



## Brief Problem Monitor (BPM) Framvindumat við íhlutun (Nýlegt frá ASEBA)

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## Íslenska útgáfan af BPM 2012

- **Viðbót hjá ASEBA: BPM - mat á árangri af íhlutun**
- 09.09.2011 11:53 - 5306 lestrar
- **Brief Problem Monitor (BPM)** eru nýir matslistar ásamt hugbúnaði sem verið hafa í þróun hjá ASEBA. Þeir eru ætlaðir til notkunar við framvindu- og árangursmælingar við íhlutun og meðferð.
- Listarnir eru ætlaðir fyrir foreldra (BPM-P), kennara (BPM-T) og unglunga (BPM-Y) og tekur um 1-2 mínútur að svara þeim. Niðurstöður raðast á fjóra þætti, líðan, athygli- og einbeitingarvandi, hegðun og heildarferfiðleikar. Spurningar og þættir eru hliðstæð CBCL, TRF og YSR og gefa notendum möguleika til að nýta þau svör við mat á íhlutun.
- Framsetning niðurstaðna er grafísk, s.s. samanburðarmyndir og ferlir. Hægt að nota fyrirbyggjandi íslensk viðmið og viðmið annarra þjóða eftir því sem við á.
- Nánari upplýsingar er í [meðfylgjandi bæklingi](#) og hjá ASEBA á Íslandi.



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## Uppruni BPM

- Hluti af matslistum ASEBA
- Fyrir 6-18 ára börn
- 19 spurningar af CBCL, TRF og YSR
- 3 valkvæðar viðbótarspurningar (t.d. opnar spurningar á hverjum lista, styrkleikar)
- Fjórir þættir, Líðan (internal), Einbeiting (attention problems), Hegðun (external) og Heildarvandi (total probl.)



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## Fyrirlögnin

- Þegar íhlutun/meðferð/úrræði er sett af stað
- Ákveða tímabilin ( 7,14,30, 45 daga)
- Ákveða upplýsingagjafana og afhenda næstu lista til útfyllingar
- Tekur 1-2 mínútur að svara
- Verður/er hægt að svara á netinu (nýr búnaður)
- Til á allmörgum tungumálum



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## Úrvinnslan

- Fjölmenningarleg viðmið
- Unnið í hugbúnaði Aseba
- Ferill eða framvinda í línuriti og stöplariti
- Allt að 10 tímapunktur til samanburðar



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Útfyllt ekki  
ID# \_\_\_\_\_ Mæling  
# \_\_\_\_\_ Dager milli  
mælinga: \_\_\_\_\_

### FRAMVINDUMAT (BPM-P) - foreldra barna á aldrinum 6-18

FULLT NAFN BARNIS	KYN <input type="checkbox"/> Drengur <input type="checkbox"/> Stúlka	ALDUR BARNIS	FÆDINGARDAGUR BARNIS Dagur _____ Mán. _____ Ár _____
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ÚTFYLLIST FYRIR: Dagur _____ Mán. _____ Ár _____	NAFN PITT _____ _____	Tengsl þín við barnið: <input type="checkbox"/> Kynforeldri <input type="checkbox"/> Sjúpforeldri <input type="checkbox"/> Amma/afi <input type="checkbox"/> Ættleitt/ kjörforeldri <input type="checkbox"/> Fósturforeldri <input type="checkbox"/> Annað _____
DAGURINN Í DAG: Dagur _____ Mán. _____ Ár _____	Kyn: <input type="checkbox"/> Karl <input type="checkbox"/> Kona	

Hér fyrir neðan er listi af atriðum sem lýsa börnum og unglingum. Fyrir hvert atriði sem lýsir hegðun barnsins *núna eða á síðustu \_\_\_\_\_ dögum*, merktu við 2 ef atriðið á *mjög vel við*. Merktu við 1 ef atriðið er *að einhverju leyti rétt*. Ef atriðið er *ekki rétt* varðandi barnið, merktu við 0. *Svaraðu öllum atriðum jafnvel þó sum virðist ekki eiga við barnið.*

0 = Ekki rétt (svo þú vitir til)      1 = Að einhverju leyti rétt      2 = Á mjög vel við

Skýring/athugasemd:

