Risk and Resilience: Reconceptualizing Student Transition Through Childhood

Sam Goldstein, PhD

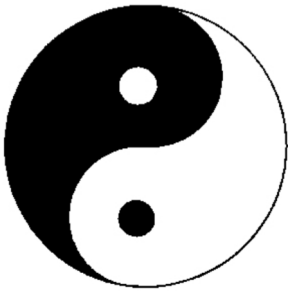
Director, Neurology, Learning and Behavior Center
Assistant Clinical Professor of Psychiatry, University of Utah

www.samgoldstein.com
info@samgoldstein.com
@drsamgoldstein
@doctorsamgoldstein

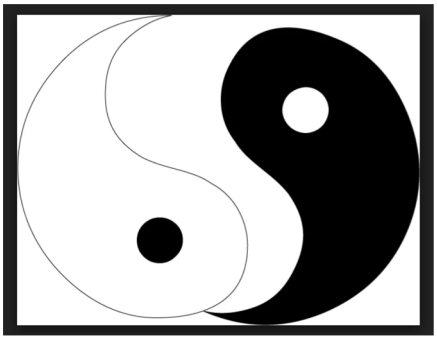
VCASP

Relevant Disclosure

- My expenses for this talk are supported by Multi-Health Systems.
- I have developed tests marketed by Multi- Health Systems, Pro-Ed and Western Psychological Services.
- I have authored books marketed by Springer, Wiley, Guilford, Double Day, McGraw Hill, Brookes, Kluwer and Specialty Press.
- I am Editor in Chief of the Journal of Attention Disorders (Sage) and Co-Editor of the Encyclopedia of Child Development (Springer)



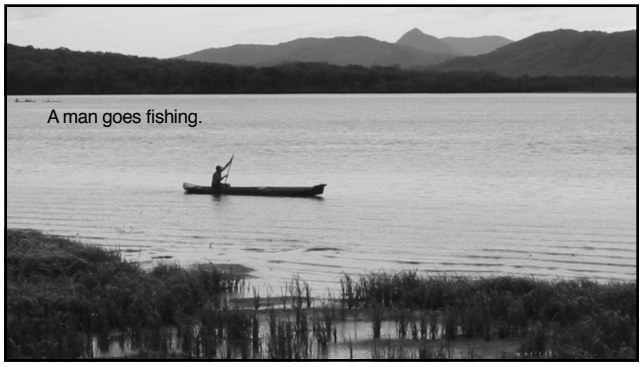
In Chinese philosophy Yin/Yang describes how seemingly opposite or contrary forces may actually be complimentary, interconnected and interdependent in the natural world. This notion of duality accepts that each force impacts the other.



Goals for This Presentation

- Develop an understanding of trends in risky behavior in youth (12-25 years of age).
- Develop an understanding of protective factors in the lives of youth.
- Develop an appreciation of the trends in mental health assessment from one sided risk focused to a holistic strength/risk focused model.
- Learn about the development and application of the RISE in a comprehensive assessment.
- Begin a discussion about improving the lives of all youth including those with the riskiest behavior and history.

The Future



The purpose of life is to prepare the next generation for their future.

Survival of the Species

- Salmon and snakes are born with sufficient instincts to survive.
- Bear cubs require at least one or two years with their mother to insure survival.
- Higher primates require three or four years.
- Humans require at least ten years.



We have perpetuated the nineteenth century perception that raising children is a process by which information is dumped into a **BLACK BOX** lying mysteriously within the human brain.

We have also assumed a Stepford Wives model that all black boxes are identical.

Through the Eyes of Innocence

We have done an a very good job of marketing the concept of school to young children.

We have been successful in doing so because they possess Instinctual Optimism and Intrinsic Motivation.

Preschool Graduation Part I

Preschool Graduation Part II

Preschool Graduation

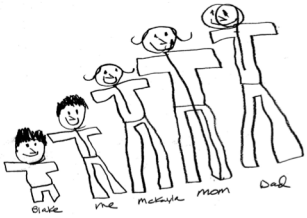
How Will They Feel in Five Years?

"The secret of education lies in respecting the student"

Ralph Waldo Emerson

The experience of growing up absent success for some students steals away opportunities to develop a resilient mindset.

A lesson from Michael.



We fail to appreciate that children are genetically endowed with certain instincts.

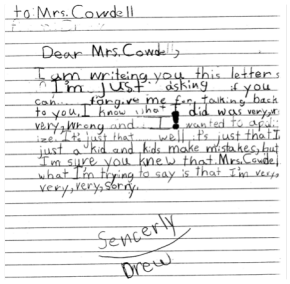
Human Instincts

- In some species instincts are fixed patterns of behavior leading to a certain outcome such as a bird building a nest for the first time or a salmon returning upriver to its' birthplace to spawn.
- Instincts in our species represent an intuitive way of thinking and/or acting increasing the chances of survival and success.
- In viewing instincts in this way we appreciate that knowing what to think or do and doing what you know or think are not synonymous and are very much dependent on experience.
- These instincts are more important than ever in preparing today's children for tomorrow's successes.

