



UNIVERSITY of MARYLAND  
SCHOOL OF MEDICINE

# Evidence-Based Assessment in School Mental Health



MASBHC

May 19, 2015

Jill Bohnenkamp, Ph.D.

Elizabeth Connors, Ph.D.

Center for School Mental Health, 2015  
University of Maryland, Baltimore

# Objectives

1. Define evidence-based assessment (EBA) and explain the role of EBA in accountability and quality in school mental health (SMH)
2. Describe the purpose and utility of EBA in screening, diagnosis, progress and outcomes monitoring in SMH
3. Identify and select free EBA tools for use in practice



# So What is EBA?

Starting with a more familiar term...

“EBPs”

Evidence-Based Practice =

the application of empirically supported  
intervention and assessment principles

- APA Presidential Task Force on Evidence-Based Practice, 2006

# So What is EBA?

- An evidence-based orientation to clinical practice incorporates 3 elements:
  1. Assessment that informs diagnosis, treatment planning, and outcome
  2. Intervention
  3. Ongoing progress monitoring

- APA Task Force on Evidence-Based Practice with Children and Adolescents, 2008

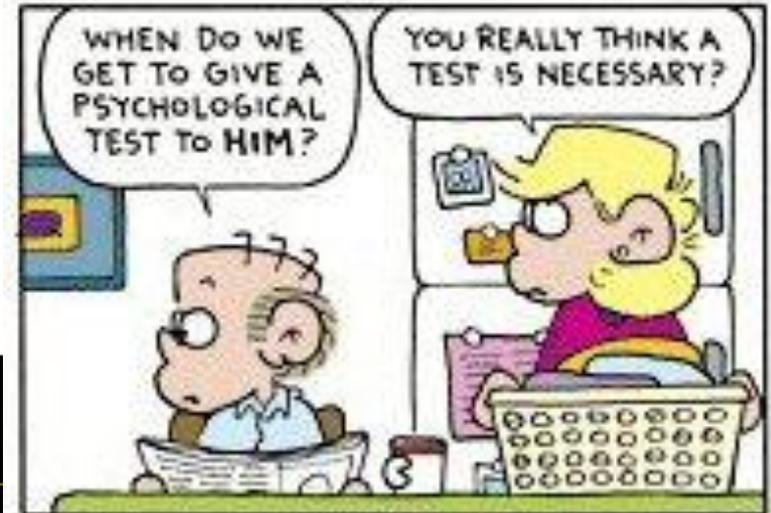
# So What is EBA?

- Evidence-Based Assessment involves:
  - Use of assessments that are **reliable and valid**
  - Data collection at **regular intervals** throughout treatment
  - Informing **diagnosis, treatment planning, and outcome**
  - **Ongoing progress monitoring** to inform changes in treatment



# WHAT IS THE PURPOSE OF COLLECTING DATA ABOUT YOUR CLIENTS?

# WHY IS OUTCOMES MONITORING IMPORTANT?





Assessment is important  
throughout the therapeutic  
process!!

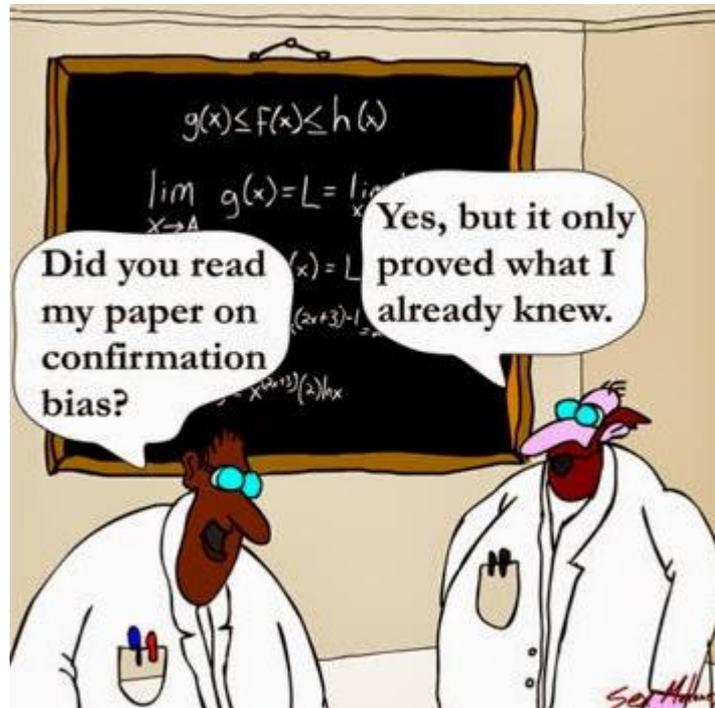
“throughout”

