

Construction and Validation of Adolescent Behaviour Problem Teacher / Parent Rating Scale (ABP T/P RS)

Shyny T. Y.

Ph.D (Psychology), Bharathiar University – Coimbatore, Kerala State, India

Abstract: *ABP Teacher/ Parent Rating scale is specially constructed to measure Adolescent behaviour problems by teachers as well as parents.*

Keywords: personal, interpersonal, behavioural addiction

1. Introduction

A disturbingly high number of adolescents participate in high-risk behaviours that can lead to addiction, unwanted pregnancy, sexually transmitted diseases and physical injuries that can lead to their own deaths or others (MacKay, 2000). There have been significant increases in risk taking behaviours of adolescents. Recent research has begun to take a closer look at risk factors of adolescence due to the rates of substance abuse, depression, suicide and other deleterious behaviours that plague this age group. The rates of these detrimental behaviours have far reaching effects on adolescents and their long-term health and can have severe affects on their social environment. It is necessary that the fields of psychology, education, and counselling continue to research and implement new information in prevention and intervention with children and their environments. The Centres for Disease Control (2003) developed the Youth Risk Behaviour Surveillance System (YRBSS) to explore, at a national level, these behaviours that place adolescents at risk because of the disturbing indications of trends in National Health Statistics illustrating the significant short and long-term impact of these behaviours on the population. The leading causes of premature death in adults and children are due to addiction, substance abuse, and unsafe sex. These behaviours can lead to cardiovascular disease, violence, and unintended injuries that can lead to death (CDC, 2003). Adolescent behaviours that are destructive to their health lead to significant health problems as adults. According to MacKay, National Health Statistics (2000), over 80% of adults who now use tobacco, started using it as an adolescent; half of high school students reported using alcohol within the last thirty days; nearly half of high school students used marijuana in their lifetime; and 25% of accidental pregnancies occur in adolescents. In 1999, 17% of students reported bringing a weapon to school; 28.3 % of high school students have felt sad or hopeless; and 20% of high school students had seriously considered or had a previous suicide attempt. Sexually transmitted diseases are a leading infectious disease in the sexually active adolescent population due to the likelihood of multiple partners, and low rate of condom use (CDC, 2003; MacKay, 2000). Drug offense cases are the most common violations in the juvenile court system (Office of Juvenile Justice and Delinquency Prevention, 2003). Ten

percent of perpetrators of homicide are under the age of 18 (Office of Justice Programs, Bureau of Justice Statistics, 2002).

Research has indicated that parents' relationship with their adolescents can impact their adolescents' behaviours. The styles and traditions of parenting have changed and continue to change as a reflection of the socio-economic changes of our culture. Current economic and social changes of the single employed parent households and the two employed parent households may leave children without needed supervision (CDC, 2003). Children are now more likely to have experienced the separation and/or divorce of their parents which can also leave children without needed parental monitoring and supervision. Parenting and skilled social service interventions continue to become more challenging with decreases in child monitoring, supervision and increases in high-risk behaviour. Research has indicated that with divorce, children's risk taking behaviours increase. There are mediating variables that may occur in families confronted with divorce that could impact adolescents' behaviours. Some of these variables are a decrease in supervision, more conflict in the parents' relationship and in the parent-child relationship. There may be an increased drive for the adolescent to seek acceptance by peers thus succumbing to peer pressure. A decrease in supervision and monitoring due to parent employment or divorce leaves adolescents unattended during out of school hours leaving them more vulnerable to risk behaviours such as sex, drugs and crime. There is an ebb and flow in the rates of these behaviours over time, but the dangers that adolescents face are a cause of concern for public health. More specific instruments and research are needed to indicate areas of parent-child relationships that can be used for intervention and prevention of adolescent risk-taking behaviour. This study addresses the increase of conduct problems in adolescence and the need for assessment tools that can measure areas of the parent-adolescent relationship that have been documented as having an impact on adolescent behaviour. The fields of social sciences, education, and counselling continue to adapt to social changes in order to better serve families, parents and children. The current increases in risk taking behaviours of adolescents demand new insights into parenting and adolescent and family intervention. Family intervention techniques have changed over the decades as

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have the structures of family. More specific instruments and research are needed to indicate areas of parent-adolescent and teacher-adolescent relationships that can be used to indicate needs for intervention and prevention of adolescent risk-taking behaviour. An specific instrument is needed to measure adolescent behaviour problems in three levels like personal, interpersonal and behavioural addiction.

