

Purpose

- The RBPC is an 89-item questionnaire that is used to rate problem behaviors observed in children and adolescents in grades K-12 (approximate age 5-18)

Administration

- Parents/care providers or teachers, when parents are unavailable should complete the RBPC for children and adolescents **ages 5-18**
- Administration and scoring of the RBPC is straight-forward and can be accomplished by technicians and other personnel who have been trained in the administration of psychological tests to individuals and groups
- Interpretation of RBPC requires graduate training in psychology, counseling, social work, psychiatry, or related field, generally Master's level or beyond
- Raters are asked to identify behaviors that are current problems for the child
- A 3-point scale reflects whether the behavior is currently:
 - "Not a problem"
 - "Mild problem"
 - "Severe problem"



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RBPC Quick Guide

Revised Behavior Problem Checklist®

Completed by parent/care provider or teacher, when parent is not available for clients in grades K to 12 (approximate age 5 - 18, during the first and last EBP treatment sessions every 6 months, if treatment continues, for the following EBPs:

- Brief Strategic Family Therapy (BSFT)
- Multidimensional Family Therapy (MDFT)
- Strengthening Families Program (SFP)

Clinical Utility

- Used to screen for a wide range of behavior problems
- Measures behavioral severity and change
- Assists in identifying "high risk" individuals who may benefit from more intensive therapeutic interventions
- LACDMH requires the administration of the RBPC-Parent Version; however, if the parent is unavailable the RBPC-Teacher outcome measure is required

Conduct Disorder (CD/22)

High scores indicate a propensity toward physical aggression, difficulty controlling anger and oppositionality

Socialized Aggression (SA/17)

High scores reflect behaviors suggestive of conduct disorder, such as stealing, substance use, truancy from school, gang membership, etc.

Attention Problems-Immaturity (AP/16)

High scores suggest client has many symptoms associated with attention problems (e.g., short attention span, weak concentration, distractibility and impulsivity)

Anxiety-Withdrawal (AW/11)

High scores indicate behavior consistent with internalizing disorders, including poor self-confidence and self-esteem, hypersensitivity to criticism and rejection, fearfulness and anxiety, etc.

Psychotic Behavior (PB/6)

High scores reveal concerns regarding possible psychotic symptoms, including speech disturbance, bizarre ideation, delusions, and impaired reality testing

Motor Tension-Excess (ME/5)

High scores suggest the individual is struggling with overactivity, restlessness, tension, and "jumpiness"

Scoring Information

- Please review the questionnaire to make sure the teacher or parent/care provider has only one response to every item with a ballpoint pen (to go through the carbonless test)
- Separate the response and scoring sheets by tearing along perforated lines
- Raw scores ≥ 2 standard deviations above the mean are clinically significant
- Only raw scores are required for data entry into PEI OMA