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PREVIEW

Toddler Behavioral Problems and Parent-Child Interaction
in an Inner-City Early Intervention Sample:
Implications for Assessment and Intervention

By

Jessica L. Hopkins

A Doctoral Project Submitted in Partial Fulfillment of
the Requirements for the Degree of Doctor of Psychology
in the Department of Psychology at Pace University

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PREVIEW

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PREVIEW

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ABSTRACT

Behavior problems among very young children referred for early intervention services are a common concern. Given that serious problems tend to persist over time, placing children at risk for later personal and social maladjustment, it is important to identify early maladaptive patterns and intervene effectively. Several evolving contemporary developmental formulations that draw on empirical findings converge on the importance of the caregiving relationship in early social-emotional development. These relational frameworks place early behavioral problems within the context of dyadic dysfunction, supporting the use of relationship-focused assessment and intervention procedures.

This study examined the link between early behavior problems and dyadic dysfunction in a sample of 30 dyads referred for early intervention services in order to guide effective assessment and intervention procedures. Dyads consisted of caregivers and their toddlers, ages 24 to 46 months, who demonstrated developmental delays, behavioral problems, and environmental risk factors. Child behavior problems were assessed by the parent-report form of the Child Behavior Checklist for toddlers (CBCL/2-3). The Parent-Child Early Relational Assessment (ERA) was used as the observational assessment of dyadic interaction. The short form of the Parent Stress Index (PSI/SF) was used as a parent-report instrument measuring stress in the parent-child relationship and to examine the concurrent validity of the ERA.

Results indicated that behavior problems were prevalent among the children, with 63% presenting with clinically significant levels of total behavior problems as rated by the parent on the CBCL/2-3. In support of hypotheses, behavior problems were found to be associated with caregiver interactive qualities of greater negative affect, lower positive affect, and lower sensitivity. The dyadic quality of mutual enthusiasm and reciprocity was positively related to fewer behavior problems, while dyadic tension and disorganization was related to more behavioral problems. Predictions associating child positive affect and dysregulation and irritability demonstrated during dyadic interaction and parent-reported behavior problems were not supported and warrant further exploration. Finally, concurrent validity was supported for parental and dyadic ERA variables and the PSI/SF.

Results of this study support the perspective that early maladaptive behavior occurs within the context of dyadic dysfunction. Comprehensive evaluations of young children warrant the inclusion of parent-child observation, which can be used for early identification of children with or at risk for emotional and behavioral problems. The standardized assessment of parent-child interaction presented here targets many specific and developmentally salient areas of dyadic functioning as they pertain to early behavioral functioning. Utilizing parent-child interaction measures will help to both understand the emotional and behavioral difficulties of young children and to guide effective relationship-based intervention strategies.

CHAPTER I

INTRODUCTION

There are strong arguments for the need to address maladaptive behavioral patterns among very young children in empirical work and early intervention practice. Interest in the mental health of infants and young children has led to evolving developmental models that draw on empirical support in their effort to formulate the etiology of early psychopathology (Crockenberg & Leerkes, 2000). The acquisition of social and emotional competence during the toddler years of development is considered critical to overall adaptive development and personality organization. As the toddler becomes more social, mobile, and verbal, and striving for independence and control, difficult behaviors become fairly normative for a period of development often referred to as the “terrible twos” and the “trying threes” (Crockenberg & Leekes, 2000; Earles, 1980; O’Brien, 1996; Richman, Stevenson, & Graham, 1975; Shaw, Gilliom & Giovannelli, 2000). However, deficits in social and emotional development can also manifest as serious behavioral problems. Problematic behavior in toddlers, such as aggression, overactivity, defiance, and impulsivity, is the most common reason for referral to infant and child mental health services (American Academy of Child and Adolescent Psychiatry [AACAP], 1997; Thomas & Clark, 1998). Young children who exhibit significant problem behaviors are considered at risk for social and personal maladjustment later in

life. Longitudinal research in the past decade has demonstrated that without treatment emotional and behavioral problems experienced by these very young children tend to persist over time (Campbell, Ewing, Breaux, & Szumowski, 1986; Heller, Baker, Henker, & Hinshaw, 1996; Keenan & Shaw, 1994; Patterson, Reid, & Dishion, 1992). This trend is disturbing, both in itself and its social implications, for it is well-established that children with behavioral disorders experience negative repercussions in school adjustment, learning potential, and disturbed family and peer relationships (Heller, et al., 1996; Kazdin, 1987).

