

ESTER

A way to work in a more effective and evidence based way in assessments and follow-ups of youths.



Henrik Andershed, professor

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To focus on risk and protective factors in
work with youths

(see e.g., Farrington & Welsh, 2007)



- Why relevant and important?
 - Many problems of adulthood originates from childhood and adolescence
 - Adult problems are often associated with risk and protective factors that are evident much earlier in life, in some already in the preschool years
 - The actual practical use of the research based knowledge concerning risk and protection has thus far been very limited, in general
 - **Important that this knowledge IS used because it can make interventions more effective!**

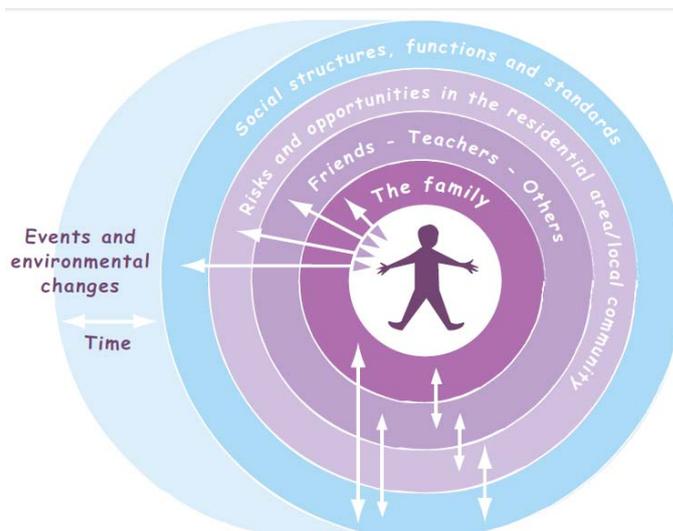
Why relevant and important to focus risk and protective factors? (cont.)

(see e.g., Farrington & Welsh, 2007)



- In health care, this kind of knowledge about risk and protective factors IS used
 - For example: high blood pressure, high cholesterol, etc.
- A concrete way to work in a more evidence-based way
 - To use best available knowledge concerning risk and protective factors in assessments and interventions

Risk- and protective factors exist on all different levels



Single factors are generally weak but have cumulative effects



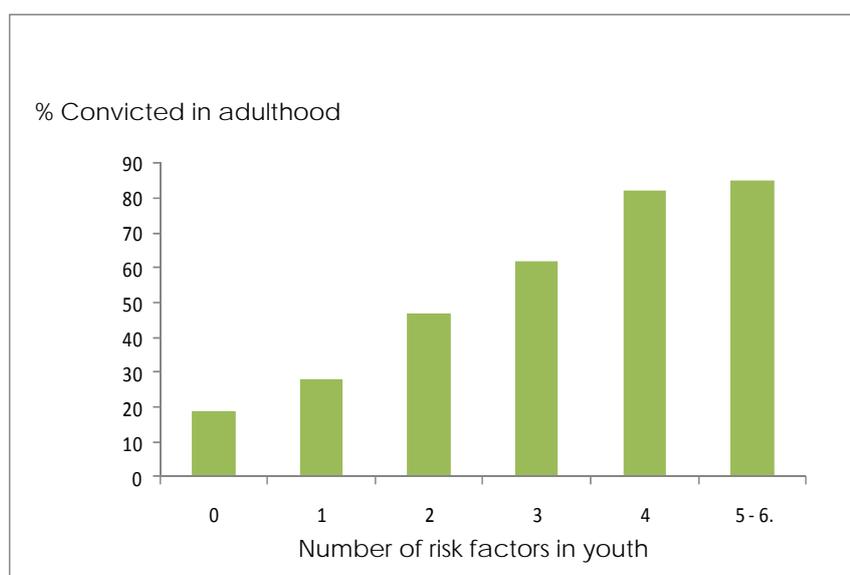
(see e.g., Eriksson et al., 2012; Farrington, 2003)

- Single risk and protective factors in youths are generally quite weak
 - i.e., most children exhibiting only one individual risk factor will have a very good chance of not developing psychosocial problems in the future
- Both risk and protective factors tend to have cumulative effects
 - i.e., the more risk factors the higher the risk and the more protective factors the stronger the protection

Cumulative effects of risk factors



(Farrington, 2003)



How use risk and protective factors in practice? "Risk-focused prevention"

(Farrington & Welsh, 2007)

