adaptive scales measure positive adjustment. The adaptive scales are Interpersonal Relations (SRP-C, A, COL), Relations with Parents (SRP-C, A, COL), Self-Esteem (SRP-C, A, COL), and Self-Reliance (SRP-C, A, COL).

The SRP offers several part or composite scores. With the exception of Personal Adjustment, *T*-scores of 60–69 are considered At Risk, and scores of 70 and above indicate Clinically Significant maladjustment. For Personal Adjustment, scores of 31–40 are in the At-Risk category, and scores 30 and lower are in the Clinically Significant category. Other composite scores include School Problems (SRP-C, A), inclusive of the Attitude to School, Attitude to Teachers, and Sensation Seeking scores (only SRP-A); Internalizing Problems (SRP-C, A, COL), inclusive of the Atypicality, Locus of Control, Social Stress, Anxiety, Depression, Sense of Inadequacy, and Somatization scores (only SRP-A, COL); Inattention/Hyperactivity (SRP-C, A, COL), inclusive of the Inattention and Hyperactivity scales; Personal Adjustment (SRP-C, A, COL), inclusive of the Relations with Parents, Interpersonal Relations, Self-Esteem, and Self-Reliance scores; and Emotional Symptoms Index (SRP-C, A, COL), inclusive of the Social Stress, Anxiety, Depression, Sense of Inadequacy, Self-Esteem, and Self-Reliance scores.

Parent and Teacher Rating Scales

Teachers rate a child’s behaviors on a 4-point scale of frequency from *never* to *almost always*. The TRS requires about 10 to 15 minutes for completion and offers five composite scores for children and adolescents: Adaptive Skills,

the Behavioral Symptoms Index, Externalizing Problems, Internalizing Problems, and School Problems. The preschool form does not include the School Problems domain. The PRS uses the same 4-point scale as the TRS and requires about 10 to 20 minutes to complete. The PRS composites are the same as those for the TRS with the exclusion of School Problems. *T*-scores for the clinical scales ranging from 60 to 69 are considered At Risk, and scores of 70 or higher are considered Clinically Significant. Scales include Aggression (TRS-P, C, A; PRS-P, C, A), Anxiety (TRS-P, C, A; PRS-P, C, A), Attention Problems (TRS-P, C, A; PRS-P, C, A), Atypicality (TRS-P, C, A; PRS-P, C, A), Conduct Problems (TRS-C, A; PRS-C, A), Depression (TRS-P, C, A; PRS-P, C, A), Hyperactivity (TRS-P, C, A; PRS-P, C, A), Somatization (TRS-P, C, A; PRS-P, C, A), and Withdrawal (TRS-P, C, A; PRS-P, C, A). For the Adaptive scales, *T*-scores ranging from 30 to 39 are considered At Risk, and scores below 30 are considered Clinically Significant. The adaptive scales include Activities of Daily Living (PRS-P, C, A), Adaptability (TRS-P, C, A; PRS-P, C, A), Functional Communication (TRS-P, C, A; PRS-P, C, A), Leadership (TRS-C, A; PRS-C, A), Learning Problems (TRS-C, A), Social Skills (TRS-P, C, A; PRS-P, C, A), and Study Skills (TRS-C, A). TRS and PRS part or composite scores offered include Adaptive Skills (TRS-P, C, A; PRS-P, C, A), inclusive of the Adaptability, Activities of Daily Living (PRS only), Functional Communication, Social Skills, Leadership, and Study Skills scores (TRS only); the Behavioral Symptoms Index (TRS-P, C, A; PRS-P, C, A), inclusive of the Hyperactivity, Aggression, Depression, Attention Problems, Atypicality, and Withdrawal scores; Externalizing Problems (TRS-P, C, A; PRS-P, C, A), inclusive of the Hyperactivity, Aggression, and Conduct Problems scores; Internalizing Problems (TRS-P, C, A; PRS-P, C, A), inclusive of the Anxiety, Depression, and Somatization scores; and School Problems (TRS-C, A), inclusive of the Attention Problems and Learning Problems scores.