The Seven Instincts of Tenacity

- Intuitive Optimism
- Intrinsic Motivation
- Compassionate Empathy
- Simultaneous Intelligence
- Genuine Altruism
- Virtuous Responsibility
- Measured Fairness

Do Children Care What We Think? Part I



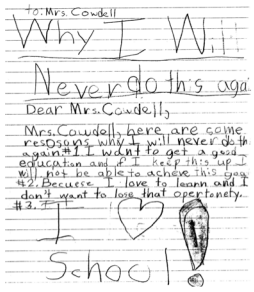
to: Mrs. Cowdell

Dear Mrs. Cowdell,

I am writeing you this letter I'm just asking if you can forgive me for taking back to you. I know that I did was very very wrong and I wanted to apol... see. It's just that well, it's just that I just a kid and kids make mistakes, but I'm sure you knew that Mrs. Cowdel what I'm trying to say is that I'm very, very, very sorry.

Sencerly
Drew

Do Children Care What We Think? Part II



to: Mrs. Cowdell

Why I W...

Never do this aga...

Dear Mrs. Cowdell,

Mrs. Cowdell, here are some responsns why I will never do th... again. #1 I want to get a good education and if I keep this up I will not be able to achive this goal. #2. Because I love to learn and I don't want to lose that opertonety. #3. I...

School

Caregivers are the architects of the way in which experience influences genetically preprogrammed but experience dependent brain development.

Daniel Siegel
The Developing Mind

Teen and Young Adult Risk Taking Behavior

US Department of Health and Human Services Meta Analysis

Teen and Young Adult Risk Taking Behavior

- The most serious threats to the health and safety of adolescents and young adults are preventable. They result from such risk-taking behaviors as fighting, substance abuse, suicide, and sexual activity rather than from illnesses. These behaviors have harmful, even deadly, consequences.
- Changes in teen participation in specific risk behaviors have been well documented. What is less well known, and of growing concern, is how overall teen risk-taking has changed. In addition, information is lacking about the nuances in the behavior of adolescents who engage in more than one of these risks at a time. Teens who participate in multiple risks increase the chance of damaging their health.

Teen and Young Adult Risk Taking Behavior

- Three different surveys measure relevant health risk behaviors in teens. Together, the Youth Risk Behavior Surveys, the National Survey of Adolescent Males, and the National Longitudinal Study of Adolescent Health.
- The complex picture that emerges alleviates some traditional concerns, while raising new ones. Teens' overall involvement in risk-taking has declined during the past two decades (except among Hispanics), with fewer teens engaging in multiple risk behaviors. But multiple-risk teens remain an important group, responsible for most adolescent risk-taking. However, almost all risk-takers also engage in positive behaviors; they participate in desirable family, school, and community activities. These positive connections offer untapped opportunities to help teens lead healthier lives.

Teen and Young Adult Risk Taking Behavior

- **The Youth Risk Behavior Surveys (YRBS).** Conducted by the Centers for Disease Control and Prevention, YRBS assesses the behaviors deemed most responsible for influencing health among the nation's high school students. In 1991, 1993, 1995, and 1997, surveys were given to a nationally representative sample of students in grades 9 through 12. Students completed self-administered questionnaires in the classroom during a regular class period. We will look at the 2017 data as well.
- Overall response rates in 1991, 1993, 1995, and 1997 were 68 percent, 70 percent, 60 percent, and 69 percent, respectively; the sample sizes were 12,272 students, 16,296 students, 10,904 students, and 16,262 students, respectively. More information about YRBS and access to data is available at www.cdc.gov/nccdphp/dash.

Teen and Young Adult Risk Taking Behavior

- **The National Longitudinal Study of Adolescent Health.** Add Health is a school-based study of the health-related behaviors of adolescents in the United States. Interviews were conducted in two stages. In the first stage, students in grades 7 through 12 attending 145 schools answered brief questionnaires in their classrooms. In the second stage, in-home interviews were conducted with a subset of students between April and December of 1995.
- Data for this study came from the 12,105 students participating in both stages of the survey who are representative of adolescents in grades 7 through 12 during the 1994--95 school year. More information about Add Health and access to data is available at www.cpc.unc.edu/addhealth.

Teen and Young Adult Risk Taking Behavior

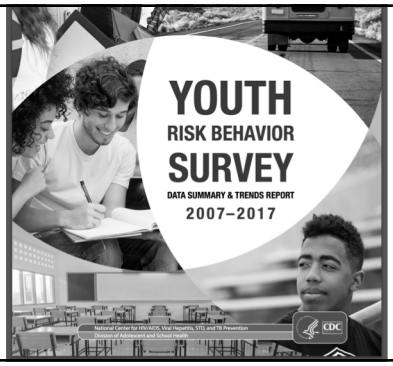
- **The 1995 National Survey of Adolescent Males (NSAM).** NSAM is a household survey of a nationally representative sample of 1,729 boys ages 15 through 19. It was designed primarily to examine behavorial aspects of young men's sexual and reproductive behaviors and includes extensive measures of nonsexual risk-taking.
- The sample is nationally representative of both students and nonstudents. Face-to-face interviews were conducted by trained interviewers in the respondents' homes. The response rate was 75 percent. More information about NSAM and access to data is available at www.socio.com.

Teen and Young Adult Risk Taking Behavior

- **Overall risk-taking among high school students declined during the 1990s.** Between 1991 and 1997, there was a sizable increase in the share of students who did not participate in any of the 10 risk behaviors and a sizable decrease in the proportion of students who engaged in multiple risk behaviors. Despite this, the share of highest-risk students those participating in five or more risk behaviors-remained stable. Of note, Hispanic students did not report the same shift toward less risk-taking.
- Most risks are taken by multiple-risk students. The overall prevalence of a specific risk behavior among teenagers is due primarily to the behavior of multiple-risk students, since the majority of students involved in any given behavior also were engaging in other risk behaviors. For example, among the 12 percent of students reporting regular tobacco use, 85 percent were multiple risk-takers.

