Assessment of preschool psychopathology in Serbia

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A B S T R A C T

The utility of the Child Behavior Checklist for Ages 1.5–5 (CBCL/1.5–5) and the Caregiver-Teacher Report Form (C-TRF) to the Serbian children is largely unknown and has not been studied. An aim of this study was to examine rates and distribution of emotional and behavioral problems among 4 to 6-year-old children in the Serbia. Country differences between our Serbian sample and the original U.S. sample, gender differences, and cross-informant agreement between teachers and parents were also to be examined. The CBCL/1.5–5 and the C-TRF was completed by parents and teachers respectively on 512 preschoolers in the city of Novi Sad, Serbia. Internal consistency of the scales was analyzed using Cronbach alpha (α). The comparison of behavioral/emotional syndromes raw scores was performed by t test. CBCL/1.5–5 prevalence rate of the Total Problems score in the clinical range was 13.4%, while the C-TRF prevalence rate for girls was 9.8% and for boys 8.8%. Our findings revealed that parent reported more problems than teachers on almost all scales across gender with the mean cross-informant correlation of 0.24. This study documents gender differences, with boys scoring significantly higher than girls on all externalizing related problem scales on both questionnaires, but with no gender differences on internalizing problems on either questionnaire. Results support the applicability of the Serbian version of the CBCL/1.5–5 and C-TRF and can be recommended for use in clinical and research settings.

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1. Introduction

Since most adult mental problems have their origins early in life, early detection of psychopathology is of great public health relevance (Kessler et al., 2005). It is now widely recognized that very young children can experience significant emotional and behavioral problems and that these problems should not be ignored. Unfortunately, research on preschool psychopathology has lagged behind research conducted on older children and adolescents (Egger & Angold, 2006). Over the past 30 years, only a few epidemiological studies on psychopathology in preschoolers have been carried out. These studies have yielded widely varying overall prevalence rates (from less than 0.1% to 26.0%), depending on the disorder surveyed, the

instrument employed, and the impairment criterion used (Rescorla et al., 2011). Emerging evidence from developing countries in many regions of the world suggests prevalence rates similar to the range found in developed countries, but robust epidemiological evidence is poor (Tomlinson et al., 2009).

Serbia is located on the Balkan peninsula, which served for centuries as a vulnerable crossroads between the East and the West. The country has been exposed to many severe stressors, such as civil war, economic sanctions, and bombing in 1999. As a consequence, Serbia has experienced social instability, economic difficulties, and deterioration of its healthcare system (Lecic Tosevski, Pejovic Milovancevic, & Popovic Deusic, 2007). All those factors can have profound effects on children's mental health. The current scarcity of child mental health services mirrors the scarcity of epidemiological studies (Pejovic Milovancevic, Popovic Deusic, Lecic Tosevski, & Draganic Gajic, 2009). The only research on the prevalence of child and adolescent mental health problems in Serbia is a 2003 study that was conducted by Curcic (2005), in which it was found that one-third of the adolescents had borderline or clinical scores on the Youth Self-Report (YSR, Achenbach & Rescorla, 2001). To our knowledge, prior to the research reported here, no studies of the prevalence of child psychiatric morbidity in preschool children has been conducted to date in Serbia, but one could hypothesize that the prevalence rate might be higher than in developed countries.

Preschool children's emotional and behavior problems can be measured in a number of ways. Researchers rely heavily on parent and teacher ratings because young children are not able to provide reliable information about their functioning and because clinical and psychiatric evaluations and direct observations are costly. Reliable and valid assessment instruments are needed to aid in the identification and treatment of psychopathology in young children. Among the rating instruments available for assessing psychopathology in preschool children are the Child Behavior Checklist for ages 1.5–5 and the Caregiver-Teacher Report Form (CBCL, C-TRF; Achenbach & Rescorla, 2000), which are components of the Achenbach System of Empirically Based Assessment (ASEBA). ASEBA instruments have been very widely used for assessing child and adolescent emotional and behavioral problems in a variety of settings, including international epidemiological studies (Achenbach, 2010).

