

SOCIAL-EMOTIONAL ILL-BEING FOR MALTREATED CHILDREN: TOWARD A COMPREHENSIVE MEASURE OF THE THE RELATIONSHIP BETWEEN SOCIAL SKILLS, MENTAL HEALTH AND BEHAVIOR

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Dissertation Purpose

Develop a multi-dimensional research instrument that identifies the relationships between social, behavioral and mental health problems for child welfare involved children.

Background

Child welfare involved children are worse off than their peers

Higher rates of:

- Cognitive problems
- Health problems
- Mental health problems
- Behavioral problems
- Very little is known about their social skills
- Higher rates of long-term adverse outcomes such as incarceration, early pregnancy, homelessness

Domains Included

- Mental health – “Mental health is defined as a state...in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO).”
- Behavior – the degree to which the child exhibits conflict with the environment.
- Social skills/development - “the interaction between an individual and the environment and the tools used to initiate and maintain vital interpersonal relations (Elliott & Gresham, 1987).”

Developmental Approach

- Constructs may manifest differently at different ages
 - E.g. Social skills look different for children in grade school than for teenagers in high school
- Age categories consistent with other child welfare researchers and Children's Bureau
- Few constructs, such as substance abuse, that expect to manifest primarily in older youth
- Measures are not consistent for all ages

Aims and Hypotheses

Aim 1: Specify the theory of the relationships between social skills, mental health and behavior for child welfare involved children.

- Preliminary Theory: In a child welfare involved population, social skills, mental health and behavior are related concepts.
- Hypothesis 1: Social skills, mental health and behavior are three distinct constructs as assessed by existing measures.
- Hypothesis 2: The constructs are positively correlated and children with more problems in one area will have more problems in the other areas as well.
- Hypothesis 3: The constructs are not strongly correlated but are related to each other by an underlying construct.

Aim 2: Test the invariance of the model from Aim 1 across demographic groups.

METHODS

Sample

- The Second Cohort of the National Study of Child and Adolescent Well-Being (NSCAW II)
- Children who had investigated report of maltreatment between February 2008 and May 2009
- 42 states and the District of Columbia
- Stratified sample to be representative of the population
- All 8-17 year olds at the baseline assessment (n=1,652)
- Two groups:
 - 8-10 year olds (late middle-childhood/pre-adolescence) n=598
 - 11-17 year olds (adolescence) n= 1,054

Measures of Social Skills

- Social Skills
 - Social Skills Rating System (SSRS) – Caretaker and teacher report
 - Child Behavior Checklist (CBCL) Social subscale

Peer Relationships

- Loneliness and Social Dissatisfaction Scale – youth report

Measures of Behavior

- Rule Breaking – CBCL
- Aggressive Behavior – CBCL

May be included in behavior

- Attention Problems
 - CBCL empirically derived scales

Measures of Mental Health

- Depression – Children's Depression Inventory, CBCL DSM Affective Scale
- Trauma – Trauma Symptom Checklist for Children (subscale only)
- Anxiety – CBCL DSM Anxiety
- Somatic problems – CBCL Somatic subscale
- Thought problems – CBCL Thought Problems subscale

Confirmatory Factor Analysis (CFA)

- Type of structural equation model (SEM)
- Specific to measurement models
- Analyses relationship between indicators (observed measures) and latent factors or variables
- Must be hypothesis driven
- Indicators reflect the factor
- Identifies the part of the indicator that reflects the “true score” from the latent factor

Latent Constructs

- Hypothetical constructs that are not directly measurable
- Latent constructs created from observed variables that each capture some aspect of the construct
- Possible constructs are: mental health, behavior, social skills
- Observed variables will be the summed scores from the various measures
- Latent constructs can relate to each other

Preliminary analyses

- Testing Hypothesis 1
 - One factor with all possible indicators
 - Two factors of possible combinations of domains
 - e.g. mental health and behavior as a single factor or mental health and social skills as a single factor
 - Three separate factors – mental health, behavior and social skills

