



# Agreement in foster care Discrepancies between foster child and foster parent about the severity of problem behaviour

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## Abstract

Although studies have been found in which the agreement between foster parent and the foster child's teacher is reported, until so far no research has been found concerning the agreement of problem behaviour between foster parent and the foster child himself. Standardized questionnaires (Child Behavior Checklist, Youth Self-Report) with the same set of items were administered to the foster parent and the foster child. The same instruments were administered to a community sample of parents and children, this was the reference group.

Between the family foster parent and the kinship foster parent no differences have been found in the mean severity scores and neither between the foster child in family foster care and the foster child in kinship foster care. The child as well as the foster child reported more severe problem behaviour with themselves than the parent and the foster parent do. Discrepancies are more common than exception and in foster care practice problem behaviour should be established with standardized instruments. The information from the foster parent and the foster child should be equally weighted in order to establish a diagnosis and set up treatment goals.

**Key Words:** CBCL, Foster care, Evaluation, Foster Parents, Self-Assessed

According to a study by Armsden, Pecora, Payne, & Szatkiewicz (2000), twenty to forty per cent of the foster children struggle with serious problems of upbringing. Continuing of problem behaviour may have as a consequence that foster care placement is broken off, followed by a replacement to another foster family that on its turn may lead to an increase in the severity of problem behaviour (Newton, Litrownik, & Landsverk, 2000). So not surprisingly, decrease in the severity of problem behaviour is seen as one of the indicators of effectiveness and may encourage evidence-based practice (Barkham, Mellor-Clark, Connell, & Cahill, 2006).

One of the conditions to determine effectiveness is that change in severity of problem behaviour is established with reliable and valid instruments including at least two points of measurements, of which one point is at the beginning and the other point at the end of the measurement. In order to determine changes between both points of measurement input of informants is required. The foster child itself is one of the possible informants that can provide information about his or her psychological functioning. Other informants are the foster

parent, the teacher, the social worker, peers and significant others. However, the meta-analytic study of Achenbach, McConaughy and Howell (1987) showed that the mean agreement coefficient between informants about severity of problem behaviour of the child is .28 and between the parent and child is .25. Those values are to be considered moderate at best. Later studies provide values in the range of .20-.54 (Berg, Nielsen, Vika, & Dahl, 2003; Seiffge-Krenke & Kollmar, 1998; Sourander, Helstelä, & Helenius, 1999; Youngstrom, Loeber, & Stouthamer-Loeber, 2000; Verhulst & Van der Ende, 1992). For diagnostic categories (e.g. related to DSM-IV) values smaller than .40 are provided (Achenbach 2006; Cantwell, Lewinsohn, Rohde, & Seeley, 1997; Grill & Ollendick, 2003). Since a valid criterion, the so-called gold standard, is absent to determine which informant represents best the true psychological functioning of the child, Achenbach (1991a) found that each informant provides partially valid information and that the input of more informants is required in order to make a diagnosis. Later on, other researchers have confirmed Achenbach's finding (among others Grill & Ollendick, 2003; Jensen et al., 1999). In spite all that clinical practice has made little use of the assessment about the severity of problem behaviour by several informants (Renke, 2005; Achenbach, 2006). This statement also affects foster care because only three studies have been found that concern research about the agreement between informants. McAuly and Trew (2000), Shore, Sim, Le Prohn and Keller (2002) and Tarren-Sweeney, Hazell and Carr (2003) have studied the agreement between foster parent and teacher. These studies provide correlation coefficients of respectively .11, .29 and .67.

These researchers note that the behaviour of the foster child has been observed in various contexts (school versus foster family) through which the agreement about the severity of problem behaviour of the foster child may be small. No study is known to us on the agreement between foster parent and foster child. The aim of the present study was to determine the level of agreement between foster parent and foster child in order to conclude about the level of accuracy of the foster parent's assessment of problem behavior.

