Newsletter of the
TEMPERAMENT CONSORTIUM
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Sections:

Editor: Roy P. Martin, University of Georgia, USA
Co-Editor: Sam Putnam, Bowdoin College, USA

Editor's Column

It is with real satisfaction that I present to you the first edition of the Newsletter for the Temperament Consortium in which some of presentations from the last Occasional Temperament Conference (OTC) will be summarized. The satisfaction is based on the ideas that the Newsletter should serve as a method of communication of preliminary ideas, short research projects that might not be publishable in standard journals in their current form, and general opinion pieces about temperament research and practice. OTC presentations often are of this format and the Newsletter provides an excellent method of communicating some of the presentations to those who could not attend the last OTC. Also, those of us who did attend were not able to hear all the presentations.

For those whose contributions appear in this issue, please note that Sam and I have edited each piece is some way. In all cases, our efforts have been to retain the central meaning of words and phrases of the author, while attempting to improve readability and clarity. If, in the opinion of the author, these edits have detracted in any way from the original intent, we sincerely apologize. Concerns in this regard should be addressed to the senior editor.

If you offered an abstract of your presentation at the OTC and you do not see it in this issue, be assured it will be in one that follows. There was simply too much material to put in one issue. For all readers, let Sam and I know what you thought of this issue. If we don't receive comments, suggestions, criticisms, and new ideas, the Newsletter will be short lived.

It is particularly pleasing to me to have a cover photograph of Sam Putnam and Tracy Spinrad, some of the younger members of our consortium, along with one of the real leaders of temperament research, Jerome Kagan. For those who did not hear Dr. Kagan speak, it was evident that even in his eighth decade of life, the old spark and intellectual acumen are still present in abundance.

If you presented a poster at the OTC, we would like to publish the abstract you submitted in the next edition of the Newsletter, which we plan to send out this summer. If you would like to make changes to the abstract you submitted last year, or do not wish for your abstract to be included in the Newsletter, please send me an email at rpmartin@uga.edu. If you would like to have a person-to-person voice exchange, my office phone is 706-542-4261. I am typically in the office 7:30 am to 9:30 am, and 1:00 pm to 3:00 pm Eastern Daylight Time. If these times are not convenient for you, leave a message and a time I can return your call.

Roy Martin, Editor

The Next Occasional Temperament Conference

Name:	19th Occasional Temperament Conference
Host:	Jen Simonds, Assistant Professor of Psychology
Location:	Westminster College, Salt Lake City, Utah
Dates:	January, 2013
Registration Fee:	Not set yet.
Theme:	Not set yet
Presentations:	Application procedures not set yet.
Where to Stay:	Details to come
How to Get There:	Details to come
Attractions in Area:	Skiing, and many others

A Brief History of the Occasional Temperament Conference

(*Details supplied by Bill Carey*)

Year	Place	Host
1978	Louisville, KY	Ron Wilson & Adam Mathey
1979	Lund, Sweden	Inger Personn-Blennow & Tom McNeil
1980	New Haven, CT	Bill Carey & Sean McDevitt
1982	Salem, MA	Charlie Super & Sara Harkness
1984	Keystone, CO	Robert Plomin
1986	Penn State University	Richard & Jaquie Lerner
1988	Athens, GA	Roy Martin & Charles Halverson
1990	Scottsdale, AZ	Sean McDevitt & Nancy Melvin
1992	Bloomington, IN	Jack Bates and Ted Wachs
1994	Berkeley, CA	Jim Cameron
1996	Eugene, OR	Mary Rothbart & Beverly Fagot
1998	Philadelphia, PA	Bill Carey & Sean McDevitt
2000	Mystic, CT	Sara Harkness and Charlie Super
2002	Newport Beach, CA	Diana Guerin
2004	Athens, GA	Roy Martin & Charles Halverson
2006	Providence, RI	Ron Seifer
2008	San Rafael, CA	Jan Kristal
2010	Brunswick, ME	Sam Putnam
2012	Salt Lake City, UT	Jen Simonds

From The Editor:

The quality of empirical science is completely dependent on the quality of the measurements that are obtained. While we in the temperament business waffle with regard to the best methods of assessment, perhaps 90% of all our research is based on caretaker (e.g., parent, teacher) report, with the remaining 10% predominantly based on self-report of older children, adolescents and adults. One measurement problem that can occur in linking temperament measurement to psychopathology or problematic behavior is that these types of behaviors are also assessed through the use of caretaker reports and self-reports, and some of the same items that are used to assess behavior problems are also used to assess temperament (e.g., child have difficulty sitting through dinner; is always on the move).

One solution to this problem is to eliminate all the items that are overlapping from one or both of the measures. This solution might, however, create another problem. Perhaps the items eliminated were particularly good indicators of either temperament or behavior problems, thus their elimination might weaken relationships between temperament and the behavior problem measure. A group of Portuguese researchers, lead by Sophia Major and her doctoral advisor, Maria João Seabra-Santos have addressed this question directly for a sample of preschool children.

