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Fathers as informants of children's fears and worries

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Abstract

The recognition of excessive fears and worries in children is important for early intervention. Despite current knowledge about the important contribution fathers make to their children's emotional, social and cognitive development, more emphasis is often given to the views of mothers in both research and practice. This paper reports on a community study of 220 families. Fathers, mothers and children reported on children's fears and worries using three different methods. While father and mother ratings were moderately correlated on two of the measures, there was relatively poor parent-child agreement. Implications for the role of fathers in the assessment of childhood fears and worries are discussed.

Keywords: children; fears; worries; fathers; anxiety; self-report measures

Fathers as informants of children's fears and worries

Anxiety disorders represent the most prevalent psychopathology of childhood (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003; Ford, Goodman, & Meltzer, 2003), affecting up to 18% of school-aged children (Costello & Angold, 1995; Kashani & Orvaschel, 1990). Children with excessive fears and worries often display lower academic achievement (Hughes, Lourea-Waddell, & Kendall, 2008), difficulties with peer relationships (Strauss, Frame, & Forehand, 1987) and impairments in general social competence (Messer & Beidel, 1994). Associated school absenteeism and impaired peer relationships may lead to poorer vocational adjustment (Hibbert, Fogelman, & Manor, 1990) and lower self-concept (Asher & Coie, 1990), as well as psychiatric disorders later in life (Bittner, et al., 2007).

While causal links are difficult to establish, excessive childhood anxiety has been associated with the subsequent development of depression (Cole, Peeke, Martin, Truglio, & Senczynski, 1998; Kovacs, Akiskal, Gatsonis, & Parrone, 1994) and other maladaptive outcomes such as eating disorders (Godart, Flament, Lecrubier, & Jeammet, 2000) and substance misuse (Burke, Burke, & Rae, 1994; Deas-Nesmith, Brady, & Campbell, 1998; Rao et al., 1999; Rodhe, Lewinsohn, & Selby, 1996). Without intervention, childhood anxiety disorders tend to persist into adulthood (Dadds, Seinen, Roth, & Harnett, 2000; Hughes et al., 2008).

Given the range of adverse correlates and the fact that childhood interventions have been shown to be effective in the treatment of anxiety, early identification is critical. Parents play a crucial role as they are usually the first to notice excessive fears and worries and to initiate referral. Indeed, clinicians tend to place considerable

reliance on parent reports, basing their final diagnostic decision more on parent than child report (Grills & Ollendick, 2003).

The research on parent reporting of children's problems generally finds that externalising disorders are identified more easily than internalising disorders (Achenbach, McConaughy, & Howell, 1987) and that there is less agreement between parent and child in the reporting of internalising than externalising disorders (Klein, 1991). For anxiety disorders in particular, there has been relatively low diagnostic agreement between parent and child in semi-structured interviews using instruments such as the Anxiety Disorders Interview Schedule (Grills & Ollendick, 2003; Kashani, Orvaschel, Burke, & Reid, 1985; Rapee, Barrett, Dadds, & Evans, 1994). Despite a general recognition of the value of integrating multiple sources of assessment when diagnosing childhood psychopathology, there is often more emphasis in research and practice on the views of mothers, rather than both parents (Grills & Ollendick, 2003; MacLeod, McNamee, Boyle, Offord, & Friedrich, 1999; Tarullo, Richardson, Radke-Yarrow, & Martinez, 1995). The exclusion of fathers is especially noticeable in community studies of childhood fears and worries. In MacLeod et al.'s (1999) comparison of teacher and parent reports, for instance, biological mothers or maternal guardians provided parental assessments more than 80% of the time.

The failure to include father data is probably at least partly due to difficulties in recruitment. Cobham, Dadds, and Spence (1999) found the response rate for fathers was so low that father data could not be included in their study of anxious children. These researchers speculated that fathers may have been reluctant to participate because they did not want to identify themselves or their children as anxious. In practice, fathers are also less often available to attend clinical sessions to provide their

perceptions of the problem. Even when data from fathers are included, their questionnaires have sometimes not been completed independently from mothers (Nauta et al., 2004) or the father data have not been reported separately (Weems, Silverman, Saavedra, Pina, & Lumpkin, 1999). In clinical samples there are also often discrepancies between father and mother reports (Rapee et al., 1994; Klein, 1991) as well as non-concordance with child reports (Tarullo et al., 1995).