- |   |   |   |  |       |
|---|---|---|--|-------|
| 0 | 1 | 2 | 1. Hegðar sér barnalega miðað við aldur                        | _____ |
| 0 | 1 | 2 | 2. Er þrætugjarn(gjörn)  | _____ |
| 0 | 1 | 2 | 3. Klárar ekki verkefni sem hann/hún byrjar á                  | _____ |
| 0 | 1 | 2 | 4. Skortir einbeitingu, á erfitt með að halda athyglinni lengi | _____ |
| 0 | 1 | 2 | 5. Getur ekki verið kyrr, sýnir óróleika, ofvirkni             | _____ |
| 0 | 1 | 2 | 6. Eyðileggur eigur heimilisfólks eða annarra                  | _____ |
| 0 | 1 | 2 | 7. Er óhlýðin(n) heima   | _____ |
| 0 | 1 | 2 | 8. Er óhlýðin(n) í skóla                                       | _____ |
| 0 | 1 | 2 | 9. Finnst hann/hún sé minna virði en aðrir                     | _____ |





0 1 2 10. Er fljótær, gerir hluti án þess að hugsa \_\_\_\_\_

0 1 2 11. Er kvíðin(n) eða óttaslegin(n) \_\_\_\_\_

0 1 2 12. Hefur of sterka sektarkennd \_\_\_\_\_

0 1 2 13. Er feimin(n), fer auðveldlega hjá sér \_\_\_\_\_

0 1 2 14. Einbeitingarlaus, trúflast auðveldlega \_\_\_\_\_

0 1 2 15. Er þrjósk(ur), öflug(ur), eða pirrast auðveldlega \_\_\_\_\_

0 1 2 16. Fær frekjuköst eða er skapmikil(l) \_\_\_\_\_

0 1 2 17. Ógnar fólk \_\_\_\_\_

0 1 2 18. Er óhamingjusöm(samur), leið(ur) eða þunglynd(ur) \_\_\_\_\_

0 1 2 19. Hefur áhyggjur \_\_\_\_\_

**Fleiri atriði**

0 1 2 \_\_\_\_\_

0 1 2 \_\_\_\_\_

0 1 2 \_\_\_\_\_

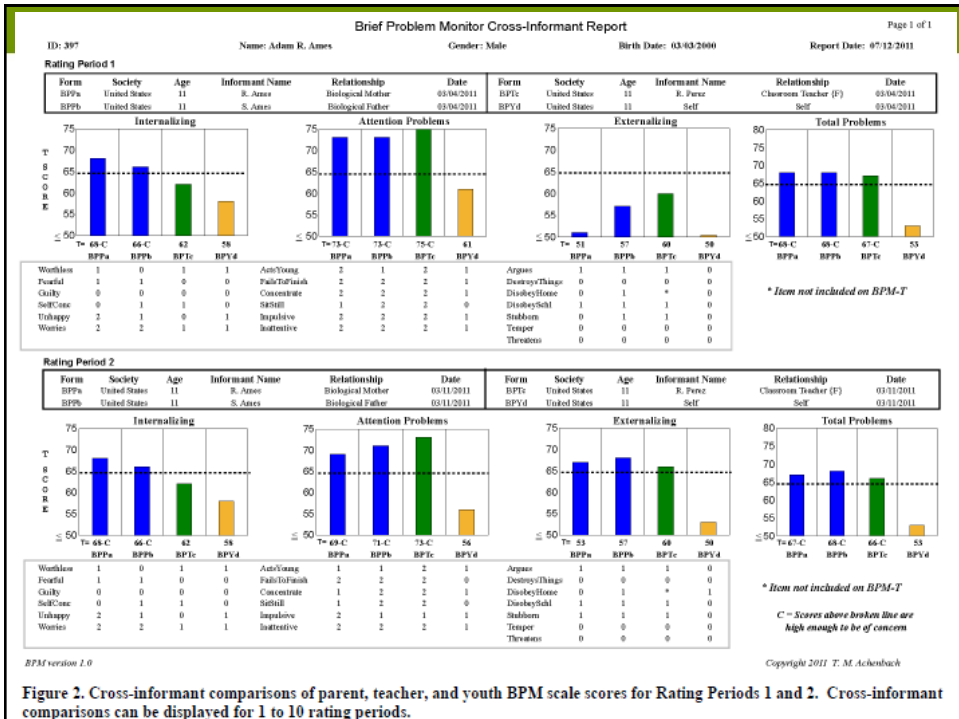
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**Figure 2.** Cross-informant comparisons of parent, teacher, and youth BPM scale scores for Rating Periods 1 and 2. Cross-informant comparisons can be displayed for 1 to 10 rating periods.