It appears that various factors influence the assessment of the severity of problem behaviour of the child. These factors are among others: the age of the child (Berg-Nielsen et al., 2003; Handwerk, Larzelere, Soper, & Fridman, 1999); the gender of the child (Verhulst & Van der Ende, 1992); the gender of the child (Verhulst & Van der Ende, 1992); the extent to which behaviour is observable (Cantwell et al., 1997; Grill & Ollendick, 2003; Yeh & Weisz, 2001); the personality characteristics of the informant (Kroes, 2006); the occurrence of psychopathology within the informant (Seiffge-Krenke & Kollmar, 1998; Sourander et al., 2000; Youngstrom et al., 2000); the context (school, home, leisure) of the informant (Achenbach et al., 1987).

As noted before it is not yet known what the influence of being a foster parent is on the assessment of the severity of the problem behaviour and if the agreement between foster parent and foster child differs from the agreement between the biological parent and her child.

Usually foster parents are distinguished as family foster parents and kinship foster parents with the kinship foster parent being described as an adult who already had a relationship with the child before the child was accepted in that family (Child Welfare League of America, 2000). The family foster parent is the adult who prior to the placement had no relationship with the candidate foster child. Contrary to Keller et al. (2001), after eliminating the influence of gender and ethnicity, Berrick (1997) found a difference between family foster parents and kinship foster parents related to the severity of problem behaviour. Shore, Sim, Le Prohm and Keller (2002) reported a greater agreement between teachers and kinship foster parents than between teachers and family foster parents. These three studies provide three explanations:

- Effects of kinship (because of family ties the child shows less problem behaviour);
- Effects of selection (kinship foster parents only select that child that shows little problem behaviour); and
- Rater effects (kinship foster parents are less inclined to report problem behaviour).

More research related to the differences in the severity of reporting of problem behaviour between family foster parents and kinship foster parents is necessary as well. This research

should also include the testing of the given explanations. For this reason we want to study if the type of foster family influences the agreement related to severity of problem behaviour.

The following research questions are addressed in this study:

1. What is the agreement between foster parent and foster child related to their reports about the severity of problem behaviour of the foster child?
2. What is the difference related to the agreement between the biological parent and her child?
3. What is the difference related to the agreement between family foster parent and kinship foster parent?

## Methodology

### *Sample*

In order to answer these research questions a cohort research has been carried out with nine Dutch Foster Care Agencies. Foster children, age 11 to 18 years who between 1-1-2002 and 7-1-2004 were placed in long-term foster care and their foster mother had been requested to cooperate in this research. If the foster child was under 16 the parent's permission was required. A total of 157 foster parents and their foster children have been requested to participate. Seventy-eight couples of foster parents and foster children filled out the questionnaires completely (we call them 'dyads'). In order to assess possible sample bias a missing value analysis on background data has been carried out. No differences were found between the response and the non-response group for age,  $t(155) = 1.097$ ,  $p = .27$ , and foster child sex,  $\chi^2(1, N = 157) = 1.090$ ,  $p = .30$ , age of the foster mother,  $t(144) = .480$ ,  $p = .63$ , and type of foster care placement,  $\chi^2(1, N = 157) = 1.427$ ,  $p = .23$ . During a three-to-six-month period after the beginning of placement all foster families have been visited. Prior to visiting the foster families the foster mother has been mailed the questionnaire with the request to fill these out in advance. The foster child has filled out the questionnaire during the home visit.

The mean age of the foster children was 14.5 ( $SD = 1.9$ ), thirty four (34) of which were boys (43.6%). Concerning the type of foster care placement 64.1% ( $n = 50$ ) was kinship foster care placement and 35.9% ( $n = 28$ ) of the placements were family foster care placements. The mean related to the number of years of experience was 5.9 and the median was 3.0 years. On average the group of family foster parents had 4.7 foster children with the median being 2.0. All foster families were Dutch.

