

# Perspectives on Child Behavior Problems: Comparisons of Children's Self-Reports With Parent and Teacher Reports

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Associations among parents', teachers', and children's self-reports of internalizing and externalizing child behavior problems were examined in two studies. In the first, both teachers' and parents' reports were modestly and independently associated with children's self-reported behavior problems. In the second, mothers' and fathers' reports of their children's behavior problems were moderately associated with parents' self-reports of their own psychological symptoms as well as with their children's self-reports of their behavior problems. Implications of these studies for the use of multiple perspectives in the assessment of children's behavior problems are discussed.

An emerging trend in the development and use of behavior checklists is the advent of versions of these measures to obtain children's self-reports of their own problems (e.g., Achenbach & Edelbrock, 1987; Finch & Rogers, 1984). An essential step in the further development of measures of children's self-reports involves examining their association with the reports of other informants, especially parents and teachers. Two issues warrant further attention in this regard: (a) To what extent do children's self-reports agree with the reports of other informants observing their behavior in different situations? and (b) What factors affect the association between the child's report and other informants' reports in the same situation?

One unique feature of children's self-reports is that they may reflect a compilation of behaviors across different situations, including their behavior at home, in school, and with their peer group. In contrast, reports by adult informants who observe children in only one situation (e.g., a teacher observing a youngster in school or a parent observing a youngster in the home) may reflect child behaviors that are unique to that situation. Thus, one would expect only modest correlations between child and adult informants in different situations, as well as modest correlations between the adult informants in different situations. In fact, a recent meta-analysis by Achenbach, McConaughy, and Howell (1987) found that the average correlation between parent and teacher reports of child behavior was .27, the correlations between parent and child reports averaged .25, and the correlations between teacher and child reports averaged .20. Although the relations between parent, teacher, and child reports were addressed in the meta-analysis through a combina-

tion of studies, no single study has included all three informants.

A second important question warranting further investigation concerns factors affecting the association between reports by children and by two adult informants (e.g., parents) in the same situation. Factors other than situational specificity have been investigated because parents presumably interact with their child in similar situations. The primary research in this area has examined the contribution of parents' (mostly mothers') adjustment to parental perceptions of child deviance (e.g., Brody & Forehand, 1986; Schaughency & Lahey, 1985). It has been argued that the correlation between parent and other reports of child behavior problems is influenced by the effects of parents' own psychological symptoms. If the level of psychological distress of parents explains much or most of the variance in their ratings of children's behavior problems, then the association between parent and child reports should be accounted for by the level of parents' psychological symptoms. This hypothesis has not been addressed in previous research. Further, fathers' perceptions have rarely been included in studies of children's behavior problems.

We conducted two studies to clarify these issues. The first study analyzed the relation between parent, teacher, and child ratings of child behavior problems. The second study investigated the influence of maternal and paternal symptoms on the level of association of maternal and paternal ratings with children's self-reports of child behavior problems. The measures of child behavior problems and parental symptoms included a wide range of psychological symptoms, rather than just children's externalizing problems and parental depression, which were used in most previous research.

## Method

Participants in the first study were 69 children and young adolescents (39 female and 30 male) ranging in age from 11 to 15 years ( $M = 12.57$ ,  $SD = 1.17$ ), their mothers, and their teachers. Participants in the second study included 88 children (46 female and 42 male) ranging in age from

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11 to 14 ( $M = 12.11$ ,  $SD = 0.85$ ), their mothers, and their fathers. Reflective of this section of Vermont, all participants in both studies were White and fell primarily into Levels II (13%), III (26%), and IV (45%) of Hollingshead's (1975) four factor index of socioeconomic status. No children served as participants in both studies.

Parents in both studies completed the Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1983), a 118-item measure of internalizing and externalizing behavior problems. Children in both studies completed the Youth Self-Report (YSR) version of the CBCL (Achenbach & Edelbrock, 1987), a 102-item measure of internalizing and externalizing behavior problems. Teachers in the first study completed the Teacher Report Form (TRF) of the CBCL (Achenbach & Edelbrock, 1986), a 118-item measure of internalizing and externalizing behavior problems. To assess parents' psychological symptoms in the second study, mothers and fathers completed the Symptom Checklist-90-Revised (SCL-90-R; Derogatis, 1983), a 90-item measure of a wide range of symptoms of emotional and somatic distress.

Children and parents were recruited to participate as part of a larger study of stress and coping in families and were paid \$25 for completion of a battery of questionnaires. Children completed the YSR at school in small groups. Teachers completed the TRF and parents completed the CBCL and the SCL-90-R at home within 1 week of the children's completion of the YSR. All questionnaires were identified only by a code number for each child.

