The 2001 Child Behavior Checklist for Ages 6-18 (CBCL/6-18) is a standardized measure based on new national norms that were collected February 1999-January 2000. The CBCL is to be completed by the parent/caretaker who spends the most time with the child.

The CBCL/6-18 provides ratings for 20 competence and 120 problem items paralleling the Youth Self-Report (YSR) and the Teacher’s Report Form (TRF).

The CBCL/6-18 includes open-ended items covering physical problems, concerns, and strengths. Parents rate how true each item is now, or was within the past 6 months, using the same 3-point scale utilized on the YSR and TRF.

The CBCL/6-18 yields scores on internalizing, externalizing, and total problems as well as scores on DSM-IV related scales. It is one of the most widely used outcome measures.

Domains Assessed:

1. General symptomatology (child)
2. Externalizing Symptoms (child)
3. Internalizing (child)
4. Mood and Anxiety Symptoms (child)
5.
6.

Languages Available: Albanian, American Sign Language, Amharic, Arabic, Armenian,
| Age Range: | 6.00 - 18.0 | Measure Type: | General assessment |
| # of Items: | 120 | Measure Format: | Questionnaire |
| Time to Complete (min): | 15 | Reporter: | Parent/caregiver |
| Time to Score (min): | 10 | Education Level: | 5.00 |
| Periodicity: | 6 months. Intervals can be shortened, see manual for instructions. |
| Response Format: | 1. 3-point Likert-type scale: 0=Not true, 1=Somewhat or Sometimes true, 2=Very true or Often true |
| | 2. Fill in the blank. |

**Materials Needed:**
- Yes: Paper and pencil
- Yes: Testing stimuli
- Yes: Computer
- Yes: Physiological equipment
- Yes: Video equipment
- Other: 

**Material Notes:**
The ASEBA CBCL/6-18 forms and manual are needed.

**Sample Items:**

<table>
<thead>
<tr>
<th>Domains</th>
<th>Scale</th>
<th>Sample Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Functioning</td>
<td>Activities</td>
<td>Please list your child's favorite hobbies, activities, and games, other than sports.</td>
</tr>
<tr>
<td></td>
<td>Social</td>
<td>Please list any organizations, clubs, teams, or groups your child belongs to.</td>
</tr>
<tr>
<td>Mood and Anxiety Symptoms (child)</td>
<td>Anxious/Depressed</td>
<td>Cries a lot.</td>
</tr>
<tr>
<td></td>
<td>Withdrawn/Depressed</td>
<td>There is very little he/she enjoys.</td>
</tr>
<tr>
<td></td>
<td>Somatic Complaints</td>
<td>Feels dizzy or lightheaded.</td>
</tr>
<tr>
<td>Externalizing Symptoms</td>
<td>Rule-Breaking Behavior</td>
<td>Doesn't seem to feel guilty after misbehaving.</td>
</tr>
<tr>
<td></td>
<td>Aggressive Behavior</td>
<td>Argues a lot.</td>
</tr>
</tbody>
</table>

**Notes (additional scales and domains):**
Training

Training to Administer: Yes
(check all that apply)

- None
- Via manual/video
- Prior experience psych testing & interpretation
- Must be a psychologist
- Training by experienced clinician (<4 hours)
- Training by experienced clinician (≥4 hours)

Training to Interpret:
(check all that apply)

- None
- Via manual/video
- Prior experience psych testing & interpretation
- Yes
- Training by experienced clinician (<4 hours)
- Training by experienced clinician (≥4 hours)

Training Notes:
1. Training to Administer: The form should be completed independently. Interviewers can read and fill in items for respondents who cannot complete the forms on their own.
2. Training to Interpret: Graduate training in standardized assessment of at least the master’s-degree level, or two years of residency in pediatrics, psychiatry, or family practice is required, in addition to a thorough knowledge of the relevant manuals and documentation.

Parallel or Alternate Forms

Parallel Forms? No
Alternate Forms: No
Forms for Different Ages: Yes
If so, are forms comparable: Yes
Any Altered Versions of Measure: Yes
Describe: Youth Self-Report (YSR) and Teacher Report Form (TRF) are related questionnaires used with different informants. The CBCL is available for two age ranges: CBCL 1½-5 and CBCL/6-18.

Population Used to Develop Measure
The 1983 original sample used to develop the measure consisted of 2,300 children assessed at 42 mental health agencies. The children were 4-16 years of age with diverse problems. The sample included children from diverse ethnic groups, SES levels, and locations.
### Psychometrics

**Global Rating (scale based on Hudall Stamm, 1996):**

- **Considered a gold standard:** Yes
- **Norms:** Yes
- **For separate age groups:** Yes
- **For clinical populations:** No
- **Separate for men and women:** Yes
- **For other demographic groups:** No

### Notes:

For the 2001 CBCL/6-18, of 2,181 children initially eligible, 2,029 parents completed the CBCL (93.0%). TRFs & YSRs were administered as well. From this sample, children who did not receive mental health, substance abuse, or major special education services within the previous 12 months were retained. This left a non-referred total sample of 1,753 children from 40 states.

