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Dear Colleague,

Welcome to our new Mental Health and Wellbeing for Children and Adolescents pack. Enclosed you will find information on our range of products suitable for health professionals working in this field.

Pearson Assessment is one of the UK’s leading publishers of standardised assessments. Our portfolio includes reliable, standardised assessments used by large numbers of professionals in both clinical and educational settings e.g. Psychologists, Occupational Therapists, Speech and Language Therapists, Teachers and SENCOs.

Awareness of behavioural, emotional and mental health issues in our younger population has increased, along with the diagnosis of Attention Deficit Disorder and Autism Spectrum Disorders. Together these imply a clear need for reliable assessment tools and practical intervention materials that meet the needs of all children, adolescents and adults.

We are dedicated to publishing a range of assessments that can help identify difficulties in these areas enabling you to provide the support and intervention needed.

In this pack you will find:
• Individual assessment product bulletins - including case studies.
• Your Area Sales Consultant details - we offer free, no obligation product demos.
• Information on how to contact us and place an order.

If you have any questions, or would like to see any of our products, please contact your Area Sales Consultant (contact details can be found in the pack).

For order and price enquiries, contact Customer Services on 0845 630 88 88 or visit us at our new look website www.psychcorp.co.uk.

Yours faithfully,

Nicola Owens
Sales Manager
Pearson Assessment (UK)
01291 626 333 / 0776 482 2394
nicola.owens@pearson.com
The Self Image Profiles (SIP) is a brief self-report measure of both self-image and self-esteem. There are two forms: the SIP for children aged 7–11 years and the SIP for adolescents aged 12–16 years. Both have identical format and scoring procedures but have different item content appropriate for the respective age levels.

Both the SIP–C and SIP–A consist of 25 familiar self-descriptions, 12 of a positive nature (e.g., Happy, Friendly), 12 with a negative slant (e.g., Lazy, Moody) and one item on sense of difference. All statements were generated by children or adolescents. The participant indicates ‘How they think they are’ and ‘How they would like to be’ using a 0–6 scale (not at all to very much).

Features

- Can be administered with groups as well as individually.
- Immediate visual profile is obtained.
- Quick and easy to administer (10 - 20 minutes).
- Valuable in planning where to direct intervention programmes.
- Cut scores for negative and positive self-image and self-esteem.
- Sense of difference score also available.
- Aspects of self-information can be obtained in the following domains:
  - SIP–C: Behaviour; Social; Emotional; Outgoing; Academic; Resourceful; Appearance.
  - SIP–A: Expressive; Caring; Outgoing; Academic; Emotional; Hesitant; Feel Different; Inactive; Unease; Resourceful.

* Recommended follow up questions available.
* Alternate ratings available e.g., ‘how peers see me’ and ‘how parents see me’.
* UK standardisation.

Use in clinical practice

As a Psychologist doing assessments for the court in both public and private law cases I often use the Butler Self Image Profiles for Children (SIP–C) and Adolescents (SIP–A).

I find these useful tools to inform my assessment about how children currently see themselves and their perceived levels of self-esteem and also how they would like to be.

I am then able to compare their self-image with how significant others (teachers, carers, parents) see them and this opens up areas for discussion and informs intervention.

Patricia Buxton, Chartered Psychologist, Child Psychology Associates
Overview

The Self Image Profile for Adults (SIP–Adult) is a brief self report measure for those aged 17 years to 65 years, that taps the individual’s theory of self. It provides an extension to the child (SIP–C: 7-11 years) and adolescent (SIP–A: 12-16 years) profiles, having a similar structure and format.

The SIP–Adult consists of 32 items rated by the respondent in terms of both how they think of themselves and how they would like to be. It provides a visual display of self-image, enabling the individual – as they complete it– to reveal to themselves as well as the clinician, ways they construe themselves.

In addition the SIP–Adult also provides a measure of self-esteem, which is estimated by the discrepancy between ratings of ‘How I am’ and ‘How I would like to be’.

The SIP can be used in research to gather an estimate of self-image and self-esteem; in clinical practice to identify aspects where the person wishes to change; or employed wherever an estimate of an individual’s self construing is considered appropriate.

It can be employed by Psychologists, Mental Health Workers, Counsellors and Specialists working with adults in a variety of situations.

Features

• Identifies both self-image and self-esteem.
• Items are short well-known descriptions, based on frequently elicited accounts, self derived from a large sample of adults.
• British norms based on samples drawn from across the UK.
• Identifies where people wish to change and therefore offers therapeutic avenues.

