Mother–father differences in screening for developmental delay in infants and toddlers

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Purpose: In most cases, caregiver questionnaires are completed by mothers and seldom by fathers. Although parents tend to have moderate to high congruence, some studies suggest that differences between the mothers’ and the fathers’ answers can complicate diagnostic decision-making. The aim of this study was to determine mother–father response differences on a widely used screening checklist and to describe possible clinical implications of the observed differences.

Method: The Communication and Symbolic Behavior Scales Developmental Profile Infant–Toddler Checklist, a screening and evaluation tool, is commonly used in many countries to identify developmental delays in infants and toddlers. A Croatian version of the CSBS-DP checklist was completed by 422 parents (211 mothers and 211 fathers). The mean age of children was 15.4 months (6–24 months). Inter-rater reliability and mother–father differences were calculated. An item-by-item analysis was performed, and the relationship between the parental concern and the score a child achieved was also examined.

Results: Mothers and fathers did not differ in Total Scores (p = .165). Item-by-item analysis showed that the level of congruence between mothers’ and fathers’ scores was, on average, 78%. However, in 10–15% of cases, the parent scores placed a child in different clinical categories (above vs. below the cut-off score). In cases of discordance, fathers placed a child below criterion level more often than mothers, and this trend was more pronounced for girls than boys. The level of parental concern was found to be relatively low and not well balanced with the scores children achieved.

Conclusion: Our findings suggest that the level of parental concern is not a very reliable indicator of delayed or deviant childhood development. Furthermore, in 10–15% of cases, parents differ in the extent to which their responses place a child in different clinical groups.

Learning outcomes: The reader will: (1) recognize the importance of early communication skills assessment in infants and toddlers; (2) identify the possible limitations of relying on a single parent report in screening infants and toddlers; (3) describe the factors that might affect screening results when caregiver questionnaires are used; (4) be able to better assess parental concern.

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1. Introduction

1.1. Social communication skills as early indicators of later development

During the first two years of life, typically developing (TD) children evolve complex social communication skills to meet the demands of social interactions. Social communication skills include a range of nonverbal, vocal and verbal behaviors used in reciprocal social interaction, such as eye gaze, joint attention, gestures, vocalization and words usage (Shumway & Wetherby, 2009; Watt, Wetherby, & Shumway, 2006; Wetherby, Watt, Morgan, & Shumway, 2007). It has been found that individual differences in a number of prelinguistic skills predict later development (Fey et al., 2006; Howard et al., 2011; Watt et al., 2006; Yoder & Warren, 2001). Moreover, some features of early communication and symbolic skills may provide information different to differentiation between TD children with autism spectrum disorders (ASD) and children with general developmental delay (DD) (Klin et al., 2004; Wetherby et al., 2004, 2007). These data suggest that features of early communication development could offer clinicians valuable insight into almost all developmental domains.

1.2. Validity of parental reports in the early detection of developmental disabilities

Parents frequently observe their child's communication behavior in everyday situations. Thus, in the assessment of a child's early communication skills, parental report should be a primary source of information. Fenson et al. (1991) noted that parents can be considered “an expert witness without expert training in behavioral research” (p. 4).

There are a number of parent-completed tools designed to assess early language and communication development of infants and toddlers, including MacArthur–Bates Communicative Development Inventories (CDIs) (Fenson et al., 1991); Communication and Symbolic Behavior Scales Developmental Profile Infant–Toddler Checklist (Wetherby & Prizant, 2003); Assessing Linguistic Behaviors (ALB) (Olswang, Stoel-Gammon, Coggins, & Carpenter, 1987); Language Development Survey (LDS) (Rescorla, 1989); Modified Checklist for Autism in Toddlers (M-CHAT) (Robins, Fein, & Barton, 1999), among others. These tools are relatively cost-effective, and many studies have demonstrated their diagnostic validity and found significant agreement between parental reports and laboratory observations (Bates, Benigni, Bretherton, Camaioni, & Volterra, 1979; Dale, 1991; Thal & Bates, 1988). These reasons may explain why parent-report tools are increasingly a part of the screening and assessment process.

1.3. Mothers and fathers as independent observers

There is extensive literature on congruence between parent-report and professional assessments of young children (Dale, Bates, Reznick, & Morisset, 1989; Dinnebier & Rule, 1994; Gradel, Thompson, & Sheehan, 1981; Jackson & Roberts, 1999; Schafer, Bell, & Spalding, 1987; Sexton, Miller, & Murdoch, 1984; Suen, Logan, Neisworth, & Bagnato, 1995), but there has been very little study of the congruence between mothers and fathers in completing caregiver questionnaires. In most cases, mothers, not fathers, complete the questionnaires (Keen, Couzen, Muspratt, & Rodger, 2010). For example, in a standardized sample of a Croatian version of the MacArthur–Bates Communicative Development Inventories (Kovačević, Jelaska, Kuvac, & Cepanec, 2007), mothers filled out more than 90% of all checklists. This kind of imbalance may explain why some studies (Fitzgerald, Zucker, & Maguin, 1994; Kerr, Lunkenheimer, & Olson, 2007) have called for a greater inclusion of fathers in research on development and psychopathology, as well as in the assessment procedures.

A review of the extant literature suggests that although parents tend to have moderate to high concordance (De Houwer, Bornstein, & Leach, 2005; Gray, Tonge, Sweeney, & Einfeld, 2008; Gudmundsson & Gretarsdottir, 2009; Inada, Koyama, Inokuchi, Kuroda, & Kamio, 2011; Johnson, Wolke, & Marlow, 2008; Koyama, Inokuchi, Kuroda, & Kamio, 2011; Matson, Hess, Kozlowski, & Neal, 2011), some authors suggest that psychometric rating scales may be more informative if they had separate norms for mothers and fathers (Gudmundsson & Gretarsdottir, 2009). Differences between mothers and fathers can complicate diagnostic decision-making, especially for children with developmental disturbances whose parents tend to have a lower level of congruence (Matson et al., 2011).

De Houwer et al. (2005) suggested that single reporter scores tend to underestimate an infant’s communication abilities, proposing that a cumulative score should be used because it credits the child with the best score for any item given by any single reporter.

The direction of discordance between mother and father reports is not completely clear and can be influenced by many factors, including age of the child, parents’ level of education, type of behavior examined, psychometric properties of the checklist, and existence of developmental disabilities (Chen, Lee, Yeh, Lai, & Chen, 2004; Duhig, Renk, Epstein, & Phares, 2000; Gudmundsson & Gretarsdottir, 2009; Jackson & Roberts, 1999; Lin et al., 2011; Matson et al., 2011; Reilly et al., 2006; Rosenbloom et al., 2011; Parade & Leerkes, 2008; Schroeder, Hood, & Hughes, 2010).

1.4. Parental concern

In clinical settings, the parental expression of concern could be one of the first indicators of a child’s delayed or deviant development. The predictive values of parental concerns differ in relation to different developmental domains. Specifically, concerns about cognition and behavior have relatively low positive predictive value (Chung, Liu, Chang, Tang, & Wong,
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