



Is Irritability a Top Problem among Treatment-Referred 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 = 10.3 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 & Weisz, 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.**
- "Stubborn" was most frequently endorsed by caregivers on the CBCL/YSR (41.9%) but least frequently endorsed by youths (14.2%), whereas "temper" (34.3% of caregivers, 21.2% of youth) and "mood" (26.6% of caregivers, 19.8% of youth) showed greater cross-informant consistency.

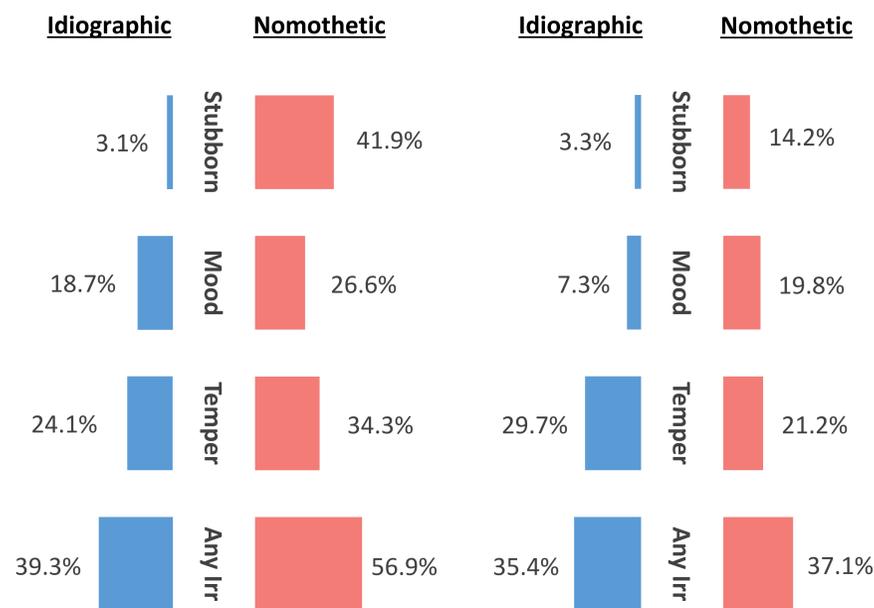
Differences by Setting

- 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; $ps < .03$).

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



Self Endorsement of Youth Irritability

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 youths**.
- **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

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