CSCORE Review of Research 2015

The Ronald H. Fredrickson Center for School Counseling Outcome Research and Evaluation: Annual Review of Research

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ACA Conference, 2015

Goals for Session

- Review important school counseling outcome research and evaluation published in the past year focused on the academic, personal/social, and career domains
- Prioritize relevant information for evidence-based practice in school counseling
- Provide resources to help you in your work as a school counselor/counselor educator

Relevant Research on Interventions for Academic and College Advising: Summer Melt Mitigation

Castleman, B. L., Page, L. C., & Schooley, K. (2014). The forgotten summer: Does the offer of college counseling after high school mitigate summer melt among college-intending, low-income high school graduates? *Journal of Policy Analysis and Management, 33* (2), 320-344.

What is Summer Melt?

- When students have graduated, applied to and been accepted to college, but DON'T ENROLL the following fall
- National average for all students is about 10%
- Average for low-income, first generation students ranges from 20-44%

From Castleman and Page, 2015

Magnitude of the summer melt problem

3

Percentages indicate the share of college-intending students that do not enroll anywhere in the fall following high school graduation

Why Does Summer Melt Occur?

- Students are away from the supports in schools, including relationships with teachers and counselors
- Not yet part of their college/university to access those supports
  - college may not yet feel “real”
- Developmental transition - cognitively, socially, emotionally
- Information comes through email and other web portals
  - small % of adols. check emails daily
  - need internet access
  - need parental support and awareness of what is needed
  - students may fail to meet key deadlines

Why Does Summer Melt Occur?

- Complicated paperwork and forms
  - financial aid, supplemental loan applications
  - housing
  - placement tests
- Unexpected financial challenges, limited understanding of financial options
  - reality of tuition bill
  - medical fees
  - books

Research on Interventions

- Castleman and Page have been conducting a series of research studies on interventions for summer melt
  - High school counselor outreach
  - Peer mentor outreach
  - Text-based information and outreach
  - Outreach via HS-University partnerships (in process)

Summer melt intervention strategies

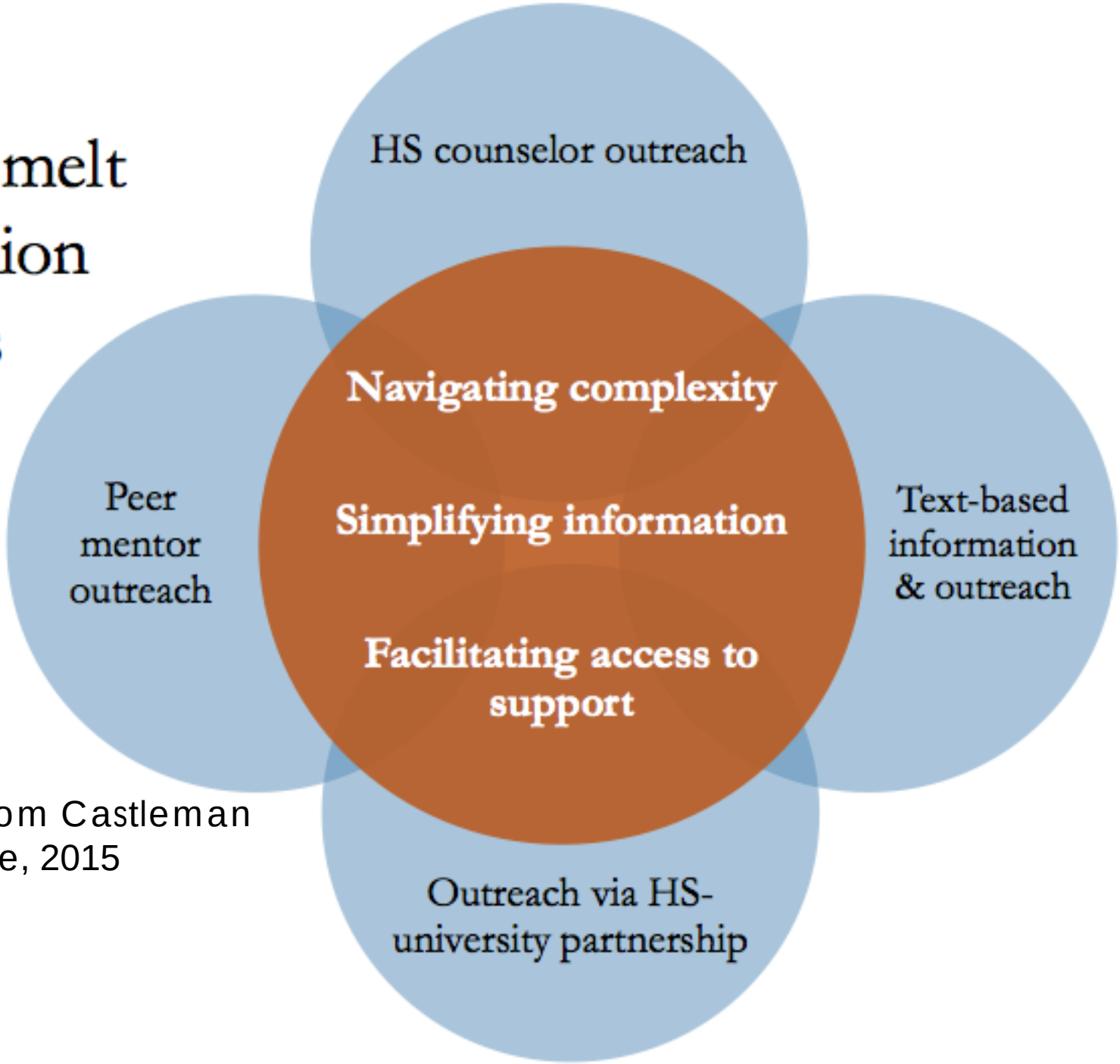


Image from Castleman and Page, 2015

What is Needed?

