Title: Problem Behaviors in Young Children with Williams Syndrome: Parent and Teacher Perspectives

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Introduction: Problem behaviors have been associated with parenting stress (Brei et al. 2015) and adaptive functioning problems (Hahn et al. 2014). Studies of school-age children with Williams syndrome (WS) have reported elevated levels of problem behavior in the areas of hyperactivity, attention problems, social problems, preoccupations and anxiety (Klein-Tasman et al., 2015). However, few studies have examined problem behavior in preschool-age children with WS and none have examined reports of multiple raters (Papaeliou et al., 2012; Hahn et al. 2014). We aim to further understand problem behavior in preschool-age children with WS and examine the correspondence between parent and teacher reports.

Method: Participants were 35 young children with WS (ages 2-6). Parent and caregiver-teacher reports of problem behavior were evaluated using the Child Behavior Checklist (CBCL). The CBCL has empirically based scales that constitute three higher-order factors: Internalizing (Emotionally Reactive, Anxious/Depressed, Somatic Complaints, and Withdrawn scales), Externalizing (Attention Problems and Aggressive Behavior scales) and Total Problems. There are five DSM-oriented scales: Affective, Anxiety, Pervasive Developmental (PD), Attention Deficit/Hyperactivity (ADHD), and Oppositional Defiant (OD) Problems. Problem behaviors were categorized into three T-score ranges: normal (<65), borderline (65-69), clinical (≥70).

Results: Using one sample t-tests, all scales were significantly elevated from the mean (T=50) except for the Internalizing scale for parents and the Somatic Complaints scale for teachers. Paired t-tests indicated that teachers reported significantly higher ratings of problem behavior for Anxious/Depressed (t[33] = -3.027, p = .005), Aggressive Behavior (t[33] = -.4.061, p <.001), Externalizing (t[33] = -.4.316, p <.001), Total Problems (t[33] = -3.226, p = .003), ADHD Problems (t[33] = -4.167, p <.001) and OD Problems (t[33] = -4.341, p <.001) while parents reported significantly higher rating for Somatic Complaints (t[33] = 4.553, p <.001). Parents and teachers reported more than 30% of children had elevated scores (i.e., borderline or clinical range) for the Attention Problems scale, while only teachers reported frequent elevations for the Externalizing, Total Problems, and ADHD Problems scales. Based on Fisher’s exact analyses, raters only differed on percent elevations on the Externalizing scale (p = .004) with teachers reporting more externalizing problems. Significant correlations between parent and teacher ratings were found for the Withdrawn (rho [33] = .452, p = .006) and PD Problems scales (rho [33] = .636, p = <.001) only.

Discussion: Preschool-age children with WS were reported to have similar areas of problem behaviors as school-age children (Klein-Tasman et al., 2015) including attention, anxiety and social problems. However, overall rates of problem behavior were lower than reported for school-age children. Parent and teacher ratings corresponded on two scales; however, the lack of correspondence on the other variables may be attributed to the different settings that reporters experience these children or to differences in the perspectives of parents and teachers. Future studies should examine problem behaviors longitudinally to further understand when problem behaviors emerge in children with WS.

References/Citations: