

Australian Mental Health Outcomes and Classification Network

Behaviour and Symptom Identification Scale (BASIS) – 32

Training Manual



A joint Australian, State and
Territory Government Initiative

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1. Acknowledgements

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2. Introduction to Manual

This training manual has been developed to support training of Mental Health Clinicians in the BASIS-32. It provides an overview of the measure, its history, structure and use in clinical practice.

The manual has been structured so that trainers are provided with resources to present key points regarding the BASIS-32.

Some of the underlying principles, which shape this training manual, include:

- the need to utilise the principles of adult learning;
- ensuring that participants can relate the material to their work environment; and
- that participants have the opportunity to engage in the material.

Before training, trainers should ensure that they have access to the following training materials:

- A copy of this manual; and
- Copies of the BASIS-32.

In this training manual, certain symbols are used to indicate certain activities that the trainer should undertake:



This symbol indicates that trainers should make explicit certain important training points.



This symbol indicates that trainers should show a particular video clip or written vignette.



This symbol indicates that trainers should encourage group discussion.



This symbol indicates that trainers should distribute specific handout materials.

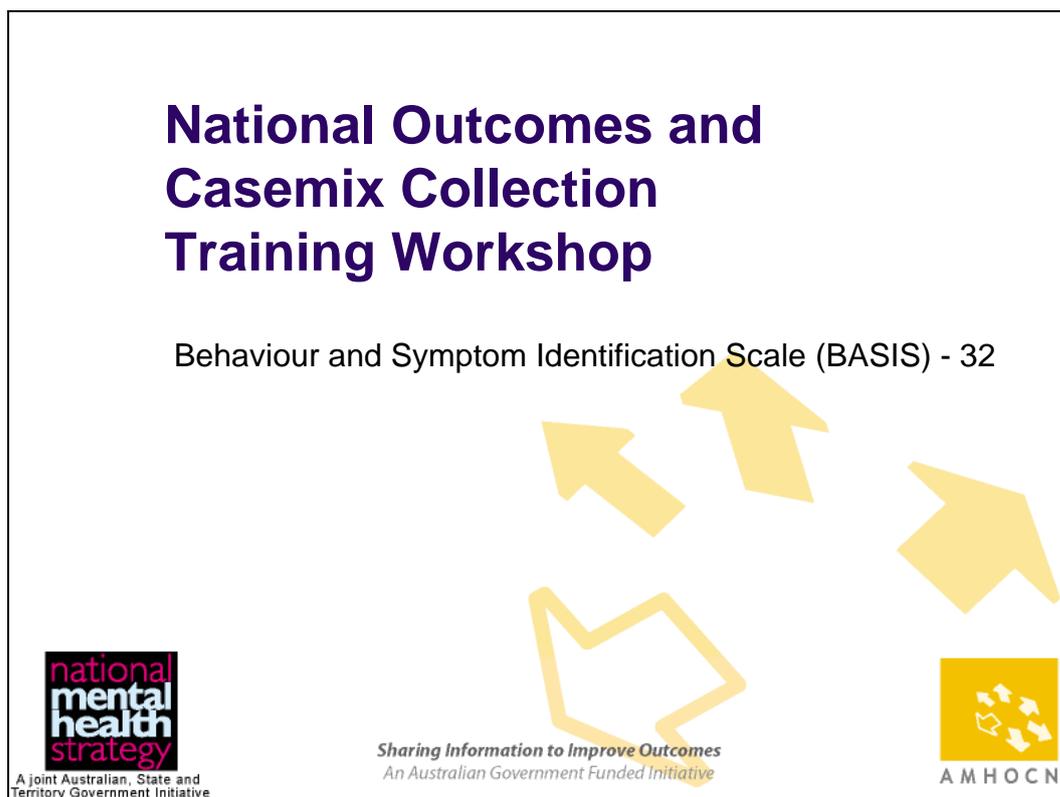


This symbol indicates that trainers should be prepared with background knowledge. Trainers will be provided with additional reference material in this section.



This symbol indicates the notional time this section should take.

3. Training Introduction and Learning Objectives



National Outcomes and Casemix Collection Training Workshop

Behaviour and Symptom Identification Scale (BASIS) - 32

national mental health strategy
A joint Australian, State and Territory Government Initiative

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AMHOCN

The slide features a central graphic of three yellow arrows pointing upwards and to the right, with a yellow outline of a house or building shape below them. The logos are positioned at the bottom corners.

This slide simply provides an introduction to the title BASIS-32 Training session.



Take this opportunity to undertake house keeping activities, bathrooms, messages, mobile phone etiquette.

The primary task here is the introduction of presenter and, depending on group size, participants.



This introduction section should take approximately 5 minutes to complete.

