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Child Behaviour Checklist (CBCL/6–18)

113-item parent report of 6–18-year-olds

The Child Behaviour Checklist (CBCL/6–18) is a 113-item parent report measure designed to assess behavioural and emotional problems in children and young people aged 6–18 years. This most recent version of the original measure includes items and subscales aimed at assessing symptoms of anxiety, depression, somatic complaints (that is, physiological symptoms frequently associated with internalising behaviours like anxiety and depression), social problems, thought problems, attention problems, rule-breaking behaviour and aggressive behaviour. The CBCL is part of the Achenbach System of Empirically Based Assessment (ASEBA).

	Internal consistency		Test-retest reliability	Validity	Sensitivity to change
Psychometric features	✓ (Scale)	✓ (Subscale)	✓	✓	✓

	Brevity	Availability	Ease of Scoring	Used in the UK
Implementation features	×	×	×	✓

*Please note that our assessment of this measure is based solely on the English version of the CBCL/6–18. The other versions were not assessed and therefore, it should not be assumed that they would receive the same rating.

What is this document?

This assessment of the Child Behaviour Checklist (CBCL/6–18) has been produced by the Early Intervention Foundation (EIF) as part of guidance on selecting measures relating to parental conflict and its impact on children. To read the full guidance report and download assessments of other measures, visit: <https://www.eif.org.uk/resource/measuring-parental-conflict-and-its-impact-on-child-outcomes>



Some of the CBCL items contain sensitive content (for example item 18: 'deliberately harms self or attempts suicide'). If an individual raises issues around self-harm, suicide or related issues, they should either be referred to the relevant mental health services or the appropriate safeguarding procedures should be put in place.

About the measure

 <p>Author(s)/ developer(s)</p> <p>Achenbach, T.</p>	 <p>Publication year for the original version of the measure</p> <p>1983</p>	 <p>Publication year for the version of the measure assessed</p> <p>2001</p>	 <p>Type of measure</p> <p>Parent report of child</p>
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Versions available

There are two other components of the ASEBA – the Teacher's Report Form (TRF) which is completed by teachers for children aged 6-18, and the Youth Self-Report (YSR) for children and young people aged 11-18 years. There is also another version of the CBCL for parents to complete in relation to their 1.5-5-year-olds (the CBCL/1.5-5).

In response to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), a version of the CBCL known as the DSM-5-Orientated Scale was also developed and consists of items highly relevant to the diagnostic categories of the DSM-5.

Outcome(s) assessed

This measure has been designed to assess internalising and externalising problems in children and adolescents.

Subscales

The CBCL/6–18 is comprised of two scales: a problem behaviour scale and a social competence scale.

There are eight subscales within the problem behaviour scale, including: anxious/depressed, depressed, somatic complaints, social problems, thought problems, attention problems, rule-breaking behaviour and aggressive behaviour. These subscales can be grouped into two higher-order factors, known as the internalising and externalising behaviours. By summing up all the problem items, a Total Problems score can also be computed.

The CBCL's social competence scale requires parents to report on the child's activities, number of hobbies, involvement with friends, and academic performance (Emerson, Crowley, & Merrell, 1994).

Purpose/primary use

The purpose of this measure is to examine adaptive and maladaptive behaviour, as well as overall functioning in children and young people.

Mode of administration	This measure can be completed in person or online.
Example item	“Nervous, highstrung, or tense”.
Target population	Children aged 6–18 years.
Response format	3-point Likert scale (0 = “Absent”, 1 = “Occurs sometimes”, 2 = “Occurs often”).
Strengths & limitations	<p>Strengths:</p> <ul style="list-style-type: none"> • The CBCL is a valid and reliable measure which is sensitive to change in short interventions. • The CBCL assesses both externalising and internalising problems. <p>Limitations:</p> <ul style="list-style-type: none"> • The CBCL is a long and time-consuming measure with 113 items, requiring approximately 15–20 minutes to complete. • There is a cost associated with the use of the CBCL, as well as restrictions over who can purchase it. • The CBCL has complex scoring instructions involving advanced calculations and needs to be scored by someone with clinical and/or research expertise. • According to our review, it does not appear that the CBCL has UK cut-off scores.
Link	https://aseba.org/school-age/
Contact details	Sales: mail@aseba.org ; technical support: techsupp@aseba.org
Copyright	This measure is copyrighted. For more information, please visit: https://aseba.org/school-age/
Key reference(s)	Achenbach, T., & Rescoral, L.A. (2001). Manual for the ASEBA School-Age Forms & Profiles. Burlington, VT: ASEBA, University of Vermont.