Teen and Young Adult Risk Taking Behavior

- **Nearly all teens, even those engaging in multiple risk behaviors, participate in positive behaviors.** Ninety-two percent of students engage in at least one positive behavior, such as earning good grades, participating in extracurricular activities, spending time with parents, or being involved in a religious institution. Most out-of-school boys also were involved in appropriate positive behaviors, although less so than their in-school peers. While multiple-risk teens engage in positive behaviors, participation in positive behaviors declines with increased risk-taking.
- Multiple-risk adolescents have many points of contact beyond home and the classroom. The assumption that risk-taking teens are socially disconnected is challenged by new findings that map their participation in a wide range of settings, such as faith-based institutions, the workplace, health care, and the criminal justice system. Their involvement in settings beyond the home and the classroom, especially for out-of-school adolescents, offers opportunities for health intervention to reduce risk-taking



THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	2007 Total	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	Trend
Were threatened or injured with a weapon at school	7.8	7.7	7.4	6.9	6.0	6.0	
Did not go to school because of safety concerns	5.5	5.0	5.9	7.1	5.6	6.7	
Were electronically bullied	NA	NA	16.2	14.8	15.5	14.9	
Were bullied at school	NA	19.9	20.1	19.6	20.2	19.0	
Were forced to have sex	7.8	7.4	8.0	7.3	6.7	7.4	
Experienced physical dating violence†	NA	NA	NA	10.3	9.6	8.0	
Experienced sexual dating violence†	NA	NA	NA	10.4	10.6	6.9	

THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	2007 Total	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	Trend
Experienced persistent feelings of sadness or hopelessness	28.5	26.1	28.5	29.9	29.9	31.5	
Seriously considered attempting suicide	14.5	13.8	15.8	17.0	17.7	17.2	
Made a suicide plan	11.3	10.9	12.8	13.6	14.6	13.6	
Attempted suicide	6.9	6.3	7.8	8.0	8.6	7.4	
Were injured in a suicide attempt	2.0	1.9	2.4	2.7	2.8	2.4	

THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	2007 Total	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	Trend
Ever had sex	47.8	46.0	47.4	46.8	41.2	39.5	
Had four or more lifetime sexual partners	14.9	13.8	15.3	15.0	11.5	9.7	
Were currently sexually active	35.0	34.2	33.7	34.0	30.1	28.7	
Used a condom during last sexual intercourse†	61.5	61.1	60.2	59.1	56.9	53.8	
Used effective hormonal birth control†	NA	NA	NA	25.3	26.8	29.4	
Used a condom and effective hormonal birth control†	NA	NA	NA	8.8	8.8	8.8	

THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	2007 Total	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	Trend
Ever used select illicit drugs	22.6	20.0	22.5	17.3	15.4	14.0	
Ever injected illegal drugs	2.0	2.1	2.3	1.7	1.8	1.5	
Ever misused prescription opioids*	NA	NA	NA	NA	NA	14.0	NA

The Complexity of Risks: (e.g. Delinquency)

- No single risk factor leads a young person to delinquency.
- Risk factors "do not operate in isolation and typically are cumulative: the more risk factors that [youth] are exposed to, the greater likelihood that they will experience negative outcomes, including delinquency."
- When the risk factors a youth is exposed to cross multiple domains, the likelihood of delinquency increases at an even greater rate.
- Different risk factors may also be more likely to influence youth at different points in their development. For example, peer risk factors typically occur later in a youth's development than individual and family factors.

While youth may face a number of risk factors it is important to remember that everyone has strengths and is capable of resilient behavior:

"All children and families have individual strengths that can be identified, built on, and employed" to prevent future delinquency and justice system involvement. In recent years, studies of juvenile delinquency and justice system involvement have increasingly examined the impact of these strengths (protective factors) on youth's ability to overcome challenges and thrive (Kendziora & Osher, 2004)

Biology is not destiny but it does effect probability. In every risk group there are those who manage to transition successfully into adult life despite their adversities.

Resilience

- A process leading to good outcome despite high risk
- The ability to function competently under stress
- The ability to recover from trauma and adversity

"I'm not afraid about my girlfriends and myself, we'll squeeze through somehow, though I'm not too certain about my math."

Anne Frank
June 21, l942

"I have lots of courage, I feel so strong and as if I can bear a great deal,I feel so free and so young! I was glad when I first realized it, because I don't think I shall easily bow down before the blows that inevitably come to everyone."

Anne Frank
July 15, 1944

The pathways that lead to positive adaptation despite high risk and adversity are complex and greatly influenced by context therefore it is not likely that we will discover a magic (generic) bullet.

Resilient children are not simply born that way nor are they made from scratch by their experiences. Genetic and environmental experiences loom large as protectors against a variety of risks to healthy development ranging from resistance to bacteria and viruses to resilience to maltreatment and rejection.

