

Review of **Home & Community Social Behavior Scales**, by Theodore Coladarci¹

DESCRIPTION. The Home & Community Social Behavior Scales (HCSBS) is a 64-item behavior rating scale that is completed by parents “and other home-based raters” of children and youth between ages 5 and 18. In contrast to the “highly clinical” nature of many child behavior rating instruments, the HCSBS is designed to emphasize “routine or commonly occurring social competencies and problems” (user’s guide, p. 2). The 103-page user’s guide, although poorly edited, provides detailed information regarding development, administration, score interpretation and use (including illustrative case studies), and technical properties.

Taking only 8-10 minutes to complete, the HCSBS provides two total scores: Social Competence (“social skills and traits that are characteristic of well-adjusted and socially-skilled children and youth”) and Antisocial Behavior (“socially-related problem behaviors that may impede socialization, be destructive or harmful to others, and produce negative social outcomes”). Each of these two scales in turn yields two subscale scores. For Social Competence, the subscales are Peer Relations (“behavioral characteristics important in making friends, being a positive and constructive member of a peer group, and being well-liked by other children or youth”) and Self-Management/Compliance (“behaviors and characteristics that are important in responding to the social expectations of parents, teachers, and other influential adults”). For Antisocial Behavior, the two subscales are Defiant/Disruptive (“an oppositional, explosive, and ‘in your face’ pattern of behavior”) and Antisocial/Aggressive (“coercive behavior, a lack of empathy, violation of family, community, and school rules, dishonesty, and threatening or menacing behavior”).

For each item (e.g., “Argues or quarrels with peers”), the rater indicates on a 5-point scale the frequency with which the particular behavior was observed during the past 3 months (“never” to “frequently”). Curiously, a rating of “never” is given where the child does not exhibit a particular behavior as well as where the rater has had no opportunity to observe this behavior. This unnecessary conflating arguably compromises validity: A child may behave a certain way (e.g., “Demands help from peers”) even though the rater had no opportunity to observe it. In any case, individual ratings are summed as subscale and total-scale raw scores, which, based on the authors’ norms, are then converted to T-scores and percentile ranks. Scores also are expressed in terms of “Social Functioning Levels” (SFLs), which are labels for various percentile intervals. Each of the Social Competence scale and subscales has four SFLs: high functioning, average, at-risk, and high risk. Each of the Antisocial Behavior scale and subscales has three SFLs: average, at-risk, and high risk. T-scores, percentile ranks, and SFLs are derived separately for ages 5-11 and 12-18.

The HCSBS is the companion instrument to the authors’ School Social Behavior Scales (SSBS), which is similar to the HCSBS except that the focus is on school settings and the

¹ Coladarci, T. (2005). Review of Home & Community Social Behavior Scales. In R. A. Spies & B. S. Plake (Eds.), *The Sixteenth Mental Measurements Yearbook* (pp. 450-453). Lincoln, NE: The Buros Institute of Mental Measurements.

ratings are provided by educators. Together, the two instruments provide a “cross-informant perspective of social and antisocial behavior of children and youth across settings and raters” (user’s guide, p. 2). Such statements notwithstanding, the intended purpose of the HCSBS remains somewhat unclear. First, the HCSBS and SSBS often are discussed jointly, as is seen (oddly) in the section of the HCSBS user’s guide entitled “Purpose.” Second, and more problematic, the authors send mixed signals regarding the sufficiency of HCSBS results when used clinically. At times, they rightly echo the widely accepted injunction that, at best, such instruments should be used only to identify individuals for additional, more sensitive assessment. Elsewhere, however, their language encourages the prospective user to go directly from HCSBS scores to designing programs and interventions for the identified children.

DEVELOPMENT. By drawing on various sections of the user’s guide, readers are able to piece together the process by which the HCSBS was developed. Because the HCSBS was adapted from, and closely parallels, the SSBS, the authors chose to emphasize SSBS, not HCSBS, in their description of instrument development.