Theory testing analyses

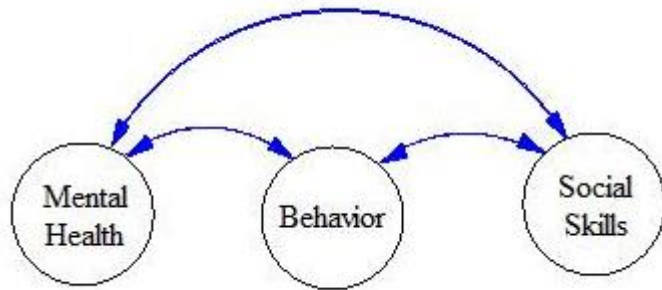
Two tests for the relationship between the factors.

Models tested will be:

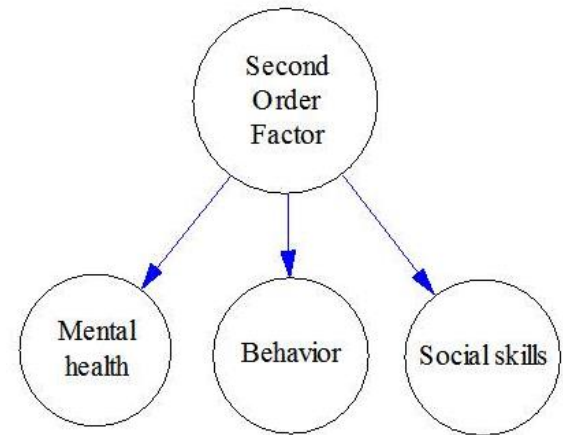
- Three correlated latent factors
- A higher order factor with three first-order latent factors

Hypotheses

Hypothesis 1



Hypothesis 2



Technical Details

- Estimator –maximum likelihood
- Model assessment and comparisons – using available fit indices
 - Model chi-square
 - RMSEA
 - CFI
 - TLI
- Method effects – correlated errors and latent variable for the respondent
- Weights – only in the final models

PRELIMINARY RESULTS

8-10 year olds

Population Description

	8-10 year olds	
Variable	N	%
Total	598	100
Gender- male	319	53.3
Female	279	46.7
Race/ethnicity - White	218	36.5
African American	175	29.3
Hispanic	157	26.3
Other	48	8.0
Placement - Parent	405	67.73
Formal kinship	49	8.2
Informal kinship	46	7.7
Non-relative foster care	88	14.7
Residential/other	10	1.7
Urban	519	86.0
Non-urban	84	14.0

Measures: Social Skills

	8-10 year			
	N	Mean (SD)	Median	Range
Loneliness and Social Dissatisfaction (youth)	480	33.1 (12.5)	31	16-80
Social Skill Rating System (caretaker)	577	46.7 (12.1)	48	2-72
CBCL – Social (caretaker)	596	4.2 (3.8)	3	20
Social Skills Rating System (teacher)	287	34.9 (12.0)	34	9-60

Measures: Mental Health

	8-10 year			
	N	Mean (SD)	Median	Range
Children's Depression Inventory (youth)	491	9.7 (7.9)	8	0-41
Trauma Checklist – sub-scale (youth)	490	9.3 (6.4)	9	0-30
CBCL – DSM Affective (caretaker)	596	2.6 (3.2)	2	0-16
CBCL – DSM Anxiety (caretaker)	596	2.4 (2.3)	2.4	0-12
CBCL – Somatic Complaints (caretaker)	595	1.6 (2.2)	1	0-16
CBCL – Thought Problems (caretaker)	595	3.7 (4.3)	2	0-24