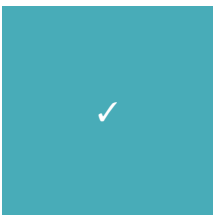
Psychometric features in detail

Internal consistency



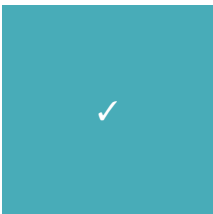
Based on the CBCL manual (Achenbach & Rescorla, 2001), the internal consistency for the problem behaviour scale is 0.90 or higher. Based on the results of 3,210 children, the developers also examined the CBCL's internal consistency, and reported the following values for the internal consistency of the subscales: anxious/depressed ($\alpha = 0.84$), withdrawn/depressed ($\alpha = 0.80$), somatic complaints ($\alpha = 0.78$), social problems ($\alpha = 0.82$), thought problems ($\alpha = 0.78$), attention problems ($\alpha = 0.86$), rule-breaking behaviour ($\alpha = 0.85$) and aggressive behaviour ($\alpha = 0.94$). Similar values were found for internalising ($\alpha = 0.90$) and externalising ($\alpha = 0.94$) behaviours, as well as for the total problems score ($\alpha = 0.97$). Furthermore, internal consistency for the social competence scales was also appropriate: academic activities ($\alpha = 0.82$), social ($\alpha = 0.93$), behaviour at school ($\alpha = 0.90$) and total competence ($\alpha = 0.91$).

Test-retest reliability



As reported by Achenbach & Rescorla (2001), test-retest analysis completed for 73 children over a one-week period resulted in ICC values of 1.00 for the social competence scale and 0.95 for the problem behaviour scale ($p < 0.001$).

Validity



In order to establish validity of the CBCL/6–18, Achenbach & Rescorla (2001) compared the subscale scores of the CBCL against the BASC (Behaviour Assessment System for Children) Scales, a parent-report measure of 100 items designed to evaluate the behaviour of children, adolescents, and young adults aged 2–25 years. The Internalising, Externalising, and Total Problems scales were strongly correlated (r ranging from 0.85 and 0.89) both in mother and father reports. Although there were slight differences between mother and father reports, the values reported were not statistically different.

The RMSEA for the CBCL/6–18 eight-factor model, based on both sexes and all ages, was 0.06 (Achenbach, Dumenci, & Rescorla, 2003). This study was conducted in the US with a subsample of 14,853 parents, children and teachers (59% Caucasian, 20% African descent, 11% Hispanic and 11% mixed or other).

Sensitivity to change



From our review, we found evidence that the CBCL can detect changes after participation in short and long behavioural and mental health interventions.

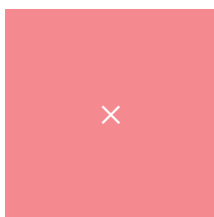
Cohen et al. (2004) reported that the CBCL captured changes in behavioural problems between pre-test and follow-up (CBCL Total: $F = 4.78, p < 0.05$). This study was an RCT conducted in the US with a sample of 229 children. The aim of the eight-week programme (Trauma -Focused Cognitive Behavioural Therapy) was to reduce the incidences of mental health problems stemming from traumatic events. The mean age of the sample was 10.76 years, 79% were female and 89% had significant symptoms of PTSD.