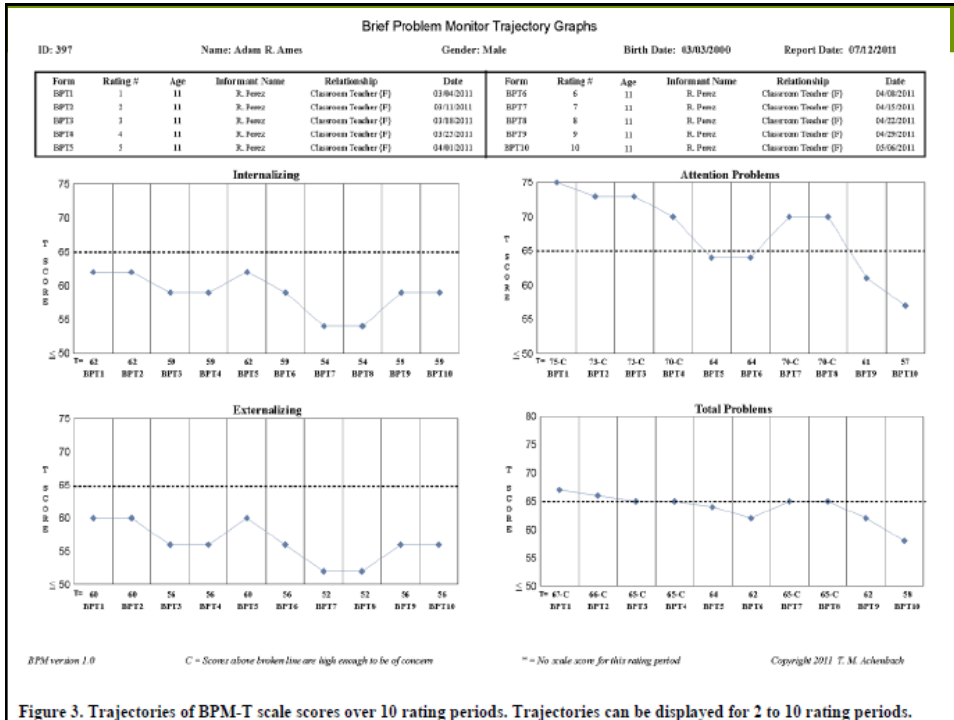


Figure 3. Trajectories of BPM-T scale scores over 10 rating periods. Trajectories can be displayed for 2 to 10 rating periods.



## Forsendur

- Handbók um BPM (2011)
- Rannsóknir síðan 2010
- Notkun að byrja héraendis 2012/13



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## Youth Top Problems: Using Idiographic, Consumer-Guided Assessment to Identify Treatment Needs and to Track Change During Psychotherapy

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### The Research Network on Youth Mental Health

**Objective:** To complement standardized measurement of symptoms, we developed and tested an efficient strategy for identifying (before treatment) and repeatedly assessing (during treatment) the problems identified as most important by caregivers and youths in psychotherapy. **Method:** A total of 178 outpatient-referred youths, 7–13 years of age, and their caregivers separately identified the 3 problems of greatest concern to them at pretreatment and then rated the severity of those problems weekly during treatment. The Top Problems measure thus formed was evaluated for (a) whether it added to the information obtained through empirically derived standardized measures (e.g., the Child Behavior Checklist [CBCL; Achenbach & Rescorla, 2001] and the Youth Self-Report [YSR; Achenbach & Rescorla, 2001]) and (b) whether it met conventional psychometric standards. **Results:** The problems identified were significant and clinically relevant, most matched CBCL/YSR items while adding specificity. The top problems also complemented the information yield of the CBCL/YSR; for example, for 41% of caregivers and 79% of youths, the identified top problems did not correspond to any items of any narrow-band scales in the clinical range. Evidence on test-retest reliability, convergent and discriminant validity, sensitivity to change, slope reliability, and the association of Top Problems slopes with standardized measure slopes supported the psychometric strength of the measure. **Conclusions:** The Top Problems measure appears to be a psychometrically sound, client-guided approach that complements empirically derived standardized assessment; the approach can help focus attention and treatment planning on the problems that youths and caregivers consider most important and can generate evidence on trajectories of change in those problems during treatment.

