

## Purpose

The SESBI-R™:

- Is a **38-item** questionnaire completed by a teacher that assesses school-based disruptive behaviors for children and adolescents **ages 2-16 years**
- Is sensitive enough to measure short-term change, thus it can be used to evaluate treatment progress at any point
- Is **only** required by LAC DMH when a parent is unavailable to complete the ECBI™.

## Administration

The SESBI-R™:

- Can be administered and scored by non-clinical or clinical staff, but interpretation requires graduate training in psychology or a closely related field
- Should be completed by a teacher in the school
- Should be reviewed for completeness; teachers are to rate behaviors by completing all items on both scales.



# SESBI-R™ Quick Guide

Sutter-Eyberg Student Behavior Inventory – Revised™

Completed by teacher of children **ages 2-16 years**. Administered during the First and Last EBP Treatment Sessions and every 6 months, if treatment continues, for the following EBPs:

- Aggression Replacement Training (ART)
- Caring for Our Families (CFOF)
- Family Connections (FC)
- Incredible Years (IY)
- Loving Intervention Family Enrichment (LIFE)
- Managing and Adapting Practice (MAP) – Disruptive Behavior
- Nurturing Parenting Program (NPP)
- Parent-Child Interaction Therapy (PCIT)
- Promoting Alternative Thinking Strategies (PATHS)
- Reflective Parenting Program (RPP)
- Triple Positive Parenting (Triple P)
- UCLA TIES Transition Model (UCLA TTM)

## Clinical Utility

The SESBI-R™:

- Can be used for:
  - Identifying behavior severity at school
  - Evaluating behavior change
  - Assessing treatment progress
  - Treatment planning
- May yield important information regarding the teacher-student relationship
- May be used clinically in conjunction with the ECBI™ for cross-informant data gathering purposes; at this time, the SESBI-R™ is **only** required by LAC DMH when the parent is unavailable to complete the ECBI™.

## Scoring Information

- Review questionnaire to ensure teacher has responded to all items

### 2 Scales

<b>Intensity Scale:</b> Measures the frequency (e.g., Never to Always) with which behaviors reportedly occur	<ul style="list-style-type: none"> <li>Missed responses count as 1 - "Never".</li> <li>Total the circled responses to derive the Raw Score (minimum score = 38, maximum score = 266).</li> <li>If four (4) or more items were skipped the scale is <b>invalid</b> and should not be scored.</li> </ul>
	<ul style="list-style-type: none"> <li>Raw Scores Cutoff for Clinical Significance: <math>\geq 151</math></li> <li>T-Scores Cutoff for Clinical Significance: <math>\geq 60</math></li> </ul>
<b>Problem Scale:</b> Allows teachers to identify the degree to which the child/youth's behavior is problematic	<ul style="list-style-type: none"> <li>Missed responses count as a "No" response.</li> <li>Total "Yes" responses to derive a Raw Score (minimum score = 0, maximum score = 38)</li> <li>When there are four (4) or more missed items, the scale is <b>invalid</b> and should not be scored.</li> </ul>
	<ul style="list-style-type: none"> <li>Raw Scores Cutoff for Clinical Significance: <math>\geq 19</math></li> <li>T-Scores Cutoff for Clinical Significance: <math>\geq 60</math></li> </ul>

**Note: Because scores are weighted, higher scores (over clinical cutoff) reflect greater concern about the client's behaviors.**