Kirby Deater-Deckard

Resilience is Predicted By Factors Within:

The Child

The Family

The Culture

Risk and Protective Factors: In the Individual

Risks

- Female gender
- Early puberty
- Difficult temperament: inflexibility, low positive mood, withdrawal, poor concentration
- Low self-esteem, perceived incompetence, negative explanatory and inferential style
- Anxiety
- Low-level depressive symptoms and dysthymia
- Insecure attachment
- Poor social skills: communication and problem-solving skills
- Extreme need for approval and social support

Protective

- High IQ
- Positive social skills
- Willingness to please adults
- Religious and club affiliations
- Positive physical development
- Academic achievement

Substance Abuse and Mental Health Services Administration (2009). Risk and protective factors for mental, emotional, and behavioral disorders across the life cycle. Summarized from:

http://dhss.alaska.gov/dbh/Documents/Prevention/programs/spfsig/pdfs/IOM_Matrix_8%20Sx11_FINAL.pdf

Risk and Protective Factors: In the Individual

Risks

- Low self-esteem
- Shyness
- Emotional problems in childhood
- Conduct disorder
- Favorable attitudes toward drugs
- Rebelliousness
- Early substance use
- Antisocial behavior
- Head injury
- Marijuana use
- Childhood exposure to lead or mercury (neurotoxins)

Protective

- High self-esteem
- Emotional self-regulation
- Good coping skills and problem-solving skills
- Engagement and connections in two or more of the following contexts: school, with peers, in athletics, employment, religion, culture

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Risk and Protective Factors: In the Family

Risks

- Inadequate or inappropriate child rearing practices,
- Home discord
- Maltreatment and abuse
- Large family size
- Parental antisocial history
- Poverty
- Exposure to repeated family violence
- Divorce
- Parental psychopathology
- Teenage parenthood
- A high level of parent-child conflict
- A low level of positive parental involvement
- Family dysfunction
- Poor parental supervision
- Sexual abuse

Protective

- Participation in shared activities between youth and family (including siblings and parents)
- Providing the forum to discuss problems and issues with parents
- Availability of economic and other resources to expose youth to multiple experiences
- The presence of a positive adult (ally) in the family to mentor and be supportive
- Family provides structure, limits, rules, monitoring, and predictability
- Supportive relationships with family members
- Clear expectations for behavior and values

Substance Abuse and Mental Health Services Administration (2009). Risk and protective factors for mental, emotional, and behavioral disorders across the life cycle. Summarized from:

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Risk and Protective Factors: In Peers

Risks

- Spending time with peers who engage in delinquent or risky behavior
- Gang involvement
- Less exposure to positive social opportunities because of bullying and rejection

Protective

- Positive and healthy friends to associate with
- Engagement in healthy and safe activities with peers during leisure time (e.g., clubs, sports, other recreation

Substance Abuse and Mental Health Services Administration (2009). Risk and protective factors for mental, emotional, and behavioral disorders across the life cycle. Summarized from:

http://dhss.alaska.gov/dbh/Documents/Prevention/programs/spfsig/pdfs/IOM_Matrix_8%20Sx11_FINAL.pdf

Risk and Protective Factors: School and Community

Risks	Protective
• Poor academic performance • Enrollment in schools that are unsafe and fail to address the academic and social and emotional needs of children and youth • Low commitment to school • Low educational aspirations • Poor motivation • Living in an impoverished neighborhood • Social disorganization in the community in which the youth lives • High crime neighborhoods	• Enrollment in schools that address not only the academic needs of youth but also their social and emotional needs and learning • Schools that provide a safe environment • A community and neighborhood that promote and foster healthy activities for youth

Substance Abuse and Mental Health Services Administration (2009). Risk and protective factors for mental, emotional, and behavioral disorders across the life cycle. Summarized from:

http://dhss.alaska.gov/dbh/Documents/Prevention/programs/spfsig/pdfs/IOM_Matrix_8%205x11_FINAL.pdf

Can Outcome Be Modeled and Predicted?

Predicting young adults' health risk behavior.
By Gibbons, Frederick X.,Gerrard, Meg
Journal of Personality and Social Psychology, Vol 69(3), Sep 1995, 505-517

Abstract
A prototype model of risk behavior is described and was tested in a longitudinal study of 679 college students, beginning at the start of their freshman year. Perceptions of the prototype associated with 4 health risk behaviors (smoking, drinking, reckless driving, and ineffective contraception) were assessed along with self-reports of the same behaviors. Results indicated that prototype perception was related to risk behavior in both a reactive and a prospective manner. That is, perceptions changed as a function of change in behavior, and perceptions predicted those behavior changes as well. This prospective relation was moderated by social comparison, as the link between perception and behavior change was stronger among persons who reported frequently engaging in social comparison. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Can Outcome Be Modeled and Predicted?

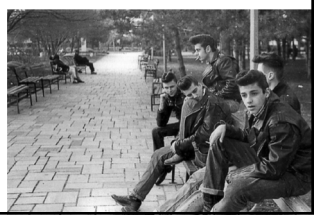
Binge Drinking Above and Below Twice the Adolescent Thresholds and Health-Risk Behaviors
Ralph Waldo Hingson Wenxing Zha
First published: 10 April 2018 https://doi.org/10.1111/acer.13627

In 2015, the Youth Risk Behavior Survey asked a national probability sample of 15,624 high school students grades 9 to 12 (response rate 60%) about their past-month drinking and past-month or past-year health-risk behaviors. Logistic regressions with pairwise comparisons examined the association between different drinking levels and selected risk behaviors, adjusting for age, sex, race/ethnicity, and drinking frequency.

Seven percent binged ≥twice and 9% <twice the age-/gender-specific thresholds, and 14% drank less than the binge thresholds. Significantly higher percentages of binge drinkers at ≥twice versus <twice the thresholds versus other drinkers reported illegal drug and tobacco use, risky sexual and traffic behaviors, physical fights, suicide, less school-night sleep, and poorer school grades.

