

E. Arian, A. Battermann, Ekkehard W. Sachs

## Approximation of the Newton Step by a Defect Correction Process

Bericht des European Child & Adolescent Psychiatry

### Kurzfassung

Whilst children in child welfare suffer more psychopathology than their community peers, only a small percentage of them actually receive mental health care. Previous literature suggested that all children entering child welfare should be screened. This study evaluated whether the Strengths and Difficulties Questionnaire (SDQ) could be used for this purpose. The extended version of the SDQ and the Achenbach System of Empirically Based Assessment (ASEBA) questionnaire were administered to parents and caregivers of 292 children in child welfare. Children older than 11 years also completed the SDQ self-report and the Youth Self Report (YSR). Furthermore, the child's history of service use was recorded and informants were asked if the actual care was sufficient. Inter-informant correlations for the scores from the SDQ and ASEBA were high and comparable or favoured the use of the SDQ (for parents and caregivers). Internal consistency was satisfactory to good. For all informants, high correlations were found between SDQ and ASEBA. Despite high scores on the SDQ, only 29% of the children had received mental health care. Service use was only correlated with the parent SDQ and the CBCL and TRF. Additional help, as requested by 21% of the parents and 37% of the caregivers, correlated moderately with the SDQ and ASEBA scores. Compared to the total difficulties score, the impact supplement is a better predictor of service use and the informant's request for additional help. This study illustrates that the Dutch version of the SDQ, similar to the English and German versions, has equal validity as the Dutch ASEBA for screening children. Caution is warranted when the SDQ is the only source of information for referrals to specialized care.