## Results

### Study 1

The mean total behavior problem, internalizing, and externalizing  $T$  scores for parents' reports on the CBCL, teachers' reports on the TRF, and children's self-reports on the YSR were all within the normal range (mean  $T$  scores ranged from 48.93 to 53.04). Pearson correlations ( $df = 68$ ) of parents', teachers', and children's reports of child behavior problems were computed for total behavior problems, internalizing, and externalizing scores. Associations between parents' and teachers' reports were small but significant for all three variables: total behavior problems ( $r = .28$ ,  $p = .011$ ), internalizing ( $r = .26$ ,  $p = .015$ ), and externalizing ( $r = .35$ ,  $p = .002$ ). Associations between child and parent reports were similarly small but significant for total behavior problems ( $r = .22$ ,  $p = .032$ ) and externalizing problems ( $r = .30$ ,  $p = .007$ ), but not for internalizing problems ( $r = .19$ ). Associations between child and teacher reports were significant only for externalizing problems ( $r = .22$ ,  $p = .035$ ) and not for total behavior problems ( $r = .08$ ) or for internalizing problems ( $r = -.07$ ).

To determine whether parent and teacher reports predicted separate portions of the variance in children's self-reports of behavior problems, separate stepwise regressions for total, internalizing, and externalizing behavior problems were computed, with parents' and teachers' reports of child behavior problems as predictor variables. For both total behavior problems and internalizing problems, neither parent nor teacher reports were significant predictors of children's self-reports when controlling for the other informant. For externalizing problems, the regression was significant,  $F(2, 66) = 3.77$ ,  $p = .03$ , but only the parent report ( $\beta = .25$ ) and not the teacher report ( $\beta = .13$ ) of externalizing problems significantly predicted child self-

reports of externalizing problems, with a multiple correlation of .32, again controlling for the contribution of the other informant.

### Study 2

Mean total behavior problem, internalizing, and externalizing  $T$  scores for mothers and fathers on the CBCL and children on the YSR were all within the normal range (mean  $T$  scores ranged from 47.94 to 57.18). Mean global symptom index scores for maternal symptoms (.49) and paternal symptoms (.37) both corresponded to  $T$  scores of 58 based on the norms for female and male nonpatients for the SCL-90-R (Derogatis, 1983).

Pearson correlations ( $df = 87$ ) of mothers', fathers', and children's reports of child behavior problems were calculated for total behavior problems, internalizing, and externalizing scores. Interparent association was strong and significant for all three variables: total problems ( $r = .62$ ,  $p = .001$ ), internalizing problems ( $r = .58$ ,  $p = .001$ ), and externalizing problems ( $r = .68$ ,  $p = .001$ ). The correlations between mother and child reports were more modest but significant for total ( $r = .33$ ,  $p = .001$ ), internalizing ( $r = .34$ ,  $p = .001$ ), and externalizing ( $r = .22$ ,  $p = .020$ ) problems. The correlations between father and child reports were also significant for total ( $r = .37$ ,  $p = .001$ ), internalizing ( $r = .37$ ,  $p = .001$ ), and externalizing ( $r = .34$ ,  $p = .001$ ) problems. There were no significant differences between the correlations of YSR scores with mothers' versus fathers' CBCL scores, as tested via Fisher's  $z$  statistic.

Correlational analyses to determine the relation between parental symptoms and parents' and children's reports of total child behavior problems were also calculated. Correlations ( $df = 87$ ) between both mothers' and fathers' own symptoms and their reports of total child problems were significant ( $r = .38$ ,  $p = .001$ , and  $r = .42$ ,  $p = .001$ , respectively). The relation between mothers' reports of total child problems and fathers' symptoms ( $r = .31$ ,  $p = .002$ ) as well as the relation between fathers' reports of child problems and mothers' symptoms ( $r = .27$ ,  $p = .005$ ) were also significant. The correlations between children's self-reports of problems and mothers' ( $r = .17$ ,  $p = .050$ ) and fathers' ( $r = .21$ ,  $p = .023$ ) reports of their own symptoms were also significant, although small.

Regression analyses were conducted with parents' CBCL total behavior problem  $T$  scores as the criterion variables and parents' SCL-90-R scores and children's YSR total behavior problem  $T$  scores as the predictor variables. With mothers' reports of child behaviors as the criterion variable, mothers' symptom score was the first variable selected for inclusion in the regression analysis ( $\beta = .33$ ). Children's self-reports of problems also significantly contributed to mothers' reports of child problems ( $\beta = .27$ ), and the resultant equation was significant at the .0001 level,  $F(2, 85) = 11.44$ , with both variables jointly producing a multiple correlation of .46. With fathers' reports of child behaviors as the criterion variable, fathers' symptom score was the first variable selected for inclusion in the regression analysis ( $\beta = .36$ ). Children's self-reports of problems also significantly contributed to the fathers' reports of child problems ( $\beta = .30$ ),

and the resultant equation was significant at the .0001 level,  $F(2, 85) = 15.11$ ,  $R = .51$ .