- Help understanding forms and requirements, especially financial materials and options
- Reminders to complete college paperwork and to meet deadlines
- Developmentally-appropriate strategies for simplifying college-based transitions
- Information dissemination to parents and students
  - more challenging with low-income and first generation families

Intervention: Counselor Outreach

- Boston - uAspire (non-profit college aid advising) counselors
- Fulton County (GA) school counselors
- Boston sample: 90% students of color, 62% of those who did FAFSA had EFC of zero, 65% female
- FC sample: 61% students of color, 37% FRL, 54% female
- Random assignment to treatment or control groups
  - students in control groups received support if they requested it
  - students in treatment groups received proactive outreach from uAspire or FCS counselor

Intervention: Counselor Outreach

- Counselors made ongoing efforts to communicate with students in multiple ways
  - in-person meeting for initial assessment
    - review of financial aid award and unmet financial need
    - calendar of key summer deadlines at the student's college
    - help with understanding and completing paperwork received from college
    - assessment of social or emotional barriers to enrollment
  - follow up communication throughout summer via phone, email and text
  - in-person follow-up meetings when counselor determined it was needed or student requested

Outcomes

- Students were very responsive to outreach (1/2 in Boston and 1/3 in FC met with advisor over summer)
  - in FC, students who qualified for free or reduced lunch (FRL) status were more than twice as likely to meet with counselor (25% -50%)
- Almost no control group students sought help (2% met with counselor over summer)
- Strong positive impact of summer communication
  - Boston students receiving outreach
    - 5% more likely to enroll in following fall
    - 7% more likely to persist until spring of first year
    - 9% more likely to persist into fall of sophomore year
  - FRL students in FC receiving outreach 8% more likely to enroll

Reasons for Impact? Followup Study in Boston

- Counselors helped students
  - reduce college costs
  - qualify for aid
  - waive costs
  - sign up for tuition payment plans
  - select more affordable colleges
  - access college web portal sites
  - complete required tasks

Intervention: Peer Mentors

- Sites were 3 MA cities and Dallas, TX
- Similar to school counselor intervention
- Provided by successful college student from area HS, with supervision by school counselors
- Counselors provided support for financial aid and other areas where peer mentor did not feel qualified
- Impact = 5% increase in fall enrollment (similar to counselors)
- Biggest impact for males
- Cost = $80/student

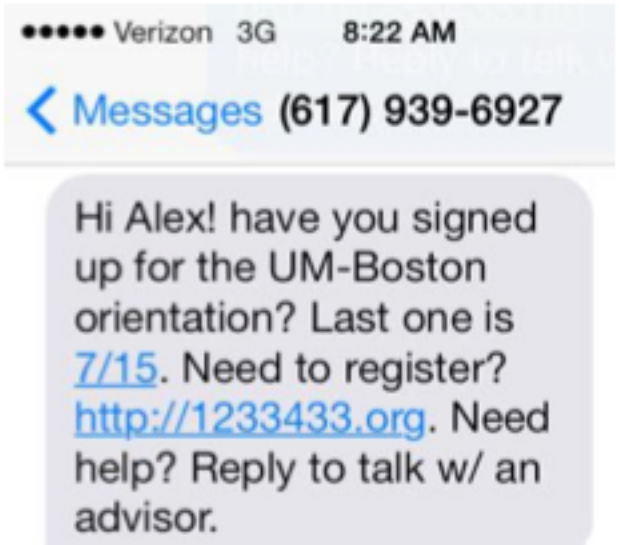
Intervention: Texts

- Done in 3 MA cities and Dallas, TX
- Text messages reminded students and their parents of key tasks to complete
  - log into university web portal
  - access paperwork
  - register for orientation and placement tests
  - complete forms
  - offer of help with FAFSA
- Offered opportunities to meet with SC if needed additional assistance
- Impact = 3-7% more likely to enroll for following fall
- Very cost-effective - $7/student