2. Review of Literature

The Conners Parent Rating Scale-48 items (CPRS) is one of the most used behavioural scales in clinical and research settings with children suffering from neuro developmental disorders, and particularly with children with Attention Deficit and Hyperactivity Disorder (ADHD). This scale provides an interesting qualitative and quantitative picture of the emotional and behavioural children's attitude by including five subscales assessing conduct problem, learning problem, anxiety, impulsive/hyperactive behaviour and psychosomatic feelings (e.g., Goyette, Conners, & Ulrich, 1978). Previous versions of this scale were developed to contribute to the identification of hyperkinetic children and evaluate treatment efficiency. The Revised Conners' Parent Rating Scale (CPRS-R): Factor Structure, Reliability, and Criterion Validity C. Keith Conners, 1, 4 Gill Sitarenios, 2 James D. A. Parker, 3 and Jeffery N. Epstein Received June 19, 1997; accepted September 8, 1997. The Conners' Parent Rating Scale (CPRS) is a popular research and clinical tool for obtaining parental reports of childhood behaviour problems. No study has existed for rating adolescents behaviour problems by parents as well as teachers to give them remedial measures. In this context, the principal aims of this study were to find out problems of adolescence by constructing an adolescent rating scale. Exploratory and confirmatory factor-analytic results revealed a seven-factor model including the following factors: Cognitive Problems, Oppositional, Hyperactivity-Impulsivity, Anxious-Shy, Perfectionism, Social Problems, and Psychosomatic. The psychometric properties of the revised scale appear adequate as demonstrated by good internal reliability coefficients, high test-retest reliability, and effective discriminatory power. Advantages of the CPRS-R include a corresponding factor structure with the Conners' Teacher Rating Scale—Revised and comprehensive symptom coverage for attention deficit hyperactivity disorder (ADHD) and related disorders.. The initial Conners' Parent Rating Scale (CPRS) was developed as a comprehensive checklist for acquiring parental reports of the basic presenting problems for children referred to an outpatient psychiatric setting (Conners, 1970). This scale was used to form the basis for a detailed parental interview about the child's problems. In its original form, the CPRS contained items grouped in terms of problems with sleep, problems eating, problems with temper, problems with keeping friends, problems in school, etc. Later, an "additional" problems category was added that included items covering the cardinal symptoms of attention deficit hyperactivity disorder (ADHD): hyperactivity, impulsivity, and inattention Using the 93 CPRS items as the unit of analysis, eight factors were identified: Conduct Disorder, Anxious-Shy, Restless-

Disorganized, Learning Problems, Psychosomatic, Obsessive-Compulsive, Antisocial, and Hyperactive-Immature. The factor structure and norms from this sample have been used for scoring the 93-item CPRS (Conners, 1989). With time, the CPRS has developed into a popular instrument for screening and assessing behaviour problems and has become a useful and effective parent rating scale for assessing psychosocial (e.g., Horn, Jalongo, Popovich, & Peradotto, 1987).

