Age Trends in the Association Between Parenting Practices and Conduct Problems

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research suggests that these are normal variations in the types of parent-child interaction patterns that children and parents engage in. These patterns can be described using scales such as the Parental Behavior Inventory (PBI), which measures characteristics of parent-child interaction such as warmth, acceptance, and control. Parenting styles have been categorized into four types: authoritative, authoritarian, permissive, and neglectful. Each style is associated with different outcomes for children, with authoritative parenting being associated with positive outcomes such as high self-esteem, prosocial behavior, and academic achievement. Conversely, neglectful and authoritarian parenting styles have been linked to negative outcomes. Understanding these patterns is crucial for intervention and support.
The relationship between parental practices and child outcomes is well-documented. However, studies have shown that the effectiveness of parental practices may vary depending on the child's age, gender, and other factors. For example, early childhood interventions have been found to have a significant positive impact on children's developmental outcomes. On the other hand, more intensive interventions are needed for older children who may have more complex needs.

Recent research has also highlighted the importance of parental involvement in the educational process. Parental support and engagement are crucial factors in children's academic success. However, the nature and quality of parental involvement can vary widely, and this can significantly impact children's outcomes.

It is important for educators and policymakers to recognize the role of parental involvement in supporting children's development. This can be achieved through various strategies, such as providing parental training and support, developing partnerships with parents, and creating opportunities for parental engagement in the educational process.

Overall, the relationship between parental practices and child outcomes is complex and multifaceted. Further research is needed to better understand the factors that influence this relationship and to develop effective strategies for promoting positive outcomes for children.
METHOD

Participants were 179 children and adolescents between the ages of 6 and 17 who were consecutive referrals to a university-based outpa
tient diagnostic and referral service for children and adolescents with behavioral, emotional, or learning disorders. This diagnostic and re
ferral service serves a primarily rural to semirural area in the southern region of the United States. To be included in the study, clinic referrals had to meet two inclusion criteria. First, their IQs could not fall in the mentally retarded range (i.e., below 70). Second, they had to have lived with a female caretaker for at least the 1 month prior to the evaluation, and this caretaker had to have accompanied the child or adolescent to the clinic for the evaluation. The sample was divided into three age groups for data analyses: a young group, ages 6 to 8 (n = 87); a middle group, ages 9 to 12 (n = 60); and an adolescent group, ages 13 to 17 (n = 32). The demographic characteristics of these three groups are summarized in Table 1. In general, all three groups were predominantly male, White, and from lower to lower-middle socioeconomic backgrounds. The only demographic difference across the three groups was that the young group included a greater proportion of girls than did the other two groups, $\chi^2 (2, n = 179) = 4.99, p < .10$. Also, the young group had fewer diagnoses of conduct disorder, $\chi^2 (2, n = 179) = 12.00, p < .01$, and more diagnoses of attention deficit hyperactivity
disorder, $\chi^2 (2, n = 179) = 15.48, p < .01$, based on Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R) (American Psychiatric Association, 1987) criteria assessed using structured diagnostic interviews.

MEASURES

Alabama Parenting Questionnaire (APQ). The APQ (Frick, 1991) consists of 35 items assessing the five parenting constructs that past research has found to be most consistently associated with conduct problems (see Shelton et al., 1996, for content development and full description of items). The APQ includes a Parental Involvement scale (10 items), a Positive Parenting scale (6 items), a Poor Monitoring/Su
pervision scale (9 items), an Inconsistent Discipline scale (6 items),

<table>
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<tr>
<th>TABLE 1</th>
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<tr>
<td>Demographic Characteristics and Psychiatric Status of the Sample</td>
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<tr>
<td>Age (SD)</td>
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<tr>
<td>Range</td>
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<td>Gender (% female)*</td>
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<td>Race (% African American)</td>
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<td>Duncan's SEI (SD)</td>
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<td>FSIQ (SD)</td>
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<td>Range</td>
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<td>CD (%)***</td>
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<td>ODD (%)</td>
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<tr>
<td>Either CD or ODD (%)</td>
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<tr>
<td>ADHD (%)***</td>
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and a Corporal Punishment scale (3 items). Items assessing the first two constructs are worded in the positive direction (indicating more positive parenting), and items assessing the latter three constructs are worded in the negative direction. Also included on the APQ are 7 additional items measuring specific discipline practices other than corporal punishment. These items are included so that corporal punishment items are not asked in isolation of other forms of discipline, which could place an implicit negative bias toward these items.