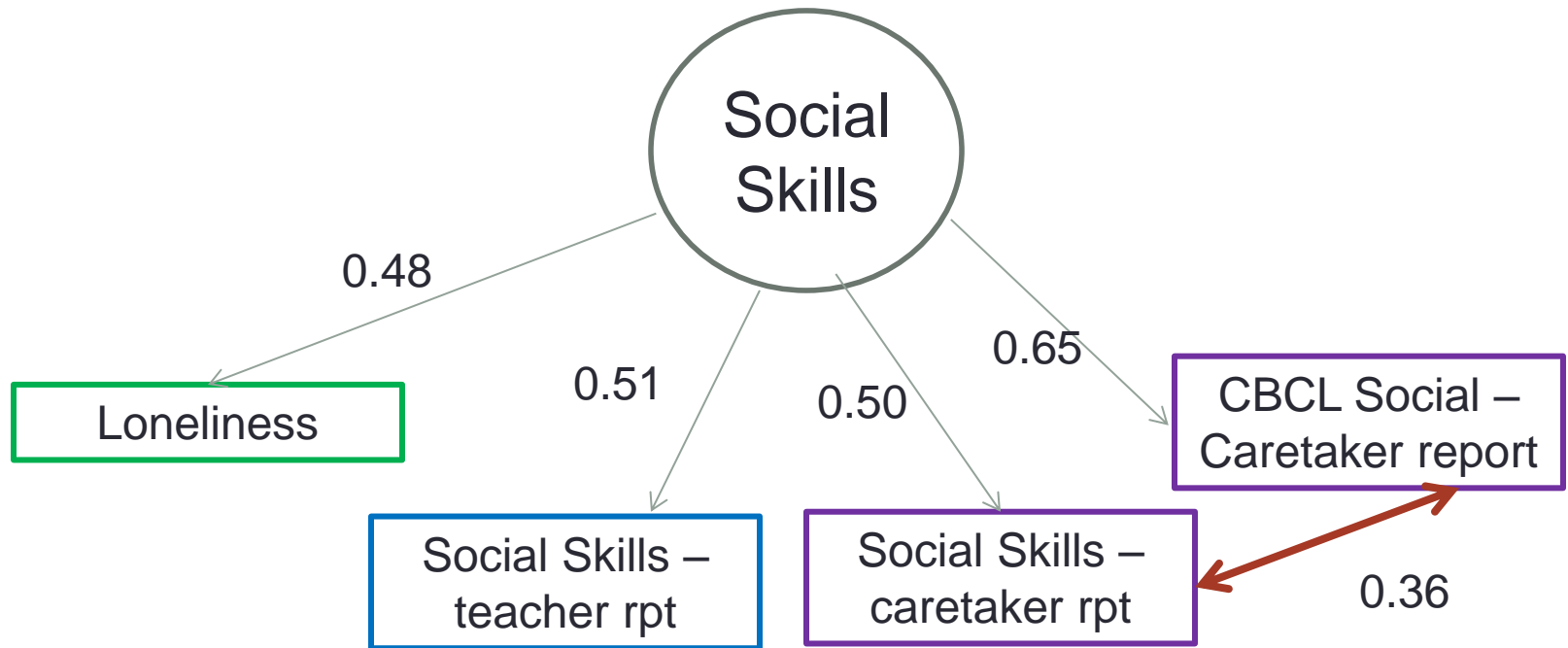
Measures: Behavior

	8-10 year			
	N	Mean (SD)	Median	Range
CBCL – Rule-breaking behavior (caretaker)	595	3.6 (3.8)	3	0-23
CBCL – Aggressive behavior (caretaker)	595	8.7 (8.1)	7	0-36
CBCL – Attention Problems	596	6.2 (4.8)	6	0-20

Results: Hypothesis 1

- Preliminary Theory: In a child welfare involved population, social skills, mental health and behavior are related concepts.
- Hypothesis 1: Social skills, mental health and behavior are three distinct constructs as assessed by existing measures.

