

***Trajectories of Problem Behavior
in Children Born Premature:
Risk and Protective Influences from Birth to Age 17***

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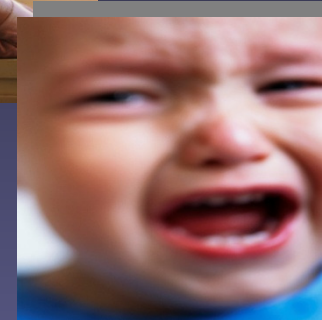
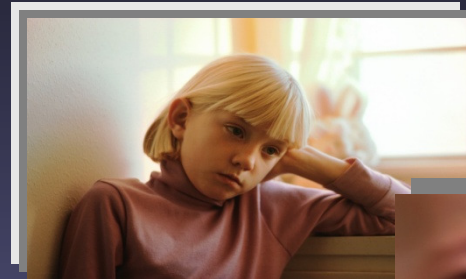


Women & Infants'
DEPARTMENT OF PEDIATRICS

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PROBLEM BEHAVIORS

- **Internalizing**
- **Externalizing**
- **Somatic**
- **Attention/Inattention**
- **Hyperactivity**



- **Withdrawn**
- **Aggressive**
- **Social problems**
- **Thought problems**

BACKGROUND

- **Preschool - School-Age (4y-10y)**
 - **Preterm > Full-Term**

- **Early Adolescence (11y-14y)**
 - **Equivocal results**

- **Adolescence (15y-18y)**
 - **Preterm > Full-Term**
{Grunau et al 2004}

THE 'PROBLEM'

Problem Behaviors

{school-age}

Problem Behaviors
{early adolescence}

Problem Behaviors
{adolescence}






- Do problem behaviors continue from preschool to late adolescence?
- Does medical & environmental risk influence trajectories of problem behaviors?
- Do protective factors influence trajectories of problem behaviors?

