

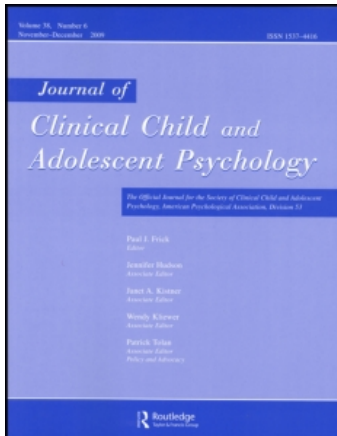
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Introduction to the Special Section: More Than Measurement Error: Discovering Meaning Behind Informant Discrepancies in Clinical Assessments of Children and Adolescents

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**SPECIAL SECTION: MORE THAN MEASUREMENT ERROR:
DISCOVERING MEANING BEHIND INFORMANT DISCREPANCIES IN
CLINICAL ASSESSMENTS OF CHILDREN AND ADOLESCENTS**
GUEST EDITOR: ANDRES DE LOS REYES

**Introduction to the Special Section: More Than Measurement
Error: Discovering Meaning Behind Informant Discrepancies
in Clinical Assessments of Children and Adolescents**

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Discrepancies often arise among multiple informants' reports of child and adolescent psychopathology and related constructs (e.g., parenting, family relationship quality and functioning, parental monitoring). Recently, studies using various designs (laboratory, longitudinal, randomized controlled trial, meta-analysis) have revealed that discrepancies among informants' reports (a) yield important information regarding where children express behaviors (time course, features of the context[s] of behavioral expression) and about the informants who observe their expression, (b) demonstrate stability over time in both community and clinic settings, (c) predict poor child and adolescent outcomes in ways that the individual informants' reports do not, and (d) can be used to identify meaningful treatment outcomes patterns within randomized controlled trials. Using existing data sources, the articles in this special section expand upon this emerging body of research. In particular, the articles illustrate how clinical science and practice can use informant discrepancies to increase understanding of the causes and consequences of, as well as treatments for, child and adolescent psychopathology.

Clinical science has yet to identify a definitive and feasibly cost-effective biological or behavioral marker for any of the mental disorders diagnosed in adults and children (American Psychiatric Association, 2000). Thus, comprehensive measurement strategies that incorporate multiple indices of the same behavior or construct have become the mainstay of evidence-based assessment in clinical research and practice (Hunsley & Mash, 2007). In fact, a key component of best practices in evidence-based assessments of psychopathology in children and adolescents (referred to collectively as

"children" unless otherwise specified) involves use of reports taken from multiple informants (Mash & Hunsley, 2005). To assess any one child on any one psychopathology domain (or any one family- or parent-related process that is linked to child psychopathology domains), researchers often use an array of informants to provide reports. These informants often include the child him- or herself, parents, teachers, peers, clinicians, laboratory observers, and official records (e.g., grades, arrest records, standardized test scores). However, inconsistencies commonly arise across these reports (hereafter referred to collectively as "informant discrepancies"; De Los Reyes & Kazdin, 2004, 2005).

Much of the evidentiary support of the efficacy of evidence-based treatments for children rests on multiple informants' reports (Weisz, Jensen Doss, & Hawley,

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2005). As a result, informant discrepancies often translate into inconsistencies across the findings reported both within randomized controlled trials and between controlled trials testing the same treatment (De Los Reyes & Kazdin, 2006a; Koenig, De Los Reyes, Cicchetti, Scahill, & Klin, 2009). Informant discrepancies also result in inconsistent findings when identifying prevalence rates of clinical conditions and risk factors for the emergence of these conditions (De Los Reyes & Kazdin, 2005). Indeed, as a “general rule,” informant discrepancies are ubiquitous in research on the assessment, development, and treatment of child psychopathology (Achenbach, 2006).

Further complicating matters is that there is no definitive way to determine who is an “accurate” informant (i.e., no one way to determine absolute reliability and validity of a report; see Achenbach, McConaughy, & Howell, 1987). As a result, clinical scientists and practitioners have yet to understand how best to interpret informant discrepancies. In particular, two questions continue to arise in crucial areas of clinical research: (a) What does it mean when informants disagree? and (b) If these disagreements mean *something*, does their “meaning” make them useful? That is, can we use the meanings behind informant discrepancies to improve our understanding of the development of psychopathology and how best to assess and treat children?