Although the CBCL/1.5–5 has been extensively used in many societies, few studies have investigated CBCL/1.5–5 prevalence rates in specific countries. In the U.S normative sample ($N = 700$), the cutpoint for the clinical range was set at the 90th percentile, thereby establishing a prevalence rate of 10% (Achenbach & Rescorla, 2010). Eapen, Yunis, Zoubeidi, and Sabri (2004) found similar prevalence rate of 10.5% among 3 year-old-children in the United Arabic Emirates. Very high prevalence rate (25.4%) has been found among Taiwanese children (Wu et al., 2012) but very low prevalence rate (2.9%) among Kosovar children (Shala & Dhamo, 2013). Four international studies have also used the CBCL/1.5–5, but reported only Total Problems scores without prevalence rates. Kristensen, Henriksen, and Bilenberg (2010) reported a mean Total Problems score of only 17.3 for 850 Danish children, whereas Total Problems scores of 30.5 have been reported for 672 Dutch children (Tick, van der Ende, Koot, & Verhulst, 2007), of 33.4 for 466 Italian children (Frigerio et al., 2006), and of 33.6 for 1385 Chinese children (Liu, Cheng, & Leung, 2011).

The majority of findings for gender effects on preschool psychopathology reported that boys tend to demonstrate a significantly higher rate of problems than girls (Achenbach & Rescorla, 2000; Egger & Angold, 2006; Liu et al., 2011; Eapen et al., 2004; Rescorla et al., 2011, 2012; Wu et al., 2012). Rescorla et al. (2012) found smaller gender effects for Internalizing (effect size < 1%) than for Externalizing (effect size = 3%) in their study with caregiver/teacher reports of 10,521 preschoolers from 15 societies. This gender effect was significant, but smaller when preschoolers was assessed by parents (Rescorla et al., 2011). They also found that the magnitude of the gender effect varied somewhat across societies.

Numerous studies have demonstrated the reliability and validity of the CBCL/1.5–5 and C-TRF (Achenbach et al., 2008). Normative data for both instruments based on U.S. samples were reported by Achenbach and Rescorla (2000). Rescorla et al. (2011) conducted international comparisons of preschool children's behavioral and emotional problems as reported on the CBCL/1.5–5 by parents in 24 societies ($N = 19,850$), including Kosovo and Romania. Although societies differed greatly in language, culture, and other characteristics, Total Problems scores for 18 of the 24 societies were within 1 standard deviation (7.1 points) of the omnicultural mean of 33.3 (on a scale of 0 to 198). Rescorla et al. (2011) reported small to medium societal effect sizes on problem scores (3–12%) and very small gender, age, and interaction effects (<1%). Additionally, correlations between mean item ratings averaged 0.78 across all societies, and correlations between internal consistency alphas for the scales averaged 0.92, suggesting great similarity across diverse societies in rank orders of mean item ratings and of internal consistencies of scales. In a related study, Ivanova et al. (2010) tested the fit of the CBCL/1.5–5 7-syndrome model using ratings by 19,106 parents from 23 societies located in Asia, Australia, Europe, the Middle East, and South America. Confirmatory factor analyses (CFAs) indicated acceptable to good fit of the tested model in all societies.

Rescorla et al. (2012) also conducted international comparisons of preschool children's behavioral and emotional problems as reported on the C-TRF from 15 societies ($N = 10,521$), including Kosovo, Romania, and Serbia. Total Problems scores for 9 of the 15 societies fell within 1 standard deviation (8.6 points) of the omnicultural mean of 24.1. Variance within societies greatly exceeded variance between societies, and the effect sizes for differences among the 15 societies were in the small to medium range. Ivanova et al. (2011) reported that C-TRF ratings of a broad range of emotional, behavioral, and social problems in 14 societies fit the syndrome structure previously found for English-speaking children mainly from the U.S. The multicultural generalizability of C-TRF syndromes suggests that they can be used as taxonomic constructs for preschoolers' psychopathology, which can facilitate international communication and collaboration between clinicians, researchers, and educators working with young children (Ivanova et al., 2011).