In order to compare the results of the foster care group to the agreement between the biological mother and her biological child a reference group has been set up consisting of families without youth care indication. The reference group has been drawn from a mailing list of 203 families with a child, age range 11 to 18 years. After contact in writing as well as contact by telephone 38 families have decided not to participate in the research. The questionnaires for the parent and the youth were mailed to the remaining 168 families with the request to fill out the parent questionnaire by the mother. Thirty-two families have not returned the questionnaires and in five families only the mother filled out the questionnaire. The completely filled-out questionnaires by all dyads are in the end 128. The non-response percentage of the originally 203 contacted families was for the mothers 34.5 and for the youth 36.9. A missing value analysis could not be carried out because background data of the families were not known. The age of the youth varied from 12 to 18 years. The mean age of the youth was 15.3 ( $SD = 1.3$ ). The gender distribution of the youth was almost equal. This distribution contained 68 boys (53.1%) and 60 girls (46.9%).

Finally, some comparisons on background variables have been made between the foster care and the community sample. The only statistical significant difference we found was for mean

age of the child, with the foster children tending to be somewhat younger,  $M = 14.5$ ,  $SD = 1.9$ , than the children in the community sample,  $M = 15.3$ ,  $SD = 1.5$ ;  $t(134.7) = 3.470$ ,  $p < .05$ .

## ***Instruments***

In order to measure the severity of the foster child's problem behaviour two questionnaires have been used: the Child Behavior Checklist (CBCL, Achenbach 1991b; Verhulst, Van der Ende, & Koot, 1996) and the Youth Self-Report (YSR, Achenbach, 1991c; Verhulst, Van der Ende, & Koot, 1997).

The CBCL is designed to collect in a standardized manner information from the parent about problem behaviour of the child, age range 4 to 18 years over a six-month period. The part of the CBCL that is used in this study contains 120 items about emotional and behavioural problems in a three-point-response format. International research has proven that this instrument has good qualities in terms of reliability and validity. In this study the Dutch translation of the CBCL is used (Verhulst, Van der Ende, & Koot, 1996).

The Dutch version of YSR (Verhulst, Van der Ende, & Koot, 1997) is submitted to the children in the community and foster care sample. The YSR instrument is designed to generate self-assessment of youth from the age of 11 years. Related to the substance of the items and response format the YSR corresponds with the CBCL. Based on international research the YSR too has proven to have good qualities of reliability and validity. From the CBCL and YSR instruments the cross-informant scales 'Internalising', 'Externalising' and the index 'Total Problems' have been used.

## ***Analysis plan***

In order to determine the similarity in the report about the severity of problem behaviour within the dyads, from the CBCL and the YSR only those items have been selected that both the instruments have in common. The number of cross-informant items for Internalising is 29, for Externalising 30, and for Total Problems 100. With the help of two measures the extent of similarity was determined. The first measure provides information about the systematic differences in the *level* of assessments between informants. That is to say that the individual scores on the scales are averaged and the group means are compared to one another in a statistical testing procedure. The second measure provides information about the extent of *agreement* in assessment between informants. That is to say that the extent of ranking related to the size of severity scores is determined. The mean as well as the ranking provide information about the extent of similarity. To give an example, the mother provides the scores 2, 1, 1, 2 and the child provides the scores 1, 0, 0, 1. The means are different but the ranking is perfect. Per dyad Pearson's correlations have been calculated for Internalising, Externalising and Total Problems. Since there are 128 mother-child dyads and 78 foster mother-foster child dyads for each scale  $128 + 78 = 206$  dyadic correlation coefficients have been calculated.

In order to research differences between groups – that are the community sample versus the foster care group; the kinship foster care versus family foster care – and the differences within the dyads – that is between (foster)mother and (foster)child – a multivariate analysis of variance (MANOVA) has been carried with the scores of mother and child as repeated measures. This model enables us to test at the same time the differences in means on a scale *between* groups and the differences in means *within* groups – that is the differences within dyads. It should be noted that the test within dyads is carried out related to the difference between the group of parents, which is in the MANOVA model the composed group of mothers and foster mothers and the group of children. The latter group of children is the composed group of foster children and children from the community sample.

