Psychological Testing – Behavior Rating Scales

Checklists and questionnaires have become the most widely used instruments for assessing disruptive problems of childhood and adolescence. Advantages include:

1. Ability to tap the impressions of key adult informants about child behavior
2. Ease of use
3. Flexibility
4. Broad normative base (in some cases)

It should be noted that some of the practical advantages of rating scales may also be disadvantages. Rating scales fail to provide sufficiently sensitive information regarding precise problem onset. Because of the halo effects, ratings also tend to yield higher correlations between subdomains than do objective observations. Questionnaires are rarely sufficient as assessment and/or diagnostic tools.

The early use of rating scales originally helped to differentiate acting-out behavior from other types of child dysfunction. A fundamental distinction has been made between:

1. Disruptive or externalizing behavior problems
   a. Aggressive
   b. Antisocial
   c. Hyperactive
   d. Impulsive
   e. Inattentive
2. Internalizing problems
   a. Somatic complaints
   b. Social withdrawal
   c. Dysphoric affect
   d. Anxiety
   e. Thought disturbance

It is clear, however, that marked overlap exists between disruptive and internalizing problems. Thus, in considering rating scales for disruptive problems, the assessor must be appropriately cautious about using only narrow checklists of “aggression” or “hyperactivity” since these domains frequently overlap with internalizing dysfunction.

The disruptive class of behaviors can be subdivided:

1. Inattention/hyperactivity
2. Impulsivity
3. Motoric overactivity
4. Overt aggression
5. Lying
6. Stealing
7. Truancy
8. Substance abuse

Ratings vs. Behavioral Observations

Ratings: Quantified appraisals of behavioral items or domains made over a relatively long period of time. Yield extremely valid portrayals of an individual’s dispositions. Ratings may yield data subject to:

1. Halo effects – all attributes rated for a given subject are high or low on the scale.
2. Leniency and severity effects – the rater consistently uses one or the other side of scale across subjects
3. Range restrictions – the full metric of the scale is not employed
4. Logical errors – the rater’s implicit personality theory shapes the patterns of association across different items

Behavior Observations: Repeated assessments of far shorter periods of behaviors – usually no more than a few seconds, with operationalized codes to define discrete behavioral events. Preferable if the goal is to appraise response to treatment in an unbiased fashion.

Advantages of Rating Scales

1. Ease of use – parents and teachers simply read the items and appraise each problem on the particular scale in use. No special training is necessary. The time required to complete is rarely more than 20 minutes.
2. Most scales are designed for the parent/teacher who observes the child daily. Those persons who observe day-to-day disruptive behaviors in the natural environment are the best equipped to provide meaningful information.
3. Ratings, for the most part, show good to excellent reliability, in terms of both test-retest stability and internal consistency. Some aspects of validity are also strong.
4. Rating scales exemplify the dimensional approach to classification in which problem behaviors are considered on a quantified scale of frequency, duration, or severity.

Disadvantages of Rating Scales

1. There is some possibility that subjective, biased information emerges from rating scales.
   a. Untrained parents or teacher may variously interpret items on rating instruments
   b. Adults’ ratings possibly reflect their own inner states, or their attitudes toward a child, as opposed to actual behaviors. A literature exists to argue that parental depression induced inflated ratings of child misbehavior.
2. The normative data for most “narrow” rating scales for disruptive behavior problems is thin and underrepresentative. It is rare that normative samples contain sufficient numbers of ethnic minority groups.
3. Scores from rating scales for the disruptive behavior problems drop in magnitude from the initial rating to the second rating provided by parents or teachers.
4. Rating scales are not useful for ascertaining a diagnosis.