# Purpose of Assessments

- Diagnosis of Client
- Case Conceptualization
- Treatment Selection
- Treatment Planning
- Monitoring Client Change
- Evaluating Effectiveness of Treatment

# Confirmatory Bias

- Tendency to seek evidence that confirms a counselor's preferred hypothesis



# Differential Diagnosis

	POOR CONCENTRATION	NONCOMPLIANCE	IRRITABLE
ADHD	Inattention, distractibility	Does not attend to instructions	Easily frustrated
ODD		Defiant	Argumentative
CD		Extreme violation of rules	Aggressive, quick to anger
DEPRESSION	Difficulty concentrating	Sluggish	Irritability = sad mood
ANXIETY	Difficulty concentrating	Afraid to try	Fearful
LEARNING DISABILITY	Difficulty concentrating	Reluctant to do work	Easily frustrated

# Accountability and Quality in SMH

- Increasingly important due to funding climate
- Need evidence of SMH program efficacy
- Growing demand on SMH programs to use assessment data to
  - Provide evidence of service quality and impact on student, family and school outcomes
  - Utilize data to inform service delivery via quality assessment and improvement

# What is Data Informed Decision Making (DIDM)?

- EBA supports DIDM in schools
- DIDM is the process of using observations, assessment data and other relevant information to make decisions that are fair and objective.

## 2 Types of EBA to inform DIDM:

- Ongoing progress monitoring
  - Youth Top Problems, Impairment Rating Scale, readiness to change self-rating, activity scheduling, mood ratings
- Diagnostic/symptomatic/outcomes monitoring
  - Strengths and Difficulties Questionnaire, Vanderbilt, Revised Children's Anxiety and Depression Scale, Brief Problem Checklist

# Important things to consider

- Client characteristics
  - Age
  - Presenting problems
  - Language/culture
- Purpose of administering the measure/screening tool
- Feasibility
- Reporter (Self-report? Parent? Teacher? Clinicians?)
- Norms
- Reliability and validity
- Cost



# Internalizing vs. Externalizing

- Who is the best reporter of children's internalizing problems?
- Who is the best reporter of children's externalizing problems?



# Additional Considerations

- Multiple sources of convergent data
- Stay current
- Awareness of your assessment competency & limitations
- Consultation

Frank and Ernest



© 1991 Thaves / Reprinted with permission. Newspaper dist. by NEA, Inc.

So, incorporating EBA in SMH ....  
easy, right?



Discussion Question:

What are some barriers you foresee, or have encountered, trying to collect assessment data with students?

# Barriers to administering assessment scales

As reported by  
a national  
survey of 144  
SMH clinicians:

Barrier	Clinicians Who Endorsed	
	N	%
Difficulty reaching Parents	94	65
Parents do not understand assessment questions	53	37
Students do not understand assessment questions	48	33
I don't have access to the assessments I Like	42	29
Not enough time in my day	41	29
I don't have access to the assessments I Need	41	29
Difficulty reaching Teachers	32	22
There are too many assessments to choose from	15	10
Teachers do not understand assessment questions	13	9
Delay in getting scores back (if someone else scores for you)	13	9
Too difficult to Score	9	6
Too difficult to Interpret	9	6
I do not use the assessment data to inform my treatment/care	7	5
Other <sup>a</sup>	19	13

# Tips for Overcoming Common Barriers

- ✓ Enhance teacher and parent report by:
  - ✓ Offering choices for completion (online, phone, paper/pencil)
  - ✓ Selecting brief, user-friendly measures
  - ✓ Getting support in managing outreach and data collection follow-up
  - ✓ Sharing results with students, families and teachers so they know how and why the data are being used

# Tips for Overcoming Common Barriers

- ✓ Have tools/questionnaires/forms handy at your school (desktop, shared drive, printed copies)
- ✓ Report assessment barriers to your program/school leadership in a transparent way to problem solve issues unique to your school/student context
- ✓ Attend continuing education opportunities about EBA 😊