Preliminary analyses showed that the variables 'gender' and 'age' of the child had no influence on the differences in means and on the dyadic correlation coefficients. For this reason these variables are left aside in the results section. Within the group of foster family care, the number of years of experience and the number of foster children that the foster family has had were correlated ( $r_s = .91$ ,  $p < .0005$ ). But it turned out that both the number of years and the number of foster children were not statistically significant correlated with the severity scores.

## Results

Table 1 illustrates the mean scores on Internalising, Externalising and Total Problems related to respectively mother-child dyad and foster mother-foster child dyad. Table 2 illustrates the testing results with the help of the MANOVA model.

**Table 1**

Means and standard deviations related to child and parents within the groups on the problem scales

Problem scales	Community ( <i>n</i> = 128)		Foster care ( <i>n</i> = 78)	
	Child	Parent	Child	Parent
Internalising	8.3 (7.5)	5.8 (5.5)	10.7 (7.4)	9.3 (7.1)
Externalising	9.1 (5.1)	5.6 (4.8)	12.2 (6.4)	9.7 (7.5)
Total Problems	29.2 (17.0)	17.7 (13.2)	37.0 (18.4)	30.4 (18.4)

**Table 2**

F-Values and effect size ( $\eta^2$ )

Problem scales	$F_{\text{between}}^a$	$\eta^2$	$F_{\text{within}}^a$	$\eta^2$	$F_{\text{between} \times \text{within}}^a$	$\eta^2$
Internalising	12.25*	.06	17.73**	.08	.82	—
Externalising	24.68**	.11	42.60**	.17	1.37	—
Total Problems	24.97**	.11	53.60**	.21	2.33	—

\*  $p < .01$ ; \*\*  $p < .001$ ; a *df* (1,204)

On Internalising, Externalising and Total Problems the differences in means between the community sample and the foster care group were statistically significant with higher means for the foster care group. The foster mother and the foster child reported higher scores of severity for problem behaviour than the mother and her child in the community sample. Also related to Internalising, Externalising and Total Problems the differences in means within dyads were statistically significant with on average higher scores of severity for the group of children – which is the composed group of foster children and community children. Children reported more severe problem behaviour about themselves than their mothers did. Measured according to Cohen's criteria (1988) the differences on Internalising were medium to large in size and on Externalising and Total Problems the differences were large. No interaction effects were found.

Except for the differences in means the agreement in ranking was also researched. Table 3 illustrates the mean dyadic correlation coefficients for the community sample and foster care group.

**Table 3**  
Agreement between parent and child on the problem scales

Problem scales	Community	Foster care
Internalising	.29	.26
Externalising	.35	.32
Total problems	.36	.33

The differences in the mean dyadic correlation coefficients were tested with the MANOVA model repeated measurement with the scores on Internalising and Externalising taken as repeated measures of each other. No differences were found in the mean dyadic correlation coefficients between the community sample and the foster care group (.29 and .35 versus .26 and .32). However, related to these groups between Internalising and Externalising a statistically significant difference was found,  $F(1, 168) = 5.65, p < .0005$ , with a higher mean on Externalising than on Internalising (.35 and .32 versus .29 and .26). In other words, the mean agreement on Externalising is higher than on Internalising.

With the help of the one-way ANOVA model related to the problem scale 'Total Problems' no difference was found in the mean dyadic correlation coefficients between the community sample and the foster care group.

Table 4 illustrates the mean scores of severity and the standard deviations on the three problem scales related to the foster family and the kinship foster family. In this table 'child' and 'parent' were nested within type of family.

**Table 4**  
Means and standard deviations of child and parent in foster and kinship families

Problem scales	Foster family ( <i>n</i> = 28)		Kinship family ( <i>n</i> = 50)	
	Foster child	Foster parent	Foster child	Foster parent
Internalising	11.0 (6.3)	9.8 (6.5)	10.5 (8.0)	9.0 (7.4)
Externalising	12.1 (6.3)	10.7 (8.9)	12.2 (6.6)	9.1 (6.6)
Total Problems	35.7 (13.8)	33.4 (20.8)	37.7 (20.7)	28.7 (19.7)