Several versions of the CPRS are currently in use including a 48-item questionnaire resulting from a re-standardization of a subset from the original scale (Goyette, Conners, & Ulrich, 1978). A 10-item abbreviated questionnaire was also constructed from the items with the best factor loadings (Conners, 1994). Some factor analytic research with the CPRS and its related scales on clinical samples have suggested slightly differing CPRS factor structures (Cohen, DuRant, & Cook, 1988; O'Connor, Foch, Sherry, & Plomin, 1980) than was reported originally. For example, Cohen (Cohen et al., 1988) found that Learning Problems did not form a separate factor in his clinic sample but instead loaded on the Impulsive-Hyperactive factor, thereby forming an overall ADHD factor. Cohen argued that this factor structure was consistent with some investigators contentions that attention (Learning Problems) and hyperactivity (Impulsivity-Hyperactivity) tend to present as a single disorder in clinical populations (Cohen & Hynd, 1986; Werry, Sprague, & Cohen, 1975). Despite some differences in factor structure across studies, the psychometric properties of the CPRS have made this scale an attractive research and clinical tool. Good reliability of the CPRS as assessed by test-retest (Glow, Glow, & Rump, 1982) and inter rater reliability (Conners, 1973) has been established. In addition, the CPRS's concurrent validity is well established by high correlations with similar factors on other parent rating scales, such as the Child Behaviour Checklist (Achenbach & Edelbrock, 1983; Mash & Johnston, 1983) and Behaviour Problem Checklist (Arnold, Barnebey, & Smeltzer, 1981; Campbell & Steinert, 1978). Further evidence of its validity comes from research demonstrating the discriminatory power of the CPRS in differentiating behaviourally disordered children from normal children (Prior & Wood, 1983; Ross & Ross, 1976, 1982) and between differing types of behavioural disorders (Conners, 1970; Kuehne, Kehle, & McMahon, 1987; Leon, Kendall, & Garber, 1980).

For over 30 years, the Conners' Teacher Rating Scale (CTRS) has been used by clinicians and researchers to assess teachers' perceptions of children's behaviour in the classroom. This scale was first introduced in a series of research reports demonstrate rating the efficacy of psycho stimulant medication as an intervention for behaviorally disordered children (Conners & Eisenberg, 1963; Conners, Eisenberg, & Barcai)

Since the introduction of the original 39-item CTRS (CTRS-39), abbreviated versions of this scale have been offered. These include the 28-item CTRS (Goyette, Conners, & Ulrich, 1978), Abbreviated Symptom Questionnaire (Sprague & Sleator, 1973), and IOWA

Conners (Pelham, Milich) The major purpose of the CTRS is to provide information *at a screening level* to assist clinician and researchers in understanding several important domains of child behaviour. Such information is necessary part of the process of assessment, diagnosis, and treatment monitoring. No questionnaire or rating scale is existed to measure behavioural addiction, personal and inter personal behavioural problems of adolescents simultaneously. Conners parent rating scale and teachers rating scale is meant to measure only personal and interpersonal behavioural problems of children not really helpful to identify adolescent behavioural addictions. So there is a need for constructing new rating scale both for teachers and parents.

3. Method

64 Participants in this study were of the parents of the adolescents between the age group of 12 to 18. Mean age of participants was 15. The gender of the participant was unequal. ABP Parent/teacher rating scale with 45 items were employed here. Reliability for ABP P/T Rating scale is completed. Split half reliability and item analysis is find out by using participants of this study. Validity was examined through a comparison with the Conners' Parent Rating scale. Three behaviour problems are embedded here in a random order. They are Personal, Inter personal and Behavioural addiction. Item number 1, 5, 9, 13, and 17 are included under Personal behaviour problems. Item number 3, 7, 11, 15, 19, 21 and 23 are included under Inter Personal behaviour problems. Item number 2, 4, 6, 8, 10, 12, 14, 16, 18, 20 and 22 are included under Behavioural Addiction.

Developing the Adolescent Behaviour Problem Teacher/Parent Rating Scale (ABPT/P Rating Scale)

The intent of the study is to provide an alternative measure to the Conners' parent rating scale developed by C. Keith Conners with 28 items. The assumption behind the need for a new measure was based on the fact that much of the research employed by this rating scale is only based on adolescent's Personal and Interpersonal behavioural problems. The major use of Conners' rating scale is to identify problems like problems with sleep, problems eating, problems with temper, problems with keeping friends, problems in school etc.. But it couldn't explain about behavioural addictions like alcohol addiction, internet addiction, drug addiction etc.. ABP T/P RS is not only