Social Skills: Single Factor



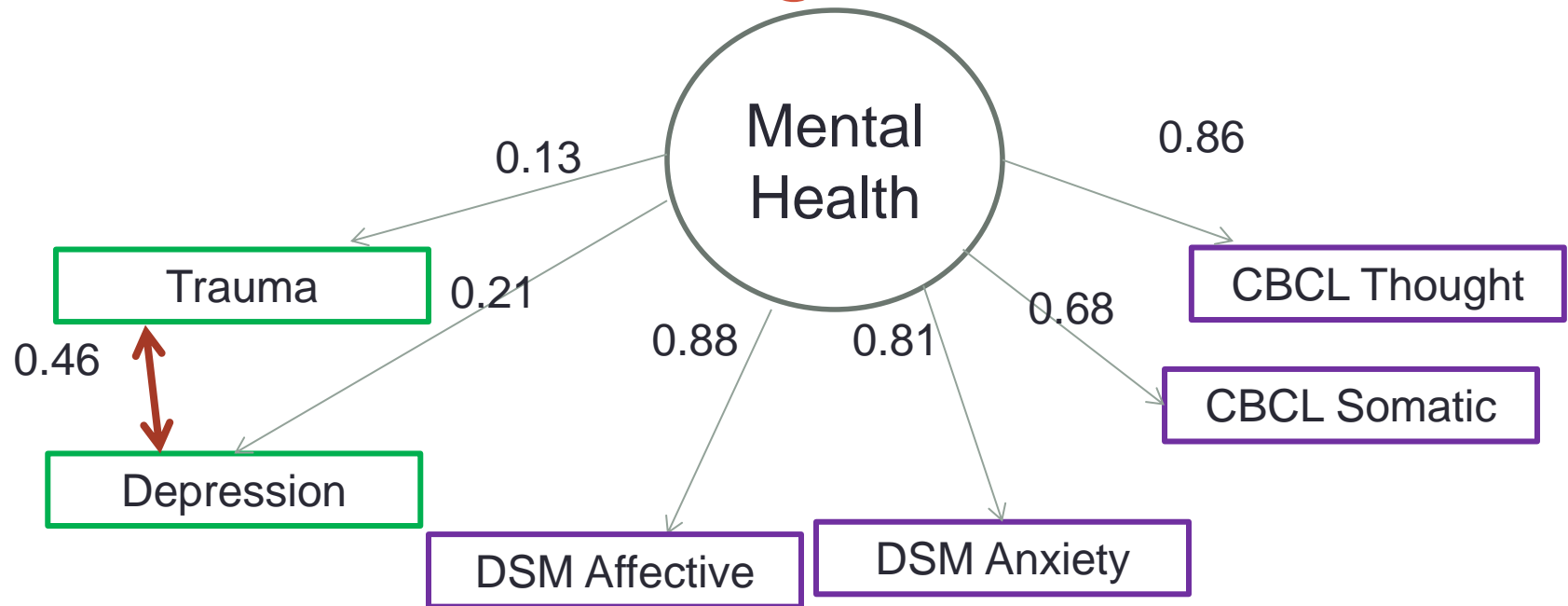
$\chi^2 = .99, p=.32$

