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**THE CHILD BEHAVIOUR CHECKLIST:
A NEW ZEALAND PILOT STUDY**

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of the Requirements for the
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Abstract

In this study, Child Behaviour Checklist (CBCL/4-18) and Youth Self Report (YSR) data was collected for 11 to 15 year old New Zealand adolescents, and compared with U.S. normative data to determine the appropriateness of using U.S. norms in the New Zealand context. Forty-two parents and 51 students completed the CBCL/4-18 and YSR questionnaires respectively. Comparison of CBCL/4-18 mean scale scores showed that New Zealand girls scored significantly lower than U.S. girls on the Withdrawn scale (less withdrawn), and New Zealand boys scored significantly higher on the School Competence scale (more competent). New Zealand – U.S. comparison of YSR mean scale scores showed that New Zealand boys scores significantly lower than U.S. boys on the Withdrawn, Anxious/Depressed, Attention, Internalising and Total Problem scales. New Zealand girls scores lower on the Anxious/Depressed and Internalising scales.

The study also compared the responses of students who have not experienced traumatic brain injury (TBI) with those obtained from students who have previously experienced TBI, to determine whether the CBCL/4-18 is biased by the symptoms of neuropathology, masking as psychopathology. Boys who have experienced TBI scores higher on the Somatic, Thought, Attention, Delinquent, Aggressive, Externalising and Total Problem scales, and lower on all the competence scales, compared with boys who have not experienced TBI. Girls who have experienced TBI scored higher on the Withdrawn, Social, Attention, Aggressive and Total Problem scales, and lower on the Activities, School and Total Competence scales compared to uninjured girls.

When comparing YSR mean scale scores for New Zealand boys and girls, boys scored significantly lower than girls on the Withdrawn, Somatic, Internalising and Total Problem scales. Considering the small sample sizes, these results should be viewed with caution, and future research, involving more participants of a wider age range, could contribute valuable information.

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OVERVIEW

The Child Behaviour Checklist (CBCL/4-18), Youth Self-Report (YSR) and Teachers Report Form (TRF) are psychological instruments designed to obtain data on both the competencies and emotional and behavioural problems of children and adolescents (Achenbach, 1991). Utilising a standardised format, different informants, including parents, teachers and the children themselves, rate the child's behaviour (Achenbach, 1991; Achenbach & Edelbrock, 1983; Impara & Plake, 1998). The CBCL/4-18 is one of the most widely used and researched measures of child and adolescent behavioural and emotional functioning in the world (Berg, Fombonne, McGuire, & Verhulst, 1997; Biederman, Faraone, Mick, Moore, & Lelon, 1996; Bond, Nolan, Adler, & Robertson, 1994; Dedrick, Greenbaum, Friedman, Wetherington, & Knoff, 1997). It is also widely used in New Zealand (Patchett-Anderson, 1997).

In order to accurately interpret ratings and reports, it is necessary to compare the individual's results with results from similar others, obtained under similar conditions (Achenbach & Edelbrock, 1983; Anastasi & Urbina, 1997). The normative samples used for the CBCL/4-18, YSR and TRF problem and competence scales were drawn from a sample of non-referred American children and adolescents (Achenbach, 1991a,b). It is therefore important to determine the extent to which it is appropriate to use U.S. norms in a New Zealand context. It is also important to calibrate assessment procedures across cultures and countries, as this allows for comparison between the groups in order to support cross-cultural robustness of findings (Achenbach, 1991a,b). Taking into account cultural, educational and socio-economic differences between the New Zealand and U.S. populations, it is possible that there could be observable differences in child and adolescent behaviours between the two countries. Such differences could affect the prevalence and form disorders take, as well as the way they are treated.

The first aim of this study, therefore, is to obtain data from young New Zealanders on the CBCL/4-18 and related instruments so that comparisons can

be made between the two sets of norms in order to examine whether it is appropriate to use normative data obtained in the U.S. A second line of investigation in the current study focuses on the use of the CBCL/4-18 with children that have experienced traumatic brain injury (TBI) to determine the extent to which the CBCL/4-18 is biased by symptoms of neuropathology masking as psychopathology. It has already been demonstrated that certain measures of psychological functioning (e.g., MMPI-R, SCL-90-R and the BDI) are spuriously raised when used in specific adult populations with neurological disorders, as some of the symptoms of psychopathology are also the outcomes of neurological conditions (Leathem & Babbage, 1999; Lezak, 1995; Sliwinski, Gordon, & Bogdany, 1998). As a result, without careful interpretation, it may be suggested that such persons are experiencing psychopathology when they are not. The extent to which this occurs in children, and on the CBCL/4-18 in particular, is currently unclear. Traumatic brain injury, for instance, may result in attention deficits (eg., reduced auditory span, mental tracking problems and distractibility), memory disorders, fatigue, performance inconsistency, motivational defects, depression, and frustration (Benton, 1989; Lezak, 1995) which could greatly impact on the CBCL/4-18 results.

In summary, the aims of the current study are to:

1. Compare CBCL/4-18, Youth Self-Report and Teachers Report Form responses obtained from non-referred New Zealand youths attending intermediate schools, with those responses obtained from U.S. students to establish the extent to which the two sets of data are equivalent.
2. Compare CBCL/4-18 responses of non-referred New Zealand youths (normative data) with results obtained from individuals who have previously suffered traumatic brain injury to determine the degree to which symptoms of brain injury are endorsed and distort results.

The current study focused on students between the ages of 11 - 15 years because of time constraints and scope limitations due to this study being at master's research level.

Background to behavioural assessment and child development is covered in Chapter 1, the CBCL/4-18, YSR and TRF with relevant research findings is reviewed in Chapter 2 and relevant aspects of childhood traumatic brain injury are covered in Chapter 3. The specific aims and hypotheses developed for the current study as related to the preceding background information are set out in Chapter 4, followed by method in Chapter 5. Results are reported in Chapter 6, and discussed within the context of the background literature in Chapter 7.