Informant agreement is often dependent on the instruments used and the nature of the problems being reported (Tarullo et al., 1995). Most research studies of children's fears have employed a self-report methodology, with the Fear Survey Schedule for Children (FSSC-R; Ollendick, 1983) being a popular choice. Another self-report measure is the Child and Adolescent Worry Scale (Campbell & Rapee, 1994) which was developed to overcome some of the limitations of the FSSC-R. An alternative to self-reports is the free option approach in which children spontaneously record their fears and worries, either verbally (Henker, Whalen & O'Neil, 1995; Gilmore & Campbell, 2007; Lahikainen, Kirmanen, & Kraay, 2003) or through drawings and photographs (Royer & Schmitt, 2002) without any cues or suggestions from the researchers.

The frequent omission of fathers as informants of their children's fears and worries occurs despite current knowledge about the important contributions fathers make to their children's emotional, social and cognitive development (Biller, 1993; Paull, 2004; Snarey, 1993). Variability in father involvement in active parenting has been shown to influence child developmental outcomes (Gottman, 1998) including anxiety and depression (Amato, 1998; Park, Belsky, Putnam, & Cric, 1997). Indeed, while parents have an important role in referring their children for services (MacLeod et al., 1999), fathers may be even more crucial. La Barbara and Lewis (1980) found

that when fathers attended the initial interview there was a greater likelihood of the family completing treatment than when the father did not attend. If parents are not united in their parenting, especially when raising children who are prone to anxiety, then the consequent inconsistencies may be detrimental to children's emotional and behavioural health (Rapee, 1997). Bogels, Bamelis and van der Bruggen (2008) recently reported that fathers' anxiety status seems to make the difference in raising an anxious child and proposed a model in which fathers make a separate contribution from mothers to their child's anxiety (Bogels & Phares, 2008).

Thus, fathers may be especially important in the development and maintenance of children's anxiety disorders. Whether or not their ratings of children's fears and worries are concordant with mother and child reports, their perceptions will influence parenting style, father-child relationship, and even the likelihood of successful intervention. Obtaining data from fathers is clearly a worthy goal. The current study appears to be the first to investigate the contribution of fathers as informants of their children's fears and worries in a community sample using multiple measures comprising spontaneous responses and two structured questionnaires (the FSSC-R and the CAWS).

Method

Participants

The participants were 220 children (108 boys and 112 girls) aged between 6 and 12 years (mean CA = 8.72 years, SD = 1.99), and their mothers and fathers. Most of the families lived in the south-eastern corner of Queensland. Only intact families in which parents were living together were included in the sample. No other exclusion

criteria were applied; thus, the sample was taken from the general population without screening for child difficulties. Complete data sets were available for all participants.

Of the 220 children, 71 were aged 6-7 years, 66 were 8-9 years and 83 were 10-12 years. Ninety children were first-born, 73 were last born and 22 were only children. Mothers and fathers ranged in age from 20-29 to more than 60 years, with most being aged 30-39 (42% of fathers and 54% of mothers) or 40-49 (45% of fathers and 39% mothers). Families had an average of 2.5 children (standard deviation = .95, range 1-6). There was a good distribution across levels of education for parents, although a higher proportion of the sample (34%) had tertiary qualifications than in the Australian population (20%; Australian Bureau of Statistics, 2005). Approximately 29% had been awarded a certificate of diploma (31% in the general population) and 37% stated that high school was their highest level of educational attainment (compared with 49%).

Measures

The questionnaire used in this study consisted of three main components. The open-ended question "Tell me some of the things you are scared or worried about" (child) or "Tell me some of the things your child is scared or worried about" (parent) was presented first. Two measures were then presented in counterbalanced order: the Fear Survey Schedule for Children – Revised (FSSC-R; Ollendick, 1983) and the Child and Adolescent Worry Scale (Campbell & Rapee, 1994).

The Fear Survey Schedule for Children – Revised (FSSC-R; Ollendick, 1983) is a revision of Scherer and Nakamura's (1968) Fear Survey Schedule for Children. It consists of 80 stimulus items to which children respond on a 3-point scale indicating how much fear (1 = none, 2 = some, or 3 = a lot) they have of particular things.

