Parent Reports on Behaviour and Competencies among 6–11-Year-Old French Children

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Behaviour problems and competencies were studied in a community sample of 1653 French 6 to 11 year old children, and a clinically referred sample of 437 children of the same age group. Parental reports were collected with the Child Behaviour Checklist (CBCL). All scores from the CBCL were found to discriminate clinic and non-clinic children. Similarly, clinical status accounted for a significant proportion of the variance for most of the individual items, when the effects of age, sex and socio-economic status were controlled for in covariance analyses. The socio-demographic variables had much smaller effects, and, when compared with other studies, our results support the cross-cultural validity of this parental questionnaire.

Introduction

The evaluation of child and adolescent psychopathology requires the collection and integration of information from many data sources. Clinical assessment by experienced clinicians remains, in most cases, the gold standard. However, the reliability and validity of clinical diagnoses have proved to be insufficient under routine circumstances (Freeman, 1971; Mattison et al., 1979; Predengest et al., 1988; Rutter et al., 1988; Fombonne, 1992a). Standardized interviews improve the quality of assessments, but their use requires further training and may be time consuming. While human resources are limited, questionnaires provide efficient ways to collect standardized data with key informants such as the parents and the teachers, and the youths themselves beginning in late childhood or early adolescence. Numerous measures are now available for use in clinical and general population samples (National Institute of Mental Health, 1983; Boyle & Jones, 1985; Barkley, 1988). Among measures of general psychopathology, the Rutter scales (Rutter 1967, Rutter et al., 1970) and the Child Behaviour Checklist (CBCL) and its companion instruments (Achenbach, 1978; Achenbach & Edelbrock, 1979; Achenbach & Edelbrock, 1981; Achenbach & Edelbrock, 1983; Achenbach, 1991) stand out as the most popular (Brandenburg et al., 1990; Verhulst & Koot 1991; Berg et al., 1992). Both instruments tap emotional and conduct disturbances, and direct comparisons between them have shown similar psychometric properties, either in their classical form of administration (Fombonne, 1989) or with computer assisted modes (Berg et al., 1992). The CBCL has two major advantages; firstly, normative data have been collected among non referred samples in many countries, and this baseline information is useful to interpret clinical descriptions. Secondly, since it covers a wider developmental spectrum and may be used from age 4 through 18, the CBCL is particularly suited to a developmental approach to psychopathology and for longitudinal research, especially with the recently proposed cross-informant core syndromes (Achenbach, 1991).

Thus, we chose the CBCL to conduct an epidemiological survey of school aged children. Elsewhere, we have reported on the concurrent validity of the CBCL (Fombonne, 1989) and on the discriminant validity of its subscales (Fombonne, 1991). This article focuses on comparisons of individual behaviour problems and competencies between large samples of referred and community French school-aged children as reported by their parents.

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Material and Methods

Clinical Sample

Data were collected in three outpatient settings (one community mental health center, and two child psychiatry departments in pediatric hospitals) in Paris. Parents were asked to fill in the CBCL as part of our research project in two centers; in the third center, it has become part of the normal intake assessment although research funds are used to cover the additional clerical work involved. Data continue to be collected in all age groups in the latter center (4 to 16 year olds) but, owing to insufficient numbers in the 4–5 and 12–16 age groups, this report focuses only on the 6–11 year olds. The clinical sample comprised 437 children of whom 288 (65.9%) were boys and 149 (34.1%) were girls. CBCLs were filled in by mothers (86.4%), fathers (10.3%), both parents (0.7%) or other parental figures (2.5%).

Non-Clinical Sample

A recently completed community survey of a large sample (N = 2441) of school aged children provided data for the non clinical sample. To summarize, this community study was conducted in 1987 in the Eure-et-Loir, a “département” of 378,000 inhabitants fairly representative of the whole country on a broad range of socio-economic indicators. The city of Chartres and the semi-rural county of Auneau were the two study sites. The children were selected among 18 private and public schools chosen at random in the directories of local educational authorities; children attending special classes were oversampled in order to derive more precise estimates for this subgroup. A two-stage design was used to identify cases, relying upon parental and teacher scales in the screening stage and upon parental interviews in the second stage. The response rate of parents was excellent in the screening stage (88.4%). The parental questionnaire used for screening comprised the CBCL with an additional questionnaire covering sociodemographic and developmental data, and including information on current and past use of services for educational/psychological reasons. CBCLs were sent through the schools to the parents; as a consequence of the scale being self-administered, one item was missing on the behaviour problem scale for 736 CBCLs (34.1%), but 9 items or more were missing in only 154 of them (7.1%). A complete description of the study design, instruments and findings on the prevalence of psychiatric disorders is available elsewhere (Fombonne, 1992b).

Out of the 2158 parental responses obtained in the first screening stage of the survey, 1653 children were finally retained for this analysis after exclusion of: a) those children attending special classes who had been purposefully oversampled; b) checklists with 9 or more missing items; and c) those children who had had contact during the past twelve months with educational or psychological services, based on parental reports. There were 839 boys (50.8%) and 814 girls (49.2%) in the non referred sample. Of these, 283 (17.1%) children were drawn from the semi-rural area. CBCLs were filled in by mothers (68.4%), fathers (10.2%), both parents (20.3%) or other parental figures (1.1%); differences with the clinical sample regarding the informants reflected the increased number of CBCLs completed by both parents (instead of the mother alone) in the community sample. Test-retest reliability data were obtained within a two-months interval from 37 parents included in the second stage of the survey, and confirmed the reliability of the CBCL in a community sample (r = .83; mean interval between administrations = 43 days).

Instrument

The CBCL consists of a social competence scale and a behaviour problem scale, the time period assessed being the past six months. The social competence scale is composed of 20 items which describe the child’s competencies in extra-curricular activities, social relationships, and school functioning. The response rate of parents was excellent in the screening stage (88.4%). The parental questionnaire used for screening comprised the CBCL with an additional questionnaire covering sociodemographic and developmental data, and including information on current and past use of services for educational/psychological reasons. CBCLs were sent through the schools to the parents; as a consequence of the scale being self-administered, one item was missing on the behaviour problem scale for 736 CBCLs (34.1%), but 9 items or more were missing in only 154 of them (7.1%). A complete description of the study design, instruments and findings on the prevalence of psychiatric disorders is available elsewhere (Fombonne, 1992b).

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