

***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

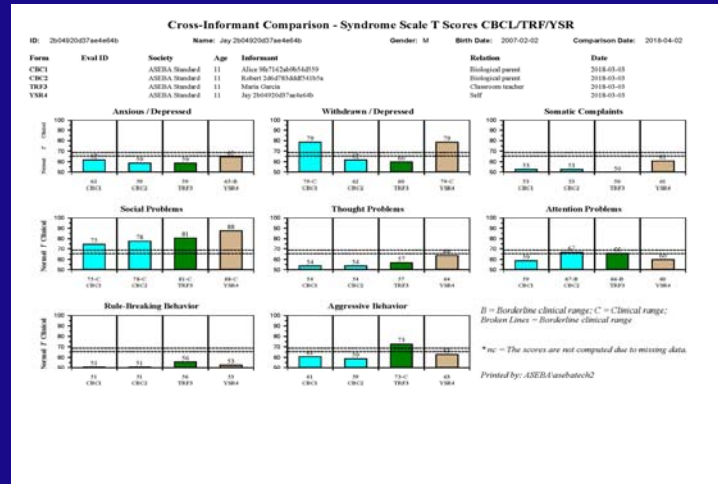
- Jay deserves broad-spectrum, multi-informant assessment
- Comparison with norms for age, gender, type of informant, & relevant multicultural norms

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

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 - Social Problems & Withdrawn/Depressed—clinical range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 - Social Problems & Withdrawn/Depressed—clinical range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

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

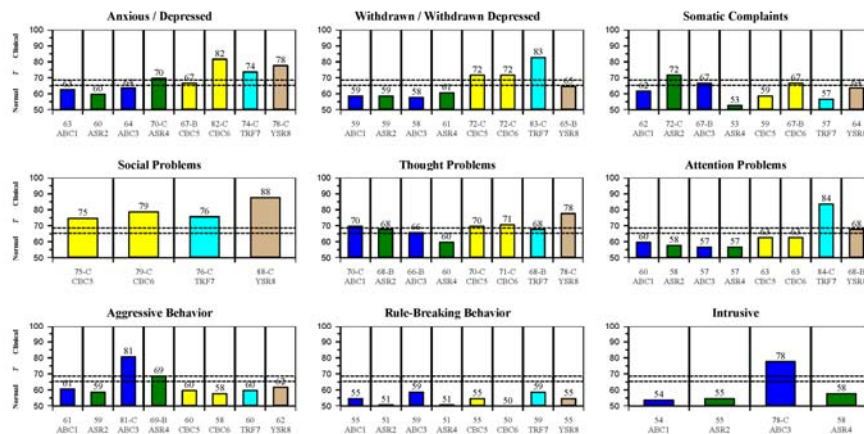
- **Child Behavior Checklist for
Ages 6-18 (CBCL/6-18)**
- **Teacher's Report Form (TRF)**
- **Youth Self-Report (YSR)**
- **Adult Self-Report (ASR)**
- **Adult Behavior Checklist (ABCL)**
 - ❖ **completed by spouse, partner,
other collaterals**

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

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
ABCL	01	Cross, Lana	39	Cross, Martin	Spouse	Group 1	02/01/2014	CBC6	02	Cross, Robert	11	Cross, Lana	Parent	Group 1	02/01/2014
ASR2	02	Cross, Lana	39	Cross, Martin	Self	Group 1	02/01/2014	TRF7	03	Cross, Robert	11	Hutchkins, Mary	Teacher	Group 1	01/01/2014
ABCL	01	Cross, Martin	40	Cross, Lana	Spouse	Group 1	02/02/2014	YSR8	04	Cross, Robert	11	Self	Self	Group 1	02/02/2014
ASR4	02	Cross, Martin	40	Cross, Lana	Self	Group 1	01/31/2014								
CBC5	01	Cross, Robert	11	Cross, Martin	Parent	Group 1	01/03/2014								



B = Borderline clinical range; C = Clinical range; Broken Lines = Borderline clinical range

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)

