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Convergent and Concurrent Validity of the Lithuanian Version of the Behavioral and Emotional Rating Scale-2 Teacher Rating Scale

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Abstract

Given the increasing international calls for more strength-based assessment, there is a need for European schools, mental health programs and family service agencies to identify psychometrically sound instruments in their native languages. The purpose of this study was to examine the convergent and concurrent validity for [?] the Behavioral and Emotional Rating Scale-2 Teacher Rating Scale (BERS-2; Epstein, 2004) as translated into Lithuanian by comparing it with the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) and the Emotional and Behavioral Screener (EBS; Cullinan & Epstein, 2013). The results showed moderate to large correlations across all of the instruments, which would suggest that the Lithuanian version of the BERS-2 Teacher Rating Scale may be an appropriate strength-based assessment for use in Lithuania.

Key Words: Strength-based Assessment, Assessment, Lithuania, Education, Behavior

Historically assessment practices for students at-risk of school failure in Europe have neglected the evaluation of students' strengths (Lebeer, 2006). This has resulted in many parents expressing dissatisfaction with negative educational reports, miscommunication between parents and professionals, and concerns that the full potential of children are not being recognized in the assessment process. In addition, teachers often complain of a dearth of useful recommendations in many educational reports as they only address students' deficiencies such as problems in behavior, emotional regulation, or academic skills. Assessments that focus solely on deficiencies have the dangerous potential to become barriers to inclusive education by reinforcing low learning and behavioral expectations for students and not providing supportive interventions (Lebeer et al., 2011).

In a strength-based approach to assessment, practitioners measure a range of emotional and behavioral skills, competencies, and characteristics that contribute to a child's pro-social relationships with family, peers, and

adults. Identifying these characteristics can help a child develop a sense of personal accomplishment; enhance a child's ability to deal with stress and adversity; and promote an individual's social, personal and academic development (Epstein, 2004). In fact, the particular set of skills, competencies, and resources that a child possesses may be more important to identify than the amount of deficits or lack of ability (Meisels, 1994). In addition, family recognized strengths are associated with student-teacher relationships in school and student academic achievement (Sointu, Savolainen, Lappalainen & Lambert, 2016). In the past 10 years, strength-based assessment has received considerable recognition in education, child welfare, family services, and mental health service delivery (e.g., Albrecht & Braaten 2008; Drolet, Paquin, & Soutyrine 2007; Lappalainen, Savolainen, Kuorelahti, & Epstein, 2009; Lerner, Bowers, Geldhof, Gestsdóttir, & DeSouza, 2012; Oliver, Cress, Savolainen, & Epstein, 2014).

Recently there has been emerging interest across Europe in developing tools for efficiently gathering valid and reliable information about students' strengths, particularly for students at-risk of school failure (Watkins, 2007). European communities have recognized that strength based assessments can be useful in planning interventions for teaching and learning, and they enhance the potential for students with disabilities to be educated in general education settings (Watkins, 2007). For example, in Finland the National Curriculum Guidelines (Finnish National Board of Education, 2014) mandate that when decisions are made regarding student placement in special education or other support services, they must consider the strengths of individual students as well as their difficulties. Likewise in Lithuania, the Concept of Assessment of Pupils' Achievement and Progress (Minister of Education and Science in 2004-02-25, the Law No 256) states that one of the key elements of educational assessment should be that instruments encourage student motivation by emphasizing strengths and potential for growth rather than failure.

Given the increasing calls for more strength-based assessment, there is a significant need for European schools, mental health programs and family service agencies to use psychometrically sound instruments in their native languages for professionals seeking information regarding students' emotional and behavioral strengths. Strength-based measures can enable teams to collect information in a timely fashion, compare results across individuals and groups, and, when used as part of a comprehensive package, assist in determining which students may benefit from additional supports for success in school. In addition, such measures may identify areas of limited strength, which can help professionals design interventions to improve those social, emotional, and behavioral areas of concern (Epstein, 2004).

