


Business Culinary Architecture  
Computer General Interest  
Children Life Sciences Biography  
Accounting Finance Mathematics  
History Self-Improvement Health  
Engineering Graphic Design  
Applied Sciences Psychology  
Interior Design Biology Chemistry

**WILEY**  **BOOK**

WILEY

JOSSEY-BASS

PFEIFFER

J.K.LASSER

CAPSTONE

WILEY-LISS

WILEY-VCH

WILEY-INTERSCIENCE

# Essentials

of **PSYCHOLOGICAL ASSESSMENT** *Series*

**Everything you need to know to administer, interpret, and score the major psychological tests.**

I'd like to order the following

**ESSENTIALS OF PSYCHOLOGICAL ASSESSMENT:**

- WAIS®-III Assessment / 28295-2 / \$34.95**
- CAS Assessment / 29015-7 / \$34.95**
- Millon Inventories Assessment / 29798-4 / \$34.95**
- Forensic Psychological Assessment / 33186-4 / \$34.95**
- Bayley Scales of Infant Development-II Assessment / 32651-8 / \$34.95**
- Myers-Briggs Type Indicator® Assessment / 33239-9 / \$34.95**
- WISC-III® and WPPSI-R® Assessment / 34501-6 / \$34.95**
- Career Interest Assessment / 35365-5 / \$34.95**
- Rorschach® Assessment / 33146-5 / \$34.95**
- Cognitive Assessment with KAIT and Other Kaufman Measures 38317-1 / \$34.95**
- MMPI-2™ Assessment / 34533-4 / \$34.95**
- Nonverbal Assessment / 38318-X / \$34.95**
- Cross-Battery Assessment / 38264-7 / \$34.95**
- NEPSY® Assessment / 32690-9 / \$34.95**
- Individual Achievement Assessment / 32432-9 / \$34.95**
- TAT and Other Storytelling Techniques Assessment / 39469-6 / \$34.95**

Please send this order form with your payment (credit card or check) to:

**JOHN WILEY & SONS, INC., Attn: J. Knott, 10th Floor  
605 Third Avenue, New York, N.Y. 10158-0012**

Name \_\_\_\_\_

Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Would you like to be added to our e-mailing list?**

Credit Card:     MasterCard     Visa     American Express

(All orders subject to credit approval)

