An Overview of the Behavior Assessment System for Children

Purpose and Population

The Behavior Assessment System for Children (BASC) has been referred to as a combination of traditional behavioral and contemporary cognitive behavioral approaches (Reynolds & Kamphaus, 2003). The Behavior Assessment System for Children - 2 (BASC-2), a revision of the BASC (Reynolds & Kamphaus, 1992), is described as a multimethod and multidimensional assessment.

The first edition of the tool was designed to evaluate the psychological problems in children and adolescents between the ages of 2.5 and 18 years (Reynolds & Kamphaus, 1992). According to Reynolds and Kamphaus (2004), the BASC-2 is also designed to evaluate various aspects of behavior and personality, including positive (adaptive) as well as negative (clinical) dimensions.

The BASC–2 is also useful for the evaluation of children, adolescents, and young adults, ages two through twenty five (Reynolds & Kamphaus, 2004). In order to gather adequate assessment data, this tool uses various components to measure multiple dimensions of the child.

Components of the BASC and BASC-2

The BASC (Reynolds & Kamphaus, 1992) and the BASC-2 (Reynolds & Kamphaus, 2004) are both multidimensional and evaluate multiple dimensions. Information is gathered and analyzed from the perspectives of the parent, teacher, and child.

This assessment measure consists of five components that can either be used in combination or separately. The five components include: (a) the Teacher Rating Scales (TRS), (b) the Parent Rating Scales (PRS), (c) the Self-Report of Personality (SRP), (d) the Structured Developmental History (SDH) form, and (e) the Student Observation System (SOS).

The TRS and PRS are used to obtain descriptive information about the child’s behaviors within the school and home environments. The TRS and PRS consist of three versions: (a) preschool, (b) child, and (c) adolescent.

Next, the SRP is an assessment that the child completes and provides subjective data pertaining to his or her emotions, behaviors and perceptions.

The SDH is a tool used for the parent or caregiver interview to collect data including demographics, biography, history, and development.
The SOS is implemented to record and classify directive observations of classroom behavior. “Scales were developed based on comprehensive theoretical and empirical considerations (Reynolds & Kamphaus, 1992) and represent a synthesis of what is known about developmental psychopathology” (Reynolds & Kamphaus, 2003, p. 391). After the implementation of the scales to generate information, specific scoring methods are applied to interpret the data.

**Scoring and Interpretation**

The TRS and the PRS use a 4-point response format (N for Never, S for Sometimes, O for Often, or A for Almost Always). The SRP uses a 2-point response format (T for True or F for False) and a 4-point response format (N for Never, S for Sometimes, O for Often, or A for Almost Always).

Next, the items are assigned a value where the N, O, S, and A correspond respectively to 0, 1, 2, and 3 points. The adding of the points provides a raw score, which is converted into a normative score. Furthermore, a T-score delegates the distance of a raw score from the norm-group mean. In addition, a percentile rank indicates the percentage of the norm sample scoring below a given raw score. The score can then be calculated by hand, computer-entry, or scanning.

The computer software for this assessment are BASC-2 ASSIST or the BASC-2 ASSIST Plus software. This assessment tool and the generated results can be used for several purposes.

**Recommendation for Use**

The BASC-2 was designed to assist with differential diagnoses (i.e. ADHD, CD, ODD, Depression) addressed in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (*DSM-IV-TR*; American Psychiatric Association, 2000). This assessment is useful in the assignment of educational classification of various child emotional and behavioral disorders specified by The Individuals with Disabilities Education Act (IDEA, 1997). The BASC-2 also identifies the child’s positive attributes that can be helpful in informing treatment planning. This tool has also shown benefit when utilized during longitudinal studies.

The BASC has been used in several longitudinal studies exploring: (1) risk, onset, course, and progression of behavioral problems and psychopathology, (2) the predictive validity of early temperament, (3) the identification of adolescents who may benefit from residential treatment centers, and (4) the resulting effects of school violence prevention programs (Reynolds & Kamphaus, 2003).