PURPOSE

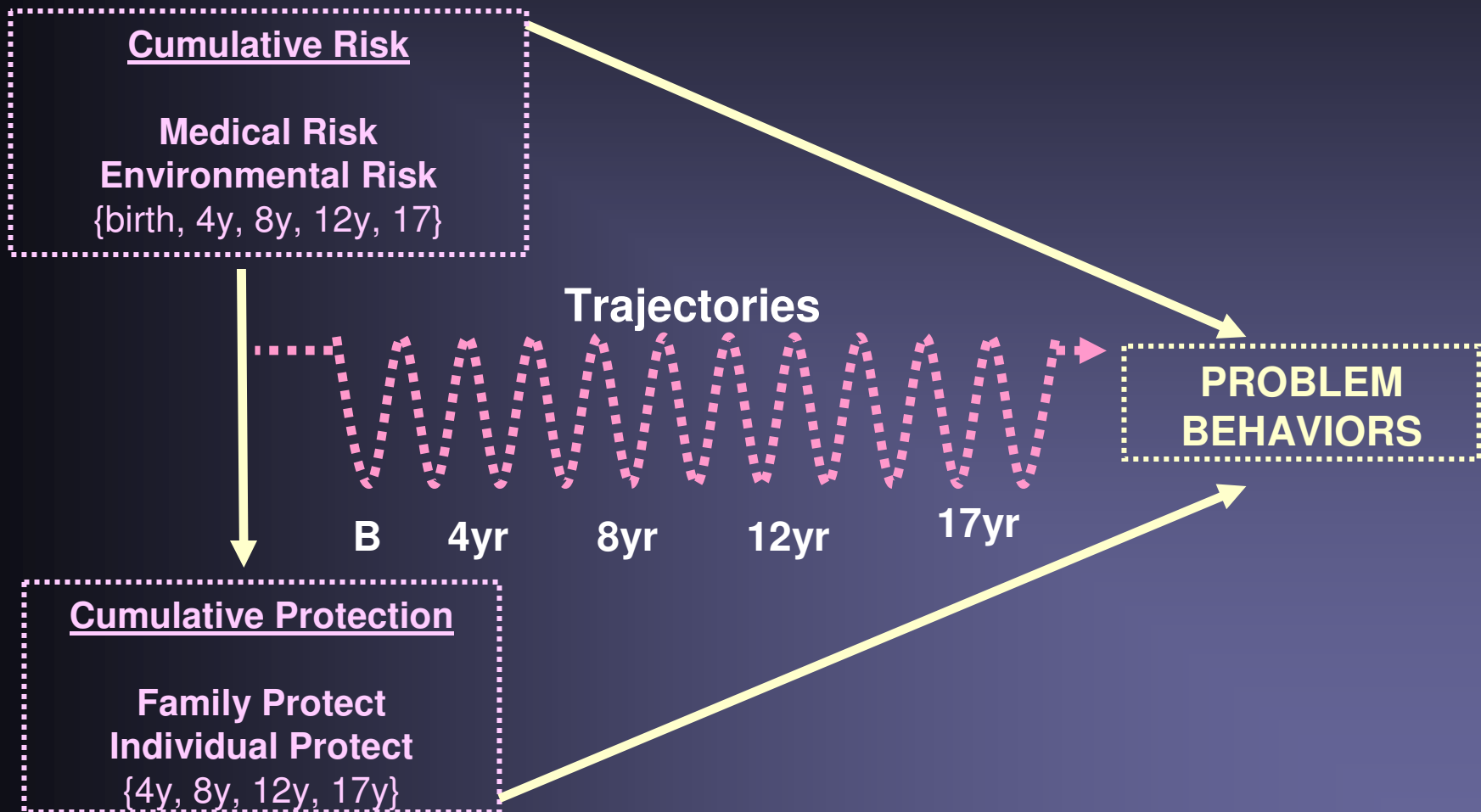


- **Examine trajectories of problem behavior at ages 4, 8, 12, and 17**
- **Examine if variables risk or protection influence trajectories**

HYPOTHESES

1. PT will have  problem behaviors at ages 4, 8, 12, & 17
2. Medical & Environmental Risk will influence trajectory of problem behaviors
 - PT with  risk will have  problem behaviors
3. Family & Individual Protection will influence trajectory of problem behaviors
 - PT with  protection will have  problem behaviors

THEORETICAL FRAMEWORK



PERINATAL GROUP CLASSIFICATION

Perinatal Group

Neonatal Criteria

**Full Term
Infants**

Full Term; medically & neurologically healthy

Healthy Preterm

Premature

no medical/neurological complications

Medical Preterm

Premature

neonatal medical illness (BPD, RDS, NEC, sepsis)

**Neurological
Preterm**

Premature

**neonatal neurological illness (Grade III & IV IVH,
meningitis, shunted hydrocephalus)**

Small for

Premature

Gestational Age

birth weight for gestational age < 10th percentile

Full Term (≥ 37 weeks gestation)

Premature (<37 weeks gestation)