CFI = 1

TLI = 1

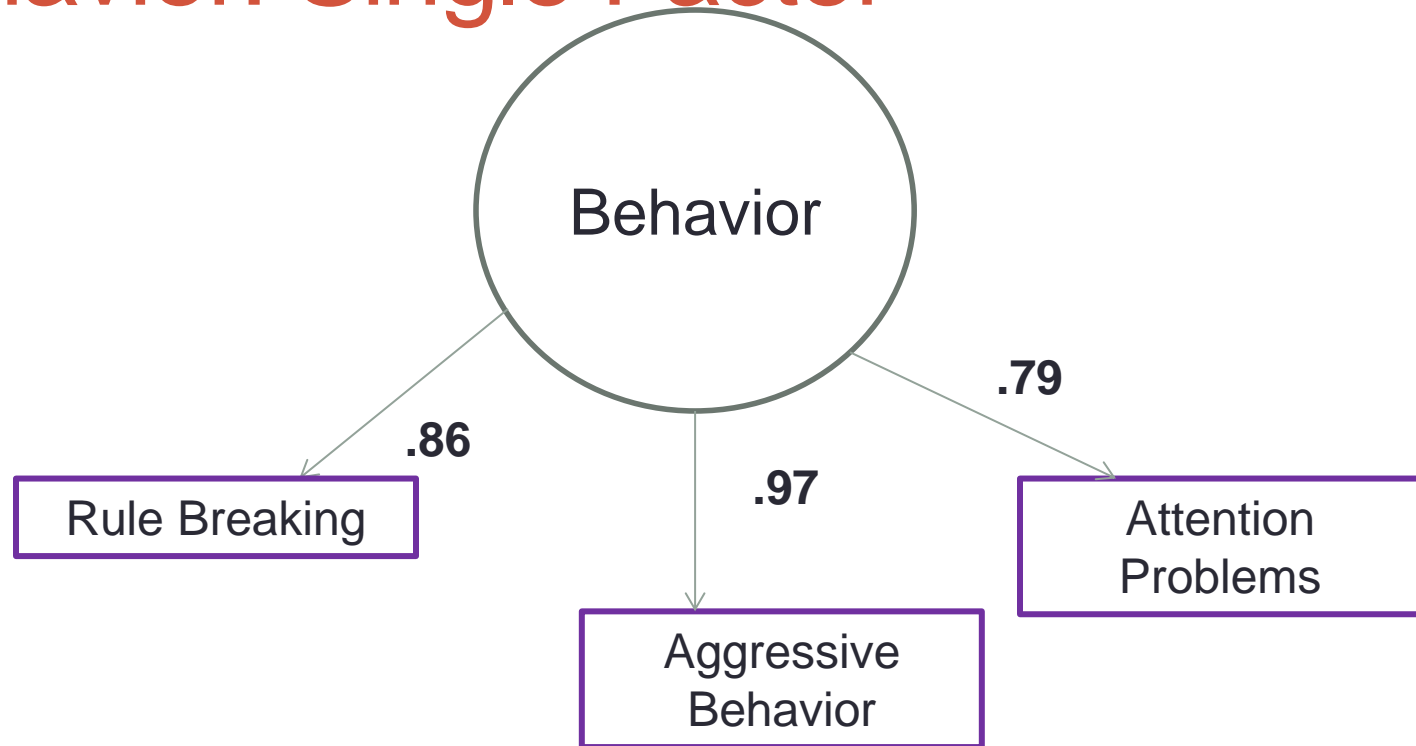
RMSEA = .00 (95% CI = .00-.11)

