

## SYMPTOMATOLOGY DURING THE FIRST SIX MONTHS IN ONE COMMUNITY ONE FAMILY

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Purpose: An analysis was completed to see if there are changes in problem scores between enrollment and 6 months. In order to see if age and gender play a role in changes they were also considered in the analysis. Due to the small sample sizes used in these analyses, it is important to be cautious when interpreting these results.

## **Executive Summary**

- Strengths appear to improve between enrollment and 6 months for males and decrease for females (however, these changes do not reach the level of significance).
- Young people rate themselves as having more strengths than do their caregivers.
- Behavioral challenges appear to improve between enrollment and 6 months, more for older students than for younger students.
- Age was also related to improvements in children's externalizing behaviors from intake to six months. As children mature, challenges with externalizing behaviors decrease at statistically significant rates.
- Gender was a factor in increasing strengths from intake to six months. Boys improved statistically significantly more than girls.

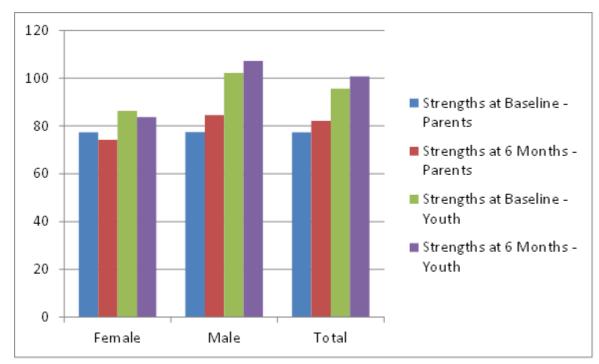
## **Child Behavioral Checklist (CBCL)**

The CBCL looks at externalized and internalized behaviors. An example of an externalized behavior would be temper tantrums and an example of internalized behavior would be depression.

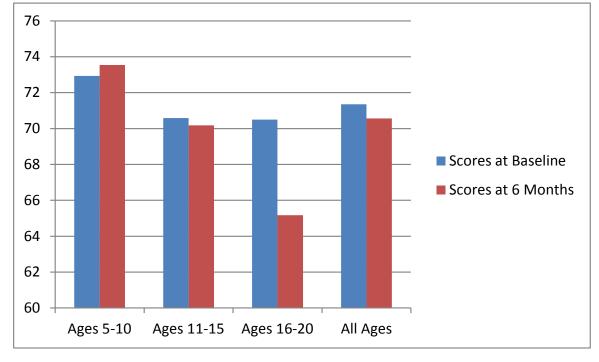
Age was found to play a significant role in the change in children's Total Problem T-Scores (CBCL 6-18) from intake to six months and a change in children's Externalizing T-Scores (CBCL 6-18) from intake to six months.

## **Behavioral and Emotional Rating Scale (BERS)**

The BERS is an assessment of strengths. Gender was found to be significant in the overall Strength Index (BERS Youth) scores from intake to six months. The average scores of the males in this sample were significantly better than those of the females.



NOTE. Higher scores on the BERS indicate more strengths. Scores below 70 indicate very poor strengths; scores from 70 to 79 indicate poor strengths; scores from 80 to 89 indicate below average strengths; scores from 90 to 110 indicate average strengths; scores from 111 to 120 indicate above average strengths; scores from 121 to 130 indicate superior strengths; and scores above 130 indicate very superior strengths.



NOTE. Higher scores on the CBCL indicate more impairment. Scores with a T value of 60-63 are considered borderline clinical; above 63 are considered to be in the clinical range.