



Multi-informant assessment of siblings of youth with autism spectrum disorder: Parent-child discrepancies in at-risk classification



James A. Rankin^a, Theodore S. Tomeny^{a,*}, Tammy D. Barry^b

^a The University of Alabama, Department of Psychology, Box 870348, Tuscaloosa, AL, 35487, USA

^b Washington State University, Department of Psychology, Pullman, WA, 99164, USA

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ABSTRACT

Background: The behavioral and emotional functioning of typically-developing (TD) siblings of youth with autism spectrum disorder (ASD) has been frequently assessed in the literature; however, these assessments typically include only one informant, rarely considering differences between parent and self-reports of sibling adjustment.

Aims: This study examined parent-youth reported informant discrepancies in behavioral and emotional functioning, including whether parent and youth reports yielded the same conclusions regarding TD sibling risk status.

Methods, procedures, and results: Among 113 parents and TD siblings of youth with ASD, TD siblings self-reported more overall, conduct, hyperactivity, and peer problems (compared to parent reports). Although few siblings were considered at-risk, those who were identified were not usually identified as at-risk on both informants' reports. Moreover, ASD symptoms, broader autism phenotype symptoms, parent mental health concerns, and social support from parents were all related to differences in at-risk classification between parent- and sibling self-report.

Conclusions and implications: This paper highlights the necessity of multi-informant reporting when considering TD sibling psychological functioning.

What this paper adds: This study helps to address gaps in the literature on assessment of emotional and behavioral functioning of TD siblings of youth with ASD. The results highlight the importance of utilizing both parent- and self-report when identifying TD siblings at-risk for maladjustment. Although few siblings were considered at-risk, those who were identified were not usually identified as such on both informants' reports, and a variety of sibling- and parent-factors were associated with differences in at-risk classification. Thus, inclusion and examination of both parent- and self-report of TD sibling psychological functioning is vital for accurately identifying numbers of TD siblings at-risk of maladjustment.

1. Introduction

For as many as 1 in 68 youth, ASD is a persistent and daily challenge that will last into adulthood (CDC, 2016). An extensive body of research demonstrates that ASD can have long-lasting positive (e.g., Macks & Reeve, 2007) and negative (e.g., Hastings, 2003a; Rao & Beidel, 2009) effects on family members of youth with ASD. For instance, caring for these youth often puts strain on caregivers

* Corresponding author.

E-mail addresses: jarankin1@crimson.ua.edu (J.A. Rankin), tstomeny@ua.edu (T.S. Tomeny), tammy.barry@wsu.edu (T.D. Barry).

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and other family members, such as siblings (Hastings, 2003b; Rao & Beidel, 2009). Due in part to core symptomatology (e.g., challenged social interaction), common co-occurring behavioral problems (e.g., aggression, tantrums), and stigma and social isolation, ASD can increase risk for numerous forms of physical and mental health issues for parents and siblings (Adler et al., 2015; Heiman & Berger, 2008; Ingersoll & Hambrick, 2011; Macks & Reeve, 2007; Pakenham, Samios, & Sofronoff, 2005). However, the literature on typically-developing (TD) siblings remains mixed, with some studies showing increased risk for maladjustment among siblings and others showing no differences (e.g., Meadan, Stoner, & Agnell, 2010). Yet, this literature is relatively sparse, and little work considers proper methods of assessing TD sibling psychological functioning.

2. Assessment of TD sibling functioning

Studies on TD siblings of youth with ASD have assessed psychological functioning in a variety of ways. A common approach is to obtain reports from parents (e.g., Meyer, Ingersoll, & Hambrick, 2011; Shivers, Deisenroth, & Taylor, 2013) or TD siblings themselves (e.g., Hastings & Petalas, 2014) on functional measures such as the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997). Yet, current research on TD siblings fails to identify which informant (i.e., parents or siblings themselves) represents the more accurate information source. More importantly, obtaining multiple informants' reports of psychological functioning is necessary to gain an accurate, comprehensive view of the individual being assessed (De Los Reyes & Kazdin, 2004; Kraemer et al., 2003; Stratis & Lecavalier, 2015). Extensive literature suggests that different informants may yield different reports, even when rating the same person (De Los Reyes, 2011). Furthermore, measures of youth psychological functioning exhibit poorer sensitivity and specificity when using single informants compared to multiple informants (Goodman, Ford, Simmons, Gatward, & Meltzer, 2000). Thus, it is surprising, and perhaps concerning, that only a limited number of studies on TD siblings' psychological functioning utilize multi-informant reports (e.g., Meadan et al., 2010; Rodgers et al., 2016).