One frequently used strength-based assessment is the Behavioral and Emotional Rating Scale-Second Edition (BERS-2; Epstein, 2004). The BERS-2 is a 52-item assessment of child and adolescent behavioral and emotional strengths which takes approximately 10 minutes to complete. The BERS-2 was developed with separate forms for teachers, students and parents, with minor word alterations across the three forms. The items, each measured on a 4-point Likert-type rating scale (0 = *not at all like the child*; 1 = *not much like the child*; 2 = *like the child*; 3 = *very much like the child*), form five subscales: Interpersonal Strength (IS), Intrapersonal Strength (IaS), Affective Strength (AS) Family Involvement (FI), and School Functioning (SF). The interpersonal strength subscale consists of 14 items that measure a child's ability to interact with others in social situations (e.g., Accepts criticism). The family involvement subscale includes 10 items that assess a child's relationship with their family (e.g., Participates in family activities). The intrapersonal strength subscale includes 11 items that focus on how a child perceives his or her own functioning (e.g., Talks about the positive aspects of life). The school functioning subscale includes 9 items that assess a child's performance and competence in school (e.g., Completes school tasks on time). The affective strength subscale includes 7 items that measure a child's ability to give and receive affect (e.g., Expresses affection for others; Epstein, 2004). In addition, a Total Strength Index score is calculated. Numerous studies have been conducted in the U.S. that the factor structure, reliability and validity of the BERS-2 (Epstein, 2004).

To date the BERS-2 has been translated into Spanish, Arabic, Finnish, Turkish, Chinese, and Portuguese, to name a few. Unfortunately, the research investigating the psychometric characteristics of the BERS-2 has not kept pace with the number of translations that are available and in use. When a measure has been designed for use in one country, such as in the U.S., and then is translated and modified for use in another country, the reliability and validity of the measure need to be examined (AERA, APA, & NCME, 2014). The International Test Commission (ITC; 2005) has specific procedures for translating and using test instruments in other countries. Specifically, the ITC recommends that test developers determine the reliability and validity of the instrument before the test be used in applied settings. Given the interest in strength based assessment in Lithuania, an initial evaluation of the teacher version of the Lithuanian BERS-2 provided moderately strong evidence supporting the five-factor structure with a general strength index (CFI $>$ .90, TLI $>$ .90, RMSEA $<$ .08; Lambert, Nordness, Epstein, & Geležinienė, 2014). Additional data collected from this sample were used to demonstrate that the test had acceptable internal consistency and cross-informant agreement for teacher and student Lithuaniuan BERS-2

rating scales (Sointu, Geležinienėm, Lambert, & Nordness, 2015).

Nonetheless, with the educational policy and professional interest in using measures that assess child well-being and emotional and behavioral skills, particularly in European countries, further study of the Lithuaniuan BERS-2 is warranted. The purpose of this study was to provide initial evidence to support the validity of the Teacher Rating Form of the Lithuanian-translated BERS-2. Specifically, we examined: (1) the convergence of BERS scores with scores from the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) and the Emotional and Behavioral Screener (EBS; Cullinan & Epstein, 2013), and (2) the ability of BERS scores to distinguish between students with and without clinical SDQ scores.

METHOD

Participants

Participants included 334 secondary school students and 77 teachers from 19 urban and rural schools throughout Lithuania. Each teacher rated between 1 and 26 students ($Mdn = 3$), and all teachers were considered general education teachers, many having at least 20 years of teaching experience ($M = 20.8$, $SD = 8.62$). Students ranged in age from 11 to 17 years with a mean age of 13.75 ($SD = 1.46$). The student sample was roughly split on gender with 52% female participants ($n = 173$). All of the students were identified as being ethnically Lithuanian. Nearly one-quarter of the students ($n = 76$) were identified by their teacher as receiving extra school support services for learning or behavioral difficulties.

Measures

Behavioral and Emotional Rating Scale-2 (BERS-2). The BERS-2 (Epstein, 2004) is a 52-item strength-based assessment of child and adolescent behavioral and emotional strengths that takes approximately 10 minutes to complete. The BERS-2 yields standard scores, based on U.S. norms (Epstein, 2004), ranging from 1 to 20 for each subscale ($M = 10$, $SD = 10$) and from 38 to 161 for the Total Strength Index ($M = 100$; $SD = 15$). Standard scores for teacher ratings were used in the analyses. The reliability of teacher ratings for the Lithuanian BERS has been reported as acceptable ($\alpha = .84$ - $.94$; Sointu et al., 2015).

Strength and Difficulties Questionnaire (SDQ). The SDQ (Goodman, 1996) is a 25-item assessment of child and adolescent mental health and behavioral functioning. The SDQ asks raters to respond to 25 behavioral attributes, addressing both positive and negative traits. It is designed for children and youth, ages 4 to 16. The SDQ assesses five dimensions of behavior including: emotionality, high activity level, conduct problems, relationships with peers, and prosocial behaviors. The SDQ was selected for this study because it has been translated into numerous languages, including Lithuanian, and a large body of research has shown that the SDQ demonstrates acceptable rates of reliability and validity among populations of American and European children and youth (Goodman & Scott, 1999; Koskelainen, Sournader, & Kaljonen, 2000; Smedje, Broman, Hetta, & von Knorring, 1999).

