

# Comparison of education reports of behavioural symptoms



Running Head: Teacher, children, and parents reports of behavioral symptoms

Comparison between teacher, children, and parents reports of behavioral symptoms associated with disruptive behaviors.

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Key Words: School age children, aggressive behavior, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, impulsiveness & depression.

### *Abstract*

The goal of the present pilot study was to compare the teacher, children, and parents reports of behavioral symptoms associated with disruptive behaviors using the Diagnostic Interview Schedule of Children-Parent version (DISC-P), the Diagnostic Interview Schedule of Children-Youth (DISC-Y) and the Bauermeister School Behavior Inventory (BSBI). The parents of 52 children consented to participate in the DISC-P and DISC-Y interviews. The results showed that parents and children had a moderate degree of agreement in answering symptoms of major depressive episode, symptoms of traumatic <https://assignbuster.com/comparison-of-education-reports-of-behavioural-symptoms/>

stress disorder, and symptoms of generalized anxiety disorder. The results also showed that teachers had a high degree of agreement with children in their report of disruptive symptoms while no agreement was found between teachers and parents reports. Teachers' reports of disruptive behaviors such as irritability, hostility, distraction, and low motivation had a moderate correlation with children reports of symptoms related to conduct disorders and ODD. These results might suggest that parents identify more efficiently affective disorders than teachers. On the contrary, teachers appear to identify more efficiently disruptive behaviors than parents do.

Comparison between teacher, children, and parents reports of behavioral symptoms associated with disruptive behaviors

Assessment of child psychiatric disorders traditionally relies on information obtained from multiple informants, usually the parent, the child, and sometimes others such as teachers and additional family members. These informants may provide different information about the presence, severity, and duration of a child's symptomatology or behavior (Achenbach, McConaughy, & Howell, 1987). Several studies have compared parent and child reports of the children psychiatric symptoms in structured diagnostic interviews like the Diagnostic Interview for Children and Adolescents (DICA; Herjanic & Reich, 1982; Reich, Herjanic, Welner, & Gandy, 1982; Welner, Reich, Herjanic, Jung, & Amado, 1987), the Diagnostic Interview Schedule for Children (DISC; Edelbrock, Costello, Dulcan, Calabro Conover, & Kalas, 1986; Loeber, Green, Lahey, & Stouthamer-Loeber, 1989; Weissman et al., 1987), and the Schedule for Affective Disorders and Schizophrenia for School-age Children (K-SADS; Chambers et al., 1985; Orvaschel, Puig-Antich, Chambers, <https://assignbuster.com/comparison-of-education-reports-of-behavioural-symptoms/>

Tabrizi, & Johnson, 1982). These studies have documented low to moderate agreement between parents and children report of psychiatric symptoms. In general, these reports have found that parents report more behavior symptoms about their children than the children report about themselves, whereas children report having more affective and neurotic symptoms than their parents report about them (Edelbrock et al., 1986; Herjanic & Reich, 1982).

In addition, a meta-analysis of more than 200 studies examined agreement among informants, and reported moderate to poor agreement for most studies, including those in which agreement was assessed along symptom dimensions rather than by categorical diagnoses (Achenbach, McConaughy, & Howell, 1987). Somewhat better agreement between parents and children has been observed in clinical samples when semistructured interviews were used by clinicians (Orvaschel, Thompson, Belanger, Prusoff, & Kidd, 1982) and for externalizing as compared to internalizing symptoms (Reich, Herjanic, Welner, & Gandhi, 1982). Asymmetrical reporting of certain types of symptoms has been found to be the most frequent source of disagreement. Parents tend to report externalizing behaviors or problems more often while children tend to report internalizing depressive or anxiety symptoms with greater frequency (Edelbrock et al., 1986; Reich et al., 1982).