SSBS items were developed after an extensive examination of the literature on social behavior, particularly research and conceptualizations reflecting a “behavioral dimensions approach” (versus “traditional medical models”). This resulted in the authors’ focus on both positive (social competence) and negative (antisocial behavior) components of social behavior. Draft items were written, reviewed by a variety of individuals, revised, and, apparently without pilot testing, assembled as the 65-item SSBS: 32 Social Competence items and 33 (later reduced to 32) Antisocial Behavior items. The subsequent construction of the HCSBS entailed tweaking roughly one-third of the SSBS items in each scale to reflect the targeted context of home and community. Although the initial specification of these two scales was literature driven, the authors’ decision to include two subscales for each was based on their exploratory factory analyses of norming-sample data (described below).

TECHNICAL. Insofar as the HCSBS and SSBS are packaged as companion instruments for cross-informant use, it is somewhat surprising that the instruments have different norming samples (rather than being conormed on a common sample). That said, the HCSBS norming sample comprises 1,562 cases, winnowed down from a larger pool of roughly 2,000 in order to achieve a more accurate representation of the general population. Although these 1,562 cases are from 12 communities in 10 states (or perhaps it is 13 and 9—there are inconsistencies in the user’s guide), the adduced data suggest nonetheless that these youth are representative with respect to race and ethnicity, special education status, socioeconomic status, and gender. However, the authors depart from common practice by not providing separate norms for boys and girls—even though there is a “meaningful” gender difference on both scales. (Indeed, this difference is later used as part of the HCSBS validity argument.) However, separate age norms are reported for ages 5-11 and 12-18 (where a considerably more modest difference is observed). These age norms are similar to what is found in several widely used behavior-rating scales. As for regional representation, the norming sample overrepresents the West (46% of cases) and underrepresents the Northeast (5%). The authors acknowledge this; in any case,

regional representation arguably is of questionable relevance to the validity of social behavior norms.

In short, HCSBS norms appear to be adequate (the absence of within-gender statistics notwithstanding) when one considers conventional dimensions of representation. But one also should consider the raters in the HCSBS norming sample. Mothers made up the lion's share-70%-with fathers constituting 10%. (About 3% of raters were grandparents or stepparents, and a full 17% were either "other" or declined to disclose a relation/role altogether.) The authors say very little about whether ratings from these different groups vary (e.g., mothers vs. fathers, parents vs. all others) and, if they do, what the possible implications are for HCSBS score interpretation.

As for reliability, the authors report internal-consistency, test-retest, and interrater indices. Internal-consistency reliability coefficients (alpha and split-half), which are reported for each scale and subscale as well as within and across the two age ranges, are quite strong (.91 to .97). Test-retest reliability, estimated over a 2-week interval using a subset ($n = 137$) of the norming sample, is somewhat lower (as one would expect) and differs by scale: .82 to .84 for the Social Competence scale and subscales, and .89 to .91 for the Antisocial Behavior scale and subscales. Where HCSBS is used for screening or research, the magnitude of these reliability coefficients is adequate. However, if HCSBS results are to be used to identify individuals for interventions, these coefficients are low to marginal. All test-retest coefficients were estimated across the two age ranges, which may have inflated these values somewhat.

The authors estimated interrater reliability by correlating pairs of HCSBS scores for 83 children and youth ranging from 7 to 18 years of age. In most instances, the two raters were the child's parents, although there were "a handful of" exceptions. Interrater reliability ranges from .85 to .86 for the Social Competence scale and subscales, and .64 to .71 for the Antisocial Behavior scale and subscales. (As with test-retest reliability, interrater reliability was estimated across age.) Notwithstanding the authors' conclusion that "these data provide solid evidence of good to excellent interrater reliability" (user's guide, p. 53), the results for Antisocial Behavior are troubling. They are particularly troubling if users employ HCSBS scores to identify individuals for interventions rather than for screening or research. In any case, classification consistency arguably would be more informative than correlations between paired scores, given the authors' emphasis on Social Functioning Levels (at risk, high risk, etc.) when interpreting-and possibly acting on-HCSBS scores. Specifically, the authors should report, for each scale, the percentage of paired scores that placed the individual in the same SFL.

