

**NINDS CDE Notice of Copyright
Child Behavior Check List (CBCL)**

Availability:	Please visit this website for more information about the instrument: Achenbach System of Empirically Based Assessment Website.
Classification:	Supplemental: Epilepsy, Mitochondrial Diseases (Mito), Neuromuscular Diseases (NMD) and Traumatic Brain Injury (TBI)
Short Description of Instrument:	<p>Child Behavior Checklist (CBCL) for ages 1.5 to 5 years:</p> <p>Description: The Child Behavior Checklist (CBCL) measures a child’s competencies by using their parent’s perception of their performance on three scales, which include activities, social and school. Separate forms for ages 1.5 to 5 years and 6 to 18 years, as well as separate forms to be filled out by the parent/caregiver or teacher, are available. Scores for three competence scales and a total competence score can be computed.</p> <p>Procedures: The CBCL can be completed independently by the caregiver or administered by a professional familiar with the CBCL manual. Test can be completed by paper/pencil, online, or on a scannable form. The entire test, which includes the school competence scale, lasts approximately 25-30 minutes. Skills commensurate with at least a Master’s degree level in psychology, social work, or special education are recommended for interpretation.</p> <p>Comments: The CBCL has two sets of forms, for ages 1.5 to 5 and ages 6 to 18.</p> <p>CBCL for ages 6-18:</p> <p>Purpose: A 118-item plus two open-ended item checklist asking parents, close relatives and/ or guardians asking about the child’s competencies and behavioral/ emotional problems.</p> <p>Description: The CBCL (CBCL/ 6-18) was revised in 2001 to include new normative data, including new DSM-oriented scales, and to complement the preschool forms. It is a 118-item scale that collects information from the parents and other adults involved with the children on 20 competence items. These 20 items cover the child’s activities, social relations and school performance. The 118-items describe specific emotional and behavioral problems of the child, with the two open-ended items giving the parents the ability to record additional problems. The items are rated on a scale of 0 to 2, with “0 being not true (as far as you know)”, “1 being somewhat true or sometimes true” and “2 being very true or often true”. The items ask about the preceding 6 months until now. The checklist is designed for children between the ages 6-18.</p> <p>Comment: The scale has several sub scores, including Aggressive Behavior, Anxious/Depressed, Attention Problems, Delinquent Rule-Breaking Behavior, Social Problems, Somatic Complaints, Thought Problems, Withdrawn, Externalizing, Internalizing, Total Problems, plus DSM-oriented scales. A form for children between the ages of 1.5 and 5 years can complete the Child Behavior Checklist/ 1½ 5 (CBCL 1½-5). Adults can between the ages 18-59 can complete the Adult Behavior Checklist (ABCL). The CBCL/6-18 is available in English and Spanish.</p> <p>Primary Dependent Measures: Three specific competence scales (Activities, Social, and School) and Total Competence.</p> <p>Time Estimates: 15 minutes.</p> <p>Vendor: Achenbach System of Empirically Based Assessment.</p>

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Rationale:	<p>Rationale: “The CBCL School Competence subscale asks parents to rate their child’s performance in several academic subjects from failing to above average, and children with TBI have been rated as having lower academic performance than typically developing children.” - McCauley et al. 2012.</p> <p>Specific to Mitochondrial Disease: Not validated in people with mitochondrial disorders, however children and adults with mitochondrial disorders are at risk for behavioral disturbances , therefore may be a useful tool . Has been used as a screening tool for social and emotional problems with similar type of multi-systemic disorders, congenital disorders of glycosylation that have primary neurological involvement.</p> <p>Strengths: The scale has several sub scores, including Aggressive Behavior, Anxious/Depressed, Attention Problems, Delinquent Rule-Breaking Behavior, Social Problems, Somatic Complaints, Thought Problems, Withdrawn, Externalizing, Internalizing, Total Problems, plus DSM-oriented scales.</p> <p>Assessments can be completed in multiple environments in home by caregiver and in school by teachers.</p> <p>Weaknesses: Long assessment, only available in English and Spanish. The instrument has not been specifically utilized in this population and its psychometric properties for this group are therefore unknown.</p>
Scoring:	<p>Permissible values: Raw scores, t scores (M=50, SD=10), and percentiles are given based on test results. The value of t scores for each range varies depending on the scale; in some scales higher t scores are associated with normal functioning and on others lower t scores are associated with normal functioning.</p>
References	<p>Achenbach, T. (1991). Manual for Child Behavior Checklist/ 4-18 and 1991 Profile. University of Vermont, Dept. of Psychiatry: Burlington, VT.</p> <p>Reynolds, CR., Fletcher-Janzen, E. (2007) Encyclopedia of Special Education. John Wiley & Sons: Inc. Hoboken, New Jersey.</p> <p>TBI:</p> <p>Ewing-Cobbs, L., Barnes, M., Fletcher, J., Levin, H., Swank, P., and Song, J. (2004). Modeling of longitudinal academic achievement scores after pediatric traumatic brain injury. Dev Neuropsychol 25(1-2), 107-133.</p> <p>Fletcher, J., Ewing-Cobbs, L., Miner, M., Levin, H., and Eisenberg, H. (1990). Behavioral changes after closed head injury in children. J Consult Clin Psychol 58(1), 93-98.</p> <p>JIMD Rep. 2013;11:139-48. doi: 10.1007/8904_2013_233. Epub 2013 Jun 4.</p> <p>Socio-emotional Problems in Children with CDG.</p> <p>van de Loo KF1, van Dongen L, Mohamed M, Gardeitchik T, Kouwenberg TW, Wortmann SB, Rodenburg RJ, Lefeber DJ, Morava E, Verhaak CM.</p>