



# The effect of maternal psychopathology on parent–child agreement of child anxiety symptoms: A hierarchical linear modeling approach



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## ABSTRACT

The current study examined the effects of maternal anxiety, worry, depression, child age and gender on mother and child reports of child anxiety using hierarchical linear modeling. Participants were 73 mother–child dyads with children between the ages of 7 and 10 years. Reports of child anxiety symptoms, including symptoms of specific disorders (e.g., social phobia) were obtained using concordant versions of the Screen for Anxiety and Related Emotional Disorders (SCARED). Children reported significantly higher levels of anxiety symptoms relative to their mothers. Maternal worry and depression predicted for significantly lower levels of maternal-reported child anxiety and increasing discrepant reports. Maternal anxiety predicted for higher levels of maternal-reported child anxiety and decreasing discrepant reports. Maternal depression was associated with increased child-reported child anxiety symptoms. No significant effect of child age or gender was observed. Findings may inform inconsistencies in previous studies on reporter discrepancies. Implications and future directions are discussed.

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## 1. Introduction

Anxiety disorders are among the most prevalent psychiatric disorders experienced by children (Pérez-Edgar & Fox, 2005; Pine, 2007; Rapee, Schniering, & Hudson, 2009), with prevalence rates between 5.7% and 41.2% (Cartwright-Hatton, McNicol, & Doubleday, 2006; Costello et al., 1996). They are also associated with considerable impairment in school, social, and family domains (Essau, Conradt, & Petermann, 2000; Ginsburg, La Greca, & Silverman, 1998; Warren & Sroufe, 2004) and have long-term impacts on psychopathology, showing associations with anxiety, depression, externalizing disorders, and substance use problems later in life (Bittner et al., 2007; Kendall, Safford, Flannery-Schroeder, & Webb, 2004; Pine, Cohen, Gurley, Brook, & Ma, 1998). Given the high prevalence and negative impact of these disorders in children, appropriate strategies for assessment are of paramount importance.

A multiple informant (e.g., parent, child, and teacher) assessment is generally considered to be the preferred method for identifying and assessing childhood emotional disorders (Kendall & Flannery-Schroeder, 1998; Weems & Stickle, 2005). Yet, one

liability with this approach is a lack of agreement among informants. Indeed, disagreement between parent and child ratings of emotional problems is thought to be common (Achenbach, McConaughy, & Howell, 1987; De Los Reyes & Kazdin, 2004; Edelbrock, Costello, Dulcan, Conover, & Kala, 1986). This is true for children presenting to specialty clinics (Yeh & Weisz, 2001) or in community samples (Cosi, Canals, Hernández-Martínez, & Vigil-Colet, 2010). Studies specifically investigating parent–child concordance in the report of childhood anxiety have also found low agreement (Comer & Kendall, 2004; Manassis, Tannock, & Monga, 2009; Niditch & Varela, 2011; Safford, Kendall, Flannery-Schroeder, Webb, & Sommer, 2005; Weems, Feaster, Horigian, & Robbins, 2011). Typically parents are found to report lower levels of intensity, frequency, and severity than their children, with a few notable exceptions (e.g., Krain & Kendall, 2000). Further, discrepancies remain across methods. That is, previous research on parent–child concordance in childhood anxiety, using either structured interviews or questionnaire methods, have found similarly discrepant findings (Choudhury, Pimentel, & Kendall, 2003; Cosi et al., 2010; Grills & Ollendick, 2002; Pereira et al., 2014).

Indeed, the chosen method to examine these discrepancies may influence the discrepancies observed (De Los Reyes & Kazdin, 2004). In childhood anxiety research, the most common methods are interview and questionnaire based. Many studies have used the Anxiety Disorders Interview Schedule for Parents and Children (ADIS-P/C) to examine parent–child agreement (e.g., Comer & Kendall, 2004; Manassis et al., 2009; Niditch & Varela, 2011;

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Reutsköld, Öst, & Ollendick, 2008). Others have used common questionnaires such as the Screen for Anxiety and Related Emotional Disorders parent and child versions (SCARED; [Cosi et al., 2010](#); [Pereira et al., 2014](#)) to investigate discrepant reports. Though these are both frequently used within child anxiety research, comparing agreement across them may contribute to inconsistencies observed. Further, various statistical procedures employed in these studies may also affect results and discrepancies detected. Previous studies have not used the same analyses to determine agreement. Some studies have used correlations with raw scores, others standardized difference scores, and/or clinical agreement, the differences between which can further obfuscate comparisons across studies ([De Los Reyes & Kazdin, 2004](#)).

Beyond methodological reasons, research has begun to investigate possible parent and child factors that may explain such disagreement. A significant factor may be the nature of anxiety in children. That is, while anxiety does have outward behavioral expressions (e.g., avoidance behaviors, reassurance seeking), anxiety symptoms that are salient and distressing may be internal to the child. Research has shown that higher rates of agreement are found among anxiety symptom dimensions with observable behavioral components (e.g., specific phobia) and lower rates are found for dimensions less observable (e.g., generalized anxiety disorder; [Comer & Kendall, 2004](#); [Pereira et al., 2014](#)). Indeed, parents may be largely unaware of internal distress. Anxious children may also worry about how others perceive them, prompting socially desirous answers when questioned about their symptoms ([Comer & Kendall, 2004](#); [Dadds, Perrin, & Yule, 1998](#)). Furthermore, anxiety can compromise cognitive processing, affecting memory retrieval and accuracy ([Vasey & MacLeod, 2001](#)). Lastly, children may lack the ability to accurately understand and convey their symptoms until they are older. This has led to a large number of studies examining child age as a possible correlate of parent–child discrepancies.