From Castleman and Page, 2015

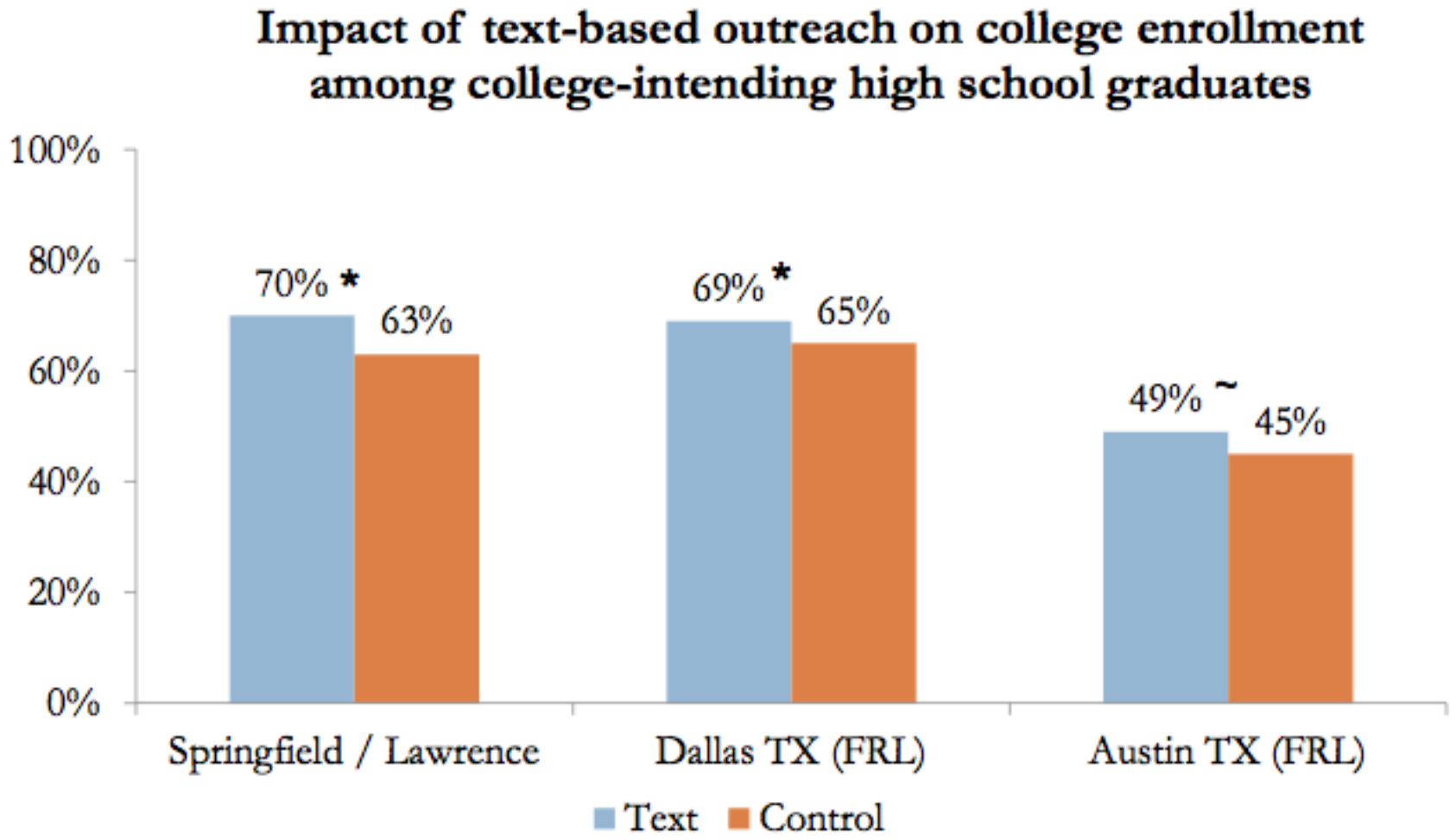
Text messaging to mitigate summer melt

- **The text intervention consisted of 10 messages:**
  - FAFSA and financial aid award letters
  - Accessing the college's online portal
  - Orientation, placement tests, and housing
  - Tuition bill and health insurance



From Castleman and Page, 2015

Positive impact on on-time college enrollment



- Levels of statistical significance: ~ p <0.10 * p<0.05 ** p<0.01

What Does This Mean for School Counselors?

- Choosing an intervention modality
- Finding funding for summer supports
- Followup and outreach with students
- Impact is highest for low-income, first generation students so focus on value for larger community contexts

Other Related Materials

- Arnold, K.D., Chewning, A., Castleman, B. & Page, L.C. (2015). Advisor and student experiences of summer support for college-intending, low-income high school graduates. *Journal of College Access, 1*(1), 6-28.
- Castleman, B.L. (2013). Prompts, personalization, and pay-offs: Strategies to improve the design and delivery of college and financial aid information. Center on Education Policy and Workforce Competitiveness Working Paper No. 14. Charlottesville, VA: University of Virginia.
- Castleman, B.L., Owen, L., Page, L.C. & Stephany, B. (2014). Using text messaging to guide students on the path to college. Center for Education Policy and Workforce Competitiveness Working Paper No. 33. Charlottesville, VA: University of Virginia.

Other Related Materials

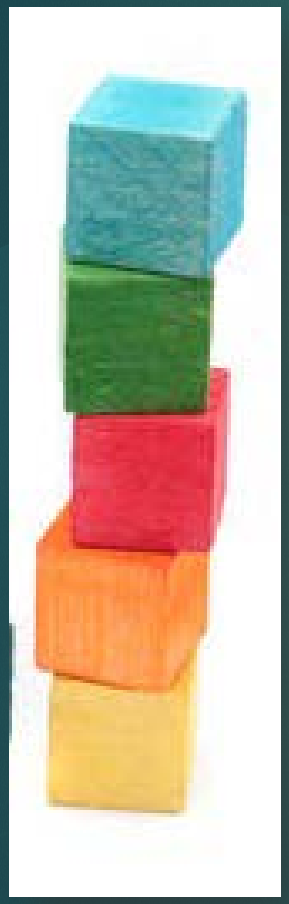
- Castleman, B.L. & Page, L.C. (2013). The not-so-lazy days of summer: Experimental interventions to increase college entry among low-income high school graduates. *New Directions for Youth Development, 140*, 77-97
- Castleman, B.L. & Page, L.C. (2014a). A trickle or a torrent? Understanding the extent of summer "melt" among college-intending high school graduates. *Social Sciences Quarterly, 95*(1), 202-220.
- Castleman, B.L. & Page, L.C. (2014b). *Summer melt: Supporting low-income students throughout the transition to college.* Cambridge, MA: Harvard Education Press.
- Castleman, B.L. & Page, L.C. (2014c). Summer nudging: Can personalized text messages and peer mentor outreach increase college going among low-income high school graduates? Center for Education Policy and Workforce Competitiveness Working Paper No. 9. Charlottesville, VA: University of Virginia.

Relevant Research for Mental Health Counseling in Schools: Free Assessment Instruments

Beidas, R. S., Stewart, R. E., Walsh, L., Lucas, S., Downey, M. M., Jackson, K., ... & Mandell, D. S. (2015). Free, brief, and validated: Standardized instruments for low-resource mental health settings. *Cognitive and Behavioral Practice, 22*(1), 5-19.

Free, Brief, & Validated: Standardized Instruments for Low-Resource Mental Health Settings

Categories



- Overall Mental Health
- Anxiety
- Disruptive Behavior
- Eating Disorders
- Mania
- Trauma

Overall Mental Health

- **Ohio Scale- Youth, Parent, and Clinician Versions**
  - "Developed to measure outcomes for youth ages 5-18 who receive mental health services. The Short Forms of the Ohio Scales have 4 domains: the 20-item *Functioning Scale*, the 4-item *Hopefulness Scale*, the 4-item *Satisfaction Scale*, the 20-item *Problem Severity Scale*, and the *Restrictiveness of Living Scale* for agency workers." Retrieved from: http://www.cebc4cw.org/assessment-tool/ohio-youth-problems-functioning-and-satisfaction-scales-ohio-scales/
- **Pediatric Symptom Checklist and Pediatric Symptom Checklist- Youth Report (PSC, PSC-Y)**
  - "PSC: brief screening questionnaire used by pediatricians and other health professionals to improve the recognition and treatment of psychosocial problems in children." Retrieved from: http://www.massgeneral.org/psychiatry/services/psc_forms.aspx

Overall Mental Health Cont.