Much of the reason why these questions continue to arise amidst elusive answers can be traced to researchers’ historical treatment of informant discrepancies as “methodological nuisances” that need to be “rectified” in some way (see De Los Reyes, Henry, Tolan, & Wakschlag, 2009; De Los Reyes & Kazdin, 2005). Indeed, the treatment of discrepancies as methodological nuisances harkens to what McGuire (1969) referred to as the development of researchers’ treatments of perceived research *artifacts*, or factors within studies that are not treated as independent, dependent, or control variables. Specifically, McGuire observed that often a researcher’s approach to an artifact is to ignore it in empirical work (e.g., treat it as “measurement error”), then after some time and perhaps some cursory examination he or she progresses to accounting for the factor within their work but not as a direct variable of interest (as a control variable), and finally their research evolves toward actively treating the factor as a legitimate construct worthy of empirical study.

In fact, I have observed this process in my own work in this area. That is, among a set of reviews on an earlier manuscript submission to a peer-reviewed journal outlet, I received the following comment: “Until the authors can demonstrate the inconsistencies in reporters are something more than inconsistencies related to psychometric issues . . . the implications of [prior theoretical work by the authors] are unknown” (anonymous

personal communication, April 25, 2008). Commentary such as this has *fueled* progress in the area. This anonymous reviewer’s commentary reflects the perspective that informant discrepancies are measurement error. This perspective has challenged researchers to empirically examine what informant discrepancies represent. In many respects, the dynamic interplay between views of discrepancies as “empirical artifacts” versus research that *actively tests* whether informant discrepancies reflect empirical artifacts has culminated in this special section.

This special section includes a collection of articles that illustrate new directions that clinical science is taking to address important issues germane to understanding informant discrepancies in clinical assessments of children. In this introduction to the special section, I first establish a conceptual rationale for why informant discrepancies often *should* yield meaningful information on the expression of child psychopathology. Second, I briefly review recent empirical work that (a) supports the conception that informant discrepancies contain useful information and (b) illustrates how informant discrepancies can be used to interpret research findings. Third, I provide an overview of the special section articles and identify the overarching themes cutting across each of these articles. Last, I highlight how future work seeking to build on the findings reported in this special section can capitalize on informant discrepancies to increase understanding of the causes and consequences of, and treatments for child psychopathology.

WHY SHOULD INFORMANT DISCREPANCIES REVEAL MEANINGFUL INFORMATION ABOUT CHILD PSYCHOPATHOLOGY?

Often, informant discrepancies in reports of children’s behavior *should* reveal important information on how children’s behavioral expressions vary across situations and time. Three key factors suggest this. First, when extensive evidence suggests that multiple informants’ reports on parallel measures (i.e., similar or identical item content) are both reliable and valid, large discrepancies still exist between informants’ reports on these measures (e.g., Achenbach & Rescorla, 2001; Baldwin & Dadds, 2007; Comer & Kendall, 2004). That is, often evidence of unreliability or invalidity does not exist to parsimoniously explain why informants disagree.

Second, researchers often gather multiple reports of children from different adult informants who observe the child’s behavior in different settings (e.g., parent at home, teacher at school). As a result, researchers have long theorized that informant discrepancies may reflect a disconnection among measures in how they represent

the behaviors being assessed (Achenbach, 2006). For example, in assessments of children's disruptive behavior symptoms, researchers commonly encounter discrepancies between reports from parents and teachers about the same child (De Los Reyes & Kazdin, 2005). This is an observation long assumed to reflect contextual variation in the child's disruptive behavior. Specifically, it is assumed that the nature and extent of the child's disruptive behavior symptoms likely changes across home (represented by parent report) and school (represented by teacher report) contexts (Achenbach et al., 1987). Therefore, researchers and clinicians often collect information from multiple informants who systematically vary in the circumstances within which they observe the same child's behavior.

