



Research paper

Validating the Preschool and Kindergarten Behavior Scales-2: Preschoolers with autism spectrum disorders



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ABSTRACT

Social skills deficits and some behavior problems are a well-established issue in preschoolers with autism spectrum disorder (ASD). However, most of the studies available analyze social skills or behavior problems of children with ASD, but not both. The present study intends to compare the social skills and behavior problems of 32 preschoolers with ASD paired with 32 typically developing preschoolers, as evidence of validity of the Portuguese version of the Preschool and Kindergarten Behavior Scales – Second Edition (PKBS-2). Each child was rated independently by parents and teachers. Results showed a statistically significant difference in all PKBS-2 scores between the two groups, with the children with ASD rated with fewer social skills and more behavior problems by both informants. The discriminant analysis highlighted the three Social Skills, the Over-Activity/Lack of Attention and Social Withdrawal subscales as more accurate in differentiating between the two groups. The implications of using a single behavior rating scale that can be filled in by different informants (parents and teachers) to assess positive and negative behaviors are emphasized. Furthermore, the usefulness of the PKBS-2 as a screening assessment tool that could be used in clinical practice and intervention with preschoolers with ASD is discussed.

What this paper adds?

This paper highlights the importance of having tools that are able to differentiate children at risk for developmental problems from typically-developing children, such as the Preschool and Kindergarten Behavior Scales – Second Edition (PKBS-2). The PKBS-2 has some positive features that deserve mention in this context: it has good psychometric properties, it evaluates both positive and negative behaviors, and the same items can be answered by different informants. In this study, it proved to be a useful tool to evaluate the social and behavioral functioning of children with ASD that may be helpful in future research and practice. Further, the multi-rater approach used to assess social skills and behavior problems of children with ASD is a positive aspect of this paper, as it gives rise to a more complete profile of these children. The results also reinforce the evidence of validity of the Portuguese version of the PKBS-2. Finally, several statistical analyses were conducted in order to identify the scores that best discriminate both groups (discriminant analysis); and based on the importance of identifying specific behaviors that may be targeted for intervention, two sets of item analyses were carried out to highlight specific behaviors that characterize preschoolers with ASD.

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1. Introduction

The concept/diagnosis of autism was introduced for the first time by Kanner (1943), who described these individuals as having unusual social development (Volkmar, Chawarska, & Klin, 2005). This description has undergone several refinements over time, based on knowledge acquired through earlier and more reliable diagnosis, better clinical practices, stronger public awareness about this disorder (Boyd, Odom, Humphreys, & Sam, 2010; Ooi et al., 2011), and research applications such as epidemiological and longitudinal studies (Volkmar et al., 2005). According to the recently published fifth edition of the Diagnostic and Statistical Manual for Mental Disorders (DSM-5; APA, 2013), autistic disorder, Asperger's disorder, Rett's disorder, childhood disintegrative disorder and pervasive developmental disorder not otherwise specified are all grouped together under the single diagnosis of Autism Spectrum Disorders (ASD) (Anagnostou et al., 2014; APA, 2013; McGuinness & Johnson, 2013). Furthermore, the three major categories of impairment (social interaction, communication, and restrictive and repetitive behaviors) have now been reduced to two main areas: social communication and the behavioral domain. In DSM-5 age is not specified, with only the presence of symptoms early in childhood being mentioned (APA, 2013; McGuinness & Johnson, 2013). Therefore, the average age of diagnosis is around 4 years, with a prevalence of 4:1 for gender (boys: girls) (Anagnostou et al., 2014).

Currently, social skills deficits and certain behavior problems are well documented in the literature concerning ASD (Campbell, 2006; O'Donnell, Deitz, Kartin, Nalty, & Dawson, 2012; Park, Yelland, Taffe, & Gray, 2012; Volkmar et al., 2005). However, most of the studies analyze either social skills (e.g., Goldstein, Lackey, & Schneider, 2014; Wang, Sandall, Davis, & Thomas, 2011) or behavior problems of those children (e.g., Eisenhower, Baker, & Blacher, 2005), but not both. The present study has the purpose of analyzing both social skills and behavior problems, in the same sample of preschoolers with ASD paired with a group of typically developing preschoolers, and from both parents and teachers' perspective.

