

Asian pearls

Factor structure of parent and teacher ratings of the ODD symptoms for Malaysian primary school children



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ABSTRACT

This present study used confirmatory factor analysis (CFA) to examine the applicability of one-, two-, three- and second order Oppositional Defiant Disorder (ODD) factor models, proposed in previous studies, in a group of Malaysian primary school children. These models were primarily based on parent reports. In the current study, parent and teacher ratings of the ODD symptoms were obtained for 934 children. For both groups of respondents, the findings showing some support for all models examined, with most support for a second order model with Burke et al. (2010) three factors (oppositional, antagonistic, and negative affect) as the primary factors. The diagnostic implications of the findings are discussed.

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1. Introduction

Oppositional Defiant Disorder (ODD) is a common childhood disorder (American Psychiatric Association (APA, 2000, 2013)), and it refers to a recurrent pattern of negativistic, defiant, disobedient, and hostile behaviour toward authority figures that persists for at least six months (APA, 2013). For diagnosis, DSM-IV (APA, 1994) and DSM-IV-TR (APA, 2000) have eight ODD symptoms organised together under one group, thereby implying support for a unidimensional model for these symptoms. The DSM-5 has the same eight symptoms, but they are placed into three symptom groups: anger/irritable (comprising symptoms of temper tantrums, anger, and touchiness), vindictiveness (comprising the symptom for spiteful/vindictiveness), and argumentative/defiant behaviour (comprising symptoms of arguing with adults, purposefully annoying others, disobedience, and blaming others for one's own mistakes). The three groups in the DSM-5 hint at the possibility that ODD might be multidimensional. Although several multidimensional and second order models for the ODD symptoms have been proposed in past studies, no particular model has gained general acceptance. The current study used confirmatory factor analysis (CFA) to examine the applicability of the different ODD factor models in a group of children from Malaysian primary

schools, based on their parents and teachers ratings of these symptoms.

In relation to factor structure, the three ODD symptom groups in the DSM-5 corresponds to an earlier, a priori, three-dimensional ODD model proposed by Stringaris and Goodman (2009); see Table 1). This model is comprised of dimensions for irritable (symptoms of temper tantrums, anger, and touchiness), hurtful (symptoms of spitefulness/vindictiveness), and headstrong dimension (symptoms of arguing with adults, purposefully annoying others, disobedience, and blaming others for one's own mistakes). As will be noticed from the symptom composition of the Stringaris and Goodman model, the irritable, hurtful, and headstrong dimensions are the same as the anger/irritable, vindictiveness, and argumentative/defiant behaviour dimensions, respectively, in DSM-5.

To date, several studies have used CFA to examine the factor structure of the ODD symptoms (e.g., Aebi et al., 2013; Burke, 2012; Burke et al., 2010; Krieger et al., 2013; Rowe et al., 2010; Stringaris and Goodman, 2009). These studies have supported a range of models, including the Stringaris and Goodman (2009) model (Krieger et al., 2013), and a closely comparable three-factor model (Aebi et al., 2013). The difference between Stringaris and Goodman's model and Aebi et al.'s model (see Table 1) is that, in Aebi et al.'s model, the symptom for 'annoy' is in the hurtful factor, and not the headstrong factor. Burke et al. (2010) has proposed a different three-factor model, with factors for negative affect (comprising symptoms for anger, touchiness, and spitefulness), oppositional behaviour (comprising symptoms for temper

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Table 1
Fit of the Factor Models for Mother and teacher ODD Symptom Ratings.