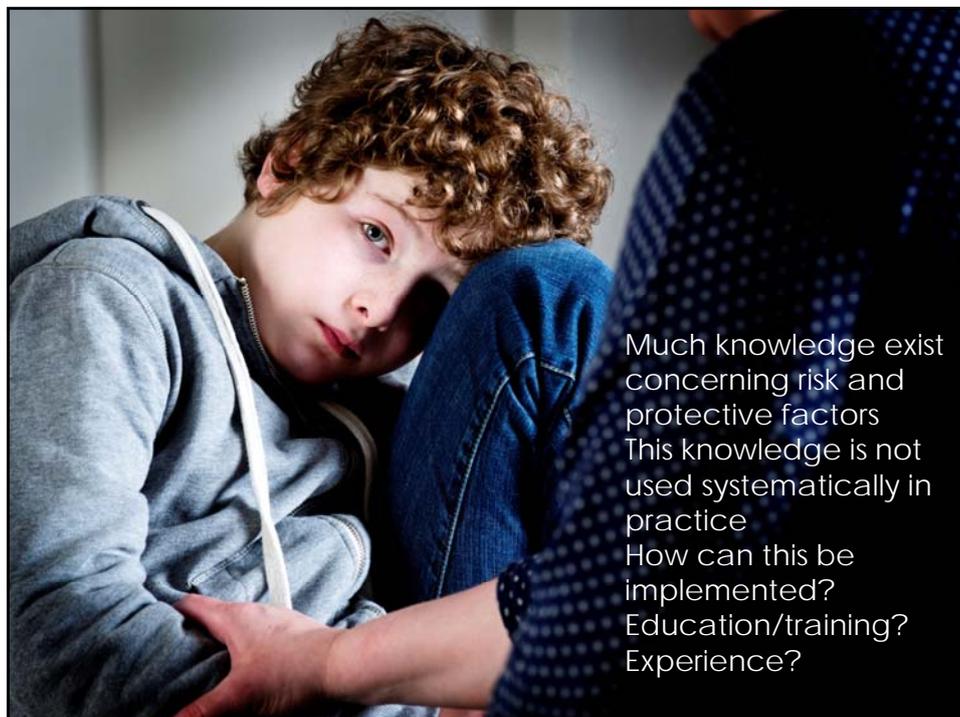
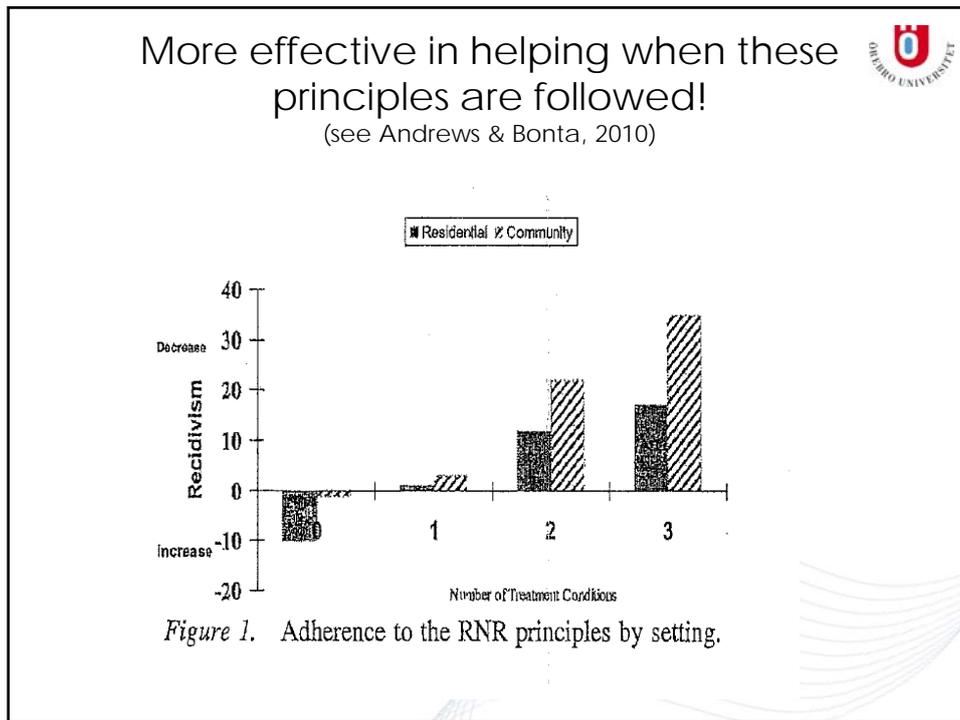