Teen and Young Adult Risk Taking Behaviors Measured by RISE

- Suicide
- Sexual Behavior
- Eating/Sleeping
- Substance Abuse
- Bullying/Aggression
- Delinquency



Teen and Young Adult Strength Behaviors Measured by RISE

- Emotional Balance (e.g. control anger)
- Interpersonal Skill (e.g. solve a problem with a friend)
- Self Confidence (e.g. admit mistakes, make good choices)

Research supports a need for a standardized measure of risk-taking and protective behaviors apparent in research on problems and disorders in youth:
:

- School dropout (Lansford, Dodge, Pettit & Bates, 2016)
- Elopement from home (Tucker, Edelen, Ellickson & Klein, 2011)
- Delinquency (Remschmidt & Walter, 2010)
- All show a predictive relationship between risky behavior and later life problems.
  - Role of protective factors is also important (Masten, 2001).
  - Understanding the interaction between risk and protective forces is essential to developing successful intervention programs.

RISE™

Risk Inventory and Strengths Evaluation

Sam Goldstein, PhD David S. Herzberg, PhD

RISE Overview

- RISE assesses risky behavior and psychological strengths
- The first tool to look at these concepts within the context of each other
- Ages 9 through 25 years
- Parent, Teacher and Self Forms
- 15-20 minutes administration time
- Norm-referenced *T*-scores examine broad constructs of risk and strength
- Specific content scores and critical items focus on dangerous behaviors (e.g., aggressive conduct, early sexual activity, substance abuse and suicidality)
- Response validity scores also available
- For educational psychologists, counselors, clinical psychologists and other mental-health professionals working with children, adolescents and young adults (Level C)

RISE Administration

- Can be administered using print materials or via the WPS Online Evaluation System (platform.wpspublish.com)
- Parent & Self Forms
  66 items, each takes 10-15 mins to complete
- Teacher Form
  36 items, takes 7-10 mins to complete
- Items are rated on six-point scale of the frequency of the target behavior during the previous four weeks
- All forms also available in Spanish

RISE Forms

- Allows evaluation of behavior across home, school and community settings
- Allows perspectives of informant (9-18 years) and Self (12-25 years)

Intended Use

- Educational and clinical settings.
- Core component of a comprehensive clinical assessment of individuals referred for learning and/or behavior problems.
- Integrates well with Broad Spectrum (e.g. BASC, Conners), Impairment (e.g. RSI, BFIS), Executive Functioning (e.g. CEFI, BRIEF) and Narrow Spectrum (e.g. MASC, CDI, ASRS) tools.

Administration

- Very straightforward
- Can be completed by teachers, classroom aides and others without advanced training in a clinical discipline
- BUT interpretation (and subsequent treatment planning) must be handled by licensed professionals in school, counseling or clinical psychology; or related mental health professionals (e.g., social workers)
- RISE focuses on high-risk, potentially dangerous and even life-threatening behaviors, including drug use and suicide. Users must be prepared to act immediately if the RISE results indicate imminent danger to the respondent's self or others
- Results should not be used in isolation to diagnose or plan treatment

Administration

- No time limit for completing the form
- Parent/Self Forms – 10-15 minutes
- Teacher form – 7-10 minutes
- Explain the purpose of RISE and that it includes questions about behaviors that may be difficult to talk about, including sexual behavior and substance abuse. Ask if they have concerns about answering questions of this type.
- Critical to explain the limits of confidentiality – that the responses are confidential ***except in the case where their responses indicate that the person being rated is a danger to themselves or others.***
- Encourage open and honest responses – *"Your open and honest answers will help us learn how best to support you."*

Print Form Completion

- Ideally the forms are completed in a professional setting so they can be checked for accuracy.
- If not possible, go over instructions thoroughly and give an envelope for its return; you can go over inaccurate/missing data via phone or email if necessary.
- Written at a 3rd- to 4th-grade reading level. If respondent is unable to read at this level, you can read the items aloud and ask for an oral response and note in your report that the RISE was administered in this way.
- Respondent completes demographics.
- Press firmly with pen or pencil because the mark transfers to a worksheet on the interior.
- If the respondent mistakenly circles an incorrect choice, put an X through it and circle the correct choice.
- Answer every item; if unsure, mark the best estimate of the frequency of the behavior.
- Once completed – check that all questions have been answered and only one choice is marked.
- If there are missing or double-marked responses, give it back to the respondent to correct.
- Review demographic information for accuracy.

Hand Scoring

- 6 or more items with invalid responses, do not proceed – invalid information
- Can still examine Critical Items to identify any that indicate clinical concern for follow-up
- 5 or fewer items with invalid responses, you can proceed by using median response substitution – indicated by boldface type on the Scoring Worksheet. *Note the number of items in your written report where median substitution was used
- 6-point Likert-type scale on frequency of behaviors over past 4 weeks

Online administration and scoring is coming

platform.wpspublish.com

Standardization: RISE Normative and Clinical samples

- Nationally representative (U.S.) normative sample: Matched to U.S. Census on gender, race/ethnicity, SES and U.S. geographic region
  - Parent: 1,005 forms
  - Self: 1,380 forms
  - Teacher: 1,000 forms
- Clinical validity sample:
  - 185 Parent Forms
  - 270 Self Forms
  - 152 Teacher Forms
- Includes multiple sub-samples based on risk factors, diagnosis, etc.
  - At Risk
  - Gang Membership
  - Suicidality/Depression
  - ADHD
  - ASD
  - Eating Disorders
  - Substance Abuse

Reliability

Internal consistency coefficients ≥.90 for Summary scales and RISE Index; ≥.70 for Subscales

