

Assessment Evaluation: Behavioral Evaluations

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I have no known conflict of interest to disclose.

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Attention Deficit Disorder Evaluation Sale

Summary of Assessment

The Attention Deficit Disorder Evaluation Scale or ADDES-4 is a behavioral rating scale that assesses behaviors and characteristics related to ADHD, specifically within the two sub scales Inattentive and Hyperactive Impulsive. The population that can be assessed using this instrument includes ages 4-18, children with disabilities, English language learners, and children with special needs. The tool is unique in its form as there are two versions. The Home and School Versions assess students in multiple environments and can score frequency and severity of behaviors (Dorshimer & Stein, 2013).

Strengths and Weaknesses of the Assessment

One weakness of this assessment is the rating scale and how one evaluator might consider a behavior normal while another evaluator might consider that same behavior not normal. With that being said the instrument does show to have strong validity and reliability (Dorshimer & Stein, 2013, para. 26). Another strength of this instrument is in the scales. Makatura & Wood write, “The developers of the ADDES-3 scales deserve to be commended on the production of scales that offer a comprehensive number of questions about symptoms of ADHD” (2004, para. 15).

Justification and Use of the Assessment

The use of this assessment can be justified through its reliability and diverse representative standardization sample (Dorshimer & Stein, 2013). Strong correlation coefficients justify the use of the assessment and help determine that if a student has ADHD concerns with one sub scale that it is likely to show concerns in the other sub scale. The correlation coefficients

also suggest that the sub scales measure ADHD well and don't measure the same things within each sub scale (Dorshimer & Stein, 2013).

Name of Instrument #1	Attention Deficit Disorder Evaluation Scale
Author(s) of Instrument #1	Stephen B. McCarney
Date of Publication	1989, 2013
Publisher	Hawthorne Educational Services
1. Describe the subtests (e.g., learning areas).	
The main sub scales are Inattentive and Hyperactive-impulsive which assess ADHD.	
2. Describe the age range.	
The age range is 4-18 years old.	
3. State the purpose of the instrument.	
The purpose of this rating scale is to assess characteristics and severity of ADHD and aid is diagnosis (Dorshimer & Stein, 2013, para. 2).	
4. Describe the examiner qualifications.	
Caregivers at home can give a portion of the instrument. Teachers give the school environment portion.	
5. Describe the available scores.	
The scores are standard scores and standard error of measurement. Dorshimer & Stein write, "Scores more than one standard deviation below the mean on either subscale are considered to be of particular concern and suggest the need for specialized support" (2013).	
6. Describe the instrument's technical data provided (i.e., validity, reliability, norms, research).	
Reliability for the home and school test versions had coefficients that were .98 and .96. Subscale interrater reliability coefficients ranged from .87 to .93 making for strong coefficients considering multiple examiners. By comparing other instruments, the ADDES-4 shows acceptable concurrent validity (Dorshimer & Stein, 2013, para. 12).	

7. Describe features of the instrument that provide well-designed and easy-to-follow administration procedures.
The guide provides easy to select and follow interventions based on the behaviors for the home and school version. Along with the guide comes individualized goals and objectives (Dorshimer & Stein, 2013).
8. State the approximate administration and scoring time.
Each form takes 20 minutes.
9. Describe features of the scoring procedures that are well designed and easy to follow.
The scoring is straightforward for a parent or guardian at home to administer and score. The rater scores each behavior on a score of 0-5. The scorer adds the scores for each item in the sub scale.
10. Explain this instrument's adaptation for students with limited English proficiency.
It's important to consider cultural expectations in terms of behaviors. Assessing those behaviors may differ from culture to culture. Lambert et al., (2018) write, "Screening instruments that assess emotional and behavioral risk should be contextually appropriate for ELL students, given that cultural values such as linguistic and language factors are embedded within assessment" (p. 230).
11. Explain the appropriateness of the instrument for use with children who have disabilities.
This instrument is appropriate and often used to determine ADHD among children with disabilities including youth with Autism spectrum disorder.
12. Describe the adaptation of the instrument for use with children who have special needs.
There was no found adaptation, but the instrument is appropriate to identify underlying ADHD in children with special needs.
13. Describe the strengths of the instrument.
Strengths of the instrument include easy scoring and administration, detailed scoring tables, and the psychometric properties are strong according to reliability and validity (Dorshimer & Stein, 2013, para. 26).
14. State any weaknesses of the instrument.
A weakness includes the representation of children with ADHD in the standardization sample is unspecified making it difficult to determine generalizability (Dorshimer & Stein, 2013, para. 27).

