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Competence and Behavioral/Emotional Problems in Croatian Children – Parents' and Teachers' Reports: Pilot Study

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A B S T R A C T

Achenbach's Child Behavior Checklist (CBCL) and Teacher's Report Form (TRF) were administered to school children aged between 7–11 comprising a non-referred sample (n = 349) drawn from the whole country. Those were the first data on the CBCL and TRF in Croatia. Both in the CBCL and TRF boys had higher scores compared to girls in the Externalizing and Total Problems scale ($p<0.01$ and $p<0.05$). Parents rated higher scores to the Internalizing and Externalizing scales and the Total Problems scale in both sexes ($p<0.01$ and $p<0.05$), with the exception of the Internalizing scale in boys. Parents are very important observers of mental health problems in children.

Introduction

Parallel to the development of child and adolescent psychiatry and its complementary professions was the development of standard procedures for evaluation of competence and behavioral /emotional problems in children and adolescents. Child Behavior Checklist (CBCL) (Achenbach, 1991)[1] and the instruments derived from it – Teacher's Report Form (TRF) and Youth Self Report (YSR) – are among the most used instruments in child and adolescent psychiatry. They make possible the assessment of competencies and behavioral/emotional problems based on the use of both empirical quantitative taxonomy and multi-informants[1–6]. Although the instruments have by now been used in different cultures, only few studies have investigated the cross-cultural validity of the Teacher's report. The studies carried out so far have specified various factors that might influence mental health and psychopathology in particular cultures[7,8]. Although it wasn't directly reported, family has always had very important meaning as a certain

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bridge between the individuals and their wider social community[9]. Recent studies of the CBCL results in 12 cultures indicate that, in spite of wide varieties among cultures, parents respond in similar ways to the CBCL problem scales. That confirms the existence of certain cultural universality between developmental dynamic and behavioral/emotional problems of children and adolescents[7].

According to the last census in 2001, the population of Croatia is about 4.5 million with about 26% younger than 18[10]. Although Croatia is just a small European country, it is geographically extended and socially and culturally very diverse. In the 1990s Croatia was exposed to war, traumatization and a great number of exiles and refugees. It can be assumed that it also took a toll on the family life. It seems that general values today are stratified and influences of the state institutions have changed, including the education of children. It seems that children in school today have less structured educational program and that the educational/emotional role of the school is still not at the expected level. Children have no opportunity to participate in extracurricular activities (sports, foreign languages etc.) as before. Teachers themselves are trying to find new possibilities for education through the transitional process of the whole country. All of these previously mentioned factors have more influence on children than on adolescents. From the reports of children and adolescent's psychiatrists who are in contact with schools, we can assume that children are occasionally exposed to situations of less control (e.g. because of larger numbers of pupils in one class), and problems are spotted only when they have already advanced. Even then, it's mostly externalizing problems, not the emotional ones. It seems that the parents and the family are the most decisive factors for successful education of children.

Little is known about the mental health status and needs of Croatian youth. Rudan et al.[11] tried to establish some of the current and future requirements of mental health protection in Croatia.

The first aim of this present study is to present, for the first time, the data of the CBCL and TRF on non-referred school children from various regions of Croatia. The data are related to different social and cultural standards, being connected with the development of psychopathology. The second aim is to compare parents' and teachers' reports. Finally, our CBCL and TRF data are compared with the standard sample in the USA, studied for the first time by Th. Achenbach.

Participants and Methods

Participants and procedures

Participants of the study were pupils from randomly selected classes from 18 schools in Croatia according to 2001 census in some regions. They were chosen from 12 cities and rural areas. Only special schools, representing a tiny proportion of the population, were not eligible for inclusion in the study.