RISE Parent Form Internal Consistency Estimates, Standardization Sample			
	Parent Form (n = 1180)	Self Form (n = 1180)	Teacher Form (n = 1000)
Risk Summary Scale	0.95	0.92	0.90
Strength Summary Scale	0.95	0.93	0.95
RISE Index	0.97	0.94	0.95
Risk Subscales			
Bullying/Aggression	0.86	0.83	n/a
Delinquency	0.84	0.78	n/a
Eating/Sleeping Problems	0.85	0.82	n/a
Sexual Risk	0.82	0.70	n/a
Substance Abuse	0.88	0.78	n/a
Suicide/Self-Harm	0.91	0.91	n/a
Strength Subscales			
Emotional Balance	0.89	0.83	0.89
Interpersonal Skill	0.87	0.83	0.89
Self-Confidence	0.83	0.78	0.86

In statistics and research, internal consistency is typically a measure based on the correlations between different items on the same test. It measures whether several items that propose to measure the same general construct produce similar scores.

Concurrent Validity

Highlights of correlational studies with concurrent measures

2 factors (risk and strengths), so measures chosen to evaluate both

Risk Scale

BASC-3 *Externalizing Problems* with RISE *Risk Summary:* Parent: *r* = .69; Teacher: *r* = .63 ; Self: *r* = .67 with BASC-3 *School Problems*

Conners CBRS *Violence Potential* with RISE *Risk Summary:* Parent: *r* = .66; Self: *r* = .66; Teacher: *r* = .74

Concurrent validity refers to the extent to which the results of a particular test or

Concurrent Validity

Highlights of correlational studies with concurrent measures

2 factors (risk and strengths), so measures chosen to evaluate both

Strength Scale

ABAS-3 *General Adaptive Composite* with RISE *Strength Summary:* Parent: *r* = .75; Self: *r* = .58; Teacher: *r* = .57

Piers-Harris 3 *Total score with* RISE *Strength Summary:* Self: *r* = .47

Analysis of subscales (comprehensive studies in Chapter 5 of RISE Manual) demonstrates extensive evidence of concurrent validity AND shows that while these measures are complementary, the RISE provides data that other scales do not.

Validity: Clinical Groups

At-Risk Sample (*n* = 160): Key validation sample for RISE: qualifying for prevention and intervention services because of unfavorable socioeconomic circumstances, current gang members, ex-gang members, and youth on probation

RISE scores differentiate at-risk youth from typically developing youth with ***large, clinically significant effect sizes.***

Validity studies also cover a range of additional groups (clinician-assigned diagnosis):

- Gang Membership
- Suicidality/Depression
- ADHD
- ASD
- Eating Disorders
- Substance Abuse

Five Step Interpretation:

1. Assess response validity with the Inconsistent Responding and Impression Management Scales
2. Examine the Primary Scales
3. Interpret the Risk and Strength Subscales
4. Evaluate the Critical Items
5. Consider the differing respondent perspectives and integrate RISE with other data.

Step 1: Assess Response Validity

- Validity Scales (Parent, Self Forms only)
  - Inconsistent Responding (INC): to detect random response patterns
  - Impression Management (IMP): positive/negative embellishment
- 6 item pairs with similar content
- Use raw score cutoffs to interpret:
  - Parent Form, INC raw score of 8 or greater
  - Self Form, INC raw score of 10 or greater
  - Parent/Self: IMP +ve raw score of 28 or greater; IMP –ve raw score of 14 or less

NOTE: Investigate the cause of this – respondent may not have understood items. Rule this out or have them complete the form a second time. If this isn't possible, interpret the results on the RISE with caution.

Response validity is the extent to which the actions and thought processes of test takers or survey responders demonstrate that they understand the construct in the same way it is defined by the researchers. There is no statistical test for this type of validity, but rather it is observed through respondent observation, interviews, and feedback.

Step 2: Examine the Primary Scales

- Risk Summary Scale:

Measures overall involvement in high-risk behaviors

Strength Summary Scale:

Measures overall psychological strengths

RISE Index:

Composite scale comparing relative levels of risky behavior and strengths. The RISE Index raw score is based on the T-scores from the Risks and Strengths Factor Scales. It is calculated as follows: RISE Index raw score = (Strength T-score + 50) - Risk T-score.

Step 2 (cont.):

Risk Summary scale:

T > 70 Severe Risk:

- Be alert to the need for an urgent response
- Always calls for further investigation as soon as possible

T = 60-69 Mild-to-Moderate Risk:

- Further investigation may be needed to rule out the need for emergency intervention
- Wise to err on the side of caution

T < 59 Low Risk:

- Similar to that seen in typically developing youth
- Indicates that there is no need for clinical intervention BUT always following the interpretive process

Step 2 (cont.):

Strength Summary scale:

T < 30: Very Low Strengths

- Severe lack of psychological assets
- Determine specific areas of weakness by interpreting the Strength Subscales and Critical Items to determine avenues for intervention

T = 31-40: Low Strengths

- Mild deficits across one or more content areas or marked deficiency in a single domain

a

T = 41-59: Average Strengths

- Similar to that seen in typically developing youth
- Overall picture is of a youth who copes reasonably well under stress

T > 60: Above Average Strengths

- Higher level of psychological strength and resiliency than typically developing youth
- Often assume leadership roles and can resist the temptation of peer pressure to engage in risky behavior

Step 2 (cont.):

RISE Index:

A unique metric that compares risk-proneness and psychological strengths in a single score. The interpretation of this score invokes the concepts of vulnerability and resiliency. Lower scores indicate vulnerability; higher scores indicate resiliency.