Why Choose SIP?

• Easy and quick to administer and score.
• Administration can be completed individually or in groups in around 7–15 minutes.
• May be used as a screening instrument where a quick assessment of self is required.
The Resiliency Scales for Children and Adolescents™ were designed to systematically identify and quantify core personal qualities of resiliency in youth, as expressed in their own words about their own experience(s). The resiliency scales are designed with recognition that external events are important and that the child’s perception of external events is highly significant.

The Resiliency Scales are three brief self-report scales designed to identify areas of perceived strength and/or vulnerability in youth aged 9 – 18 years. Each scale focuses on one area of resiliency: Sense of Mastery, Sense of Relatedness, and Emotional Reactivity.

Features

The self-report items are easy to understand as they are written at a reading age of 8 years. The scales can be administered to an individual or a group.

For each scale the respondent indicates how often they experience the feelings or experiences being described; 0 being never, 1 rarely, 2 sometimes, 3 often and 4 almost always:

**Sense of Mastery Scale**
The Sense of Mastery Scale is a 20-item self-report questionnaire consisting of three conceptually related content areas:

- Optimism — about life and one’s own competence. Positive attitudes about the world/life in general and about one’s own life currently and in the future
- Self-Efficacy — one’s approach to obstacles or problems and one’s ability to develop problem solving strategies
- Adaptability — flexibility, being personally receptive to criticism and learning from one’s mistakes.

**Sense of Relatedness Scale**
The Sense of Relatedness Scale is a 24-item self-report questionnaire consisting of four conceptually related areas:

- Trust — when others are perceived as reliable and accepting, and the degree to which an individual can be authentic in these relationships.
- Support — an individual’s belief that there are others whom he or she can turn to when dealing with adversity.
- Comfort — comfort with others which may buffer stressors in an individual’s life.
- Tolerance — the individual’s belief that he or she can safely express difference within a relationship.
**Emotional Reactivity Scale**
The Emotional Reactivity Scale is a 20-item self-report questionnaire consisting of three conceptually related areas:
- Sensitivity — threshold for reaction and the intensity of the reaction.
- Recovery — the ability to bounce back from emotional arousal or disturbance of emotional equilibrium.
- Impairment — the degree to which the adolescent is able to maintain an emotional equilibrium when aroused.

**Technical Information**
For all ages, the Resiliency Scales have moderate to high alpha coefficients. For example, .94 for emotional reactivity, .95 for mastery and relatedness. Test-retest coefficients were moderate to high, indicating some stability over time.

The test correlated with Reynolds Bully Victimisation Scales for Schools, Brown Attention Deficit Disorder Scales and Beck Youth Inventories™ - Second Edition For Children and Adolescents (BYI-II™).

**Why choose Resiliency Scales for Children and Adolescents™?**
- Brief and easy to administer.
- Short psychometrically sound scales.
- Produces theoretically and empirically sound results that are easily communicated to the adolescent and his or her caregivers.
- The scales can be administered individually or in any combination depending on the clinical needs of the youth.
- The items pertain to everyday functioning and not stigmatising.
- Profile analysis allows examiner to determine where personal strengths and weaknesses lie.
- Items reflect positive-self.

**Links to other measures**
- Beck Youth Inventories™ - Second Edition For Children and Adolescents (BYI-II™)
Beck Youth Inventories™ – Second Edition (BYI-II)

Overview

Beck Youth Inventories™ – Second Edition are five self-report scales that may be used separately or in combination to assess a child’s experience of depression, anxiety, anger, disruptive behaviour and self-concept. The inventories are intended for use with children and adolescents between the ages of 7 and 18 years.

The BYI-II provides easy to administer and brief (5–10 minutes each) assessments of distress in children and adolescents. Each inventory contains 20 statements about thoughts, feelings or behaviours associated with emotional and social impairment in children and adolescents.

Features

The self–report items are easy to understand as they are written at a reading age of 7 years. The respondent indicates how often they experience the feelings described; 0 being never, 1 sometimes, 2 often and 3 always:

• **Beck Depression Inventory** – includes items that reflect the respondent’s negative thoughts about himself or herself, his or her life, and future; feelings of sadness; and physiological indications of depression e.g. “I feel no one loves me” and “I feel empty inside”.