Learning Objectives

- Understanding of the background of the Behaviour and Symptom Identification Scale (BASIS-32)
- Understanding the versions and structure of the BASIS-32
- Understanding scoring and interpretation of the BASIS-32
- Understanding offering the BASIS-32

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Participants should be given a brief orientation to the content of this BASIS-32 session. This includes:

- A description of the BASIS-32;
- The background and development of the BASIS-32;
- The various versions and structure of the BASIS-32;
- The scoring and interpretation of the BASIS-32; and
- Offering the BASIS-32.



Identify the degree of experience the group has with the BASIS-32 or any other consumer self-report measure. Support discussion regarding the uses of these measures. Do these measures support assessment? Can they be used to monitor changes in the presentation of consumers?

4. Overview

BASIS-32

- Designed as a measure of the major symptoms and functioning difficulties experienced by people as a result of a mental illness .
- Self report measure
- Respondents indicate the degree of difficulty they are having **over the last two weeks** in a range of dimensions including, managing day to day life, relating to other people, clinical symptoms, physical symptoms, drug and alcohol usage and level of satisfaction with life

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Hand out copies of the measures. If available in your local service in printed form, use this material. Alternatively, all clinical measures are available in *Mental Health National Outcomes and Casemix Collection: Overview of clinician-rated and consumer self-report measures, Version 1.50*. Department of Health and Ageing, Canberra, 2003. This document along with others can be downloaded from www.mhnocc.org.



- The BASIS-32 was designed to measure the major symptoms and functioning difficulties experienced by people with a mental illness.
- Self Report measure.
- Consumers are asked to rate a range of potential difficulties including drug and alcohol use, relating to people and managing day to day life.
- Note the rating period is the last two weeks.



The BASIS-32 was originally developed to provide a brief standardised assessment, from the consumer's perspective, of their symptoms and problems to support outcomes assessment (Eisen et al 1994). It has been used in a variety of studies, in particular the evaluation of outcomes of inpatient mental health care (Doerfler et al 2002) and the identification of variations in the treatment of depression (Kramer et al 2000). While Eisen et al (2000) has shown that the appropriate use of a tool such as the BASIS-32 can increase the consumer's perceived involvement in care. Recently a revised version of the BASIS-32, containing only 24 items has been developed (Eisen et al 2004).



This brief overview should take approximately 5 to 10 minutes to complete.

BASIS-32 example item structure

To what extent are you experiencing difficulty in the area of:

	No difficulty	A little	Moderate	Quite a bit	Extreme
1. Managing day-to-day life. (e.g. getting to places on time, handling money, making everyday decisions)	<input type="checkbox"/>				

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This slide provides an example of the item structure of the BASIS-32.

- Each Item has a descriptor eg “managing day to day life”
- Consumers have a choice of 5 responses
 - no difficulty
 - a little difficulty
 - moderate difficulty
 - quite a bit of difficulty
 - extreme difficulty.

BASIS-32

32 question measure covering 5 sub-scales

- Relation to self and others
- Daily living and role functioning
- Depression and anxiety
- Impulsive and addictive behaviour
- Psychosis

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The BASIS-32 has 5 subscales with different items making up the different subscales:

Relation to self/others	Items 7, 8, 10, 11, 12, 14, and 15.
Depression/anxiety	Items 6, 9, 17, 18, 19 and 20.
Daily living/role functioning	Items 1, (2, 3, 4*), 5, 13, 16, 21 and 32.
Impulsive/addictive behaviour	Items 25, 26, 28, 29, 30 and 31.
Psychosis	Items 22, 23, 24 and 27.

*See next slide for subscale calculation



Have participant's review the items associated with the relation to self and others subscale.

Scoring and Interpretation

Each Item rated on a 5 point scale from 0 indicating least difficulty to 4 indicating greatest difficulty.

Subscale and overall mean scores range from 0 to 4

Relation to self/others, Depression/anxiety, Impulsive/addictive behaviour, Daily living/role functioning and Psychosis subscales are calculated by summing and dividing by the number of non-missing items for that subscale

A role functioning item can be created by taking the highest rating of items 2, 3, or 4 as an indication of greatest difficulty in role functioning

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This slide provides a brief overview of the scoring of the BASIS-32

- Rating is simple – consumers rate each item on a 5 point scale, with scores ranging from 0 indicating the least difficulty, to 4 indicating the greatest difficulty.
- Subscale and overall mean scores also range from 0 to 4.
- Four of the five subscale scores and the BASIS-32 average are computed by averaging the ratings for component items using the number of non-missing items as the denominator. The four subscale scores computed this way are: Relation to self/others, Depression/anxiety, Impulsive/addictive behaviour and Psychosis.
- For example, if the respondent answers all items in the Psychosis subscale, the subscale score is the sum of the ratings for items 22, 23, 24 and 25 divided by 4. If one item is omitted, the subscale score is the sum of the ratings for the items answered, divided by 3.
- The same process is followed for the three other subscales noted above, using the items comprising each subscale. The

only exception to this scoring process is for the Daily living/role functioning scale. In this case, items 2, 3, and 4 are used to create one “role functioning” rating by taking the highest of the three ratings (indicating greatest difficulty). The role functioning item can be created if a rating is available for at least one of the three items (2, 3, or 4).