LONGITUDINAL SAMPLE DEMOGRAPHICS N=213

Infants

160 PT infants

53 FT infants

51% - Male

86% - White

Mothers

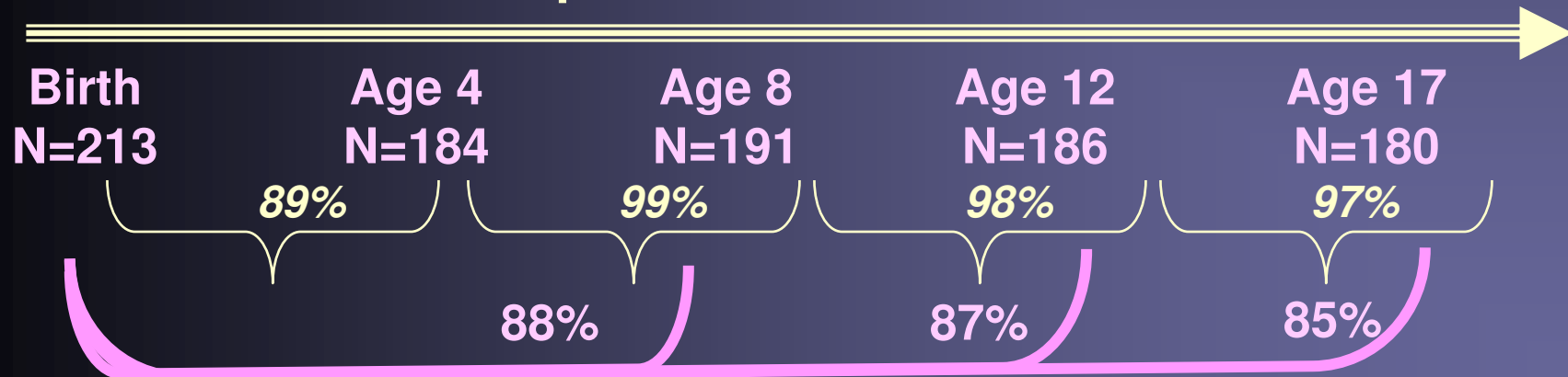
Age - M 26y

Education - M 13.1y

80% - Employed

86% - Married/Cohab

Sample Retention



OUTCOME MEASURE: PROBLEM BEHAVIORS



Ages 4, 8, 12

Child Behavior Checklist (CBCL) 4-18[†]

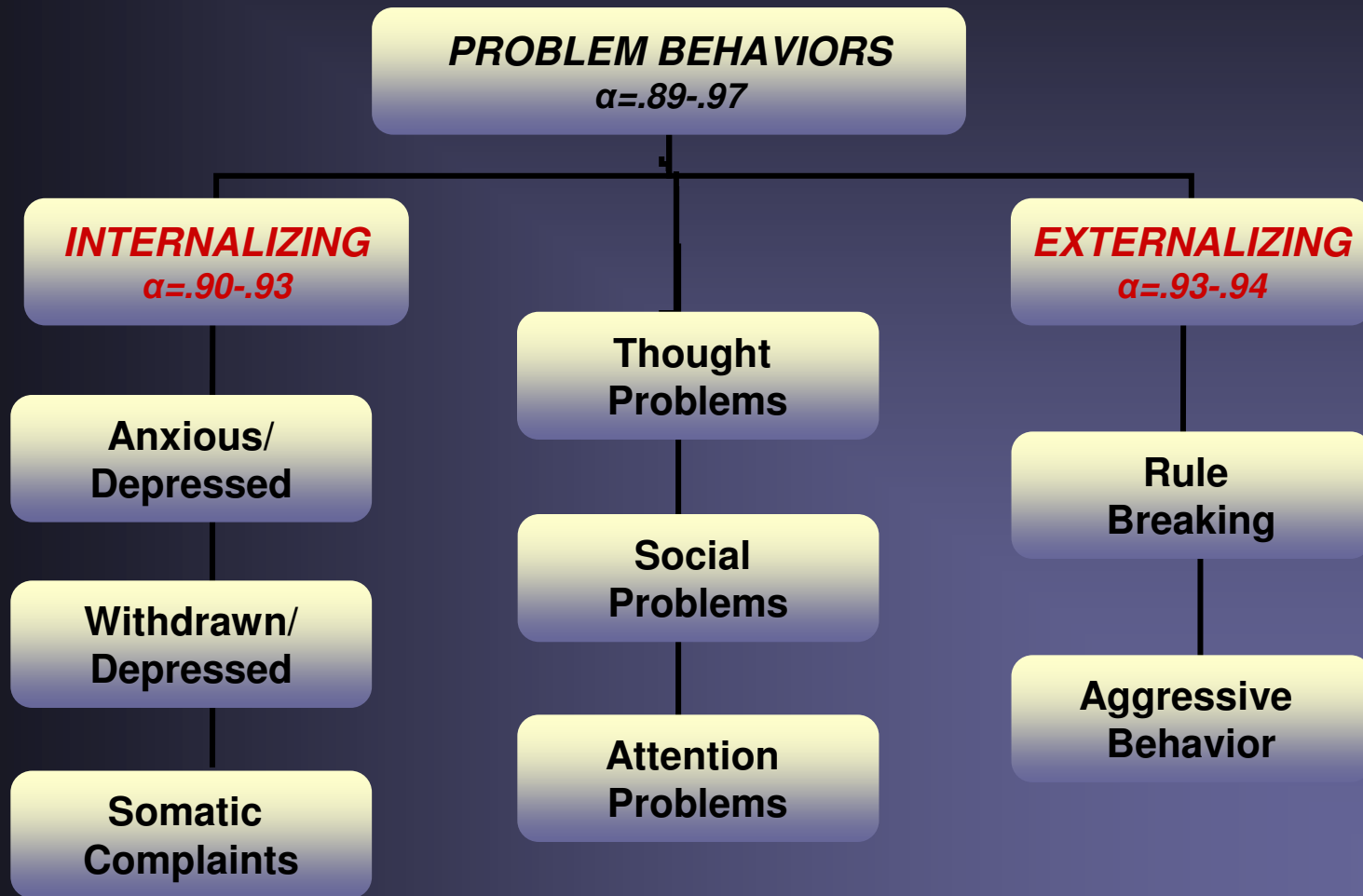
Age 17

Child Behavior Checklist (CBCL) 6-18[‡]