Psychometric Properties

Standardization of the BASC-2 TRS, PRS, and SRP took place from August 2002 through May 2004. The General norm samples included a total of more than 13,000 TRS, PRS, and SRP cases from the ages of 2 through 18 years. The standardization sample came from over 375 sites in 257 cities and 40 states. Children were sampled from various settings, including public schools, private schools, mental health clinics and hospitals, and preschools and day cares. The samples also included students classified or diagnosed with emotional, behavioral, or physical problems and disorders as reported by their parents. The General norm samples (both the combined-sex samples and the separate female and male samples) reflected the U.S. population closely on the variables of parental education, race and ethnicity, geographic region, and special-education classification.

Data for the college level of the SRP (SRP-COL) were collected from 706 students aged 18 through 25 attending various colleges, universities, and technical schools throughout the United States. About 80% of the students sampled were enrolled in a 4-year degree program, with 1-year and 2-year college programs making up the remainder of the sample.

The Clinical norm samples include children aged 4 through 18 whose parents identified them as having been diagnosed or classified with one or more emotional, behavioral, or physical problems. In most cases, these children were receiving special-education services at school or services from a community mental health clinic or a university- or hospital-based mental health clinic.

The derived scores featured for all BASC-2 components are linear *T* standard scores with a mean of 50 and standard deviation of 10. National percentile ranks and qualitative classification of score ranges are also offered. Linear *T*-scores were selected for the BASC-2 general sample (combined sex groups), separate sex, and clinical norms so as to preserve

the shape of the standardization sample raw score distributions. Skewness and kurtosis information for the distributions is included in Reynolds and Kamphaus (2004).

The reader is referred to the list of references and further readings for detailed information regarding reliability studies of the various components. Studies of internal consistency, test-retest reliability, interrater reliability, and long-term stability are included in the BASC-2 manual. By way of example, median coefficient alphas for the TRS Externalizing Problems composite range from .95 for 2- to 3-year-olds to .97 for 12- to 14-year-olds, for the Internalizing composite from .87 for 2- to 3-year-olds to .92 for 15- to 18-year-olds, for the School Problems composite from .92 for 15- to 18-year-olds to .94 for 6- to 7-year-olds, and for the Adaptive Skills composite from .91 for 2- to 3-year-olds to .97 for 15- to 18-year-olds.

Validity data for the BASC-2 are also provided in the manual, and studies by numerous independent researchers are readily available. A criterion-related validity study of the SRP included in the BASC-2 manual (Reynolds & Kamphaus, 2004) yielded statistically significant correlations between BASC-2 scales and those measuring similar constructs on other well-known measures. The SRP Internalizing and Inattention/Hyperactivity composites, for example, correlated .86 and .71, respectively, with the same composite from the ASEBA Youth Self-Report (Reynolds & Kamphaus, 2004). A similar study comparing the Child Behavior Checklist (CBCL) and BASC-2 Parent Rating Scale for a sample of children with epilepsy produced similar results (Bender, Auciello, Morrison, MacAllister, & Zaroff, 2008). The authors of this study, however, noted that the use of the CBCL is supported by several studies with this population, whereas fewer BASC-2 studies are available.

Independent research studies using the BASC-2 components have grown substantially. As of the time of this writing, a digital library search of the PsycINFO database (on February 6, 2014) using the search term

“behavior assessment system for children” produced 455 results. A literature search such as this one will also produce several independent reviews of the BASC-2 for the interested reader (e.g., Tan, 2007).

Although not as extensive as the ASEBA system, the BASC-2 and other members of this assessment family are increasingly being adapted for use outside the United States, and employed in cross-national and cross-cultural research studies. Pearson-sanctioned adaptations of the BASC-2 are currently available for use in French- and Spanish-speaking countries (see pearsonpsychcorp.es and psychcorp.ca), a Romanian version is available, and a Korean version is near release.

SEE ALSO: Internalizing and Externalizing; Psychometric Validity; Reliability

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Further Reading

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