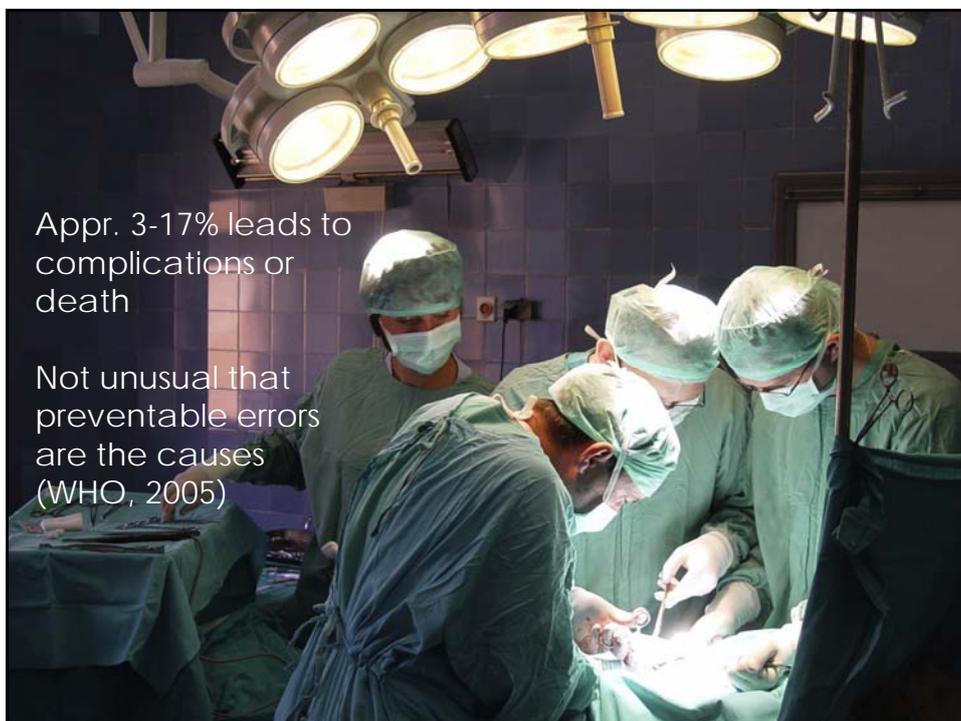
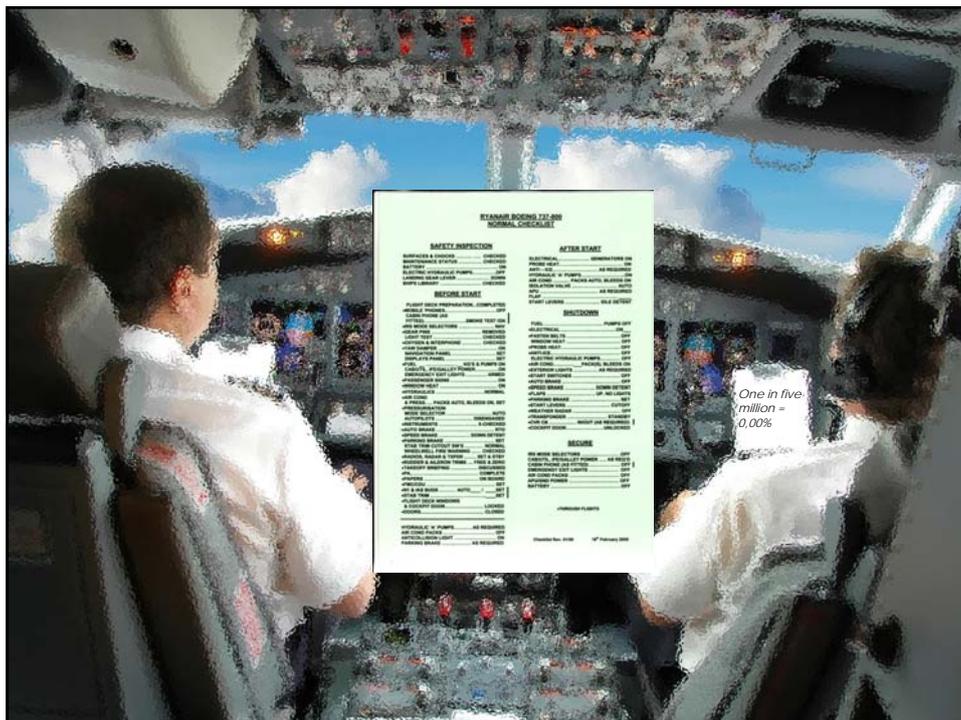
- **1.**
 - Identify and grade risk factors
 - Identify and grade protective factors
- **2.**
 - Plan and implement interventions that:
 - Reduce the risk factors
 - Strengthen protective factors

Three Useful Guiding Principles in Assessments and the Tailoring of Suitable Interventions (see Andrews & Bonta, 2010)



- The **Risk** Principle
 - Interventions more effective if intensive interventions are focused on children at high risk
- The **Need** Principle
 - Interventions more effective if they are tailored to focus on the specific child's most relevant needs – the changeable risk factors explaining/maintaining the problem/s of the particular child at hand
- The **Responsivity** Principle
 - Interventions more effective if tailored after the specific child's and the families' abilities and motivation





Surgical Safety Checklist



World Health Organization

A World Alliance for Safer Health Care

Patient Safety

A World Alliance for Safer Health Care

Before induction of anaesthesia

(with at least nurse and anaesthetist)

Has the patient confirmed his/her identity, site, procedure, and consent?

Yes

Is the site marked?

Yes

Not applicable

Is the anaesthesia machine and medication check complete?

Yes

Is the pulse oximeter on the patient and functioning?

Yes

Does the patient have a:

Known allergy?