A multiple stage sample procedure was applied. Firstly, the whole of Croatia was divided into three geographical regions: central, including the capital city of Zagreb, east and south. Cities and rural areas were randomly chosen within the above defined regions. The next step included a random selection of schools in the respective cities and rural areas. Further, a class was selected in each school pursuant to a certain age group. Examinees were between 7 and 11 years old. Sex of the examinees in each class was mostly even. Schools and classes were randomly chosen by a local education contact person or expert from the mental health field. Furthermore, parents of pupils from each so selected class were invited to complete the questionnaire. After

the informed consent, parents were asked to complete at home the Croatian translation of the original CBCL questionnaire received in an envelope.

Parents completed the questionnaires on a voluntary basis. The response rate was 97.5% among parents. Furthermore, the research was carried out in the way that teachers in the respective classes were asked to complete the TRF for the same pupils. Each teacher completed questionnaires for 20 to 30 examinees. A teacher completed questionnaires at home or at school during his free time and was awarded a small fee. Each teacher had a limit of completing only ten questionnaires daily. Teachers completed all the questionnaires. All the questionnaires were self-administered.

Formation and training of the research team

Most of the heads of child psychiatry services across the country collaborated in the research with their multidisciplinary teams. To ensure the uniformity among the members of the research team, several training sessions were held during which the CBCL and the TRF were studied and administered.

The CBCL and TRF questionnaires

Each questionnaire consists of two parts. The first part contains a series of questions assessing adaptive behavior, forming four scales on the CBCL – Activities, Social Competence, School Competence and Total Competence scale – and six on the TRF – Academic Performance, Working Hard, Behaving Appropriately, Learning, Happy and Total Adaptive scale. The second part contains 113 items describing behavior, each of which is to be rated on a 3-point scale for applicability to a child: 0 = not true, 1 = somewhat or sometimes true, 2 = very true or often true. These ratings are combined to form eight narrow band scales or syndromes, two broad band scales, and a Total Problems score. The eight syndromes are labeled: Withdrawn; Somatic Complaints; Anxious/Depressed; Social Problems; Thought Problems; Attention Problems; Delinquent Behavior and Aggressive Behavior. The broad band scales are termed Internalizing and Externalizing. The Internalizing scale is made up of: Withdrawn; Somatic Complaints and Anxious/Depressed scales. The Externalizing scale is made up of the Aggressive Behavior and Delinquent Behavior scales.

The CBCL and the TRF questionnaires were translated from English into Croatian by psychiatrists fluent in both languages. To ensure the translation equivalents, the Croatian version was translated independently back into English by other psychiatrists. Conceptual and linguistic problems were resolved by extensive consultation with psychiatrists and linguists.

Statistical analysis

The internal consistency of the CBCL and TRF scales was checked by Crombach's a. Parents and teachers consistency concerning the problem scales was verified by Pearson's correlation coefficient. The comparison of behavioral/emotional syndromes raw scores of this study with those found by Achenbach (1991) was performed by t-test for the CBCL and TRF separately. The difference between boys and girls according to raw mean CBCL and TRF scores, i.e. difference between raw mean CBCL and TRF scores of boys and girls was tested by the independent sample t-test, i.e. the paired sample t-test.

Results

Demographic distribution

The total number of questionnaires collected was 351 for the CBCL and 360 for the TRF. Questionnaires with more

than eight missing values were excluded from the analysis according to the guidelines proposed by Achenbach. This resulted in the final sample sizes of 348 CBCL and 349 TRF questionnaires. Of the children whose teachers replied, 48.13% were boys. The sample was distributed evenly according to age.

As far as the geographical share of Croatia is concerned, the following ratio of examinees was achieved: central 42.8%, eastern 13.5% and southern 43.7%. Pursuant to the data of the census by the Central Bureau of Statistics from 2001, the ratio of citizens in the respective regions was: central 50.06%, eastern 17.86% and southern 32.06%[10]. These data corresponded mainly to the regions, except for a major proportional share of the southern region.