Have participant's review the role functioning items and compare these to the psychosis items.

5. Offering the BASIS-32

Consumer Self Report Measure: When not to offer

- The consumer is too unwell or distressed to complete the measure
 - Psychotic or mood disturbance prevents the consumer from understanding the measure or alternatively, completing the measure would increase their level of distress
- The consumer is unable to understand the measure
 - As a result of an organic mental disorder or a developmental disability to consumer
- Cultural or language issues make the self report measure inappropriate

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The introduction of the BASIS-32 provides a number of potential benefits. These include:

- Supporting the process of assessment;
- Demonstrating a genuine interest in the consumer's point of view;
- Encouraging dialogue between clinicians and consumers;
- Highlighting discrepancies between the consumer's and clinician's perceptions; and
- Involving the consumer in the process of care planning.

These benefits provide an opportunity to support the development of the therapeutic relationship between the consumer and clinician. Offering the BASIS-32 demonstrates a genuine attempt on the part of the clinician to better understand the consumer's perception and needs and involve them in the process of care.

However, there are circumstances when the clinician should exercise clinical judgement when offering the measure. First, if the consumer is

distressed and offering the BASIS–32 makes them more distressed, then offering the measure is counter productive because it interferes with establishing rapport and promoting dialogue. Second, if the consumer is unable to understand the content and requirements for completing the BASIS–32 given their disordered or compromised mental state, then it is counter productive to offer the measure and third, if there are cultural or language impediments to offering the measure to consumers, then it should not be offered.

The general rule is that clinicians should exercise clinical judgement when offering the BASIS–32 and be mindful of the purpose of offering the measure i.e. **engaging the consumer in care.**



When administering the BASIS–32, there are some general activities or approaches to be avoided. These constitute the Don'ts of BASIS–32 Administration

- Do not force or command consumers to fill out the BASIS–32.
- Do not tell the consumer that treatment is dependent on their filling out the BASIS–32.
- Do not minimise the importance of filling out the BASIS–32.
- Do not accept an incomplete BASIS–32 without first encouraging the consumer to fill out unanswered questions.
- Do not paraphrase, rephrase, interpret or explain a question.
- Do not answer the question for the consumer.
- Do not tell the consumer how you feel they should answer.
- Do not allow other people to help the consumer fill out the BASIS–32.
- Do not assume the consumer can do it and just doesn't want to (i.e. if a person tells you they cannot do it – accept that they are telling the truth).
- Do not tell the consumer to go home and get their family to help them.

Offering the measure

- Why is it important to complete a consumer self rated measure?
- What happens if I refuse to complete the measure, will it effect my treatment?
- Who is going to use the information?
- What is the information going to be used for?
- Assure the consumer of privacy and confidentiality

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This slide identifies the types of concerns that consumers often have when offered a consumer self report measure such as the BASIS-32.

When offering the BASIS-32 it is important to:

- Identify for consumers that the completion of the BASIS-32 will provide useful information for the clinician that will inform their work.
- Assure consumers that refusal to complete the BASIS-32 will not see them treated differently.
- Explain to consumers that the information will be available to those involved in the direct care of the consumer but also that de-identified information will be available to service managers and those involved in policy development.
- Explain that, in the first instance, the information will be used for individual treatment planning and in a de-identified form for service development and research activities.
- Assure the consumer that the BASIS-32 measure is subject to the same rules of confidentiality and privacy as all other information held within the medical record.



When administering the BASIS–32, there are some general activities or approaches to be adopted. These are the Do’s of BASIS–32

Administration:

- Do be warm, friendly and helpful.
- Do request and encourage consumers to fill out the BASIS–32.
- Do let consumers know that you will be there to assist them if needed.
- Do tell consumers to answer a question based on what THEY think the question means.
- Do encourage consumers to answer ALL the questions.
- Do read and repeat a question verbatim for the consumer.
- Do provide definition of a single word with which a person is unfamiliar.
- Do stress there is no right or wrong answer.
- Do inform consumers that they will be asked to fill out the BASIS–32 again at a later date.
- Do thank consumers for filling out the BASIS–32.

6. Further Information

Where to find additional information

www.mhnocc.org

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Discuss with trainees additional resources available, local contact people or those responsible for ongoing support.

7. Reference Material

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Proceedings 1st Australian Mental Health National Outcomes Training Forum. Melbourne June 23 -26 2002.

Proceedings 2nd Australian Mental Health National Outcomes Training Forum. Adelaide April 7 - 8 2003.

More Reference Material is available on the Mental Health National Outcomes and Casemix Collection website www.mhnocc.org