



Child Adjustment and Parent Efficacy Scale-Developmental Disability (CAPES-DD): First psychometric evaluation of a new child and parenting assessment tool for children with a developmental disability



Theresa S. Emser^{a,*}, Trevor G. Mazzucchelli^{b,c}, Hanna Christiansen^a, Matthew R. Sanders^c

^a Department of Psychology, Child and Adolescent Psychology, Philipps-Universität Marburg, Gutenbergstr. 18, 35032 Marburg, Germany

^b Child and Family Research Group and Brain Behaviour and Mental Health Research Group, School of Psychology and Speech Pathology, Curtin University, Kent St, Bentley, WA 6102, Australia

^c Parenting and Family Support Centre, School of Psychology, The University of Queensland, Brisbane, QLD 4072, Australia

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ABSTRACT

This study examined the psychometric properties of the Child Adjustment and Parent Efficacy Scale-Developmental Disability (CAPES-DD), a brief inventory for assessing emotional and behavioral problems of children with developmental disabilities aged 2- to 16-years, as well as caregivers' self-efficacy in managing these problems. A sample of 636 parents participated in the study. Children's ages ranged from 2 to 15. Exploratory and confirmatory factor analyses supported a 21-item, three-factor model of CAPES-DD child adjustment with 13 items describing behavioral (10 items) and emotional (3 items) problems and 8 items describing prosocial behavior. Three additional items were included due to their clinical usefulness and contributed to a Total Problem Score. Factor analyses also supported a 16-item, one factor model of CAPES-DD self-efficacy. Psychometric evaluation of the CAPES-DD revealed scales had satisfactory to very good internal consistency, as well as very good convergent and predictive validity. The instrument is to be in the public domain and free for practitioners and researchers to use. Potential uses of the measure and implications for future validation studies are discussed.

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1. Introduction

Developmental disability (DD) is a term that describes a group of rather heterogeneous and diverse conditions. They range from intellectual (e.g., autism spectrum disorder) to physical (e.g., cerebral palsy) impairments and can be of genetic, environmental or trauma-related origin. The impairments must affect at least three major areas of life activities, such as

* Corresponding author.

E-mail addresses: theresa.emser@staff.uni-marburg.de (T.S. Emser), Trevor.Mazzucchelli@curtin.edu.au (T.G. Mazzucchelli), christih@staff.uni-marburg.de (H. Christiansen), matts@psy.uq.edu.au (M.R. Sanders).

communication, living independently, self-care, mobility or learning ([United States of America Developmental Disabilities Act of 1984](#)). With an overall prevalence rate of about 14% for children aged of 3- to 17-years they concern a significant number of families ([Boyle et al., 2011](#)).

Children with a DD have an approximately three to four times elevated risk of presenting with behavioral and emotional problems, not uncommonly resulting in serious psychiatric disorders ([Einfeld & Tonge, 1996](#); [Emerson, 2003b](#)). Furthermore, [Einfeld et al. \(2006\)](#) found that these problems tend to persist into adulthood. As these problems increase the risk for parental stress, they not only have an impact on the wellbeing and life of the child, but are a burden for the whole family ([Roberts, Mazzucchelli, Taylor, & Reid, 2003](#)). It is therefore important to provide parents with useful parenting tools and advice as well as to support them in handling these problems. Parenting programmes such as Stepping Stones Triple P (SSTP; [Mazzucchelli & Sanders, 2011](#); [Sanders, Mazzucchelli, & Studman, 2004](#)) represent useful methods for doing this. However, it is not sufficient to restrict these interventions to clinical settings, instead it is necessary to provide wide reaching evidence-based support to every family in need.

In order to offer the most appropriate support and to evaluate the usefulness of such support, it is necessary to assess child behavior problems in a reliable and valid way. At present there are several instruments which are commonly used for the assessment of emotional and behavioral problems of children with DD such as the Child Behavior Checklist (CBCL; [Achenbach & Rescorla, 2001](#)), the Strengths and Difficulties Questionnaire (SDQ; [Goodman, 1997](#)), and the Developmental Behaviour Checklist (DBC; [Einfeld & Tonge, 2002](#)). However, these measures show several weaknesses in assessing child adjustment, particularly in the context of DDs. The CBCL, for example, is a very long and time-consuming instrument, which can be burdensome for parents and caregivers to complete ([Goodman & Scott, 1999](#)). It also incurs a fee, which can make it problematic to use for large population studies. Furthermore, the CBCL does not provide any norms regarding children with a DD. The SDQ correlates highly with the CBCL ([Goodman & Scott, 1999](#)) and is significantly shorter with only 25 items. In spite of this, it shows some weaknesses regarding the internal consistency of individual subscales ([Smedje, Broman, Hetta, & Von Knorring, 1999](#)), and its online use is restricted. In addition, the SDQ was developed for typically developing children and there has been limited research regarding its suitability for children with a disability. The DBC has sound psychometric properties, but was specifically developed for children with an ID and consequently may lack applicability for children having just a DD. The DBC must be purchased for use and is not very change sensitive. Thus, an economical instrument for the assessment of emotional and behavioral problems of children with a DD that is in the public domain, change sensitive, and has good psychometric properties is still needed.

Additionally, increasing research is emerging regarding the construct of parental self-efficacy (PSE) that “can be broadly defined as the expectation caregivers hold about their ability to parent successfully” ([Jones & Prinz, 2005](#), p. 342). PSE is very important in the context of parenting and parenting interventions. In their review, [Coleman and Karraker \(1998\)](#) link maternal self-efficacy to more adaptive parenting strategies, to parental adjustment as well as to child difficulties. The Child Adjustment and Parent Efficacy Scale-Developmental Disability (CAPES-DD; [Mazzucchelli, Sanders, & Morawska, 2011](#)) being evaluated in the present study provides a newly developed scale measuring PSE in relation to the parallel assessed emotional and behavioral problems presented by the children. This not only establishes a direct link between the efficacy beliefs of the parents and the specific demands claimed by their children but also decreases the assessment burden on families by only using one instrument instead of two.

The CAPES-DD was developed to assess different behavior domains (i.e., externalizing, internalizing and prosocial) in children with a DD, and to also assess parental confidence in handling those problems. The authors wanted it to be suitable for children aged 2- to 16-years and to be appropriate for a range of respondents (e.g., parents, carers, teachers). Furthermore it was desired to be relatively brief (a maximum of 30 items), change sensitive, and in the public domain. In correspondence to the already developed Child Adjustment and Parent Efficacy Scale (CAPES; [Morawska & Sanders, 2010](#)), Sanders and Mazzucchelli adopted the same structure regarding the number of items, response format and scales, namely an Intensity scale measuring child adjustment and a Self-Efficacy scale measuring PSE. The CAPES-DD items were selected in a way so that they reflect the full range of behaviors that a child with a disability might present, including problems and strengths. These items were generated based on the authors’ own experience as well as by considering items from existing scales such as: Aberrant Behavior Checklist – Community ([Aman & Singh, 1994](#)), the Maladaptive Behavior Scale of the Scales of Independent Behavior-R ([Bruininks, Woodcock, Weatherman, & Hill, 1984](#)) and the DBC ([Einfeld & Tonge, 2002](#)).

1.1. The current study

This study is the first to examine the psychometric properties of the newly developed CAPES-DD. Specifically, it aimed to investigate: (a) the item properties, (b) the construct validity with a focus on the exploration of the dimensional structure of the Intensity scale, (c) the concurrent validity, (d) the predictive validity as well as (e) the reliability of the instrument.

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