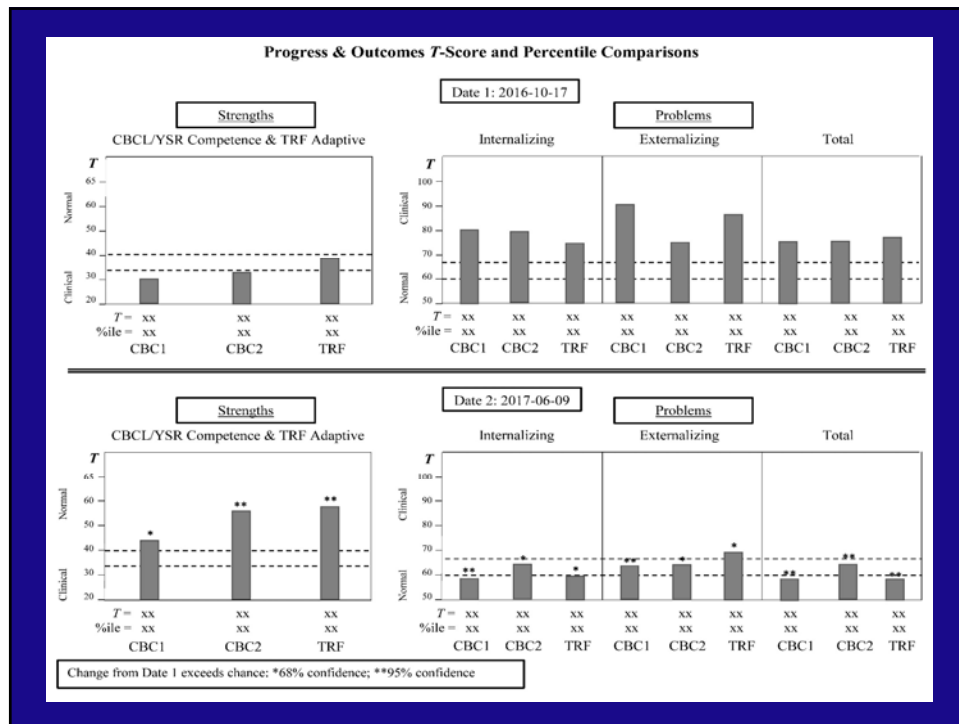
- With teacher &/or youth consent, show bar graphs that include scores from TRFs & YSR
- Help parents see similarities & differences between informants' ratings of child & themselves
- Parents don't see informants' item ratings or comments

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, Gujarati, 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

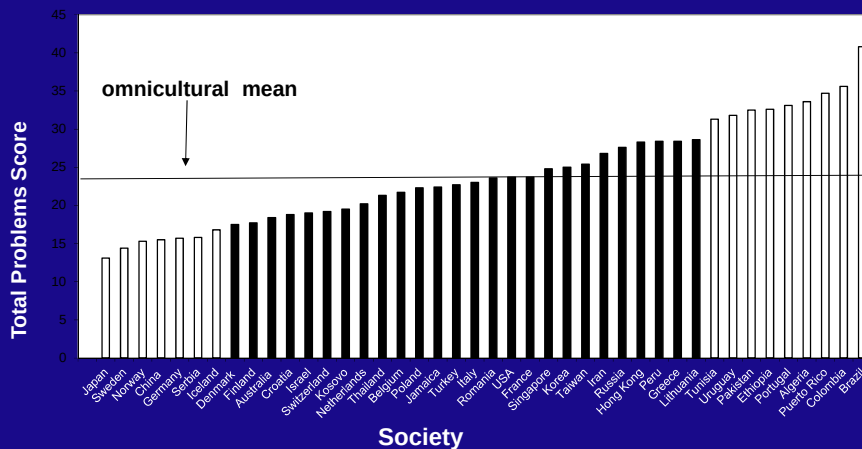
Multicultural Norms

- 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

CBCL Mean Total Problems Scores in 42 Societies (N = 69,866)



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



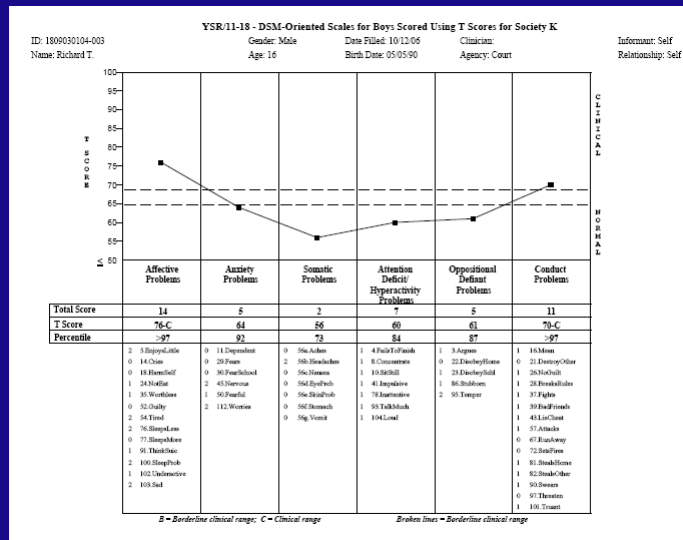
Societies are assigned to “low,” “medium,” or “high” norms, based on where their mean Total Problems scores fall in relation to the *omnicultural mean*