• **Beck Anxiety Inventory** – includes items reflecting fears (e.g. about school, getting hurt, their health) worrying and physiological symptoms associated with anxiety e.g. “I am afraid that I will make mistakes”, “My hands shake”.

• **Beck Anger Inventory** – includes items or perceptions of mistreatment, negative thoughts about others, feelings of anger, and physiological arousal e.g. “when I get mad, I stay mad”, “I think my life is unfair”.

• **Beck Disruptive Behaviour Inventory** - includes items related to behaviours and attitudes associated with conduct disorder and oppositional-defiant behaviour e.g. “I like to hurt animals”, “I like it when people are scared of me”.

• **Beck Self-Concept Inventory** – includes items that explore self-perceptions such as competence, potency, and positive self-worth e.g. “I feel proud of the things I do”, “I’m happy to be me”.

Case Study: Joseph, 12 Year–Old Male

Joseph was a 12-year-old male who was referred for a psychological evaluation by a counsellor at an emergency children’s shelter in a small Southern city in the US. His mother, who complained that she could no longer cope with his defiance, anger and general behaviour problems, and had placed Joseph at the shelter. She reported that he was born healthy and his developmental milestones were within normal limits. Although he did not demonstrate any discipline problems prior to the second grade, problematic behaviours gradually increased from the third to the sixth grade, especially after his parents divorced and his father moved to another state.
At the time of the assessment, his mother felt overwhelmed by his problems and reported that she needed a respite from Joseph. She reported that he demonstrated frequent rages and she stated, “He doesn’t care how he treats others. He has no respect for others or their belongings. Everything is always negative and nothing is ever Joseph's fault.” Behaviour ratings from her perspective and that of Joseph’s four teachers confirmed the pervasive nature of his oppositionality and anger across multiple environments. He was described by his teachers as being “oversensitive,” “touchy” and “obstructive”.

Despite these reports, Joseph was pleasant and cooperative during testing. He willingly completed all five of the inventories; his approach to the measures appeared thoughtful and honest. His responses were comparable to the reports of others, especially in the areas related to acting out behaviour. He obtained the following total raw scores: BSCI-Y = 37, BAI-Y = 22, BDI-Y = 32, BANI-Y = 40, and BDBI-Y = 29. The table below show how these raw scores convert to T scores. Joseph reported significant acting out (98% of the standardisation group scored below this level), had severe levels of anger and depression and had low self-concept.

An analysis of the items Joseph endorsed demonstrated that he reported that he “often” (or “always”) demonstrated oppositional and defiant behaviours, such as arguing with adults and being spiteful and vindictive, but he denied most Conduct Disorder symptoms (consistent with the reports of others). He reported victimisation cognitions at an increased level, such as believing people were unfair to him, and that others try to control him and put him down. In addition, he reported frequent anger effect, such as feeling like exploding.

Importantly, depressive symptoms and low self-concept had not been reported by others. He reported negative views of himself and his world, including hating himself and believing that his life is bad. He did not report vegetative symptoms or suicidal ideation, though hopelessness was sometimes experienced. Negative self-concept items were particularly predominant in his self-view and in his relationships with others. Overall, Joseph presented as a young man who appeared to honestly report oppositional and defiant behaviours; he felt victimised by others and felt intense anger. He experienced a sense of rejection by others and reported self-hate.

The use of the inventories identified the presence of internalising symptoms that may have otherwise been overlooked. The \textit{BYI-II inventories} expanded the range of possible therapeutic options to include the following: (a) medication to address self-depression and depression-based irritability, (b) individual therapy to address self-hatred, and (c) group therapy to address his negative self-concept of interpersonal relatedness.
Technical Information

For the first phase (1999–2000) the normative data was based on a sample of 800 children ages 7–14 years. The second phase of data collection focussed on obtaining normative data for adolescents between the ages of 15 and 18 years (N=200). Reliability and validity evidence for all ages is excellent, for example internal consistency ranges from .86 to .96 for all five inventories.

Clinical samples were collected from a US population at each phase and included adolescents who have been diagnosed with depression, anxiety disorder, conduct disorder and bipolar disorder.

Why Choose BYI-II?

- Brief and easy to administer. They have fewer items than most other measures on the market, but do not sacrifice reliability and validity.
- Addresses the comorbidity of disorders of negative effect. Collectively they are broad in scope, individually each is a relatively specific measure of functioning.
- Short, psychometrically sound scales.
- Profile analysis available to assist in conceptualising how depression, anxiety and anger may all be part of a child's distress.