No

Yes

Difficult airway or aspiration risk?

No

Yes, and equipment/assistance available

Risk of >500ml blood loss (7ml/kg in children)?

No

Yes, and two IVs/central access and fluids planned

Before skin incision

(with nurse, anaesthetist and surgeon)

Confirm all team members have introduced themselves by name and role.

Confirm the patient's name, procedure, and where the incision will be made.

Has antibiotic prophylaxis been given within the last 60 minutes?

Yes

Not applicable

Anticipated Critical Events

To Surgeon:

What are the critical or non-routine steps?

How long will the case take?

What is the anticipated blood loss?

To Anaesthetist:

Are there any patient-specific concerns?

To Nursing Team:

Has sterility (including indicator results) been confirmed?

Are there equipment issues or any concerns?

Is essential imaging displayed?

Yes

Not applicable

Before patient leaves operating room

(with nurse, anaesthetist and surgeon)

Nurse Verbally Confirms:

The name of the procedure

Completion of instrument, sponge and needle counts

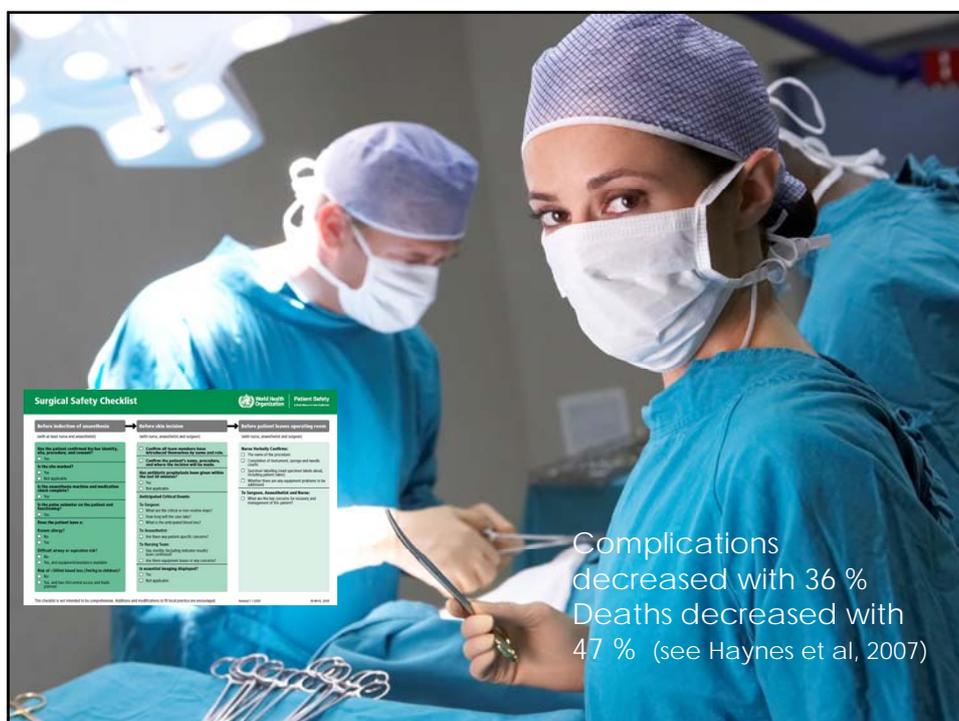
Specimen labelling (read specimen labels aloud, including patient name)

Whether there are any equipment problems to be addressed

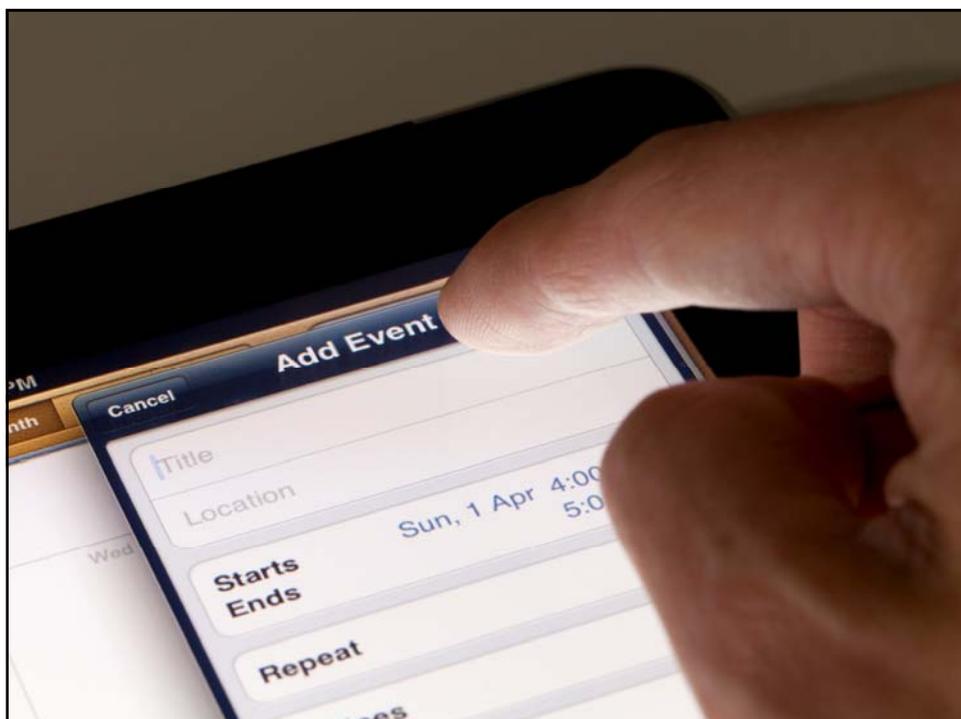
To Surgeon, Anaesthetist and Nurse:

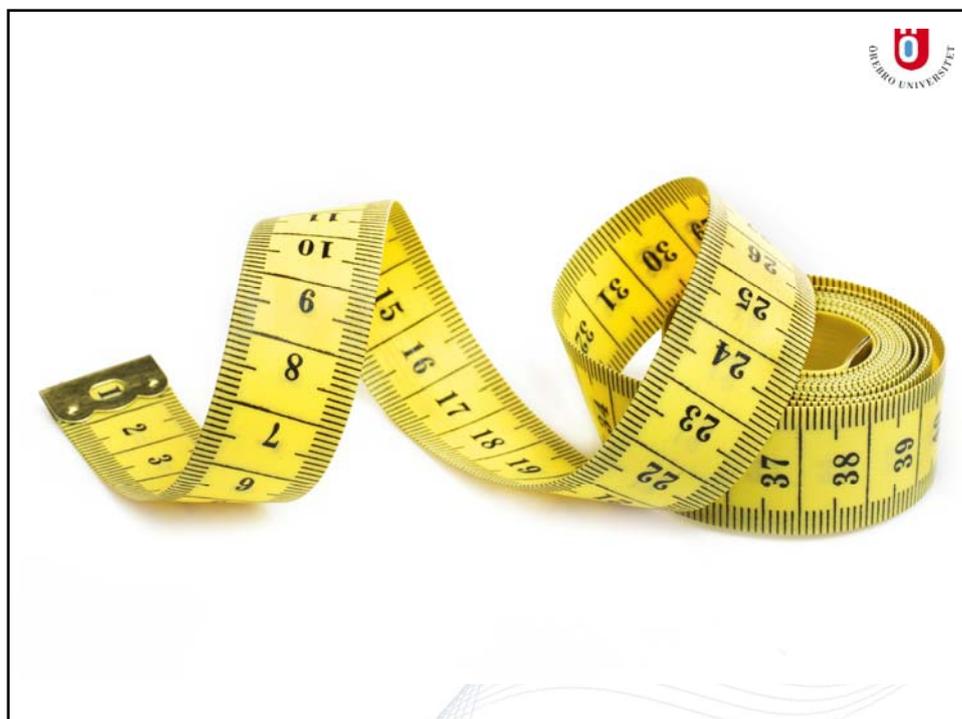
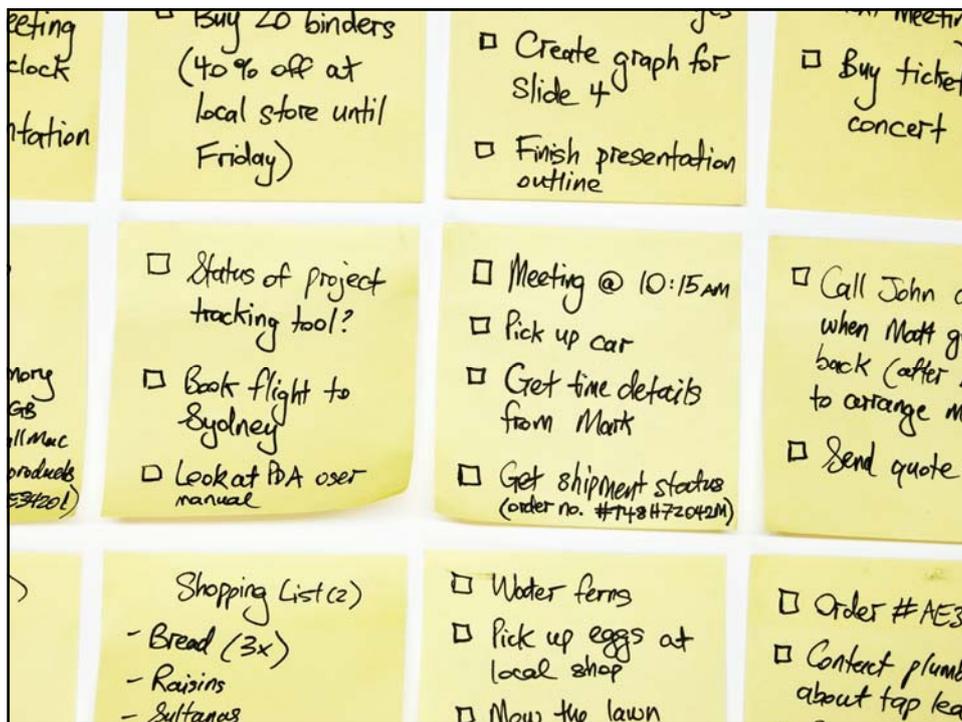
What are the key concerns for recovery and management of this patient?

