

Family Research and Therapy: Three Achenbach Scales

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I work as a clinical psychologist in Mount Gambier, South Australia, part of the country team for Southern CAMHS. Some of my city colleagues were writing an article for this journal (Stacey et al.), using the Child Behavior Checklist (CBCL) as an aid to their research. The editors wanted a little note about the use of the CBCL, so that you, gentle reader, could have more of a sense of what it involves. Being generous by nature, I decided to explore the other Achenbach scales as well; the Teachers Report Form (TRF) and the Youth Self Report (YSR). They are what I call parallel scales and, together, they can give rich clinical pictures of a child's behaviour at home and at school.

Although changes are underway, the current versions of the Achenbach scales for most of us are the 1991 revisions (Achenbach, 1991a), which allow direct comparisons across the CBCL, TRF and YSR profiles and thus aid the co-ordination of information from parent-, teacher-, and self-reports. I want to illustrate this for you by a case example in the paragraphs that follow. For now, though, we need to get a clearer picture of the three scales, their profile sheets, and how they work in practice. Achenbach wanted to make the CBCL, TRF and YSR easy to fill in by parents, teachers and youth. The scales can thus be completed beyond the clinic setting, so long as the therapist or researcher is available to explain the nature of the scales and to answer any questions.

Each scale (checklist) asks questions about social and academic competencies across the first two pages of the form, and lists a series of behaviours on pages three and four which the informant can rate for frequency. Competencies and behaviour problems are scored on either side of a separate profile form. The competence scales (called 'adaptive functioning' on the TRF) provide information about positive characteristics and attributes of the child, and serve as counterpoint to the general emphasis on problematic behaviour. As Achenbach puts it: 'Efforts to obtain professional help for a child are usually prompted by adults' concerns about the child's problems. However, the child's competencies may be equally important in evaluating needs and prognosis' (Achenbach, 1991b: 4–5). Let's look at an example of this.

Robert is a sixteen-year-old boy who filled out the YSR as part of an assessment process. I was not his therapist but I scored his YSR and wrote out an interpretation for his thera-

pist to consider alongside other information about Robert. The problem scales profile showed significantly high levels of anxiety, withdrawal, and somatic complaints, with an emphasis on secretive, self-conscious behaviour. Robert also reported trouble sleeping, frequent nightmares, preoccupation with his thoughts, and some school truancy. Robert noted that his thoughts were often about his stepfather. According to the problem scales profile, Robert presented as hypervigilant, feeling constantly under threat, also feeling trapped and needing to get out of the family. There were echoes of unresolved trauma, grief and loss, and an accumulation of guilt. PTSD emerged as a possible diagnosis.

Having seen the difficulties facing Robert as illustrated by his behaviour profile, it was informative and encouraging to consider his competence profile. Despite seeing himself as withdrawn and self-conscious at home, Robert was highly involved in activities beyond the home and he was very competent socially. He played lots of sport, had joined several clubs, and spent plenty of time with a multitude of friends. At least some of these pursuits could be seen as normative activities which could provide a protective factor and an antidote to his home-based preoccupations. Robert's therapist of course had access to other information about Robert and his family, but use of the YSR added a valuable perspective and a possible explanation for his overall behaviour. The Achenbach scales are not meant to stand alone, but they can provide clinically rich information as well as gathering 'before and after' data for research purposes.

My second example concerns an eleven-year old boy named Martin. I was asked to see him by his primary therapist for assessment and for possible help with anger control. The adults in Martin's life tended to have differing ideas about him, and the general feeling was that it was hard to understand him. We decided to use the three behavioural checklists, to gain an understanding of Martin's behaviour patterns as seen by his mother at home (the CBCL), by his teacher and counsellor at school (TRF), and by Martin himself (YSR). The profiles obtained from these three scales

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could then be directly compared with each other. The following paragraphs are taken from my notes about Martin.

Behaviour profiles were obtained during the scoring of the CBCL, TRF and YSR. They were all quite different, suggesting that issues at home and at school are not the same, and that Martin's own viewpoint is different from those of his mother and teacher. The only real agreement is for aggression, which is problematic (a *t* score greater than 70) across the three profiles.

It is easiest to understand the profiles by looking for the main 'themes' emerging from each one:

- CBCL — severe acting out and conflict with mother. Sexual problems.
- TRF — poor self-esteem. Worried. Reactive.
- YSR — anxious/sad/estranged/withdrawn/rejected. Attention seeking. Identity issues.

In a sense, the TRF and the YSR help round out the picture for Martin as being a complex personality. The sense of anger and conflict at home may be preventing his mother from engaging with the more vulnerable side of Martin. This includes his strong sense of being guilty, scared, and ashamed, and to blame for earlier events in his life over which he had no control. My summative comment to Martin's therapist after seeing all the results was 'identity crisis'.


As you can see from these examples, the Achenbach scales cover a wide range of behaviours, including emotional and attitudinal factors. The profiles for all three scales include internalising problems such as withdrawal, somatic complaints, anxiety and depression, the acting-out areas of delinquent and aggressive behaviours, as well as social, thought, attentional, sexual and miscellaneous problems. Such breadth allows considerable scope for the CBCL, TRF and YSR to be used as research tools. They can reflect signif-

icant changes during the course of therapy and can help pinpoint the specific areas of change amidst the full panoply of a child's or adolescent's ongoing functioning. To some extent, of course, behavioural profiles and competence scales reflect the perceptions of the informant, as was evident in the outcomes for Martin. So, once again, it is important to caution against using the scales in isolation, especially where clinical decisions are riding on an adequate assessment. Other types of data need to be considered, and the profiles are merely descriptive, not (by themselves) diagnostic.

There are always caveats and cautions, but I hope I have managed to show a little of the usefulness of the Achenbach scales. The Achenbach scales can be administered and scored without the need for specialised qualifications or skills. Interpretation requires a thorough understanding of the scales and the accompanying manuals, usually at a level obtained by most therapists or counsellors with a professional degree in psychology, social work, special education, or psychiatry.

I believe that a second paper in this column will explore further the uses of the Achenbach scales in research.

References

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“Families that create predictable routines
[during middle childhood] have children
who perform better in school ...
During adolescence, those who have had
the experience of a ritualized household are
more socially competent ...”

Barbara H. Fiese and Frederick S. Wamboldt
comment in their article 'Family Routines,
Rituals and Asthma Management' (*Families,
Systems & Health*, 18, 4, 2000: 405-418)

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