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AACAP 2026 Symposium Submission

Chairs: Ekaterina Stepanova & Robert L. Findling

Discussant: Eric Youngstrom

Title: Untangling Symptom Spaghetti: Examining the Overlap Between Rating Scales for Impulsive Aggression and Diagnostic Criteria

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Abstract

(2000 characters without spaces)

Objectives

Children with disruptive behavior disorders (DBDs) often experience severe and impairing behavior outbursts, however there is no consensus yet about how to assess these symptoms with psychometrically validated tools. The current work explores the content overlap among commonly used measures as well as diagnostic criteria for DBDs. The talk will focus on understanding the heterogeneity among existing instruments to guide the selection of evidence-based tools that align with clinical and research objectives, including showing how these scales do or do not align with diagnostic criteria.

Methods

Items on 10 pediatric measures of emotion/behavior dysregulation were coded for content overlap¹ with one another as well as the diagnostic criteria for oppositional/defiant disorder (ODD), conduct disorder (CD), intermittent explosive disorder (IED), and disruptive mood dysregulation disorder (DMDD). Measures were selected based on frequency of use in registered clinical trials for aggression, representation in recent reviews, and promise for use in clinical and research contexts (e.g., presence of norms and psychometric validation data). The Jaccard index (J) quantified binary overlap of symptoms, and mean overlap is reported for each measure.

Results

We identified 37 unique symptoms across 10 scales, with 14 symptoms represented on only one scale. The four most commonly represented items (present on 8 of 10 scales) were: “Threatens others,” “Breaks things when angry,” “Gets into fights,” and “Hurts others when upset.” Mean overlap among scales ranged from $J=0.0$ to $J=.67$ ($M=.28$, $SD=.16$), indicating low to moderate overall agreement in symptom content across scales. Overlap with diagnostic criteria for DBDs varied, with some measures assessing nearly all criteria while others showed nearly no overlap.

Conclusions

Not all scales purporting to measure childhood disruptive behaviors are created equally. The heterogeneity of symptoms assessed across these measures and variable alignment with DBD diagnostic criteria necessitate careful consideration of the content of scales when making clinical decisions based on summary scores.

References

1. Fried EI. The 52 symptoms of major depression: Lack of content overlap among seven common depression scales. *Journal of Affective Disorders*. 2017;208:191-197.
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