Emotional and Behavioral Screener (EBS). The EBS (Cullinan & Epstein, 2013) was designed to screen students who might be at-risk of emotional or behavioral problems. It was developed to be a clear and concise screening instrument, and was normed on both students with and without emotional or behavioral problems in the U.S. The EBS is a 10-item scale in which a teacher familiar with the student rates the student on a 4-point Likert type scale (0 = *not a problem*; 3 = *severe problem*). The 10 items are summed to yield a *Total EBS Score*. If the *Total EBS Score* falls above a pre-determined cut-off score, that student is considered at-risk for emotional or behavioral problems. The cut-off score at which a student is considered to be at-risk is the 80th percentile; although the actual score varies by student age (younger and older) and gender (males and females).

Procedures

The BERS-2 and EBS were translated into Lithuanian using a back-translation process. Initially, an expert in Lithuanian language and culture translated the items. Then, several colleagues fluent in the Lithuanian language evaluated the appropriateness of the translations. At this point, a number of minor edits were undertaken and the set of colleagues reached a consensus on the translations. The next step in the process involved an independent expert translating the items back into English to confirm the quality of the original translations. Finally, the Lithuanian translated items were sent to other colleagues for final edits.

Data were collected from schools that share a collaborative relationship with the researchers. School administrators were first recruited and after they agreed to participate, teacher and student participation was sought. Teacher participants were contacted in person and by e-mail asking if they would be willing to participate in a study to examine the measurement properties of a strength-based behavioral assessment. Once teacher participants were selected, letters were sent home with students to seek parental consent for their child to participate in the study. Teachers then rated those students whose parents provided consent. Teachers were instructed to not use personal names or any information that could specifically identify the students.

Teachers who volunteered to participate in the study were provided with the number of questionnaires that they had volunteered to complete. The teachers completed the

BERS-2, SDQ, and EBS on students. The teachers were asked to complete the forms within two weeks of receiving the assessments. After the forms were completed, representatives picked up the completed assessments, which had been placed in a marked envelope.

Data Analysis

To assess the convergent validity of the BERS-2 scores, we computed Pearson product-moment correlations between the BERS-2 standard scores and the SDQ standard scores and the Total EBS score. The magnitude of relation was evaluated using general guidelines proposed by Cohen (1988) where correlations less than .29 were considered small, correlations between .30 and .49 were considered moderate, correlations between .50 and .70 were considered large, and correlations greater than .70 were considered very large. Our primary interest was on the direction and magnitude of the estimates, but statistical significance was also evaluated at the .05 alpha level.

To assess the ability of the BERS scores to differentiate groups of individuals, we used *t*-tests to determine if BERS scores could differentiate between students who scored in the *high* to *very high* risk range and those who did not (SDQ Total Problems Score ≥ 17). The *t*-tests were evaluated for significance at the .01 alpha level to account for the multiple tests. Cohen's *d* and common language (CL) effect sizes were computed for each *t*-test. Cohen's *d* values express the difference between the two group means in standard deviation units. CL effect sizes express the separation between the two group distributions in terms of the probability that a randomly selected student with a normal SDQ score would have a higher BERS score than a randomly selected student with a clinical SDQ score. General guidelines suggest that *d* values between 0.10 and 0.30 can be considered to represent small effects, values between 0.30 and 0.50 represent moderate effects, while values larger than 0.50 represent large effects and values greater than 1.0 represent very large effects (Cohen, 1988).

RESULTS

Concurrent correlations between the scores from the BERS, SDQ, and EBS are presented in Table 1. Correlations ranged from |0.18| to |0.67|. All correlations were statistically significant at the .05 alpha level. Of the 42 correlations, four correlations were small ($r < .30$), 14 were moderate, and 21 were large. The BERS scores tended to be least correlated with the Emotional Problems SDQ subscale score and most correlated with the Pro-Social SDQ score, the SDQ Total score and the EBS Total Score. The Overall Strength Index and the Interpersonal Strengths scores were most highly correlated with the other measures (*Mdn* $r = |0.59|$), and the Affective Strengths scores were least correlated with other measures (*Mdn* $r = |0.38|$).