Mothers' education was as follows: up to 8 years of schooling 21.2%, from 8 to 12 years 64.9% and more than 12 years 14%. Fathers' education was the following: up to 8 years 9.4%, from 8 to 12 years 70% and more than 12 years 20.7%. According to the Central Bureau of Statistics data, the educational ratio for the population of the whole Croatia was the following: up to 8 years 40.37%, from 9 to 12 years 47.06% and more than 12 years 11.9%. However, since there were no specific data on the education of persons between 30 and 50 of age in Croatia, i.e. the age group our examinees' parents belonged to, the parents' education seemed therefore to represent unreliable data. Educational data of our sample seemed nevertheless close to the real situation. The CBCL questionnaires were completed by mothers (82.5%), fathers (16.3%) and by somebody else 1.2%.

In our sample we had 64% examinees from the cities, including the capital of Zagreb as well. 34% of examinees were from rural areas. According to the data of the Central Bureau of Statistics, 51.5% persons lived in the cities, including the capital city, while 48.52% lived in rural areas. The division in urban and rural areas in Croatia made our approach in sample grouping more difficult. It seemed that the term *rural areas* in Croatia corresponded to the terms *suburban* and *rural*, defined in other European countries. For the above mentioned reasons, parents' education and division of population according to urbanization pursuant to the official statistics in Croatia was not reliable to us and we focused our attention on individual regions.

Reliability and parent-teacher agreement

Internal consistency of the CBCL and TRF problem scales, measured by Crombach's a was satisfactory (Table 1). Parents' reports had higher or the same a value as teachers' in all the scales. Parent – teacher agreement measured by Pearson's correlation coefficient was considerable in six problem scales, while it wasn't in the following scales: Somatic Complaints, Anxious/Depressed, Thought Problems, Delinquent Behavior and Internalizing scale.

Boys-girls and CBCL-TRF differences in Croatian sample

Tables 2–4 represent mean values and standard deviations of the CBCL and TRF, the comparison of the CBCL and TRF according to sex with American children, as well as the comparison of boys-girls samples and the CBCL and TRF of our study concerning the problem scales. Significant differences were achieved between boys and girls in the CBCL and TRF in 5 and 6 out of 11 scales respectively (Table 4). Considerable differences were found in the CBCL as well as in the TRF: the boys had considerably higher scores than the girls in the following scales: Attention Problems, Delinquent Behavior, Aggressive Behavior, Externalizing and Total Problems scale. In the TRF boys had considerably higher scores

TABLE 1
INTERNAL CONSISTENCY OF CBCL AND TRF BEHAVIOR PROBLEM SCALES AND INTERRATER RELIABILITY BETWEEN PARENTS AND TEACHERS

Scale	Internal consistency (Cronbach)		Agreement between parent and teachers
	CBCL (N = 348)	TRF (N = 349)	[a] (N = 339)
Withdrawn	0.84	0.84	0.13
Somatic Complaints	0.85	0.84	0.10[b]
Anxious/Depressed	0.82	0.82	0.05[b]
Social Problems	0.84	0.82	0.17
Thought Problems	0.85	0.85	0.10[b]
Attention Problems	0.83	0.81	0.43
Delinquent Behavior	0.84	0.84	0.07[b]
Aggressive Behavior	0.81	0.81	0.27
Internalizing	0.81	0.81	0.08[b]
Externalizing	0.81	0.80	0.25
Total Problems	0.87	0.85	0.20

CBCL = Child Behavior Checklist; TRF = Teacher's Report Form;
[a] Pearson correlation coefficient; [b] The values are not significant.

than girls in Social Problems scale. The comparison of the problem scales' results in the CBCL and TRF was carried out separately for boys and girls (Table 4). The averages of the scores differed significantly in boys in 6 scales and in girls in 7 scales out of 11 scales. By differences in parents-teachers opinion, boys and girls correspond in fifth scales: Somatic Complaints, Delinquent Behavior, Aggressive Behavior, Externalizing and Total Problems scale. In these scales, in both sexes, parents' scores were much higher than teachers' scores. Teachers, compared to the parents, rated higher scores in boys in Attention Problems scale. Teachers rated significantly fewer score in Social Problems scale in girls.