T < 30: Severe Vulnerability

- Considerable clinical concern ***Always requires careful and thorough follow-up with the respondent and other accessible caregivers and may require immediate clinical intervention to ensure the youth remains safe.***

T = 31-40: Mild-to-Moderate Vulnerability

- Less alarming state but one that still requires further investigation to evaluate specific risk factors and strength deficits; often treatment can begin by addressing the most problematic of the 2 RISE Summary scales by focusing on reducing risky behavior or building up psychological strength

T = 41-59: Average

- Similar to that seen in typically developing youth

T > 60: Resilient

- Youth's psychological strengths exert stronger influence on behavior than does the proneness to risk-taking behavior

Step 3: Interpret the Risk and Strength Subscales

- Risk Subscales (Parent and Self Forms only):
  Interpret using raw-score cutoffs (Risk Thresholds) that identify high-risk status
  - Bullying/Aggression
  - Delinquency
  - Eating/Sleeping Problems
  - Sexual Risk
  - Substance Abuse
  - Suicide/Self-Harm
- Strength Subscales (all forms)
  Interpret using norm-referenced *T*-scores
  - Emotional Balance
  - Interpersonal Skill
  - Self-Confidence

Risk Scales

On the RISE Parent and Self Forms, raw scores are calculated for the BullAgg, Delinq, EatSleep, SexRisk, SubAbuse, and Suicide Specific Risk Scales. Because the items that compose these scales refer to low-frequency behaviors, the raw scale score distributions in the standardization samples are highly positively skewed. In practical terms, this means that among typically developing youth, the average raw score on these scales is near zero and there is little variance in these scores in the standardization sample.

Risk Scales

Because of these distributional characteristics, it is not advisable to use a conventional approach to interpreting these scores; that is, converting the raw score distribution to a t-score distribution. Instead, clinically useful raw score cutoffs were identified for each scale by comparing the raw score distributions in the standardization sample to those in the at-risk sample.

For the Bull/Agg, Delinq, SexRisk, SubAbuse, and Suicide scales, the cutoff score was chosen to be the highest raw score that yielded a sensitivity of at least .60 in identifying cases in the at-risk sample. For all five scores, these cutoffs also corresponded to a t-score of at least 60, meaning that in a conventional t-score interpretative approach, the score would have been classified as indicating at least mildly elevated risk.

Risk Scales

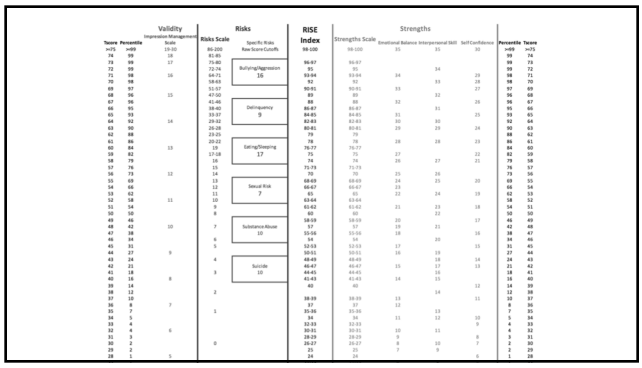
The Eat/Sleep score was handled differently, because its raw score distribution was significantly less skewed those of the other five scales. For EatSleep, the cut-off was set at the raw score that most closely approximated 60T on the t-score distribution. Again, this was done to insure that a "positive" classification based on the Eat/Sleep raw score corresponded with mildly elevated risk in a conventional t-score interpretive approach.

Step 4: Evaluate Critical Items

- Allows focal evaluation of potentially dangerous behaviors and key strengths
- 20 risk-related items and 10 strength-related items on Parent and Self Forms
- 14 risk-related items and 6 strength-related items on the Teacher Form
- These provide descriptive information that could be the starting point for clinical intervention. However, do not base clinical decisions purely on these responses, as item responses are not statistically valid. Always use the RISE scale scores first.

Step 5: Consider different respondent perspectives

- If possible, administer all 3 forms – Parent, Self and Teacher
- Overlap on ages 12 to 18 because of the potentially challenging phase of adolescent development
- Behaviors can manifest in one setting while being absent from another; breadth of perspective is important
- Teacher Form has fewer items. During development, we found that teachers have more opportunity to observe strengths than risks; therefore, this form should be *used primarily as a measure of psychological strengths*
- Teacher Risk *T*-score – use with caution – rely more on Self and Parent – more items



Anna

Scale	Parent Raw	Parent T	Parent Interpretation	Self Raw	Self T	Self Interpretation
RISE Index	13	28	Risks >> Strengths	15	28	Risks >> Strengths
Risks	31	64	Mild-Moderate	37	63	Mild-Moderate
Strengths	23	27	Very Low	25	28	Very Low
Suicide	1	n/a	Lo-Risk	10	n/a	Hi-Risk
SexRisk	2	n/a	Lo-Risk	2	n/a	Lo-Risk
EatSleep	25	n/a	Hi-Risk	18	n/a	Hi-Risk
SubAbuse	0	n/a	Lo-Risk	0	n/a	Lo-Risk
BullAgg	2	n/a	Lo-Risk	5	n/a	Lo-Risk
Delinq	1	n/a	Lo-Risk	2	n/a	Lo-Risk
EmoBal	5	26	Very Low	6	27	Very Low
IntSkill	14	38	Low	13	35	Low
SelfCon	4	26	Very Low	6	27	Very Low
INC	2	n/a	WNL	3	n/a	WNL

Step 5 (cont'd): Integrate RISE with history and other data

- Consider how RISE data fits with history.
- Interpret Risk sub-scales with Broad Spectrum data (e.g. Conners, BASC.
- Interpret Risk sub-scales with Impairment and EF data (and Adaptive data if needed).
- Interpret Risk sub-scales with Narrow Spectrum data (e.g. ASRS, MASC, CDI)
- Consider the protective role of the Strength sub scales.
- Consider the Risk, Strength and RISE scales in light of diagnostic and eligibility decisions.