- **Strength and Difficulties Questionnaire (SDQ):**
  - Brief behavioral screening questionnaire about 3-16 year olds. Several versions to meet the needs of researchers, clinicians, and educators. Each version includes at least one of the following: 25 items on psychological attributes, an impact supplement, and follow-up questions.
  - Go to www.sdqinfo.org for more information.
- **Youth Top Problems (TP)**
  - "Strategy for identifying (before treatment) and repeatedly assessing (during treatment) problems identified as most important by caregivers and youths in psychotherapy. Can help focus attention and treatment planning on the problems that youths and caregivers consider most salient and can generate evidence on trajectories of change in those problems during treatment."
  - Retrieved from: Weisz, J.R., Chorpita, B.F., Frye, A., Ng, M.Y., Lau, N., Bearman, S.K., Ugueto, A.M., Langer, D.A., Hoagwood, K., and the Research Network on Youth Mental Health (2011). Youth top problems: Using idiographic, consumer-guided assessment to identify treatment needs and track change during psychotherapy.Journal of Consulting and Clinical Psychology, 79 (3), 369-380. **PDF doi: 10.1037/a0023307**

Ohio Scale- Youth Version

Instructions: Please rate the degree to which you have experienced the following problems in the past 30 days.	Not at All	Once or Twice	Several Times	Often	Most of the Time	All of the Time
1. Arguing with others	0	1	2	3	4	5
2. Getting into fights	0	1	2	3	4	5
3. Yelling, swearing, or screaming at others	0	1	2	3	4	5
4. Fits of anger	0	1	2	3	4	5
5. Refusing to do things teachers or parents ask	0	1	2	3	4	5
6. Causing trouble for no reason	0	1	2	3	4	5
7. Using drugs or alcohol	0	1	2	3	4	5
8. Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9. Skipping school or classes	0	1	2	3	4	5
10. Lying	0	1	2	3	4	5
11. Can't seem to sit still, having too much energy	0	1	2	3	4	5
12. Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13. Talking or thinking about death	0	1	2	3	4	5
14. Feeling worthless or useless	0	1	2	3	4	5
15. Feeling lonely and having no friends	0	1	2	3	4	5
16. Feeling anxious or fearful	0	1	2	3	4	5
17. Worrying that something bad is going to happen	0	1	2	3	4	5
18. Feeling sad or depressed	0	1	2	3	4	5
19. Nightmares	0	1	2	3	4	5

Pediatric Symptom Checklist-Youth Report (Y-PSC)

Please mark under the heading that best fits you:

	Never	Sometimes	Often
1. Complain of aches or pains			
2. Spend more time alone			
3. Tire easily, little energy			
4. Fidgety, unable to sit still			
5. Have trouble with teacher			
6. Less interested in school			
7. Act as if driven by motor			
8. Daydream too much			
9. Distract easily			
10. Are afraid of new situations			
11. Feel sad, unhappy			
12. Are irritable, angry			
13. Feel hopeless			
14. Have trouble concentrating			
15. Less interested in friends			
16. Fight with other children			
17. Absent from school			
18. School grades dropping			
19. Down on yourself			
20. Visit doctor with doctor finding nothing wrong			
21. Have trouble sleeping			
22. Worry a lot			

Strength and Difficulties Questionnaire (SDQ) for Parents/Teachers of 11-17 Year Olds

Strengths and Difficulties Questionnaire

P or T 11-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this young person's behavior over the last six months or this school year.

Young person's name ..... Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other youth, for example books, games, food	☐	☐	☐
Often loses temper	☐	☐	☐
Would rather be alone than with other youth	☐	☐	☐
Generally well behaved, usually does what adults request	☐	☐	☐
Many worries or often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other youth or bullies them	☐	☐	☐
Often unhappy, depressed or tearful	☐	☐	☐
Generally liked by other youth	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐

Youth Top Problems (TP)

Journal of Consulting and Clinical Psychology
2011, Vol. 79, No. 3, 369–380

0022-006X/11/$12.00 DOI: 10.1037/a0023307

Youth Top Problems: Using Idiographic, Consumer-Guided Assessment to Identify Treatment Needs and to Track Change During Psychotherapy

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University of California at Los Angeles

Alice Frye
Wellesley Centers for Women

Mei Yi Ng and Nancy Lau
Harvard University

Sarah Kate Bearman, Ana M. Ugueto, and David A. Langer
Judge Baker Children's Center and Harvard University

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Columbia University

The Research Network on Youth Mental Health

Objective: To complement standardized measurement of symptoms, we developed and tested an efficient strategy for identifying (before treatment) and repeatedly assessing (during treatment) the problems identified as most important by caregivers and youths in psychotherapy. ***Method:*** A total of 178 outpatient-referred youths, 7–13 years of age, and their caregivers separately identified the 3 problems of greatest concern to them at pretreatment and then rated the severity of those problems weekly during treatment. The Top Problems measure thus formed was evaluated for (a) whether it added to the information obtained through empirically derived standardized measures (e.g., the Child Behavior Checklist [CBCL; Achenbach & Rescorla, 2001] and the Youth Self-Report [YSR; Achenbach & Rescorla, 2001]) and (b) whether it met conventional psychometric standards. ***Results:*** The problems identified were significant and clinically relevant; most matched CBCL/YSR items while adding specificity. The top problems also complemented the information yield of the CBCL/YSR; for example, for 41% of caregivers and 79% of youths, the identified top problems did not correspond to any items of any narrowband scales in the clinical range. Evidence on test–retest reliability, convergent and discriminant validity, sensitivity to change, slope reliability, and the association of Top Problems slopes with standardized measure slopes supported the psychometric strength of the measure. ***Conclusions:*** The Top Problems measure appears to be a psychometrically sound, client-guided approach that complements empirically derived standardized assessment; the approach can help focus attention and treatment planning on the problems that youths and caregivers consider most important and can generate evidence on trajectories of change in those problems during treatment.

Keywords: Top Problems, youth, children, adolescents, psychotherapy

Anxiety

- **Children Yale-Brown Obsessive Compulsive Scale (CY-BOCS)**
  - "Designed to rate the severity and type of symptoms in patients with Obsessive Compulsive Disorder (OCD). Intended for use as a semi-structured interview." Retrieved from: http://www.stlocd.org/handouts/YBOC-Symptom-Checklist.pdf
- **Penn State Worry Questionnaire for Children (PSWQ-C)**
  - "14-item self-report questionnaire designed to assess worry in youth aged 7-17." Retrieved from: http://www.childfirst.ucla.edu/Scoring%20of%20the%20PSWQ-C.pdf
- **Revised Children's Anxiety and Depression Scale Youth and Parent Versions (RCADS, RCADS-P)**
  - "RCADS: 47-item, youth self-report questionnaire with subscales including: separation anxiety disorder (SAD), social phobia (SP), generalized anxiety disorder (GAD), panic disorder (PD), obsessive compulsive disorder (OCD), and major depressive disorder (MDD). Yields a Total Anxiety Scale (sum of the 5 anxiety subscales) and a Total Internalizing Scale (sum of all 6 subscales). RCADS-P: assesses parent report of youth's symptoms of anxiety and depression across the same six subscales." Retrieved from: http://www.childfirst.ucla.edu/RCADSUsersGuide20140711.pdf

Anxiety Cont.