The authors present a laudably extensive validity argument. They begin by pointing to the face validity of their instrument. Although generally compelling, HCSBS face validity is lessened by at least two considerations. First, there are several references to the school context (e.g., "Behaves appropriately at school"), which, one would think, is more the province of the companion instrument. Second, some items are of questionable relevance to very young children (e.g., "Has good leadership skills"). Item-scale and item-subscale correlations constitute the second component of the authors' validity argument. Social

Competence item-scale correlations range impressively from .62 to .79 and, for Antisocial Behavior, from .61 to .81. Item-subscale correlations for each scale are not dissimilar to that scale's item-scale correlations, which suggests considerable covariance between subscales.

As stated above, the authors' specification of two scales for HCSBS derived from their review of relevant literature. Although the aforementioned item-scale and item-subscale correlations are encouraging, they nevertheless are within-scale information. A confirmatory factor analysis of the complete instrument would be a more rigorous test of the internal structure of HCSBS. Do the two factors emerge and, if so, are factor loadings as expected? No such analysis was reported. Instead, the authors conducted exploratory factor analyses (with oblique rotation) on each scale separately. These analyses resulted in a two-factor solution for each scale, which provided the basis for the subscale structure of the HCSBS: Peer Relations and Self-Management/Compliance (Social Competence scale), and Defiant/Disruptive and Antisocial/Aggressive (Antisocial Behavior scale). For each scale, the two factors are highly correlated (.77 and .82, respectively). Not surprisingly, a higher order factor analysis-again on each scale separately-confirmed that a single construct underlies each scale. The authors consequently are correct to emphasize to HCSBS users that the two scales, not their respective subscales, should be the focus in clinical use of this instrument.

Correlational analyses involving scale and subscale scores echo some of these results as well as throw additional light on HCSBS properties. For example, the correlation between each pair of subscales echoes the high covariance between subscales: .84 for Social Competence subscales, and .89 for Antisocial Behavior subscales. Further, results confirm the reasonable expectation that social competence and antisocial behavior are inversely related: Correlations between Social Competence subscales and Antisocial Behavior subscales range from -.65 to -.82, and the correlation between the two total scores is -.77.

Finally, the authors report correlations between HCSBS and a vast assortment of criterion measures: Social Skills Rating System, Conners Parent Rating Scale-Revised, Child Behavior Checklist, Behavioral Assessment System for Children, ADHD Symptoms Rating Scale, and Psychopathy Screening Device. The magnitude and sign of these correlations adequately document the convergent and discriminant validity of the HCSBS. Evidence also is presented showing that scores from the HCSBS logically distinguish between various groups of youth (social-behavioral at-risk status, special-education status, ADHD clinical status, gender) and can be responsive to certain interventions designed to curb social-behavioral problems.

COMMENTARY. The HCSBS user's guide offers extensive and detailed information regarding the technical properties of this instrument as well as thoughtful discussion of HCSBS score interpretation and use. All in all, the authors are to be commended for the scope and depth of their document. However, this guide contains an embarrassing number of errors: missing words, extraneous words, typographical errors, incorrect punctuation, and errors in pagination. Further, there are many references to "teachers"

(rather than “raters”) and “students” (rather than “children” or “youth”), as if the authors lifted large blocks of text from the School Social Behavior Scale user’s guide and then forgot to edit it. Paying customers deserve better.

SUMMARY. HCSBS reliability and validity evidence clearly supports the use of this instrument for research purposes or for screening individuals for further, more sensitive assessment. However, this instrument should not be used to identify individuals for interventions.