Conclusions About the Rise

- The occurrence of risky behaviors and strengths (protective factors) can be reliably measured.
- Risky behaviors and strengths can be reliably measured in a single instrument.
- Risky behaviors and strengths can be appreciated simultaneously in a valid, reliable manner.
- Risky behaviors and strengths can be seamlessly measured from adolescence to young adulthood.
- Measuring strengths and risky behaviors provides critical assessment data not provided by other Broad or Narrow spectrum tools.
- The RISE is the first instrument to accomplish these goals.

Five Strategies to Reduce Teen and Young Adult Risk Taking Behavior

- **Support positive behaviors of non-risk-taking individuals.** Declines in risk-taking mean that the share of students taking no risks has increased. These youth need support and expanded opportunities to continue making responsible and healthy decisions as they mature.
- **Target efforts to reduce specific risk behaviors toward multiple-risk students.** Recent public health and policy efforts to reduce the prevalence of key risk behaviors, such as smoking or violence, cannot address these behaviors in isolation from other risk-taking.
- **Encourage positive behaviors of risk-taking youth, such as time spent on extracurricular or faith-based activities.** These behaviors connect students to adults and social institutions and offer opportunities to prevent risk-taking among some students or reduce risk-taking among others.
- **Expand efforts to reach multiple-risk youth in nontraditional settings.** Teen participation in settings such as the workplace, the criminal justice system, and faith-based institutions offers innovative opportunities for health services and education programs and the development of personal relationships with positive adult role models that can reduce risk-taking.
- **Take new steps to reduce risk-taking among Hispanic students.** Further research is needed to better understand both risk-taking and development of this growing group of youth. Programs that are responsive and sensitive to the current ethnic and social diversity of Hispanic youth need to be developed and implemented.

School Wide Programs

How *BARR* Works

Eight interconnected strategies help schools accomplish their goals by creating intentional connections between staff and students to address barriers to success.

Focus on the whole student
Educators work to build students' strengths and proactively address nonacademic reasons why students fall behind in school as well as what they need to thrive. Every discussion with or about the student includes a 360-degreee perspective.

Provide professional development for staff
Training for teachers, counselors, and administrators starts before implementation and continues throughout the school year. Professional development focuses on enhancing achievement through student-teacher relationships.

Use I-Time Classroom Curriculum to foster learning
I-Time is an interactive weekly lesson taught by core teachers where students work together to strengthen their social and emotional skills, including communication and goal setting. They also work on discussing sensitive issues such as grief, substance use, and bullying.

Create cohorts of students
Groups of students take core courses (typically math, English, and science or social studies) together as a cohort. Each cohort is assigned to a team of teachers to cultivate connections and enhance learning relationships.

Hold regular teacher team meetings
Teachers in a cohort meet weekly for a 360-degree discussion about each student in the cohort. Teacher teams identify student strengths and any interventions a student might need.

Conduct Risk Review meetings
A Risk Review team meets regularly to discuss strategies for students who need more support than the cohort teacher teams can provide. This team identifies and coordinates additional internal or external resources that can best help students thrive.

Engage families in student learning
With *BARR*, families become active partners in helping students be their best. Teachers call and meet with parents and other family members regularly, and parents are invited to join an advisory council.

Engage administration
Administrators receive training, ongoing coaching, and tools to help them best integrate *BARR* into their school culture and reach their school-specific goals.

The Mindset of a Resilient Youth

- Optimistic and hopeful.
- Feel special and appreciated in the eyes of others.
- Set realistic goals and expectations.
- View mistakes, hardships and obstacles as challenges.
- Solve problems and make decisions.
- Internal locus of control.
- Believe you can and set out to solve problems.
- Possess empathy.

General Conclusions

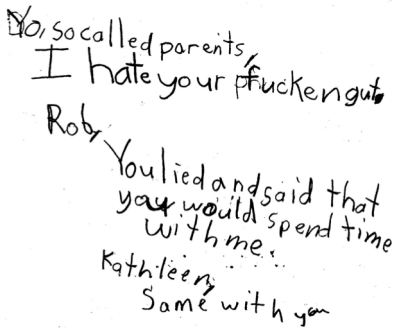
- An early history of developing competence, along with supportive, consistent care, serves as a powerful and enduring buffer throughout childhood and increases probability of resilience.
- The pathways that lead to resilience are complex.
- There is a great need to map the interaction of personal and environmental factors.

General Conclusions

- Longitudinal research needs to be conducted on a large scale and gene–environment focused.
- We require a broader cross-cultural perspective.
- We need to know more about individual dispositions and temperament as well as sources of family support.

Only then will we begin to know what makes the young of our species survive and thrive despite life's adversities.

Emmy Werner



I am not going to do my homework until i have a new toy in my hand.

DEAR GOD,
I wish I could be better in School.
Can you help me.

Adopt a Learning to Ride a Bicycle Mindset!

Questions?

www.samgoldstein.com
info@samgoldstein.com
@drsamgoldstein
@doctorsamgoldstein