- **Screen for Child Anxiety Related Emotion Disorders (SCARED)**
  - For "scorable" forms go to www.pediatricbipolar.pitt.edu and click instruments.
  - "41 items asking the parent/caregiver to indicate how often a descriptive phrase regarding how their child may have felt over the course of the previous three months is true. Intended for use by trained clinicians only and designed to be used with 8-18 year olds. The items are reflective of the DSM-IV criteria for anxiety disorders in childhood." Retrieved from: http://www.performwell.org/index.php/find-surveyassessments/screen-for-anxiety-related-emotional-disorders-scared-child-report
- **Spence Children's Anxiety Scale (SCAS):**
  - Go to www.scaswebsite.com for more information
  - "44-item scale developed to assess the severity of anxiety symptoms broadly in line with the dimensions of anxiety disorder proposed by the DSM-IV. Assesses generalized anxiety, panic/agoraphobia, social phobia, separation anxiety, obsessive compulsive disorder and physical injury fears." Retrieved from: http://www.scaswebsite.com/index.php?p=1_12

Children Yale-Brown Obsessive Compulsive Scale (CY-BOCS)

CY-BOCS Obsessions Checklist

Check all symptoms that apply (Items marked "*" may or may not be OCD Phenomena)

Current	Past	Contamination Obsessions
☐	☐	Concern with dirt, germs, certain illnesses (e.g., AIDS)
☐	☐	Concerns or disgust with bodily waste or secretions (e.g. urine, feces, saliva)
☐	☐	Excessive concern with environmental contaminants (e.g., asbestos, radiation, toxic waste)
☐	☐	Excessive concern with household items (e.g., cleaners, solvents)
☐	☐	Excessive concern about animals / insects
☐	☐	Excessively bothered by sticky substances or residues
☐	☐	Concerned will get ill because of contaminant
☐	☐	Concerned will get others ill by spreading contaminant (aggressive)
☐	☐	No concern with consequences of contamination other than how it might feel *
☐	☐	Other (describe) _____
		Aggressive Obsessions
☐	☐	Fear might harm self
☐	☐	Fear might harm others
☐	☐	Fear harm will come to self
☐	☐	Fear harm will come to others (maybe because of something child did or did not

Current	Past	Sexual Obsessions
☐	☐	Forbidden or perverse sexual thoughts, images, impulses
☐	☐	Content involves homosexuality
☐	☐	Sexual behavior towards others (aggressive)
☐	☐	Other (describe) _____
		Hoarding / Saving Obsessions
☐	☐	Fear of losing things
☐	☐	Other (describe) _____
		Magical Thoughts / Superstitious Obsessions
☐	☐	Lucky / unlucky numbers, colors, words
☐	☐	Other (describe) _____
		Somatic Obsessions
☐	☐	Excessive concern with illness or disease *
☐	☐	Excessive concern with body part or aspect of appearance (e.g. dysmorphophobia) *
☐	☐	Other (describe) _____
		Religious Obsessions
☐	☐	Excessive concern or fear of offending religious objects
☐	☐	Excessive concern with right / wrong morally
☐	☐	Other (describe) _____

Penn State Worry Questionnaire for Children (PSWQ-C)

Directions. This form is about worrying. Worrying happens when you are scared about something and you think about it a lot. People sometimes worry about school, their family, their health, things coming up future, or other kinds of things. For each sentence that you read, circle the answer that best tells how true that sentence is about you.

1. My worries really bother me.	never true	sometimes true	most times true	always true
2. I don't really worry about things.	never true	sometimes true	most times true	always true
3. Many things make me worry.	never true	sometimes true	most times true	always true
4. I know I shouldn't worry about things, but I just can't help it.	never true	sometimes true	most times true	always true
5. When I am under pressure, I worry a lot.	never true	sometimes true	most times true	always true
6. I am always worrying about something.	never true	sometimes true	most times true	always true
7. I find it easy to stop worrying when I want.	never true	sometimes true	most times true	always true
8. When I finish one thing, I start to worry about everything else.	never true	sometimes true	most times true	always true
9. I never worry about anything.	never true	sometimes true	most times true	always true
10. I've been a worrier all my life.	never true	sometimes true	most times true	always true
11. I notice that I have been worrying about things.	never true	sometimes true	most times true	always true
12. Once I start worrying, I can't stop.	never	sometimes	most times	always

Revised Children's Anxiety and Depression Scale Youth (RCADS)

Please put a circle around the word that shows how often each of these things happen to you. There are no right or wrong answers.

1. I worry about things	Never	Sometimes	Often	Always
2. I feel sad or empty	Never	Sometimes	Often	Always
3. When I have a problem, I get a funny feeling in my stomach	Never	Sometimes	Often	Always
4. I worry when I think I have done poorly at something	Never	Sometimes	Often	Always
5. I would feel afraid of being on my own at home	Never	Sometimes	Often	Always
6. Nothing is much fun anymore	Never	Sometimes	Often	Always
7. I feel scared when I have to take a test	Never	Sometimes	Often	Always
8. I feel worried when I think someone is angry with me	Never	Sometimes	Often	Always
9. I worry about being away from my parents	Never	Sometimes	Often	Always
10. I get bothered by bad or silly thoughts or pictures in my mind	Never	Sometimes	Often	Always
11. I have trouble sleeping	Never	Sometimes	Often	Always
12. I worry that I will do badly at my school work . .	Never	Sometimes	Often	Always
13. I worry that something awful will happen to	Never	Sometimes	Often	Always

Screen for Child Anxiety Related Emotion Disorders (SCARED)- Child Version

Developed by Boris Birmaher, M.D., Suneeta Khetarpal, M.D., Marlane Cully, M.Ed., David Brent, M.D., and Sandra McKenzie, Ph.D., Western Psychiatric Institute and Clinic, University of Pittsburgh *(October, 1995). E-mail:* birmaherb@upmc.edu

See: Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): a replication study. *Journal of the American Academy of Child and Adolescent Psychiatry, 38*(10), 1230–6.