Third, support for informant discrepancy as a substantive construct comes from decades of basic psychological research in interpersonal perception and memory recall that broadly focuses on how different people often have different views of the same people or sets of behaviors (e.g., Johnson, Hashtroudi, & Lindsay, 1993; Malle, 2006; Pasupathi, 2001). In fact, recent theoretical work points to a normative psychological account of reporting discrepancies that is heavily influenced by basic research on memory and interpersonal perception and applied research on multi-informant clinical assessment. Briefly, the Attribution Bias Context Model (De Los Reyes & Kazdin, 2005) is a multidisciplinary framework that posits that discrepancies exist because informants systematically differ on three central characteristics: (a) what they *attribute* to be the causes of the behavior being assessed (i.e., dispositional qualities of the youth vs. environmental constraints), (b) the *biases* or decision thresholds guiding whether specific behaviors warrant treatment, and (c) the *contexts* within which informants observe the behavior (e.g., home, school) and/or the contexts in which behavioral reports are taken (e.g., clinical, community-based or epidemiological assessments). As a result, these systematic differences should translate into informant discrepancies representing stable differences among informants in their perspectives of the behaviors upon which they are reporting and the circumstances or contexts within which informants observe these behaviors.

In sum, there are many reasons for why informant discrepancies might yield substantive information about child psychopathology and associated domains of youth and family behavior. Nevertheless, in clinical assessments of many domains of child psychopathology, often researchers integrate informants' reports using various combinational methods that potentially result in losses of information as to the circumstances in which children express behaviors indicative of psychopathology (De Los Reyes & Kazdin, 2005, 2006a). Of course, such a practice would appear defensible when there is empirical

evidence to suggest that any inconsistencies across informants' reports arise for mundane psychometric or methodological reasons that are not substantively germane to the construct being assessed. However, as I briefly review next, mounting evidence questions the usage of these practices.

DOES THE AVAILABLE EVIDENCE SUPPORT MEANINGFUL INTERPRETATIONS OF INFORMANT DISCREPANCIES?

In addressing the question of what informant discrepancies mean, a new wave of research spanning assessments of multiple psychosocial domains and child age groups has tested whether informant discrepancies measures "behave" the way a reliable and valid measure of a psychological construct would "behave."

Laboratory Observations

Compelling evidence of the meaning of informant discrepancies comes from controlled laboratory work. For instance, one recent study examined whether informant discrepancies in reports of children's disruptive behavior symptoms relate to assessments of these symptoms when measured across various laboratory controlled interactions between the child and multiple adults (De Los Reyes et al., 2009). This study examined a sample of 327 preschool children (ages 3–5; 179 boys, 149 girls), their parents and teachers participating in a validation study of an observational measure of disruptive behavior in young children (Wakschlag et al., 2008). Information on each child's disruptive behavior was reported by parents and teachers. This study also included indices of disruptive behavior from an observational measure that assessed children's disruptive behavior across multiple interactions between the child and his or her parent and the child and an unfamiliar clinical examiner.

Consistent with past research, there were substantial discrepancies in parent and teacher reports of children's disruptive behavior symptoms as well as substantial variation in observed behavior in the laboratory. Of interest, however, parent-teacher discrepancies mapped onto variations in children's behavior observed in the laboratory. For example, relative to the children who did not show disruptive behavior based on either parent or teacher report, laboratory observations of childhood disruptive behavior in the presence of the parent predicted disruptive behavior identified by parents only but not teachers only, whereas laboratory observations of childhood disruptive behavior in the presence of an unfamiliar clinical examiner predicted disruptive behavior identified by teachers only but not parents only.

Further, when disruptive behavior was identified by both parent *and* teacher, laboratory observations predicted disruptive behavior reports when the disruptive behavior was expressed within both parent–child *and* examiner–child interactions. However, disruptive behavior identified by both parent *and* teacher was not significantly predicted by observed disruptive behavior expressed exclusively within parent–child *or* examiner–child interactions (i.e., within one interaction and not the other). These observations could not be explained by levels of clinical impairment in the child or laboratory observations of the quality of parenting. Thus, recent findings demonstrate that informant discrepancies of children’s disruptive behaviors are meaningfully linked to variations in laboratory observations of these behaviors. These findings demonstrate that informants’ reporting discrepancies reflect variations across settings in the expression of children’s behavior.