different in the concept of behavioural problems but also includes a measure of consistency of behaviour problems over developmental ages of adolescents from 12 to 18. The chief study includes different behavioural problems of adolescents in each of the three behavioural problems like Personal, Interpersonal and Behavioural Addiction. Three ages were looked at; age 12, age 15 and age 18, the different stages of adolescents. ABP T/P RS is chiefly constructed to measure the behaviour problems between the age group 12 to 18. No large pool of items were developed, instead only 23 items were developed for parents and teachers to measure three groups of behavioural problems like Personal, Inter Personal, Behavioural Addiction. It was developed by referring several sources in the literature on adolescent behaviour problems. The respondent was asked to answer on a four point Likert scale from "Not true at all" to "Very much true". The final test consist 23 items. Participants were asked to read each of the items and answer according to how they felt their adolescence. For the response "Not true at all" '0' is the score while for "Very much true" '3' is the score.

Research Hypothesis

1. There will be consistent Behaviour problem across ages as reported by Parent subjects of adolescents with age group twelve, fifteen & eighteen.
2. There will be relatively high positive correlation between Personal and Inter personal behaviour problems of ABP and CONNER'S Parent Rating Scale.
3. The Item analysis of Reliability Coefficient will be greater than .70 for the ABP P/T RS.

4. Results

Table 1: Reliability of ABP T/P RS and CPRS

Reliability-	Cronbach's Alpha	N of Items
ABP	0.979	23
CPRS	0.980	27

Internal consistency is estimated by using Cronbach's alpha. An alpha value of 0.70 or above is considered to be criterion for demonstrating strong internal consistency, alpha value of 0.60 or above is considered to be significant. Here reliability is .98 for the ABP T/P R S as well as CPRS. So we can say this newly constructed ABP T/P RS has very strong internal consistency.

Table 2: Means, Standard Deviation and F value for the Age

CPRS	Age	N	Mean	Standard Deviation	F	p value
Personal	12 years	22	27.95	19.37	0.408	0.667
	15 years	22	23.68	20.54		
	18 years	20	22.85	19.63		
Interpersonal	12 years	22	14.86	8.35	0.115	0.891
	15 years	22	13.82	8.57		
	18 years	20	14.85	7.69		
ABP	Age	N	Mean	Standard Deviation	F	p value
Personal	12 years	22	6.41	5.17	0.085	0.918
	15 years	22	6.18	4.86		

	18 years	20	6.80	4.58		
Interpersonal	12 years	22	8.18	6.96		
	15 years	22	8.00	7.24	0.034	0.967
	18 years	20	8.55	6.64		
Behavioural addiction	12 years	22	15.36	12.82		
	15 years	22	12.09	12.54	0.423	0.657
	18 years	20	12.60	12.59		

A one sample analysis of variance is used to test hypotheses about means when there are three or more groups of one independent variable. In this case, age group was considered to be the independent variable, which included three age groups as (a) 12 years; (b) 15 years; and (c) 18 year. So ANOVA was used to compare the mean

intention scores of different age groups. The results of the ANOVA test depicted in Table 2 reveals that statistical value is greater than 0.05 for all the variables. So we conclude that the mean score of different variables does not differ with age.

Table 3: Correlation Total between Two Rating Scales as Total, Age and Subtype

Correlation Total	Correlation	Lower bound	Upper bound	Z	p
ABP-CPRS	0.956	0.949	0.963	25.659	<0.001
Age- 12	Correlation	Lower bound	Upper bound	Z	p
ABP-CPRS	0.960	0.949	0.971	15.333	<0.001
Age- 15	Correlation	Lower bound	Upper bound	Z	p
ABP-CPRS	0.932	0.913	0.951	11.499	<0.001
AGE-18	Correlation	Lower bound	Upper bound	Z	p
ABP-CPRS	0.983	0.978	0.988	22.715	<0.001
CPRS and ABP total data	Correlation coefficient	Lower bound	Upper bound	Z	p
Personal- CPRS and Personal- ABP	0.857*	0.835	0.879	13.095	<0.001
Interpersonal-CPRS and Interpersonal- ABP	0.858*	0.836	0.880	13.153	<0.001

Correlation was seen as appropriate to analyze the relationship between the two variables which were interval-scaled and ratio-scaled. Furthermore, correlation coefficients reveal magnitude and direction of relationships which are suitable for hypothesis testing. Pearson Correlation is used to identify the relationship

between old and new questionnaires and the result is exhibited in. A positive correlation exist for the variables Personal and Interpersonal for new and old scales as in these case the correlation coefficient has value greater than 0.5 and p value less than 0.05.