Several studies have found that child age has an effect on reporting discrepancies in childhood anxiety. However, these effects have not always been in the same direction. That is, some studies have found that there are lower rates of disagreement (i.e., higher rates of agreement) between parents and older children ([Grills & Ollendick, 2003](#); [Rapee, Barrett, Dadds, & Evans, 1994](#); [Wren, Bridge, & Birmaher, 2004](#)). Other studies have found that parents demonstrated lower rates of disagreement (i.e., higher rates of agreement) with younger children ([Krain & Kendall, 2000](#); [Safford et al., 2005](#)). Still other studies found no consistent effect of child age on parent–child discrepancies ([Choudhury et al., 2003](#); [Engel, Rodrigue, & Geffken, 1994](#); [Reutsköld et al., 2008](#)). [Niditch and Varela \(2011\)](#) provide some evidence that parental psychopathology may interact with child age in changing the effect of child age on parent–child reporting disagreement. That is, at lower levels of maternal anxiety discrepancies are relatively stable across child age. At higher levels of maternal anxiety child age influences discrepancies, with older children having mothers report higher levels of child anxiety and for younger children, child self-report higher levels of anxiety. Yet, there is no consensus on the effect of child age on discordant reports. There is similarly no agreement on where the effects of child age are occurring. That is, do children differ in self-reports on anxiety depending on age, do parents report different levels of child anxiety based on child age, or some combination of the two?

The effect of child gender has also been investigated in parent–child discrepant reports. Similar to research on child age, research on child gender does not yield a consensus. Some studies have found no effect of child gender on disagreements between parent and child reports ([Choudhury et al., 2003](#); [Engel et al., 1994](#)). Other studies have found that parent–daughter agreement was stronger than parent–son agreement ([Reutsköld et al.,](#)

[2008](#); [Safford et al., 2005](#)). Yet, [Grills and Ollendick \(2003\)](#) found that parent–son agreement was significantly stronger, for the diagnoses of social phobia and separation anxiety disorder, than parent–daughter agreement. These results also do not provide any agreement on the differential effects child gender can have on child self-report and parent-report. Indeed both child gender, and child age effects, while studied often, have yet to yield a strong empirical consensus.

Parental factors have also been investigated for their effects on parent–child reporting discrepancies. The majority of this research has examined the effect of parental psychopathology on discordant reporting. Since anxiety tends to run in families ([Beidel & Turner, 1997](#)), it is likely that parents of anxious children may be anxious themselves, which may skew their reports of their child's anxiety ([Comer & Kendall, 2004](#); [Kristensen & Torgersen, 2006](#)). While some studies have found a positive association between parental anxiety and reporting discrepancies ([Briggs-Gowan, Carter, & Schwab-Stone, 1996](#); [Frick, Silverthorn, & Evans, 1994](#); [Manassis et al., 2009](#)), others have found no effect ([Krain & Kendall, 2000](#); [Reutsköld et al., 2008](#)). Further, parental depression has also been theorized as affecting parents' reports of their children's anxiety ([Berg-Nielsen, Vika, & Dahl, 2003](#); [Renouf & Kovacs, 1994](#)). Indeed, mothers self-reporting higher levels of depression have been found to report higher severity of their children's anxiety ([Briggs-Gowan et al., 1996](#); [Garber, Van Slyke, & Walker, 1998](#)). Although both the effects of parental anxiety and depression on parent–child discrepancies have been investigated often, only a single study has examined the effect of parental worry on such discrepancies. [Lagattuta, Sayfan, and Bamford \(2012\)](#) found that parent worry was associated with greater discrepancies in parent versus child self-reported anxiety. However, in this study worry was looked at in isolation without accounting for depression or other anxiety symptoms. Parental worry has shown to be a predictor of child anxiety, above parental anxiety ([Fisak, Holderfield, Douglas-Osborn, & Cartwright-Hatton, 2012](#)), and may have a specific cognitive effect on parent's ability to interpret and recall events ([Dugas et al., 2005](#); [Mogg, Bradley, Millar, & White, 1995](#); [Wells, 1995](#)).

Most previous studies have examined informant concordance using rates of disagreement. That is, the outcome variable for these studies was the amount of disagreement between parent and child and the effects observed are of specific variables (e.g., parent anxiety, child age, child gender) on that disagreement. The few studies that have examined for which reporter certain variables exert their effect (e.g., [Frick et al., 1994](#); [Garber et al., 1998](#); [Manassis et al., 2009](#); [Wren et al., 2004](#)) have typically done so without accounting for effects of the other reporter. For example, the effect of parental anxiety on parent-report child anxiety does not account for the effect of parental anxiety on child self-reported anxiety. While foundational and important, these studies may miss certain effects when dyads are analyzed concurrently. Novel statistical techniques, such as hierarchical linear modeling, allow examination on where these variables have their effects while accounting for the effects on the other reporter. The current study is designed to examine not only the discrepancies observed, but also what factors influence each respective reporter. This allows for conclusions to be made about the individual effects of factors (e.g., parent anxiety, child age) that influence both the discrepancy as a whole, as well as their influence on reports within each parent–child dyad. In this way, the current study can replicate previous findings, while extending them using a unique statistical technique.

The purpose of this study was to investigate the effects of maternal psychopathology, child gender, and child age on parent and child reports of child anxiety using hierarchical linear modeling. Specifically, the effects of maternal anxiety, depression, and worry, child age and gender, on both mother and child report of separate

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