Longitudinal Stability and Prediction

Recent work testing whether informant discrepancies yield useful information has come from longitudinal studies demonstrating that informant discrepancies predict poor youth outcomes over extended periods. Specifically, often informant discrepancies are assessed between two informants who know each other very well or have extended contact with each other, such as parents and children. Often, discrepancies between their reports are assessed using measurements of constructs germane to parent–child relationships and the development of child psychopathology, such as children’s behavior and emotional problems, negative parenting behaviors, parental monitoring, parent–child relationship quality, and teen driving restrictions. Thus, one can surmise that when two informants who know each other very well and have extended contact with each other see the nature and extent of these constructs differently, these differences may impact how informants interact with each other and function over time (De Los Reyes & Kazdin, 2006b). Indeed, when discrepancies occur between informants’ reports of child and family behaviors, these discrepancies predict negative behavioral outcomes in children. As can be seen in Table 1, the general finding of greater informant discrepancies predicting poorer youth outcomes has been identified across measurements of reporting discrepancies on numerous constructs (e.g., teenagers’ driving restrictions, relationship quality, child behavioral and emotional problems, negative parenting behaviors, parental monitoring behaviors, treatment goals). Further, these discrepancies have predicted a diverse array of poor outcomes over periods ranging from 4 months to 4 years (e.g., risky teen driving; poor behavioral, work, and criminal outcomes in

childhood and/or adulthood; therapeutic engagement; treatment gains).

Most crucially, a few studies have demonstrated that informant discrepancies predict poor outcomes in ways that cannot be accounted for by the individual reports used to assess the discrepancies (e.g., the absolute level of reports; De Los Reyes, Goodman, Kliewer, & Reid-Quiñones, 2010; Ferdinand, van der Ende, & Verhulst, 2004, 2006). Of interest, what these studies have shared in common is that the ways in which informant discrepancies were measured in each study allowed for each study to focus on the instances in which parents and children evidenced *qualitatively* different reports of the behaviors for which they were asked to report.

For example, in a community sample, parent and child reports of parental monitoring behaviors exhibited low levels of agreement consistently across multiple domains of parental monitoring (De Los Reyes, Goodman, Kliewer, & Reid-Quiñones, 2008). Specifically, correlations between parent and child reports ranged from .23 to .33 for parental monitoring domains such as whether a parent knows about their child’s whereabouts (Parental Knowledge), whether the child willingly discloses information about his or her whereabouts (Child Disclosure), and the extent to which parents make active attempts to gather information about their child’s whereabouts (Parental Solicitation; De Los Reyes et al., 2008). In a 2-year longitudinal follow-up study in this same sample, the authors statistically modeled at a baseline assessment informant discrepancies measures across reports of these multiple parental monitoring domains so that they could identify instances in which (a) parents reported far more positive levels of parental monitoring than children, (b) children reported far more positive levels than parents, and (c) parents and children did not consistently disagree in their reports in either direction (De Los Reyes, Goodman et al., 2010). It was this focus on the *qualitative distinctions* between parent and child reports that proved to provide important information on the prediction of an outcome commonly linked to parental monitoring (i.e., child delinquency; see Smetana, 2008). Indeed, relative to parents and children who did not evidence consistent disagreements, parents who consistently reported more positive levels of parental monitoring relative to their child were significantly more likely to have children who reported greater levels of delinquent behaviors 2 years later (De Los Reyes, Goodman et al., 2010). Yet the individual parent and child reports failed to make the same prediction. With this particular kind of discrepancy, one can surmise that if a parent views levels of parental monitoring far more positively than their child views them, this discrepancy may serve as a marker for a parent’s lack of access to vital information about their child’s whereabouts, activities, and peers. This lack of parental access to information about their children might,

TABLE 1
 Examples of Studies (NonExhaustive) Demonstrating a Predictive Relation Between Informant Discrepancies and Poor Outcomes