Table 4: Correlation between CPRS and ABP age groups

Age-12	Correlation	Lower bound	Upper bound	Z	p
Personal- CPRS and Personal- ABP	0.836	0.793*	0.879	6.813	<0.001
Interpersonal- CPRS and Interpersonal- ABP	0.816	0.768*	0.864	6.313	<0.001
Age-15	Correlation	Lower bound	Upper bound	Z	p
Personal- CPRS and Personal- ABP	0.887	0.856*	0.918	8.590	<0.001
Interpersonal- CPRS and Interpersonal- ABP	0.857	0.819*	0.895	7.437	<0.001
AGE-18	Correlation	Lower bound	Upper bound	Z	p
Personal- CPRS and Personal- ABP	0.882	0.849*	0.915	7.941	<0.001
Interpersonal- CPRS and Interpersonal- ABP	0.915	0.890*	0.940	9.622	<0.001

Pearson Correlation is used to identify the relationship between old and new questionnaires and the result is exhibited in.

We can conclude that correlation is significant. Here Table 4 point out this significant correlation.

Table 5: ABP T/P RS item analysis and validity

Variables	Group	N	Mean	Std. Deviation	t	p value
Q_1	Low	16	0.00	0.00	-23.000	<0.001
	High	16	2.88	0.50		
Q_2	Low	16	0.00	0.00		
	High	16	3.00	0.00		
Q_3	Low	16	0.00	0.00	-16.959	<0.001
	High	16	2.63	0.62		

Q_4	Low	16	0.00	0.00		
	High	16	3.00	0.00		
Q_5	Low	16	0.00	0.00	-16.959	<0.001
	High	16	2.63	0.62		
Q_6	Low	16	0.00	0.00		
	High	16	3.00	0.00		
Q_7	Low	16	0.00	0.00	-20.684	<0.001
	High	16	2.81	0.54		
Q_8	Low	16	0.00	0.00	-15.811	<0.001
	High	16	2.50	0.63		
Q_9	Low	16	0.00	0.00		
	High	16	3.00	0.00		
Q_10	Low	16	0.00	0.00		
	High	16	3.00	0.00		
Q_11	Low	16	0.00	0.00	-19.053	<0.001
	High	16	2.75	0.58		
Q_12	Low	16	0.00	0.00		
	High	16	3.00	0.00		
Q_13	Low	16	0.00	0.00	-19.053	<0.001
	High	16	2.75	0.58		
Q_14	Low	16	0.00	0.00		
	High	16	3.00	0.00		
Q_15	Low	16	0.00	0.00	-19.053	<0.001
	High	16	2.75	0.58		
Q_16	Low	16	0.00	0.00		
	High	16	3.00	0.00		
Q_17	Low	16	0.50	0.82	-12.247	<0.001
	High	16	3.00	0.00		
Q_18	Low	16	0.00	0.00	-47.000	<0.001
	High	16	2.94	0.25		
Q_19	Low	16	0.56	0.81	-11.979	<0.001
	High	16	3.00	0.00		
Q_20	Low	16	0.00	0.00		
	High	16	3.00	0.00		
Q_21	Low	16	0.00	0.00	-17.855	<0.001
	High	16	2.69	0.60		
Q_22	Low	16	0.00	0.00	-33.669	<0.001
	High	16	2.88	0.34		
Q_23	Low	16	0.00	0.00		
	High	16	3.00	0.00		

Table 5 result revealed there is a strong validity for each items. P value is less than.05 ie; correlation is Significant at.001 level.

