Retaining participation in longitudinal studies can be challenging (Henderson, Weight, Nixon, & Hart, 2010), especially when the sample consists of adolescent inpatients. There is a lack of research examining retention methods to encourage continued participation in treatment outcome studies with adolescents. As a result, the current study seeks to address these challenges by examining various strategies implemented to maintain the rate of adolescent and parent participation at discharge from the Adolescent Treatment Program, as part of the ongoing outcomes based research protocol at The Menninger Clinic.

A total of 194 families were approached to participate in the outcomes study, with 16 families declining participation, and 92% of families consenting for research participation. For this paper, the participating families have been assigned to three groups: Cohort 1 included 34 families who were frequently contacted via email and phone to offer time point reminders with no direct incentive from 04/2009 – 11/2009; Cohort 2 included 58 families that received the option to complete online-based assessments in the place of paper-based assessments, and these families included youth who received a gift card for completion of each follow time point from 11/2009 – 07/2010; and Cohort 3 currently includes 46 families that received a goodie bag at the discharge time point from 07/2010 to current (in addition to the above mentioned incentives).

Results demonstrated that introduction of paper-based assessments, on-line assessments and gift cards did not increase retention rates for youth. However, introduction of goodie bags at the discharge time point significantly increased follow up rates for both youth and parents. Additionally, while the introduction of web-based assessments and gift cards did not increase retention rates at youth, these incentives did increase the retention rate for parents at the discharge time point. This finding demonstrates the utility of all incentive strategies in retaining parental participation and decreasing youth attrition at discharge. Of particular interest is the notion that goodie bags may present a tangible reminder of the continued relationship with the treatment facility. Findings from this study will be presented at the 45th Annual Convention of the Association for Behavioral and Cognitive Therapies in Toronto, Canada.
The Child Behavior Checklist (CBCL) and Youth Self Report (YSR) are two commonly used tests that assess psychopathology in adolescents. They are completed by parents and their children, respectively, upon admission to The Menninger Clinic’s ATP, assisting Clinic staff in creating individualized treatment plans for clients, based on their most significant mental health care needs.

While the CBCL and YSR are well-validated from previous research, their original scoring scales did not coincide with DSM-IV classifications, which are the standards of diagnoses for all mental disorders. To address this issue, six DSM-oriented scales were developed, though little research has been performed to validate the usefulness of these new scales. Thus, we sought to determine the appropriateness of the standardized cut-off scores for the CBCL and YSR DSM-Oriented scales in predicting diagnoses of adolescent disorders, using the Computerized Diagnostic Interview Schedule for Children: Youth Version (CDISC-Y), a structured interview of symptomology in adolescents, as the gold standard of comparison for identifying client externalizing and internalizing problems.

Using Receiver Operating Characteristic (ROC) analysis, which yielded a statistic of predictive value for the new CBCL and YSR scales against the criteria of positive diagnosis via the CDISC-Y, we determined the accuracy of correctly diagnosing the presence or absence of a disorder in a sample of Menninger ATP patients. We also examined the predictive power of a range of potential diagnostic cut-off scores for the new scales. We found the CBCL to be fair, and the YSR to be fair to excellent, in predicting DSM diagnoses, suggesting that both measures adequately discriminate cases of disorders, particularly the YSR. We also discovered lower appropriate cut-off scores for identifying disorders in adolescent inpatients. We believe these results will be useful for future clinical application of the DSM-Oriented CBCL and YSR scales in diagnosing adolescent patients.

Results from this study was presented at the Association for Behavioral and Cognitive Therapies in San Francisco, CA.

Social-Cognitive Measure Continued...

It is currently unknown whether reflective function is important in affecting change in adolescent treatment because few social-cognitive measures have been developed for this age range. The major disadvantages to existing measures for adolescents include costly administration and coding time.

In the current study, we adapted a self-report measure of reflective function for use in adolescents called the Reflective Function Questionnaire for Youth (RFQY) from an existing version developed by Fonagy and colleagues for use in adults. We looked at the relationships between the newly adapted measure and existing social cognitive measures. Initial analyses revealed that the RFQY does relate to existing social cognitive measures. These initial findings support the use of the newly adapted self-report questionnaire of social cognition in adolescents.

