Cross-informant agreement of the Behavioral and Emotional Rating Scale for youth in community mental health settings

Stacy-Ann A. January a,⁎, Matthew C. Lambert b, Michael H. Epstein c, Christine M. Walrath d, Tesfay Gebreselassie d

a University of Nebraska-Lincoln, 204 Barkley Memorial Center, Lincoln, NE 68583, USA
b University of Nebraska-Lincoln, 273 Barkley Memorial Center, Lincoln, NE 68583, USA
c University of Nebraska-Lincoln, 202F Barkley Memorial Center, Lincoln, NE 68583, USA
d ICF International, 3 Corporate Square NE, Suite 370, Atlanta, GA 30329, USA

A R T I C L E   I N F O

Article history:
Received 3 February 2015
Received in revised form 13 March 2015
Accepted 13 March 2015
Available online 20 March 2015

Keywords:
Strength-based assessment
Cross-informant agreement
Multiple raters
Rating scales
Community mental health
Youth with disabilities

A B S T R A C T

Comprehensive assessment of youths’ emotional and behavioral functioning includes obtaining data from multiple sources, such as parents and youth. Despite the shift in focus on youths’ strengths and the increased availability of strength-based assessments, few studies have examined the cross-informant agreement between multiple raters of youths’ behavioral and emotional strengths. Thus, the purpose of this study was to evaluate the cross-informant agreement between parent and youth ratings on the Behavioral and Emotional Rating Scale–Second Edition (BERS-2). The current study extends previous cross-informant research by examining the cross-informant agreement between parent and self-report ratings for youth served in community mental health centers and whether differences in cross-informant agreement exist between youth with and without a school-identified disability. Results indicated that cross-informant agreement on youths’ strengths was acceptable, as most obtained correlations were greater than those typically reported on cross-informant agreement on deficit-based instruments. Furthermore, small but significant differences in cross-informant agreement for youth with and without a school-identified disability were observed for the BERS-2 Affective Strengths and School Functioning subscales. Overall, findings provide support for the reliability of multiple informants’ ratings on the BERS-2 for measuring the strengths of youth referred for community mental health services.

© 2015 Elsevier Ltd. All rights reserved.

1. Introduction

Assessment of youths’ behavioral and emotional functioning within community mental health organizations typically involves the administration of behavior ratings using multiple informants, such as parent

report and youth self-report (De Los Reyes & Kazdin, 2005; Renk, 2005). The benefit of having multiple perspectives is that clinicians are able to obtain a holistic understanding of the youth’s functioning, as there is no one “gold standard” for measuring youths’ emotional and behavioral functioning (De Los Reyes & Kazdin, 2005). By having a comprehensive view of the youth, assessment data can better inform treatment decisions and better outcome evaluation (Renk, 2005). However, when clinicians use information from multiple perspectives they must also consider the level of cross-informant agreement, or the similarity between reports by individuals with different perspectives, experiences, and information (Achenbach, 2006).

Research on the cross-informant agreement of deficit-based behavior rating scales suggests that the degree to which multiple raters agree is typically modest. In their seminal meta-analysis, Achenbach, McConaughy, and Howell (1987) investigated the extent to which multiple informants agreed in their ratings of youths’ behavioral and emotional problems. Their findings indicated that average agreement between self-report and ratings by another individual (as measured by weighted correlation coefficients) was .22. Furthermore, average agreement for raters with similar roles (r = .60; e.g., two teachers) was higher than for ratings between informants in different roles (r = .28; e.g., caregiver and youth).

http://dx.doi.org/10.1016/j.childyouth.2015.03.015
0190-7409/© 2015 Elsevier Ltd. All rights reserved.
There are 52 positively worded items that measure youths’ emotional and behavioral strengths of youth. The BERS-2 can be completed by teachers, a behaviorally normed rating scale that measures the emotional and behavioral characteristics, skills, and competencies of youth (De Los Reyes & Kazdin, 2005). In informant community mental health settings, youth and their caregiver(s) may be the only informants to which providers have access. However, relying solely on one informant’s ratings can lead to incomplete conclusions about a youth’s functioning (De Los Reyes & Kazdin, 2005). It is for this reason that best clinical practice is to collect data from a multi-source, multi-method, multi-setting approach in which self-report measures completed by youth are an essential component of assessment (Whitcomb & Merrell, 2013).