Around 60 of the 80 items refer to physical things such as snakes and guns while the remainder refer to social events such as teasing. The scoring range is 80 to 240. The scale has sound psychometric properties (Muris et al., 2002).

The FSSC-R was chosen as it is the most widely used instrument for measuring children's fears, with a history of over 25 years. The original 1983 version was used in this study (as sent to the authors by Tom Ollendick in 2004) with item 73 changed from "Russia" to "terrorists". Several items were re-worded to reflect Australian language and other nuances. For example, Item 21 was changed from "getting a shot" to "getting an injection". The child and parent versions were identical except for the use of the pronoun "I" in the child version and "he/she" in the parent version.

The Child and Adolescent Worry Scale (CAWS; Campbell & Rapee, 1994) comprises 20 items of negative outcomes generated by children. It has been shown that when children are asked "How often do you worry about ..." they tend to think about how bad a negative outcome would be if it actually happened (Campbell, Rapee, & Spence, 2000). To overcome this ambiguity, worries are measured on the CAWS by frequency of thought, using the wording: "How often do you think about ..." The parent version asks "How often does your child think about....." using the same items.

Ratings are on a three-point Likert scale (0 = never, 1 = sometimes and 2 = every day) giving a scoring range of 0 to 40. Approximately half of the items refer to physical (e.g., being burnt and being drowned) and half to social outcomes (e.g., being teased and being criticized). The scale possesses high internal consistency with a coefficient of .89 (Campbell & Rapee, 1994). It is highly reliable over a one week interval and moderately to strongly reliable over a three-month interval.

Procedure

As part of the fieldwork requirements of a developmental psychology subject, questionnaires were administered by undergraduate students enrolled in a teacher training degree at a large Australian university. Each student asked two families (mother, father and one child) who were known to her/him to participate in the study and to choose a target child in the family aged between 6 and 12 years. All families were visited at home. They were given an information sheet explaining the purpose of the study and providing details of data handling procedures including confidentiality. After gaining informed consent, the students read the questions to the child while the parents were absent, working through the entire questionnaire and recording the child's responses. The mother and father were seen separately for the open-ended question, without the other parent or the child being present. They then completed the remainder of the questionnaire (the FSSC-R and the CAWS) independently. University ethical clearance was obtained to use completed questionnaires for research purposes in cases where mother, father, child and student researcher gave consent.

Results

Spontaneous responses

Responses to the question "*Tell me some of the things you are scared or worried about*" (child) or "*Tell me some of the things your child is scared or worried about*" (parent) were coded using 10 categories that were developed from the data. Responses were coded independently by two research assistants and any discrepancies were resolved before final codes were allocated. The "Safety" category included fears of the dark, being left alone and the family unit collapsing. Responses related to

acceptance by family, friends and peers as well as punishment and bullying formed the "Social Acceptance" category. "Animals" included spiders, dogs, snakes and insects. Table 1 shows the number of times a fear in each category was reported by mothers, fathers and children. Fears related to safety were the most frequently mentioned in all three groups. Mothers and fathers reported more child fears about social acceptance than did the children themselves, while children mentioned fears of animals more often than did their parents.

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The Fear Survey Schedule for Children – Revised (FSSC-R)

Means for the total FSSC-R score were 136.4 (SD = 24.9) for children, 126.7 (SD = 21.6) for fathers, and 130.4 (SD = 21.5) for mothers. Internal consistency of the scale, measured by Cronbach's alpha, was the same for all three respondents (.95). The correlations between child and parent ratings on the total score were .24 ($p < .01$) for fathers and .41 ($p < .01$) for mothers. Father and mother scores were moderately correlated ($r = .51, p < .01$). An ANOVA conducted on the FSSC-R indicated a significant difference between the three groups $F(2, 220) = 10.26, p < .001$. Posthoc Tukey HSD showed that fathers were significantly different from their children ($p < .000$). Mothers were also significantly different from their children ($p < .01$), while fathers and mothers were not significantly different from each other.

