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## ABSTRACT

Psychologists, diagnosticians, and educators are often required to assess a child's functioning to assist in placing the child in the most appropriate educational setting. To assess the child's current level of functioning, various behavior rating scales have been designed to integrate both teacher and parent observations in this assessment process. This paper discusses two methods of assessing behavior, the Burks' Behavior Rating Scale (BBRS) and the Devereux Elementary School Behavior Rating Scale (DESB). The BBRS sample consisted of 494 primary-school and 69 middle-school aged children, approximately 70% of whom were Mexican Americans. The DESB sample consisted of 809 elementary school students and 32 teachers. Test administration procedures are discussed along with the intended use of these tests for practitioners who are involved in the evaluation process. These assessments would be appropriate if a child has been transferred for behavior problems, and an initial screening is desired for evaluation of educational placement. The DESB is more effective in identifying students with severe rather than mild behavior problems. The BBRS, which is based on the assumption that behavior problems may be a sign of pathology, can be used to predict who will do well in special education. (Contains 12 references.)  
 (Author/SLD)

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**Assessing Behavioral Problems**

**Burks' Scale vs. Devereux Scale**

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**Abstract**

Psychologists, diagnosticians, and educators are often required to assess a child's functioning in order to assist in the placement of the most appropriate educational setting. In order to assess the child's current level of functioning, various behavior rating scales have been designed to integrate both teacher and parent observations in this assessment process. This paper will discuss two methods of assessing behavior, the Burks' Behavior Rating Scale (BBRS) and the Devereux Elementary School Behavior Rating Scale (DESB).

Administration procedures are discussed along with intended use of these tests for those practitioners who are involved in the evaluation process of the child.

These assessments would be appropriate if a child has been referred for behavior problems and initial screening was desired in the evaluation of the child's educational placement.

**Assessing Behavioral Problems**

**Burks' Scale vs. Devereux Scale**

A primary area of concern facing educators is effective classroom behavior management. In order to maximize personal growth and enhance a child's academic performance, the environment should be conducive to learning. One method used to identify certain patterns of inappropriate behavior is through individual profile rating scales such as the Burks' Behavior Rating Scale and Devereux.

According to guidelines mandated in PL 94-142, the Education for all Handicapped Children Act, for identification of behaviorally disordered children in public schools, the child must exhibit one or more of the following characteristics over a long period of time to a marked degree:

1. An inability to learn that cannot be explained by intellectual, sensory, or health factors.
2. An inability to build or maintain satisfactory interpersonal relationships with peers or teachers.
3. Inappropriate types of behavior or feelings under normal circumstances.
4. A general pervasive mood of unhappiness or depression.

5. A tendency to develop physical symptoms or fears associated with personal or school problems (Weaver, 1984).

The types of behavior typically associated with emotionally and/or behaviorally disturbed children are:

1. Aggression which may be manifested in conduct disorders such as temper tantrums, fighting, teasing, or causing pain and discomfort to others for no socially accepted purpose.

2. Withdrawal from other children which may be in the form of social isolation, one who has few friends, seldom plays with children his or her own age, and lacks the social skills necessary to have fun.

3. Hyperactivity or distractibility which is frequently linked to other problems such as attention deficits or learning disabilities that may be characterized by a high degree of hostility or distractibility (Reavis, 1990).

### Method

#### Burks' Behavior Rating Scale

The BBRs identifies patterns of behavior problems in children grades one through nine. A 110 item teacher or parent checklist is provided to rate the child on the basis of descriptive statements of observed behavior.

The 19 subscales include such items rated as self-blame, physical strength, and social conformity. This rating scale is intended for individual use with completion time ranging from 15 to 20 minutes. Evaluation of results is determined with the aid of a hand key in which the teacher or parent must rate on a scale from have not noticed behavior at all (1), to have noticed to a large degree (5).

The parents and teacher's guide defines each subscale, presents possible causes for problem behavior, and offers suggestions on how to deal with undesirable behavior from the point of view of the parent or teacher. Discussion in the manual includes causes and manifestations, possible intervention approaches for each subscale, use with special groups such as educable mentally retarded, orthopedically handicapped, or speech and hearing handicapped (Burks, 1977).

The BBRS has six specific guidelines as follows:

1. To identify patterns of disturbed behavior that distinguish between several groups of children.
2. To indicate changes in behavior patterns over a period of time.
3. To point out areas in a child's personality where further evaluation might be of advantage.