Name: _____ Date: _____

Directions:
Below is a list of sentences that describe how people feel. Read each phrase and decide if it is "Not True or Hardly Ever True" or "Somewhat True or Sometimes True" or "Very True or Often True" for you. Then, for each sentence, fill in one circle that corresponds to the response that seems to describe you *for the last 3 months*.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
1. When I feel frightened, it is hard to breathe	O	O	O	PN
2. I get headaches when I am at school.	O	O	O	SH
3. I don't like to be with people I don't know well.	O	O	O	SC
4. I get scared if I sleep away from home.	O	O	O	SP
5. I worry about other people liking me.	O	O	O	GD
6. When I get frightened, I feel like passing out.	O	O	O	PN

Spence Children's Anxiety Scale

PLEASE PUT A CIRCLE AROUND THE WORD THAT SHOWS HOW OFTEN EACH OF THESE THINGS HAPPEN TO YOU. THERE ARE NO RIGHT OR WRONG ANSWERS.

1.	I worry about things.....	Never	Sometimes	Often	Always
2.	I am scared of the dark.....	Never	Sometimes	Often	Always
3.	When I have a problem, I get a funny feeling in my stomach.....	Never	Sometimes	Often	Always
4.	I feel afraid.....	Never	Sometimes	Often	Always
5.	I would feel afraid of being on my own at home.....	Never	Sometimes	Often	Always
6.	I feel scared when I have to take a test.....	Never	Sometimes	Often	Always
7.	I feel afraid if I have to use public toilets or bathrooms.....	Never	Sometimes	Often	Always
8.	I worry about being away from my parents.....	Never	Sometimes	Often	Always
9.	I feel afraid that I will make a fool of myself in front of people.....	Never	Sometimes	Often	Always
10.	I worry that I will do badly at my school work.....	Never	Sometimes	Often	Always
11.	I am popular amongst other kids my own age.....	Never	Sometimes	Often	Always
12.	I worry that something awful will happen to someone in my family.....	Never	Sometimes	Often	Always
13.	I suddenly feel as if I can't breathe when there is no reason for this.....	Never	Sometimes	Often	Always
14.	I have to keep checking that I have done things right (like the switch is off, or the door is locked).....	Never	Sometimes	Often	Always

Disruptive Behavior

- **Child and Adolescent Disruptive Behavior Inventory-Parent and Teacher Versions (CADBI)**
  - "CADBI Screener: 25-item questionnaire from the oppositional to peers, oppositional to adults, and the hyperactivity/impulsivity scales from the CADBI." Retrieved from: http://measures.earlyadolescence.org/measures/view/40/

Child and Adolescent Disruptive Behavior Inventory- Teacher Version (CADBI)

	Please circle the answer that indicates how often the behavior has occurred in the last month.	**Almost Never** (Never or about once per month)	**Seldom** (about once per week)	**Sometimes** (several times per week)	**Often** (about once per day)	**Very often** (several times per day)	**Almost Always** (many times per day)
1	**Daydreams during classroom activities** (e.g., stares off during activities; lost in his or her own thoughts during activities)	0	1	2	3	4	5
2	**Alertness changes from moment to moment during classroom activities** (e.g., spaces in and out during activities; mind seems to drift off during activities and then return; zones in and out)	0	1	2	3	4	5
3	**Absent-minded during classroom activities** (e.g., unaware of current activities or events going on in the classroom)	0	1	2	3	4	5
4	**Loses train of thought during classroom activities** (e.g., suddenly seems to have lost what he or she was about to say or do during activities)	0	1	2	3	4	5
5	**Easily confused during classroom activities** (e.g., gets confused working on activities; starts activities over again due to confusion)	0	1	2	3	4	5
6	**Looks drowsy during classroom activities even when he or she has had a good night's sleep** (e.g., seems sleepy, yawns) (NOTE: to the best of your knowledge, drowsiness is NOT due to sleep problems at night)	0	1	2	3	4	5
7	**Thinking seems slow during classroom activities** (e.g., mind seems sluggish; slow to respond to questions; slow to make decisions or choices)	0	1	2	3	4	5

Eating Disorders

- **Eating Attitudes Test-26 (EAT-26)**
  - "Self-report measure of symptoms and concerns characteristic of eating disorders. Administered in group/individual settings and by mental health professionals, school counselors, coaches, and others interested in gathering information to determine if someone should be referred to a specialist for evaluation for an eating disorder. The EAT-26 is not designed to make a diagnosis of an eating disorder or to take the place of a professional diagnosis or consultation. " Retrieved from: http://www.eat-26.com
  - "The EAT-26 has been reproduced with permission. Garner et al. (1982). The Eating Attitudes Test: Psychometric features and clinical correlates. Psychological Medicine, 12, 871-878." **Website:** www.eat-26.com

Eating Attitudes Test-26 (EAT-26)

Instructions: This is a screening measure to help you determine whether you might have an eating disorder that needs professional attention. This screening measure is not designed to make a diagnosis of an eating disorder or take the place of a professional consultation. Please fill out the below form as accurately, honestly and completely as possible. There are no right or wrong answers. All of your responses are confidential.

Part A: Complete the following questions:

1) Birth Date	Month:		Day:		Year:	2) Gender:	Male ☐ Female ☐
3) Height	Feet :		Inches:				
4) Current Weight (lbs.):			5) Highest Weight (excluding pregnancy):				
6) Lowest Adult Weight:			7: Ideal Weight:				

Part B: Check a response for each of the following statements:		Always	Usually	Often	Some times	Rarely	Never
1.	Am terrified about being overweight.	☐	☐	☐	☐	☐	☐
2.	Avoid eating when I am hungry.	☐	☐	☐	☐	☐	☐
3.	Find myself preoccupied with food.	☐	☐	☐	☐	☐	☐
4.	Have gone on eating binges where I feel that I may not be able to stop.	☐	☐	☐	☐	☐	☐
5.	Cut my food into small pieces.	☐	☐	☐	☐	☐	☐
6.	Aware of the calorie content of foods that I eat.	☐	☐	☐	☐	☐	☐
7.	Particularly avoid food with a high carbohydrate content (i.e. bread, rice, potatoes, etc.)	☐	☐	☐	☐	☐	☐
8.	Feel that others would prefer if I ate more.	☐	☐	☐	☐	☐	☐
9.	Vomit after I have eaten.	☐	☐	☐	☐	☐	☐
10.	Feel extremely guilty after eating.	☐	☐	☐	☐	☐	☐
11.	Am preoccupied with a desire to be thinner.	☐	☐	☐	☐	☐	☐
12.	Think about burning up calories when I exercise.	☐	☐	☐	☐	☐	☐
13.	Other people think that I am too thin.	☐	☐	☐	☐	☐	☐
14.	Am preoccupied with the thought of having fat on my body.	☐	☐	☐	☐	☐	☐
15.	Take longer than others to eat my meals.	☐	☐	☐	☐	☐	☐
16.	Avoid foods with sugar in them.	☐	☐	☐	☐	☐	☐
17.	Eat diet foods.	☐	☐	☐	☐	☐	☐

