



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

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parental expectancies has primarily focused on academic and general developmental 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 disruptive 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 expectations 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 expectations and coping ratings were measured via thought listing procedure (Sanders &

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