Links to Other Measures

- Resiliency Scales for Children and Adolescents™
Complementary assessments addressing emotional status and reactivity in adolescents

Overview

By using the above scales together it is possible to obtain a comprehensive picture of a child or adolescent's distress, behaviour, vulnerability, reactivity and resiliency to adversity.

The information provided by the Resiliency Scales for Children and Adolescents™ may be applied in treatment planning and used with additional information gained from the Beck Youth Inventory™ – Second Edition, enabling you to implement effective interventions that work with an individuals strengths and coping styles.

On the following three pages there is a case study using test results from the Resiliency Scales for Children and Adolescents™ and Beck Youth Inventories™ – Second Edition, as presented in the Resiliency Scales Manual, published by Pearson Assessment.
As previously stated, Michael had been in residential treatment at the time of testing and had experienced many previous hospitalization and failed treatments. Michael’s background suggested that he had experienced multiple risks. Neither parent had graduated from high school. His mother had an eighth grade education, and his father had an 11th grade level of education. His father, who did not live with the family, was reported as employed as a laborer. On a negative life events checklist (developed by the author for use in this study) completed at the time of testing, Michael reported ten out of a possible thirteen negative life events and three out of possible five negative life outcomes. Only 2.1% of the standardization sample had reported more negative life events. Three percent of the standardization sample had reported more negative life outcomes, and two percent of the standardization sample reported a higher total score of negative life events and outcomes. Given this report, Michael may be considered to have experienced cumulative risk factors.

Michael’s BYI-II profile indicates moderate to extreme elevation in all of the negative affect and behavior inventories (see Table 3.3). His highest scores were in anxiety ($T = 77$) and anger ($T = 70$), which were in the extremely elevated range. His depression and disruptive behavior scores were in the moderately elevated range. Michael’s self-concept $T$ score was in the average range.

On the Resiliency Scales, Michael reported an average amount of Emotional Reactivity with two subscales in the upper average range. He reported a low Sense of Mastery, particularly with respect to a sense of Optimism and Self-Efficacy. Michael’s ADHD has probably compromised his ability to experience success, which may have been compounded by difficult life circumstances. His ability to acknowledge mistakes and accept help from others as indicated on the Adaptability subscale is average. His Sense of Relatedness is also low with respect to the Trust, Support, Comfort, and Tolerance subscale scores.

See Figures 2.0 and 3.0 on the following page

<table>
<thead>
<tr>
<th>BYI-II Inventory</th>
<th>Name</th>
<th>Raw Score</th>
<th>$T$ Score</th>
<th>Cumulative Percentage</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>BDI-Y</td>
<td>Depression</td>
<td>21</td>
<td>61</td>
<td>93.3</td>
<td>Moderately elevated</td>
</tr>
<tr>
<td>BAI-Y</td>
<td>Anxiety</td>
<td>37</td>
<td>77</td>
<td>97.0</td>
<td>Extremely elevated</td>
</tr>
<tr>
<td>BANI-Y</td>
<td>Anger</td>
<td>35</td>
<td>70</td>
<td>96.0</td>
<td>Extremely elevated</td>
</tr>
<tr>
<td>BDBI-Y</td>
<td>Disruptive Behavior</td>
<td>16</td>
<td>61</td>
<td>89.0</td>
<td>Moderately elevated</td>
</tr>
<tr>
<td>BSCL-Y</td>
<td>Self-Concept</td>
<td>43</td>
<td>53</td>
<td>65.0</td>
<td>Average</td>
</tr>
</tbody>
</table>
On the Resiliency Scales, Michael reported an average amount of Emotional Reactivity with two subscales in the upper average range. He reported a low Sense of Mastery, particularly with respect to a sense of Optimism and Self-Efficacy. Michael’s ADHD has probably compromised his ability to experience success, which may have been compounded by difficult life circumstances. His ability to acknowledge mistakes and accept help from others as indicated on the Adaptability subscale is average. His Sense of Relatedness is also low with respect to the Trust, Support, Comfort and Tolerance subscale scores.