In addition, a study completed by Bravo, et al. (2001) with a Puerto Rican sample found that parents were generally fair or moderately reliable informants when reporting about their children. Children (11-17 years) were excellent or moderately reliable informants on disruptive and substance-related disorders, but were unreliable when reporting about anxiety and

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depressive disorders. For lifetime diagnoses, they found that parents were fair reporters of their children's conduct disorder, as well as substance-related disorders, whereas their children were excellent or moderately reliable reporting about most of these disorders.

However, no study was found that have assessed the relationship between the teachers, parents and children report of clinical symptoms related to disruptive disorders. The goal of the present pilot study was to compare the teachers, children, and parents reports of behavioral symptoms associated with disruptive behaviors using the Diagnostic Interview Schedule of Children-Parent version (DISC-P), the Diagnostic Interview Schedule of Children-Youth (DISC-Y) and the Bauermeister School Behavior Inventory (BSBI).

### *Method*

#### *Participants*

Fifty two (26 boys and 26 girls) from ages 9 to 12 (mean age was 10) from the San Juan metropolitan area, who were referred by their teacher for disruptive behavior in the classroom, were administered a symptoms checklist based on the DSM-IV-TR diagnostic criteria for disruptive disorders (American Psychiatric Association, 2000). Informed consent to participate in the study was then requested from the parents of these children. The socioeconomic status of all of these children was low. The mean age was 10.06 ( $SD = 1.07$ ). Of the 52 referred children, 17 children (9 boys and 8 girls) were evaluated with the DISC-Y. The mean age of this group was 10.12 ( $SD = 1.16$ ).

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## Instruments

*Bauermeister School Behavior Inventory (BSBI)* . This inventory consists of six scales for male children and five for female children completed by the teachers that evaluate anxiety symptoms, social alienation, depression, irritability-hostility, distraction-motivation and activity impulsiveness.

Internal consistency fluctuates between . 74 and . 96; test-re-test reliability (four week period fluctuated between . 52 to . 89. This instrument was developed, validated and standardized for Puerto Rican population (Bauermeister, 1994).

*Computerized Diagnostic Interview Schedule for Children (C-DISC)* (Shafer, D. et al. 2000) . The DISC is the most widely used and studied mental health interview that has been tested in both clinical and community populations. It is a comprehensive, structured interview that covers 36 mental health disorders for children & adolescents, using DSM-IV criteria. The version used in this study was the most recent Spanish translation of the DISC-IV (Bravo et al., 2001), with parallel youth (DISC-Y) and parent (DISC-P) versions. The test-retest reliability of the DISC-IV has been reported in both Spanish and English-speaking clinic samples yielding comparable results (Bravo et al., 2001; Shaffer, Fisher, Lucas, Dulcan, & Schwab-Stone, 2000). The disorders assessed by the DISC were: Generalized anxiety, Panic, Post-traumatic stress, Major Depression, Dysthymia, Attention Deficit Hyperactivity, Oppositional Defiant, Conduct Disorder, Alcohol Abuse / Dependence, Marijuana Abuse / Dependence, Nicotine Dependence and other Substance Abuse / Dependence.

*Socio-demographic interview.* The questionnaire used in the Research Scientific Institute at the Carlos Albizu University was administered. The questionnaire provides socio-demographic information about the child and his/her family.

### *Procedures*

Teachers completed the BSBI after the parents consented to participate in the study. The project's director selected advanced doctoral students in clinical psychology to be trained as interviewers. These students received two day intensive DISC workshops from trainers certified by the Columbia University original developers of the DISC. They were blind to experimental hypotheses. Interviewers contacted by phone the principal caretaker of each child to arrange for the DISC-P interview in the school. They administered first the DISC-P to the parent and afterwards they administered the DISC-Y to the child. The principal caretaker received an compensation of twenty dollars for their participation. The interviews took place in a classroom with comfortable chairs, illumination, tables, and non distractions.

Quality control procedures were established to guarantee the integrity of the data gathering process. The project's director conducted weekly meetings for the supervision of recorded practice DISC interviews according to the DISC instructions manual. The interviewers received recommendations from other trained DISC interviewers, specifically on how to deal with ambiguities, which did arise, and clearly define " do's" and " don'ts" in various situations. Specific situations that lead to deviations from the interview were discussed in the weekly supervisions.