As reviewed by Crockenberg and Leerkes (2000), contemporary developmental formulations that tap self psychology, psychodynamic, attachment, and cognitive theories converge on a relational model, placing the early social and emotional development of children within the context of the primary caregiving relationship. Lieberman and Zeanah (1995) stress the importance of the primary caregiving relationship of young children by stating “the infant-mother relationship has the power to promote mental health or serve as a genesis of psychopathology in the young child” (p. 571). Sroufe (1989) asserts that most clinical disturbances in the first three years should be viewed as relationship disturbances existing between the caregiver and child, rather than within the child. Several decades of research have supported the notion that primary caregiving relationships are a powerful force in shaping social-emotional capacities. Results of these studies suggest that the young child develops a sense of relationships, self-concept, self-esteem, morality, emotional expression and understanding, and self-control within the social-emotional milieu of the caregiver-child relationship (Crockenberg & Leerkes, 2000; Emde, 1996). Investigations of the developmental precursors of emotional and

behavioral problems among children consistently point to the role of disruptive and poorly functioning early caregiving relationships (e.g., Campbell, 1990; Patterson, 1982). Toddlerhood may be a critical period in the development of disruptive dyadic relationships and the emergence of a more intractable disruptive behavioral pattern (Shaw & Vondra, 1994).

Children living in poverty are considered particularly vulnerable to both dysfunctional caregiver-child relationships and the development of maladaptive behavioral patterns (Aber, Jones & Cohen, 2000). There is substantial evidence that life conditions may set the stage for negative or positive development by influencing the quality of caregiver-child interaction. Children living in high-risk environments lack social supports and resources, such as quality day care, supportive family ties, and safe housing, which may make them more vulnerable to disruption in the caregiver relationship (Garbarino, 1990). Research has also shown that there are children living in high-risk environments who nonetheless remain well adjusted. These children have been found to have positive caregiving relationships that serve to protect against the development of maladaptive behavioral patterns (Dubow & Lester, 1990). The vulnerability of children living in poverty, coupled with the caregivers' intense frustration and stress (Donenberg & Baker, 1993), add urgency to intervene early and preventively with these families.

Recent changes in assessment and intervention practices for young children reflect the recognition of the importance of early caregiving relationships on developmental outcomes of children. Assessment of the caregiving relationship has been recommended by both developmental theorists and early intervention practitioners as an

important component in a comprehensive and valid assessment of infants and young children (e.g., AACAP, 1997; Barnard & Kelly, 1990; Clark, Paulson & Conlin, 1993; Greenspan, 1990; Sameroff & Emde, 1989; Seligman, 2000; Stern, 1995; Zeanah, Larrieu, Heller, & Valliere, 2000). Parent-child relationship parameters were incorporated in a recently published diagnostic classification system for infants and toddlers (DC: 0-3; Zero to Three, 1994). In their guidelines of recommended practices for early intervention programs, the National Center for Clinical Infant Programs (Greenspan & Meisels, 1994) has recommended direct observation of parent-child interaction as a part of the assessment process of infants and young children. A number of assessment measures have been developed to measure parent-child interaction for both clinical and research purposes (Barnard & Kelly, 1990; Clark et al., 1993; Munson, 1993). However, few early intervention evaluation sites incorporate such measures in their assessments, relying instead on traditional child-focused standardized developmental measures (Greenspan & Meisels, 1994). According to advocates of parent-child interaction assessment, child-focused measures fail to reflect the total picture of the child's developmental functioning. Parent-child interaction assessment supplements the understanding of the nature of the child's problem by evaluating factors in the relationship that may exacerbate and maintain problems as well as more adaptive factors that may serve a protective function. These areas of concern and strength in the parent-child relationship can then be used to focus early intervention efforts aimed at improving parenting skills and relationship quality.