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

**TO ORDER BY PHONE, CALL 1-800-225-5945**

Refer to promo code #1-4081

**To order online: [www.wiley.com/essentials](http://www.wiley.com/essentials)**





# **Essentials of Behavioral Assessment**

# Essentials of Psychological Assessment Series

Series Editors, Alan S. Kaufman and Nadeen L. Kaufman

*Essentials of WAIS®-III Assessment*

by Alan S. Kaufman and Elizabeth O. Lichtenberger

*Essentials of Millon Inventories Assessment*

by Stephen N. Strack

*Essentials of CAS Assessment*

by Jack A. Naglieri

*Essentials of Forensic Psychological Assessment*

by Marc J. Ackerman

*Essentials of Bayley Scales of Infant Development—II Assessment*

by Maureen M. Black and Kathleen Matula

*Essentials of Myers-Briggs Type Indicator® Assessment*

by Naomi Quenk

*Essentials of WISC-III® and WPPSI-R® Assessment*

by Alan S. Kaufman and Elizabeth O. Lichtenberger

*Essentials of Rorschach® Assessment*

by Tara Rose, Nancy Kaser-Boyd, and Michael P. Maloney

*Essentials of Career Interest Assessment*

by Jeffrey P. Prince and Lisa J. Heiser

*Essentials of Cross-Battery Assessment*

by Dawn P. Flanagan and Samuel O. Ortiz

*Essentials of Cognitive Assessment with KAIT and Other Kaufman Measures*

by Elizabeth O. Lichtenberger, Debra Broadbooks, and Alan S. Kaufman

*Essentials of Nonverbal Assessment*

by Steve McCallum, Bruce Bracken, and John Wasserman

*Essentials of MMPI-2™ Assessment*

by David S. Nichols

*Essentials of NEPSY® Assessment*

by Sally L. Kemp, Ursula Kirk, and Marit Korkman

*Essentials of Individual Achievement Assessment*

by Douglas K. Smith

*Essentials of TAT and Other Storytelling Techniques Assessment*

by Hedwig Teglassi

*Essentials of WJ III™ Tests of Achievement Assessment*

by Nancy Mather, Barbara J. Wendling, and Richard W. Woodcock

*Essentials of WJ III™ Cognitive Abilities Assessment*

by Fredrick A. Schrank, Dawn P. Flanagan, Richard W. Woodcock, and Jennifer T. Mascolo

*Essentials of WMS®-III Assessment*

by Elizabeth O. Lichtenberger, Alan S. Kaufman, and Zona C. Lai

*Essentials of MMPI-A™ Assessment*

by Robert P. Archer and Radhika Krishnamurthy

*Essentials of Neuropsychological Assessment*

by Nancy Hebben and William Milberg

*Essentials of Behavioral Assessment*

by Michael C. Ramsay, Cecil R. Reynolds, and R. W. Kamphaus

# Essentials

## of Behavioral Assessment

Michael C. Ramsay

Cecil R. Reynolds

R. W. Kamphaus



John Wiley & Sons, Inc.

Copyright © 2002 by John Wiley & Sons, Inc., New York. All rights reserved.

No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, scanning or otherwise, except as permitted under Sections 107 or 108 of the 1976 United States Copyright Act, without either the prior written permission of the Publisher, or authorization through payment of the appropriate per-copy fee to the Copyright Clearance Center, 222 Rosewood Drive, Danvers, MA 01923, (978) 750-8400, fax (978) 750-4744. Requests to the Publisher for permission should be addressed to the Permissions Department, John Wiley & Sons, Inc., 605 Third Avenue, New York, NY 10158-0012, (212) 850-6011, fax (212) 850-6008, E-Mail: [PERMREQ@WILEY.COM](mailto:PERMREQ@WILEY.COM).

This publication is designed to provide accurate and authoritative information in regard to the subject matter covered. It is sold with the understanding that the publisher is not engaged in rendering professional services. If legal, accounting, medical, psychological or any other expert assistance is required, the services of a competent professional person should be sought.

Designations used by companies to distinguish their products are often claimed as trademarks. In all instances where John Wiley & Sons, Inc. is aware of a claim, the product names appear in initial capital or all capital letters. Readers, however, should contact the appropriate companies for more complete information regarding trademarks and registration.

This title is also available in print as ISBN 0-471-35367-1. Some content that appears in the print version of this book may not be available in this electronic edition.

For more information about Wiley products, visit our web site at [www.Wiley.com](http://www.Wiley.com).

# CONTENTS

	Series Preface	ix
<b>One</b>	Approaches to Standardized Behavioral Assessment	1
<b>Two</b>	Merits of the Inventories	21
<b>Three</b>	The Behavior Assessment System for Children	53
<b>Four</b>	The Child Behavior Checklist and Related Instruments	94
<b>Five</b>	Conners' Rating Scales—Revised	120
<b>Six</b>	Classroom Observations	143
	References	173
	Annotated Bibliography	179
	Index	185
	About the Authors	193





## SERIES PREFACE

In the *Essentials of Psychological Assessment* series, we have attempted to provide the reader with books that will deliver key practical information in the most efficient and accessible style. The series features instruments in a variety of domains, such as cognition, personality, education, and neuropsychology. For the experienced clinician, books in the series offer a concise, yet thorough way to master utilization of the continuously evolving supply of new and revised instruments, as well as a convenient method for keeping up to date on the tried-and-true measures. The novice will find here a prioritized assembly of all the information and techniques that must be at one's fingertips to begin the complicated process of individual psychological diagnosis.