### ***Results***

The correlations between the quantity of symptoms of the different disorders on DISC-P and DISC-Y were as follows: symptoms of inattention on DISC-P and symptoms of inattention on DISC-Y was  $r = .57$  ( $p < .05$ ), symptoms of major depressive episode on DISC-P and DISC-Y was  $r = .70$  ( $p < .01$ ), symptoms of post traumatic stress disorder on DISC-Y and symptoms of major depressive episode on DISC-P was  $r = .64$  ( $p < .01$ ), symptoms of post traumatic stress disorder on DISC-Y and symptoms of generalized anxiety disorder on DISC-P was  $r = .67$  ( $p < .01$ ), and symptoms of major depressive episode on DISC-Y and symptoms of generalized anxiety disorder on DISC-P was  $r = .75$  ( $p < .01$ ).

The correlations between the BSBI distraction-motivation scale and ODD symptoms on DISC-Y was  $r = .87$  ( $p < .01$ ), irritability-hostility BSBI scale and Conduct Disorder symptoms on DISC-Y was  $r = .92$  ( $p < .01$ ), and distraction-motivation BSBI scale and Conduct Disorder symptoms on DISC-Y was  $r = .64$  ( $p < .05$ ). We didn't find significant correlations between the BSBI scales and the different DISC-P disorders symptoms.

### ***Discussion***

The goal of the present pilot study was to compare the teacher, children, and parents reports of behavioral symptoms associated with disruptive behaviors using the Diagnostic Interview Schedule of Children-Parent version (DISC-P), the Diagnostic Interview Schedule of Children-Youth (DISC-Y) and the Bauermeister School Behavior Inventory (BSBI). Results indicated that parents reported more behavioral symptoms (such as ODD symptoms and



Attention Deficit Hyperactivity Disorder symptoms) than the children reported. Also, parents reported more affective and anxiety symptoms than their children reported.

Even more, the results on DISC-P and DISC-Y showed that parents and children had a moderate degree of agreement in answering symptoms of major depressive episode, symptoms of traumatic stress disorder, and symptoms of generalized anxiety disorder. The results also showed that teachers had a high degree of agreement with children in their report of disruptive symptoms while no agreement was found between teachers and parents reports. Teachers' reports of disruptive behaviors such as irritability, hostility, distraction, and low motivation had a moderate correlation with children reports of symptoms related to conduct disorders and ODD. These results might suggest that parents identify more efficiently affective disorders than teachers. On the contrary, teachers appear to identify more efficiently disruptive behaviors than parents do.

These results are consistent with previous research that documented low to moderate agreement between parents and children in their report of disruptive symptoms (DICA; Herjanic & Reich, 1982; Reich, Herjanic, Welner, & Gandy, 1982; Welner, Reich, Herjanic, Jung, & Amado, 1987; Orvaschel, Thompson, Belanger, Prusoff, & Kidd, 1982). In addition, a study with a Puerto Rican sample found similar results, in that parents were generally fair or moderately reliable informants about their children's affective symptoms (Bravo et. al, 2001).

One limitation of the present study was the small size of the study sample. The main reason for this was the fact that many parents that were contacted refused to participate in the study. One possible recommendation for future research is to develop specific strategies to engage more Puerto Ricans in order for them to participate in the phases of research with little immediate benefits that requires extended interviews or evaluations. These strategies could include increasing significantly the monetary compensation. Another strategy is to train the research assistants on specific ways of engaging the parents in a culturally sensitive manner like appealing to “familism” which Muir, et al. (2004) have found to be essential in engaging Latinos in general including Puerto Ricans in research. Nevertheless, engagement of Latinos including Puerto Ricans in research appears to be a significant challenge and future research needs to address this area by itself in a systematic and comprehensive manner.

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