Federal legislation (Individuals with Disabilities Education Act Amendments of 1986 Public Law 101-476), has led to the development of early intervention services for

developmentally disabled and at-risk children and their families in all 50 states. Early intervention federal guidelines have redefined the concept of family involvement in the educational process of early intervention by viewing the family, rather than the child, as the service recipient (Gilkerson & Stott, 2000). As early intervention philosophy has shifted from a child-centered model to a family-centered model, there has been increasing interest in incorporating a parent-child relational framework in assessment and intervention. Meisels and Shonkoff (1990) present an extensive compilation of early childhood interventions that vary in their focus on the child, parent, parent-child relationships, and community. Therapeutic nursery programs, which tend to draw on an infant mental health rather than on an educational perspective, have historically emphasized the importance of social-emotional development and the caregiving relationship. However, while the majority of early intervention funded programs encourage family involvement, they generally remain child-centered and with a preacademic focus (Campbell, 1990). Typical early intervention programs rely on a directive teaching approach modeled after educational programs for special-needs preschoolers that emphasizes the acquisition of specific skills and developmental milestones. Programs that have been designed to address the needs of children living in poverty, such as Head Start and Early Head Start, attempt to strengthen the child's resistance to the impact of a stressful social environment. They are also generally center-based, providing a school-like atmosphere with structured activities and behavioral approaches to the child's maladaptive behavior. However, for young children who exhibit behavioral disturbances, there are few early intervention funded services that promote a

relational perspective to encourage and support patterns of caregiving considered to facilitate more optimal social-emotional functioning.

Empirical investigations of young children serve the purpose of testing, modifying, and solidifying developmental formulations, which can then guide early intervention practices and maximize their credibility and effectiveness. While there is awareness of the need to intervene early and effectively with children with behavioral problems and their families, the lack of program development reflects the need for further relevant data to guide the path to service delivery. A major area for research continues to be the development of clinical tools appropriate for identification of child and dyadic disturbances. It is important to assess observational measures of parent-child interaction for applicability in early intervention practice for families and young children with behavior problems.

Empirical investigations of early parent-child interaction also must examine the view that child behavioral problems develop within the context of disturbance in the parent-child relationship. Most parent-child interaction research has targeted relatively homogenous clinical groups of infants and toddlers (e.g., premature infants, abused infants, children identified with behavioral problems) to compare to typically developing children. The use of widely contrasting groups optimizes the chance of discovering significant differences. While the study of extreme groups has fostered understanding of the parent-child system and developmental pathology in young children, it leaves the question of whether the dysfunction found between parents and their behavior-disordered children is unique in comparison to other at-risk dyads. An investigation of a clinical group that includes children with a range of common developmental difficulties and risk

conditions (e.g., poverty, parental pathology, trauma history) helps to evaluate the dyadic dysfunction associated specifically with child behavioral problems. It is possible, for example, that all at-risk dyads present with similar difficulties in their interactions.

Furthermore, this study extends parent-child interaction research by examining a group that has received little empirical attention. Few studies investigate the nature and severity of behavioral problems presented by very young children referred for early intervention or the interactive difficulties they may have with their caregivers. Moreover, there has been even less attention paid to those considered at high risk for poor behavioral outcome, those living in poverty. Previous research in this area is limited by using samples of mainly Caucasian, two parent, middle- and upper-class families; while minority, low-income populations remain an underrepresented group. It is important to represent high-risk families in studies of parent-child interaction in order to meet the needs of these vulnerable families effectively. This study of toddlers and their caregivers sheds light on early emotional and behavioral problems and guides assessment and intervention practices for these and other at-risk children and their families.

PREVIEW

CHAPTER II

LITERATURE REVIEW

Toddler Development

The toddler period may have special significance in the development of social and emotional competence. Toddlers are now capable of symbolic thinking and more complex problem-solving and language skills (Greenspan, 1990, 1992). They are able to consider the impact of their behavior on others, keep goals in mind over extended periods of time, and engage in more complex planning (Crockenberg & Leerkes, 2000). Emotional development during this period involves expression, labeling, and beginning control and modulation of affects (Denham, 1998). They begin to engage in effortful self-control and exhibit multiple strategies to adjust their attention, arousal, and behavior in order to cope. Self-awareness increases with autonomy, mastery, and control emerging as central themes as children develop a sense of self that is distinct from the parent (Greenspan, 1990,1992). Toddlers struggle with conflicting needs within themselves and against parental control and increased social expectations, leading to a simultaneous rise in negativity, aggression, and temper tantrums (Crockenberg & Leerkes, 2000; Shaw et al., 2000).