**Table 5**  
F-values and explanatory variance ( $\eta^2$ )

Problem scales	$F_{\text{between}}^a$	$\eta^2$	$F_{\text{within}}^a$	$\eta^2$	$F_{\text{between} \times \text{within}}^a$	$\eta^2$
Internalising	.21	—	2.65	—	.04	—
Externalising	.32	—	6.20*	.08	.78	—
Total Problems	.11	—	5.92*	.07	2.05	—

\*  $p < .01$ ;  $a$  *df* (1,76)

Statistical testing related to the difference in means – with the help of the MANOVA model – showed no differences in the mean severity scores on each of the three problem scales. Within the dyads – between foster child and foster mothers – differences were found on Externalising and Total Problems with on average higher scores of severity for the foster child and the foster mother. These differences, measured according to Cohen's criteria also turned out to be moderate in size for Externalising and for Total Problems. No interaction effects were found. Except for the differences in means the agreement in ranking was examined. Table 6 illustrates the dyadic correlation coefficients for the foster family and the kinship foster family.

**Table 6**  
Agreement between foster child and foster parent for foster and kinship foster families

Problem scales	Foster family ( <i>n</i> = 28)	Kinship foster family ( <i>n</i> = 50)
Internalising	.24	.29
Externalising	.33	.32
Total Problems	.33	.31

No statistical significant differences in agreement were found between the foster family and the kinship foster family.

## Discussion

Related to the similarity between the mother and her child about the severity of problem behaviour of the child a number of studies have been carried out. From the meta-analysis of Achenbach, McConaughy and Howell (1987) it appeared that the mean agreement between parent and child is .25. Within the context of foster care three studies have been found related to the agreement between foster parent and teacher. However, no studies about the similarity/dissimilarity related to the severity of problem behaviour are available. In order to measure the similarity between the foster mother and her foster child two measures have been used. The first measure concerns the differences in means related to the severity of problem behaviour between the foster mother and her foster child. The second measure concerns the agreement related to the ranking of the severity scores on item level.

This study shows that the foster mother on average reports more severe problem behaviour about her foster child than the mother in the community sample does about her child. This first finding is not surprising and in agreement with earlier studies in which was reported that foster children have more severe and more problem behaviour than the child that has not been referred to youth care. (In this matter we refer to Armsden, Pecora, Payne, and Szatkiewicz, 2000). The second finding is that the child and the foster child report on average more severe problem behaviour than their respective (foster)mother. Literature (Seiffge-Krenke & Kollmar, 1998; Sourander et al., 1999; Ferdinand, Van der Ende, & Verhulst, 2004) suggest that adolescents are less inclined to share their personal problems and feelings with their parents and tend to keep these feelings for themselves or to discuss with their peers. If this explanation appeared to be correct the mother as well as the foster mother would underestimate the severity of problem behaviour of respectively their child or foster child. This second finding argues in favour of systematically involving the foster child with the assessment of problem behaviour and the monitoring of the foster care placement. Concerning the agreement on

ranking the correlations related to the dyads between the community sample and the foster care group did not differ. These mean correlations were close to the general mean of .25 provided by Achenbach, McConaughy and Howell (1987). Based on these values we conclude that foster mothers in comparison with normal parents are adequate reporters of the severity of problem behaviour. These figures are the more remarkable because the foster child has only just lived six months with the foster parent while in the community sample the child has lived with the parent since his or her birth.

Within half a year, foster mothers seem to be able to report adequately about the problem behaviour of their foster child. The agreement within the foster care group related to the problem scale 'Internalising' appears to be smaller than the agreement related to 'Externalising' (.26 versus .32, see table 2). This finding confirms earlier research (Cantwell et al., 1997; Grill & Ollendick, 2003; Yeh & Weisz, 2001; Youngstrom et al., 2000): Externalising behaviour is more open to observation than internalising behaviour. For information about internalising behaviour of the foster child, the foster child itself may be a better source of information than the foster mother. The type of foster family – that is foster family or kinship foster family – appears to have no influence on the levels of severity scores and ranking. Neither do the background variables 'age' and 'gender' of the foster child and 'years of experience' of the foster mother. It is noted that Keller et al. (2001) did not report any difference after correction for the influence of the variables 'gender' and 'ethnicity'. Particularly because the mean agreement coefficients (from a statistical point of view) between foster child and foster parent are equal for the group of foster parents and the group of kinship foster parents, we provisionally assume that the kinship foster parent too is an accurate reporter of problem behaviour and that 'kinship effect', 'selection effect', and 'rater effect' have no role of importance. However, more research is needed in order to pull definite conclusions.

