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Short communication

The evaluation of behavioural problems in the first three years of life: Comparing parents and early childhood educators

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ABSTRACT

The study investigates the degree of agreement between mothers, fathers and educators in the evaluation of early childhood behavioural problems, through the CBCL 1½–5. Data analysis indicates a good level of agreement between mothers and fathers, along with a significant divergence between parents and educators.

Clinical studies highlight how behavioural problems at pre-school age remain stable over time, or transform into more serious psychopathologies in later years (Campbell, 1997; Winsler, Diaz, Atencio, McCarthy, & Adams Chabay, 2000). Prevention and intervention programs require in-depth assessment, which in this age group is based above all on scale ratings obtained from parents and reference adults (Achenbach & Edelbrock, 1984). Therefore, the systematic examination of areas of agreement and disagreement between said privileged informers is fundamental. Literature indicates that agreement levels between parents and teachers on the perception of behavioural problems in children vary from low to moderate, and that parents usually report a greater number of behavioural problems (Graves, Blake, & Kim, 2012; Korsch & Petermann, 2014). Available data mainly refers to children over the age of 3 years, therefore investigations should be extended to samples of younger children, to bolster intervention in early childhood.

Our sample consists of 132 children who attend a nursery school, aged 18–36 months ($M = 25.9$; $SD = 5.36$; 53% male and 47% female). Subjects were selected from 5 nursery schools in a large Italian city, in areas representing a diversified socio-economic basin. Mothers are aged between 20 and 49 ($M = 36.5$; $SD = 4.72$) and fathers between 24 and 62 years ($M = 39.57$; $SD = 6$). In the majority of cases, both parents have a medium-high qualification and medium-high levels of employment. There are 42 professional caregivers (each educator filled in the questionnaire for several children), aged between 28 and 62 years ($M = 41.28$; $SD = 10.89$), almost all with a high school diploma.

The instrument used is the *Child Behavior Checklist/1½–5* (Achenbach & Rescorla, 2000), filled in for each child by both parents (the parents completed the questionnaires independently of one another) and the professional caregiver (Caregiver-Teacher Report Form; C-TRF/1½–5). The profile which emerges from the questionnaire consists of a Total Scale, a scale of Internalizing problems and Externalizing problems. Our study also considers the 6 syndrome scales included in both forms of the CBCL (Emotionally Reactive-ER, Anxious/Depressed-AD, Somatic Complaints-SC, Withdrawal-W, Attention Problems-AP and Aggressive Behaviour-AB), as well as the Other Problems-OP scale.

The areas of agreement and disagreement between parents and educators for each scale was assessed by Pearson's correlation coefficient and T test. Mothers' and fathers' ratings are positively associated across all CBCL scales, with highest levels referable to the AB and externalizing behaviour scales [Table 1, column 2], in line with studies on older children, with greater levels of agreement between parents in the case of externalizing problems (Baker & Heller, 1996; Duhig, Renk, Epstein, & Phares, 2000), probably because

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Table 1

Mother-father-educator ratings: Pearson's correlation and means score.

CBCL SCALES	Correlations Mother-father	Correlations Mother-educator	Correlations Father-educator	Mothers Mean	Fathers Mean	Educators Mean
ER	,728 [*]	-,071	,127	,3408	,2816	,3269
AD	,504 [*]	,172	-,007	,3738	,2799	,3413
SC	,578 [*]	,038	,042	,2054	,2021	,0632
W	,447 [*]	,023	,051	,1723	,1534	,2515
AP	,652 [*]	,112	,095	,6000	,5778	,4796
AB	,764 [*]	,051	,073	,6103	,5557	,3472
OP	,490 [*]	,092	,085	,3229	,2934	,2167
INTERNALIZING	,560 [*]	,079	,077	,2732	,2206	,2417
EXTERNALIZING	,771 [*]	,043	,052	,6010	,5529	,3792
TOTAL SCALE	,607 [*]	-,008	,111	,3921	,3467	,2742

* $p < 0.001$.

said problems are easier to observe and are more difficult to manage within the family context.