The APQ involves four assessment formats with analogous items on each format: parent and child global report forms, and parent and child telephone interviews. Child report items are all worded to refer to parenting in general within the family (e.g., "How often are you out with friends your parents do not know?"). The only exceptions are that items measuring parental involvement are repeated once with the child answering for his or her mother and once answering for his or her father, if there is a father figure in the home. Items on the global report forms are designed to be rated on a 5-point frequency scale (1 = never
Conduct Disorder Scale were highly correlated (r = .77). p < .001

The results of the DISC-IV P (PL) revealed a strong correlation between Conduct Disorder and the Diagnostic Interview for Children (DISC-IV P). The correlation coefficient was .77, p < .001.

However, the correlation between the Conduct Disorder Scale and the DISC-IV P was even stronger, with a correlation coefficient of .82, p < .001.

In conclusion, the DISC-IV P is a useful tool for assessing Conduct Disorder in children.
when multiple new items were differentially related to their teachers' ratings of children's social-emotional functioning across the school year. In contrast, the DISC-P did not show significant associations with either the social-emotional functioning or the children's academic performance.

### Results

The results showed that the DISC-P was significantly correlated with the

### Procedure

The DISC-P was administered to the children in each class at the beginning of the academic year. The DISC-P was chosen for its ease of administration and its ability to assess a wide range of social-emotional behaviors. The DISC-P is a 15-item questionnaire that assesses a child's social-emotional functioning in the classroom setting. The questionnaire includes items that assess the child's ability to interact with others, their ability to follow instructions, and their ability to manage their emotions in social situations.

### Notes

- The DISC-P was administered in classroom settings to ensure that the child was in a familiar environment.
- The DISC-P was scored by trained raters who were blind to the child's academic performance.
- The DISC-P scores were correlated with the children's academic performance using Pearson's correlation coefficient.

### References


### Note

When compared to other assessment instruments, the psychometric properties of the CPP (Child Psychometric Profile) were found to be superior in terms of reliability and validity. The CPP was designed to measure the various dimensions of child behavior and emotional development, providing a comprehensive assessment of children's functioning. This instrument is particularly useful in clinical and educational settings due to its ability to identify areas of strength and weakness in a child's development.

### Table 2

<table>
<thead>
<tr>
<th>Group</th>
<th>Means and Standard Deviations Across Three Age Groups</th>
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<tr>
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The means and standard deviations across the three age groups are provided above. The data suggests that there are significant differences in the mean scores across the different age groups, indicating variations in child behavior and emotional development.

### References

1. [Citation 1]
2. [Citation 2]
3. [Citation 3]

These studies have contributed to our understanding of the factors influencing child behavior and emotional development, providing valuable insights for professionals working with children and families.
though when performing was assessed. In general, children reported moderate levels of association between canonical problems and the association between the problems and the problems. However, when assessing the association between the problems and the association between the problems, children did not report significant differences in the association between the problems. These findings may be due to the fact that the association between the problems was not significantly different when assessing the association between the problems. Therefore, the results suggest that the association between the problems was not significantly different when assessing the association between the problems.

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**Table 1:** Association between problems and the association between canonical problems.

In the current study, we investigated the relationship between independent and dependent variables while controlling for the effect of a potential confounding variable. The independent variable was age, measured in years, and the dependent variable was academic performance, measured as the percentage of correct responses on a standardized achievement test. We hypothesized that older children would perform better on the test than younger children, controlling for other variables such as socioeconomic status and previous educational attainment.

METHODS

Participants were 100 children aged 5 to 18 years, recruited from local schools and community centers. They were divided into two groups: an experimental group (n=50) and a control group (n=50). The experimental group received an intervention program designed to enhance academic performance, while the control group continued with their usual education. Both groups were assessed before and after the intervention to determine the impact on academic performance.

RESULTS

The results showed a significant improvement in academic performance in the experimental group compared to the control group (p<0.05). This effect was consistent across all age groups, with the largest improvements observed in the older age group (15-18 years).

DISCUSSION

The findings support the hypothesis that an intervention program can improve academic performance, particularly in older children. However, further research is needed to explore the long-term effects of such programs and to identify the most effective strategies for younger children.

CONCLUSION

The results of this study highlight the importance of targeted interventions for academic success. Future research should focus on developing and testing programs that are tailored to the specific needs of different age groups.
Problem. The most common mistake of children with conduct problems is choosing the non-averaged scores. However, a child's score is not an accurate representation of their performance in the classroom. The performance of conduct problems when choosing the non-averaged scores is also not an accurate representation of their performance in the classroom. The performance of conduct problems when choosing the non-averaged scores is also not an accurate representation of their performance in the classroom.

In addition to our sample not being an urban sample, it was also

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REFERENCES

For further information on the methods and interpretation of the results presented in this article, please refer to the following sources:


NOTES