Wherever feasible, visual shortcuts to highlight key points are utilized alongside systematic, step-by-step guidelines. Chapters are focused and succinct. Topics are targeted for an easy understanding of the essentials of administration, scoring, interpretation, and clinical application. Theory and research are continually woven into the fabric of each book, but always to enhance clinical inference, never to sidetrack or overwhelm. We have long been advocates of “intelligent” testing—the notion that a profile of test scores is meaningless unless it is brought to life by the clinical observations and astute detective work of knowledgeable examiners. Test profiles must be used to make a difference in the child's or adult's life, or why bother to test? We want this series to help our readers become the best intelligent testers they can be.

This volume in Wiley's *Essentials* series provides the reader with descriptions and interpretive information on the three most widely used behavior assessment scales available: the Behavior Assessment System for Children (BASC; Reynolds & Kamphaus, 1998); the Child Behavior Checklist (CBCL; Achenbach, 1991a); and Conners' Rating Scales—Revised (CRS-R; Conners,

1997, 1999). Using these measures, a knowledgeable respondent provides impressionistic ratings of the frequency of specific behaviors, such as crying, shoving, and talking out of turn. Two of the scales, the BASC and the CBCL, also elicit self-reports of the frequency (presence or absence) of specific behaviors, thoughts, and feelings. The BASC provides two additional components: a direct observation form that provides for actual behavior counts, and a Structured Developmental History that assists the clinician in placing behavior into a larger context.

Each measure has its strengths and limitations. Each is an inventory used with children and adolescents as part of the diagnosis and intervention sequence in schools, clinics, hospitals, and private clinical offices. Each is suited for use throughout the United States and in many other countries.

*Alan S. Kaufman, PhD, and Nadeen L. Kaufman, EdD, Series Editors*  
Yale University School of Medicine

# **Essentials of Behavioral Assessment**



## **APPROACHES TO STANDARDIZED BEHAVIORAL ASSESSMENT**

### **WHAT IS BEHAVIORAL ASSESSMENT?**

Most of what psychologists and educators assess is behavior. How many answers did a student calculate correctly on a math quiz? How many seconds did a child require to copy designated symbols under a set of numbers? How often did a parent focus on fine details of an inkblot when interpreting its shape and color? Did an adolescent redraw lines when copying a figure? Did a child diagnosed with attentional difficulties correctly reproduce a design out of red and white blocks? The answers to all of these questions are really nothing more than samples of behavior, even when examined as part of a standardized assessment.

Conventions of psychology and measurement have led to the application of particular labels to various aspects of behavior assessed by psychological or educational means. Thus, practitioners and researchers commonly speak of achievement testing, intellectual assessment, personality testing, and behavioral assessment primarily in order to distinguish the various ways of gathering and using information in school and clinical settings. At one time, behavioral assessment dealt only with clearly observable, overt behavior. More recently, with the increased popularity of cognitive behaviorism, reports of covert behavior such as thoughts, feelings, and desires have come to be included as a central component of behavioral assessment (e.g., Kratochwill, Sheridan, Carlson, & Lasecki, 1999). In using self-reports of internal or otherwise unobservable phenomena, the behavioral assessment field does not seek determinants of character or draw deep-seated psychodynamic inferences. Instead, an examinee's responses are viewed directly for what they represent: samples of behavior and reports of the frequency or occurrence of specific behaviors.

In addition to the roles of thoughts, feelings, and other covert behavior, the

**DON'T FORGET**

Behavioral assessment places an emphasis on what the examinee *does*. Many other forms of assessment emphasize what the examinee *has*: attributes, traits, character, and the like.

**DON'T FORGET**

Feelings, thoughts, and other covert activities are behavior, even though you cannot observe them directly.

behavioral assessment field now recognizes the significance of chronic, long-standing characteristics such as anxiety and locus of control, both of which generalize beyond highly specific settings. In fact, many traditional scales used by psychologists have also become components of behavioral assessment, but the interpretation of the results requires fewer inferences. This development, like the recognition of covert behaviors, contrasts with early conceptualizations of the behavioral assessment paradigm (e.g., Evans & Nelson, 1977).