3. Multi-informant reporting

Consistent literature indicates that different informants' reports are likely to be discrepant when reporting on child psychopathology (see De Los Reyes et al., 2015). Furthermore, research suggests that the degree of agreement or disagreement between different informants presents important information about the assessed individual's functioning (De Los Reyes et al., 2013; Kraemer et al., 2003). For instance, informant discrepancies yield information about the context in which the child expresses particular behaviors, the stability of behaviors, and the pervasiveness of behaviors (De Los Reyes, 2011). This information is helpful in customizing treatment planning for youth and determining outcome measures in research endeavors (De Los Reyes, Youngstrom, Swan, Youngstrom, Feeny, & Findling, 2011). Informant discrepancies are likely predictive of treatment engagement of youth and parents, as well as treatment outcomes, with greater discrepancy often associated with poorer outcomes for youth (Ferdinand, van der Ende, & Verhulst, 2006; Ferdinand, van der Ende, & Verhulst, 2007; Lerner, Calhoun, Mikami, & De Los Reyes, 2012).

Whereas parent-child discrepancy in the assessment of psychological functioning of youth with ASD has been explored (Stratis & Lecavalier, 2015), this type of investigation, to our knowledge, has yet to occur when measuring their TD siblings' functioning. Parents and siblings of individuals with developmental disabilities often differ in their reports of sibling adjustment, with parents usually reporting more sibling adjustment problems (Guite et al., 2004). Little work has considered whether these discrepancies exist and what unique factors explain why they may occur in families of those with ASD. However, some have suggested that the differences in findings between investigations that use sibling self-report versus parent-report (e.g., Gold, 1993; Lobato, Barbour, Hall, & Miller, 1987) requires examination of the relation between the two reports (Macks & Reeve, 2007; Rodgers et al., 2016). Considering the increasing interests in TD sibling functioning, such an investigation is warranted.

4. Diagnostic categories

Many standardized assessment tools yield diagnostic cutoffs and subsequent classifications. For instance, on the SDQ parent report, a total raw score from 12 to 15 is classified as Borderline, and a score of 16 or above is classified as Abnormal (Goodman, 1997). These types of age- and population-based cutoffs are typically selected at points that maximize diagnostic sensitivity and specificity (e.g., Borg, Kaukonen, Joukamaa, & Tamminen, 2014). For instance, reaching cutoffs on the broad, total problems scale of the SDQ corresponds with a diagnosis in 81–91% of cases (Goodman, Renfrew, & Mullick, 2000).

Because assessment measures use many different scoring systems (e.g., Achenbach, 1991; Goodman, 1997; Reynolds & Kamphaus, 2004), the cutoffs and classifications they yield are often salient guides for diagnostic determinations. In TD siblings, many investigations examine whether TD siblings are “at-risk” for behavioral disorders (see Meadan et al., 2010). Often, this classification is achieved by determining how many TD siblings reach “at-risk” cutoff scores on a particular measure of psychological functioning completed by a particular informant (e.g., Ross & Cuskelly, 2006). However, to our knowledge, no study has investigated whether parent- and self-reports yield similar “at-risk” statuses for TD siblings.

5. Predictors of discrepancy

Discrepancies may arise due to a variety of factors (e.g., an informant's own psychopathology, parent-child relationships; Treutler & Epkins, 2003) beyond the context in which the informant views the behavior and the pervasiveness of the behavior. As such, informant discrepancy studies often explore informants' characteristics, experiences, and relationships in association with these

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