Mania

- **Parent Version-Young Mania Rating Scale (P-YMRS)**
  - "11 questions parents are asked about their child's present state. Designed to help clinicians determine when children should be referred for further evaluation by a mental health professional, and also to help assess whether a child's symptoms are responding to treatment. The scale is not intended to diagnose bipolar disorder in children." Retrieved from: http://www.hmsa.com/PORTAL/PROVIDER/ADD_ymrs-p_Instructions.pdf
- **Child Mania Rating Scale- Parent (CMRS-P)**
  - "21-item inventory rated on a 4-point Likert-type scale. Intended to measure changes in symptoms of pediatric bipolar disorder (PBD) as they change over time." Retrieved from: http://www.midss.org/content/child-mania-rating-scale-parent-version-cmrs-p

Parent Version-Young Mania Rating Scale (P-YMRS)

Directions: Please read each question below and circle the answer number which most closely describes your child.

1. **Mood** - ***Is your child's mood higher (better) than usual?***

   0. No
   1. Mildly or possibly increased
   2. Definite elevation- more optimistic, self-confident; cheerful; appropriate to their conversation
   3. Elevated but inappropriate to content; joking, mildly silly
   4. Euphoric; inappropriate laughter; singing/making noises; very silly

2. **Motor Activity/Energy** - ***Does your child's energy level or motor activity appear to be greater than usual?***

   0. No
   1. Mildly or possibly increased
   2. More animated; increased gesturing
   3. Energy is excessive; hyperactive at times; restless but can be calmed
   4. Very excited; continuous hyperactivity; cannot be calmed

3. **Sexual Interest** - ***Is your child showing more than usual interest in sexual matters?***

   0. No
   1. Mildly or possibly increased
   2. Definite increase when the topic arises
   3. Talks spontaneously about sexual matters; gives more detail than usual; more

Child Mania Rating Scale-Parent (CMRS-P)

INSTRUCTIONS

The following questions concern your child's mood and behavior in the **past month**. Please place a check mark or an 'x' in a box for each item. Please consider it a problem if it is **causing trouble** and is beyond what is normal for your child's age. Otherwise, check 'rare or never' if the behavior is not causing trouble.

Does your child . . .	NEVER/ RARELY	SOMETIMES	OFTEN	VERY OFTEN	
1. **Have periods of feeling super happy for hours or days at a time, extremely wound up and excited, such as feeling "on top of the world"**	0	1	2	3	____
2. **Feel irritable, cranky, or mad for hours or days at a time**	0	1	2	3	____
3. **Think that he or she can be anything or do anything (e.g., leader, best basket ball player, rap singer, millionaire, princess) beyond what is usual for that age**	0	1	2	3	____
4. **Believe that he or she has unrealistic abilities or powers that are unusual, and may try to act upon them, which causes trouble**	0	1	2	3	____
5. **Need less sleep than usual; yet does not feel tired the next day**	0	1	2	3	____
6. **Have periods of too much energy**	0	1	2	3	____
7. **Have periods when she or he talks too much or too loud or talks a mile-a-minute**	0	1	2	3	____
8. **Have periods of racing thoughts that his or her mind cannot slow down , and it seems that your child's mouth cannot keep up with his or her mind**	0	1	2	3	____
9. **Talk so fast that he or she jumps from topic to topic**	0	1	2	3	____

Trauma

- **Child PTSD Symptom Scale (CPSS)**
  - "17-item scale used to measure post traumatic stress disorder (PTSD) severity in children aged 8-18. Takes about 20 minutes to administer as an interview measure (by a clinician or a therapist) and 10 minutes to complete as a self-report. Versions are available in English and Spanish." Retrieved from: http://www.istss.org/ChildPTSDSymptomScale.htm

Child PTSD Symptom Scale (CPSS)

Sometimes scary or upsetting things happen to kids. It might be something like a car accident, getting beaten up, living through an earthquake, being robbed, being touched in a way you didn't like, having a parent get hurt or killed, or some other very upsetting event.

Please write down the scary or upsetting thing that bothers you the most when you think about it:

_____

_____

When did it happen? _____

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/a lot	6 or more times a week/almost always

These questions ask about how you feel about the upsetting thing you wrote down. Read each question carefully. Then circle the number (0-4) that best describes how often that problem has bothered you IN THE LAST MONTH.

1.	0	1	2	3	4	Having upsetting thoughts or pictures about it that came into your head when you didn't want them to
2.	0	1	2	3	4	Having bad dreams or nightmares
3.	0	1	2	3	4	Acting or feeling as if it was happening again (seeing or hearing something and feeling as if you are there again)
4.	0	1	2	3	4	Feeling upset when you remember what happened (for example, feeling scared, angry, sad, guilty, confused)

What about Depression?

- Instruments available, but no authors replied with permission in time for the conference. See article:

Beidas, R. S., Stewart, R. E., Walsh, L., Lucas, S., Downey, M. M., Jackson, K., ... & Mandell, D. S. (2015). Free, brief, and validated: Standardized instruments for low-resource mental health settings. *Cognitive and Behavioral Practice*, *22*(1), 5- 19.

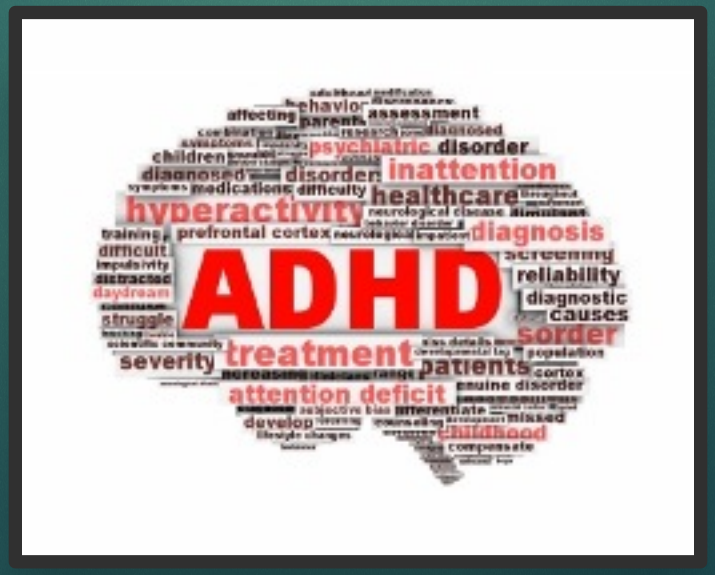
Additional Considerations

- Training
- Permission
- Length of Assessment
- Age of Student
- How Administered
- Face Validity
- Triggering

Relevant Research About Social/Emotional Interventions

Sibley, M. H., Altszuler, A. R., Ross, J. M., Sanchez, F., Pelham, W. E., & Gnagy, E. M. (2014). A parent-teen collaborative treatment model for academically impaired high school students with ADHD. *Cognitive and Behavioral Practice, 21*(1), 32-42.