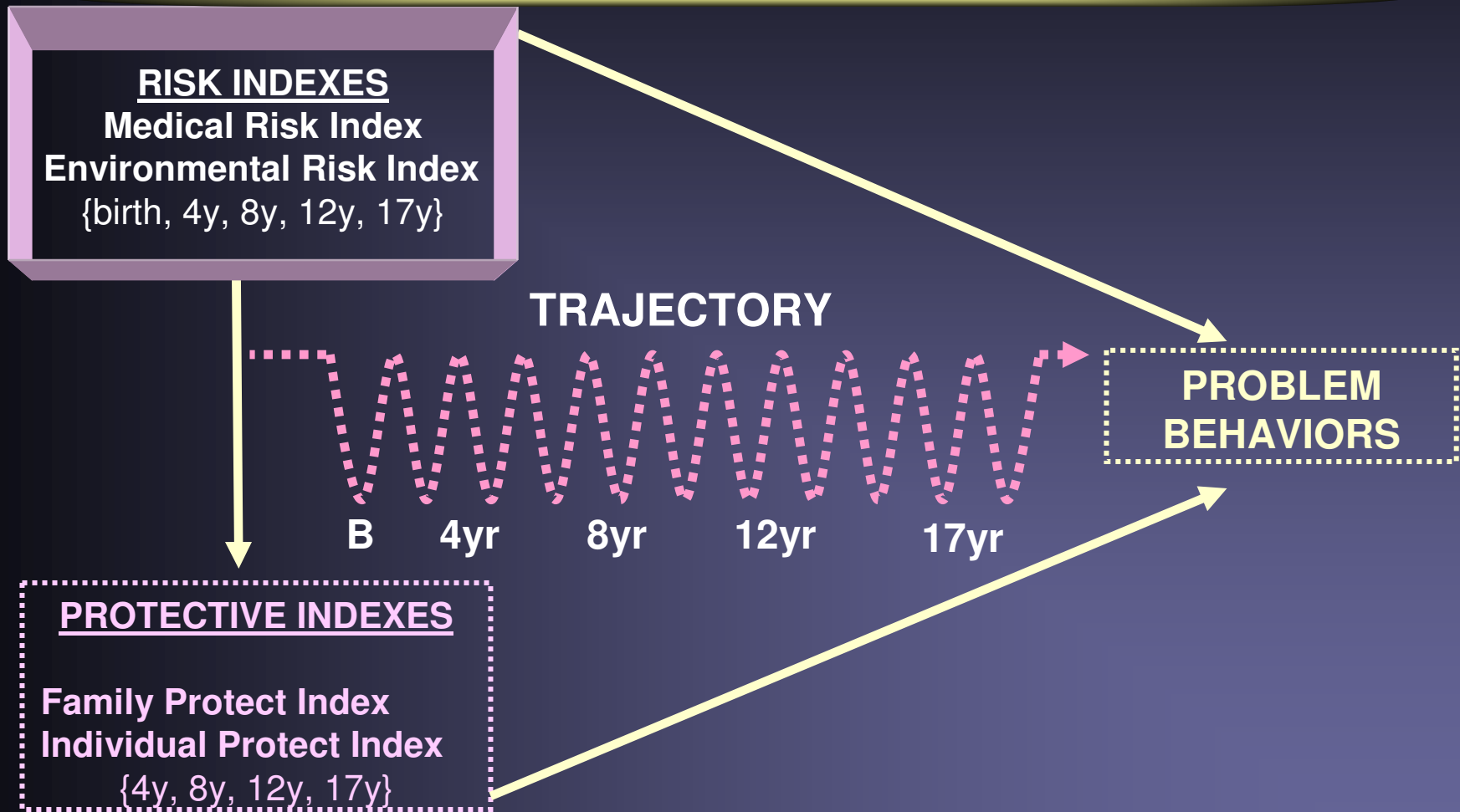
[†]Achenbach, T.M. (1991). *Manual for the Child Behavior Checklist/4-18 and 1991 Profile*. Burlington, VT: University of Vermont, Department of Psychiatry.

