Parental expectancies and childhood anxiety disorders: psychometric properties of the Parental Expectancies Scale

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Abstract

The current study examined the psychometric properties of the Parental Expectancies Scale (PES) in childhood anxiety disorder and normative samples. The PES is a 20-item self-report instrument that assesses five dimensions of parental expectancies in academic, extra-curricular, household, social, and general success areas. Results indicated that the PES has high test–retest reliability and internal consistency. Regarding validity, PES subscale scores discriminated clinical and normative groups. Principal component and confirmatory factor analyses supported the construct validity of the scale. The PES appears to be a reliable and valid instrument for quantifying parental expectancies. Implications as to case formulation and prescriptive treatment planning with anxious youth are discussed.

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Research has demonstrated that unrealistic parental expectations and attributions of children may contribute to dysfunctional parent–child interactions (e.g., Dix \& Grusec, 1985; Joiner \& Wagner, 1996). The majority of studies addressing
parental expectancies has primarily focused on academic and general develop-
tmental progress (e.g., Eisen & Drabman, 1993; Parsons, Adler, & Kazcala, 1982).
Fewer studies have examined parental expectancies related to specific childhood
externalizing (e.g., Baden & Howe, 1992; Dix & Lochman, 1990; Strassberg,
1995) and internalizing disorders (e.g., Cobham, Dadds, & Spence, 1998;
Kortlander, Kendall, & Panichelli-Mindell, 1997).

Regarding parental expectancies in children exhibiting oppositional and/or
non-compliant behaviors, Strassberg (1995) examined mothers of boys (8–10
years old) with and without behavior problems. The Conflict Tactics Scale
(Straus, 1979) was used to validate group differences and to identify parental
discipline methods (e.g., verbal aggression, spanking). Mothers responded to
videotaped stimuli of child behavior cues differing in degree of compliance. The
four stimulus conditions (i.e., compliance, bargaining, complaining, and opposition)
were successfully classified by uninformed raters.

Results revealed that mothers of children with behavior problems rated the
boys more negatively in response to both clear and ambiguous compliance cues.
In particular, when ambiguity was present, mothers of boys with behavior
problems were more likely to attribute defiant intent toward the child and
experienced greater anger than mothers of boys without behavior problems.
These findings suggest that mothers of boys with behavior problems are more
likely to view their children as inherently oppositional in nature. Such a response
style facilitates the likelihood that mothers will view their children’s behavior
negatively, regardless of the particular behavior cues generated by the child.

A similar pattern of pessimistic expectancies and/or attributions has emerged
in parents of children with inattentive-overactive behaviors (e.g., Johnston &
Freeman, 1997; Johnston, Reynolds, Freeman, & Geller, 1998; Sobol, Ashbourne,
Earn, & Cunningham, 1989). For example, Johnston and Freeman (1997)
examined attributions and reactions of parents of children with and without
ADHD. Parents responded to written vignettes, recalled incidents, and videotapes
of their child’s behavior. Overall, results revealed that parents of children with
ADHD reacted more negatively to their children’s inattentive-overactive and
oppositional-defiant behaviors compared to parents of children without ADHD.
More specifically, parents of children with ADHD attributed their child’s dis-
ruptive behaviors to internal and stable causes whereas prosocial behaviors were
attributed to external and less stable causes. This pattern did not emerge for
parents of children without ADHD.

Recent work in the area of childhood internalizing disorders (Cobham et al.,
1998; Kortlander et al., 1997) suggests that parents of anxious youth also report
pessimistic expectations about their children’s social, academic, and health-
related functioning. For example, Kortlander et al. (1997) examined the expecta-
tions and coping patterns of mothers of children with \( n = 40 \) and without
\( n = 40 \) DSM-III-R (American Psychiatric Association, 1987) anxiety disorders
(e.g., overanxious, separation anxiety, or avoidant disorders). Maternal expecta-
tions and coping ratings were measured via thought listing procedure (Sanders &
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