Mental Health: Single Factor

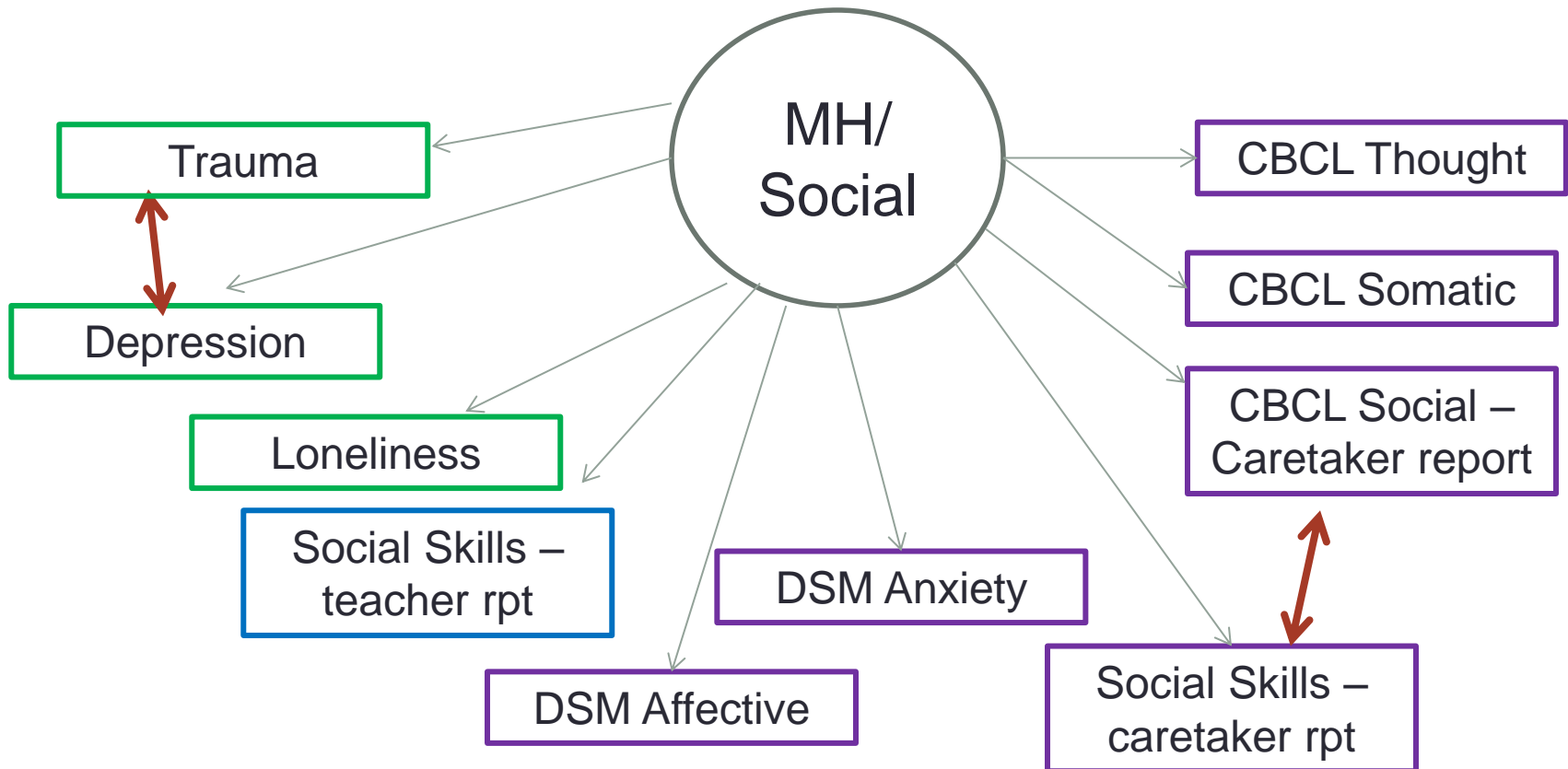


$\chi^2 = 13.36, p=.1$
CFI = .99
TLI = .99
RMSEA = .03 (95% CI = .00-.64)