Leve et al. (2005) reported that the CBCL detected changes between pre-test and post-test (CBCL Rule-Breaking Behaviour: $F = 3.28, p < 0.05$). This study was an RCT conducted in the US with a sample of 81 girls between the ages of 13–17 and had one prior criminal referral. The aim of the 12-month programme (Treatment Foster Care Oregon Adolescent) was to reduce challenging and anti-social behaviours. The mean age of the sample was 15.3 years, 70% of the sample had a prior felony, 68% resided in a single parent's household, and 32% came from families with incomes less than \$10,000.

Swenson et al. (2010) reported that the CBCL measured changes in youth behavioural and emotional functioning between pre-test and follow-up (CBCL Total: Raw Score Est = $-3.50, p < 0.01$. CBCL Internalising: Raw Score Est = $-2.13, p < 0.05$). This study was an RCT conducted in the US with a sample of 90 parent–child dyads (children are between the ages of 6–17) who attended an intervention ranging from 2 to 12 months. The aim of the programme (Multisystemic Therapy for Child Abuse and Neglect) was to prevent child maltreatment. The sample in this study had a mean age of 13.88 years with 55.8% female and 68.6% Black.

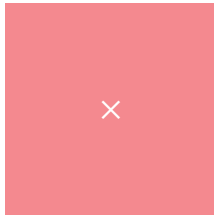
Implementation features in detail

Brevity



This measure has 113 items and according to the developers, the problem behaviour items can be completed in 10 minutes and the optional social competence items in another 5 to 10 minutes, totalling 15–20 minutes overall.

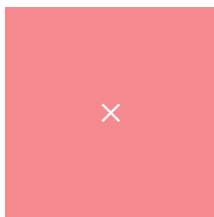
Availability



This measure is available for a fee of \$35 per single purchase (50 copies). Further details can be found at https://store.aseba.org/CHILD-BEHAVIOR-CHECKLIST_6-18/productinfo/201/.

Please note that eligibility to purchase ASEBA materials is determined on the basis of professional degree, licensing, relevant experience and acceptance of the conditions listed on the ASEBA website. The training required may differ according to the ways in which the data are to be used. Graduate training of at least the Master's degree level would ordinarily be expected. For more information, visit: www.aseba.org or e-mail mail@aseba.org for orders and inquiries.

Ease of scoring



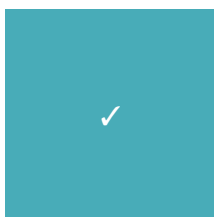
This measure has complex scoring instructions involving advanced calculations. The developers suggest that, prior to scoring, each form is checked by a person trained to follow the ASEBA instructions. The CBCL can be hand-scored or computer-scored, with the relevant instructions and scoring materials available here: <https://aseba.org/site-and-scoring-licenses/> and <https://aseba.org/school-age/>.

Raw scores for each scale are converted to norm-referenced T-scores (M = 50, SD = 10), with separate norms provided for each gender within the 6–11 and 12–18-year age ranges. 'Clinically significant' elevations are indicated by T-scores ≥ 64 on the broadband scales, and ≥ 70 on the syndrome scales. 'Borderline' elevations range from 60–63 and 65–69 on the broadband and syndrome scales, respectively. These qualitative categories reflect symptom severity, and scores falling within either category suggests the need for a more comprehensive diagnostic assessment (Pandolfi et al., 2012).

According to the developers, CBCL scores should only be interpreted and used for clinical and research purposes by individuals with knowledge of standardised assessments, as well as supervised training in working with the relevant kinds of clients (for instance children and parents).

It is not clear if there is any information about the cut-offs of the CBCL for the UK population, there are, however, cut-offs for the US population.

Used in the UK



The CBCL/6–18 is a commonly used measure that has been used extensively in the UK, including in some longitudinal study (Grych et al., 2003; Harold et al., 2007), and in the assessment of Multisystemic Therapy and the SNAP® Under 12 Outreach Project, a cognitive-behavioural programme targeting antisocial children (Butler et al., 2011; Koegl et al., 2008).

Language(s) The CBCL is available in English. According to the developers, it has also been translated into over 100 languages, including Spanish, French and Arabic. Importantly, however, not all forms are available in all languages. For more information, visit: <https://aseba.org/translations/>.

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