Cross-cultural comparison

Comparing the CBCL with the standard data of 4–11 year old American children of both sexes, Croatian children had considerably lower scores on the Activities and Total Competence scale (Table 2). Regarding the problem scales, Croatian boys differed from the American boys in 5 out of 11 scales: considerably lower scores on the Withdrawn, Thought Problems, Aggressive Behavior, Externalizing and Total Problems scales. Girls significantly differed in 10 out of 11 problems scales. Croatian girls had lower scores on the Withdrawn, Anxious/Depressed, Social Problems, Thought Problems, Attention Problems, Delinquent Behavior, Aggressive Behavior, Internalizing, Externalizing and Total Problems scales. Comparing the TRF standard data of 4 –11 year old American children of both sexes to Croatian children, differences are presented in Table 3. Boys and girls both differ in one out of 6 Adaptive scales. Croatian boys had much higher scores in the Working Hard scale, while American girls had higher rates in the Happy scale. Regarding the problem scales, Croatian boys differed considerably from the American boys in 8 out of 11 scales. They had lower scores in the Withdrawn,

TABLE 2
COMPARISON OF THE RAW MEAN CHILD BEHAVIOR CHECKLIST SCORES OF THE PRESENT STUDY WITH ACHENBACH'S (1991) SAMPLE BY MEANS OF STUDENT'S T-TEST

	Boys					Girls				
	Present study (N = 166)		Achenbach (N = 564)			Present study (N = 182)		Achenbach (N = 619)		
Scale	X	SD	X	SD	t	X	SD	X	SD	t
Activities	5.5	1.4	6.4[a]	1.7	–5.68***	5.4	1.6	6.4[b]	1.8	–6.50***
Social Competence	6.7	1.6	6.9[a]	2.0	–0.97	6.6	1.9	6.9[b]	2.1	–1.82
School Competence	5.1	0.5	5.1[a]	0.9	–0.42	5.2	0.5	5.3[b]	0.8	–1.73
Total Competence	17.6	2.5	18.6[a]	3.3	–3.55***	17.5	3.0	18.7[b]	3.6	–3.96***
Withdrawn	1.3	1.9	1.8	1.9	–3.14**	1.0	1.6	2.0	2.0	–6.26***
Somatic Complaints	0.9	1.3	0.8	1.3	0.72	1.0	1.5	1.0	1.6	0.13
Anxious/Depressed	2.7	2.9	3.1	3.1	–1.37	2.5	3.2	3.4	3.3	–3.14**
Social Problems	1.9	1.8	2.0	1.9	–0.88	1.6	1.7	1.9	1.7	–2.33*
Thought Problems	0.2	0.6	0.5	0.9	–3.70***	0.2	0.5	0.5	1.0	–4.38***
Attention Problems	3.1	3.0	3.3	2.8	–0.72	1.9	2.2	2.5	2.5	–2.65**
Delinquent Behavior	1.4	1.6	1.6	1.7	–1.63	0.8	1.2	1.2	1.4	–3.24**
Aggressive Behavior	6.2	5.2	8.2	5.8	–3.95***	4.7	4.2	7.0	5.2	–5.47***
Internalizing	4.8	4.9	5.6	4.7	–1.93	4.5	5.1	6.3	5.5	–3.98***
Externalizing	7.6	6.3	9.8	7.1	–3.62***	5.5	5.0	8.2	6.1	–5.40***
Total Problems	19.7	15.1	24.3	15.6	–3.34***	15.6	12.6	23.1	15.5	–5.94***

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; [a] N = 458; [b] N = 488

TABLE 3
COMPARISON OF THE RAW MEAN TEACHER'S REPORT FORM SCORES OF THE PRESENT STUDY WITH ACHENBACH'S (1991) SAMPLE BY MEANS OF STUDENT'S T-TEST

	Boys					Girls				
	Present study (N = 168)		Achenbach (N = 334)			Present study (N = 181)		Achenbach (N = 379)		
Scale	X	SD	X	SD	t	X	SD	X	SD	t
Activities	5.5	1.4	6.4[a]	1.7	–5.68***	5.4	1.6	6.4[b]	1.8	–6.50***
Academic Performance	3.3	0.9	3.2	0.8	1.16	3.4	0.8	3.3	0.8	1.54
Working Hard	4.4	1.7	4.1	1.6	2.13*	4.8	1.5	4.7	1.6	0.99
Behaving Appropriately	4.4	1.6	4.3	1.7	0.82	5.2	1.6	5.1	1.5	0.70
Learning	4.3	1.7	4.5	1.4	–1.12	4.7	1.5	4.8	1.4	–0.50
Happy	4.5	1.8	4.6	1.3	–0.80	4.7	1.7	5.0	1.4	–2.01*
Total Adaptive	17.7	5.8	17.5	5.1	0.37	19.5	5.6	19.6	5.0	–0.22
Withdrawn	1.1	2.1	1.8	2.5	–3.12**	0.9	1.7	1.8	2.6	–4.02***
Somatic Complaints	0.5	1.5	0.5	1.4	0.00	0.4	0.9	0.7	1.6	–2.72**
Anxious/Depressed	2.6	3.5	3.2	3.7	–1.83	2.2	3.2	3.1	4.0	–2.55**
Social Problems	1.6	3.2	1.8	2.7	–0.60	1.0	2.1	1.6	2.7	–2.70**
Thought Problems	0.2	0.7	0.4	0.8	–2.64**	0.1	0.4	0.3	0.8	–3.12**
Attention Problems	5.0	6.7	8.7	8.5	–4.82***	2.2	4.3	5.5	6.9	–5.84***
Delinquent Behavior	0.8	1.6	1.3	1.8	–3.20**	0.2	0.6	0.8	1.4	–5.66***
Aggressive Behavior	3.8	5.8	6.0	8.2	–3.10**	1.6	3.5	3.5	5.8	–4.01***
Internalizing	4.1	5.6	5.3	5.6	–2.30*	3.4	4.3	5.5	6.4	–3.89***
Externalizing	4.5	7.0	7.2	9.6	–3.14**	1.8	3.8	4.2	6.8	–4.40***
Total Problems	15.0	18.0	23.5	21.9	–4.28***	8.3	10.4	17.2	19.0	–5.81***

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; [a] N = 458; [b] N = 488

TABLE 4
COMPARISON OF THE RAW MEAN CBCL AND TRF SCORES OF THE PRESENT STUDY (N = 339)

	Boys – girls difference[a]		CBCL – TRF difference[b]	
Scale	CBCL	TRF	Boys	Girls
Withdrawn	0.29	0.15	0.18	0.04
Somatic Complaints	–0.13	0.15	0.38**	0.67**
Anxious/Depressed	0.20	0.34	0.17	0.30
Social Problems	0.29	0.66*	0.22	0.59**
Thought Problems	0.06	0.10	0.02	0.06
Attention Problems	1.17**	2.82**	–1.91**	–0.26
Delinquent Behavior	0.53**	0.59**	0.59**	0.64**
Aggressive Behavior	1.54**	2.16**	2.44**	3.06**
Internalizing	0.32	–0.63	0.72	1.02*
Externalizing	2.07**	2.75**	3.02**	3.71**
Total Problems	4.16*	6.68**	4.70**	7.22**

[a] Independent samples t-test; [b] Paired samples t-test; * $p < 0.05$; ** $p < 0.01$

Thought Problems, Attention Problems, Delinquent Behavior, Aggressive Behavior, Internalizing, Externalizing and Total Problems scales. In comparison to the American girls, Croatian girls had lower scores in all of the 11 problems scales.

Discussion

Psychometric characteristics

All the behavioral syndromes in the CBCL as well as in the TRF had good internal consistency (more than 80). We achieved a significant, but poor correlation between parents' and teachers' agreement in 6 scales.

Comparison of the CBCL and TRF scores in the Croatian sample

The main aim of this study was to present, for the first time, the data on the CBCL and TRF in non-referred children in Croatia, chosen from different regions. In the differences between boys and girls in the CBCL and TRF, higher scores were in the Externalizing and Total Problems scale in boys, this being in compliance with the experiences in almost all of the observed cultures and presupposing a cultural universal as far as the gender role is concerned[7].

Comparing the results of problem scales in CBCL and TRF parents rate significant higher scores in both sexes. The only exception is in the Attention Problems scale where the situation is reverse. The interesting thing is that the parents are more sensitive to externalizing problems (which are more prominent) and somatic complaints. It seems that in Croatia there is a tendency to mask the emotional problems with somatic complaints. Child and adolescent' psychiatrists often report abdominal pains, headaches and other painful syndromes and somatic manifestations in children and adolescents. It can be assumed that the family plays a very important role in the development of these somatizations, which is confirmed by the researches in child and adolescent' psychosomatics[9]. It seems that in Croatia parents are the more important observers of mental problems in children than teachers. Teachers were sensitive only regarding attention problems, which is in concordance with previous researches in other cultures[7].

Cross-cultural differences

A significant difference in the competence scales between Croatian and American children in the CBCL was in higher scores in American children in Activity and Total Competence scale in both sexes. This difference could be explained by less structured activities of children in Croatia. This statement should be taken with precaution, though.

It is interesting that the most frequent sports were bicycle riding and football, while collecting napkins and cards were the most frequent hobbies.

The problem scales in the CBCL and in the TRF of American children showed higher scores as compared to Croatians. These findings can be compared to the studies carried out so far in different parts of the world. Girls and boys in Croatia seemed more similar to the children in Europe[7,12]. Cross-cultural differences can be influenced by various factors, from the questionnaire to the differences in socio-cultural characteristics[7]. We find that the two factors are very important: the translation of the questionnaire and the family dynamic. Aspects of recent psychic traumatization can be also taken into account. Studies have shown that fathers with long lasting Post Traumatic Stress Disorder as a result of war trauma have very pathogenic and long lasting influence on mental health of their children[13]. Further research is necessary to clarify these findings.

There are some *limitations* to the research of this pilot study. Firstly, the psychometric properties of the instruments were not checked completely. Secondly, in further studies more detailed division of single regions will be possible, increasing of sample is recommended and the question of subtotal influence to the results remains open. Due to the above mentioned reasons, presented sample cannot be treated as a standard for the whole country of Croatia.

Some of the following *implications* are possible. Although in our sample in Croatia we have not completely checked psychometric properties of the instruments, the achieved findings provided us for the first time with empirical data on competencies and problems of children. Parents are more important observers of possible mental problems of children in Croatia compared to teachers. Further, it is necessary to improve teachers' sensitivity to psychological problems of children through their education. Parents are inclined to notice somatic and not the emotional problems in children. Psychosomatic approach to this somatic complaints would be more appropriate. It can be assumed that parents and family have a decisive role in child development or possible development of psychopathological manifestations. The spread of mental health problems in Croatian children is much lower than in Americans. This findings require further verification.

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SPOSOBNOST I PONAŠAJNO/EMOCIONALNI PROBLEMI DJECE U HRVATSKOJ – RODITELJSKA I NASTAVNIČKA IZVJEŠĆA: PILOT STUDIJA

SAŽETAK

Achenbachova lista dječjeg ponašanja (engl. Child Behavior Checklist, CBCL) i izvješće za nastavnike (engl. Teacher's Report Form, TRF) su primijenjeni na uzorku školske djece dobi od 7–11 (N = 349) iz različitih regija Hrvatske. Ovo su prvi podaci o CBCL-u i TRF u Hrvatskoj. I u CBCL i u TRF dječaci uspoređeni s djevojčicama imaju veći rezultat u skalama Eksternalizacija i Totalni Problemi ($p<0.01$ i $p<0.05$). Roditelji su davali veći rezultat u oba spola u skalama Internalizacija i Eksternalizacija ($p<0.01$ i $p<0.05$), uz iznimku kod skale Internalizacija u dječaka. Roditelji su vrlo važni promatrači problema duševnog zdravlja u djece.