

Emotional and Behavioral Assessment

Overview of Instruments

Assessing behavioral and emotional problems is important for developing successful interventions. Conducting behavioral assessments is one of the most common ways to measure problem areas for children with AU. Assessment tools, including rating scales and checklists, measuring behavioral and emotional aspects should be fully understood by users or interpreters as part of the evaluation procedure. Even though various standardized assessments can provide useful information, the following steps should also be undertaken to identify a child's challenges and to understand his need:

- Review the child's records and other related information
- Interview various people, including parents and teachers
- Systematically observe the child across settings

Professionals and others who contribute information about the child, such as parents or teachers, must have a mutually agreed-upon understanding of the behaviors or related characteristics that they are rating. The following tools are commonly used as behavioral/emotional assessments.

BEHAVIOR ASSESSMENT SYSTEM FOR CHILDREN-SECOND EDITION (BASC-2)

The Behavior Assessment System for Children-Second Edition (BASC-2; Reynolds & Kamphaus, 2004) is a comprehensive tool that provides information about a child's behaviors and emotions. It consists of rating scales and forms, such as the Parent Rating Scales (PRS), the Teacher Rating Scales (TRS), the Self-Report of Personality (SRP), Student Observation System (SOS), and Structured Developmental History (SDH). The TRS, PRS, and SOS measure the child's behavior patterns. The SRP can be used to assess the child's emotions and feelings. The SDH is useful for obtaining the child's background information.

The BASC-2 may be used with children and adolescents ages 2 through 21 years (2-0 through 21-11 for TRS and PRS; 6-0 through college age for SRP). The PRS measures a child's adaptive and problem behaviors in community and home settings, whereas the TRS is a comprehensive measure of adaptive and problem behaviors in a preschool or school setting. For the PRS, (consisting of 134 to 160 items), parents or caregivers rate the frequency of the child's behavior using a 4-point scale ranging from "never occurs" to "almost always occurs." Three age levels are available: preschool (ages 2 to 5), child (ages 6 to 11), and adolescent (ages 12 to 21). The TRS includes 100 to 139 items for the three age levels. Teachers also measure the child's specific behaviors, which are rated on a 4-point scale of frequency. Both the TRS and PRS composite scales include Adaptive Skills, Behavioral Symptoms Index, Externalizing Problems, and Internalizing Problems.

The subdomains for the TRS and PRS are as follows: Activities of Daily Living (PRS only), Adaptability, Aggression, Anxiety, Attention Problems, Atypicality, Conduct Problems, Depression, Functional Communication, Hyperactivity, Leadership, Learning Problems (TRS only), Social Skills, Somatization, Study Skills (TRS only), and Withdrawal. The subdomains for the SRP include Alcohol Abuse (college only), Anxiety, Attention Problems, Attitude to School, Attitude to Teachers, Atypicality, Depression, Hyperactivity, Interpersonal Relations, Locus of Control, Relations with Parents, School Maladjustment (college only), Self-Esteem, Self-Reliance, Sensation Seeking, Sense of Inadequacy, Social Stress, and Somatization.

BEHAVIOR RATING PROFILE-SECOND EDITION (BRP-2)

The Behavior Rating Profile-Second Edition (BRP-2; Brown & Hammill, 1990) measures problem behaviors of children 6 through 18 years. Specifically, the BRP-2 evaluates students' behavior in home and school through various perspectives of parents, teachers, peers, and the students themselves. It contains three scales: Student Rating Scales (home, school, and peer), Parent Rating Scales, and Teacher Rating Scales. In addition, a sociogram to be completed by peers is included.

The Student Rating Scales include three types of self-rating scales that solicit true or false responses to a variety of statements about home and school settings as well as about peers. These three scales consist of 20 items each. The Teacher Rating Scale contains 30 items rated on a 4-point Likert scale, from “like the student” to “not at all like the student.” The Parent Rating Scale includes 30 items using a 4-point Likert scale, from “very much like my child” to “not at all like my child.” Finally, the sociogram is a peer-nominating technique that facilitates understanding of how peers perceive the child. For example, students in the class are asked to name three classmates to answer the following question: “Which of the girls and boys in your class would you most like to work with (or least like to work with) on a school project?”