A Parent-Teen Collaborative Treatment Model for Academically Impaired High School Students With ADHD



Highlights

- Developed an 8 session psychosocial intervention for ADHD-related academic issues among high school aged adolescents
- Used objective indices to investigate intervention effects on academic functioning
- Strong satisfaction and implementation of home-based intervention components
- Range of therapeutic benefits on academics reported by parents and observed through objective data

Intervention Elements

	Parent Topic	Teen Topic	Collaborative In-Session Activity	Collaborative Homework
Session 1	Introduction to ADHD	What is ADHD?	Discuss how ADHD symptoms impact school work.	Track time spent, quality, and completion rate for school homework for one week.
Session 2	Basics of Behavior Management	Problem-Solving Training	Teen teaches parent problem-solving steps.	Complete problem-solving worksheet together when argument occurs at home.
Session 3	Identifying Target Problems	Setting Academic Goals	Create list of agreed-upon problem areas and discuss parent and teen goals for school year.	Home discussion on goals for after high school (worksheet).
Session 4	Organization Skills	Organization Skills	Devise a monitoring plan for planner use and bookbag organization.	Practice implementing planner use and bookbag organization plan.
Session 5	Homework Contract	Homework and Studying	Teen teaches parent how to use homework to-do list and active studying techniques.	Negotiate and implement Homework Contract.
Session 6	Setting a Daily Routine	Setting a Daily Routine	Parent and teen compare daily routine tasks and create a list of tasks to track for one week.	Parent and teen separately track completion of all tasks on list for one week.
Session 7	Developing a Home Privilege Program	Communication and Negotiation Training	Active Listening and Honest Expression role play exercise	Negotiate home privilege contract.
Session 8	Interfacing with Schools	Note-taking Training	Discuss level of communication that is needed between parent, teen, and teacher.	Identify point person at school to facilitate communication.

Results

Satisfaction

Satisfaction and Parent Ratings of Improvement after STAND-G

	Disagree	Neutral	Agree	Strongly Agree
Satisfaction				
Treatment is logical for helping teen.				
Parent	0.0%	17.4%	30.4%	51.2%
Teen	4.4%	0.0%	47.8%	47.8%
I liked the content of this group.				
Parent	0.0%	0.0%	30.4%	69.6%
Teen	----	----	----	——
I liked spending time with other parents.				
Parent	0.0%	0.0%	39.1%	60.9%
Teen	----	----	----	----
Interventions fit teen's needs.				
Parent	4.6%	9.1%	9.1%	77.2%
Teen	18.2%	27.2%	18.2%	36.4%
Satisfied with the intervention we received.				
Parent	0.0%	0.0%	33.3%	66.7%
Teen	13.6%	22.7%	4.5%	59.1%

Results

Parent Improvement Ratings

Parent Ratings of Improvement	No Problem[a]	Got Worse	No Change	Improved	Much Improved
Following through on responsibilities	0.0%	8.7%	8.7%	34.8%	47.8%
Problem-solving skills	4.3%	0.0%	21.7%	52.2%	21.7%
Arguing with adults	8.7%	17.3%	13.0%	26.1%	34.8%
Accepting limits	8.7%	8.7%	17.4%	30.4%	34.8%
Morning routine	4.3%	4.3%	17.4%	30.4%	43.4%
Evening routine	4.3%	4.3%	26.1%	30.4%	34.8%
Homework completion	8.7%	4.3%	13.0%	39.1%	34.8%
Note-taking	4.3%	0.0%	47.8%	26.1%	21.7%
Tests/quizzes	4.3%	4.3%	30.4%	39.1%	21.7%
Work quality	4.3%	0.0%	17.4%	47.8%	30.4%
Planning ahead	0.0%	0.0%	52.2%	26.1%	21.7%
Time management	8.7%	0.0%	21.7%	47.8%	21.7%

Note. Data from 23 families who completed STAND-G. [a]No problem at referral to STAND-G.

Results

Changes in Grades & Assignments Turned In

Changes in Assignment Grades From Pretreatment to Follow-up

	Pre	Post	Follow-up	*Pre to Post d*	*Post to Follow-up d*
October-November					
Group 1 ($N = 10$)	2.89(.82)	2.60(.73)	2.45(.58)	-.35	-.21
Control ($N = 13$)	2.38(.67)	2.41(.69)	2.40(.60)	.05	.00
January-February					
Group 2 ($N = 8$)	2.27(.52)	2.45(.62)	2.42(.68)	.36	-.06
Control ($N = 5$)	2.50(.80)	2.63(.53)	2.56(.63)	.18	-.15
March-April					
Group 3 ($N = 5$)	2.39(.84)	2.45(.98)	---–	.07	----

Changes in Assignments Turned-in (%) From Pretreatment to Follow-up

	Pre	Post	Follow-up	*Pre to Post d*	*Post to Follow-up d*
October-November					
Group 1 ($N = 10$)	.79(.14)	.71(.21)	.81(.15)	-.55	.50
Control ($N = 13$)	.82(.15)	.85(.14)	.83(.18)	.20	-.13
January-February					
Group 2 ($N = 8$)	.84(.16)	.79(.15)	.82(.15)	-.29	.15
Control ($N = 5$)	.85(.12)	.88(.14)	.84(.16)	.22	-.27
March-April					
Group 3 ($N = 5$)	.91(.13)	.85(.11)	----	-.50	----

Final Thoughts…

- Adolescents with ADHD are notoriously intervention resistant
- The most positive gains occurred among older participants
- Parents and teens would have preferred a larger “dose”
- Family dynamics improved as a side effect of the intervention
- Longitudinal impact remains to be seen

Thank You!

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