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged. Revised 1 / 2009 © WHO, 2009













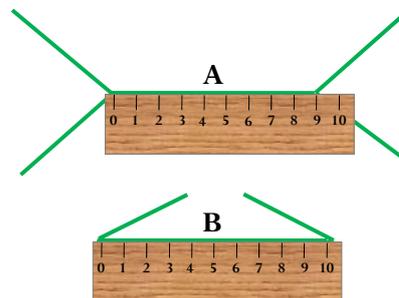
Can You, without help from an instrument, do a correct assessment?

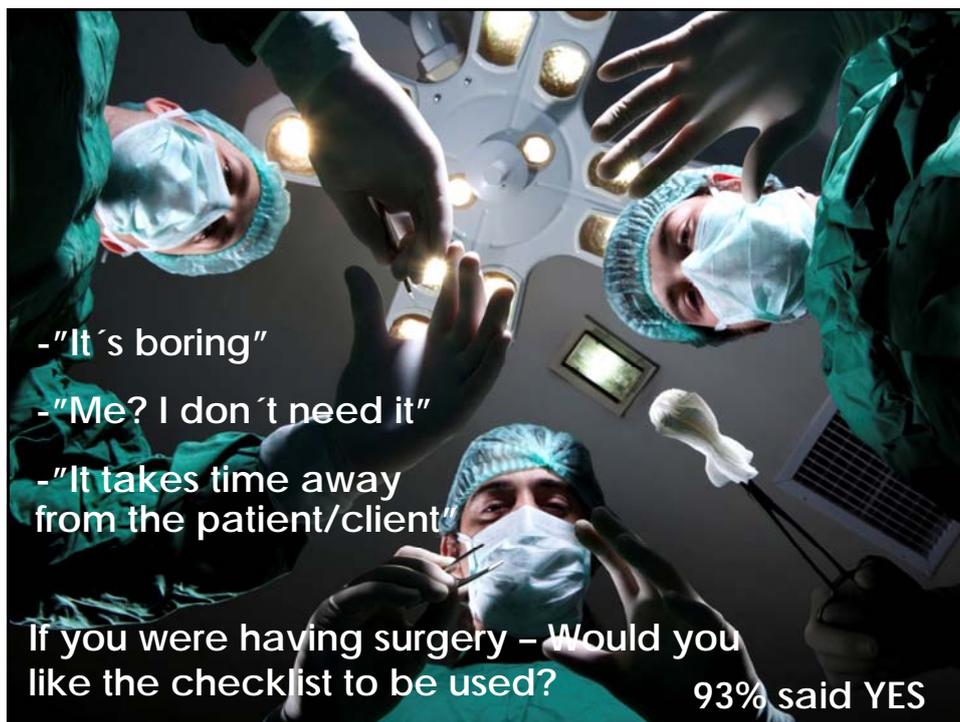


Are A and B Equally Long?



- **Without an instrument:**
 - Three alternatives:
 - Equally long.
 - Not equally long.
 - Don't know.
- **With an instrument:**
 - They are not equally long
 - Assessment becomes both reliable and valid







**ESTER: A risk-need assessment instrument
for youth with or at risk for conduct
problems**



ESTER



What is ESTER?

- ESTER is an assessment system that includes
 - (1) a screening system (ESTER-screening)
 - (2) a structured research-based professional risk-need instrument (ESTER-assessment).
 - An easy-to-use computerized system that helps visualize and interpret assessments.
- Aims to facilitate assessment and follow-up assessments of risk and protective factors for conduct problems among youths (0-18 years) with or at risk for conduct problems.
 - Thus, for use in both *preventive* and *treating* settings



Developed by researchers in collaboration with practice

- Developed by the researchers Henrik Andershed & Anna-Karin Andershed
- Comments and suggestions from
 - Practitioners in various youth-related organizations
 - Professors in the field
- Has been formed together with practice via practical testing
 - Pilot version (October 2007) – Practical testing - revisions
 - Version 1 (April 2008) – Practical testing - revisions
 - Version 2 (October 2008) -> Practical and scientific testing
 - Now widely spread in Sweden

Can be used by all professions and organizations and to improve collaboration



- ESTER can be used by professionals working with assessment and interventions of youths with or at risk for conduct problems.
 - E.g., intake assessment and follow-ups
- Can be used by all organizations that work with youths
 - E.g., preschool, school, social service, child and adolescent psychiatry, juvenile justice institutions, etc
- The computerized system is designed to facilitate collaboration

