Multi-Informant Multicultural Evidence-Based Child & Parent Assessment for Clinical Research, Services, & Treatment

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Outline of Presentation

• Evidence-based assessment
• Assessing parents
• Multicultural Family Assessment Module (MFAM)
• Progress & Outcome Assessment
• Multicultural Perspectives
• Future directions
Referral Complaints & Diagnostic Labels May Cause Premature Closure

• Teacher refers 11-yr-old Jay for ADHD

• Based on teacher’s report, Jay meets ADHD criteria

• Should we treat Jay for ADHD?

Before Deciding to Treat Jay for ADHD

• Jay deserves broad-spectrum, multi-informant assessment

• Comparison with norms for age, gender, type of informant, & relevant multicultural norms
**Multi-Informant Comparisons**

- Parallel parent-, teacher-, & self-report forms facilitate systematic multi-informant comparisons
- Each informant provides important data
- No informant provides the “absolute truth”
- Informants’ reports reflect different observations & mind sets
- Agreements & disagreements can both be informative
- Identify “outlier” informants

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**Evidence-Based Assessment of Jay Should Include:**

- Standardized teacher ratings of strengths & problems, in addition to ADHD
- Standardized parent ratings of strengths & problems, in addition to ADHD
- Standardized self-ratings of strengths & problems, in addition to ADHD
**Assessment Results for Jay**

- **Teacher**
  - Att Problems—borderline clinical range
  - Social Problems & Aggressive Behavior—clinical range
  - Teacher says Jay is disruptive & fails to complete school work

- **Mother**
  - Att Problems—normal range
  - Social Problems & Withdrawn/Depressed—clinical range
  - Mother says Jay concentrates for hours on video games
Results for Jay (cont)

• Father
  – Att Problems—borderline clinical range
  – Social Problems—clinical range
  – Father says Jay concentrates on videogames but not on school work

• Jay
  – Att Problems—normal range
  – Social Problems & Withdrawn/Depressed—clinical range
  – Jay says I hate school but love videogames

Assess Parents to Teach Them about Informant Variations

• Parents complete self- & partner-assessment instruments paralleling assessments of their child

• Mother & father can view profiles of self-ratings & ratings by partner to illuminate similarities & differences between partner-versus-self-perceptions
**Benefits of Assessing Parents**

- Helps parents communicate about their relationship
- Provider can identify parents’ needs for help
- Parents can see similarities & differences between child & parent problems
- Fosters therapeutic alliance to work on child & parent issues

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**Assessing Parents (cont)**

- Provider can help parents see how their problems relate to child
- Provider can use parallel assessment of parents & child to plan family intervention strategies
- Progress & outcomes can be assessed by re-administering child & parent forms
**Multicultural Family Assessment Module (MFAM) for Children & their Parents**

**Forms Scored by MFAM**

- Child Behavior Checklist for Ages 6-18 (CBCL/6-18)
- Teacher’s Report Form (TRF)
- Youth Self-Report (YSR)
- Adult Self-Report (ASR)
- Adult Behavior Checklist (ABCL)
  - completed by spouse, partner, other collaterals
**MFAM Output**

- **CBCL/6-18, TRF, YSR, ASR, ABCL**
  - T-scores standardized by age, gender, informant, & multicultural norms
- **Bar graphs compare child/parent T-scores on 7 syndromes common to ages 6-18 & 18-59**
- **Bar graphs compare child/parent T-scores on 4 DSM-5 scales common to ages 6-18 & 18-59**

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**Multi-Informant Comparison - Syndrome Scale T Scores**

| Form | Eval ID | Assessed Person | Age | Informant | Relation | Society | Date   | Form | Eval ID | Assessed Person | Age | Informant | Relation | Society | Date   |
|------|---------|-----------------|-----|-----------|----------|---------|--------|------|---------|-----------------|-----|-----------|----------|---------|--------|------|
| AM1  | 12      | Cross, Lane     | 11  | Self      | Child    | Group   | 5/21/2014 |
| AM2  | 32      | Cross, Lane     | 11  | Self      | Child    | Group   | 6/21/2014 |
| AM3  | 33      | Cross, Monte    | 60  | Self      | Child    | Group   | 6/21/2014 |
| AM4  | 62      | Cross, Monte    | 60  | Self      | Child    | Group   | 6/21/2014 |

**Diagrams:**
- Bar graphs showing comparisons of T-scores for various syndromes and scales across different age groups.
**Other MFAM Output**

- All syndrome, DSM-oriented, & other profiles for each form
- Side-by-side displays of 0-1-2 multi-informant item ratings
- Correlations between problem scores from each pair of informants
- Narrative texts

**MFAM Feedback to Parents**

- ASR completed by each parent to describe self
- ABCL completed by each parent to describe partner
- If parents agree, provider shows them profiles & bar graphs of own, spouse, & child scores
MFAM Feedback to Parents (cont)

- Parents discuss how each appears to self (ASR) & partner (ABCL)
- If ASR or ABCL scales are elevated, can discuss parents’ needs for help
- Parents discuss relations between parent & child scores

MFAM Feedback to Parents (cont)

- With teacher &/or youth consent, show bar graphs that include scores from TRFs & YSR
- Help parents see similarities & differences between informants’ ratings of child & themselves
- Parents don’t see informants’ item ratings or comments
**Evaluating Progress & Outcomes**

- Compare each case’s intake, progress, & outcome scores
- *Progress evaluations:* Adjust treatment if improvement is insufficient
- *Outcome evaluations:* Do differences between intake & outcome scores exceed chance?

