



Research paper

Ability of the Child Behavior Checklist-Dysregulation Profile and the Youth Self Report-Dysregulation Profile to identify serious psychopathology and association with correlated problems in high-risk children and adolescents



Claudia Dölitzsch^{a,*}, Michael Kölch^b, Jörg M. Fegert^a, Klaus Schmeck^c, Marc Schmid^c

^a University Hospital of Ulm, Department of Child and Adolescent Psychiatry/Psychotherapy, Germany

^b Medical School Brandenburg, Department of Child and Adolescent Psychiatry, Germany

^c University Hospital of Basel, Department of Child and Adolescent Psychiatry, Switzerland

ARTICLE INFO

Article history:

Received 6 April 2016

Received in revised form

20 June 2016

Accepted 14 August 2016

Available online 16 August 2016

Keywords:

Child Behavior Checklist

Youth Self Report

Dysregulation Profile

Screening instrument

Serious psychopathology

Comorbidity

ABSTRACT

Background: The current analyses examined whether the dysregulation profile (DP 1) could be used to identify children and adolescents at high risk for complex and serious psychopathology and 2) was correlated to other emotional and behavioral problems (such as delinquent behavior or suicide ideation). DP was assessed using both the Child Behavior Checklist (CBCL) and the Youth Self Report (YSR) in a residential care sample.

Methods: Children and adolescents (N=374) aged 10–18 years living in residential care in Switzerland completed the YSR, and their professional caregivers completed the CBCL. Participants meeting criteria for DP (T-score ≥ 67 on the anxious/depressed, attention problems, and aggressive behavior scales of the YSR/CBCL) were compared against those who did not for the presence of complex psychopathology (defined as the presence of both emotional and behavioral disorders), and also for the prevalence of several psychiatric diagnoses, suicidal ideation, traumatic experiences, delinquent behaviors, and problems related to quality of life.

Results: The diagnostic criteria for CBCL-DP and YSR-DP were met by just 44 (11.8%) and 25 (6.7%) of participants. Only eight participants (2.1%) met the criteria on both instruments. Further analyses were conducted separately for the CBCL-DP and YSR-DP groups. DP was associated with complex psychopathology in only 34.4% of cases according to CBCL and in 60% of cases according to YSR. YSR-DP was somewhat more likely to be associated with psychiatric disorders and associated problems than was the CBCL-DP.

Limitations: Because of the relatively small overlap between the CBCL-DP and YSR-DP, analyses were conducted largely with different samples, likely contributing to the different results.

Conclusions: Despite a high rate of psychopathology in the population studied, both the YSR-DP and the CBCL-DP were able to detect only a small proportion of those with complex psychiatric disorders. This result questions the validity of YSR-DP and the CBCL-DP in detecting subjects with complex and serious psychopathology. It is possible that different screening instruments may be more effective.

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1. Introduction

Comorbid diagnoses are common in patients with psychiatric disorders, with a particularly high prevalence seen in children and adolescents living in residential or foster care (Blower et al., 2004; Dölitzsch et al., 2014; Meltzer et al., 2003; Schmid et al., 2008).

* Correspondence to: Claudia Dölitzsch, degree in psychology University Hospital of Ulm Department of Child and Adolescent Psychiatry/Psychotherapy Steinhövelstraße 5 89075 Ulm Germany.

E-mail address: Claudia.Doelitzsch@uniklinik-ulm.de (C. Dölitzsch).

Although several single-diagnoses (e.g. schizophrenia or a particularly pronounced social phobia) seriously impair psychosocial functioning, a combination of emotional and behavioral problems also entails severe limitations in daily life of affected patients. Accordingly, longitudinal studies have found that the presence of comorbid disorders, especially a combination of emotional and behavioral problems, worsens the prognosis and severely impairs psychosocial functioning (Copeland et al., 2009; Kim-Cohen et al., 2003; Olsson et al., 2006). Since specific therapeutic interventions to address the various symptoms are required, the presence of comorbid diagnoses needs to be recognized promptly in order to

provide the appropriate interventions as soon as possible. Accordingly, the validity of screening instruments to detect such individuals is critical.

The Child Behavior Checklist (CBCL; Achenbach, 1991a) is widely used in both research and clinical practice to screen children and adolescents aged 4–18 years for emotional, behavioral, and somatic disorders. Designed to be completed by a parent or other primary caregiver, it includes eight syndrome scales (anxious/depressed, withdrawn/depressed, somatic complaints, social problems, thought problems, attention problems, rule-breaking behavior, and aggressive behavior), two broadband scales (internalizing problems and externalizing problems), and a total problems scale.

Elevated scores on the symptom scales of anxious/depressed, attention problems, and aggressive behavior, have defined a particular CBCL profile concerned with both emotional and behavioral problems. Initially, this profile was proposed as a screening tool for pediatric bipolar disorder (PBD), and was accordingly named the CBCL-PBD profile (Biederman et al., 1995). However, various studies raised doubts about its validity for that purpose (e.g., Diler et al., 2009; Doerfler et al., 2010; Serrano et al., 2013; Southammakosane et al., 2013; Youngstrom et al., 2005), as it was frequently not associated with bipolar disorder but with other conditions such as attention deficit hyperactivity disorder, oppositional defiant disorder, conduct disorder, and personality disorders (Halperin et al., 2011; Holtmann et al., 2008; Kahana et al., 2003; Volk and Todd, 2007). Furthermore, there is some disagreement over the operationalization of childhood bipolar disorder, which may present differently in children and adults (Leibenluft, 2011; Plener et al., 2013; Zepf and Holtmann, 2012).