# School Mental Health Examples of Using EBA

# Youth Top Problems and Brief Problem Checklist

	Youth Top Problems	Brief Problem Checklist
<b>Number of items</b>	3	12
<b>Response set</b>	1-10 scale	Not True, Somewhat True, Very True
<b>Sample Items</b>	Respondent identifies the problem Rates on 1-10 scale	“I argue a lot” “I feel guilty” “I worry a lot”
<b>Reporter</b>	Parent, Child, Teacher	
<b>Interval</b>	<u>Child</u> : Monthly <u>Parent/Teacher</u> : Quarterly	
<b>Purpose</b>	Progress and outcome monitoring, Program Evaluation	
		Diagnostic assessment
<b>Developer</b>	<u>Weisz et al., 2011</u>	<u>Chorpita, Reise, Weisz, 2010</u>

## BRIEF PROBLEM CHECKLIST – CHILD FOLLOW-UP

Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ First visit to the school nurse? Yes \_\_\_\_\_ No \_\_\_\_\_

Please answer these questions. Circle only **ONE** answer. If you feel you do not know the answer, try to give your best guess.

Problems										
Here are the top three problems you talked about during your first visit to the school nurse. Please tell me how much of a problem it is now, from 0 "not at all a problem" to 10 "a huge problem."										
Problem	Not a problem at all			Somewhat of a problem				A huge problem		
1.	1	2	3	4	5	6	7	8	9	10
2.	1	2	3	4	5	6	7	8	9	10
3.	1	2	3	4	5	6	7	8	9	10
Items										
Here is a list of items that describe kids. For each item, please circle the answer that tells me how true you think it is of you in the <b>last week</b> , either "very true," "somewhat true," or "not true."										
Item	Answers									
4. I argue a lot	Not true	Somewhat true	Very true							
5. I destroy things belonging to others	Not true	Somewhat true	Very true							
6. I disobey my parents or people at school	Not true	Somewhat true	Very true							
7. I feel guilty	Not true	Somewhat true	Very true							
8. I feel worthless or inferior	Not true	Somewhat true	Very true							
9. I am self-conscious or easily embarrassed	Not true	Somewhat true	Very true							
10. I am stubborn	Not true	Somewhat true	Very true							
11. I have a hot temper	Not true	Somewhat true	Very true							
12. I threaten to hurt people	Not true	Somewhat true	Very true							
13. I am too fearful or anxious	Not true	Somewhat true	Very true							
14. I am unhappy, sad, or depressed	Not true	Somewhat true	Very true							
15. I worry a lot	Not true	Somewhat true	Very true							
Other things?										
Are there other things you would like to tell me about how things are going? Yes _____ No _____										
Write the things here:										

# The Pediatric Symptoms Checklist

- A psychosocial screening tool for cognitive, emotional, and behavioral problems
- Two versions:
  - Parent version (PSC)
  - Youth self-report (Y-PSC)
- 35 items that are rated as “Never,” “Sometimes,” or “Often” present
- A positive score above the cutoff suggests the need for further evaluation by a mental health professional.

# Pediatric Symptoms Checklist

- Sample items
  - Complains of aches and pains
  - Has trouble sleeping
  - Is irritable, angry
  - Distracted easily
  - Absent from school

[http://www.brightfutures.org/mentalhealth/pdf/professionals/ped\\_sympton\\_chklst.pdf](http://www.brightfutures.org/mentalhealth/pdf/professionals/ped_sympton_chklst.pdf)

# Vanderbilt ADHD Assessment

- Measures symptoms of the three subtypes of ADHD:
  - Inattentive
  - Hyperactive/Impulsive
  - Combined Type
- Also screens for other behavior and mood problems
- Four versions of measure:
  - Parent initial & follow-up
  - Teacher initial & follow-up

(See specific scoring instructions handout. Significant symptoms indicate the need for evaluation by a mental health

# Vanderbilt ADHD

- Sample items:
  - Inattention: Fails to give attention to details or makes careless mistakes in school work
  - Hyperactivity: Fidgets with hands or feet, or squirms in seat
  - Oppositionality: Actively defies or refuses to comply with adults' request or rules
  - Anxiety/Depression: Is fearful, anxious or worried

# Revised Children's Anxiety and Depression Scale

- Purpose: Inform of diagnoses, track clinical change, and further delineate between anxiety and depression in children
  - Grades: 3-12 (b/c of norms)
- Youth self-report
  - Subscales: separation anxiety disorder, social phobia, GAD, panic disorder, OCD, major depressive disorder
  - Total Anxiety Scale and a Total Internalizing Scale

# RCADS

- Sample Items:
  - “I can’t seem to get bad or silly thoughts out of my head”
  - “When I have a problem, my heart beats really fast”
  - “I worry that something will happen to me”
  - “I am afraid of being in crowded places” (like shopping centers, the movies, buses, busy play grounds)  
<http://www.childfirst.ucla.edu/Resources.html>