Fig 2.0 Resiliency Scale and Subscale Score Summary for Michael

<table>
<thead>
<tr>
<th>Scales/Subscales</th>
<th>Raw Score</th>
<th>T Score</th>
<th>Scaled Score</th>
<th>Cumulative Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sense of Mastery</td>
<td>45</td>
<td>40</td>
<td>14.5</td>
<td></td>
</tr>
<tr>
<td>Optimism</td>
<td>13</td>
<td>6</td>
<td>12.5</td>
<td></td>
</tr>
<tr>
<td>Self-Efficacy</td>
<td>23</td>
<td>7</td>
<td>21.0</td>
<td></td>
</tr>
<tr>
<td>Adaptability</td>
<td>9</td>
<td>10</td>
<td>47.5</td>
<td></td>
</tr>
<tr>
<td>Sense of Relatedness</td>
<td>54</td>
<td>38</td>
<td>13.0</td>
<td></td>
</tr>
<tr>
<td>Trust</td>
<td>16</td>
<td>7</td>
<td>17.5</td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>15</td>
<td>7</td>
<td>18.5</td>
<td></td>
</tr>
<tr>
<td>Comfort</td>
<td>8</td>
<td>6</td>
<td>11.5</td>
<td></td>
</tr>
<tr>
<td>Tolerance</td>
<td>15</td>
<td>7</td>
<td>21.0</td>
<td></td>
</tr>
<tr>
<td>Emotional Reactivity</td>
<td>28</td>
<td>54</td>
<td>62.5</td>
<td></td>
</tr>
<tr>
<td>Sensitivity</td>
<td>6</td>
<td>9</td>
<td>44.5</td>
<td></td>
</tr>
<tr>
<td>Recovery</td>
<td>6</td>
<td>12</td>
<td>77.5</td>
<td></td>
</tr>
<tr>
<td>Impairment</td>
<td>16</td>
<td>12</td>
<td>84.0</td>
<td></td>
</tr>
</tbody>
</table>

Fig 3.0 Resiliency Scale Profile for Michael
Treatment Recommendations for Michael

Michael appears to be facing adulthood with very low optimism about his own abilities and less than average comfort and trust in others. His ADHD and negative life circumstances may have compromised his ability to experience an adequate sense of mastery and sense of relatedness. His elevated BYI–II scores, in spite of ongoing treatment and medication, may be related to his overall worry about his future as he approaches his 18th birthday. Michael’s profile, which is high in symptoms and low in perceived strengths, is not uncommon for a youth who has experienced multiple hospitalizations. Michael’s relative strength, based on the information above, is his average self-concept score on the BYI–II in spite of the below average Sense of Mastery and Sense of Relatedness scores, as reported on the Resiliency Scales. Treatment might focus on identifying what Michael likes about himself and explore with him how he might use that quality in relating to others and increasing his sense of mastery.

Michael also reported an average degree of Adaptability, meaning that he has the ability to recognize his mistakes and accept feedback from others. Therapy might involve pointing out that this is a strength that others do not have, and assist Michael in using this ability to his best advantage. Part of this intervention should be a thorough explanation of the effects of ADHD and information on how these symptoms may have interfered in the past and how they might be managed in his future.

In summary, treatment might focus on helping Michael structure a plan for adulthood that maximizes his chances for some degree of success and satisfying relatedness with others. This plan would take his ADHD into consideration, and the importance of maintenance on medication for management of ADHD symptoms so that they do not interfere with his functioning.
Reynolds Bully-Victimization Scales for Schools (RBVSS)

Overview

The Reynolds Bully Victimization Scales are designed to identify those students who are engaging in bullying behaviour and those that are falling victim to bullying. The scales also identify those students who are experiencing significant psychological distress, both of an internalizing and externalizing nature; and helps to identify those students who show significant levels of fear and worry about their safety in school and the level of school violence. The scales are designed for use with children and adolescents aged 8 to 19 years.

Features

The Reynolds Bully-Victimization Scales are easy to administer consisting of three self-report scales. Each scale contains statements of feelings and experiences and the child/adolescent is asked to respond as to how often they have experienced the feelings or events being described in the last month; 0 being almost never, 1 sometimes, 2 a lot of the time and 3 almost all of the time.

The self-report items are easy to understand and most students with a reading age of eight years are able to read the test items and respond without assistance. The scales can be administered individually or to a group and can also be used as a school wide screening procedure.

* Bully Victimization Scale (BVS)

The BVS consists of 46 items providing scores on two scales: the bullying scale and the victimization scale, each consisting of 23 items.

The BVS measures a range of bullying behaviours, including overt aggression i.e., throwing things, fighting and stealing. It also measures relational aggression and harassment i.e name calling and verbal threats. Responses to individual items allows the examiner to look deeper at the nature of bullying in which the student is engaged.