Two age groups were constructed (6-11) and (12-18), and genders were separated.

The normative sample consisted of the following demographic characteristics: 44% boys and 56% girls; 33% upper-class, 51% middle class, 16% lower class; 60% non-Latino White, 20% African American, 9% Latino, 12% mixed or other; 17% Northeast, 19% Midwest, 40% South, and 23% West. Respondents consisted of 72% mothers, 23% fathers, and 5% other (Achenbach & Rescorla, 2001).

### Clinical Cutoffs:

- **Yes**

### Specify Cutoffs:

- T-Scores: 65-69 (Borderline), 70+ (Clinical), no T-score >100 or <50 are generated for narrow band scales. T scores as low as 26 are generated for Total Problems and as low as 10 for Total Competence.

### Used in Major Studies:

- **Yes**

### Specify Studies:

Reliability:

<table>
<thead>
<tr>
<th>Type:</th>
<th>Rating</th>
<th>Statistics</th>
<th>Min</th>
<th>Max</th>
<th>Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test-Retest-# days</td>
<td>Acceptable</td>
<td>Pearson's r</td>
<td>0.8</td>
<td>0.94</td>
<td>0.88</td>
</tr>
<tr>
<td>Internal Consistency</td>
<td>Acceptable</td>
<td>Cronbach's alpha</td>
<td>0.63</td>
<td>0.97</td>
<td>0.8</td>
</tr>
<tr>
<td>Inter-Rater:</td>
<td>Acceptable</td>
<td>Pearson's r</td>
<td>0.57</td>
<td>0.88</td>
<td>0.73</td>
</tr>
<tr>
<td>Parallel/Alternate Forms:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:
1. All reliability was reported for Scale Scores.
2. Inter-Rater: Between parents

Content Validity:
1. Measure Development: Extensive literature searches were conducted. Mental health professionals and educators were consulted, and pilot tests were run in creating this measure.
2. The current CBCL measure has been refined after years of use. Old items that failed to discriminate significantly have been replaced, and slight changes were made in the wording of various items to make them clearer. Currently, all the items discriminate between referred and nonreferred demographically similar children (p<.01). (Achenbach & Rescorla, 2001).

Construct Validity: (check all that apply)

<table>
<thead>
<tr>
<th>Validity Type</th>
<th>Not known</th>
<th>Not found</th>
<th>Nonclinical Samples</th>
<th>Clinical Samples</th>
<th>Diverse Samples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convergent/Concurrent</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Discriminant</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Sensitive to Change</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Intervention Effects</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Longitudinal/Maturation Effects</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Sensitive to Theoretically Distinct Groups</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Factorial Validity</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Notes:

Criterion Validity: (check all that apply)

<table>
<thead>
<tr>
<th>Measures used as criterion:</th>
<th>Not known</th>
<th>Not found</th>
<th>Nonclinical Samples</th>
<th>Clinical Samples</th>
<th>Diverse Samples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Predictive Validity:</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Postdictive Validity:</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Sensitivity Rate(s): 0.92
Specificity Rate(s): 0.82
Positive Predictive Power: 
Negative Predictive Power: 
Notes: ASEBA does not report positive or negative power because the results are confounded with the cut points and sample characteristics.

Limitations of Psychometrics and Other Comments Regarding Psychometrics:
Psychometrics for this study are very good.

Consumer Satisfaction
Based on conversations with Chadwick therapists in San Diego, California: clinicians reported this measure to be very useful and identify the computer-generated output and graphs to be particularly helpful.

Languages Other than English

<table>
<thead>
<tr>
<th>Language:</th>
<th>Translation Quality (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 = Has been translated</td>
</tr>
<tr>
<td></td>
<td>2 = Has been translated and back translated - translation appears good and valid.</td>
</tr>
<tr>
<td></td>
<td>3 = Measure has been found to be reliable with this language group.</td>
</tr>
<tr>
<td></td>
<td>4 = Psychometric properties overall appear to be good for this language group.</td>
</tr>
<tr>
<td></td>
<td>5 = Factor structure is similar for this language group as it is for the development group.</td>
</tr>
<tr>
<td></td>
<td>6 = Norms are available for this language group.</td>
</tr>
<tr>
<td></td>
<td>7 = Measure was developed for this language group.</td>
</tr>
</tbody>
</table>