Behavioral assessment, then, is not a specific or necessarily unique set of tests or procedures, but rather a paradigm, a way of thinking about and using assessment data. Assessment yields hypotheses about people and their environments. Early approaches to assessment sought to derive hypotheses about the structures and causes of disorders. In contrast, the behavioral assessment paradigm stresses hypotheses about behavior itself; these hypotheses suggest person-environment interactions leading fairly directly to intervention.

By *person-environment interactions*, we mean ways in which examinees and their environments act together to produce behaviors or conditions that neither could produce alone. For example, suppose that a 10-year-old girl has reading difficulties. These difficulties do not arise solely from the girl herself, as though she lived in isolation. Likewise, her environment does not simply impose these difficulties upon her, as though she were merely a canvas to be painted. Instead, a combination of influences in the girl and her environment act together to produce her pattern of reading difficulties.

Behavioral assessment also relies upon multimethod and multimodal approaches to gathering information about the existence and frequency of behavior in multiple settings. A practitioner may collect information using direct observation, traditional psychometric assessment, dynamic assessment, and other *methods* or overall approaches to the assessment process (Hoy & Gregg, 1994). Conversely, an examinee may have the opportunity to demonstrate

learning or skill in many ways. In science, for example, a student may investigate a problem using laboratory equipment, give oral explanations of this activity, record each procedure and conclusion in a notebook, construct a model from materials found in the classroom, and answer paper-and-pencil questions. The written, oral, and other *modalities* reflect primarily the student rather than the assessment (Kubiszin & Borich, 1996).

## METHODS OF BEHAVIORAL ASSESSMENT

Kratochwill et al. (1999) describe various behavioral assessment procedures as lying on a continuum from direct to indirect assessment. They place such procedures as questionnaires and clinical interviews on the indirect end of the continuum. Direct procedures for behavioral assessment include self-monitoring, physiological recording, analogue assessment, and direct observation and counting of discrete behavioral events. In this chapter we describe each of these techniques, but the remaining chapters focus on direct observation, self-report measures, and ratings of behavior by others.

### Interviewing

The clinical interview is probably the most ubiquitous form of assessment in which all mental health clinicians engage. Behaviorally oriented practitioners have long recognized the value of this procedure as an assessment method. The traditional clinical interview begins with an elicitation of the presenting problem, such as, “What brings you here?” “How can I help you?” or, directed to a parent, “Why did you want me to see your child?” After bringing out the presenting problem, the practitioner obtains a history of this problem, its context, and some developmental history. Compared with a clinical interview, a behavioral interview differs both conceptually and practically in its focus on problem solving and its search for the antecedents of a problem behavior. In addition, behavioral interviewing seeks to define the presenting problem in be-

### DON'T FORGET

Behavioral interviews focus on problem-solving strategies and define presenting problems in terms of people's actions rather than their states, traits, or psychodynamic conflicts.



## DON'T FORGET

### Steps in Behavioral Interviewing

- Identify the problem and specify target behaviors.
- Identify and analyze relevant environmental factors.
- Develop a plan for intervention.
- Implement this plan.
- Evaluate the outcomes of treatment.
- Modify treatment as needed and reevaluate outcomes.

havioral terms, referring to specific actions—overt or covert—as opposed to states or traits.

A problem-solving approach to the interview process begins with problem identification and definition, including designation of target behaviors. Next, the practitioner seeks to determine what environmental factors are related to the occurrence of the identified problem. From this information comes a plan for intervention, implementation of the intervention, subsequent evaluation of outcomes, and modification of the treatment plan.

The flexibility of behavioral interviewing yields many advantages over more formal or standardized assessments. Practitioners can use the behavioral interview to obtain general information about examinees and their environments, to evaluate broad areas of functioning, and to gather details about specific areas of functioning or problems unique to the client. An examinee's responses often suggest follow-up questions, but these questions follow a trail of current environmental events or conditions. Behavioral interviewing seeks only the factors that sustain a behavior, not the early causes that first gave rise to it.