Although the cross-informant agreement of deficit-based measures is widely studied, much less is known about multiple raters’ agreement of strength-based measures. Strength-based assessment refers to the evaluation of the emotional and behavioral characteristics, skills, and competencies that strengthen an individual’s ability to manage stress and adversity, foster valuable relationships with others, and develop feelings of personal achievement (Epstein, 2004). A strength-based approach is consistent with the belief that (a) youth with deficits also have strengths, (b) youth and families may be more motivated and empowered during treatment if strengths are incorporated, and (c) the absence of a strength in an area is not indicative of a weakness or deficit in that domain (Epstein, 2004). Furthermore, research indicates that when youths’ strengths are measured, clinicians can better develop, implement, and monitor interventions (Tedeschi & Kilmer, 2005). For example, the results of a strength-based assessment can be used to inform an approach to treatment wherein youth are taught strategies to use their strengths to cope with difficult situations (Rashid & Ostermann, 2009).

Several assessments are available to measure youths’ strengths; however, one of the most commonly used standardized measures (Nickerson & Fishman, 2013) is the Behavioral and Emotional Rating Scale-Second Edition (BERS-2; Epstein, 2004). The BERS-2 is a nationally normed rating scale that measures the emotional and behavioral strengths of youth. The BERS-2 can be completed by teachers, parents, and youth ages 11–18 years in approximately 10 min. There are 52 positively worded items that measure youths’ Interpersonal Strengths (ability to interact with others), Family Involvement (relationships with family members), Intrapersonal Strengths (youths’ perception of his/her accomplishments), Affective Strengths (ability to give and receive affection), and School Functioning (competence in school). Scores from the five subscales combine to produce the Total Strength Index, which is an estimate of the youth’s overall emotional and behavioral strengths. The psychometric properties of the BERS-2 scores are well established (Benner, Beaudoin, Money, Uhing, & Pierce, 2008; Epstein, 2004; Walrath, Mandell, Holden, & Santiago, 2004). However, few studies have investigated the cross-informant agreement of the BERS-2, and those that do exist only included youth within school settings.

The purpose of the current study was to evaluate the cross-informant agreement of the BERS-2 for youth in community mental health settings. More specifically, we investigated the degree to which parent ratings and youth self-report ratings were similar. A second purpose of this study was to examine potential differences in cross-informant agreement youth referred for community mental health services based on the presence or absence of a school-identified disability in the US.

2. Methods

2.1. Data source

A secondary analysis of data gathered by the Comprehensive Community Mental Health Services for Children and Their Families Program, which is also known as the Children’s Mental Health Initiative (CMHI), was conducted for the present study. The CMHI is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) and provides funding to community organizations for the development and implementation mental health services for infants and youth up to age 21. The CMHI aims to improve the lives of children and youth with serious mental health conditions and their families. Data were drawn from 77 communities from three phases of funding cycle (initially funded in FY 2002 and 2004, FY 2005 and 2006, and FY 2008) that included youth from 45 U.S. states, territories, and districts. Participant recruitment during each of phase was ongoing. Grantees conducted structured interviews with parents and youth at intake (baseline), Time 1 (6 months), Time 2 (12 months), and Time 3 (18 months), and Time 4 (24 months). Only intake data were used in the current study. Detailed information regarding the data collection procedures and
دریافت فوری
متن کامل مقاله

<table>
<thead>
<tr>
<th>متن کامل مقاله</th>
</tr>
</thead>
<tbody>
<tr>
<td>امکان دانلود نسخه تمام متن مقالات انگلیسی</td>
</tr>
<tr>
<td>امکان دانلود نسخه ترجمه شده مقالات</td>
</tr>
<tr>
<td>پذیرش سفارش ترجمه تخصصی</td>
</tr>
<tr>
<td>امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله</td>
</tr>
<tr>
<td>امکان دانلود رایگان ۲ صفحه اول هر مقاله</td>
</tr>
<tr>
<td>امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب</td>
</tr>
<tr>
<td>دانلود فوری مقاله پس از پرداخت آنلاین</td>
</tr>
<tr>
<td>پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات</td>
</tr>
</tbody>
</table>