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*Journal of the American Academy of*
CHILD & ADOLESCENT PSYCHIATRY

**Mina K. Dulcan, M.D.**
Editor

July 1, 2004

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Nese Erol, Ph.D.
Dept of Child Psychiatry
Ankara Univ, School of Med
Dikimevi, Ankara
Turkey

RE: Manuscript #: 20011896
Behavioral and Emotional Problems Among Turkish Children Ages 2-3

Dear Dr. Erol:

Your manuscript has come back from review, and I am inclined to accept it for publication if you are able to address the remaining concerns. I enclose copies of the reviewers' comments for your consideration.

In the preparation of your revision, I suggest that you obtain the services of a science writer or technical editor who is fluent in English.

Please revise your manuscript accordingly and send us three copies of the revised paper, highlighting one copy to indicate where you have made substantive changes. A cover letter indicating your response to **each** of the suggestions must accompany the revisions. In your discussion section, please highlight the clinical implications of your findings, i.e., in a subsection entitled "Clinical Implications," describe how your findings might be relevant to a clinician or inform clinical practice. Please note that the current limit for articles accepted by the **Journal** is 6,000 words, including title page, abstract, references, tables, and figures.

A final decision on your paper will be made after we receive all of the above items.

I hope that you can return your revision within 30 days so that we can keep your paper in our publication schedule. We look forward to receiving your revised manuscript.

With my best wishes,

Sincerely,

Mina Dulcan

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OFFICIAL PUBLICATION OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY

JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY
REVIEW FORM

**Comments to the Author(s)** - Brief summary of paper, along with an outline of the strengths and weakness of the work.

MS Number: 20011896 Reviewer Number: 1435

Title: Behavioral and Emotional Problems Among Turkish Children Ages 2-3
**PLEASE TYPE**

This is a resubmission of a paper reviewing cross-sectional survey data on the prevalence and distribution of parent-reported behavioral symptoms (using the CBCL) of two- and three-year olds in Turkey. The paper has been completely rewritten; significant improvements are evident. What follows are specific suggestions for further improvement:

Introduction:

1) The statement "it is known that the best way to prepare young children for school is to address their mental health needs" cannot be supported by data. While MH intervention is important, this statement seems out of place.
2) The statement that cross-national comparisons "help to distinguish between universal and cultural characteristics" in behavior can be challenged. Given that studies used to make these comparisons (like this one) generally rely on parent report, the distinguishing factor may be parental perception of behavior.

Methods:

3) The fourth sentence of the Sample section (on staged sampling) is likely to be confusing to most readers.
4) The last sentence of the same section is unclear. How does the comparison of this survey sample with other samples establish "reliable findings."

Results:

5) The definition of a household should probably be moved to the sample section of methods.
6) The fact that Table one contains only associations between demographic variables and scale scores significant at the .05 level should be noted either in the title or a footnote to the Table.
7) The last sentence in the Prevalence Rate section is unclear. Does the higher urban prevalence rate reach statistical significance? Is it significantly higher than both the suburban and rural rates? Do the suburban and rural rates differ significantly?

Discussion:

8) The authors argue that Total Problem scores in Turkey are "distinctly higher" than in other samples. Since there is no comparative statistical analysis, this assertion,

and even the meaning of "distinctly higher" is open to question. Obviously, cross-national comparisons are difficult (especially given different sampling strategies) yet important. It is at least important to frame the problems with comparing these data better for the reader in this section as it is necessary to frame the following sections as well.

9) The discussion of Weisz et al.'s contention about cultural "amplification" of behaviors is worthy of further elucidation; I think this point about process is quite important and could be fruitfully expanded.

10) It is not clear exactly how child care availability in Turkey relates to EU accession (p. 11). Is availability of child care an economic development issue specified as part of EU incoporation?

11) It is unclear what to make of the sixth discussion point (p. 12) given that the items in question are not presented in the results.