[‡] Achenbach, T.M., & Rescorla, L.A. (2001). *Manual for the ASEBA School-Age Forms and Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families.

CBCL SUBSCALES



RISK INDEXES



MEDICAL RISK INDEX

**B
I
R
T
H**

Perinatal Group

Hobel Neonatal Score

Intraventricular Hemorrhage

Necrotizing Enterocolitis

Meningitis

Bronchopulmonary Dysplasia

Hydrocephalus

Duration of O₂ in first 24 hours

Medical Status

Neurological Status

18 mo, 30mo,

4y, 8y, 12y, 17y

$\alpha = .60-.79$

ENVIRONMENTAL RISK INDEX

Birth, 4y, 8y, 12y, 17y

SES Group Score

Mom/Dad Absence

Mom/Dad Education

Maternal Depression

Mom/Dad Occupation

**Mom Psychological
Distress**

Marital Status

Life Stress

Minority Status

Family Resources

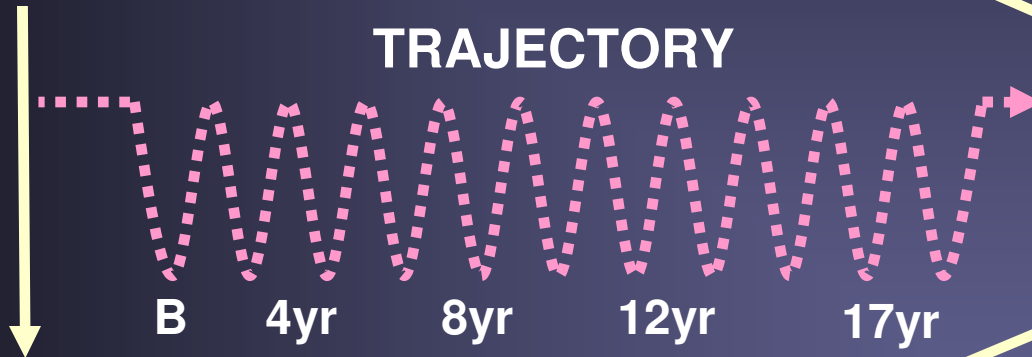
$\alpha = .62-.88$

PROTECTIVE INDEXES

RISK INDEXES

Medical Risk Index
Environmental Risk Index
{birth, 4y, 8y, 12y, 17y}

TRAJECTORY



PROBLEM
BEHAVIORS

PROTECTIVE INDEXES

Family Protect Index