Toddler Emotional and Behavioral Problems

Assessment of problematic behavior among toddlers is complicated by developmental expectations. Many problematic behaviors can be viewed within the normal developmental progression of social and emotional development (AACAP, 1997). For children whose behavior falls within normal limits of individual variability, problems typically peak at age three and then decline spontaneously (Shaw et al., 2000). Epidemiological studies have confirmed that problematic behaviors among toddlers are very common in the general population. Richman and colleagues (Richman, Stevenson, & Graham, 1975) surveyed parents to determine problematic behavior in three-year-olds in the general population. Twelve types of behavior were assessed such as poor appetite, aggression, and night wetting. Results indicated that the prevalence of moderate to severe behavior problems in three-year-olds was estimated to be 7%, while 15 % were determined to have mild behavior problems. Earles (1980) replicated this study in a small rural island off of Massachusetts, Martha's Vineyard. This study found the prevalence of problematic behavior in three-year-olds to be 11%, with frequently occurring problems of night wetting (34%), sleeping problems (26%), and speech problems (18%). A more recent study by O'Brien (1996) indicated an even higher incidence of problematic behavior among toddlers in the general population. Almost one quarter of all parents reported their children to have twelve or more problems on a child behavior checklist, placing them above the recommended clinical cutoff.

Empirical investigations of behavioral problems in children have delineated two major dimensions of emotional and behavioral patterns (Achenbach, 1991, 1992; Achenbach, Edelbrock, & Howell, 1987). These include a range of disruptive behavior

characterized by lack of emotional and impulse control, which fall under the category of “externalizing” because they are expressed outward against others and have impact on the child’s environment. Examples of externalizing problems include aggression, defiance, tantrums, and destructive behavior. On the other end of the spectrum, children demonstrate overcontrol of emotions and impulses, which are categorized as “internalizing” because such problems impact mainly on the child, rather than on the environment. Examples of internalizing behaviors include withdrawal, sadness, anxiety, and fearfulness. Studies by Achenbach and colleagues have supported the concept of these general clusters of behavioral patterns (Achenbach, 1992; Achenbach et al., 1987). Other investigations have found that problems may be more global and less specific among toddlers than in older children and adults. For instance, both externalizing and internalizing scores have been related to diagnoses of disruptive behavior in two- and three-year-olds, but only externalizing scores were related to disruptive behavior diagnoses in four- to five-year-olds (Arend, Lavigne, Rosenbaum, Binns, & Christoffel, 1996). An investigation by Thomas and Guskin (2001) found that of the children referred to a early childhood psychiatry clinic, 45.1% had clinically significant levels of both externalizing and internalizing symptoms, while 20.7% had only clinical levels of externalizing symptoms, and 3.6% had only clinical levels of internalizing symptoms.

While problematic behaviors are common among young children, there is mounting evidence that serious problems persist, placing children at risk for adjustment problems at school age and beyond. In a longitudinal study by Keenan and Shaw (1994), 60% of the boys identified as within the clinical range on the Externalizing scale of the Child Behavior Checklist (CBCL/2-3; Achenbach, 1992) at age two, remained within the

clinical range at age five. Moreover, 97% of the boys remained above the median. Only 16% of boys below the median on the Externalizing scale of the CBCL/2-3 at age two moved into the clinical range at age five. Aggression scores, in particular, were most predictive of later problems. Of boys identified as clinically aggressive at age two, 88% continued to show clinically significant problems at age five.

Campbell and colleagues (Campbell et al., 1986) found similar results in an investigation of toddlers and preschoolers with behavioral problems. Preschoolers at risk for serious behavior disorders presented as more intolerant of frustration, uncooperative, labile, aggressive, and distractible compared to the typical preschooler. In this sample of two- and three-year-old children referred by their parents for disruptive behavior, half of the children continued to demonstrate externalizing behavior when followed at age six.

Relational Models of Early Social-Emotional Development

An important outcome of contemporary developmental research has been the understanding that the caregiver and infant form an interactional system in which each partner offers their unique qualities that continually affect and reinforce the behavior of the other (e.g., Barnard & Kelly, 1990). Winnicott (1965) proposed that there was “no such thing as a baby”, reflecting the recognition that any theoretical formulations about an infant must include formulations about the mother. There are a number of theoretical formulations that address the processes by which social and emotional development unfolds within the context of the parent-child relationship.

Attachment model

Attachment theory has dominated child development literature to describe the unique relationship between caregiver and child that facilitates healthy social and