Table 2 lists the means of BERS-2 scores for students with normal Total Problems SDQ scores, the means for students with *High* to *Very High* (clinical) Total Problems SDQ scores, *t*-test statistics, and Cohen's *d* and common language (CL) effect sizes. All six BERS-2 scores were significantly higher, at the .01 alpha level, for students with Normal SDQ scores compared to students with Clinical SDQ scores. All of the differences were of a large ($d > |.50|$) to very large ($d > |1.0|$) magnitude with Cohen's *d* estimates ranging from -0.87 to -1.63 and CL estimates ranging from 0.72 to 0.86.

DISCUSSION

The purpose of this study was to investigate the convergent and criterion related validity of the teacher version of the Lithuanian-translated Behavioral and Emotional Rating Scale-2 (BERS-2). As we would expect, the Pro-Social subscale of the SDQ had moderate (.49) to large (.61) positive correlations with all of the BERS-2 subscales. The smallest correlations were between the Emotional subscale of the SDQ and the subscales of the BERS-2. The low correlations between these subscales would suggest that they measure different constructs. For instance, the questions from the Emotional subscale of the SDQ asks the rater to consider physical symptoms and fears of the child, whereas the questions from the BERS-2 are more focused on asking the rater to consider student interactions, behaviors towards self and others, family interactions, and school functioning. The negative correlations between the BERS-2 and the EBS were moderate to large. The largest correlation was between the total EBS scores and the Overall Strength Index score from the BERS-2. As the EBS is a behavioral screener that identifies negative behaviors that may put a child at-risk of school failure, we would expect to see a large negative correlation with the Overall Strength Index score of the BERS-2. These findings are similar to previous research on the convergent validity of the BERS-2 in the U.S. (Benner, Beaudoin, Mooney, Uhing, & Pierce, 2008; Duppong Hurley, Lambert, Epstein, & Stevens, 2015; Epstein, Nordness, Nelson, & Hertzog, 2002; Harniss, Epstein, Ryser, & Pearson, 1999; Lambert, January, Epstein, Spooner, Gebreselassie, & Stephens 2015; Trout, Ryan, La Vigne, & Epstein, 2003).

To determine the concurrent validity of the BERS-2, the BERS-2 scores of students with High to Very High SDQ scores (i.e., Clinical SDQ status) were compared to students with more typical SDQ scores (i.e., Normal SDQ status). The results demonstrated that children with High to Very High scores are judged significantly lower on the BERS-2 subscales than students with more typical SDQ scores. The effect sizes between these two groups were large to very large. These results suggest that the Lithuanian BERS-2 is able to differentiate between students who may be at-risk of mental health problems from students not at-risk of such

Table 1
Concurrent Correlations for Teacher Ratings with the BERS-2 Subscales

	SDQ						EBS
	Emotional	Conduct	Hyper	Peer	Pro-Social	Total	Total
Interpersonal	-0.25	-0.59	-0.55	-0.36	0.60	-0.61	-0.62
Intrapersonal	-0.38	-0.45	-0.41	-0.53	0.54	-0.60	-0.62
Affective	-0.18	-0.38	-0.33	-0.31	0.49	-0.41	-0.45
Family	-0.21	-0.58	-0.49	-0.35	0.49	-0.56	-0.61
School	-0.25	-0.55	-0.67	-0.37	0.49	-0.65	-0.62
Index	-0.30	-0.59	-0.57	-0.45	0.61	-0.66	-0.67

problems. These findings align with the previous research of the concurrent validity of the BERS-2 in the U.S. (Epstein, Ryser & Pearson 2002; Reid, Epstein, Pastor, & Ryser, 2000)

These results indicate that the BERS-2 is appropriate for use in Lithuanian settings. For school personnel the BERS-2 offers an alternative assessment approach to the widely used approach of identifying only deficits, problems and pathologies (e.g., Leeber et al., 2011). Teachers can highlight the students' skills, competencies and characteristics as well as the resources around them, in order to optimize the personal, social and academic growth. Moreover, using strength-based assessment instruments such as BERS-2 in schools and communicating the results to parents may increase the positive interaction between parents and school personnel (e.g., Sointu et al., 2016). This may engage more parents to acitively participate in a meaningful parent-teacher collaboration. Also, the BERS-2 seems to differentitate between children with and without clinical mental health needs. This indicates the appropriateness of the BERS-2 in terms of identifying students at-risk of behavior challenges and who may be in need of more intensified school support.

