The relationship between risk factors and the severity and type of childhood disorder, as measured by parent-completed Child Behavior Checklists, was examined for 768 children, ages 4–16, seen at a child mental health center. Regression analyses revealed no significant relationships between any combination of risk factors and the total number of behavior problems, internalizing, or externalizing scores for the entire group, males and females separately, or for the age and sex groupings of 6- to 11- and 12- to 16-year-olds. Chi-square tests revealed no relationship of profile type with any risk factor or with total number of risk factors. Implications for broad-based child assessment and risk factor research within a clinical population are discussed.

Etiological research in childhood psychopathology has repeatedly found a number of risk factors to be related to psychiatric disturbance in children (cf. Werry, Reeves, & Elkind, in press; Belsky, 1984; Achenbach, 1982, pp. 639–644). The most systematic and large-scale investigation of the relationship between risk factors and childhood psychopathology was by Rutter and his colleagues (Rutter, 1979; Rutter & Quinton, 1977). On the basis of epidemiological data collected on the Isle of Wight and in inner-city Lon-
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don, Rutter's group identified, from a much larger list of variables, six factors associated with childhood disorder: (1) severe marital distress, (2) low social status, (3) overcrowding or large family size, (4) paternal criminality, (5) maternal psychiatric disorder, and (6) admission into the care of local authority. In their sample of 10-year-old boys a child with zero or one risk factor had about a 2% chance of having a psychiatric disturbance; with two to three risk factors, the probability of a disorder increased to about 5 or 6%; and four or more risk factors were associated with a psychiatric disturbance rate of over 20%. These results led Rutter and Quinton (1977) to conclude that child psychiatric disturbances are “potentiated” by a combination of the risk factors and it is the number of risk factors in a child's background, not the presence of a particular risk factor, that increases the risk of childhood psychiatric disturbance.

Remaining largely uninvestigated is the impact of risk factors within a clinical population. A major difficulty encountered in research in this area is the lack of reliable and valid classification systems for children. For instance, the interrater reliability on DSM-III diagnostic categories for children is so variable as to severely limit its usefulness for research studies involving a broad range of childhood disorders (cf. Werry, Methven, Fitzpatrick, & Dixon, 1983).

An exception to this criticism is a study by Reeves, Werry, Elkind, and Zametkin (in press). They compared a number of children whom they had meticulously diagnosed as attention deficit disorder with conduct disorder, attention deficit disorder alone, and anxiety disorder. Their strongest finding was that those with attention deficit disorder with conduct disorder had a significantly greater number of total risk factors than either those diagnosed as attention deficit disorder alone or anxiety disorder. It is likely, however, than the attention deficit disorder with conduct disorder group may have been drawn from a clinic population, whereas the attention deficit disorder alone group may have come largely from solicitations through the newspaper. As Werry et al. (in press) emphasized in their review of the relevant literature preceding this empirical study, clinical populations are likely to have more, and more severe, problems than those who may have diagnosable disorders but have not sought out standard clinical care.

The differences between those children with attention deficit disorder with conduct disorder and those with anxiety disorders were likely due to the age and sex differences between the two groups, since the Reeves et al. study's sample size was too small to control statistically for such differences. While an important and laudable study for a variety or reasons, Reeves et al. (in press) is only a beginning in examining risk factors within a clinical population.

A promising instrument for effective classification of children in clinical settings is the Child Behavior Checklist (CBCL; Achenbach &