Several studies found that the CBCL-PBD profile was able to detect children and adolescents with serious psychopathology, disordered self-regulation, and suicidal ideation (Holtmann et al., 2007, 2008; Juksch et al., 2011; Mbekou et al., 2014; Meyer et al., 2009; Volk and Todd, 2007). The new diagnosis of Disruptive Mood Dysregulation Disorder (DMDD) was added in the DSM-5 to describe children and adolescents with severely impairing emotional and behavioral problems, including chronic and severe irritability and temper outbursts. In recent years, the CBCL-PBD profile has been proposed as an operationalization for DMDD (Leibenluft, 2011; Plener et al., 2013; Zepf and Holtmann, 2012), and was renamed the CBCL-Dysregulation Profile (CBCL-DP) as it describes a broad disorder of self-regulation (Althoff et al., 2010; Ayer et al., 2009). It may be associated with severe psychiatric disorders such as borderline personality disorder and complex posttraumatic stress disorder and also with the presence of comorbid psychopathologies (Ayer et al., 2009). It is probable that individuals fitting this profile already have a psychiatric disorder (Meyer et al., 2009) or will develop one in the near future, possibly accompanied by comorbid disorders and correspondingly severe impairment in psychosocial functioning (such as problems at school, at work, or with peers) (Biederman et al., 2009; Halperin et al., 2011; Holtmann et al., 2011; Meyer et al., 2009).

The present study looked at whether the dysregulation profile could be used more generally to identify children and adolescents with complex psychopathology, defined as disorders characterized by both internalizing and externalizing symptoms. The analyses used data that were part of a study assessing the prevalence of (comorbid) psychiatric diagnoses in children and adolescents living in the residential care system in Switzerland (Dölitzsch et al., 2014). This population has a high prevalence of psychiatric diagnoses and comorbidity (e.g. more than one diagnosis). In the sample studied, 74% of subjects were found to have at least one psychiatric diagnosis, and within that group, 60% had at least two diagnoses. Accordingly, a high prevalence of a combination of emotional and behavioral disorders would be expected in this

high-risk population.

Few studies have examined correlates of the CBCL-DP other than psychiatric disorders and suicidal ideation (Biederman et al., 2012, 2013; Doerfler et al., 2010; Juksch et al., 2011). Children and adolescents in residential care are highly likely to have been subjected to traumatic experiences (80%) (Dölitzsch et al., 2014), and traumatization has been shown to be related to the development of internalizing and externalizing problems as well as to emotion regulation (Maguire et al., 2015). These children are also likely to have engaged in criminal behavior (86%) (Dölitzsch et al., 2016). In Switzerland, residential facilities for young people in state care will often house a combination of youth who were convicted of offenses and those who reside there for other reasons, including parental abuse or neglect, or to attend a special school. However, antisocial acts are common even in the non-convicted groups, with a self-reported prevalence of 83% for delinquent behavior (Dölitzsch et al., 2016). Thus, in addition to the combination of emotional and behavioral disorders, the present study examined whether the DP would be associated with other emotional and behavioral problems like traumatization and delinquent behavior.

The majority of previous studies on the CBCL dysregulation profile have used only caregivers' reports as the source for analyses (Althoff et al., 2010; Hazell et al., 1999; Kahana et al., 2003; Wals et al., 2001). In the current study, caregivers completed the CBCL while residents completed its self-report counterpart, the Youth Self Report (YSR; Achenbach, 1991b) for adolescents aged 11–18 years. It was therefore of interest to compare the caregiver-derived data of the CBCL against the self-reported data of the YSR.

In sum, the current analyses aimed to answer the following questions:

- What is the prevalence of self-reported and caregiver-reported DP in a sample of high-risk children and adolescents in residential care?
- Can CBCL-DP be used to differentiate individuals with complex and serious psychopathology (defined as the presence of both emotional and behavioral disorders) from those with less complex psychopathology (defined as the presence of either emotional disorders or behavioral disorders, but not both)?
- Can the correlated emotional and behavioral problems (e.g. traumatization, delinquency, and quality of life) be used to improve the characterization of individuals who fit the CBCL-DP?
- Do the results differ for the CBCL and the YSR?

2. Methods

2.1. Study design

Between 2007 and 2011, the Departments of Child and Adolescent Psychiatry/Psychotherapy of the University Hospitals of Basel, Switzerland and of Ulm, Germany conducted a joint study aimed at evaluating the goals and effects of institutional care for youth in Switzerland ("Swiss study for clarification and goal-attainment in Swiss juvenile welfare and juvenile justice institutions"). All youth residential institutions that are approved by the Federal Office of Justice in Switzerland were invited to take part. Of these, 64 institutions (35%) accepted, and within the participating institutions, a total of 592 residents aged 6–26 years, representing approximately 32% of the total, agreed to participate. At two points of measurement, subjects and designated caregivers answered computer-administered questionnaires regarding the participant's emotional and behavioral problems, psychopathy, delinquency, drug use, trauma, personality traits, quality of life, and goal

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