



Burks Behavior Rating Scales, Second Edition (BBRS-2)

Harold F. Burks, Ph.D., and Christian P. Gruber, Ph.D.

Published by
wps[®]
Publishers Distributors

1

INTRODUCTION

The *Burks Behavior Rating Scales, Second Edition* (BBRS-2) is a revision of the *Burks Behavior Rating Scales* (BBRS). The BBRS-2 provides 100 items, answered on a 5-point Likert scale, that address seven aspects of child behavior that are relevant to a child's or adolescent's adjustment to school and community activities. The seven scales of the BBRS-2 that address these aspects of adjustment are listed in Table 1. Separate test forms are provided for ratings made by teachers and for those made by parents. Test items are the same for both groups, but test norms are different for the ratings provided by these two

groups. In addition, for each rating group, the Profile Sheets provide separate norms for rating the behavior of preschool-aged children (ages 4 through 6 years) and for rating the behavior of school-aged children (Grades 1 through 12; ages 6 through 18 years).

Features of the Revised Rating Scale

The original BBRS was developed during the 1970s. Over the years and up to the present release of the BBRS-2, the test has been used in the evaluation of several million children. The revisions provided in this new edition were careful to respect this long history of successful BBRS use and worked to preserve the strengths of the original instrument while implementing the changes necessary to bring the instrument in line with current standards of test development and assessment practice. The revision process spanned 4 years and evolved through four phases.

The planning phase for the revision process included a careful consideration of comments from published reviews and the results of a large survey of 237 professionals experienced in the use of the BBRS. This phase, described in more detail in the first section of chapter 4 of this manual, resulted in the identification of important strengths of the original BBRS: the demonstrated content validity of the original item and scale contents; the convenient short length of the questionnaire; easy-to-use scoring materials; the provision of relevant treatment suggestions; and the clinical accuracy of results. In addition, several areas were noted where revisions were needed: improved scale names; a standardization sample representative of the U.S. population and the use of associated conventional *T*-scores; a complete set of scale-based internal consistency and reliability estimates; and additional, more empirically based documentation of test validity.

A test redevelopment phase then undertook research that addressed changes that needed to be made to test materials and scales. This phase, described in more detail in the second section of chapter 4, resulted in the following changes:

- Number of items reduced slightly, from 110 on the BBRS to 100 on the BBRS-2

Table 1
BBRS-2 Scales and Components

BBRS-2 scales	BBRS-2 components
Disruptive Behavior	Poor Anger Control Distrustfulness Aggressive Tendencies Rebelliousness Poor Social Conformity
Attention and Impulse Control Problems	Attention Deficits Impulsivity Poor Reality Contact
Emotional Problems	Anxiousness Self-Blame Emotional Distress
Social Withdrawal	Withdrawal Social Isolation
Ability Deficits	Cognitive Difficulties Academic Difficulties
Physical Deficits	Poor Physical Stamina Poor Coordination
Weak Self-Confidence	Dependency Poor Self-Esteem

- Original BBR scales renamed as components for the BBR-2 (see Appendix A) and assigned to a reduced, supportive role in test interpretation
- Seven new, longer, and more statistically robust scales created for the BBR-2 from the BBR scales/BBR-2 components (see Appendix B for item assignment to BBR-2 components and scales)

A test standardization phase then provided the large-scale sample required to provide the BBR-2 with representative norms. This phase, described in the final section of chapter 4, provided:

- A large sample of 2,864 ratings, including separate samplings of teachers ($n = 1,481$) and parents ($n = 1,383$)
- Data drawn from all four U.S. Census regions that reflected proper representation for gender, ethnic/racial background, and parent educational level (SES)
- Age coverage from prekindergarten (age 4 years) through 12th grade (age 18+ years)

Finally, a statistical analysis and validation phase, described in the last section of chapter 4 and in chapter 5, provided the data necessary to support everyday use of the BBR-2 in evaluating the needs of children referred for evaluation, including the following:

- Collection of a large and varied sample of referred children ($N = 860$, ages 4 through 18 years)
- Complete account of scale internal consistency (median scale alpha ranging from .84 to .89 for teacher and parent ratings in the standardization and referred samples) and associated standard errors of measurement (*SEMs*)
- Complete account of retest reliability (median scale $r = .91$ for teacher reports and .85 for parent reports) and associated *SEMs*
- Validation evidence, including a review of historical content validation and results based on the new data that addressed cross-context teacher-parent rater agreement (including convergent/discriminant validity analyses), contrasted-group validity, and concurrent validity analyses

Purposes and Uses

The BBR-2 is intended for use with children or adolescents who have been referred to school counselors, psychologists, or other mental health or special education specialists for behavioral adjustment problems. Used as part of a full evaluation, the BBR-2 is intended to supplement the information that is obtained through interviews with the child and parents and assessments made with ability measures such as intelligence and achievement tests.

Potential test users include clinical and counseling psychologists; social workers; school psychologists; physicians; and school counselors, pastoral counselors, or special educators with training in psychological assessment.

Principles of Use

The use of this test, as well as any other measures of emotional and social adjustment, presupposes familiarity with this manual and with basic principles of tests and measurements. This knowledge involves an understanding of proper interpretation of test scores and the limitations of psychological and educational testing. The test should be administered, scored, and interpreted by an individual who has an appropriate understanding of such limitations when using objective measures of adjustment. Users should also take precautions to safeguard the confidentiality of test results, restricting their access to those with the ability to use the information appropriately.

In general, an individual whose only exposure to testing is gained from this manual is not considered a qualified user of the BBR-2. Qualified users of this test should be members of professional associations that endorse a set of standards for the ethical use of psychological or educational tests.

Although the BBR-2 is designed for use across a wide age range and a variety of contexts, it is not intended to be the only instrument in clinical assessment or a substitute for sound clinical judgment that is based upon various sources of information about the individual, such as direct clinical observation of the child or adolescent, or interviews with parents or teachers.