<i>Study</i>	<i>Pair</i>	<i>Sample Type</i>	<i>Discrepancies Assessed</i>	<i>Outcome(s) Assessed</i>	<i>Predictive Effect</i>	<i>Time Period</i>
Beck et al. (2006)	P-Ch	Randomized trial of teen driving education program	Teen driving restrictions	Risky teen driving	Greater absolute discrepancies predict greater risky teen driving	9 months
Brookman-Frazer et al. (2008)	P-Ch	2 outpatient community mental health clinics	Treatment goals	Treatment attendance	Parent-child agreement on at least one treatment goal (relative to no agreement) predicts greater number of therapy visits	6 months
De Los Reyes, Goodman et al. (2010)	P-Ch	Community	Parental monitoring behaviors	Child delinquency	Parents reporting more positive parental monitoring behaviors than their child have children who reported greater child delinquency	2 years
Ferdinand et al. (2004)	P-Ch	Epidemiological	Child psychopathology	Poor young adult outcomes	Greater directional discrepancies (parent > child, vice versa) predict poorer outcomes	4 years
Ferdinand et al. (2006)	P-Ch	Referred psychiatry clinic outpatients	Child psychopathology	Child treatment outcomes	Greater directional discrepancies (parent > child, vice versa) predict poorer outcomes	$M = 4.3$ years
Guion et al. (2009)	P-Ch	School (5th graders recruited through probability sampling)	Negative parenting behaviors	Child psychopathology	Greater directional discrepancies predict greater internalizing (child > parent) and social competence (parent > child)	1 year
Israel et al. (2007)	P-Ch	University hospital outpatients	Child psychopathology	Parental involvement in child's therapy	Greater discrepancies (unspecified direction) predict lower parental involvement in the child's therapy	$M = 13.57$ months
Jensen Doss & Weisz (2008)	Cl-P	5 outpatient community mental health clinics	Pretreatment child diagnoses	Treatment processes and child outcomes	Diagnostic agreement (relative to disagreement) predicts greater therapy engagement and reduced internalizing	2 years
Panichelli-Mindel et al. (2005)	P-Ch	Clinic-referred outpatients receiving child anxiety treatment	Pretreatment child anxiety disorder diagnosis	Pre-post treatment gains in therapy for child anxiety	Agreement on presence of a pre-treatment child anxiety disorder diagnosis (relative to parent-reported presence and not child) predicts greater pre-post treatment gains	Approx. 16 weeks ^a
Pelton & Forehand (2001)	P-Ch	Community	Relationship quality	Child psychopathology	Greater absolute discrepancies predict greater internalizing and externalizing	1 year
Pelton, Steele, et al. (2001)	P-Ch	Community	Relationship quality	Child psychopathology	Greater absolute discrepancies predict greater externalizing	1 year

Note: P-Ch = parent-child; Cl-P = clinician-parent.

^aPredictive period estimated based on Kendall (1994) and Kendall et al. (1997).

in turn, leave these children vulnerable to the development of various forms of maladjustment, such as delinquency. In sum, this work suggests that the predictive utility of informant discrepancies is particularly robust for instances in which parents and children report fundamentally distinct levels of the behaviors for which they are asked to report.

Recently, researchers have extended prior work demonstrating the predictive utility of informant discrepancies to testing the stability or consistency of such discrepancies both over time and within psychological assessments. As mentioned previously, prior theoretical work points to informant discrepancies reflecting stable differences between informants in how or under what circumstances they observe the behaviors being assessed. Therefore, these stable systematic differences lend credence to the idea that measurements of informant discrepancies should demonstrate a modicum of consistency both across rated domains within a single time point as well as over multiple time points. Two recent studies suggest just this. First, within a multisite controlled trial testing treatments for childhood social phobia, parent-child discrepancies in their pretreatment reports of childhood social phobia predicted posttreatment discrepancies in these same reports (De Los Reyes, Alfano, & Beidel, 2010). In this study, this effect was moderated by treatment response in that this effect held in cases in which the child was rated by an independent observer (rating clinician) as not responding to treatment. Thus, informant discrepancies were stable over time under expected circumstances: when the child's behavior is seen as stable over time by observers other than the informants for whom discrepancies were assessed between reports of the child's behavior.

Second, measurements of parent-child reporting discrepancies are also quite consistent in community samples. For instance, across multiple parental monitoring domains, discrepancies measurements exhibit high levels of internal consistency not only within specific assessment points (i.e., alphas ranging from .71 through .78 within three different assessment points) but collapsed across assessment points up to a 2-year follow-up ($\alpha = .84$ for discrepancies measurements taken across baseline, 1-year follow-up, and 2-year follow-up assessments; De Los Reyes, Goodman et al., 2010). Thus, prior work examining parent and child reports of parental monitoring supports the findings of De Los Reyes, Alfano et al. (2010) in that it demonstrates the stability of informant discrepancies within a community sample focused on family behaviors distinct from those normally assessed within clinic settings. In sum, recent work suggests that informant discrepancies yield knowledge of the development of child psychopathology that cannot be explained by the individual informants' reports and that the discrepancies themselves are stable over time.