Individual Protect Index
{4y, 8y, 12y, 17y}

FAMILY PROTECT INDEX

4y, 8y, 12y, 17y

MATERNAL VARIABLES

Maternal Control Style

Maternal Involvement

Maternal Responsivity

Maternal Perception

Maternal Self-Esteem

Maternal Assistance

Maternal Teaching Style

FAMILY VARIABLES

Family Support

Family Cohesion

Family Adaptability

Parental Presence

Family Connectedness

Parent-Child Relationship

Family, Discipline, Sibling Concerns

$\alpha = .60-.77$

INDIVIDUAL PROTECT INDEX

4y, 8y, 12y, 17y

Mood

Physical Confidence

Persistence

Religiosity

Approach

Life Events

Adaptability

**Negative
Emotionality**

$\alpha = .61 - .64$

DATA ANALYSIS



1. ANOVA

Perinatal Group Differences

Risk Indexes

Protect Indexes

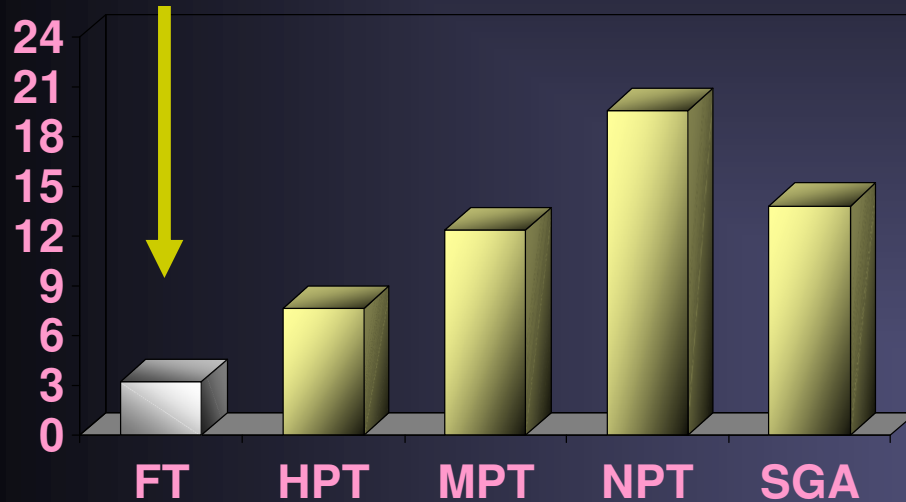
2. Mixed Effects Modeling

Trajectory of Problem Behaviors (CBCL)

RESULTS

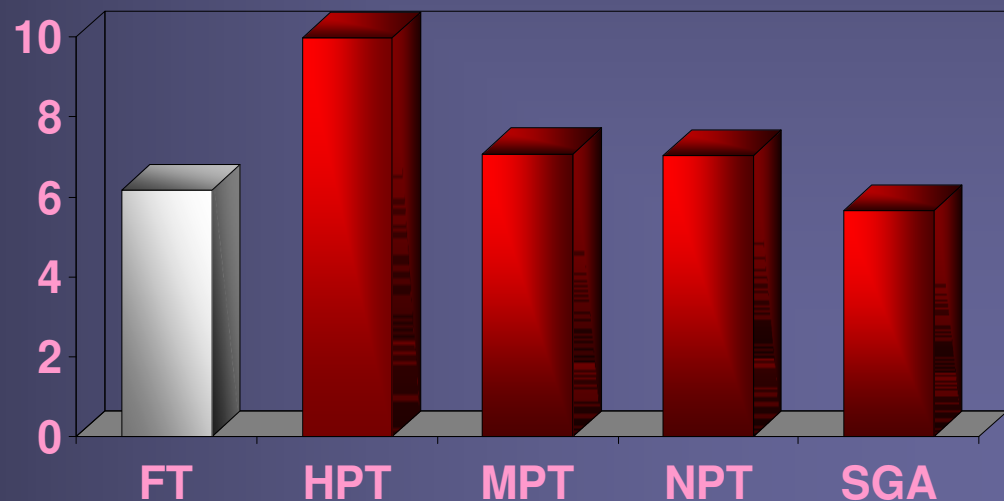
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ANOVA: MEAN RISK INDEX SCORES by PERINATAL GROUP