Connections Between Temperament and Socio-Emotional Behaviors in Preschool Age Children: Removing Measurement Confounding by Expert Ratings

Sofia Major & Maria João Seabra-Santos

Faculty of Psychology and Educational Sciences – University of Coimbra (Portugal)

Understanding the link between child characteristics (temperament) and behavior development is of key interest to clinical/developmental psychologists. However, the available research is limited (Frick, 2004). The literature emphasizes a clear relationship between specific temperamental dimensions (e.g., negative mood, inhibition) and internalizing/externalizing symptoms (Lengua et al., 1998; Sanson, Hemphill, & Smart, 2004). However, there is a measurement problem in the integration of temperament and psychopathology due to a difficulty to ascertain a clear conceptual and methodological distinction between temperament characteristics and symptoms (e.g., inhibition vs. social withdrawal) (Frick, 2004; Sanson et al., 2004). A growing body of research suggests a possible confounding between measures of temperament and behavior problems, which may produce artificially inflated correlations (Frick, 2004; Lemery, Essex, & Smider, 2002; Lengua et al., 1998; Sanson et at., 1990).

Method: Parents and teachers of 80 children, aged 3 to 6 years old (50% by gender, 25% by age group), were invited to complete the Preschool and Kindergarten Behavior Scales – Second Edition (PKBS-2; Merrell, 2002) and the Temperament Assessment Battery for Children – Revised (TABC-R; Martin & Bridger, 1999). To minimize potential item contamination, an expert on temperament (the TABC-R author) judged each item of the PKBS-2 for its possible overlap with the temperament measure. As a result, a total of 16 items that showed evidence of overlap were removed from the analyses: five from the Social Skills scale and 11 from the Behavior Problems scale. The PKBS-2 (Merrell, 2002) is a behavior rating scale developed specifically for children with 3-6 years old. The 76 items focus on typical and routine social skills and problem behaviors, which can be rated by several informants from home and school settings (e.g., parents, teachers). The Social Skills scale includes 34 items divided into 3 subscales: Social Cooperation, Social Interaction and Social Independence. The Problem Behavior scale includes 42 items divided into two empirically derived subscales: Externalizing and Internalizing Problems (each of this subscales aggregates several supplemental behavior subscales). Items are rated on a 4-point Likert scale. The TABC-R (Martin & Bridger, 1999) is battery designed to assess temperamental types/characteristics of children from 2-7 years old. It has two forms (parents and teachers) with 37 and 29 items, respectively, rated on a 7-point Likert scale.

Results and Discussion: For both informants, correlations between the PKBS-2 Social Skills scales and the TABC-R scales are negative, from low to moderate. For the Behavior Problems scales and subscales, correlations with the TABC-R are positive. In agreement with the literature, there is a strong correlation between the impulsive temperamental characteristics and externalizing problems (r = .69, p < .01, for parents). Findings of this study indicate that when contaminating items are removed, there is no decrease in the relationship between temperament and behavior measures in preschool age children. This suggests that the associations are not due to measurement confounding (in some cases the correlations increased). Content overlap, thus, does not seem to account for size linkage between these classes of variables.

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Thoughts on Temperament in Applied Settings

From The Editor:

Dr. Sean McDevitt has been a psychologist in private practice for many years. He has also been one of the strongest advocates for clinical application of temperament-related information in clinical practice. Along with Bill Carey, he has developed several measurement tools based on the Chess-Thomas model of temperament, and authored a number of articles and books aimed at introducing temperamental concepts to parents and others.

In the following piece, Dr. McDevitt addresses one of the most provocative, yet difficult to operationalize concepts in the temperament literature: the goodness-of-fit between the temperamental characteristics of the child and the demand characteristics of the environment. The latter has sometimes been assessed by assessing parental temperament, sometimes through assessing parental models of how a child should behave. He offers a conceptualization of a continuum of problematic outcomes for poor goodness-of-fit.

Temperament, Adjustment & Psychopathology: A Proposed Taxonomy of Fit with Implications for Clinical Assessment and Management

Sean C. McDevitt

Behavioral-Development Initiatives

The concept of 'goodness of fit' was proposed by Thomas, Chess and associates to describe the process of interaction between a child and the environment. They believed that when goodness of fit was present there would be harmonious interaction, while poor fit led to conflict, the possibility of stress and ultimately the development of behavioral problems and eventually, psychopathology. This broad outline was given to explain the observation that seemingly easy children could develop behavioral problems if the environment was not supportive, while children with quite difficult temperaments would often develop normally without signs of emotional or behavioral problems in supportive environments. The process envisioned by Chess and Thomas (1999) is step-wise; where conflict leads to symptoms, then symptoms begin to shade into behavioral disorder. Currently, the term 'psychopathology' refers in the literature to differing levels of impairment, in part because distinctions in problems of fit are not being made.

This paper proposes that not all temperament-environment conflicts are equivalent in severity, and that some may have broader impact than others based on these differences. A taxonomy of problems of fit is described and proposed as a conceptual framework for understanding the nature and significance of temperament-environment conflict and to further define the relationship between temperament and psychopathology.