Risk factors assessed in ESTER-assessment



Youth risk factors

- 1. Defiant behavior, anger or fearlessness.**
Definition: Defies parents and others wishes and demands – are disobedient- or easily becomes very angry and irritated. Seems fearless or doing risky and dangerous things.
- 2. Overactivity, impulsiveness or concentration difficulties.**
Definition: Is very physically active and restless. Is impulsive and has difficulties to wait for his/her turn and to think before he/she does something. Has difficulties to retain attention and to concentrate for longer times.
- 3. Difficulties with empathy, feelings of guilt or regret.**
Definition: Has difficulties with empathy or doesn't care about others or what they feel and think. Doesn't seem to feel guilt and regret when he/she has done something wrong or hurt someone.
- 4. Insufficient verbal abilities or school performance.**
Definition: Has difficulties with speech, reading- or writing abilities. Insufficient school performances.
- 5. Negative problem solving, interpretations or attitudes.**
Definition: Uses negative/destructive behaviors/problem solving strategies to solve different situations or has a negative way to interpreting others behavior and purposes. Express negative antisocial and status focused and materialistic attitudes and values.
- 6. Depressive mood or self harming behavior.**
Definition: Is sad, depressed or has a self harming behavior.
- 7. Conduct problems.**
Definition: Brakes norms, rules or laws in an aggressive or non-aggressive way.
- 8. Alcohol- or drug abuse.**
Definition: Uses alcohol for intoxicated purposes or uses other drugs.
- 9. Problematic peer relations.**
Definition: Has difficulties to keep, or is not interested in relations with prosocial peers. Spends time with peers with conduct problem behavior or attitudes, or who uses alcohol or other drugs.

Family risk factors

- 10. Parents own difficulties.**
Definition: Parents have economical problems or are sad, depressed. Parent/s often consumes a lot of alcohol or have a criminal behavior.
- 11. Difficulties in parent-youth relations.**
Definitions: Parents are in conflict with or are not engage in the youth. They have difficulties to show love and affection or have difficult to accept and emotional attach to the youth.
- 12. Parents difficulties with parenting strategies.**
Definition: Parents doesn't strongly condemn non-desired behavior or have little knowledge about the youth's behaviors and activities. They have difficulties being consequent in their reactions to the youth's behavior or use harsh discipline towards the youth.



Protective factors assessed in ESTER-assessment

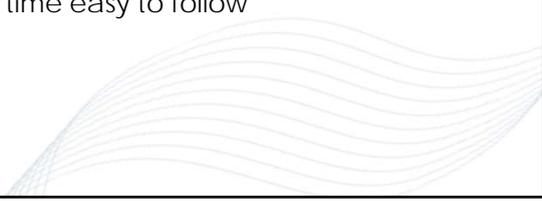
Youth protective factors	Family protective factors
<p>13. Positive school attachment and performance. Definition: Has a positive attachment to school and the school work and enjoys school work and as well as school-peers and teachers. Performs at least on an average level in all subjects.</p> <p>14. Positive attitudes and problem solving strategies. Definition: Is happy, helpful, polite or has positive and constructive ways of solving problems and stressful/pressed situations.</p> <p>15. Positive relations and activities. Definition: Has positive and prosocial peer relations and supports. Participate regularly in structured activities or spend a lot of his/her spare time on positive and non-normbreaking activities.</p> <p>16. The youth's awareness and motivation. Definition: Is aware of his/her own problematic behavior or is motivated to change.</p>	<p>17. Parents energy, engagement and support. Definition: Parents have a lot of time and energy to engage in the youth's life or are generally interested and engage in the youth's life. They have support from other people or have the ability to use the support the society offers.</p> <p>18. Parents positive attitudes and parenting strategies. Definition: Parents are clear with the youth in their attitudes against conduct problem behavior and drugs, and encourage positive activities. They are very consistent in their reactions to the youth's behaviors or know much about the youth's life and activities.</p> <p>19. Parents awareness and motivation. Definition: Parents know and seem aware of the youth's problems and possibly their own problems, which can affect the youth's behavior. Parents are motivated to change.</p>





Explicitly developed for repeated assessments

- Made for repeated measures
 - Should facilitate repeated-measurement-thinking
 - Get more professionals in practice to do "before-and-after-intervention" assessments.
 - One can conduct an unlimited number of follow-up assessments with ESTER
 - Meaningful changes should be detected
 - ESTER-assessment uses a five-point response scale
 - The computerized system makes the changes of risk and protective factors over time easy to follow



Involves structured documentation of planned and performed interventions



- The professional can in a structured way document planned and performed interventions
 - E.g., what is being done, goals, which risk and protective factors are focused, who will be involved, etc.



2.
Overactivity, impulsiveness or concentration difficulties

Definition: Is very physically active and restless. Is impulsive and has difficulties to wait for his/her turn and to think before he/she does something. Has difficulties to retain attention and to concentrate for longer times.

