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Measuring positive and negative aspects of youth behavior: Development and validation of the Adolescent Functioning Scale



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ABSTRACT

This paper outlines the development and validation of the Adolescent Functioning Scale (AFS) in an Australian sample of parents of young people aged 11–18 years ($N = 278$). The AFS, a parent self-report measure, was designed to assess problem behavior and positive development in adolescents. Principal components analysis produced a 33-item measure comprising four subscales: Positive Development, Oppositional Defiant Behavior, Antisocial Behavior and Emotional Difficulties. Convergent validity was established via correlations between the AFS and established measures of adolescent functioning and parenting, and discriminant validity was shown through no association between the AFS and a measure of technology use. Internal consistency for the subscales was high ($H = .82-.92$ for different age groups), as was test-retest reliability ($r = .77-.86$). The study indicated that the AFS is a potentially valuable tool for assessing levels of problem behaviors and positive development in adolescents.

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Population-level surveys from multiple countries suggest that there is still much work to be done to improve outcomes for young people (Kuntsche & Ravens-Sieberer, 2015; Polanczyk, Salum, Sugaya, Caye, & Rohde, 2015). A recent meta-analysis of international prevalence data estimated that mental disorders affect 13.4% of young people around the world, with anxiety disorders, disruptive behavior disorders, ADHD and depressive disorders being the most common (Polanczyk et al., 2015). Increasingly, researchers and policy-makers are recognising the need for universal, public health strategies to prevent adolescent mental health problems, and associated disruptions to education, employment and social functioning (Biglan, Flay, Embry, & Sandler, 2012). Valid and reliable measures of adolescent outcomes are needed to determine the impact of such initiatives and their potential for wider dissemination. Along with strong psychometric properties, such measures should be able to assess the domains of mental health problems relevant to adolescents, be change sensitive at both the individual and

Abbreviations: AFS, Adolescent Functioning Scale; ECBI, Eyberg Child Behavior Inventory; CBCL, Child Behavior Checklist; SDQ, Strengths and Difficulties Questionnaire; YOQ, Youth Outcome Questionnaire; APQ, Authoritative Parenting Questionnaire.

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population levels, and available in the public domain. An effective measure should also assess a program's capacity to promote the social, psychological and self-regulatory skills needed by adolescents to become successful learners, healthy and productive workers and contributing members of the community. The present study describes the development and validation of a new parent-report measure, the Adolescent Functioning Scale (AFS), which aims to assess positive and negative aspects of adolescent adjustment.

There are a number of well-validated measures of adolescent behavior, including the Eyberg Child Behavior Inventory (ECBI; Burns & Patterson, 1990), the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2001), the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997), and the more recently developed Youth Outcome Questionnaire (YOQ; Burlingame et al., 2001). Although these measures are widely used in clinical and developmental research on adolescents, they possess a number of characteristics that make them less desirable for assessing adolescent outcomes. Firstly, they were developed to assess behaviors across childhood and adolescence rather than being purpose built to assess behaviors specific to the developmental period of adolescence. For instance, the ECBI was developed and standardized on children aged 2–16 years, and recommends a single clinical cut-off score for all age groups. The items are more reflective of disruptive behavior problems in children rather than adolescents, such as 'wets the bed', 'is careless with toys and other objects', and 'difficulty entertaining self alone' and does not cover items related to adolescence such as risk-taking behavior or conduct problems. Other measures provide slightly modified adolescent versions (e.g., the SDQ) and others have specific age-based norms for adolescents (e.g., the CBCL and YOQ). However, this is different to the development of a set of items that have been informed by theory and research on adolescent development, and have direct applicability to this developmental period.

Adolescence is characterized by increasing independence from parents and family, more time spent alone or outside of the home (Larson, Richards, Moneta, Holmbeck, & Duckett, 1996), and less opportunity for close parental supervision (Loeber et al., 2000). Longitudinal analyses examining the developmental pathways of disruptive behavior problems indicate that this results in greater opportunity for engagement in authority avoidance and rule- and norm-violating behavior. Specifically, while oppositional, defiant and aggressive behaviors are present during childhood and adolescence, behaviors related to authority avoidance (e.g., violations of curfew, associating with undesirable peers) and status offenses (e.g., truancy, underage use of alcohol or tobacco) are more relevant to later childhood and adolescence (Loeber & Burke, 2011). Thus, the important developmental transitions that occur in adolescence bring about both continuities and discontinuities in the behaviors that are problematic and disruptive to an adolescent's functioning. Existing measures are not sensitive to these transitions.

Secondly, existing measures are limited in their capacity to assess adolescent-relevant strengths and competencies. The CBCL and the SDQ each contain a subscale designed to provide adjunctive information about a child or adolescent's functioning by assessing their positive qualities and strengths. However, both the CBCL's Social Competence scale and the SDQ's Prosocial scale have been criticized for their restrictive conceptualisation of social functioning, low convergent validity and inter-rater reliability, limited sensitivity among typically functioning children, and poor internal consistency (Drotar, Stein, & Perrin, 1995; Stone, Otten, Engels, Vermulst, & Janssens, 2010). Additionally, the CBCL and SDQ focus only on social skills and social engagement. Although social competence is an important developmental goal (Burt, Obradović, Long, & Masten, 2008), positive development encompasses a broader range of skills that teenagers need to acquire to develop into well-functioning members of the community. A scale that specifically assesses adolescent strengths and competencies is needed.

A major review of key models of positive development in adolescence and emerging adulthood (e.g., Arnett, 2000; Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004; Larson, 2000; Lerner, Phelps, Forman, & Bowers, 2009; Masten, 2004) indicated that the psychological and emotional characteristics that facilitate positive mental health include self-regulation and self-esteem, coping and persistence, responsibility and decision-making, problem solving, motivation and achievement, and future orientation (National Research Council & Institute of Medicine, 2009). Social development, on the other hand, was characterized by connectedness to peers, family and community and attachment to institutions. Major models of positive development take a developmental tasks perspective emphasising that the competencies that lead to positive adaptation are age-salient and developmentally-dependent (Masten & Obradović, 2006), further underscoring the need to develop measures that are specific to the adolescent period.

Finally, there are a number of practical limitations of existing measures that reduce their utility for use in prevention and early intervention programs that tend to target much larger numbers of individuals than selected or targeted interventions. The ECBI only measures aspects of problem behavior, limiting its use to the evaluation of programs targeting disruptive behavior problems. While the CBCL and the YOQ are useful in that they assess multiple domains of problem behavior, they are both lengthy (118 and 64 items respectively on the parent-report versions). In addition, there is a fee attached to each use of the CBCL, the YOQ and the ECBI, and online administrations of the SDQ. Even a nominal fee can act as a deterrent to researchers, clinicians and other professionals delivering programs to adolescents in the community.

The aim of the current study was to draw on research, theory and clinical experience with adolescent populations (from pre- to late adolescence; 11–18 years) to develop a purpose-built measure assessing the main domains of mental health problems in adolescents (i.e., disruptive, oppositional and antisocial behavior, and emotional problems related to anxiety and depression) and positive adolescent development. The development of the scale was guided by the need for a brief, freely available, and multi-dimensional scale of adolescent functioning that could be flexibly used across research, evaluation, clinical and community contexts. This paper describes a) the development of the parent-report Adolescent Functioning Scale (AFS), and b) its initial validation including factor structure, reliability (internal consistency and test-retest) and validity (content, convergent and discriminant).

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