Child and Adolescent Worry Scale (CAWS)

Mean scores for the total CAWS were similar for children (15.4, SD = 9.5), fathers (16.3, SD = 9.2) and mothers (16.99, SD = 9.42). Internal consistency (Cronbach's alpha) for the scale was .92 for children, .93 for fathers and .93 for

mothers. For the total sample father and child reports were moderately significantly correlated ($r = .58, p < .01$) as were the mother and child reports ($r = .53, p < .01$). Father and mother reports were highly correlated ($r = .71, p < .01$). An ANOVA conducted on the CAWS indicated no significant differences between the three groups, $F(2, 220) = 1.625$. The groups rated 9 of their top 10 worries in common, with only the children ranking breaking an arm or leg in the top 10, and only mothers and fathers rating being criticised.

Discussion

The main purpose of this study was to examine the contribution of fathers' reports of their child's fears and worries using three different measures to determine if informant concordance varied with different measures. As far as we are aware, no similar studies have been conducted in the past. Although fathers and mothers provide reasonably similar responses when generating a spontaneous list of their child's fears and worries, or rating the intensity of their fears on the FSSC-R, there is much less consistency between parents and children. By contrast, on the CAWS, informant concordance is considerably higher.

When asked to respond spontaneously about the child's fears and worries, all three informants most commonly mentioned safety issues. However, many more children than adults spontaneously mentioned fears of animals such as spiders, dogs and snakes, and fathers and mothers were more likely to report that their child was afraid or worried about social situations such as bullying or performing in public. This difference between children and parents is probably not surprising. Animals represent concrete fears of things that are commonly encountered or anticipated, and thus probably tend to come to mind more readily for children than do fears of social

acceptance which are more abstract and more difficult to express. In addition, fears of creatures such as spiders and snakes are commonly accepted as “normal”, perhaps making them easier for children to disclose than fears about social acceptance.

Fathers and mothers may mention social fears and worries more frequently because they view them as more significant.

On the FSSC-R, a similar pattern of informant agreement is evident. Father and mother ratings are moderately correlated, while those of father-child and mother-child are considerably lower. Previous research about informant concordance using self-report measures has produced mixed findings. While some studies have found that parents provide similar ratings to children (e.g., Bondy, Sheslow, & Garcia, 1985; Bouldin & Pratt, 1998), others have identified low levels of agreement (Gottlieb & Bronstein, 1996; Jones & Borgers, 1988). Interestingly, there is much better agreement among all three informants using the CAWS. A notable finding is that the most worrisome outcomes are social rather than physical. Apart from “breaking an arm or a leg” reported by children as the third most frequent outcome they worry about, the top ten worries for all informants relate to social situations.

The findings of the current study suggest that fathers and mothers tend to report similarly on their children's fears and worries, irrespective of the instrument used. While mother-child reports agree somewhat more closely than father-child, neither mother nor father responses are strongly related to children's spontaneous response or to their ratings on the FSSC-R. The higher concordance on the CAWS may be due to the instrument's less ambiguous wording and its focus on outcomes rather than stimuli.

There are some methodological limitations related to the data collection methods used in this study. First, multiple data collectors were used and, although

they were given strict written and verbal instructions regarding administration of the questionnaires, some inconsistencies in data collection methods may have occurred. Second, the fact that families were known to the student researchers may have influenced some of the responses. A third caution is the fact that only intact families were included in the present study; thus, the extent to which the findings can be generalised to single-parent households and other family types is unknown.

Despite these limitations, the results are valuable in demonstrating the importance of fathers in the assessment of children's fears and worries. Future research should consider whether similar levels of concordance are also evident in clinical samples. Best practice in assessment advocates the use of multiple informants whenever possible. At times, the resulting non-concordance requires decisions about the relative weighting that should be given to the views of different informants, and the overwhelming focus on mothers in the research literature may create the impression that mother ratings are more credible. The inclusion of fathers in research about children's fears and worries, and the development of measures that produce higher agreement among fathers, mothers and children would encourage clinicians to value fathers as informants of their children's fears and also to involve them more in therapeutic intervention.

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Table 1

Number of times a fear in each category was mentioned in response to the question *Tell me some of the things you (or your child) are scared or worried about (n=220)*

	Category	No. of times mentioned by FATHERS	No. of times mentioned by CHILDREN	No. of times mentioned by MOTHERS
1	Safety	104	86	110
2	Animals	38	81	26
3	Injury/death – self	18	39	21
4	Social acceptance	87	36	78
5	Monsters	14	26	13
6	Performance	42	22	55
7	Intruders	7	19	15
8	Injury/death – others	6	17	8
9	World events	12	14	10
10	Natural disasters	12	10	11