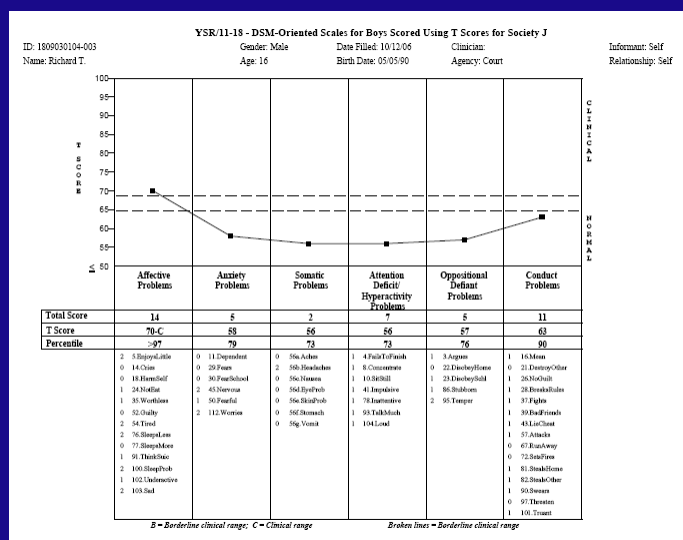
Software scores individuals in relation to “low,” “medium,” or “high” norms

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

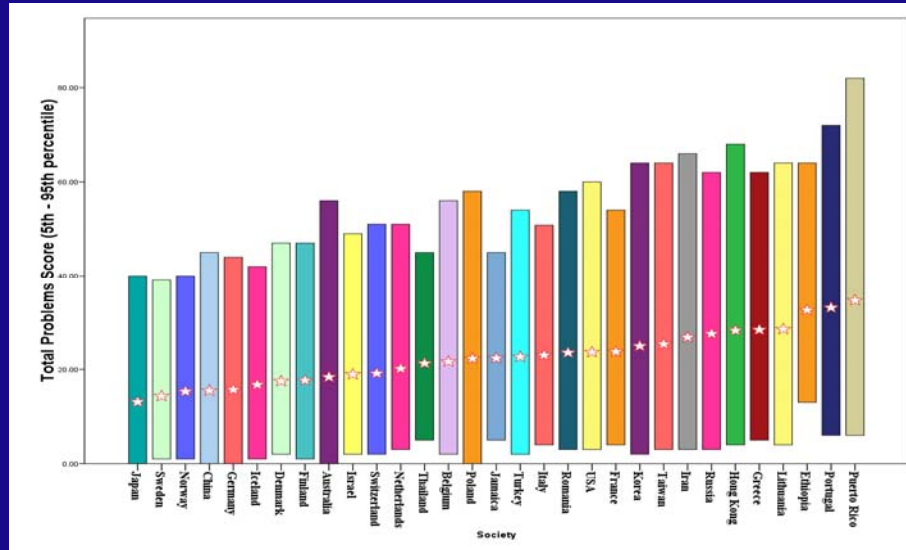


Richard's profile of DSM-oriented YSR scales in relation to Group 2 norms



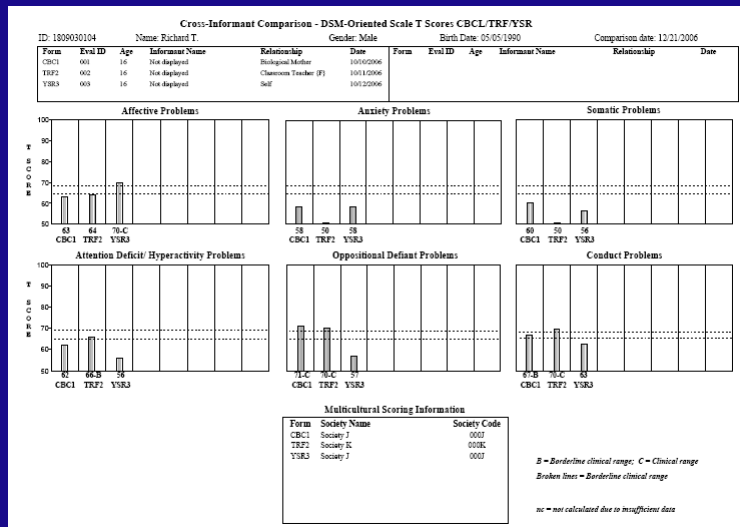
Richard's profile of DSM-oriented YSR scales in relation to Group 3 norms

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's 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