### Discussion

These findings provide further insight into the association between child and adult informants' reports of child behavior problems in two different situations. They also delineate factors that influence the association between adult informants and their children in the same situation. Consistent with the findings reported by Achenbach et al. (1987) in a meta-analysis of this literature, the first study yielded significant but modest associations between parent and child ratings as well as between parent and teacher ratings of total behavior problems. The teacher-child association, although nonsignificant for total and internalizing behavior problems, was significant for externalizing behaviors, a finding consistent with the Achenbach et al. (1987) meta-analysis data showing higher associations for undercontrolled behaviors. Children's self-reports did not reflect a compilation of parent and teacher reports across situations, as indicated by the nonsignificant regression analyses for total behavior and internalizing problems, as well as the finding that parents', but not teachers', reports predicted children's self-reports of externalizing problems. Taken together, these findings suggest that children's self-reports represent a unique and independent perspective on their own behavior and may be affected by sources of error different from those of other informants. In other words, the data suggest that the low correlation between parent or teacher and child reports is not simply due to differences in situations.

In the second study, the associations among mothers', fathers', and children's reports of behavior problems were consistent with the findings summarized in the Achenbach et al. (1987) meta-analysis. For total, internalizing, and externalizing behavior problems, mother-child and father-child associations were significant but modest, ranging from  $r(87) = .22$  to  $r(87) = .37$ . The interparent associations for all three variables were moderate and significant, with correlations ranging from .58 to .68. The association between mothers' reports of their own symptoms and mothers' reports of their children's behavior problems was moderate and significant. The analysis of fathers' symptoms and their reports of children's behavior problems revealed the same pattern of results. Regression analyses of these variables further revealed that maternal and paternal reports of children's behavior problems were predicted both by mothers' and fathers' own self-reports of their psychological symptoms and by their children's self-reports of these behavior problems. These results are consistent with those of previous studies (e.g., Brody & Forehand, 1986; Schaughency & Lahey, 1985) showing that parental perceptions of child behavior are a function of the combined influence of parental symptoms and child behavior. In previous studies, however, child behavior was rated by an independent observer, whereas the current study has shown that children's perceptions of their behavior problems, as well as parental symptoms, are reflected in parent's perceptions of child behavior problems. The present findings extend prior research by examining a broader array of child behavior problems and

parents' symptoms and by including fathers as well as mothers in the analyses.

The present findings are consistent with previous research comparing parents' and children's reports of other aspects of children's behavior problems. For example, Compas, Friedland-Bandes, Bastien, and Adelman (1981) and Compas, Adelman, Freundl, Nelson, and Taylor (1982) found that children with learning and behavior problems and their parents differed in their attributions for the causes of the children's problems in a manner consistent with biases in attributions made by actors and observers. Taken as a whole, the results of the present studies and of prior research indicate that children and adults offer unique and divergent perspectives on children's behavior problems. These perspectives are affected by a variety of factors, including situational specificity of behavior, adult symptoms, and social cognitive biases in processing information about children's behavior problems.

Strupp and Hadley (1977) provided a framework for understanding these differences in perspectives on children's emotional/behavioral problems. They argued that different interested parties involved in the process of the identification of clinical problems have different definitions of mental health and different views of the types of problematic emotions and behaviors that are used to define clinical problems. Differences in perceptions of child behavior problems may be due to the different definitions of mental health used by mothers, fathers, teachers, and children, with parents and teachers basing their ratings more on overt behavior and children basing their ratings more on their own subjective experience. Although the current sample was not clinically referred, the present findings suggest that these perspectives may reflect fundamental differences in levels of problematic emotions and behaviors that these informants perceive in children.

Acknowledging the multiple, different perspectives of parents, teachers, and children is consistent with a multiaxial approach to the taxonomic integration of assessment data concerning children's emotional/behavioral problems (Achenbach, 1985). The system outlined by Achenbach (1985) and expanded on by Achenbach and Edelbrock (1987) includes separate axes for data obtained from parents and teachers and for direct assessment. The inclusion of the YSR on the direct assessment axis underscores the importance of obtaining children's perceptions in order to complete a comprehensive analysis of children's problems.

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