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# Development of the Children's Scale of Hostility and Aggression: Reactive/Proactive (C-SHARP)

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### ABSTRACT

Whereas some scales exist for assessing aggression in typically developing children, they do not give a detailed analysis, and none is available for populations with developmental disabilities (DD). Parents of 365 children with DD completed the Children's Scale of Hostility and Aggression: Reactive/Proactive (C-SHARP), which surveys the severity of aggressive and hostile behaviors (Problem Scale) in addition to their proactive or reactive qualities (the Provocation Scale). Factor analysis yielded a 5-factor solution: I. Verbal Aggression (12 items), II. Bullying (12 items), III. Covert Aggression (11 items), IV. Hostility (9 items), and V. Physical Aggression (8 items). Coefficient alpha ranged from moderate (0.74, Physical Aggression) to high (0.92, Verbal Aggression). General validity was supported by expected differences between age and gender groups. Preliminary normative data were presented. The C-SHARP appears to be a promising tool for assessing aggression and hostility in children with DD.

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## 1. Introduction

Aggression and behavioral disturbance have consistently been shown to be more common in populations with developmental disability (DD) than in the general population (e.g., Borthwick-Duffy, 1994; Einfeld & Aman, 1995; Hill & Bruininks, 1984; Stark, Menolascino, Albarelli, & Gray, 1988). There is an array of problem behavior assessment instruments for typically developing children (see Frauenglass & Routh, 1999 for a brief review). However, in a thorough review of the literature, Aman

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(1991) noted that there were few such scales suitable for youth with DD, and extensive computer searches of the literature indicated that the situation has not changed much since then.

Simply using an instrument developed for typically developing youth may not be satisfactory for those with DD. In the past, empirical studies have shown that the factor structures of instruments often differ between populations with DD and their typically developing counterparts (e.g., Aman et al., 2008; Matson, Epstein, & Cullinan, 1984). Thus, employing an instrument without evidence of construct validity may be scientifically invalid. Further, most of the available instruments only devote one subscale, at most, to aggression (e.g., Child Behavior Checklist, Achenbach & Edelbrock, 1991). This suggests that even if the original item pools of such instruments were obtained for factor analysis in children with DD, adequate representation of aggressive behaviors would not be achieved. This seems especially important given that aggression is the target symptom of many clinical studies in children with DD. Comprehensive lists of available instruments used for the assessment of aggression in populations with DD are available elsewhere (Aman, 1991; Matlock, 2008). Here, we discuss the few scales devoted to aggression for typically developing children, as well as several prominent instruments used in DD populations.

The New York Teacher Rating Scale for Disruptive and Antisocial Behavior (NYTRS; Miller et al., 1995) is an instrument for typically developing children. It has 36 items that score onto 4 subscales: Defiance, Physical Aggression, Delinquent Aggression, and Peer Relations. The NYTRS was shown to have acceptable internal consistency, interrater reliability, and test-retest reliability (Miller et al., 1995). The purpose of the NYTRS is to describe and measure a broad range of disruptive behaviors germane to oppositional defiant and conduct disorders (Miller et al., 1995). As such, there are several “social relations” items (e.g., “Peers seek out his/her company,” “Has at least one good friend”) that are clearly biasing when evaluating children with developmental disorders, and a relative paucity of items relating to aggressive behavior.

The Overt Aggression Scale (OAS, Yudofsky, Silver, Jackson, Endicott, & Williams, 1986) is an episodic record of aggression, meaning that aggressive behaviors are recorded and rated as they happen. To remedy this, a retrospective version of the scale was created (Modified Overt Aggression Scale, MOAS, Sorgi, Ratey, Knoedler, Markert, & Reichman, 1991). The four categories of aggression on the OAS (Verbal Aggression, Physical Aggression Against Objects, Physical Aggression Against Self, and Physical Aggression Against Others) are rated for frequency and weighted by severity on the MOAS. The weights of the categories were determined arbitrarily by the authors, to reflect their appraisal of the relative severity of the types of aggression. The OAS and the MOAS both have acceptable interrater reliability and appear to be useful for typically developing (Sorgi et al., 1991) and DD populations (Oliver, Crawford, Rao, Reece, & Tyrer, 2007). However, the scales are meant to be completed by staff in inpatient settings, and are useful for tracking trends over time rather than quantifying specific behaviors (Knoedler, 1989). Additionally, the range of behaviors captured on the OAS and MOAS may be insufficient for a detailed description of aggression.

The Aberrant Behavior Checklist (ABC) (Aman, Singh, Stewart, & Field, 1985) and the Nisonger Child Behavior Rating Form (NCBRF) (Aman, Tasse, Rojahn, & Hammer, 1996) are among the most commonly used instruments for measuring acting-out behavior and aggression in children with DD. The Irritability subscale (15 items) of the ABC and the Conduct Problem subscale (16 items) of the NCBRF are sometimes used to index aggression and other disruptive behaviors, but most of the items in these instruments are related to irritability, agitation, and mood swings, rather than physical or verbal aggression to others. Therefore, although sensitive to pharmacological treatments (Aman, DeSmedt, Derivan, & Lyons, 2002; Research Units on Pediatric Psychopharmacology Autism Network, 2002, 2005; Snyder et al., 2002), the ABC and NCBRF are not ideally suited to the assessment of aggressive behavior per se in children with DD.

The Developmental Behaviour Checklist (DBC) (Einfeld & Tonge, 1995) was created for children with intellectual disability (ID), but only the Disruptive/Antisocial subscale ( $n = 27$  items) assesses aggressive behavior. Although the DBC has been shown to be useful for assessing broad constructs of psychopathology in youth with DD, it was probably not intended to give an in-depth analysis of aggressive behavior. The Behavior Problems Inventory (BPI) was designed to assess self injury, stereotypic behavior, and aggression (Rojahn, Matson, Lott, Esbensen, & Smalls, 2001), but the aggressive behavior subscale addresses all forms of aggression in an undifferentiated fashion. Thus,

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