

Teachers' knowledge of children's exposure to family risk factors: accuracy and usefulness

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Abstract

Teachers' knowledge of children's exposure to family risk factors was examined using the Family Risk Factor Checklist-Teacher. Data collected for 756 children indicated that teachers had accurate knowledge of children's exposure to factors such as adverse life events and family socioeconomic status, which predicted children's mental health problems at 1 year follow-up. For children at high teacher-rated risk, odds ratios ranged from 3.04 to 7.46, after adjusting for prior mental health problems. Teachers had poor knowledge of internal family functioning, such as conflict, parenting practices, or parental drug abuse. The findings suggest that asking teachers to report children's exposure to particular family risk factors is a feasible method for identifying children for selective interventions, but improved family-school communication may further enhance this process.

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Schools are a key setting for the delivery of preventive mental health interventions for children (Adelman & Taylor, 1998; Greenberg, Domitrovich, & Bumbarger, 2001; World Health Organization, 1990). These may be: *universal* interventions provided to entire

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populations; *selective* interventions for groups or individuals whose risk of developing a given disorder is higher than average, but who do not necessarily have current behavioral symptoms; and *indicated* interventions for individuals who have detectable symptoms that could later develop into a more serious disorder (Gordon, 1987; Mrazek & Haggerty, 1994). Of these three levels of prevention, both indicated and selective interventions require an appropriate tool or methodology for identifying ‘at-risk’ children.

Two screening methods have gained prominence within the school setting. The most common approach is to screen children for current behavioral or emotional problems (e.g., Braswell et al., 1997; Mattison, Lynch, Kales, & Gamble, 1993). A second approach is for teachers to nominate the students whom they consider to be ‘at risk’ (e.g., Ollendick, Greene, Weist, & Oswald, 1990), a judgment that may be based on observed behavior. These methods typically identify children who already have clinically significant adjustment problems (Mertin & Wasyluk, 1994), and therefore are only appropriate to screen children for indicated interventions. To identify children for selective interventions, prior to the development of mental health problems, alternative screening methods are required.

Epidemiological research has identified an array of individual, family, peer, school, and community risk factors for childhood mental health problems. Of these, family risk factors tend to have a greater impact and account for a greater proportion of subsequent mental health problems than other risk factors for children under 12 years of age (Richman, Stevenson, & Graham, 1982). Family factors such as marital conflict, parental psychopathology, and poor parenting practices are among the strongest predictors of negative mental health outcomes for this age group (Patterson, 1996; Rutter et al., 1990; Sanders, Nicholson, & Floyd, 1997).

Current school-based methods of identifying children for selective interventions typically involve defining at-risk individuals on the basis of their exposure to a single, easily observable risk factor, such as the recent experience of parental divorce (Pedro-Carroll & Cowen, 1985), or the death of a parent (Sandler et al., 1992). This method is problematic as single risk factors are relatively poor predictors of mental health outcomes (Coie et al., 1993; Rutter, 1979), resulting in high rates of false positive misclassifications (children who are classified as high risk but who have adequate mental health outcomes).

A promising alternative is to identify at-risk children on the basis of their exposure to multiple family risk factors. This method is rarely used due to the cost of administering multiple assessment tools (typically one per risk factor) to each child, parent, or teacher. Until now, a simple, validated screening instrument for multiple family risk factors has not been available. The Family Risk Factor Checklist-Parent (FRFC-P) is a new parent-report tool designed for this purpose, which has been found to have good reliability and validity (Dwyer, Nicholson, & Battistutta, 2003).

The current study uses a teacher version of this checklist, the FRFC-T, to investigate the feasibility of asking teachers to screen children for their exposure to multiple family risk factors in order to identify children for selective interventions. The FRFC-T assesses children’s exposure to both specific stressors (e.g., parental separation, bereavement) and chronic adversity (e.g., family mobility, parental psychopathology), with each set of items selected to assess risk factors that have a demonstrated association with the development of children’s behavioural and emotional problems (Dadds, Seinen, Roth, & Harnett, 2000;

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