

# Comparison of methods used to assess risk factors of adolescents and their potential for research and practice

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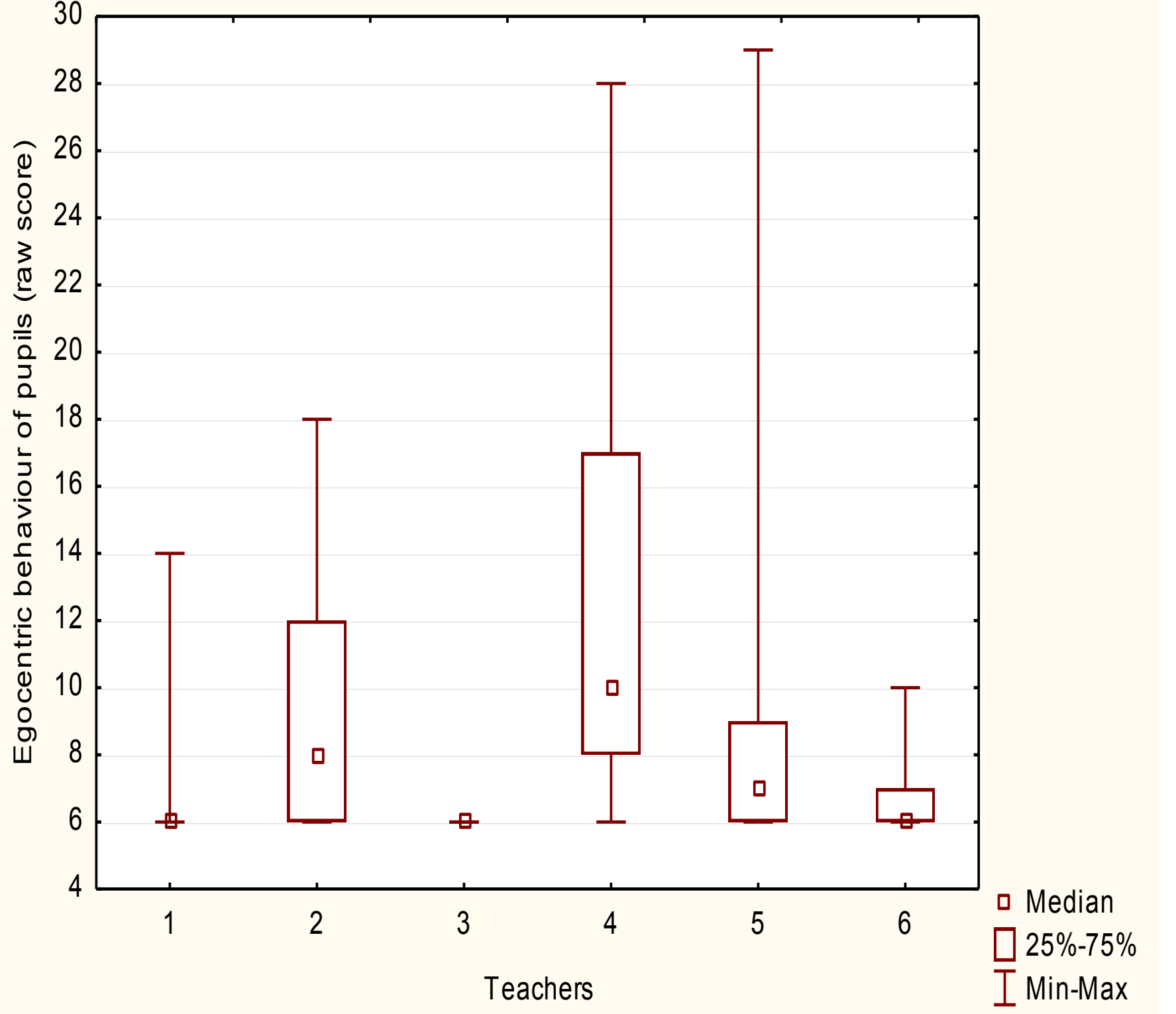
	Hi guys! We need to develop or adapt a valid method, which would predict who is at risk of drug use or other hazardous behaviour, and offer it to prevention practitioners. Do you have any ideas? What method is the best for assessing risk factors in school setting?	20:31
	I think that the method of choice is a QUESTIONNAIRE. We have tried many of them. For example Substance Use Risk Profile Scale – SURPS (Conrod, & Woicik, 2002; Dolejš, Miovský, & Řehan, 2012) gave us interesting outcomes. Especially subscales Impulsivity and Sensation Seeking seem to be valid predictors: <a href="#">Sending file: SURPS_Independent_samples_t_tests.xlsx &lt;click to open&gt;</a>	20:45
	We will know more soon, we are working on that at the moment. I still believe in psychometrics; questionnaires can be powerful tool. And we have really representative samples that consist of thousands of pupils from schools all around the Czech Republic.	20:50
	You are right, but when you've got large samples, almost everything can be statistically significant, but is it significant clinically? Promising results are those where the difference is at least 1.5 or 2 points of raw score, from my point of view (I have highlighted them yellow). We have tried another questionnaire called Problem Oriented Screening Instrument for Teenagers – POSIT (Rahdert, 1991), which had 10 subscales and 139 items. But the method with its cut-off points and red flags questions was so sensitive, that almost every child was selected for another screening or intervention. We should distil revised shorter scale and adjust the cut-off points.	21:10
	Can questionnaires, which we use again and again, bring us true and authentic answers? I know that you guys work hard on reliability, but to be honest, I don't believe that teenagers are so open and developed enough in terms of self-awareness, especially those in trouble. Isn't it better to observe them? Can't we gain more valid information by observing pupils in a structured way? I mean OBSERVATION BY TEACHERS using an appropriate scale?	21:29
	But are teachers able to do so? Anybody and especially teachers must be trained in observing and/or interviewing or any other method focused on risk factors assessment. Otherwise it loses a lot of its reliability and validity. And some behaviour can be more visible than other (for example impulsivity).	21:34
	We have tried that and used the Pupil Risk Behaviour Scale (Czech method based on teacher observation) that consist of 7 subscales (Mezera, 1999), but the approach was not convincing. Look at this example of Egocentric behaviour subscale. <a href="#">Sending file: Observers_comparison.png &lt;click to open&gt;</a> The issue is, that teachers are not trained to observe and showed differences in the way how they treated the scales and their anchor points. Moreover, the scale is not constructed properly, I think. The subscales are heavily interrelated. Teacher can perform very well in observing, but they need better methods and support as well. Their advantage is the time they spend with pupils (Toman, 2013).	21:38
	By the way, maybe it is better to speak with pupils face to face regularly. That's natural enough, isn't it? Let's try SEMI-STRUCTURED INTERVIEWS then! But I must say on the other hand, that you need to establish a good relationship with them or a minimal rapport.	22:22
	I have interviewed several pupils, which scored high both in SURPS and POSIT, and I have a couple of interesting stories (Komárková, 2013). <a href="#">Sending file: George_IMPULSIVITY.docx &lt;click to open&gt;</a> Isn't it an impressive story? Interviews showed me that a motivation and predisposition for binge drinking can vary a lot. The interviews are full of useful information and there is also a story dynamic.	22:30
	That brings me to an idea; can we focus more on other possible sources of information? School documentation of each pupil can be very nourishing: conduct troubles, breaking school rules, bad study results and so on. Lucie tried that at her dissertation research and it worked well. And finally, why don't we ask their parents?	22:58
	School documentation can vary from school to school and you would need informed consent from parents. Can you imagine how hard it would be to get in touch with parents and persuade them to tell us sensitive information about their children? And those parents, whose kids are most at risk, will not tell us anything. But you are right, we didn't try it yet.	23:07
	Methods we are looking for must be applicable by teachers, which means comprehensive and easy to use, especially in the analysing phase and in interpretation as well. What is not good for practice is not good for research either. Otherwise it remains just academic stuff and no one will use it. Our results wouldn't approach real word setting. I think of ecological validity.	23:10
	Ok, guys, thank you very much. A triangulation of well-chosen user-friendly methods seems to me the most effective way. If we combine that with a proper training of prevention practitioners followed by a regular assessment of pupils during school attendance, it could bring us to a desired shortlist of pupils needed for an indicated prevention. There is still a lot of work to do, isn't it? The method used for the screening purposes should be simple. As Kahneman (2011) quotes, proper combination of just a few key markers can be more successful in a process of an identification of at risk factors than more complicated approach that can be more prone to errors.	00:09
	If you have any other ideas or methods to check out let me know: Here are my contact details: miroslav.charvat@upol.cz Mob.: +420 777 560 005 Skype: mrchamrch2 Department of Psychology, FF UP, Křižkovského 10, 771 80 Olomouc, Czech Republic	00:20
	P. S. couple of references: <a href="#">Sending file: References.docx &lt;click to open&gt;</a> Good night to all! ;o)	00:23