Items on the victimization scales include the assessment of overt peer aggression and relational aggression directed at the respondent. It measures domains of various types of peer victimization, including being physically assaulted and teased for example. Responses to the items provide useful information on the nature of the bullying experienced by the student and the frequency with which it occurs.

* Bully Victimization Distress Scale (BVDS)

The BVDS consists of two scales, the Externalizing Distress Scale and the Internalizing Distress Scale. The scales are designed to evaluate dimensions of students’ psychological distress specific to being bullied. The scales allow the examiner to determine whether the student is experiencing internalizing symptoms such as sadness or fear or externalizing symptoms of distress such as anger or aggression.

* School Violence Anxiety Scale (SVAS) Used with students aged 10-19 years only

The SVAS consists of 29 items designed to measure student anxiety about schools as unsafe or threatening environments. The SVAS measures anxiety across 3 domains: Cognitive, Physiological and Behavioural.
Technical Information

Norms for the RBVSS were developed using the stratified sample of 2000 children and adolescents in the US. Norms were developed with a sample of 1,990 students for the BVS and BVDS, and 1,587 for the SVAS. The SVAS was developed for use with students aged 10 to 19 years so a smaller standardisation sample group was used for the development of the norms for this scale, taken from the original larger sample.

Reliability of the RBVSS was examined in several studies and found to be good. High internal consistency reliabilities in the .90s were found across all the scales. Evidence of high validity was also reported.

Why choose RBVSS?

- A brief and easy to administer assessment.
- Can be used to identify both the bully and the victim.
- Profiles individual student’s perception of school, highlighting fears and anxieties to allow for intervention.
- Can be used individually or with large groups to screen a number of students at one time.
- Psychometrically sound.
- Each scale can be administered in isolation or in combination with the others allowing flexibility for the examiner to meet the needs of all students.
Social skills are an essential and critical attribute to successful functioning in life. Children and adolescents interact with an increasing number of people in varied settings and situations, some do with ease, whilst others struggle. Well developed social skills can contribute to academic success, conversely social skills deficits can lead to poor academic outcomes and may later result in social adjustment problems.

Importantly social skills can be developed and improved; the Social Skills Improvement System (SSiS™) Rating Scales enable targeted assessment of individuals aged between 3 and 18 years, which can help to evaluate social skills, problem behaviours and academic competence that can then lead to intervention.

The SSiS™ Rating Scales provides a broad, multi-rater assessment of student’s social behaviours that can affect teacher–student and parent–child relations, peer acceptance and academic performance. This multi-rater approach involves the student, parent and teacher, enabling a student-centred approach whilst also giving the other key individuals within a student’s life an opportunity to view their concerns.

The SSiS™ contains four record forms, the teacher and parent form can be used on child and adolescents from age 3 up to 18 years, whereas the student rating forms are broken down into two age appropriate groups; 8 to 12 years and 13 to 18 years.

Teachers and parents rate both the frequency and importance of each social skill item. Students rate how true each social skills and problem behaviours item is for them, whilst the older students also rate the importance of each of the social skills. This format enables the professional to receive a wide view of the students functioning and capabilities, including any strengths, weaknesses or concerns.

Administration is quick and user friendly, each form can be completed within approximately 15–20 minutes, and can either be hand-scored using straightforward handscore forms, or computer–scored using the ASSIST software.

Within the SSiS™ there are three key sub–scales; social skills, problem behaviours and academic competence. Social skills and problem behaviours are covered within all three rater questionnaires whilst the academic competence is limited to just the teacher rater form.
The sub–scales are then broken down further to specific attributes, these are:

- **Social Skills**
  - Communication
  - Cooperation
  - Assertion
  - Responsibility
  - Empathy
  - Engagement
  - Self-control

- **Problem Behaviours**
  - Externalising
  - Bullying
  - Hyperactivity/inattention
  - Internalisation
  - Autism spectrum

- **Academic Competence** (Teacher form only)

---

**Technical Information**

The SSiS™ allows you to compare students to sample norms to help identify those individuals who are performing below normative expectations and who need further intervention. The SSiS™ is normed on 4,700 children and adolescents in the US. Standard Scores and Percentile Ranks are available for each subscale.

Scoring of the scales can be completed by using the separate Male and Female norms or using the combined option. The different sets of norms are provided due to the difference in scoring between the two groups, for example the average ratings for problem behaviours were consistently lower within the female group, than those for males.