Although mothers' and fathers' ratings are still correlated, mothers tend to perceive children as more problematic compared to their partners, as demonstrated by the mean scores [Table 1, columns 5–6]. Indeed, T test analysis shows that mothers indicate higher scores than fathers, on the total scale ($t = -2.031$; $p < 0.05$) as well as on internalizing ($t = -2.069$; $p < 0.05$), externalizing ($t = -2.302$; $p < 0.05$), AD ($t = -2.676$; $p < 0.01$), ER ($t = -2.808$; $p < 0.01$) and AB scales ($t = -1.752$; $p < 0.05$). Therefore, mothers tend to identify pathological trends to a greater extent than fathers, as demonstrated in previous research (Seiffge-Krenke & Kollmar, 1998). This may be caused by the fact that mothers spend more time with their children and therefore have a greater knowledge of their problems. The observed gap may also be attributable to more intense maternal worry over the impact of such problems on everyday activities.

No significant correlations emerged from educator and parents answers [Table 1, column 3–4]; the mean scores [Table 1, column 5–6-7] and T-test analysis highlight how overall educators tends to attribute significantly lower scores on child behaviour evaluation, both compared to mothers (Total scale: $t = 3.507$; $p < 0.01$; Externalizing: $t = 4.808$; $p < 0.001$; SC: $t = 6.328$; $p < 0.001$; AP: $t = 2.238$; $p < 0.05$; AB: $t = 5.744$; $p < 0.001$; OP: $t = 3.951$; $p < 0.001$) and fathers (Total scale: $t = 2.811$; $p < 0.001$; Externalizing: $t = 3.78$; $p < 0.001$; SC: $t = 7.517$; $p < 0.001$; AB: $t = 4.579$; $p < 0.001$; OP: $t = 3.612$; $p < 0.01$). An exception can be seen in the social withdrawal scale, where educators attribute higher scores compared to both parents (mother-educator: $t = -2.392$; $p < 0.05$; father-educator: $t = -3.453$; $p < 0.01$). Therefore, parents signal a greater number of externalizing issues, compared to educators, who tend rather to emphasize difficulties linked to inhibition and social withdrawal.

We have also analyzed the degree of agreement regarding the children assessed as “at risk”, that is children for whom at least one informant had assigned scores higher than CBCL clinical cut-offs, with reference to the total scale, as well as scales for internalizing and externalizing symptoms [Table 2]. The percentage of children co-identified as at risk by all three informants (both parents and educator had assigned score scores higher than CBCL clinical cut-offs) is very small, in line with other research (Grietens et al., 2004).

A comparison of percentage agreement between two evaluators demonstrates that mother-father agreement is always greater than agreement between the educator and either one of the parents. Both mothers' and fathers' agreement with educators is greater for internalizing symptoms, unlike the results of many studies which reported greater agreement between parents and educators on externalizing behaviours (Cai et al., 2004; Grietens et al., 2004; Rescorla et al., 2014). This discrepancy may be attributable to the age of sample children, such as in the study by Winsler and Wallace (2002), highlighting the effect of age on degree of agreement among

Table 2

Percentages of informants agreement.

	% agreement for children at risk. (score > cut off).	% agreement. (score < cut off).	%. total agreement.
Internalizing symptoms			
Mother-father-educator	2.3%	65.9%	68.2%
Mother-father	13.7%	76.1%	89.8%
Mother-educator	6.1%	65.3%	71.4%
Father-educator	4.5%	68.2%	72.7%
Externalizing symptoms			
Mother-father-educator	3.3%	57.8%	61.1%
Mother-father	12.1%	81.5%	93.6%
Mother-educator	6.5%	58.7%	65.2%
Father-educator	5.4%	61.3%	66.7%
Total scale			
Mother-father-educator	4.2%	52.8%	57%
Mother-father	12.5%	77.9%	90.4%
Mother – educator	6.5%	51.9%	58.4%
Father – educator	6.4%	61.5%	67.9%

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