

CAREGIVER PERCEPTIONS OF CHILDREN'S COMMUNICATIVE ABILITIES

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INTRODUCTION

Caregiver involvement in screening and assessment of young children has been widely supported by theoretical and legislative shifts in the field of early intervention (Crais, 1995; Diamond & Squires, 1993). It is increasingly well established that caregivers' appraisals of their children's development are meaningful indicators of true developmental and behavioral status (Glascoe, 1994). Of the variety of approaches to obtaining information from caregivers, eliciting their concerns seems to be the best researched and most accurate (Glascoe, 1995). Systematically-elicited caregiver concerns have been shown to be highly sensitive predictors of future developmental problems for children with global delays (Bricker & Squires, 1989; Glascoe, 1997; Stickler et al, 1991). However, the relationship between the type of caregiver concern and the type of developmental problem was not found to be straightforward and caregiver concerns spanned a range of developmental areas (Glascoe, 1994). Given that caregiver concerns may contribute to early identification of communication delays, there is a need to examine the accuracy of caregiver concerns in detecting the presence or absence of communication delays in young children.

PURPOSE

1. To document the accuracy of caregiver concerns in comparison to measures of a child's performance based on caregiver report inventory and a clinic sample using the Communication and Symbolic Behavior Scales- Developmental Profile (CSBS-DP), (Wetherby & Prizant, 1998).
2. To identify the extent to which caregiver concerns and professional judgment agree on the presence or absence of risks for communication delays.
3. To examine the relationship of caregiver's education, child's age, birth order and number of risks with the presence of caregiver concerns.
4. To summarize the types of caregiver concerns according to various developmental domains.

METHOD

Participant Demographics

Race	
Caucasian	68.8%
African American	22.3%
Other	8.9%
Hispanic	5.3%
Age Range of Children	8 to 24 months
Mean	17.2 months
SD	4.6 months
Mean of Mother's Education	14.7 years

Procedures

As a part of the FIRST WORDS Project at Florida State University, **CSBS-DP Caregiver Questionnaires (CQ)** were sent to all children performing below the 16th percentile on the CSBS-DP Checklist (Wetherby & Prizant, 1998) and a comparable number of children above the 16th percentile. The return rate for these questionnaires was 68%. A total of 374 questionnaires were analyzed for this project. **CSBS-DP Behavior samples (BS)** were also collected on a subset of these children (N=151). All children who performed below the 16th percentile on the CQ and a comparable number of children above the 16th percentile were asked to come in for a BS and about 80% of those invited agreed.

Caregiver responses on four open-ended questions that invited them to describe changes, strengths, concerns and other important information regarding their child on the CQ were analyzed. The coded utterances were then analyzed in comparison to the child's scores on the CQ and BS.

Reliability

The 374 questionnaires were coded by three raters, who were certified speech-language pathologists. Each rater coded approximately 190 records which included 25% of the sample that was used to calculate reliability coefficients.

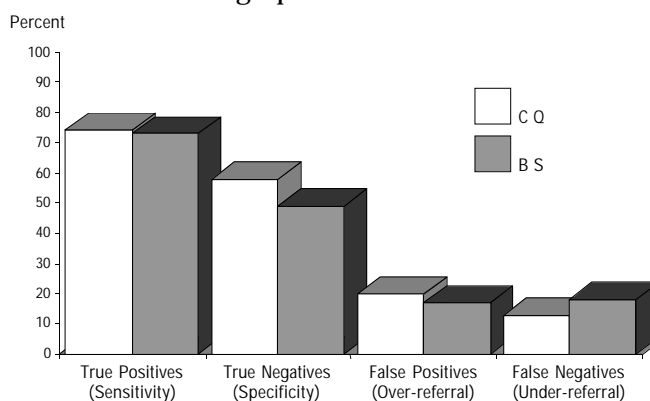
Inter-rater reliability Coefficients

for the three pairs of Observers coding the CQ

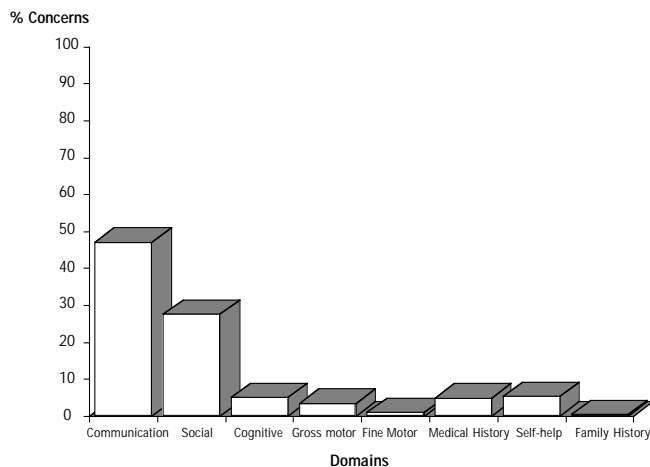
Raters	1 and 2	2 and 3	1 and 3
Change	0.71	0.60	0.74
Strengths	0.86	0.65	0.75
Concerns	0.87	0.63	0.71
Other	0.86	0.85	0.77

RESULTS

1. The accuracy of caregiver concerns in comparison to the number of risks determined by parent report on the CQ and professional evaluation of the child on the BS is reflected in measures of specificity, sensitivity, under referral and over referral shown in the graph below.



2. The types of caregiver concerns according to various developmental domains is shown below.



3. It was found that there were no significant differences in the number of caregiver concerns based on caregiver education, child's age or birth order in this sample. However, caregivers of children with greater than three risks had significantly greater number of concerns from those whose children had less than three risks.

DISCUSSION

- About three-fourths of caregivers who had children with risks on the CQ and BS had concerns regarding their child's development, while about one-fourth of caregivers who had children with risks on the CQ and BS had no concerns regarding their child's development.
- About 20% of caregivers with concerns had children with no significant delays. It is possible that these caregivers are noticing subtle developmental and behavioral problems that are not reflected in routine screening tools.
- There were no significant differences in the number of caregiver concerns on the basis of mother's education level, child's age and birth order. This finding is consistent with previous research that suggests that caregivers, regardless of family demographics or parenting experience, compare their children to others as a basis for deciding whether to be concerned (Glascoe, 1997).
- Caregivers of children with 3 or more risks on the CQ had a significantly greater number of concerns than caregivers of children with less than 3 risks on the CQ.

CLINICAL IMPLICATIONS

- Caregiver concerns can contribute to the process of identifying children in need of further screening. Caregiver concerns were not related to demographic or family variables in this sample.
- Although caregiver concerns provide important information, using only caregiver concerns as a screening tool may result in too many over-referrals of children with no risks and too many under-referrals of children in need of services. Caregiver concerns should be addressed by evaluation of the child's abilities involving at least a caregiver report inventory.
- Caregivers with concerns whose children show no risks may be noticing subtle behaviors in their children that may not be associated with developmental delays. These caregivers may be ideal candidates for receiving developmental information and anticipatory guidance in order to alleviate their concerns and encourage continued monitoring of their child's development.

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For further information : **FIRST WORDS Project**

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