Based on the results we conclude that the foster child has to contribute to the diagnostics and the treatment planning which is in line with the guidelines in the Standards of Excellence for foster care (Child Welfare League, 1995). However, according to us the contribution of the foster child to diagnostics encompasses more than to enquire about the experienced problem of the foster child in an open interview. Contributing to diagnostics in our opinion is that by using standardized instruments the severity of problems are systematically enquired about. According to Achenbach (2006) this working method is far from being standard in clinical practice. To the foster parent and the foster child the use of standardized instruments may mean recognition for the nature and the severity of the problems. To the foster care worker, however, the lack of agreement may pose a dilemma. The foster care worker may respond to this dilemma in three different ways. Firstly the foster care worker may concentrate on the problems that are reported by the foster parent. This response is possible if the child is too young to report about his or her problem behaviour. This response may also occur if the foster parent asks for help by which the foster care worker may be inclined to grant the highest weight to the information of the foster parent. When it turns out that the information of the foster child is contrary to the information of the foster parent then the information of the child can be ignored, which is called confirmation-bias (Edwards, 2005). Secondly the foster care worker may focus on the information of the child. According to Edwards (2005) this response may occur if the worker is system-theoretically oriented, for based on this theory the cause of disfunctioning is looked for in the foster family. Thirdly the foster care worker may pay equal attention to the reports of the foster parent and the foster child, which in view of the lack of the gold standard is the most desirable response.

However, experiences from clinical practice and results from scientific research show that the clinician is more in agreement with the parent than with the child. It is possible that these findings are also true for the foster care worker. The foster care worker too may give more weight to the information of the foster parent than to the information of the child. More research is needed to determine this inclination of the foster care worker. A consequence of the little agreement about the severity of problem behaviour may be that regarding the treatment goals there is little agreement as well. Hawley and Weisz (2003) reported for 'clinician', 'par-



ent' and 'child' an agreement percentage of 23.2. Lack of consensus about goals may have as a consequence that the treatment goals are not attained and that the child abandons care prematurely (Yeh & Weisz, 2001). In the context of foster care a lack of consensus about goals and/or little agreement about the severity of problem behaviour may contribute to prematurely terminating of the foster care placement by the child. In this area also more research is needed to determine possible associations between agreement on goals and the continuity of the placement.

This study has shown that within foster care the agreement about the severity of problem behaviour between foster parent and foster child is moderate and that this result is not different from research results from the study of community populations. Just because the agreement is moderate this result prompts the systematic involvement of the foster child in diagnostics and treatment planning. Only then working on evidence-based practice as a model is possible.

This research had some methodological weaknesses. The variation in the severity scores was only studied for the factor 'type of foster family'. The factors summed up in the section introductory session were not measured. The observed differences between the samples may be due to the differences on these factors. However, the influence of context and sex on the variation in the severity scores is excluded. There were no differences in the factor 'context' because all measures were in the home situation (and not in school), and further, there were no differences in the factor 'sex' because the respondents were the mothers. Up to now, no data are available about the influence of the factor 'age' on the variation in the severity scores. The variation by socioeconomic status is limited to 1% (Achenbach & Rescorla, 2001). Therefore, we believe it is legitimate to conclude that possible existing differences on demographic variables between the reference group and the foster care sample have only limited influence on the variation in the severity scores..

This study showed that foster mothers, compared with mothers in a community sample, are accurate raters of the severity scores of the problem behavior of their foster child. No statistically significant differences were observed between family foster mothers and kinship foster mothers, following the conclusion that the severity ratings of kinship foster mothers are not biased.

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