Given that an important part of the foundation of any therapeutic relationship is social cognition, it is essential to assess these capacities effectively in adolescence. Our findings will help to improve upon the scarcity of quick and cost-effective social-cognitive assessments for adolescents and further establish the link between social-cognition and psychopathology, which will help to inform development of future therapies and interventions for adolescents. Findings from this study have been accepted to the 45th Annual Convention of the Association for Behavioral and Cognitive Therapies in Toronto, Canada.
Borderline Personality Disorder (BPD) can be a challenging disorder marked by intense and unstable interpersonal relationships, difficulties in emotion regulation, and increased impulsivity. Research has demonstrated that children and adolescents diagnosed with Borderline Personality Disorder (BPD) face more clinical challenges in comparison to other personality disorders. Therefore, it is important to adequately measure these symptoms as they emerge in childhood so that interventions may take place to change the developmental trajectory. The Childhood Interview for Borderline Personality Disorder (CIBPD) is a semi-structured interview that was developed specifically for use with youth populations. Our findings from a sample of inpatients ages 12 to 17 at The Menninger Clinic, Adolescent Treatment Program, demonstrated support for the use of the CIBPD in diagnosing adolescents with BPD. In fact, there was a significant relationship with other measures of BPD and independent clinician diagnosis. Adolescents with BPD had significantly higher severity and over-representation of Axis I disorders, and had significantly more self-harm compared to other psychiatric patients without the BPD diagnosis. Our findings demonstrate that the CIBPD is a valid measure for use in adolescent inpatient settings. Adequate measurements are essential to identifying the disorder in children and adolescents so that interventions may be provided early on before these traits become difficult to treat in adulthood. Findings from this study will be presented at the annual convention of the Texas Psychological Association in San Antonio, Texas.

Adolescence is a critical time in which early detection of mental illness can change the course of a child’s future and improve quality of life into adulthood. This is especially true for teens receiving inpatient hospital services. Clinicians at The Menninger Clinic recognize the importance of completing treatment as quickly as possible so that teens can return home and get back to living full and happy lives. This means that researchers must work harder to streamline the assessment process so that treatment can be as efficient as possible.

While longer assessment instruments provide richer details about a patient, they do so at extensive time, energy, and financial resources. Some assessment questionnaires can last for several hours, which can be frustrating for both parents and youth. Stress levels are high enough when a teen has entered the hospital, so it is important to find instruments that can yield the same information in less time.

Good instruments do not always have to be long, as the present study showed. Three screening instruments of different lengths were examined in their ability to detect thirteen common emotional and behavioral disorders. The instruments were the Strength and Difficulties Questionnaire (SDQ), the Child Behavior Checklist (CBCL), and the Youth Self Report (YSR). Data from 161 adolescents and their parents were examined from the Adolescent Treatment Program (ATP), and scores of the three measures were compared against actual diagnoses of the teens. Results indicated that the SDQ functioned nearly as well as the CBCL and YSR in flagging adolescents for possible mental illness. This was surprising given that the SDQ was the shortest of all the instruments, at only 25 questions compared to several hundred.

The SDQ seems to provide useful information quickly and easily, making it an efficient screener for time-sensitive, stressful situations. Additional research is necessary with larger samples, but this study opened an important gateway to better streamline the assessment process so that time can be better spent evaluating and treating the specific problem areas.

How to deal with Bullying

- Tell them to stop
- Walk away
- Protect yourself
- Tell an adult you trust
- Find a safe place
- Stick together
- Find opportunities to make new friends

Remember:
Your feelings are important!!
- Do not blame yourself
- Be proud of who you are
- Do not be afraid to ask for help

Source: www.stopbullying.gov
Greetings. My name is Rachel White and I am the Psychology Intern on the ATP unit. My role within the ATP Research Team is to assist in research activities such as idea development, data analysis, and manuscript publication. In particular, I hope to understand how attachment is transmitted across generations and into peer relationships. On the ATP unit, I am responsible for psychological testing, individual therapy, and group facilitation.

I pursued my doctorate at the University of Central Florida in Orlando before moving to Houston to work at The Menninger Clinic. I look forward to graduating next summer following the completion of my internship. I have been working with children and families for six years in the areas of assessment and treatment. My passion for research with adolescents began prior to graduate school and I have developed a programmatic line of research examining adolescent adjustment from an ecological perspective. In addition to my primary research, I have participated in projects examining attachment, the effects of parental mood on their ratings of children’s behavior, and Attention Deficit/Hyperactivity Disorder. Outside of my career, I enjoy spending time with my miniature schnauzers, cooking, and exploring Houston. I look forward to being part of the ATP Research Team and working with all of the wonderful families at The Clinic.