Behavior: Single Factor

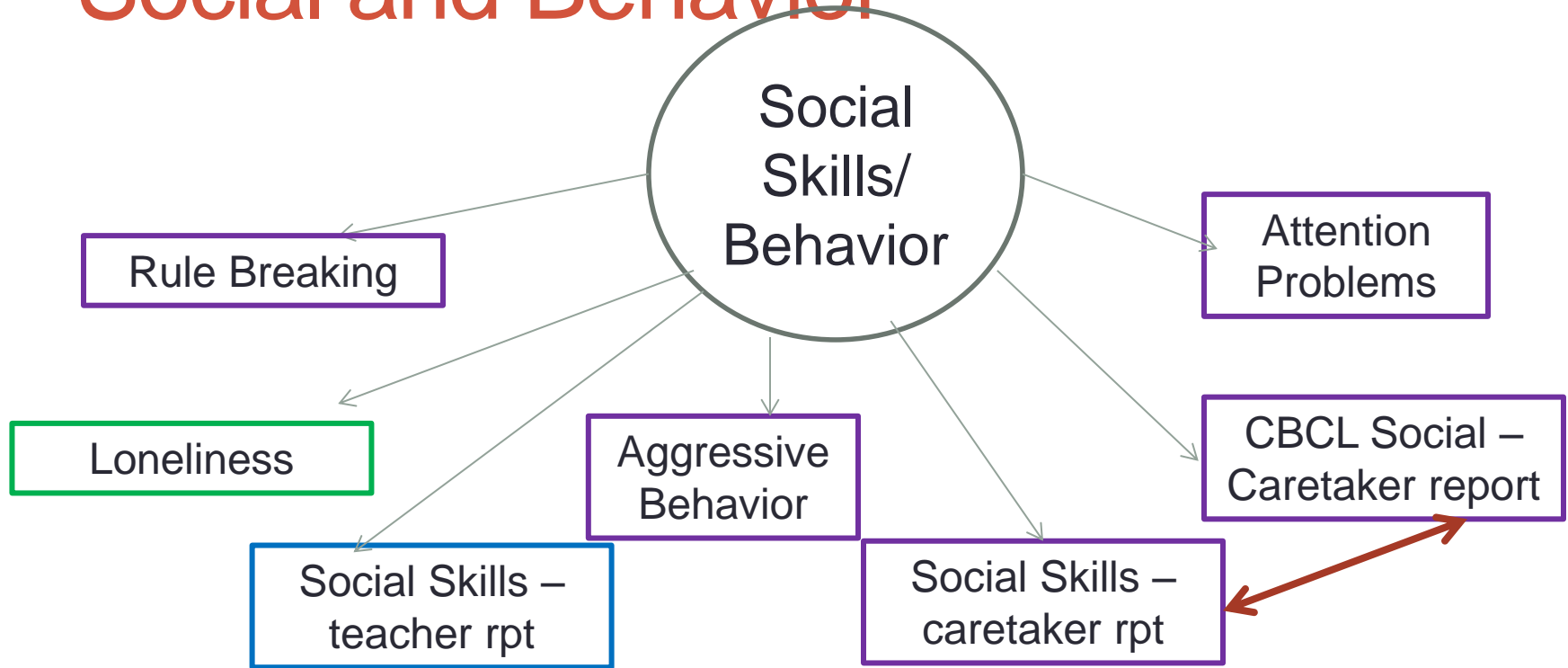


Mental Health and Social Skills



$\chi^2 = 258.2$, $p < .000$
CFI = .91
TLI = .88
RMSEA = .11 (95% CI = .10-.12)