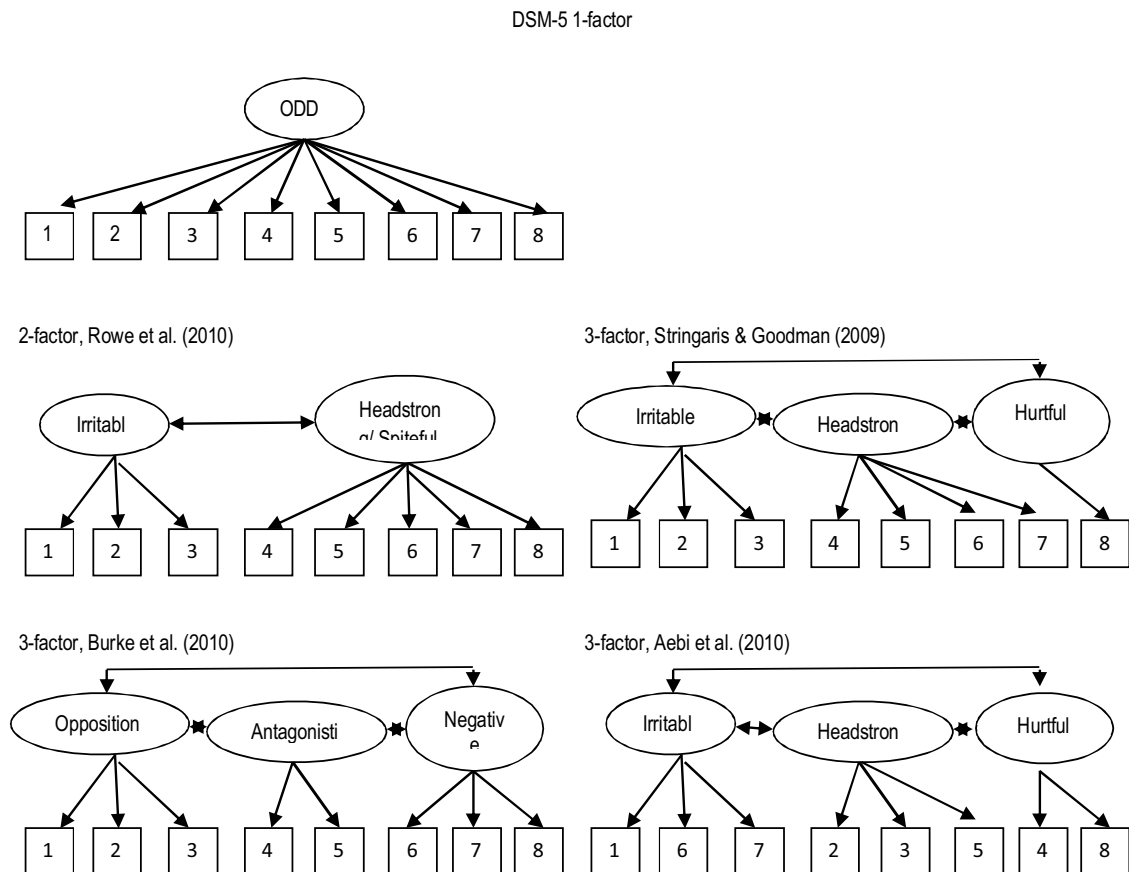
Model	WLSMV χ^2	df	RMSEA (90% CI)	CFI	TLI
Mother Ratings					
One-factor	351.250***	20	0.133 (0.121 – 0.146)	0.963	0.949
2-factor (Rowe et al., 2010)	347.763***	19	0.136 (0.124 – 0.149)	0.964	0.946
3-factor (Stringaris and Goodman, 2009)	Failed to provide admissible solution				
3-factor (Burke et al., 2010)	85.397***	17	0.066 (0.052 – 0.080)	0.992	0.988
3-factor (Aebi et al., 2013)	139.174***	17	0.088 (0.075 – 0.102)	0.987	0.978
Teacher Ratings					
One-factor	288.924***	20	0.120 (0.108 – 0.132)	0.993	0.990
2-factor (Rowe et al., 2010)	51.197***	19	0.043 (0.029 – 0.057)	0.998	0.997
3-factor (Stringaris and Goodman, 2009)	Failed to provide admissible solution				
3-factor (Burke et al., 2010)	27.639***	17	0.026 (0.001 – 0.043)	0.999	0.999
3-factor (Aebi et al., 2013)	198.752***	17	0.107 (0.094 – 0.121)	0.995	0.992

Note. CFI = comparative fit index; CI = confidence interval; RMSEA = root mean square error of approximation; TLI = Tucker Lewis Index.
*** p < 0.001.

outbursts, arguing, and defying), and antagonistic behaviour (comprising symptoms for annoying and blaming others).

Besides three-factor models, two-factor models (see Table 1) have also been supported by CFA studies. Rowe et al. (2010) reported factors for irritability and headstrong/spiteful. The irritability factor was identical to the symptoms associated with the irritability factor in Stringaris and Goodman (2009) three-factor model. The headstrong/spiteful factor was a combination of symptoms in the hurtful and headstrong factors proposed by Stringaris and Goodman (2009).

A few studies have compared the relative support for the different ODD models. Krieger et al. (2013) found better fit for Stringaris and Goodman’s (2009) three-factor model over the one-factor model, and Rowe et al. (2010) two-factor model. Herzhoff and Tackett (2016) reported better fit for Burke (2012) two-factor model over three-factor models proposed by Aebi et al. (2013), Burke et al. (2010), and Stringaris and Goodman (2009), and the two-factor model proposed by Rowe et al. (2010). For parent reports of preschool children, Ezpeleta et al. (2012) found more support for Burke et al. (2010) three-factor model than for Burke



Note. Brief description of symptoms: 1 = temper, 2 = argues, 3 = defies, 4 = annoys, 5 – blames others, 6 touchy/annoyed, 7 = angry/resentful, 8 = spiteful/vindictive.

Fig. 1. Oppositional Defiant Disorder models examined in the study.

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