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CONTRIBUTION TO THE VALIDATION OF THE CHILD BEHAVIOR SCALE (CBS): A QUESTIONNAIRE FOR TEACHERS THAT MEASURES AGGRESSIVE, ANTISOCIAL, AND PROSOCIAL BEHAVIOR IN KINDERGARTEN AND PRIMARY SCHOOL CHILDREN

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The study examined the relations between perceived emotional support from parents and peers, self-concept and social functioning among a sample of school-aged children. “The study had three main purposes”: firstly, the study was aimed at evaluating the association between emotional support perceived from parents and peers, and self-concept. Secondly, the study was aimed at inquiring the existence of different children’s profiles on the basis of the level of perceived emotional support from parents and peers, and their self-concept. Finally, the study was aimed at exploring any difference that could have emerged in their social functioning. The participants were 270 children (F = 137, M = 133), ranged in age from 9 to 11 (mean age = 10.75, SD = 1.48). Children were collectively assessed through self-report and peer-reported measures. A cluster analysis revealed the existence of five profiles characterized by different levels of emotional support perceived from parents and peers, and self-concept. Results have also evidenced differences between children belonging to different profiles in the social functioning assessed by peers. Globally, findings showed that a positive self-concept, when combined with high emotional support from parents or from peers, is related to a better social functioning both in terms of peer acceptance and prosocial behaviors.

PEER PRESSURE AND ALCOHOL CONSUMPTION AMONG UNIVERSITY STUDENTS: THE MODERATING EFFECT OF EMOTIONAL INTELLIGENCE

Maria Grazia Monaci, Luca Scacchi, Marianna Posa & Rosanna Trentin

Increasing evidence shows that higher emotional intelligence (EI) is generally associated with better mental and physical health. Low EI has also been hypothesized to correspond to greater substance use, but the issue is relatively under-investigated and the findings contradictory. The present study examines the relationship between EI and typical predictors of frequency of alcohol consumption in university students, and investigate the role of EI in moderating the relationship between alcohol use and abuse - a widespread harmful behavior - and peer pressure, one of the strongest predictors of alcohol consumption. Methods: A questionnaire that included measures of individual variables - including EI (Emotional Intelligence Scale, EIS, Schutte et al., 1998), sensation seeking, coping styles, reported frequency and self-evaluation of alcohol use and abuse, emotions linked to alcohol consumption, and peer pressure - was administered to 198 (50% F) Italian university students. Results: Findings show that EI is neither related to alcohol use nor abuse; instead, it is related to active forms of coping, sensation seeking and positive emotions associated to alcohol consumption. The important role of peer pressure as a predictor of alcohol consumption is confirmed. However, EI moderates the relationship between peer pressure and alcohol use and abuse, with higher correlation in students with lower EI, confirming our main hypothesis. Conclusions: The findings have relevant implications for strategies directed at modifying emotion-regulation malfunctioning linked to alcohol abuse, and at improving the ability to resist pressure to conform to group norms in a population where being accepted and approved by the group is a crucial goal.

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Roberto Marcone & Antonio Costanzo

The Child Behavior Scale (CBS) is a teacher-report questionnaire based on a 3-point scale evaluating 4- to 8-years-old children behavior in school settings. Previous findings have shown that some aspects of children's behavior in their relationships with peers could be assumed as indexes predicting psychosocial risks. This study aims to translate and test the CBS structure for an Italian experimental sample. Three hundred eightyseven questionnaires were analyzed using a factorial analysis and validity and reliability measures. The results exhibit high validity and reliability for our translated version and confirm the original CBS structure, with some modifications.

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To evaluate cross-cultural and diagnostic validity, the Italian version of the MCMI-III was administered to 789 Italian psychiatric patients. Eleven diagnostic validity statistics (DVSs) were analyzed: Sensitivity, Specificity, Positive and Negative Likelihood Ratios, Overall Correct Classification, Positive and Negative Predictive Power, Incremental Positive and Negative Predictive Power, Cohen's Kappa, and Cohen's d. DVSs were compared to American MCMI-III DVSs (Millon, 1994; Millon, Davis, & Millon, 1997). Large differences were observed between

samples and should be taken into account when using the MCMI-III for clinical decision-making. The promising DVSSs from Millon's 1997 sample were less satisfactory in the 1994 sample, and were not replicated in our Italian sample. According to Hsu (2002), most of the incongruence might be explained by variations in data collection methodology. From the present research, it appears that the MCMI-III might best be used as a screener for clinical traits and symptoms.

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Emilia Maroscia, Miriam Troianiello, Clementina Grelloni, Stella Totino, Michela Gately, Valentina Bagnolo, Chiara Terribili, Monica Terribili & Paolo Curatolo

The aim of the present article is to compare two among the most complete batteries for memory evaluation in developmental age that are currently used in Italian clinical practice, the "Test of Memory and Learning, TEMA" (Reynolds & Bigler, 1995) and the "Battery for the Evaluation of Memory and Learning in Development Age, PROMEA" (Vicari, 2008), focusing in particular on Learning Disability; we compared the two batteries both on a theoretic level and on a practical level by administrating them to a 9 year-old child diagnosed with Dyslexia associated with mathematics difficulties. It emerges from the analysis that the 2 considered memory batteries provide information about different aspects of memory functioning and provide different results in a few memory aspects; moreover, it emerges that the most complete memory profile comes out by matching information provided by the two batteries. We suggest to choose a single memory battery in daily clinical evaluation considering the specific clinical questions of each disturbance and to integrate missing information using just few subtests from other batteries.