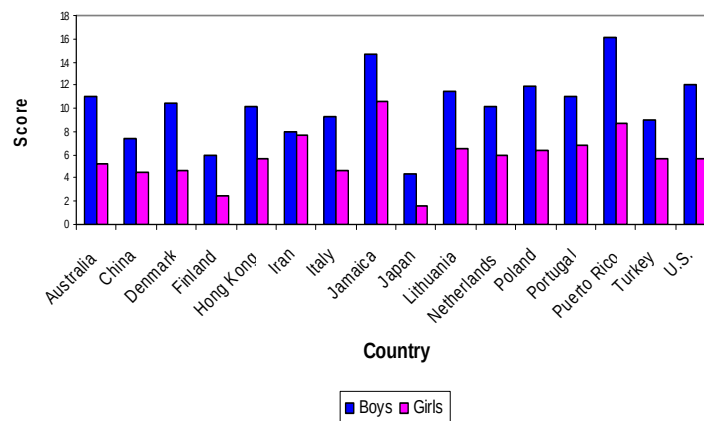
Future Directions: Clinical Research & Training Should Aim to:

- 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

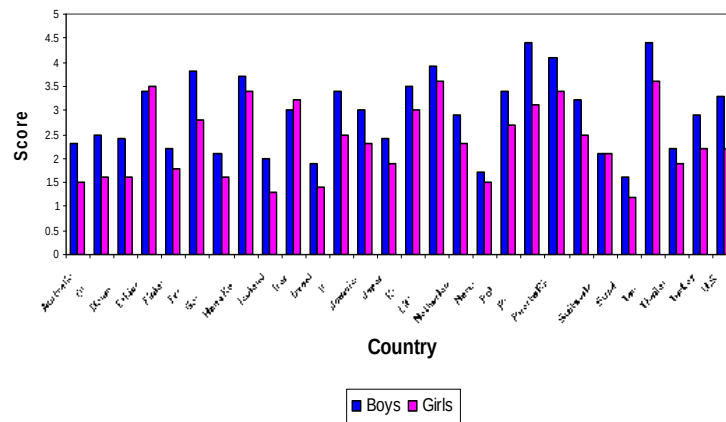
Summary

- 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

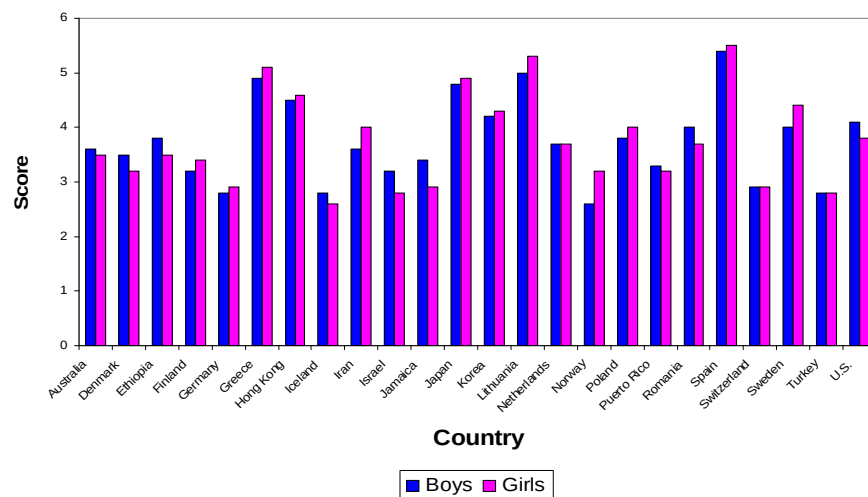
Attention Problems by Gender for Ages 11 to 16:
Teachers' Reports on the TRF (N = 15,203)



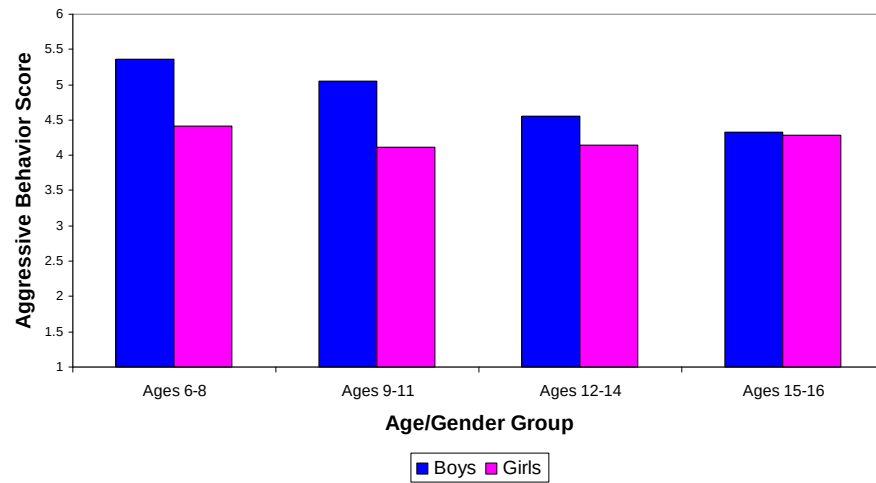
**Attention Problems By Gender for Ages 11 to 16:
Parents' Reports on the CBCL (N = 30,957)**



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



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)