DOES THE AVAILABLE EVIDENCE SUPPORT THE UTILITY OF INFORMANT DISCREPANCIES FOR INTERPRETING INCONSISTENT RESEARCH FINDINGS?

Recently, researchers have observed that the inconsistent findings that often arise within the outcomes of controlled trials can perhaps be used to identify systematic patterns in controlled trials outcomes (De Los Reyes & Kazdin, 2006a). That is, multiple outcomes within controlled trials systematically vary in usage of informants, measurement methods, and methods of statistical analysis. Thus, often it is possible to examine whether substantive patterns exist in the inconsistencies that arise from these outcomes, and whether some outcomes and not others yield robust evidence in support of the treatment examined (e.g., consistent findings suggestive that the treatment "outperforms" control or comparative treatment conditions; see De Los Reyes & Kazdin, 2008). The key idea behind identifying these patterns of consistent and inconsistent outcomes is that they can be used to generate hypotheses as to why or how interventions tested within controlled trials exact effects on the conditions they target for change. These hypotheses can then be tested within future controlled trials testing the treatment examined. For example, a recent meta-analysis examined controlled trials testing behavioral parent training (BPT) interventions developed to treat child conduct problems and child cognitive behavioral therapy (CBT) to treat child anxiety problems (De Los Reyes & Kazdin, 2009). The review focused on studies testing BPT and CBT relative to inert control conditions (e.g., waitlist, no-treatment) on at least three conduct and anxiety problem outcome measures, respectively. Overall, De Los Reyes and Kazdin (2009) revealed that substantial variability exists within and between BPT and CBT trials in whether multiple outcome measures assessing treatment effects yielded evidence in support of the treatment. However, there were some instances in which robust or consistent effects were identified within these studies. Specifically, consistent effects within BPT trials were identified when the parent was the outcomes informant. Similarly, CBT trials yielded consistent effects based on child self-reported outcomes.

Of interest, these effects can be interpreted based on work reviewed previously. First, within BPT trials often parents, teachers, and laboratory observers are relied on to assess treatment outcomes (Weisz et al., 2005), and parent-teacher discrepancies in reports of children's disruptive behavior systematically relate to variations in children's disruptive behavior observed in the laboratory (De Los Reyes et al., 2009). That parent reports yielded robust outcomes effects within BPT trials suggests that BPT treatments work particularly well in reducing conduct problems expressed in the home. Along these lines,

one can use this interpretation of prior work to design a version of BPT to specifically change “home-based” conduct problems. One can then test whether this version of BPT outperforms a standard version of BPT within which therapists aim to reduce conduct problems in multiple settings. Perhaps when BPT is tailored to isolate and change behaviors expressed specifically in the home context, the magnitudes of these changes far exceed changes that may arise from a version of BPT focused on reducing conduct problems across the various contexts within which they may possibly be expressed (e.g., home, school, free play with peers). That is, with BPT an “isolated home context” approach might result in improved outcomes relative to a “massed contexts” approach.

Second, within CBT trials often children, parents, laboratory observers, and clinicians provide outcomes reports (Weisz et al., 2005). Further, when both the child and the parent independently endorse a child anxiety disorder diagnosis prior to treatment, the child demonstrates superior treatment gains relative to those children who did not independently endorse a child anxiety disorder diagnosis prior to treatment and their parent did (Panichelli-Mindel, Flannery-Schroeder, Kendall, & Angelosante, 2005). Consistent with this work, perhaps CBT for child anxiety problems shows robust effects on child self-reported outcomes because CBT for this condition works particularly well when both the child and his or her parent(s) agree that the child evidences anxiety concerns that warrant treatment. This hypothesis can also be tested in future research. For example, we know from prior work that children often identify problems to target in treatment that parents either do not identify or do not see as a problem (e.g., Hawley & Weisz, 2003). Thus, one can identify families in which a parent endorses an anxiety problem for which he or she wishes their child to receive treatment as well as a nonanxiety problem (e.g., oppositional behavior, depressed mood), whereas the child varies as to whether he or she agrees on seeking treatment for either one or both of these problems. Thus, the families would vary in four ways: (a) agreement on both an anxiety problem to target in treatment and a nonanxiety problem, (b) agreement on an anxiety problem but disagreement on a nonanxiety problem, (c) disagreement on an anxiety problem but agreement on a nonanxiety problem, and (d) disagreement on both an anxiety and nonanxiety problem. One might then randomly assign clinicians treating these children to take a CBT approach to treating either the anxiety or nonanxiety problem. Through such a design one can test whether CBT changes anxiety problems over the course of treatment differently across the conditions, with the idea that group “a” would evidence the most robust effects across outcomes reports, followed by groups “b, c, and d.” In sum, whereas informant discrepancies have historically been viewed