Problems of fit can be categorized into four distinct levels, with the lowest level indicating normal interactions: Level 0--simple mismatch with no apparent symptoms, Level 1--conflict associated with specific or limited emotional or behavioral symptoms, Level 2--conflicts associated with problems in behavioral adjustment, and Level 3-- temperament related problems associated with a DSM-IV disorder. These levels are seen as progressive, wherein the second step incorporates elements of the first, the third encompasses the first two levels, and the fourth comprises all of the previous three. Although temperament is itself always normal, conflicts involving temperament can be associated with differing degrees of dysfunction. When no symptoms are present (Level 0), restoration of goodness of fit may be accomplished by simple accommodation of the temperament. At level 1 and above, additional measures may be needed to deal with the conflict and the associated dysfunction, such as clinical intervention. As seen in the work of authors such as Ross Greene (1998), temperament-related conflicts have been shown to complicate treatment of clinical disorders in children. Efforts need to be made to operationalize these levels of fit and to define markers and boundaries for each level. Furthermore, identifying the frequencies of different levels of conflict and the process of change between levels would improve our understanding of pathogenesis. These distinctions may be useful in clarifying communication between professionals about what constitutes psychopathology and at what level it is being observed. In addition, the quality of care given to children could be enhanced through better understanding of problems of fit and implications for treatment.

Just as rating systems can categorize levels of problems associated with other scientific phenomena, such as the Apgar score (Apgar, 1953) for physical status at birth, or the Glasgow coma scale (Teasdale & Jennett, 1974) for neurological status after head trauma, it is hoped that identifying levels of poor fit will be useful in communicating the nature of the problem being observed and potentially suggest ways for practitioners to cope with it. Refining the conceptual framework for viewing problems in fit may assist in achieving this goal.

Thoughts on Temperament in Applied Settings

From The Editor:

Dr. Bill Carey is one of the founding fathers of the Temperament Consortium, and has been one of its most active members through all the years of the Occasional Temperament Conference. He has strong opinions and is seldom reluctant to share them with researchers and his colleagues in clinical settings. This abbreviated version of his talk at the latest OTC explores the difference in emphasis between researchers and clinicians. Another of Dr. Carey's themes over the years has been a distrust of statistically derived measurements. He has a preference for measurement that was derived from clinical observation and does not stray far from the item structures as they were originally conceived by the clinician. These themes are touched on in the following piece.

The Role of Temperament in Pediatric Primary Care

William B. Carey, M.D.
The Children's Hospital of Philadelphia

Differences between research and clinical situations

Academic temperament researchers are apparently primarily interested in the nature of temperament and how early measurements can predict *later* personality (and other related manifestations of development). While we clinicians may share these same research interests, we are mainly concerned with using temperament data to improve understanding of *present* clinical problems in order to reduce or eliminate them.

This difference makes it necessary for clinicians to use clinically derived dimensions of temperament, which are readily observed and described, such as those initiated by Chess and Thomas. Similarly, behavioral adjustment criteria considered in clinical practice require recognizable clinical descriptions, such as those covered by the BASICS summary (Carey, 2009): Behavioral competence in social relationships; Achievements; Self-relations; Internal status; Coping; and Symptoms of physical function. The current personality measures favored by academic psychologists, such as the Big Five, apparently work for personality research but do not fit well with current parental concerns, such as antisocial behavior, school underachievement, poor coping, or recurrent abdominal pain.

In order to utilize temperamental knowledge appropriately in clinical practice, a broad range of knowledge and skills are required. Beside the standard knowledge and skills of the clinical discipline, the practitioner needs: 1) a thorough grounding in the nature and extent of normal behavior; 2) a sound view of what is not normal (The DSM system needs major revisions.); and 3) a comprehensive acquaintance with temperament: what it is, how it matters to caregivers and children, and how to manage it successfully. Several appropriate books are available but only one contains a comprehensive review of the pertinent clinical literature (Carey & McDevitt, 1995).

One issue often faced by clinicians is whether to do routine screening of patients in pediatric practice. My own experience (after 20 years of study) is that routine screening produces a low yield. I do not recommend it.

I have instead proposed using a simple algorithm for the processing of elicited parental expressions of concern. If there is a dysfunction of behavior, feelings, or physical function, one should discover whether the child's temperament is involved in a poor fit with the environment, giving rise to stress and reactive symptoms. If there is no definite dysfunction, then it may be that the child's temperament alone is the cause of the parental worry.

One of the key issues in applying temperament to clinical practice concerns how temperament is assessed. Practical interventions require clinically observable traits. Consideration of the separate traits is more useful than clusters. A brief interview, as described elsewhere (Carey 2009), is usually sufficient to provide the necessary data. In complicated situations or for research we recommend the use of one of the standardized clinical questionnaires.

Management of temperament-related issues in clinical practice is a complicated and case-specific endeavor. However, general guidelines are available. Space limitations do not permit a detailed description of appropriate management strategies. However, the overall goal is an improvement of the fit between the child's temperament and environmental demands, brought about by reasonable accommodations by parents and other caretakers to the temperamental characteristics of the child. (See Carey & McDevitt, 1995.)

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