



Full length article

## Finnish mothers' and fathers' reports of their boys and girls by using the Brief Infant-Toddler Social and Emotional Assessment (BITSEA)



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### ABSTRACT

This study investigated maternal and paternal reports about their very young boys and girls on the Brief Infant-Toddler Social and Emotional Assessment (BITSEA). Two samples were recruited through child health centers in Northern Finland. The infant sample consisted of 227 children (112 boys and 115 girls) (mean age 13.0 ± 1.1 months) and the toddler sample consisted of 208 children (94 boys and 114 girls) (mean age 19.3 ± 1.4 months). Among the infants, girls obtained higher paternal competence total scores than boys, whereas among the toddlers, both maternal and paternal competence total scores were higher for girls compared to boys. In the problem total scale, boys were scored higher than girls by mothers, but not by fathers, in both age groups. In the externalizing problem domain, maternal scores were higher for boys compared to girls among both samples, whereas paternal scores were significantly higher for boys than for girls only among the infants. Also maternal internalizing problem scores were higher for boys than for girls among the toddlers. Compared to fathers, mothers perceived more social-emotional competencies in toddler boys and girls, as well as more total, externalizing and dysregulation problems in toddler boys. However, significant differences between the maternal and paternal BITSEA ratings were not found among the infants of either sex. The results suggest that sex differences in the social-emotional/behavior domain may be observed by the parents among children as young as 11 to 24 months of age. Our findings highlight the importance of paying attention to probable sex differences when assessing and treating early social-emotional/behavior problems.

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## 1. Introduction

During the last decades researchers and clinicians have become convinced that clinically significant social-emotional and behavioral (SEB) problems exist in early childhood, even among infants and toddlers younger than 3 years of age. These

*Abbreviations:* BITSEA, Brief Infant-Toddler Social and Emotional Assessment; CBCL, Child Behavior Checklist; ITSEA, Infant-Toddler Social and Emotional Assessment; SD, standard deviation; SEB, social-emotional and behavior.

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observations have contributed to the creation of age appropriate, developmentally sensitive assessment tools and measures for systematic and broad evaluation of these problems (DelCarmen-Wiggins & Carter, 2001), such as The Brief Infant-Toddler Social and Emotional Assessment (BITSEA) (Briggs-Gowan, Carter, Irwin, Wachtel, & Cicchetti, 2004; Briggs-Gowan & Carter, 2006).

Longitudinal studies have increased the body of evidence that a substantial proportion of early SEB problems are stable over time (Baillargeon, Keenan, & Cao, 2012; Briggs-Gowan, Carter, Bosson-Heenan, Guyer, & Horwitz, 2006; Lavigne et al., 1998; Mathiesen & Sanson, 2000; Mesman & Koot, 2001; Mäntymaa et al., 2012; Pihlakoski et al., 2006; Van Zeijl et al., 2006). For example, in a community sample of 1 to 3-year-old children ( $n = 1082$ ) from the USA, approximately half of the children who had high parent-reported SEB problems continued to have such psychopathology one year later, even among the youngest, 1-year-old children (Briggs-Gowan et al., 2006). In a general population study from the Netherlands ( $n = 332$ ), Mesman and Koot (2001) found that parent-reported internalizing and externalizing problems in 2 to 3-year-old children were predictive of their corresponding DSM-IV diagnoses (Shaffer, Fisher, & Lucas, 1998) 8 years later, even independent of the influence of early parent-reported adverse parenting characteristics (e.g., negative maternal attitude) and general family risk factors (e.g., family psychopathology and low socioeconomic status). The importance of early identification and interventions of SEB problems in infancy and toddlerhood has been highlighted also by associations with delayed social-emotional competence and disruptions in family life (Briggs-Gowan, Carter, Skuban, & Horwitz, 2001).

