The differential predictive power of self vs. parent report in adolescent inpatients

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Background
- The Child Behavior Checklist (CBCL) and Youth Self Report (YSR) are two widely used measures that were developed to assess psychopathology in children and teenagers (Achenbach et al., 1991).
- These measures have demonstrated remarkable utility, particularly in their ability to distinguish between referred and non-referred populations (Achenbrand et al., 2005; Morgan & Cauce, 1999).

Aim of the Current Study
- To examine the diagnostic utility of the standardized clinical cutoffs for the DSM-IV Oriented scales of the Child Behavior Checklist (CBCL) and the Youth Self Report (YSR) in predicting DSM-IV diagnoses obtained via the Computerized Diagnostic Interview Schedule for Children (CDISC). In an inpatient psychiatric sample of adolescents, the differential predictive power of self vs. parent report measures as part of the ATP intake battery.

Participants
- 171 patients of the Adolescent Treatment Program (ATP) of the Menninger Clinic in Houston, Texas.
- 41.5% male, mean age = 15.7 SD = 1.42, range 12 – 17.
- Caucasian, while other ethnic groups made up the remainder (3.5% Hispanic; 1.8% Asian; 1.2% African American; 1.2% biracial). Also see table 1 and table 2.

Procedure
- Consent to participate in research was obtained from participants and their parents.
- Participants completed the YSR and the CDISC-Y within two weeks of admission upon intake to the ATP as part of a larger battery.
- Participants completed the CBCL along with other parent-report measures as part of the ATP intake battery.

Measures
- Child Behavior Checklist (CBCL) and Youth Self Report (YSR)

Results
- ROC analyses indicated poor to fair AUCs across diagnoses for the CBCL, and fair to excellent AUCs across diagnoses for the YSR.

Analysis
- ROC curve graphs were generated for diagnosis versus no diagnosis, which is predictive of the CBCL and YSR.

Discussion
- The ROC results suggest that both the CBCL and YSR showed adequate discrimination for the externalizing disorders (ODD and CD), but that the YSR was superior for classifying youth with internalizing problems (MDD, GAD, SAD, Specific Phobia) and for ADHD.

Table 1: Mean t-scores for YSR and CBCL scales

<table>
<thead>
<tr>
<th>Diagnoses</th>
<th>YSR</th>
<th>CBCL</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSM-Oriented Scale</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSP (N=151)</td>
<td>35.2</td>
<td>15.3</td>
</tr>
<tr>
<td>Anxiety</td>
<td>7.16</td>
<td>7.16</td>
</tr>
<tr>
<td>ADHD</td>
<td>7.38</td>
<td>7.38</td>
</tr>
<tr>
<td>CD</td>
<td>7.38</td>
<td>7.38</td>
</tr>
<tr>
<td>ODD</td>
<td>7.38</td>
<td>7.38</td>
</tr>
</tbody>
</table>

Table 2: Percentage of sample meeting diagnostic criteria (diagnosis vs. non-diagnosis)

<table>
<thead>
<tr>
<th>Diagnoses</th>
<th>CBCL-parent</th>
<th>CBCL-teen</th>
<th>YSR-parent</th>
<th>YSR-teen</th>
</tr>
</thead>
<tbody>
<tr>
<td>ODD</td>
<td>1.0%</td>
<td>1.0%</td>
<td>1.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td>MDD</td>
<td>35.2%</td>
<td>35.2%</td>
<td>35.2%</td>
<td>35.2%</td>
</tr>
<tr>
<td>GAD</td>
<td>35.2%</td>
<td>35.2%</td>
<td>35.2%</td>
<td>35.2%</td>
</tr>
<tr>
<td>CD</td>
<td>35.2%</td>
<td>35.2%</td>
<td>35.2%</td>
<td>35.2%</td>
</tr>
<tr>
<td>ODD</td>
<td>35.2%</td>
<td>35.2%</td>
<td>35.2%</td>
<td>35.2%</td>
</tr>
</tbody>
</table>

References

USF University of South Florida

Acknowledgements
- The authors would like to thank the ATP staff for their assistance in data collection.