**Clinical samples include:**
- Autism
- ADHD
- Developmental delay
- Gifted/talented
- Speech/language impairment

**The SSiS is correlated with other assessments including:**
- Behavior Assessment System for Children, Second Edition (BASC-2)
- Vineland Adaptive Behavior Scales, Second Edition (Vineland-II)
Why Choose SSiS™?

Social skills are an integral part of development for all children, by using the Social Skills Improvement System Rating Scales the competencies of an individual’s social skills can be investigated. The multi-rater approach enables the identification of specific social behaviour acquisition and performance, supporting you in providing the best interventions that are suited to their needs.

To aid in the ease of administration and scoring, the SSiS can be hand-scored or computer-scored using the ASSIST CD package.

Evidence-based tools for assessing and teaching social skills that lead to social and academic success.

Universal Screening
Teachers can use the SSiS Performance Screening Guide to identify each student’s performance level using criterion-referenced performance continua for prosocial behavior, motivation to learn, reading skills, and math skills.

Targeted Intervention
The new SSiS Intervention Guide will replace the Social Skills Intervention Guide. This new guide will provide professionals with comprehensive information for conducting targeted interventions based on results of SSiS Rating Scales.

In-depth Intervention
School counselors, psychologists, or other qualified professionals can use the Social Skills Intervention Guide to implement proven intervention strategies directly linked to SSiS results.

Universal Intervention
Teachers can use the SSiS Classwide Intervention Program to work on 10 of the most important social skills in 5 major prosocial behavior areas. You can incorporate the programs into your normal curriculum by using the student booklets and lesson plans.

Targeted Assessment
The new SSiS Rating Scales will replace the current Social Skills Rating System. These scales will enable teachers to evaluate students whose academic and social behaviors are below expectations. The rating scales identify target behaviors for intervention and provide a baseline for post-intervention progress assessment.

In-depth Assessment
School counselors, psychologists, or other qualified professionals can use the Social Skills Rating System to gain further information on students’ behavior using nationally standardized questionnaires for teachers, parents, and students.

Coming Summer 2008!
Social Skills Improvement System (SSiS™)

Also Available in the SSiS Range...

**Intervention Guide – Ages 3 – 18 years old**
Offers in-depth social skills intervention for 20 core social skills linked directly to SSiS Rating Scales results.

**Classwide Intervention Program – Ages 3 – 18 years old**
Provides teachers and other professionals with instructional scripts and resources for teaching the top 10 social skills that are critical to the functioning of all students within a classroom. Individual sets are available for ages:
- Preschool Starter Set (3 to 5 years)
- Kindergarten Starter Set (5 to 6 years)
- Lower Elementary Starter Set (5 to 8 years)
- Upper Elementary Starter Set (8 to 12 years)
- Secondary Starter Set (12 to 18 years)

**Performance Screening Guide – Ages 3 – 18 years old**
Offers universal screening of pro-social behaviours, maths skills, reading skills, and motivation to learn for all students in an entire classroom in less than 20 minutes. Individual sets are available for ages:
- Preschool (3 to 5 years)
- Elementary (5 to 11 years)
- Secondary (12 to 18 years)
Overview

BASC-2 is a multimethod, multidimensional system used to evaluate behaviour and self-perceptions of children and adults aged 2–25 years. It is sensitive to both obvious and subtle behavioural and emotional disorders as expressed in school and clinical settings, and to academic and familial demands on child and adolescent development. It provides a sophisticated approach to the evaluation of behavioural and emotional disorders among children and adolescents.

It has five components which can be used individually or in any combination:

• Two rating scales (teacher - TRS and parent - PRS). These gather descriptions of a child’s observable behaviour, each divided into age-appropriate forms.
• A self-report scale (self-report of personality - SRP). This allows the child to describe their emotions and self-perceptions.
• A structured developmental history (SDH)
• A form to record and classify directly observed classroom behaviour (Student Observation System - SOS)
• It measures numerous aspects of behaviour and personality including positive (adaptive) and negative (clinical) dimensions.
• BASC-2 was designed to facilitate the evaluation of a variety of emotional and behavioural disorders of children and to aid in design of treatment plans.