5. Discussion

The objective of this study is to design and construct a new measure Adolescent Behaviour Problem Teacher/Parent rating scale (ABP T/P RS). Review of literature point out the use of the two behaviour problems instead of three. They are personal and interpersonal behaviour problems. ABP is constructed to measure personal, interpersonal and behavioural addiction. Item analysis, reliability and validity were found to be adequate with these participants. The reliability cronbach's alpha for the ABP is 0.98 which is very strong some insight gained from this analysis relate to the correlation between three age groups and three sub types of behaviour problems. There is positive correlation between CPRS and ABP /P RS. This questionnaire is mainly made for the parents and teachers to identify behaviour problems of their adolescents between 12 to 18 and at a particular age group of 2, 15, 18. The three sub scales of the ABP show high reliability and validity.

The usual limitation of this study was small sample of 64 makes this a pilot study. Some other problems were difference in geographical areas like urban and rural. Another limitation was the Gender difference of the population.

6. Conclusion

The purpose of this study was to provide an adolescent behaviour problem rating scale for teachers and parents to identify their behavioural problems and can provide proper intervention for both adolescents and parents whenever necessary. This rating scale is also important in clinical and research settings with children suffering from neuro developmental disorders, and particularly with children with Attention Deficit and Hyperactivity Disorder (ADHD). This scale provides an interesting qualitative and quantitative picture of the emotional and behavioural adolescents attitude by including three subscales assessing conduct problem, learning problem, anxiety, impulsive/hyperactive behaviour, behavioural addictions like alcoholism, drug addiction, internet addiction etc. ABP categorize adolescents into three categories. This research examine how these behaviour problems relate to

adolescents of different age group 12, 15 and 18. Anova test reveals that statistical value is greater than 0.05 for all the variable. Mean score of different variable does not differ with age. A positive correlation exists for the variables personal and Interpersonal for ABP and CPRS. Here correlation value is greater than .5 and P value is less than .05 which reveals significant correlation.

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Adolescent Behaviour Problem Teacher/Parent Rating Scale
 (ABP T/P RS)

By
 SHYNY T. Y
 Ph.D (Psychology)
 Bharathiar University - Coimbatore

Name of Student: Age: Sex: M/F.....
 Name of Teacher/Parent: Age: Sex: M/F.....

Instructions: Below are a number of problems that adolescent have. Please put “tick” mark against each item according to your response.

Sl No	Statements	Not true at all	Just a little true	Often true	Very much true
1	Easily frustrated.				
2	Tobacco Consumption.				
3	Defiant with others.				
4	Telling lies unnecessarily.				
5	Difficulty in completing a work.				
6	Internet addiction.				
7	Restless and disturbs others.				
8	Stealing money or other things.				
9	Inattentive and easily distracted.				
10	Dirty talk & risky sexual activities.				
11	Argues with adults.				
12	Alcohol consumption.				
13	Short attention span.				
14	Suicidal attempts.				
15	Climbing into inappropriate situations like others conversations.				
16	Drug addiction.				
17	Disorganized at school or home & poor academic achievement.				
18	Running away from home or school.				
19	Does not follow through on instructions of authority.				
20	Criminal tendency.				
21	Disobedience to authority.				
22	Absent in the school without any reason.				
23	Depression and isolation from others				

**Adolescent Behaviour Problem Teacher/Parent Rating Scale
 (ABP T/P RS)**

Answer Sheet

Score	0	1	2	3	Score	0	1	2	3	Score	0	1	2	3
Q	Not true at all	Just a little true	Often true	Very much true	Q	Not true at all	Just a little true	Often true	Very much true	Q	Not true at all	Just a little true	Often true	Very much true
1					3					2				
5					7					4				
9					11					6				
13					15					8				
17					19					10				
					21					12				
					23					14				
										16				
										18				
										20				
										22				

P=.....; I.P=..... B.A=.....

(P=Personal, I.P=Interpersonal, B.A=Behavioural addiction)

Have you responded to all of the statements Yes/No
Have you entered your responses in the correct boxes Yes/No
Have you responded accurately and honestly Yes/No

Name of Student: Age: Sex: M/F.....
Name of Teacher/Parent: Age: Sex: M/F.....