The BASC has also been found to be beneficial in situations including child custody issues, juvenile certification, personal injury, determining the needs of adjudicated delinquents and documenting the necessity of special education services (Reynolds & Kamphaus, 2003). To increase the assessment effectiveness, the BASC yielded a standardization sample to represent certain population characteristics.

**Norm Group and Psychometric Principles**

The BASC-2 rating scales and self-reports have both general and clinical norm samples. Combined–sex and separate-sex norms are provided for each norm sample. The standardization sample closely matches
the U.S. Census data with regard to gender, race/ethnicity, clinical or special education classification (Reynolds & Kamphaus, 2004). To further enhance the efficiency of this instrument, certain constructs to measure the validity and reliability are also used.

The BASC-2 has moderate to good reliability and validity (Reynolds & Kamphaus, 2004). The scales and composites have high internal consistency and test-retest reliability. Construct validity, for the internalizing and externalizing dimensions of the BASC scales are supported by the results of a factor analyses and structural equation analysis. Criterion-related validity of the scales is satisfactory. Research supports the validity of the PRS and TRS for the assessment and identification of children presenting with attention-deficit/hyperactivity disorder (Doyle, Ostrander, Skare, Crosby, & August, 1997). Although techniques to control threats to validity are implemented, certain ones can affect the outcome.

The threats to validity include: (1) one's inadequate attention to item content which can lead to carelessness, (2) parental or teacher bias in rating the child, (3) low desire to complete the tool in a truthful manner, and (4) inability to fully understand the content (Reynolds & Kamphaus, 2003).

The BASC-2 provides various ways to control for threats to validity. Three indexes are used: F, L, and V.

First, the F index is used to increase validity for all the components and to determine if the respondent has a tendency to excessively rate the child as negative.

Second, the L index, used with the adolescent level of the SRP, measures one's tendency to create an excessively positive picture of self.

Third, the V index is used in each level of the SRP and includes “implausible statements,” meaning if two or more of the statements are marked as true, the scale may be invalid. While certain measures are taken to be aware of and control for threats to validity, further procedures are used to account for cultural differences.

**Cultural Relevance**

As previously stated, the standardization sample closely matches the 2001 U.S. Census data with regard to gender, race/ethnicity, clinical or special education classification. Items were analyzed to ensure similar behavior for both sexes and minorities. The BASC-2 PRS, SRP, and SDH are written in both English and Spanish. The Spanish-speaking population is included in the standardization samples yet separate norms for this population are not available.

**Strengths and Weaknesses**

The BASC-2 provides an integrative approach to the assessment of children, adolescents, and young adults across multiple informants. This assessment tool provides a comprehensive portrayal of both the child’s strengths and weaknesses but also has several weaknesses. Firstly, it measures a limited number of psychopathology and personality domains. Next, its structure makes comparison of child self-ratings from parents and teachers difficult. Lastly, it has limited validity information about applicability with preschoolers (Sandoval & Echandia, 1994).
Overall Impression of the BASC-2

The original and current editions of the BASC assessment tool were designed to gather data from varying perspectives to evaluate the behavioral and psychological characteristics of the child. As cited in the biblical text of 1 Samuel 16:6-8, “But the LORD said to Samuel, ‘Do not consider his appearance or his height, for I have rejected him. The LORD does not look at the things man looks at. Man looks at the outward appearance, but the LORD looks at the heart” (New International Version). The multimethod and multidimensional components of this tool allow for information to be collected beyond objective perceptions.

References


Helpful BASC-2 and Clinical Assessment Resources

NEW: DSM-5 - Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5

The Clinician’s Guide to the Behavior Assessment System for Children (BASC)

Clinical Assessment of Child and Adolescent Personality and Behavior

Clinical Assessment of Child and Adolescent Behavior

Functional Behavioral Assessment, Diagnosis, and Treatment, Second Edition: A Complete System for Education and Mental Health Settings

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For another great BASC-2 resource, consider downloading the video, “BASC-2 in a Nutshell.”

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