**Keywords:** Top Problems, youth, children, adolescents, psychotherapy




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<b>Title:</b>	A Psychometric Evaluation of the Parent-Report Brief Problem Checklist Items in a Large Community Sample
<b>Author:</b>	Flores, Nagel
<b>Date:</b>	2014-09-26
<b>Publisher:</b>	University of Hawaii at Manoa
<b>Abstract:</b>	The current study examined the psychometric properties of the parent-reported Brief Problem Checklist (BPC) items in a sample of 711 school children and adolescents. Due to its length, the BPC is able to measure a wide array of psychopathological symptoms within 1 – 2 minutes. Previous studies examining the BPC in clinically-referred samples revealed two constructs of Internalizing (e.g., feeling withdrawn or sad) and Externalizing (e.g., aggression toward others) symptoms. It was hypothesized that the BPC factor structure would include the Internalizing and Externalizing subscales and would converge and/or diverge with various youth and caregiver measurements including the Revised Child Anxiety and Depression Scale (child and parent versions) and the Positive Affect Negative Affect Schedule for Children (child and parent versions). Consistent with our hypotheses, results from the confirmatory factor analysis revealed a two-factor structure of Internalizing and Externalizing symptoms. Convergent and divergent validity analyses revealed significant results for parent-reports, but non-significant results for most child-reports. This was the first study to provide psychometric support for BPC items in a normative sample of youth. Findings suggest the BPC is a potentially useful measure for internalizing and externalizing symptoms within youth psychopathology. Results indicate good model fit, good internal consistency, and acceptable convergent and divergent validity. Future directions, limitations, and implications are discussed.
<b>Pages/Duration:</b>	iii, 34 pages
<b>URI:</b>	<a href="http://hdl.handle.net/10125/33941">http://hdl.handle.net/10125/33941</a>
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**CITATION**


Evaluation of the Brief Problem Checklist: Child and caregiver interviews to measure clinical progress. Database: PsycARTICLES [ Journal Article ]  
 Chorpita, Bruce F., Reise, Steven; Weisz, John R.; Grubbs, Kathleen; Becker, Kimberly D.; Krull, Jennifer L.  
 Journal of Consulting and Clinical Psychology, Vol 78(4), Aug 2010, 526-536. <http://dx.doi.org/10.1037/a0019602>


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**ABSTRACT**


Objective: To support ongoing monitoring of child response during treatment, we sought to develop a brief, easily administered, clinically relevant, and psychometrically sound measure. Method: We first developed child and caregiver forms of a 12-item Brief Problem Checklist (BPC) interview by applying item response theory and factor analysis to Youth Self-Report (YSR; Achenbach & Rescorla, 2001) and Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2001) data for a sample of 2,332 youths. These interviews were then administered weekly via telephone to an ethnically diverse clinical sample of 184 boys and girls 7–13 years of age and their caregivers participating in outpatient treatment, to examine psychometric properties and feasibility. Results: Internal consistency and test–retest reliability were excellent, and factor analysis yielded 1 internalizing and 1 externalizing factor. Validity tests showed large and significant correlations with corresponding scales on paper-and-pencil administrations of the CBCL and YSR as well as with diagnoses obtained from a structured diagnostic interview. Discriminant validity of the BPC interviews was supported by low correlations with divergent criteria. Longitudinal data for the initial 6 months of treatment demonstrated that the BPC significantly predicted change on related measures of child symptoms. Estimates obtained from random coefficient growth models showed generally higher slope reliabilities for the BPC given weekly relative to the CBCL and YSR given every 3 months. Conclusions: Given their combination of brevity and psychometric strength, the child and caregiver BPC interviews appear to be a promising strategy for efficient, ongoing assessment of clinical progress during the course of treatment. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

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## Notkunarsvið BPM

- Samtals-/meðferðarvinnu með börn – fjölskyldu vegna erfiðleika barns
- Ráðgjöf og stuðningur við börn í grunnskólum
- Íhlutun barnaverndar s.s. persónul.ráðgjöf, stuðningsúrræði, fósturvistun (eftirlit/eftirfylgd) , meðferðarheimili
- Geðheilbrigðisþjónustu
- Framvinda í kjölfar lyfjameðferðar
- Rannsóknir á virkni úrræða (samanburður hópa)

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## Umræður

- Eru aðrar aðstæður þar sem viðeigandi væri að notast við BPM?
- Hver eða hverjir hefðu áhuga á samstarfi um frekari prófun eða rannsóknarverkefni?
- Hvað gæti gagnast við að koma notendavænum, raunbundnum, hagkvæmum og gagnreyndum matslistum í frekari notkun?
- Er BPM matstæki sem félagsráðgjafar og fleiri faghópar ættu að nýta sér í faglegu starfi?



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