1. Spanish         | Yes | Yes | Yes | Yes |
2. French          | Yes | Yes | Yes |
3. Tagalog         | Yes |
4. Vietnamese      | Yes |
5. Chinese         | Yes | Yes | Yes |
6. American Sign Language | Yes |
7. Farsi           | Yes |
8. Polish          | Yes |
9. Russian         | Yes |
10. Urdu           | Yes |

Use with Trauma Populations
Populations for which measure has demonstrated evidence of reliability and validity:

<table>
<thead>
<tr>
<th>Yes</th>
<th>Physical abuse</th>
<th>Natural disaster</th>
<th>Terrorism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Sexual abuse</td>
<td>Accidents</td>
<td>Immigration related trauma</td>
</tr>
<tr>
<td>Yes</td>
<td>Neglect</td>
<td>Imprisonment</td>
<td>Kidnapping/hostage</td>
</tr>
<tr>
<td>Yes</td>
<td>Domestic Violence</td>
<td>Witness death</td>
<td>Traumatic loss (death)</td>
</tr>
<tr>
<td></td>
<td>Community violence</td>
<td>Assault</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Medical trauma</td>
<td>War/combat</td>
<td>Other</td>
</tr>
</tbody>
</table>
Use with Diverse Populations

**USE WITH DIVERSE POPULATIONS RATING SCALE**
1. Measure is known (personal communication, conference presentation) to have been used with members of this group.
2. Studies in peer-reviewed journals have included members of this group who have completed the measure.
3. Measures have been found to be reliable with this group.
4. Psychometric properties well established with this group.
5. Norms are available for this group (or norms include a significant proportion of individuals from this group).
6. Measure was developed specifically for this group.

<table>
<thead>
<tr>
<th>Population Type</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Developmental disability</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Disabilities</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Lower socio-economic status</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>4. Rural populations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>5. Child abuse</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Latinos</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

**Notes (including other diverse populations):**

- Medical conditions: 1, 2
- At-risk youth: 1, 2, 3

Continued from “Languages”

- Amharic (Ethiopia), Bahasa (Indonesia/Malaysia), Bangla (Bangladesh), Ga (Ghanian), Gujarati (India), Iranian (Farsi/Persian), Kannada (India), Kikuyu (Kenya), Marathi (India), Papiamento (Aruba/Curacao), Pashuto (Pakistan/Afghanistan), Polish, Portuguese (Creole), Sami (Norwegian Laplanders), Sepedi (South Africa), Sinhala (Sri Lanka), Sotho (South Africa)

**Pros and Cons/Qualitative Impression**

**Pros:**
1. Well researched and widely used.
2. Newly revised measure.
3. DSM-IV oriented.
4. Provides information on strengths of the child.
5. Inexpensive to administer and score.
7. Parallel forms are available.
8. A computer utility called “A2S” is available from ASEBA to easily export data to SPSS.

**Cons:**
1. Can be a time consuming measure to complete.
3. No assessment of profile validity.
4. Spanish speakers sometimes report having problems understanding the measure.
References
(Representative sampling of publications, presentations, psychometric references)

Published References:

The reference for the manual is:

Note: Numbers provided are based on the manual and the author.


A PsychInfo search (5/05) for “Child Behavior Checklist” or “CBCL” AND “6-18” anywhere revealed that the CBCL/6-18 has been referenced in 76 peer-reviewed journal articles.

Discrepancy between this number and the number provided by authors may be related to search terms. Searching only for “Child Behavior Checklist” or “CBCL” yields 4,437 peer reviewed journal articles, but this includes earlier versions of the measure.

In addition, the measure has been used in many other countries, and articles from those countries may not be available in PsychInfo.


Unpublished References:

A PsychInfo search (5/05) for “Child Behavior Checklist” or “CBCL” AND “6-18” anywhere revealed that the CBCL/6-18 has been referenced in 4 conference presentations and 7 doctoral dissertations.

<table>
<thead>
<tr>
<th>Number of Published References:</th>
<th>4437</th>
</tr>
</thead>
<tbody>
<tr>
<td>(based on author provided information and a PsychInfo search, not including dissertations)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Unpublished References:</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>(based on a PsychInfo search of unpublished doctoral dissertations)</td>
<td></td>
</tr>
</tbody>
</table>

Author Comments:

No comments from author after review.

Citation for Review: Maiken Thorvaldsen, B.A.

Editor of Review: Nicole Taylor, Ph.D., Robyn Igelman, M.A., Madhur Kulkarni, M.S., Chandra Ghosh Ippen, Ph.D.

Last Updated: 5/31/2005

PDF Available: yes

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

Child Behavior Checklist for Ages 6-18
NCTSN Measure Review Database
www.NCTSN.org