15. Additional comments, information, and observations:

It is beneficial to have two versions of the instrument that can be given in the school environment and in the home. The behaviors observed in each of these environments can differ and can give more insight in the overall behaviors making for a more accurate diagnosis.

Behavior Assessment System for Children**Summary of Assessment**

The Behavior Assessment System for Children or BASC is a behavioral rating scale and self-report scale that can be used to evaluate behavioral and emotional disorders within several environments. The instrument can be used on individuals who are ages 2-21 years and the self-reports can be used until 25 years of age. The self-reports allow individuals to evaluate themselves and their own thoughts and feelings. There is also a teacher and a parent-rating scale. It is a norm-referenced instrument. Reference?

Strengths and Weaknesses of the Assessment

A strength of the instrument lies in the ease of administration and the proven reliability of the instrument (Konold & Medway, 2015). Not only that, but the instrument offers a multi-method approach and can assess behaviors in a wide scope of environments and perspectives. Additionally, the BASC has a self-reporting method which provides a unique perspective on the strengths and weaknesses of one's own behaviors. A weakness of the BASC is that the SOS can be considered an assessment on its own when it is not an assessment but a supplemental tool. The SDH medical section is more detailed and that is lacking from the behavioral and educational sections (Stein & Watson, 2004, para. 19).

Justification and Use of the Assessment

There are many justifications of the use of this assessment. The instrument is very useful with its broad scope of assessing behaviors. The psychometric properties are strong, showing good reliability and validity. Additionally, the assessment is appropriate for diverse populations and for children with disabilities and special needs. Every section should have a reference.

Name of Instrument #2	Behavior Assessment System for Children
Author(s) of Instrument #2	Cecil R. Reynolds and Randy W. Kamphaus
Date of Publication	1992, 2004, 2015
Publisher	Pearson Support
1. Describe the subtests (e.g., learning areas).	
The subtests include the Teacher Rating Scale, Parent Rating Scale, and Self-Report of Personality.	
2. Describe the age range.	
The age range is 2-21 years old.	
3. State the purpose of the instrument.	
The purpose of the instrument is to measure behavioral and emotional disorders at home and school and helps identify potential issues.	
4. Describe the examiner qualifications.	
This is a level B assessment, meaning there are specific qualifications needed to administer and score. A masters degree in a relevant field, formal training or certification is needed to be the examiner.	
5. Describe the available scores.	
Normative scores in the form of T scores and percentile ranks are available (Konold & Medway, 2015, para. 5). What are they?	
6. Describe the instrument's technical data provided (i.e., validity, reliability, norms, research).	
The reliability is .80 and above proving strong. Konold & Medway write, "Magnitudes of corrected coefficients were consistently high for the TRS and PRS with nearly all exceeding .80 and many above .90" (2015). Page or paragraph number?	

7. Describe features of the instrument that provide well-designed and easy-to-follow administration procedures.
A feature that makes the instrument well-designed and easy to follow is the fact that it can be scored by hand or computer. The manual clearly outlines scoring and rating scales. It also provides parent feedback reports (Stein & Watson, 2004, para. 4).
8. State the approximate administration and scoring time.
The scoring and administration time depends on which form is being used but anywhere from 10-30 minutes.
9. Describe features of the scoring procedures that are well designed and easy to follow.
The BASC can be scored using the test publisher's Q-global system. Student observation can also be gathered using smartphones and tablets. Additionally the Q-global aids in detailed interventions (Konold & Medway, 2015, para. 16).
10. Explain this instrument's adaptation for students with limited English proficiency.
The psychometric properties must be considered across diverse and cultural populations. "The BASC-2 PRS-C currently has established reliability and validity only in these two languages. There remains a significant need to demonstrate the applicability and generalizability of the BASC-2 in multiple languages and cultures" (Song et al., 2017).
11. Explain the appropriateness of the instrument for use with children who have disabilities.
The instrument is appropriate to use for children with disabilities because it can be used to assist diagnosis using DSM-IV-TR, IEP planning, assessing visually or hearing impaired students as well as determining if a behavior is related to a specific disability (Stein & Watson, 2004, para. 1).
12. Describe the adaptation of the instrument for use with children who have special needs.
BASC is often used with students who have special needs. It supports IEPs, and diagnosis by monitoring behaviors and also aiding in intervention planning for students with special needs.
13. Describe the strengths of the instrument.
One strength is the ease of administration of the instrument. It is well researched and has strong reliability (Konold & Medway, 2015). Additionally, Konold & Medway write, "The overall usefulness of the instrument as part of batteries designed to aid in special education and other classification systems" (2015, para. 15.)
14. State any weaknesses of the instrument.