■ MEDICAL RISK INDEX
 $F(4,208)=55.7, p<.0001$

■ ENVIRONMENTAL RISK INDEX
 $F(4,208)=2.5, p<.05$



ANOVA: PROTECT INDEX SCORES by PERINATAL GROUP

***No differences between perinatal groups -
Family Protect Index
Individual Protect Index***

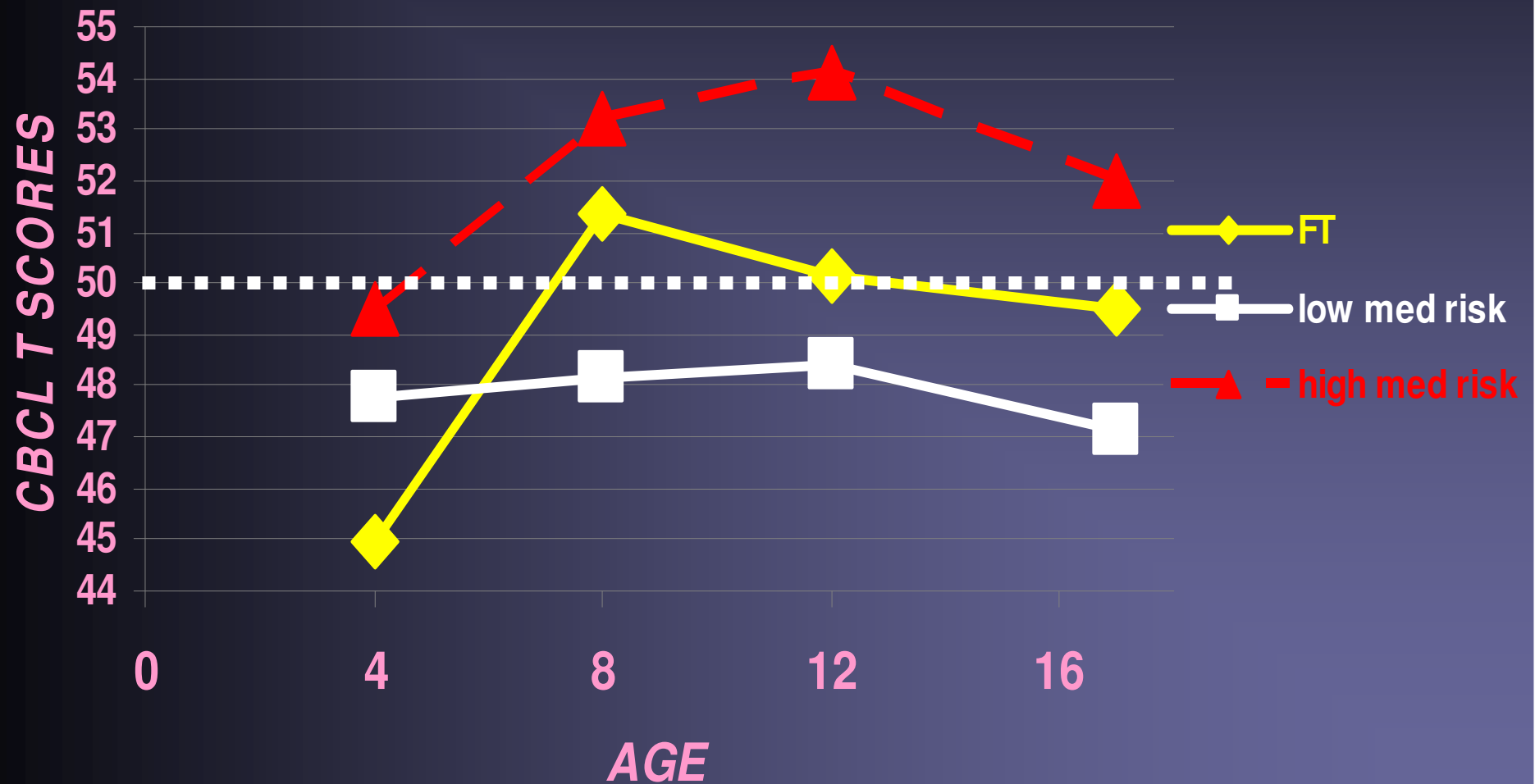
LONGITUDINAL TRAJECTORY OF PROBLEM BEHAVIORS: MIXED EFFECTS MODELING

- **Outcome $N=208$**
 - Total Problem Behaviors T score – 4y, 8y, 12y, 17y
- **Independent Variables**
 - Time
 - Gender
 - Risk Indexes
 - medical, environmental
 - Protective Indexes
 - family, individual
 - Interactions
 - Time x Risk
 - Time x Protect