as a hindrance toward identifying evidence-based treatments, recent work suggests that they can be used to isolate and clarify (and perhaps improve) treatment effects.

OVERVIEW OF ARTICLES IN THE SPECIAL SECTION

The articles in this special section provide exemplary models for researchers and clinicians interested in generating and testing hypotheses as to what informant discrepancies represent. Indeed, across various study designs and domains of clinical assessment, these studies illustrate how researchers can examine data they already have in hand to determine whether informant discrepancies yield valuable information about the nature and extent of child psychopathology and related psychological domains. Further, their findings may inform the design of future studies aiming to understand what informant discrepancies represent.

Within the context of longitudinal study designs, Dirks and colleagues and Drabick and colleagues examine informant-specific associations between indicators of child psychopathology and psychosocial outcomes. These two studies yield findings suggesting a reconsideration of the use of shared variance models when identifying factors indicative of the long-term impact of the development of child psychopathology. Within clinic samples of youths assessed for behavioral and emotional difficulties, De Los Reyes and colleagues and Hartley and colleagues reveal that (a) measurements of informant discrepancies attain high estimates of internal consistency, (b) informant discrepancies correlate robustly with the perspectives informants have of the youth problems assessed, and (c) informant discrepancies relate to variations in the contexts within which informants observe youth problems. These findings call into question attributing informant discrepancies to processes reflective of informants’ rating biases and unreliability. In a community sample, Reynolds and colleagues assess the utility of informant discrepancies for predicting poor outcomes in children and thus the ability of such discrepancies to inform understanding of the development of child psychopathology. Last, Achenbach, who along with his colleagues McConaughy and Howell published the seminal meta-analysis in this area (Achenbach et al., 1987), comments on the findings and implications of the articles in the special section and offers recommendations for future research in the area.

CONCLUDING COMMENTS

In sum, for those interested in the idea that children behave differently, depending on with whom they

interact and the demands of the contexts within which they live, informant discrepancies may be telling us about these differences. For too long, we have either implicitly or explicitly accepted as true the notion that when they occur, informant discrepancies are a methodological artifact (see McGuire, 1969). It is crucial that we better understand whether informant discrepancies represent measurement error or do, in fact, yield important information. This is an empirical question, and the work reviewed in this introduction and reported in this special section suggests that when clinical researchers and practitioners encounter informant discrepancies and develop notions as to why these discrepancies have arisen, they should treat these notions as null or alternative hypotheses. That is, we should only *accept* the idea that informant discrepancies *do not* contain useful information when data exist to *support* this idea.

As you read the articles in this special section, my hope is that you come away from this work inspired to contribute to and move knowledge forward on the topics at hand. If one thing transpires as a result of this special section, I want it to be this: I want clinical child researchers and practitioners to begin collectively reacting with a sense of curiosity when they observe informant discrepancies in their own work. I want us to view these discrepancies and instinctively think about what they may represent. I want us to design studies to test these ideas. When informants disagree in the reports that you collect from them, are they trying to tell you something about this one child with whom you are working, or this sample of children that you are studying? Who can you interview in your clinic or what variable can you manipulate in your laboratory to isolate and illuminate what you surmise might account for your observations?

My hope is that this work paves the way toward a strong consensus among clinical researchers and practitioners that our field would greatly benefit from carefully conducted studies of the basic science behind informant discrepancies. Ideally, these studies should seek to actively distinguish the circumstances in which informant discrepancies reflect real constructs that are capable of informing clinical research and practice from the circumstances in which they should, in fact, be treated as methodological artifacts. Our field can then use the findings from this basic research to develop methods for increasing the interpretative power of informant discrepancies within clinical assessments of children. I am very curious about the work that lies ahead. After reading these articles, I hope you are curious as well.

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