Social and Behavior



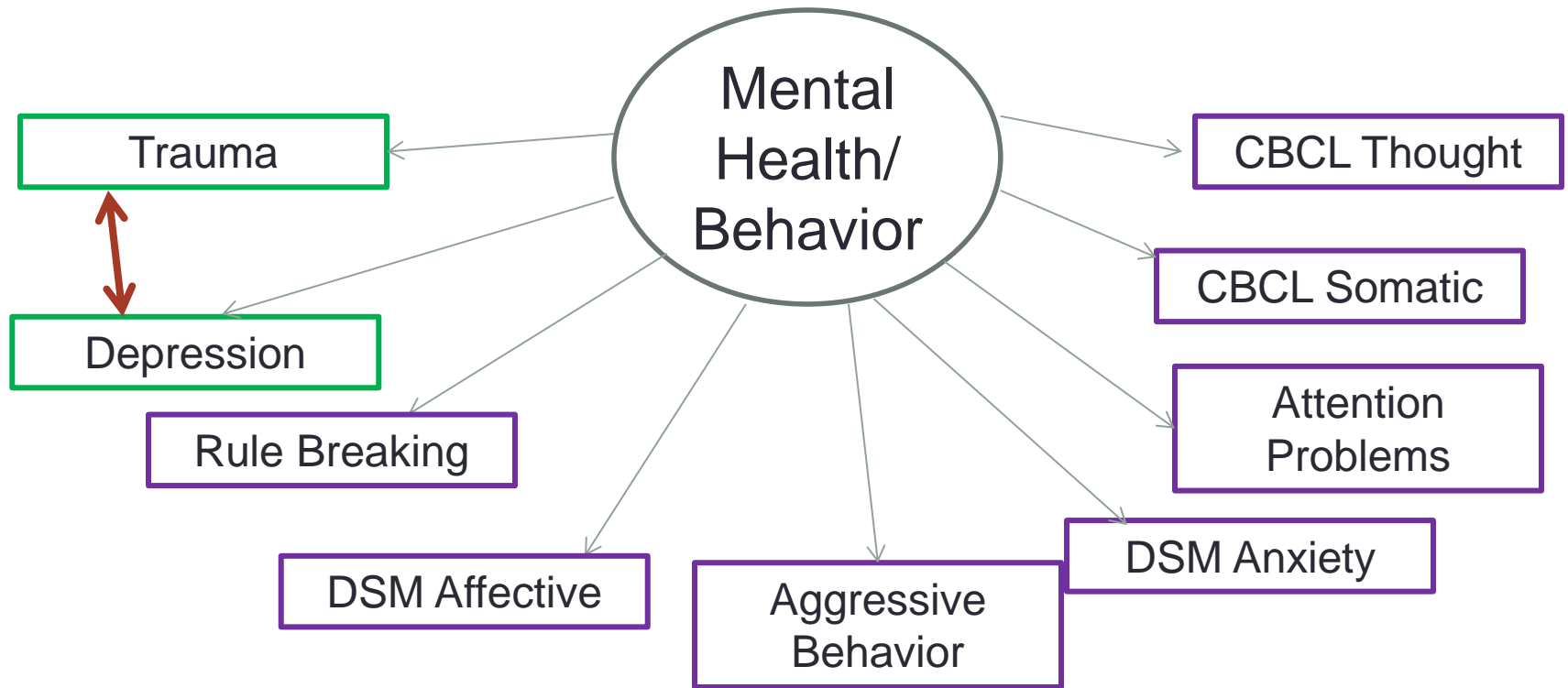
$\chi^2 = .78, p < .000$

CFI = .97

TLI = .95

RMSEA = .09 (95% CI = .07-.11)

Mental Health and Behavior



$\chi^2 = 374.4, p < .000$

CFI = .90

TLI = .86

RMSEA = .15 (95% CI = .14 - .16)

LIMITATIONS AND IMPLICATIONS

Data set limitations

NSCAW II strengths and limitations

- Numerous measures
- Variety of measures
- Large sample

- Not nationally representative
- Mostly measures of deficits

SEM

- Model interpretation can be difficult.
 - Only guidelines for assessing fit using multiple indices.
 - Many different parts of the results have to be examined.
- Multiple models may have similarly good fit.
- Possible that no models would fit.

CONCLUSIONS & DISCUSSION

Preliminary Conclusions

- Correlated errors by type of respondent improved fit for mental health and social skills
- Child report is different than teacher or caretaker report
 - Correlations between child-reported measures higher than the correlations between similar constructs and different reporters
- Preliminary results suggest that the three constructs are distinct but related

Discussion

- Findings are consistent with the emphasis on gathering and focusing on the child's perspective in the social indicators movement
- Suggest that for this population, research using caretaker reports of the child may not be representing the children accurately
- At this point, results suggest that all three domains should be measured, just not clear if there is an underlying social-emotional ill-being construct or if three related constructs

Thank you!

Questions?