**Progress & Outcomes App**

- Compares intake, progress, & outcome scores
- Output text says whether changes in scores exceed chance
- “Chance” is defined by standard error of measurement for each scale
- Users don’t need statistical knowledge
Multicultural Aspects of Evidence-Based Assessment
Why We Need Multicultural Perspectives in the 21st Century

- Massive immigration
- Many refugees
- Mixing of cultural groups via inter-marriage, education, work
- Globalization of communication & economies
- Ethnic polarization

Why We Need Multicultural Research

- Most mental health research & theory stem from a few societies
- Science of psychopathology requires data from many societies
- Constructs, instruments, & findings need to be tested in many societies
- Multicultural studies can meta-analytically integrate findings from many societies
- Multicultural comparisons identify similarities & differences between societies
**Translations of ASEBA Forms**

- **African** Afrikaans, Amharic, Ghananian, Kiembu, Oromo, Sepedi, Sesotho, Swahili, Zulu
- **Asian** Bahasa-Indonesia, & Malaysia, Bengali, Cambodian, Chinese, Gujerati, Hindi, Japanese, Kannada, Korean, Pashuto, Tagalog, Thai, Tibetan, Vietnamese, Urdu
- **Baltic** Estonian, Latvian, Lithuania
- **Latin American** Brazilian, Haitian Creole, Latino Spanish, Papiamento-Curacao, Portuguese Creole
- **Northern European** Danish, Dutch, Finnish, Flemish, German, Icelandic, Norwegian, Swedish
- **Romance** Catalan, French, Italian, Portuguese, Romanian, Spanish
- **Slavic** Bosnian, Bulgarian, Croatian, Czech, Polish, Russian, Serbian, Slovenian, Ukrainian
- **Other** Albanian, Arabic, Armenian, Basque, Greek, Hebrew, Hungarian, Iranian, Samoan, Turkish

**Benefits of Multicultural Norms**

- Provide metrics for evaluating deviance compared to peers in relevant societies
- Provide metrics that incorporate variations associated with age, gender, informant, & society
- Evaluation of clients in relation to norms appropriate for each informant
**Multicultural Norms**

- Based on data from many societies
- “Society” = a geopolitically demarcated population
  - Most are countries, but not all (e.g., Hong Kong, Puerto Rico, Flanders)
- Can compare cultural groups within or between societies
  - Cultural groups differ by ethnicity, language, or other characteristics

**Normative Data from 56 Societies**

- **Africa:** Algeria, Ethiopia, Kenya, Tunisia
- **Asia:** Bangladesh, China, Hong Kong, India, Indonesia, Japan, Korea, Nepal, Pakistan, Singapore, Taiwan, Thailand, Vietnam
- **Australasia:** Australia
- **Caribbean:** Jamaica, Puerto Rico
- **Europe:** Albania, Austria, Belgium, Croatia, Czech Republic, Denmark, Finland, France, Germany, Greece, Iceland, Italy, Kosovo, Lithuania, Netherlands, Norway, Poland, Portugal, Romania, Russia, Serbia, Spain, Sweden, Switzerland
- **Latin America:** Argentina, Brazil, Chile, Colombia, Peru, Uruguay
- **Middle East:** Iran, Israel, Lebanon, Turkey, UAE
- **North America:** USA
**Constructing Multicultural Norms**

- **Omnicultural mean (OM):** Mean of Total Problems scores for all available societies
- **Group 1 (low problems):** Total Problems >1 standard deviation (SD) below OM
- **Group 2 (medium problems):** Total Problems from -1 to +1 SD from OM
- **Group 3 (high problems):** >1 SD above OM
**Multicultural Norms**

The *omnicultural mean* is computed for the Total Problems score

Societies are assigned to “low,” “medium,” or “high” norms, based on where their mean Total Problems scores fall in relation to the *omnicultural mean*

Software scores individuals in relation to “low,” “medium,” or “high” norms

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**Scoring Scales in Relation to Multicultural Norms**

- User selects Group 1, 2, or 3 norms for scoring each form

- Scores can also be displayed in relation to multiple sets of multicultural norms, when relevant
  - E.g., for identifying clinical deviance in relation to home vs. host societies’ norms
Richard’s profile of DSM-oriented YSR scales in relation to Group 2 norms

Richard’s profile of DSM-oriented YSR scales in relation to Group 3 norms
Distributions of Total Problems Scores: 5th to 95th Percentiles

**Multicultural Multi-Informant Comparisons**

- User can compare scale scores from up to 10 informants per child
- User selects Group 1, 2, or 3 norms for the form completed by each informant
- User can also display each informant’s scores in relation to different sets of norms – E.g., a youth’ self-ratings can be displayed in relation to Group 2 & to Group 3 norms
Cross-informant comparisons of Richard’s scores on DSM-oriented scales in relation to Society J norms for the CBCL, Society K norms for the TRF, and Society J norms for the YSR.

**Future Directions: Clinical Research & Training Should Aim to:**

- Increase providers’ use of multi-informant multicultural evidence-based assessment (EBA)
- Organize clinical services around routine use of EBA for all cases
- Base service decisions on intake, progress, & outcome EBA
Summary

• Evidence-based practice requires evidence-based assessment (EBA)
• EBA obtains multi-informant data to document problems & strengths, to personalize treatment for each case, & to measure change
• EBA includes parents’ self & partner ratings
• Multicultural EBA provides norms for many societies
• Use of the same instruments in many societies fosters international collaboration

Attention Problems by Gender for Ages 11 to 16: Teachers’ Reports on the TRF (N = 15,203)
Attention Problems By Gender for Ages 11 to 16:
Parents' Reports on the CBCL ($N = 30,957$)

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Attention Problems by Gender for Ages 11 to 16:
Adolescents' Reports on the YSR ($N = 27,207$)

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CBCL Aggressive Behavior Scores by Gender and Age for 24 Societies ($N = 47,987$)

YSR DSM-Oriented Affective Problems by Gender and Age Group ($N = 22,124$)