Features

• Assesses a wide range of distinctive dimensions. As well as evaluating personality, behavioural problems and emotional disturbance, it can identify positive attributes that are useful in the treatment process.
• The range of dimensions assessed can help to make a diagnosis of a specific category of disorder such as those in the DSM-IV-TR (American Psychiatric Association, 2000) and general categories of problems such as those addressed by the Individuals with Disabilities Education Act (IDEA, 1997).
• It allows information from multiple sources to be compared to help achieve reliable and accurate diagnoses.
• Each component is designed for a specific setting or type of respondent because some behaviours are more important or measurable in some settings rather than others.
• The scales are highly interpretable because they are built around clearly specified constructs with matching item content developed through a balance of theory and empirical data.
• Scales also have high internal consistency and test-retest reliability.
• Forms can be either hand-scored or computer-scored.
• Norms are based on large representative samples and differentiated according to gender, age and clinical status of the child. (N.B. US Census data 2001). Clinicians can choose from gender-based norms or combined-gender norms when deriving standard scores for the various sub-scales on composites.
Why Choose BASC-2?

- It offers validity checks to help detect careless or untruthful responding, misunderstanding or other threats to validity.
- Scales are consistent across gender and age as well as between teacher and parent forms. This enables consistent interpretation of scales and meaningful across-source and across-time score comparisons.
- **BASC-2 can now be scored using the Q-local computer software.**
  NEW BASC-2 Clinical Report *(only available on Q Local)* which provides clinical probability indexes for ADHD, EBD, and Functional Impairment.

Technical Information

US Norms, Sample Size: 3 400 – 4 500 for each scale

There is a choice of norm groups:
- General, combined gender
- General, separate gender
- Clinical

The norms have been sampled across race, ethnicity, parent education, geographical region and clinical/special education status.

Why Choose BASC-2?

- Can aid clinical diagnosis of disorders that are first apparent in childhood or adolescents.
- Can be used in a variety of clinical or educational settings.
- **BASC-2** is sensitive to numerous presenting problems in the classroom: academic difficulties are frequently linked to behaviour problems. It is also useful for assessing severe emotional disturbance.
- **BASC-2** may be particularly useful for designing individual educational plans.
- Repeated use of the **BASC-2** can help to identify a child’s progress in specific programmes.
- Uses a multidimensional approach for conducting a comprehensive assessment
- Strong base of theory and research gives you a thorough set of highly interpretable scales
- Enhanced computer scoring and interpretation provide efficient, extensive reports
- Differentiates between hyperactivity and attention problems with one efficient instrument

Links to other measures

Also available:
- **BASC-2 BESS** (Behavioral and Emotional Screening System)
- Q Local Scoring and Software Reporting Version 2.5
Overview

The Vineland–II is a measure of adaptive behaviour from birth to adulthood. There are three versions available; the survey interview form, expanded interview and teacher rating form.

The key areas that the Vineland–II assesses are:
- Communication
- Daily living skills
- Socialisation
- Motor skills
- Maladaptive behaviour

Features

- Expanded age range encompasses birth to age 90 (Survey Interview, Expanded Interview, Parent / Caregiver Rating Form) and 3 to 21 years and 11 months (Teacher Rating Form).
- Parent/Caregiver Rating Form gives you another choice, a simple rating scale, for obtaining the basic information you receive from the semi structured interview.
- All Vineland–II forms aid in diagnosing and classifying learning difficulties and other disorders, such as Autism, Asperger’s Syndrome and Developmental Delays.
- The content and scales of Vineland-II were organised within a three domain structure: Communication, Daily Living, and Socialisation.
- In addition, Vineland–II offers a Motor Skills domain and an optional Maladaptive Behaviour Index to provide more in-depth information about your clients.
- The forms can be handscored or computer–scored. The Vineland–II Survey Forms ASSIST software takes the tedium out of scoring and interpretation. It calculates derived scores easily and accurately. The software also produces detailed reports at the click of a button. Use the Survey Forms ASSIST with both the Survey Interview Form and the Parent/Caregiver Rating Form. You can enter individual item scores or sub domain raw scores.
Technical Information

The Survey Forms normative sample consists of over 3,500 individuals and the Expanded Interview Forms normative sample consists of over 2,000. Scores are provided for 94 age groups. All samples were stratified by race, mother’s education, geographic region, and special education placement and were matched to the US census.

Why Choose Vineland–II?

• Updated content reflects tasks and daily living skills that are attuned to current societal expectations.
• Increased coverage of early childhood adaptive behaviour improves classification of moderate to profound learning difficulties.
• More complete coverage of adult adaptive behaviour improves detection of decline in older adults.
• Semi structured interview format now lists items by sub domain; making test administration easier.