t-tests of mean raw scores of SURPS between groups with/without drug using exp.

Factors:	Negative thinking			Anxiety sensitivity			Impulsivity			Sensation seeking			
	M	SD	p	M	SD	Sig.	M	SD	p	M	SD	P	
Tabaco smoking	YES	15.51	3.66	0.001	11.43	3.17	0.221	13.87	2.77	0.001	17.25	3.11	0.001
(at least 5 cig a day)	NO	13.98	3.37		11.07	2.79		12.84	2.48		16.02	3.42	
Alcohol use (last month prevalence)	YES	14.36	3.63	0.093	10.92	2.88	0.027 *	13.22	2.51	0.001	16.93	3.31	0.001
(last month prevalence)	NO	13.96	3.19		11.36	2.77		12.65	2.56		15.24	3.29	
Getting drunk (last month prevalence)	YES	14.78	3.54	0.089	11.12	3.39	0.996	13.76	2.84	0.002	18.16	2.94	0.001
(last month prevalence)	NO	14.12	3.43		11.12	2.78		12.88	2.49		15.95	3.38	
Marihuana use (last month prevalence)	YES	15.39	3.98	0.003	11.12	3.3	0.994	13.97	2.91	0.001	18.02	3.17	0.001
(last month prevalence)	NO	14.09	3.38		11.12	2.8		12.89	2.49		16.02	3.37	

\*Sig. at 0,05 level    \*\*Sig. at 0,01 level

Comparison of observations of six teachers in six classes on a subscale Egocentric Behavior



Teacher	Min	Q1	Median	Q3	Max
1	6	6	6	6	14
2	6	6	8	12	18
3	6	6	6	6	6
4	6	8	10	17	28
5	6	6	7	9	28
6	6	6	6	7	10

### George\_IMPULSIVITY

George is 15years old smart boy. He lives with his parents and grandparents. He gets into trouble sometimes because of his impulsivity – it happened that he got into fight with his classmate and was punished for that by teachers. He shared this with his grandfather, but he wasn't emphatic enough, told him off and said everything to George's father. George felt like to punch his grandfather with a fist. Then he called to his friend and bought a bottle of vodka. They got drunk, broke into daddy's garden cottage and broke his collection of old fashion beer bottles just for fun. Everything ended up when police came to their house and his friend vomited at the back of the cottage. At the end George was grounded for half a year and was banned for computer gaming.

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