In contrast with more traditional, psychodynamic approaches, the behavioral interview seeks to minimize the amount of inference used to obtain data and looks primarily for current circumstances that trigger a behavior. This search, which varies from client to client, is the principal strength of behavioral interviewing. Nevertheless, rapport with the child and with people who are influential in the child's life remains important in a behavioral interview despite its contrasts with psychodynamic approaches. The interview gives practitioners an opportunity to interact at a more personal level and to achieve an alliance and rapport less well-afforded by formal, standardized testing. The behavioral interview is also eminently practical.

These strengths lead to some inevitable weaknesses. The lack of a standard

protocol for the interview considerably limits the reliability and validity that can be obtained (see Chapter 2 for definitions of both terms). These problems were recognized early in the development of behavioral assessment as a conceptual approach to client presentation (e.g., see Cone, 1977, for a surprisingly current view of the issues). The extent to which two interviewers, each trained in behavioral techniques, ask similar follow-up questions, arrive at a common designation of the circumstantial trigger, and identify the same target behaviors is relatively low.

The consistency of behavior over time is a concern in developing interventions and interview techniques without quantifiable outcomes do not assess it accurately. This limitation has retarded research on behavioral interviewing. Despite more than 30 years of application, studies remain quite sparse. (See reviews in Kratochwill et al., 1999, and Ollendick & Greene, 1998.)

### **Self-Report Inventories**

Another procedure for behavioral assessment relies on an individual's responses to a set of standardized questions and has an objective scoring system and a normative reference group. This self-report of cognitions, attitudes, feelings, and behavior—concurrent with the collection of interview data, ratings by others, and direct observation of behavior—introduces into the evaluation an additional component that is objective and typically practical as well. For the most part, information about internal experiences is accessible only through clients themselves. Thus, a *self-report inventory* is particularly important in diagnosing anxiety disorders and other conditions with a strong internal component.

Early in the development of behavioral assessment, practitioners avoided such measures, asserting that they were antithetical to the concept of behavioral assessments because only observable behaviors were regarded as acceptable data (Ollendick & Greene, 1998). Now, self-report measures have attained widespread use in behavioral assessment (Groth-Marnat, 1990; Kratochwill et al., 1999; Ollendick & Greene, 1998). This change has occurred for two primary reasons. Test developers have constructed a wide range of self-report inventories specifically for use in behavioral assessment. In addition, reports of feelings, thoughts, and other covert activities have gained recognition as behavior and indeed have become central to cognitive-behavioral

approaches to assessment and intervention. Child self-report inventories have emerged in response to a recognition that children's perceptions of their environment, and of their behavior and its consequences, are important in their own right and in behavior change. Kratochwill et al. (1999) argue that, in behavioral assessment, self-report scales are most useful for gathering data on a child's cognitions and subjective experiences, information that is often unobtainable through any other means.

Self-report scales can be highly specific and tied to a narrow set of concepts (e.g., the Revised Children's Manifest Anxiety Scale or RCMAS; Reynolds & Richmond, 1985) or they can be of the omnibus variety, assessing a variety of constructs. The Behavior Assessment System for Children (BASC) and the Child Behavior Checklist (CBCL), two of the three instruments that are the focus of Chapters 2–6, combine their specific subscales into omnibus self-report scales. On the BASC, the omnibus scale is the Self-Report of Personality (SRP). In the CBCL system, it is the Youth Self-Report (YSR). Each scale taps multiple dimensions of a child's feelings and cognitions, thus performing the functions for which self-report scales are best suited.