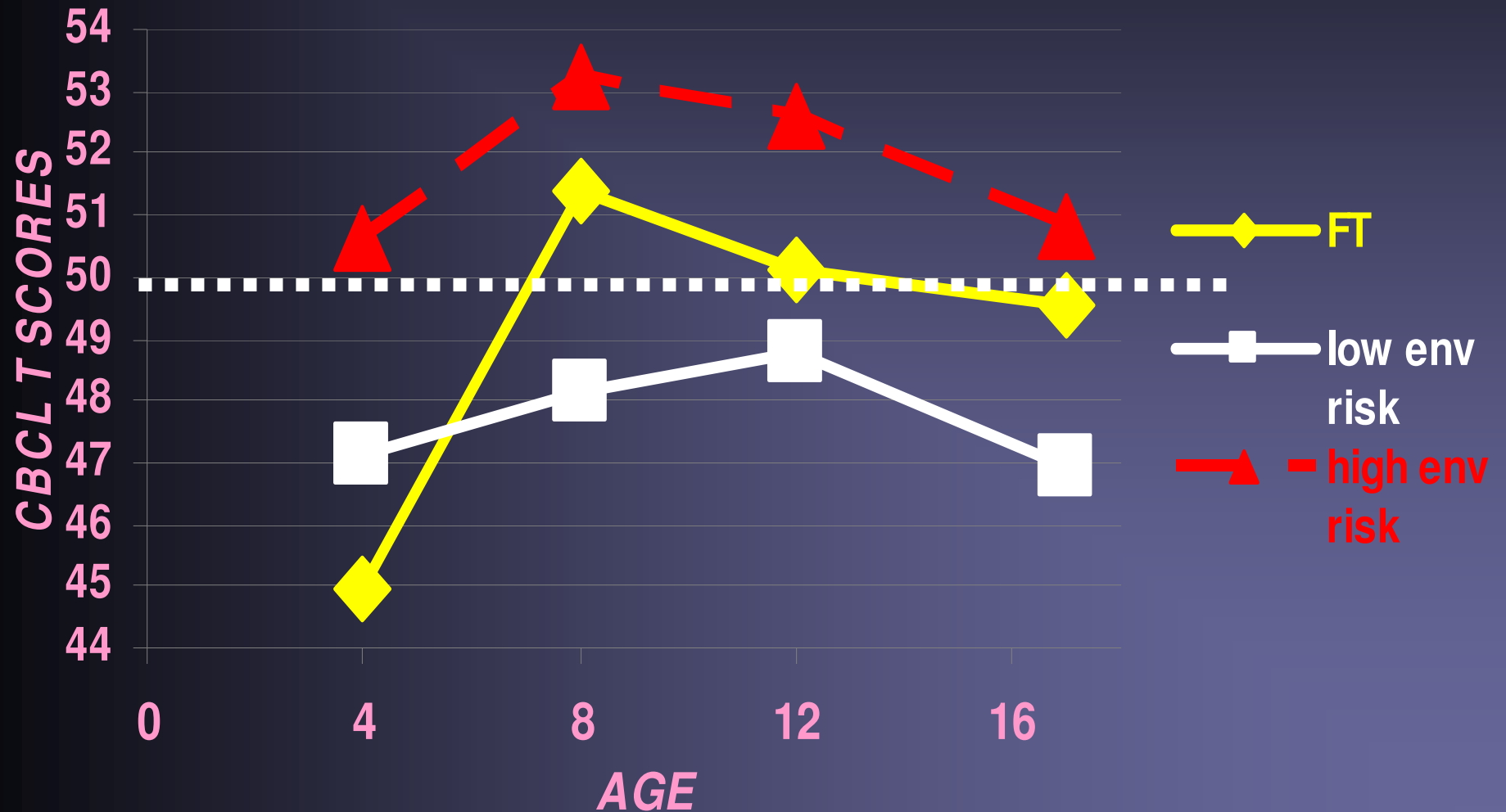
Final Trajectory Model: Total Problem Behaviors

Variable	DF	F	P
Time	1, 181	4.09	0.0445
Medical Risk	1, 228	22.73	<.0001
Environmental Risk	1, 228	0.64	0.4248
Individual Protection	1, 228	36.52	<.0001
Time x Environmental Risk	1, 228	8.64	0.0036

TRAJECTORY OF CBCL TOTAL PROBLEM BEHAVIORS by MEDICAL RISK INDEX



TRAJECTORY OF CBCL TOTAL PROBLEM BEHAVIORS by ENVIRONMENTAL RISK INDEX



CONCLUSIONS

- Do problem behaviors *continue* from preschool to late adolescence? YES
- Does *medical & environmental risk* influence trajectories of problem behaviors? YES
- Do protective factors influence trajectories of problem behaviors? YES

IMPLICATIONS

Indexes - Risk and Protection

1. Alpha coefficients - adequate reliability

2. Predictive Utility - helps parents & clinicians anticipate critical time periods

- ◆ Children born preterm with high medical risk at birth & beyond - anticipate greater levels of problem behaviors, especially at age 12.
- ◆ Children born preterm with high environmental risk - anticipate greater levels of problem behaviors at age 8.
- ◆ Enhancing child-level behaviors such as religiosity and self-confidence, minimizes problem behaviors over time.

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