1.1. Social skills and behavior problems in children with ASD

It is well known that children with developmental delay are at risk for developing social, emotional and behavioral problems (Baker et al., 2003; Brassard & Boehm, 2007; Dykens, 2000; Eisenhower et al., 2005; Merrell & Holland, 1997). As is the case with other neurodevelopmental disorders, included in the ASD behavioral phenotypes are several at risk behaviors which have effects on family and care providers (Dykens, 2000; Eisenhower et al., 2005). Simple daily life tasks are frequently a challenge for children with ASD and their families (O'Donnell et al., 2012), which justifies why most of the research concerning the comparison of children with ASD with typically developing children and children with developmental delays has been carried out based on parental reports (Volkmar et al., 2005). However, if parents are able to provide a detailed developmental history of the child, teachers may offer additional information more related to interaction with peers (Anagnostou et al., 2014). Further, the classroom is an important setting in which to work with children with ASD due to the classroom climate, activities and rewards, schedules and engagement with peers (Neitzel, 2010). Therefore, parents and teachers are essential informants in the process of assessment and diagnosis, since they are frequently the first ones to raise the "red flag" to signal social, behavioral, or emotional problems with the children (Anagnostou et al., 2014).

Children with ASD are at risk for difficulties in social development (Reszka, Odom, & Hume, 2012), due to their social and communication deficits/delay (APA, 2013; Kanne, Abbacchi, & Constantino, 2009; Neitzel, 2010). Deficits in social interaction and communication associated with ASD involve developmental skills that emerge typically during childhood (Dockrell & Messer, 1999; Tager-Flusberg, 1999), such as starting conversations or integrating social activities, understanding the perspective of others and verbally expressing feelings (Bellini & Hopf, 2007). Challenges in these areas represent a major feature of the ASD disorder (Chung et al., 2007). These difficulties in ascertaining the perspective of others may lead these children to make inappropriate comments or dominate conversations with topics of personal interest, which ultimately limit positive social interaction (Bellini & Hopf, 2007; Tager-Flusberg, 1999).

Difficulties in joint attention, as well as in symbolic and interactive play are also evidenced (Lee & Hinojosa, 2010; Lord, Rutter, DiLavore, & Risi, 1999). In this field, six key domains have been identified in assessment/intervention with children with ASD: (a) motivation to interact, (b) self-awareness, (c) non-verbal and verbal social interaction skills, (d) understanding affects in self and others, (e) social intelligence and awareness, and (f) friendship and play (Rotheram-Fuller et al., 2013). Moreover, during the last 30 years, this evidence of social skills deficits has drawn attention to the need for early intervention in social skills in children with ASD (Goldstein et al., 2014), with identification/assessment emerging as the first step.

With regard to behavior problems, self-aggression behaviors and motor stereotypes are quite common in children with ASD (Campbell, 2006). Moreover, the repetitive (e.g., stereotyped movements, unusually centered interests) and challenging/disruptive (e.g., aggression, tantrums) behaviors that Neitzel (2010) identifies as "interfering behaviors" may provide them with fewer opportunities to learn and develop adequate social behaviors (Wang et al., 2011). Further, for children with ASD, behavior problems may have specific communicative functions, such as avoiding undesirable activities and social interaction, or allowing them to have access to objects or activities (Park et al., 2012). As for social skills, intervention in these behaviors is also clinically useful. Consequently, assessing behavior problems should be a common practice (Park et al., 2012) taking into account their impact on the functioning of children with ASD (Kanne et al., 2009).

Based on this evidence, the availability of appropriate assessment instruments, such as a screening tool to assess social skills and behavior problems, is essential as a first step when seeking an intervention strategy for children with ASD (Wang et al., 2011). There has been a growing interest in developing assessment tools to evaluate preschoolers. Some of these, such as the Preschool and Kindergarten Behavior Scales – Second Edition (PKBS-2; Merrell, 2002), enable the identification of a large range of behavior

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