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Psychopathological self-assessment with youths

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Introduction ...

Assessments by parents and teachers are in common use to define the symptoms of a child or an adolescent, consulting the psychiatrist.
The Child Behavior Check List (CBCL) by Achenbach and the Teacher Report Form (TRF) are the best used instruments for that goal. The Youth Self Report (YSR) is the parallel instrument from this set.
Defy the frequent use, the factors of the three instruments have no regards to the diagnoses of the ICD10 nor the DSMIV. For that the results of this questionaires are unusable for the answers of the questions from child and parents: „What does the child have?"
The diagnostic evaluation of the clinician and the factors of the CBCL/TRF/YSR seems to be two worlds in the assessment of children and adolescents.
Other attempts like the CASCAP or the SCID as semi-structured interviews, have weaknesses in the clinical application:

1. Long training for the application by assistants.
2. At least subjective assessments by the psychiatrist
3. High time expenditure

... and purpose:

From the clinical point of view we need diagnostic instruments that corresponds to the following criterions:

- High diagnostic relevance at low time expenditure
- Connection between subjective and objective considerations
- Orientation base for following interview (dialog oriented)
- Good separation between state- and trait-aspects of a problem
- Evaluating quantitatively fast
- Lead up to classification for adults, because of long time risk estimate
- Analysis of the arguments between the view way of the child, the parents and the psychiatrist

Methods:

Based on the self criterias in the AMDP-system (for adults) we create a questionaire with 124 items. Every item allowed an assessment in four steps: 0 = never/not, 1 = rare/slight, 2 = often/clear, 3 = always/strong.

All in-patients consecutively admissioned into the hospital was asked to fill out the YSR and the SAPa,cs, the parents was asked to fill out the CBCL.
Complete filled out questionaires were part of the study.

Population:
N = 60
Age: 9 to 19 years; mean average 15,02; median 15,00; SD 1,71; variance 2,93
Sex: male : female = 40 : 60 % (representative for the clinical population)
SAPa: N = 60
YSR: N = 46
CBCL: N = 35
From it YSR and CBCL: N = 32

The **SAPa,cs** (Self Assessment Pathology adolescents, cardinal symptoms) was split up in the following 16 logic factors (number of items):
Factor 01: Brain pathology (10)
Factor 02: Developmental disturbances, motoricity and speech (9)
Factor 03: Activity and attention disturbances (2)
Factor 04: Disesthesia (11)
Factor 05: Eating disorders and indigestions (8)
Factor 06: Excretory and sleeping disturbances (8)
Factor 07: Perception disturbances (7)
Factor 08: Formal thinking disturbance (4)
Factor 09: Thinking disturbance as regards content (16)
Factor 10: Anxiety (2)
Factor 11: Depression (9)
Factor 12: Loss of the emotion control (6)
Factor 13: Disturbance of the drive (7)
Factor 14: I-disturbances (6)
Factor 15: Contact disturbances (2)
Factor 16: Destructiveness (3)

Results:

1. Self assessments and assessments by parents have only few correlations!
   (correlation by Pearson, bidirectional)

N=32	C4	C7
Y4	.379*	
Y7		.416*
Y8		.413*

*) correlation is significant on the standard 0,05 (bidirectional)

This is frequent results. The opinions of the patients and their parents agrees very rarely.
The totality probably subdivides herself into three groups:

1. Parents see their children more critically than this
2. Children assess themselves more critically than her parents do it
3. Parents and child are alike in the view way of the problems of the child

To be able to assess these effects, a quotient of the scale factors would have to be formed.

Factor structure from CBCL and YSR (number of items):
C/Y1: withdrawn (7)
C/Y2: somatic complaints (10)
C/Y3: anxious/depressed (16)
C/Y4: social problems (8)
C/Y5: thought problems (7)
C/Y6: attention problems (7)
C/Y7: delinquent behavior (11)
C/Y8: aggressive behavior (19)
C/Ytot: total inclusive other problems (112)

2. Like YSR SAPa,cs shows only few correlations with CBCL:

N=35	C1	C6	C7	C8	Ctot
S04		.437**	.466**	.500**	.399*
S07		.415*			
S09	.336*	.385*			.349*
S10		.394*			
S11		.391*			
S13	.343*				
S16		.377*			

**) Correlation is significant on the standard 0,01 (bidirectional)
*) Correlation is significant on the standard 0,05 (bidirectional)

3. YSR and SAPa,cs shows numerous correlations

N=46	Y1	Y2	Y4	Y5	Y6	Y7	Y8
S01					.390**		.402**
S02	.360*		.386**	.500**	.491**	.433**	.484**
S03				.342*	.477**		
S04	.387**	.516**	.346*	.465**	.348*		.297*
S05	.341*	.443**		.497**	.327*		
S06	.629**		.497**	.546**	.465**		
S07				.586**		.484**	.461**
S08	.349*		.307*	.526**	.483**	.445**	.428**
S09	.422**		.410**	.659**	.318*	.324*	.378**
S10	.440**	.358*	.364*	.360*	.485**		
S11	.313*			.351*	.314*	.375*	.427**
S12				.336*		.433**	.439**
S13				.318*	.364*	.394**	.598**
S14				.436**		.574**	.414**
S15							
S16	.434**		.370*		.364*	.566**	.465**

**) Correlation is significant on the standard 0,01 (bidirectional)
*) Correlation is significant on the standard 0,05 (bidirectional)

Interpretation:

1. Self assessments and assessments by parents shows only few correlation for „social problems" and „delinquent behavior". Both factors have little importance for psychiatric diagnosis.
2. „Attention problems", „delinquent" and „aggressive behavior" in the view through parents seems to correspond with feelings of malaise and „disesthesia" in the perception of the childrens
3. The YSR-factors shows the following regards to psychopathologic dimensions (ordered top-down):

„Withdrawn":	Excretory and sleeping disorders Anxiety Destructiveness Thinking disturbance as regards content Disesthesia
„Somatic complaints":	Disesthesia Eating disorders and indigestions
„Social problems":	Excretory and sleeping disturbances Thinking disturbance as regards content Developmental disturbances, motoricity and speech
„Thought problems":	Thinking disturbance as regards content Perception disturbance Excretory and sleeping disturbances Formal thinking disturbances Developmental disturbances, motoricity and speech Eating disorders and indigestions Disesthesia I-disturbances
„Attention problems":	Developmental disturbances, motoricity and speech Anxiety Formal thinking disturbance Activity and attention disturbances Excretory and sleeping disturbances Brain pathology
„Delinquent behavior":	I-disturbances Destructiveness Perception disturbances Formal thinking disturbances Loss of the emotional control Developmental disturbances, motoricity and speech Disturbance of the drive
„Aggressive behavior":	Disturbance of the drive Developmental disturbances, motoricity and speech Destructiveness Perception disturbances Loss of the emotional control Formal thinking disturbance Depression I-disturbances Brain pathology Thinking disturbance as regards content

Conclusion:

The interpretation surveys that subjective and observed behavioral problems from children and adolescents have very different sources in a view of psychopathology.
The results of CBCL and YSR (or TRF) doesn't have meaning for the diagnostic decision.
The items of CBCL and YSR give the patient the impression as if the psychiatrist is interested in irrelevant behaviors.
The different assessments of children and their parents needs more attention in the diagnostic procedure.
We will develop the SAPa,cs subtly differentiatedly.