

Can Screening Replace In-Depth Assessment?

A Pilot Study Comparing Relational Health Screen and Parent-Child Early Relational Assessment

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Introduction

In-depth analyses of parent-child interaction can be cumbersome and cost-intensive. Screening instruments are more user-friendly and inexpensive, but may exclude important information or identify too many false screen-positive cases. Relational Health Screen (RHS) is a new screening instrument for assessment of dyadic interaction quality, but there are no studies comparing RHS to other interaction-classification systems. The present study compares RHS to Parent-Child Early Relational Assessment (PCERA) (Clark, 2010), a comprehensive coding system in which variables assessing dyadic quality conceptually similar to RHS are included.

Aims of the study

Firstly, do the screener and the comprehensive coding system scores correspond?

Secondly, in both the RHS and PCERA, observed parent-child interaction problems are categorized into three defined levels. When applying both coding systems to a given set of cases; will the cases be encoded into corresponding categories?

Method

In a sub-study nested within the population based longitudinal “Little in Norway” study (2010), 125 video-tapes of parent-infant dyads in a standardized free-play situation when the children were 12 months old were analyzed using RHS. All screen-positive ($n = 13$), all clinically suspect ($n = 11$), and six screen-negative video-tapes, in total 30 tapes, were recoded with Parent-Child Early Relational Assessment (PCERA) (Clark, 2010) by an experienced PCERA coder blind to the RHS-scores.

Relational Health Screen (RHS) (Fredriksen et al., 2014; Little in Norway, 2010; Willis et al., 2007) assesses dyadic interactive behavior patterns by defined age specific criteria relevant for children age 6-24 months. At 12 months, a 10 minute long standardized parent-child free-play situation is video-taped. The last 5 minutes of the tape are rated 0-2 on seven variables and summed into scores yielding clinical recommendations: Pass, Suspect, and Fail. The psychometric properties of the RHS have been tested in pilot studies by Willis et al. (2007) and the RHS is now validated on a large scale in the LiN-study (2010).

Parent-Child Early Relational Assessment (PCERA) (Clark, 1999; Clark, 2010), is an extensive video-based, parent-child interaction assessment method in which 65 assessment variables are rated and clustered into separate subscales concerning the parent (seven subscales), the child (four subscales) and the dyad (two subscales) to identify areas of strengths and areas of concern. Observations of behavior frequency, duration and intensity are rated on five-point Likert scales (1-5), where scores 1-2 represents areas of “concern”, score 3 “some concern” and scores 4-5 are defined areas of “strength”.



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Results

RHS-scores did correlate positively with all PCERA domains ($r = .61 - .78$, $p < .001$). All screen-positive and clinically suspect RHS-cases were also identified with the PCERA. Within the group of screen-negative cases, results were mixed. In three RHS screen-negative cases, some concerns were identified within PCERA domains, but strengths were also identified within the same domains.

Conclusions and implications

The positive correlations indicated that the two instruments corresponded well. However, PCERA supplemented RHS by identifying some specific interactional difficulties not captured by RHS. Because none of these problems were severe, the results are promising: RHS may identify cases in need of more detailed assessment. Further and larger studies to describe problem patterns in screen negative cases are needed.



References

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