Assessment of psychopathology in preschool children with the ASEBA battery: preliminary psychometric data from the Portuguese population

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Introduction

Emotional and social development in infancy and adolescence can be influenced by positive or negative life events that can have effects in the individual response to other situations (Sameroff, & Fiese, 2000). These developmental stages allow children to acquire many competencies that are not only the result of their experiences, but the sum of these with prior learning (Sameroff, & Chandler, 1975). Therefore, in mental health services, there should be a constant effort to understand how children and adolescents are involved in their context and how their development occurs (Zeanah, 2000). In that way, the use of an empirically based assessment (EBA) is crucial, since it enables the design of effective interventions that are also empirically based (Achenbach, 2005). The Achenbach System of Empirically Based Assessment (ASEBA; Achenbach, 2001) allows the collection of information in several contexts (e.g. school, family) with more than one informant (e.g. mother, father, school teacher).

Goals

The present study aims to validate the Portuguese version of the ASEBA battery (Achenbach, 2001). Preliminary results on the preschool forms (CBCL 1½-5 and CTRF) will be presented (*alpha* coefficients and group differences), based on the collection of data with a clinical sample and a sample from the Portuguese general population aged between 18 months and 5 years.

Method

Sample

- 97 clinically referred children, 68% male, with a mean age of 46,75 months (*SD*=11,24). The average age of onset of the problem is 32,90 months (SD=28,38).
- 134 children from the general population, 47,8% male, with a mean age of 41,90 months (*SD*=13,65).

Measusres

-Sociodemographic questionnaire;
-Diagnostic questionnaire, based on the DSM-IV TR (APA, 2002);
-*Child Behavior Checklist ½-5*(CBCL; Achenbach, 2001; Portuguese version: Gonçalves, Dias, & Machado, 2007);
-*Caregiver Teacher Report Form* (TRF; Achenbach, 2001; Portuguese version: Gonçalves, Dias, & Machado, 2007).

Results

Internal consistency

		Cronbach's Alpha	
		General Population	*Clinically referred children*
CBCL	Internalizing	.82	.89
	Externalizing	.87	.92
	Total Score	.91	.95
CTRF	Internalizing	.87	.87
	Externalizing	.96	.95
	Total *Score*	.96	.95

Group Differences

	ASEBA Scales	N	M	*D.P.*	*t*	*p*
No gender differences were found in both populations						
General population vs Clinically referred children	Internalizing– CBCL					
	General population	127	10.11	6.19	-6.06	.000
	Clinically referred children	79	18.10	10.63		
	Externalizing– CBCL					
	General population	126	11.59	6.78	-7.72	.000
	Clinically referred children	86	21.02	9.85		
	Total *Score* - CBCL					
	General population	113	32.63	16.13	-5.93	.000
	Clinically referred children	63	54.02	25.99		
	Internalizing – CTRF					
	General population	116	4.94	5.36	-4.72	.000
	Clinically referred children	31	12.65	8.66		
	Externalizing – CTRF					
	General population	116	8.50	11.38	-2.37	.019
	Clinically referred children	34	13.88	12.52		
	Total *Score* - CTRF					
	General population	106	17.45	20.10	-2.81	.009
	Clinically referred children	24	32.83	24.99		

Discussion

-Data from the general population sample and from the clinical sample show good internal consistendy of the global scales of both the CBCL 1 ½-5 and the CTRF in the portuguese population, in line with studies from other countries (e.g. Janssens, & Deboutte, 2009).

- Differently from what was expected from previous research (e.g. Rescorla e col., 2007; Abad, Forns, e Gómez, 2002), no gender differences were found in these two groups; data collection is ongoing and final results, from a representative sample of the portuguese population will allow a better analysis for this country.
- CBCL and CTRF results show that parents and teachers identify more problems in clinically referred children than in children from the general population, suggesting good discriminant validity of the portuguese versions of these measures.