Limitations and Future Research

As with all research, the limitations of this study must be noted. First, the participants for the current study were secondary school Lithuanian students. Future researchers need to continue to study the Lithuanian BERS-2 with a younger sample of elementary school students to determine if the findings can be replicated. Second, although the sample was large, it was a convenience sample and not necessarily representative of school-age children throughout Lithuania. Other investigators need to examine the psychometrics of the Lithuanian BERS-2 with a more geographically representative sample of Lithuanian school children. The study's results should be replicated with other school children to determine that the findings are not unique to this study's sample. Third, the teachers who responded were teachers who volunteered to participate. It is possible that ratings of volunteer teachers are systematically different from those teachers who choose not to participate in this study. Finally, in the present study all of the instruments were rating scales, and thus validity was not determined with an external criterion measure such as

Table 2
BERS-2 Subscales Differentiating between Students with Normal and Clinical SDQ Scores

	Mean for Students with Normal SDQ	Mean for Students with Clinical SDQ	*t*-test (*df*)	Effect Size	
				d	CL
Interpersonal Strengths	11.13	7.42	10.19* (332)	-1.50	0.84
Intrapersonal Strengths	11.33	7.76	9.29* (332)	-1.37	0.82
Affective Strengths	10.35	7.71	5.89* (332)	-0.87	0.72
Family Strengths	11.75	8.27	9.09* (67.4)	-1.59	0.85
School Strengths	11.11	7.15	9.20* (332)	-1.48	0.85
Index Strengths	107.50	83.85	11.04* (332)	-1.63	0.86

school records, office referral data or observable behavior. Future researchers can address these limitations in further study of the Lithuanian BERS-2.

Additionally, as with any assessment instrument used in other countries and cultures there are several studies that need to be conducted. First, additional studies need to be pursued in other areas of reliability (e.g., inter-rater, test-retest) and validity (e.g., concurrent validity). These studies will help determine the psychometric characteristics of the Lithuanian BERS-2 with a school age population. Second, future investigators should consider more substantive issues related to the strengths of Lithuanian students. One possibility would be to measure the developmental pathways of student strengths within a longitudinal SEM framework to investigate questions related not only to how behavioral and emotional strengths develop over time, but also to understand the variables related to development of behavioral and emotional strengths over time. Third, in the present study only the teacher rating form of the BERS-2 was used, yet the BERS-2 system includes rating forms for teachers, parents and youth (11-18 years of age). Thus, other investigators need to pursue a similar line of research with parents and student informants to assess the reliability and validity of those instruments. Moreover, collecting student, parent and teacher data on the same individual will allow investigators to determine the cross-informant reliability of the Lithuanian BERS-2. Finally, other investigators should examine the predictive validity of the Lithuanian BERS-2 subscales and strength index in measuring how well the instrument predicts students' later emotional and behavioral functioning and overall academic performance. To the degree that the BERS-2 demonstrates acceptable predictive validity, school personnel and researchers could find the instrument useful as a universal screening instrument to identify students at-risk of school failure or social difficulties.

Implications

The findings of the present study, along with those of earlier research in Lithuania (Lambert et al., 2015; Sointu et al., 2015), offers several implications. First, although further Lithuanian and international research is needed to fully identify and understand any cultural issues involved in strength-based assessment, the BERS-2 appears to be a promising test appropriate for use in schools and suggests that a strength-based approach as operationalized by the BERS-2 may be an appropriate foundation of a stable and reliable assessment of students. Second, in Lithuanian schools, the BERS-2 can be used during the writing of educational plans for students who need additional instructiuonal and behavioral supports. While educational plans are to include a statement of students' strengths, competencies and skills, they are often written focusing on the deficits of students, which may provide a misleading view of the student. The BERS-2 appears to be a useful source of information regarding the strengths that a student may possess. In addition to informing teachers about the student, the BERS-2 can serve as a platform for student self-assessment. Specifically, the BERS-2 may allow students the opportunity to evaluate and judge their interpersonal, intrapersonal, school, family and affective skills. Such self assessment and self evaluation may lead to improved motivation, enhanced goal setting, and greater school and personnel accomplishments, and greater academic achievement for students. Finally, the BERS-2 can serve as a positive starting point for parents and teachers to develop a productive collaboration, particularly in planning services and supports for students experiencing challenges at school or in their learning.

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