CHILD BEHAVIOR CHECKLIST (CBCL)

The Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1983) measures a broad range of behavioral and emotional problems and is widely used for clinical and research purposes. Achenbach and Edelbrock (1983) conducted a factor analysis to develop 118 items measuring problem behavior for children and adolescents. A result of this study, the CBCL, consists of 140 items that assess behavioral or emotional problems of children aged 6 to 18 years. The main information providers for the CBCL are parents or other individuals who know the child well. They rate problem behaviors and competencies.

Three types of forms are available: Teacher Report Forms, Youth Self-Reports, and Direct Observation Forms. The first section of the scale includes 20 items related to the child’s social competency, as rated by parents. These items address the child’s participation in sports, hobbies, games, activities, organizations, jobs, chores, friendships, social interactions during play, independent work, and school functioning. The second section consists of 120 items on behavior or emotional problems during the past six months as rated on a 3-point scale. The main areas of this construct are aggression, hyperactivity, bullying, conduct problems, defiance, and violence. The following behavioral and emotional problems are also measured: Aggressive Behavior, Anxious/Depressed, Attention Problems, Delinquent Rule-Breaking Behavior, Social

Problems, Somatic Complaints, Thought Problems, Withdrawn, Externalizing, Internalizing, and Total Problems.

CONNERS' RATING SCALES-REVISED (CRS-R)

The Conners' Rating Scales-Revised (CRS-R; Conners, 1997) is an assessment for children aged 3 through 17 years designed to measure cognitive, behavioral, and emotional problems from teacher and parent perspectives. Three versions are available: The Parent Rating Scales (CPRS), Teacher Ratings Scales (CTRS), and Adolescent Self-Report (CASS), with both long and short forms. The long version of the CRS-R is based on the DSM-IV symptoms linked to ADHD and comorbid disorders. Items are related to internalizing and externalizing behaviors representing problem behaviors.

The CRS-R Parent Rating Scales-Revised (CPRS-R) includes 27 items (short version) to 80 items (long version) in the following subscales: Oppositional, Social Problems (long version only), Cognitive Problems/Inattention, Psychosomatic (long version only), Hyperactivity, DSM-IV Symptom Subscales (long version only), Anxious-Shy (long version only), ADHD Index, Perfectionism (long version only), Conners' Global Index (long version only). The Conners' Global Index includes 10 items related to problem behavior critically associated with the severity of childhood problems. The CRS-R Teacher Rating Scales-Revised (CTRS-R) includes 28 items (short version) or 59 items (long version) across the nine subscales, which are the same as the CPRS-R except Psychosomatic. Conners-Wells Adolescent Self-Report Scales (CASS) includes 27 items (short version) to 87 items (long version) across the following subscales: Family Problems (long version only), Conduct Problems, Anger Control Problems (long version only), DSM-IV Symptom Subscales (long version only), ADHD Index, Emotional Problems (long version only), Cognitive Problems/Inattention, and Hyperactivity.

PERVASIVE DEVELOPMENTAL DISORDER BEHAVIOR INVENTORY (PDDBI)

The Pervasive Developmental Disorder Behavior Inventory (PDDBI; Cohen & Sudhalter, 2005) is an age-normed instrument that assesses problem behaviors of children aged 2 to 12 with

pervasive developmental disorders (PDD) (classical AU, AS, PDD-NOS [pervasive developmental disorders-not otherwise specified], or childhood disintegrative disorder) as defined by the DSM-IV. One of the main purposes of this tool is to assess the effectiveness of treatments for children with PDD in terms of Response to Interventions (RTI). Both teacher and parent rating forms are available with standard and extended formats, consisting of 124 versus 180-188 items. Rated by parents or teachers, the PDDBI measures adaptive and maladaptive behaviors and can be useful for interventions to improve adaptive social and language skills in social contexts.

Problem behaviors measured include stereotyped behaviors, fears, aggression, social interaction deficits, and aberrant language associated with children with PDD having lower or high-functioning skills. The scale may also be used to differentiate AU from other conditions. Two forms for the teacher and parent consist of six domains (the extended forms measure 10 domains): Approach/Withdrawal Problems, Sensory/Perceptual Approach, Ritualisms/Resistance to Change, Social Pragmatic Problems, Semantic Pragmatic Problems, Arousal Regulation Problems (extended form), Specific Fears (extended form), Aggressiveness (extended form), Receptive/Expressive Social Communication Abilities, Social Approach Behaviors, Expressive Language, Learning, Memory, and Receptive Language (extended form). Each item is rated on a Likert scale, from “Never” to “Often/Typically.”

