

Screening for emotional and behavioral problems in young children

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Purpose: To explore patterns of self-reported maternal concern about a child's social-emotional functioning and rates of reporting those concerns to a pediatrician.

Introduction

Background

- While parents believe that a child's medical home is appropriate place to discuss emotional and behavioral concerns, they tend not to report these concerns spontaneously (Burkow et al., 2001; Young et al., 1998).
- The use of a formal screening tool about symptoms or concerns increases physician's identification of emotional problems (e.g. Murphy et al., 1988).
- Parental concern has been shown to predict clinical range symptoms (Glascoe, 2000).
- The Rationale:** A measure like the Early Childhood Screening Assessment, which explicitly asks about parents' concerns in addition to symptoms may facilitate identification of children in need of mental health services.

Methods

- Mothers in an urban pediatric practice waiting room completed the ECSA, the Child Behavior Checklist and a brief demographics questionnaire.
- Concern about emotional and behavioral problems was assessed in two ways:
 - Mothers were asked to state whether she had concerns about her child's emotional and behavioral development ("concern question")
 - Mothers were asked to circle a "+" next to any item on the ECSA "if you are concerned and would like help with the item" ("+")
- Level of statistical significance set *a priori* at $p \leq 0.05$

Participants

- n = 244 mothers of children 18-60 months old
- Mean age 35 months (S.D. 14 mo)
- 49 % African American, 44 % Caucasian,
- 56 % boys, 44% girls

Measures

Early Childhood Screening Assessment (ECSA)

- 40-item parent report scale for 18-60 month olds
- Likert scale (0 = Never/rarely, 1 = sometimes/somewhat, 2 = always/almost always)
- "+" for each item indicates specific symptoms about which parent is concerned
- Includes maternal distress items
- 5th grade reading level.
- 5 minutes to complete, 1 minute to score
- Child Behavior Checklist (CBCL 1 ½-5)** (Achenbach & Roscorla, 2000)
 - 100 item parent report measure for children 1 ½-5 years old
 - Validity and reliability well established

ECSA instructions and Sample Items:

Please circle the number that best describes your child compared to other children the same age
 0= Never 1= Sometimes 2= Almost always
 Please circle the + if you are concerned and would like help with the item

2.	Seems sad or cries a lot	0	1	2	+
3	Has trouble gaining weight appropriately	0	1	2	+

Results

Parental concern

- 14 % (n=35) of parents reported global concern about emotional or behavioral problems
- 4% (n=10) circled at least one "+"

Predicting borderline or clinical range CBCL scores

- Concern question had 63% sensitivity in identifying a borderline or clinical CBCL Total Score.
- Concerned parents' children had higher CBCL scores than unconcerned (55 vs. 44).
- 70% (n= 7) of children whose parents circled a + had a clinical or borderline CBCL.
- "+" predicted a significantly higher scores on the externalizing scale, total scale and the DSM-IV diagnostic scales.
- Combination of positive ECSA, parental concern, and "+" has 93% sensitivity in predicting borderline or clinical CBCL total score

Reporting concerns to pediatrician

- 9% of mothers reported discordance between their concern about emotional and behavioral issues and pediatrician's concern (parent concern > MD concern)
- Only 25% of concerned parents reported their concerns to their pediatrician
- Reporting concerns to pediatrician was associated with higher CBCL T scores (60 vs. 45), however, among concerned parents, CBCL score did differ between parents who reported concerns and those who did not (55 vs. 60)
- NO parents who reported wanting help with a symptom had reported concerns with pediatrician,
- Demographic factors and maternal depressive symptoms did not predict reporting concerns

Summary and Conclusions

- Mothers' desire for help with an emotional or behavioral symptom is associated with clinical level symptoms
- Mothers' concern alone does not sufficiently identify children with clinical range emotional or behavioral problems
- Standard care (non-systematic elicitation of parental concern) significantly underidentifies children with clinical range symptoms.
- A measure that provides more than one way of identifying parental concerns, like the ECSA, may enhance identification of at-risk children.
- While not all parental concerns reflect clinically significant child symptomatology, they do reflect a level of distress which should receive clinical attention, ranging from simple reassurance to referral.