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Concurrent validity of the DSM-IV scales Affective Problems and Anxiety Problems of the Youth Self-Report

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Abstract

This study investigated the concurrent validity of the DSM-IV scales Anxiety Problems and Affective Problems of the Youth Self-Report (YSR) in a community sample of Dutch young adolescents aged 10–12 years. We first examined the extent to which the YSR/DSM-IV scales reflect symptoms of DSM-IV anxiety disorders and DSM-IV Major Depressive Disorder, assessed with the Revised Child Anxiety and Depression Scale (RCADS). Second, we examined whether the association between the YSR/DSM-IV scales and the RCADS scales was stronger than the association between the empirically derived YSR narrow-band scales Anxious/Depressed and Withdrawn and the same RCADS scales. Results showed that the YSR/DSM-IV scale Affective Problems had a stronger association with symptoms of DSM-IV Major Depressive Disorder than the YSR narrow-band scales Withdrawn and Anxious/Depressed. However, the YSR/DSM-IV scale Anxiety Problems had a weaker association with symptoms of DSM-IV anxiety disorders, compared to the YSR narrow-band scale Anxious/Depressed. It was concluded that the construction of the DSM-IV scales improved the correspondence with DSM-IV Major Depressive Disorder, but not with DSM-IV anxiety disorders.

Keywords: Adolescents; Community sample; Assessment; Anxiety; Depression

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Introduction

Two main taxonomic approaches are widely used to describe psychopathology in children and adolescents: the clinical-diagnostic approach and the empirical-quantitative approach. The clinical-diagnostic approach is represented by the Diagnostic and Statistical Manual of Mental Disorders (DSM; American Psychiatric Association, 2000), and yields diagnostic categories that are based on pre-defined sets of criteria. The approach is characterised as ''top down'', indicating that the set of criteria is derived from experts' judgements. Conversely, the empirical-quantitative approach, represented by the Achenbach System of Empirically Based Assessment, yields empirical syndrome scales that are derived from multivariate statistical analyses of symptoms that tend to co-occur in large samples of children (Achenbach, Dumenci, & Rescorla, 2003). This approach is characterised as ''bottom up'', because it is based on statistical analyses of children's scores on problem items, instead of relying on experts' judgements.

Several studies examined associations between the clinical-diagnostic approach and the empirical-quantitative approach (Connor-Smith & Compas, 2003; Edelbrock & Costello, 1988; Gould, Bird, & Jaramillo, 1993; Kasius, Ferdinand, van den Berg, & Verhulst, 1997; Lengua, Sadowski, Friedrich, & Fisher, 2001). In these studies, information regarding DSM diagnoses was obtained with standardised interviews, whereas empirical-quantitative information was obtained with standardised questionnaires, such as the Youth Self-Report (YSR; Achenbach, 1991), a self-report questionnaire, and the Child Behaviour Checklist (CBCL; Achenbach, 1991), a parent questionnaire. These questionnaires yield scores on two externalising narrow-band syndrome scales (Delinquent Behaviour and Aggressive Behaviour), and three internalising narrow-band syndrome scales (Anxious/Depressed, Withdrawn, and Somatic Complaints). In general, it was found that the externalising narrow-band scales correspond strongly with their DSM counterparts. Specific associations were found between the CBCL scale Delinquent Behaviour and DSM Conduct Disorder, and between the CBCL scale Aggressive Behaviour and DSM Oppositional Defiant Disorder. For instance, Edelbrock and Costello (1988) examined the association between CBCL scales and DSM-III (American Psychiatric Association, 1980) diagnoses, obtained with the Diagnostic Interview Schedule for Children (DISC; Costello, Edelbrock, Dulcan, Kalas, & Klaric, 1984), in 270 clinically referred children aged 6–16 years. They found a strong association between the CBCL scale Delinquent Behaviour and a diagnosis of Conduct Disorder. This finding was confirmed by Gould et al. (1993), who found a firm relationship between the Delinquent Behaviour scale of the YSR and CBCL and DISC/DSM-III diagnoses of Conduct Disorder in a community sample of children aged 6–16 years.

Associations that were found between the internalising narrow-band scales and corresponding DSM diagnoses were weaker and less specific. For instance, Kasius et al.(1997) examined the association between CBCL scale scores in the clinical range and DSM-III-R (American Psychiatric Association, 1987) diagnoses, assessed with the DISC 2.3 (NIHM, 1992), in an outpatient sample of 231 Dutch children and adolescents aged 6–16 years. Odds ratios reflecting associations between scores on the CBCL scales Anxious/Depressed and Withdrawn, and their DSM-III-R counterparts (anxiety and affective disorders) were much lower than the odds ratios found for CBCL externalising scales and DSM disruptive disorders. In addition, the associations found between the CBCL scales Anxious/Depressed and Withdrawn, and DSM