12) There is a very brief mention of preventive outreach for behavioral and emotional problems. Might education of pediatricians be more important (alluded to later in the summary section)? What would a preventive outreach program look like (e.g., do the authors have a model in mind?) The systems implications of the findings do not seem to be fully discussed and what discussion there is bleeds over to the summary section (which then becomes just an extension of the discussion section).

13) What has the "enhancement of mental health and public health personnel" (p. 13) consisted of?

14) It may be better to move the limitations section to before a brief conclusions or summary section.

**JOURNAL OF THE AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY**
**REVIEW FORM**

**Comments to the Author(s)** - Brief summary of paper, along with an outline of the strengths and weakness of the work.

MS Number: 20011896 Reviewer Number: 434

Title: Behavioral and Emotional Problems Among Turkish Children Ages 2-3
**PLEASE TYPE**

The author has successfully addressed 13 of my original 14 concerns. The grammar has improved but there are still some problems that will have to be corrected. Overall, while a simplistic CBCL study generates lukewarm interest, the young age group that is studied may be of value. The remaining issue that was not completely addressed is as follows:

(1) I had noted that support was lacking to indicate how this was a "nationally representative sample". The author partially addressed this by adding details on the five categories of regions and three categories of settlements. However, the percentages of subjects drawn from each of these categories are still not linked to a national census to reflect that the percentages match the distribution of the population in these categories. The term "nationally representative" has a distinct epidemiological meaning that ought to be used only if it can be supported. For example, since 32.1% of the respondents were drawn from the Western region, then approximately 32% of the population must reside in the Western region for this to be nationally representative, and so forth. Either it ought to be explicitly described how the distribution of this sample approximates the national distribution of the population, or the term "nationally representative sample" ought to be replaced with the term "nation-wide sample" or something similar.

Also, it was still not described how they handled homes where nobody answered the door on the first try. This is not a trivial component of an epidemiological study design. Did they strike it from their list or make repeated attempts on different days and different times of day? This is important for estimating selection bias and understanding the results if future studies produce different rates with a different method.

The following are new concerns/suggestions:

(2) A new suggestion would be to add more of the quantitative significant findings to the abstract. For example, urbanization was significantly correlated not just to Total Problems scores, but to all six scales and the two broad-band internalizing and externalizing scales. The finding of female gender and the Anxious/Depressed scale could be added. Two-year olds had higher scores on Somatic Complaints than three-year-olds.

(3) The reference to "Wiggins" ought to be "del Carmen-Wiggins".

(4) This sentence on page 3 "It is also known that the best way to prepare young children for school is to address their mental health needs in preschool years. . ." is more than a bit far-reaching. Tone this down.

(5) The reference to "Diagnostic Classification: 0-3" on page 3 ought to be "Zero to Three".

(6) It was stated in the Discussion section that 8.8% of the children had one or more deviant syndrome scores using the 98$^{th}$ percentile (p. 10). This is a new result that was

not reported in the Results. All findings need to be reported in the Results section. It should also be made clear whether the six syndrome scales or the broad-band Internalizing and Externalizing scales, or both, were used in this determination.
(7) On page 12, there is another instance of a new result that was not reported in the Results section (15 items that were reported as problematic by more than 50% of parents). Also, these 15 items need to be listed.
(8) The Limitations section noted that the "current study was based on maternal reports only." The Method section reported that 95.4% of the reports were completed by mothers.

**Please include the following information/materials when you return your revised manuscript.**

Manuscript Number: 20011896R1

- [x] Short title for running head (Maximum: 40 letters and spaces)
- [x] Corresponding author's telephone and fax numbers, and e-mail address.
- [ ] Professional titles (abbreviated) for all authors, e.g., M.D., Ph.D. Please limit each author to one (1) professional title.
- [ ] If the study your manuscript describes was financially supported by e.g., a drug company or a government grant, please state who provided the financial support for the project in the acknowledgments on the title page of your paper.
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