Summary of Emotional and Behavior Assessment Instruments

Name of Tool/ Author (Year)	Age Range (in years)	Method of Administration/ Format	Approximate Time to Administer	Subscale	Availability
Behavior Assessment System for Children (BASC-2) Reynolds & Kamphaus (2004)	2–22	<p>PRS: 134 to 160 items; TRS: 100 to 139 items</p> <p>Individually administered, norm-referenced measure of behavior and emotions</p> <p>Three formats: Teacher Rating Scales (TRS; 2-21 yrs), Parent Rating Scales (PRS; 2-21 yrs.), Self-Report of Personality (SRP; 6-college age); respondent rates frequency of a child’s behavior using a 4-point scale ranging from “never occurs” to “almost always occurs”</p> <p>Yields composite scores, including Adaptive Skills, Behavioral Symptoms Index, Externalizing Problems, and Internalizing Problems</p>	10-20 min. (TRS and PRS), 30 min. (SRP)	<p>TRS and PRS: Activities of Daily Living (PRS only), Adaptability, Aggression, Anxiety, Attention Problems, Atypicality, Conduct Problems, Depression, Functional Communication, Hyperactivity, Leadership, Learning Problems (TRS only), Social Skills, Somatization, Study Skills (TRS only), Withdrawal. The subdomains for the SPR include Alcohol Abuse (college only), Anxiety, Attention Problems, Attitude to School, Attitude to Teachers, Atypicality, Depression, Hyperactivity, Interpersonal Relations, Locus of Control, Relations with Parents, School Maladjustment (college only), Self-Esteem, Self-Reliance, Sensation Seeking, Sense of Inadequacy, Social Stress, Somatization</p>	<p>American Guidance Service ags.pearsonassessments.com</p>

TARGET: Texas Guide for Effective Teaching
Emotional and Behavioral Assessment

Name of Tool/ Author (Year)	Age Range (in years)	Method of Administration/ Format	Approximate Time to Administer	Subscale	Availability
Behavior Rating Profile-Second Edition (BRP-2) Brown & Hammill (1990)	6-18	<p>Parent and teacher forms: 30 items; student forms: 60 items</p> <p>Individually administered, norm-referenced measure of behavior in three categories: home, school, and peer</p> <p>Three versions of scales: Student Rating Scales (home, school, and peer), Parent Rating Scales and Teacher Rating Scales; and sociogram completed by peers</p> <p>Yields total scores for each version of scale</p>	20 min.	No subscale	<p>Pro-Ed</p> <p>http://www.proedinc.com/customer/productView.aspx?ID=1678</p>
Child Behavior Checklist (CBCL) Achenbach & Rescorla (2000)	6-18	<p>140 items</p> <p>Self-administered or administered through an interview, norm-referenced comprehensive measure of behavior; Aggression, Hyperactivity, Bullying, Conduct Problems, Defiance, Violence</p> <p>Three formats: Teacher Report Forms, Youth Self-Reports and Direct Observation Forms</p> <p>Yields standard scores: Total Competence, Total Problems, Internalizing, Externalizing, Attention Problems</p>	15 min.	Aggressive Behavior, Anxious/Depressed, Attention Problems, Delinquent Rule-Breaking Behavior, Social Problems, Somatic Complaints, Thought Problems, Withdrawn, Externalizing, Internalizing, Total Problems, plus DSM-oriented scales	<p>ASEBA: Achenbach System of Empirically Based Assessment</p> <p>www.aseba.org</p>

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Name of Tool/ Author (Year)	Age Range (in years)	Method of Administration/ Format	Approximate Time to Administer	Subscale	Availability
Conners' Rating Scales-Revised (CRS-R) Conners (1997)	3-17	Parent forms: 27-80 items, Teacher forms: 28-59 items, Self-Report forms: 27-87 items Individually administered, norm-referenced measure of hyperactivity and other internal and externalizing behavior Three versions: The Parent Rating Scales (CPRS), Teacher Ratings Scales (CTRS), and adolescent Self-Report (CASS) with long and short forms Yields 4-10 composite scores for each subscale	5-10 min. (Short Version) 15-20 min. (Long Version)	Oppositional, Cognitive, Problems/Inattention, Hyperactivity, Anxious-Shy, Perfectionism, Social Problems, Psychosomatic, Conners' Global Index, DSM-IV Symptom Subscales, ADHD Index	Multi-Health Systems www.mhs.com