### **Behavior Rating Scales**

Behavior rating scales are typically omnibus, *broad band* scales: They provide for the assessment of a wide range of behaviors in children and youth. Some *narrow band* scales, such as the Attention Deficit Disorders Evaluation Scales (ADDES), assess characteristics associated with Attention-Deficit/Hyperactivity Disorder (ADHD). Such instruments are not recommended, however, because they tend to overlook the many other disorders that sometimes have similar characteristics. These instruments lack specificity and are poor at differential diagnosis. The more broad-based scales associated with the BASC, the CBCL system, and the Conners' Rating Scales–Revised (CRS-R) are consistently superior to other scales and are by far the most widely used. Kratochwill et al. (1999) and Ollendick and Greene (1998) together describe 10 advantages to the use of broad-based behavior rating scales, noting that these measures

1. Provide an overall description of the child's behavior.
2. Elicit information on problems that may be overlooked in a behavioral interview and during direct observation.

3. Provide results that are easily quantified.
4. Allow derivation or specification of clusters of behavior that commonly co-occur for a particular child.
5. Assist in the empirical derivation of behavioral clusters common among groups of referred children.
6. Provide a reliable basis for comparing pre- and post-treatment behavior and evaluating outcomes.
7. Are a convenient means of obtaining data on the social validity of outcomes.
8. Typically assess broad dimensions such as school functioning, as well as narrow dimensions such as anxiety.
9. Are a cost-effective, convenient, and minimally intrusive means of collecting objective data.
10. Are useful in matching a child with a specific treatment.

To this list we add that behavior rating scales

11. Assist in making differential diagnoses among disorders, not just in detecting the presence of abnormal frequencies of behavior.
12. Permit normative, developmentally sensitive comparisons through empirical methods rather than through clinical judgment or other subjective procedures.
13. Can be evaluated empirically as diagnostic tests using familiar psychometric concepts such as reliability and validity.
14. Provide a clearly systematic method that can be used easily in the same way by numerous clinicians and in numerous settings.
15. May allow a prioritization of target behaviors, as with the BASC.

Despite these strengths and advantages, rating scales do present some potential problems and should not be used in isolation. Behavior ratings are impressionistic, holistic ratings provided by a respondent (typically a parent or teacher) who may be biased. The ratings received are thus summary judgments, albeit systematic and standardized, made by someone knowledgeable about the child, and appropriate for a comparison to a common referent, the ratings of the norming sample. In addition, children behave differently under different circumstances and under the direction of different individuals, even if their settings are similar. Practitioners should obtain ratings from multiple

respondents when possible in order to assess the specificity and generalizability of the behavioral patterns detected.

Kratochwill et al. (1999) reprove behavior rating scales, regarding them as designed to detect the presence of negative behaviors (i.e., behavioral excesses and deficits) but not positive behaviors or assets of the child. The BASC, however, devotes substantial numbers of items and scales to such behavioral strengths or assets because the identification of both positive and negative behavior is central to BASC philosophy.

### **Direct Observation and Recording**

Direct observation and recording, typically through a counting procedure, is another widely used procedure among behaviorally oriented practitioners. Some (e.g., Ollendick & Greene, 1998) hail direct observation of a child's behavior in the natural environment as the hallmark of child behavioral assessment. This form of observation is also a unique contribution to assessment from the behavioral school of psychology. Direct observation as an assessment method has four determining features: Observation occurs in a natural setting; recording or counting of behaviors is done at the time the behavior occurs, not retrospectively as with the rating scales noted above; impartial ob-

servers code or record the behavior; and the coded behaviors are described clearly, involving little or no inference for accurate recording of the behavior. The features of direct observation are listed in Rapid Reference 1.1.

Direct observation can occur with or without a standard behavior checklist or classification scheme but is easier to accomplish using a standardized coding system, such as the BASC Student Observation Scale (SOS). A standard format enhances training, objectivity, and accuracy, but reduces flexibility. To

#### *≡ Rapid Reference 1.1*

##### **Key Characteristics of Direct Observation and Recording of Behavior**

- Behavior is observed in a natural setting.
- Behavior is recorded or coded as it occurs.
- Impartial, objective observers record behavior.
- Behavior is described in clear, crisp terms, requiring little or no inference by the observer.