Prevalence rates of parent-reported SEB problems in 2 to 3-year-old children have been found to range from approximately 5% to 24%, usually settling around 10% to 15% (Briggs-Gowan et al., 2001; Earls, 1980; Erol, Simsek, Oner, & Munir, 2005; Koot & Verhulst, 1991; Larson, Pless, & Miettinen, 1988; Lavigne et al., 1996; Sourander, 2001; Stallard, 1993). Studies reporting prevalence rates of mental health problems for children younger than 2 years are very scarce and vary in methods. In studies relying on parent-report measures, the prevalence rates of these problems have varied from approximately 4% to 14% (Baillargeon, Sward, Keenan, & Cao, 2011; Bayer, Hiscock, Ukoumunne, Price, & Wake, 2008; Briggs-Gowan et al., 2001; Mathiesen & Sanson, 2000). For example, Mathiesen and Sanson (2000) examined early behavior problems in a population based sample of 18-month-old Norwegian children ( $n = 750$ ) and found prevalence rates ranging from approximately 6% to 14% for 4 dimensions of maladjustment (social adjustment, emotional adjustment, overactive-inattentive and regulation) by applying the Behavior Checklist (BCL) (Richman & Graham, 1971). In Denmark, Skovgaard et al. (2007) investigated a random sample of 1.5-year-old children ( $n = 211$ ) from the Copenhagen Child Cohort 2000 and diagnosed mental health problems in 16–18% of these toddlers.

Compared to the large body of evidence regarding older children's SEB problems (e.g., Rescorla et al., 2007), parallel trends of significant sex differences have been found in some studies among 2 to 3-year-olds (Erol et al., 2005; Koot & Verhulst, 1991; Lavigne et al., 1996; Sourander, 2001; Stallard, 1993). According to these toddler studies, overall mental health problems and/or externalizing problems have been more common in boys than in girls, whereas internalizing and/or dysregulation problems may be more common in girls than in boys. Among children younger than 2 years, significant sex differences in the prevalence rates of SEB problems have not usually been found (e.g., Baillargeon et al., 2011; Briggs-Gowan et al., 2001; Skovgaard et al., 2007). However, Carter, Briggs-Gowan, Jones, and Little (2003) reported significant sex differences in parental ratings on the Infant-Toddler Social and Emotional Assessment (ITSEA) for a representative birth cohort sample of 12 to 36-month-old children ( $n = 1235$ ) from the USA; boys were rated higher than girls in activity/impulsivity, whereas girls were rated higher than boys on anxiety and most competence scales.

There are few studies addressing paternal reports about their infant/toddler-age children's SEB problems. In their meta-analysis, Achenbach, McConaughy, and Howell (1987) found a moderate correlation between mothers' and fathers' ratings of their 1.5 to 19-year-old children's emotional/behavior problems (mean  $r = 0.59$ ), with no significant difference between the mean correlations for overcontrolled (mean  $r = 0.59$ ) and undercontrolled (mean  $r = 0.62$ ) problems. However, results of a more recent meta-analysis suggested that the correspondence (effect sizes) between maternal and paternal ratings was moderate for internalizing and high for externalizing and total behavior problems among 3 to 19-year-old children (Duhig, Renk, Epstein, & Phares, 2000). According to this later meta-analysis, interparental agreement was also higher for adolescents than for children in early (3–5-year-olds) and middle (6–12-year-olds) childhood (Duhig et al., 2000). Concerning 1 to 3-year-old children, moderate to high interparental agreement was reported for the ITSEA with intraclass correlation coefficient (ICC) ranging from 0.43 to 0.79 for scales and domains (Carter et al., 2003). Correspondingly, for the BITSEA ICC ranged from 0.70 for boys to 0.78 for girls for the problem total score and from 0.58 for girls to 0.67 for boys for the competence total score (Briggs-Gowan & Carter, 2006). In terms of discrepancy, mothers tended to report slightly more behavior problems about their offspring (aged 3–19 years) than fathers (Duhig et al., 2000). Some later studies have reported similar findings (Luoma, Koivisto, & Tamminen, 2004b; Van der Valk, van den Oord, Verhulst, & Boomsma, 2001), particularly concerning boys (Luoma et al., 2004b).

Parental reports generally play an invaluable role in young children's mental health assessments, because many challenges exist concerning these assessments compared to older children and adults. For example, young children have very limited verbal and cognitive abilities to express their thoughts and feelings (Carter, Godoy, Marakovitz, & Briggs-Gowan, 2009). In addition, young child's behavior during a short office visit in an unfamiliar setting may not be representative of behavior in day-to-day settings (Briggs-Gowan et al., 2004), and professionals miss a substantial number of serious cases with early SEB problems (Klein Velderman, Crone, Wiefferink, & Reijneveld, 2010). Parental worry has been shown to play a central role in help-seeking for children with behavior problems (Ellingson, Briggs-Gowan, Carter, & Horwitz, 2004). However, many parents have insufficient developmental knowledge to distinguish between normative misbehaviors and clinically

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