Name of Tool/ Author (Year)	Age Range (in years)	Method of Administration/ Format	Approximate Time to Administer	Subscale	Availability
Pervasive Developmental Disorder Behavior Inventory (PDDBI) Cohen & Sudhalter (2005)	2-12	Parent Form: 124-188 Items, Teacher Form: 124-180 items Individually administered, norm- referenced measure of problem behaviors and appropriate social communication behaviors Teacher and parent rating forms with standard and extended formats. Two conceptual domains (Approach/Withdraw al and Social Communication Skills) Yields composite scores for Approach- Withdrawal Problems, Repetitive, Ritualistic & Pragmatic Problems, Receptive/Expressive Social Communication Skills, Expressive Social Communication Skills, and Autism	20-30 min. (standard form) 30-45 min. (extended form)	Approach/Withdrawal Problems, Sensory/Perceptual Approach, Ritualisms/ Resistance to Change, Social Pragmatic Problems, Semantic Pragmatic Problems, Arousal Regulation Problems (extended form), Specific Fears (extended form), Aggressiveness (extended form), Receptive/Expressive Social Communication Abilities, Social Approach Behaviors, Expressive Language, Learning, Memory, and Receptive Language (extended form)	Psychological Assessment Resources www3.parinc.com

Research on Emotional and Behavioral Assessment

The behavioral and emotional aspects of children with autism have distinct features. Behavioral and emotional checklists are often useful as an alternative to autism screening tools when comprehensive tools are not available. A recent study found that CBCL subscales have better sensitivity and specificity in identifying children with AU than the Gilliam Autism Rating Scale (GARS), suggesting that the CBCL is a useful behavioral checklist for screening autism (Sikora, Hall, Hartley, Gerrard-Morris, & Cagle, 2008). However, another study (Ferdinand, 2008)

pointed out that even though the CBCL and the YSR Anxiety Problems scale can predict DSM-IV disorders, the item content of the Anxiety Problems subscale needs to be revised to correspond with DSM-IV. No published studies using BASC-2 for participants with AU are currently available, except for doctoral dissertations.

The criterion-validity study for the PDDBI has been implemented by the author (Cohen, 2003), who also conducted factor analyses to confirm construct validity. The results indicated that the PDDBI is both reliable and valid and is useful in providing information not typically available in most instruments used to assess children with PDD (Cohen, Schmidt-Lackner, Romanczyk, & Sudhalter, 2003).

It is helpful to understand that there are also weaknesses in assessment tools. Hosp and his colleagues (2003) examined the structure of items on commonly used behavior rating scales and found that most scales included negative-action questions and lack-of-action questions, neither of which is useful for assessing positive behaviors and for addressing observable, measurable behaviors.

Misconceptions

Myth	Reality
<p>Behavioral and emotional assessments are not necessary if a child has already been diagnosed as having autism.</p>	<p>No one set of interventions works for all behavioral and emotional problems. Therefore, identifying specific problems in each area in which individuals with autism might have difficulties is essential to provide appropriate support. In addition, subscales of various assessments are often useful to screen for autism when the comprehensive tools are not available. For example, Sikora et al. (2008) found that the CBCL subscales have better sensitivity and specificity in identifying children with autism than the Gilliam Autism Rating Scale (GARS), suggesting that the CBCL is a useful behavioral checklist for screening for autism.</p>
<p>A behavioral and emotional assessment tool can be the sole source of identifying and measuring problem areas.</p>	<p>When using any type of assessment, professionals should complete the following steps as a part of the assessment procedure: review the child’s record or information; interview various people, including caregivers; and observe the child’s behavior systematically. The last step of the process includes using formal and informal assessments (Barnhill, 2001-2002; Knoff & Batsche, 1991).</p>
<p>If a discrepancy exists between home and school, the results are probably invalid.</p>	<p>Different people might have different perspectives on the same person with AU. However, that does not mean the information is invalid. It is likely that the individual with AU responds differently in various settings because of the level of structure, variety of activities, and supports available. Therefore, strategies to address behavioral and emotional problems must match individual needs in specific settings with specific activities.</p>

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Resources and Materials

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