Is Irritability a Top Problem among Treatment-Referral Youth?
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Background
- Irritability is one of the most common concerns among clinically referred youth (e.g., Brotman et al., 2017; Evans et al., 2017; Stringaris et al., 2018).
- However, data are limited regarding how prevalent and pressing severe irritability really is in youth mental health care.
- For example, youth with severe irritability tend to have about 3-4 different diagnoses (Evans et al., 2017), but the extent to which irritability represents the specific reason for referral remains unclear.
- It is important to investigate the extent to which families identify irritability as a focus of treatment, particularly in the settings where treatment is most often provided: clinics and schools in the community.
- Weisz and colleagues (2011) developed the Youth Top Problems measure to assess families’ biggest concerns for treatment.
- Captures verbatim “top problems” (TPs) from youths and caregivers, which can be reliably mapped onto nomothetic items of internalizing, externalizing, and other problems from the Child Behavior Checklist and Youth Self Report (CBCL/YSR; Achenbach & Rescorla, 2001).
- By collecting and coding TPs from families at baseline, we can leverage youths’ and caregivers’ treatment goals, in their own words, to gain a richer understanding of why they are seeking care.
- The present study adopted this idiographic method, alongside a more standard nomothetic method, to examine the prevalence of irritability as a TP for treatment in clinic and school settings.

Method
Sample
- Youth were referred for psychotherapy for general emotional and behavioral concerns in outpatient clinics in Connecticut (N = 210) and in Boston-area public schools (N = 143).
- Samples were aggregated for analysis (N = 353; M age = 10.13 years, range = 7-15; 43.5% White).
- Data were collected in the context of effectiveness trials for a transdiagnostic modular psychotherapy for anxiety, depression, trauma, and conduct problems in youth (Chorpita & Weiss, 2009).

Coding
- Two graduate-level raters applied Weisz and Weiss’s (1991) coding system to the families’ pre-treatment TP data, matching their TPs (idiographic, verbatim) to the nearest CBCL/YSR item (nomothetic, standardized), with good intercoder reliability.
- The present analysis focused on TPs that mapped onto the three CBCL/YSR items—(86) stubborn/sullen/irritable, (87) sudden mood changes, and (95) tantrums or hot temper—which have been used as indicators of irritability in prior research (e.g., Evans et al., 2019).

Results
Primary Results
- **Idiographic (TP):** As shown in the figure below, 39.3% of caregivers and 35.4% of youths reported at least one irritability-related TP.
- Most frequently identified TPs were “temper” (24.1% of caregivers, 29.7% of youth), “mood” (18.7% of caregivers, 7.3% of youth), and “stubborn” (3.1% of caregivers, 3.3% of youth).
- **Nomothetic (CBCL/YSR):** 56.9% of caregivers and 37.1% of youth endorsed “very true” for at least one CBCL/YSR irritability item.

Differences by Setting
- **Idiographic (TP):** No difference in rates of caregiver-reported irritability TPs across settings (p = .98), but youth-reported irritability TPs were higher in clinics (41.0%) than in schools (27.3%; p = .006).
- **Nomothetic (CBCL/YSR):** Both caregiver- (62.9%) and youth-reported (41.9%) irritability were higher in clinics than in schools (48.3% and 30.0%, respectively; p < .03).

Differences by Age/Gender
- No significant age- or gender-related differences were found for overall irritability per any method or informant.

Caregiver Endorsement of Youth Irritability

<table>
<thead>
<tr>
<th>Item</th>
<th>Idiographic</th>
<th>Nomothetic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stubborn</td>
<td>3.1%</td>
<td>41.9%</td>
</tr>
<tr>
<td>Mood</td>
<td>18.7%</td>
<td>26.6%</td>
</tr>
<tr>
<td>Temper</td>
<td>24.1%</td>
<td>34.3%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>39.3%</td>
<td>56.9%</td>
</tr>
</tbody>
</table>

Self Endorsement of Youth Irritability

<table>
<thead>
<tr>
<th>Item</th>
<th>Idiographic</th>
<th>Nomothetic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stubborn</td>
<td>3.3%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Mood</td>
<td>7.3%</td>
<td>19.8%</td>
</tr>
<tr>
<td>Temper</td>
<td>29.7%</td>
<td>21.2%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>35.4%</td>
<td>37.1%</td>
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</table>

Discussion
- The present results provide empirical support, with a new level of precision, for the notion that irritability is a common reason for referral among youth referred for outpatient mental health treatment.
- Data collected through two assessment methodologies (idiographic, nomothetic), from two informants (youth, caregiver), and in two types of outpatient settings (schools, clinics; though with some variability) showed that irritability is a primary focus of treatment for at least 1 in 3 clinically referred youth.
- Caregivers endorsed irritability at higher rates than youth on both idiographic and nomothetic assessments, suggesting they may be more attuned to, or concerned about, their child’s irritability.
- Irritability-related problems were more commonly identified in clinics than in schools, which may indicate that irritability is viewed as a more common or significant problem at home, more often seen at clinics, or that school referrals are more often for non-irritability concerns.
- Limitations include the secondary nature of this analysis and the absence of comprehensive assessments and clinician measures specifically targeting irritability and related problems.
- Variations across items, settings, methods, and informants suggest interesting hypotheses that may be pursued in future research.

Conclusions
- Youth irritability is a highly prevalent problem and focus of treatment in community outpatient mental health settings.
- Multi-informant idiographic and nomothetic assessment methods are recommended to help identify whether, how, and for whom irritability is viewed as focal concern to be addressed in treatment.

References