Parents' evaluation of developmental status: how well do parents' concerns identify children with behavioral and emotional problems?

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This study was undertaken to determine which parental concerns are most associated with significant behavioral/emotional problems and the extent to which parents' concerns can be depended on in the detection of mental health problems. An additional goal is to view how well a recently published screening test relying on parents' concerns, Parents' Evaluation of Developmental Status (PEDS), detects behavioral and emotional problems.

Subjects were a national sample of 472 parents and their children (21 months to 8 years old) who were participants in 1 of 2 test standardization and validation studies. Sites included various pediatric settings, public schools, and Head Start programs in 5 diverse geographic locations. Subjects were representative of U.S. demographics in terms of ethnicity, parental level of education, gender, and socioeconomic status. At each site, psychological examiners, educational diagnosticians, or school psychologists recruited families, and obtained informed consent. Examiners disseminated a demographics questionnaire (in English or Spanish) and a developmental
screening test that relies on parents' concerns (PEDS). Examiners were blinded to PEDS' scoring and interpretation administered either by interview or in writing, the Eyberg Child Behavior Inventory (ECBI) or the Possible Problems Checklist (PPC), a subtest of the Child Development Inventory that includes items measuring emotional well-being and behavioral self-control. PEDS was used to sort children into risk for developmental disabilities according to various types of parental concern. Those identified as having high or moderate risk were nominated for diagnostic testing or screening followed by developmental and mental health services when indicated. Because their emotional and behavioral needs would have been identified and addressed, these groups were removed from the analysis (N = 177). Of the 295 children who would not have been nominated for further scrutiny on PEDS due to their low risk of developmental problems, 102 had parents with concerns not predictive of developmental disabilities (e.g., behavior, social skills, self-help skills) and 193 had no concerns at all. Of the 295 children, 12% had scores on either the ECBI or the PPC indicative of mental health problems. Two parental concerns were identified through logistic regression as predictive of mental health status: behavior (OR = 4.74, CI = 1.69-13.30); and social skills (OR = 5.76, CI = 2.46-13.50). If one or more of these concerns was present, children had 8.5 times the risk of mental health problems (CI = 3.69-19.71) In children 434 years of age and older, one or both concerns was 87% sensitive and 79% specific to mental health status, figures keeping with standards for screening test accuracy. In young children, the presence of one or both concerns was 68% sensitive and 66% specific to mental health status. The findings suggest that certain parental concerns, if carefully elicited, can be depended on to detect mental health problems when children are 41 years and older and at low risk of
developmental problems. For younger children, clinicians should counsel parents in disciplinary techniques, follow up, and if suggestions were not effective, administer a behavioral-emotional screening test such as the Pediatric Symptoms Checklist or the ECBI before making a referral decision.