Stein & Watson write, “Two obvious weaknesses of the BASC-2 are the largely ignored SDH and SOS” (2004). The SOS provides background info and is not an assessment and the SDH has a more detailed medical section compared to the behavioral section.

15. Additional comments, information, and observations:

Not only does the BASC focus on issues with behaviors but it also analyzes a child’s strengths and skills which helps in determining interventions.

Behavior Disorders Identification Scale

Summary of Assessment

The purpose of the instrument a rating scale that identifies behavioral and emotional problems in youth and gives recommendations for interventions (Oehler & Stein, 2000, para.1). It is a tool that can be used to identify and diagnose children with Serious Emotional Disturbance or SED (Oehler & Stein, 2000). It is used with children ages 5-18. There are home and school versions that can be completed by school personnel, teachers, and parents or guardians. The tool allows for students to receive further services and interventions.

Strengths and Weaknesses of the Assessment

A strength of this assessment is its ease of use and the ability for multiple raters and environments for the assessment to be given in. Additionally, the BDIS kit includes forms and documents that aid in pre-referrals, assessments and IEP goals and objectives for students with emotional disturbance or behavioral disorders (Fairbank & Stientjes, n.d., para. 3). One weakness of the Behaviors Identification Scale is found in not being able to determine the impact of important characteristics in the findings to determine patterns related to characteristics like sex or ethnicity (Fairbank & Stientjes , n.d. para. 6)

Justification and Use of the Assessment

The use of this assessment is justified through its concurrent validity and correlating this instrument with other measures of emotional and behavioral disturbances. These findings supported the construct and criterion-related validity (Fairbank & Stientjes , n.d. para. 6). Oehler & Stein (2000) write, “Internal consistency coefficients, which also address construct validity, are reported and range from .82 to .97 for the SV and from .75 to .94 for the HV, which are acceptable” (para. 7). These are a few reasons that justify the use of this assessment for behaviors.

Name of Instrument #3	Behaviors Disorders Identification Scale
Author(s) of Instrument #3	Stephen B. McCarney and Tamara J. Arthaud
Date of Publication	1988 and 2000, 2010
Publisher	Hawthorne Educational Services Inc.
1. Describe the subtests (e.g., learning areas).	
The subtests are learning problems, Interpersonal Relations, Inappropriate Behavior, Unhappiness/Depression and Physical Symptoms/Fears	
2. Describe the age range.	
The age range is 5-18.	
3. State the purpose of the instrument.	
The purpose of the instrument a rating scale that identifies behavioral and emotional problems in youth and gives recommendations for interventions (Oehler & Stein, 2000, para.1).	
4. Describe the examiner qualifications.	
This instrument is usually given by teachers, school psychologists and other educators. The Home version can be done by parents or guardians.	
5. Describe the available scores.	
This instrument was normed on a nationally representative sample and the norms are given for 2 year intervals, reported by gender (Oehler & Stein, 2000, para. 6).	

6. Describe the instrument's technical data provided (i.e., validity, reliability, norms, research).
There is concurrent validity reported for the home and school version. An acceptable range of internal consistency coefficients and construct validity are reported in ranges of .82-.97 for the school version and .75-.94 for the home version (Oehler & Stein, 2000, para. 7).
7. Describe features of the instrument that provide well-designed and easy-to-follow administration procedures.
The instructions are clear. It shows what each Likert unit means. The scoring instructions are clear.
8. State the approximate administration and scoring time.
Scoring takes 20 minutes.
9. Describe features of the scoring procedures that are well designed and easy to follow.
The instructions for scoring are clear.
10. Explain this instrument's adaptation for students with limited English proficiency.
Not specifically designed for students with limited English proficiency but can be used with additional assessments.
11. Explain the appropriateness of the instrument for use with children who have disabilities.
The sub scales are appropriate because it assesses a wide range of behaviors that may stem from disabilities as well as physical symptoms, learning problems and interpersonal relations.
12. Describe the adaptation of the instrument for use with children who have special needs.
There is a pre-referral checklist that may help a student with special needs receive additional support and intervention.
13. Describe the strengths of the instrument.
One strength is the kit comes with materials that the examiner would need to entirely serve the student with the emotional and behavioral disorder including prereferall documentation, IEP goals and objectives (Fairbank & Stientjes, n.d., para. 3). Another strength is the psychometric properties.
14. State any weaknesses of the instrument.
A limitation of BDIS is found in not being able to determine the impact of important characteristics in the findings to determine patterns related to characteristics like sex or ethnicity (Fairbank & Stientjes , n.d. para. 6).