4. To provide a source of information useful to school personnel for conferences with parents.

5. To predict which children will do well in special education classes and which will not.

6. To be of practical value when used by both parents and teachers (Taylor, 1984).

Devereux Elementary School Behavior Rating Scale

The DESB assesses symptomatic behaviors in children from ages eight to twelve. This rating scale is used with mentally retarded or emotionally disturbed children for diagnosis and screening, group placement decisions, and assessing progress in response to specific interventions (Silverman, Uribe, Comerford, Christie, & Poole, 1987). A 97 item inventory assesses overt behavior patterns in children. The evaluator rates items according to how the child's behavior compares to behavior of "normal" children his or her age. A total of 17 scores are recorded for such behaviors as distractibility, social isolation, and unethical behavior. Individual testing time is 10 to 15 minutes. All items are rated on a Likert-type scale ranging from never (1), to very frequently (5) (Spivack & Spotts, 1966).

The guidelines of the DESB include the following:

1. To identify and measure those classroom behaviors that may be interfering with achievement.
2. As one element in a total educational "diagnosis" of a child with a learning problem.
3. As a continuous school record of classroom behavioral adjustment.
4. To measure change in behavior through time as a function of any remedial program.
5. As a standard form of communication from the teacher to school administrators or other professionals who may be involved with the child.
6. To aid in group placement of children in classes.
7. As a research device for those who desire a reliable measure of behaviors that appear in the classroom setting and are related to learning.

The profile sheet gives a visual representation of the child's performance in standard-score units. For all behavior factors except Comprehension, Creative Initiative, and Needs Closeness to Teacher, a score of one standard deviation above the mean suggests a behavior problem may be present. For these three behavior factors, a score of one standard deviation below the mean is an indicator of a problem (Taylor, 1984).

### Results

The BBRS sample consisted of 494 primary school age children and 69 middle school children. Approximately 70% of this sample were of Mexican-American decent and the remaining were Anglo-Americans. The number of boys and girls included were approximately equal. The Burks' test-retest coefficients using 95 emotionally disturbed children ranged from .60 to .83 (Bischoff, 1992).

The BBRS manual listed several types of validity. Face validity was based on the relationship between particular personality difficulties and the outward expression of these conflicts. Criterion validity is claimed based on studies using Burks' Behavior Rating Scale of Organic Brain Dysfunction. Content validity was through review of 22 school psychologists in Los Angeles county who used this scale in their practice (Bischoff, 1992).

The DESB sample consisted of 809 students from 13 elementary schools. A total of 32 teachers were also included in this sample. The Devereux test-retest coefficients ranged from .85 to .91. The DESB manual does not mention validity, however, several studies indicate significant correlations between the 11 factor scores and teacher ratings (Taylor, 1984).

Review of Research

The DESB was not as accurate as was the Behavior Problem Checklist in identifying aggressive, hyperactive, or withdrawn children. In a longitudinal study of 600 students, eight profile patterns were identified. These profiles roughly correspond to eight achievement levels (cited in Spivack & Swift, 1973).

In studying item validity of the DESB, reviewers Willis, Smithy, and Holliday (1979) suggested this instrument is more effective in identifying students with severe rather than mild behavior problems. The Child Problem Checklist (Achenbach & Edelbrock, 1983) would be recommended due to better psychometrics, wider standardization samples, and profiles designed by age and gender, as well as forms for parents, teachers, and children (Bischoff, 1992). Parent-teacher ratings were found to be highly correlated for behavior problems. In general, the DESB seems to be reliable and valid when used for the specific purpose of screening, but should not be regarded as a diagnostic instrument (Ruttle & Dick, 1982).

The BBRS rating scale is based on the assumption that behavior problems may be an indicator of childhood pathology. Interpretations suggested in the manual focus on internal pathology rather than observable behavior (Voelm, Cameron, Brown, & Gibson, 1984). Reviewers Bush and Zlomke (1992) view the BBRS as helpful in measuring the severity of a child's perceived deviant behavior by authority figures in their environment. However, an area of concern is the negative direction in measuring items in this instrument. The child's inappropriate behavior accentuates the negative and overlooks the positive strengths of the child's development. The BBRS can be used to predict who will or will not do well in special education. Use of this test should be limited to initial screening of students.

### **Discussion**

The results of these two rating scales suggest parents and teachers can contribute in their child's assessment process. Although parents and teachers view the child in different environments, consistencies may appear in their completion of rating scales. The specific items rated as problem areas may aid in the process of designing the child's overall educational plan.

It is vital for parents and teachers to agree on a set of goals when placing a child in a special education classroom. This allows for reinforcement of individual goals both at home and in the classroom setting. The BBRS and DESB scales may be used to facilitate this process.

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