15. Additional comments, information, and observations:

This instrument can be useful diagnostic tool to identify and intervene with emotional and behavioral disorders specifically with adolescents.

Beck Depression Inventory-II**Summary of Assessment**

The Beck Depression Inventory-II is an assessment that is used to measure depression and the severity of the diagnosis for adults and adolescents who already were diagnosed with depression (Conoley & Sundberg, 1987). The test is widely used as a self-reporting tool often in clinical settings. The age range it can be used on is 13-80 years old. The scale allows for individuals to answer specifically about their depressive symptoms. The higher the score, the more severe the depression symptoms.

Strengths and Weaknesses of the Assessment

Although the Beck Depression Inventory is widely-used and has its appropriate settings there is a drawback to be noted. Arbisi & Farmer (1996) write, "Further, psychometrically, the BDI had some problems with certain items failing to discriminate adequately across the range of depression and other items showing gender bias" (para. 2). The strength of this assessment is shown through content, construct and concurrent validity studies that are in abundance (Conoley & Sundberg, 1987). Another strength is the instrument's ability to notice slight changes in severity of depression over time.

Justification and Use of the Assessment

The instrument shows justification of use through its deeply researched background and wide spread use. It greatly informs researches and clinicians on depression diagnoses. According

to Conoley & Sundberg (1987), “The BDI is a well-researched assessment tool with substantial support for its reliability and validity” (para. 15). It’s ease of use and the ability to be self-reported provides important insight to the experience of individuals.

Name of Instrument #4	Beck Depression Inventory-II
Author(s) of Instrument #4	Dr. Aaron T. Beck
Date of Publication	1961, 1996
Publisher	Pearson Assessments
1. Describe the subtests (e.g., learning areas).	
The BDI does not have specific subtests, more so different categories that mark depression.	
2. Describe the age range.	
The age range for the BDI is 13-80 years old.	
3. State the purpose of the instrument.	
The purpose of this instrument is to assess the severity of depression of adolescents and adults who are already diagnosed with depression (Conoley & Sundberg, 1987, para 1).	
4. Describe the examiner qualifications.	
The BDI can be given by school professionals like therapists, psychiatrists and licensed mental health professionals.	
5. Describe the available scores.	
The scores range from 0-30 with different scales of severity. Scores greater than 15 is a concern for depression (Conoley & Sundberg, 1987, para 18).	
6. Describe the instrument’s technical data provided (i.e., validity, reliability, norms, research).	
The BDI is supported through its reliability and validity. There are high correlations between the BDI and other ratings of depression. Additionally, Conoley & Sundberg write, “The internal consistency is high-.86 with psychiatric patients, .88 with outpatients and .81 with non psychiatric subjects” (1987).	
7. Describe features of the instrument that provide well-designed and easy-to-follow administration procedures.	
The manual for the instrument is short and readable (Conoley & Sundberg, 1987).	

8. State the approximate administration and scoring time.
It takes approximately 5-10 minutes (Conoley & Sundberg, 1987, para 2).
9. Describe features of the scoring procedures that are well designed and easy to follow.
It can be easily scored and easy to read. Paraprofessionals are able to score and read scores (Conoley & Sundberg, 1987).
10. Explain this instrument's adaptation for students with limited English proficiency.
Conoley & Sundberg write, "It is important to consider that the BDI was not developed for discriminating between populations. As Beck (1967, Chapter 2) reminds us, depression is a phenomenon that occurs as part of many other mental and physical disorders" (1987).
11. Explain the appropriateness of the instrument for use with children who have disabilities.
A modified version of the BDI is the CDI (Children's Depression Inventory). This instrument is more appropriate for students with disabilities.
12. Describe the adaptation of the instrument for use with children who have special needs.
The CDI is a more appropriate tool for assessing depression in children with special needs.
13. Describe the strengths of the instrument.
One strength is the instrument is heavily researched over 40 years and has proven to differentiate between non depressed individuals and depressed individuals (Arbisi, & Farmer, 1996). Additionally, there is a user friendly report that can be done by the individual themselves.
14. State any weaknesses of the instrument.
It had issues with discriminating against gender biases as well as across the range of depression (Arbisi, & Farmer, 1996).
15. Additional comments, information, and observations:
This is a valuable tool for assessing severity of behavior for situations that need a quick assessment like in therapy sessions or for medical inpatients.

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