WHICH BEHAVIORS?
*Have any of the behaviors below occurred during the period in question?
Mark accurate descriptions with a cross.*

Overactivity

- ❖ Walks, climbs or runs around constantly or cannot sit still – stands out in situations where sitting still is demanded.

Impulsivity

- ❖ Seems to do or say things without thinking or has difficulties to wait for his/her turn.....

Concentration difficulties

- ❖ Has difficulties to concentrate longer times or to keep attention on what is supposed to be in focus....

Other

- ❖ Other observed behaviors which are consistent with the definition of "Overactivity, impulsiveness or concentration difficulties" (specify):

HOW PRONOUNCED?
*How frequent or problematic has this been during the period in question?
Make a summarized judgement.*

<i>X</i> Not known	<i>0</i> Not present	<i>1</i> Weak	<i>2</i> Evident	<i>3</i> Pronounced	<i>4</i> Very pronounced
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information is insufficient concerning all these behaviors during the period in question.	None of the above behaviors have occurred during the period.	Does not occur often or is only causing very limited problems for the youth or his/her surroundings.	Occurs pretty often or is causing problems to some extent for the youth or his/her surroundings.	Occurs often or is causing extensive problems for the youth or his/her surroundings.	Occurs very often or is causing extensive and serious problems for the youth or his/her surroundings.

Assessment of a risk factor in ESTER-assessment

Rating of the risk factor's frequency and problem-level



HOW PRONOUNCED?

*How frequent or problematic has this been during the period in question?
Make a summarized judgement.*

<i>X Not known</i>	<i>0 Not present</i>	<i>1 Weak</i>	<i>2 Evident</i>	<i>3 Pronounced</i>	<i>4 Very pronounced</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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ESTER-screening



- Short screening questionnaire to screen for strengths and difficulties
 - Main focus on risk factors
- Main purpose:
 - ✦ To screen for youths in need for more detailed assessment/interventions
- 4-pages (appr. 15 minutes)
- Versions to:
 - ✦ Parent/guardian
 - ✦ Professional (e.g., teacher, treatment staff, etc)
 - ✦ The youth (when 10 years or older)

ESTER - A computerized system



- An easy-to-use system
- Web-based
 - On secure server, with double-layered pass-word, encryption, etc.
- Facilitates:
 - Understanding of the assessment
 - Visualizes the results in an easy-to-understand way
 - I.e., the reports that are produced can be used directly with the parents and the youth
 - Collaboration between colleagues and different organizations
 - Can share and move clients to other uses.

Risk-need profile

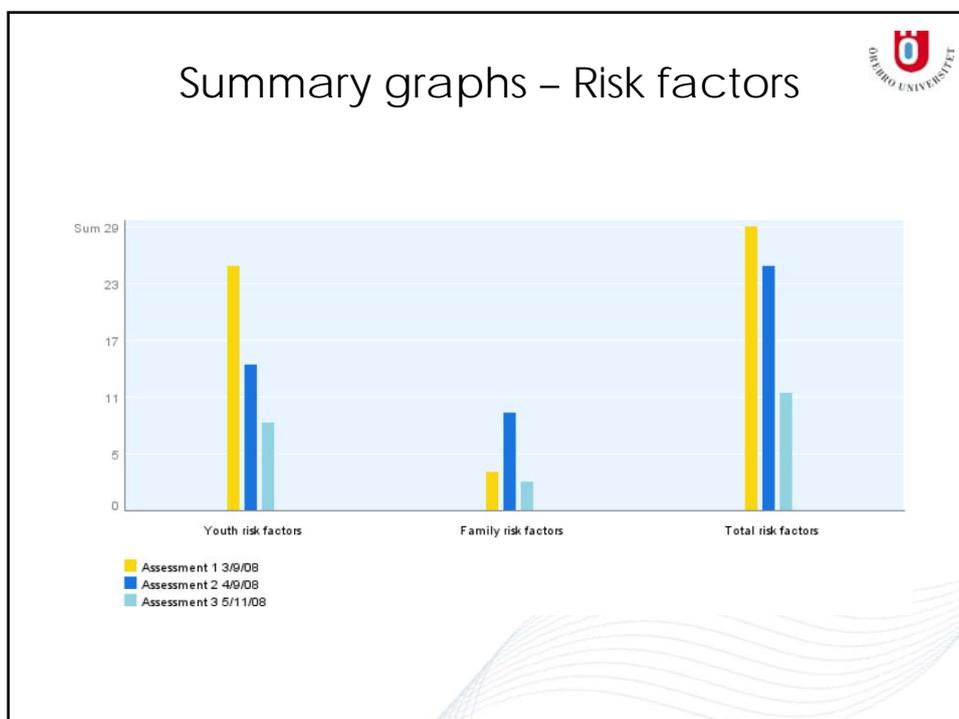
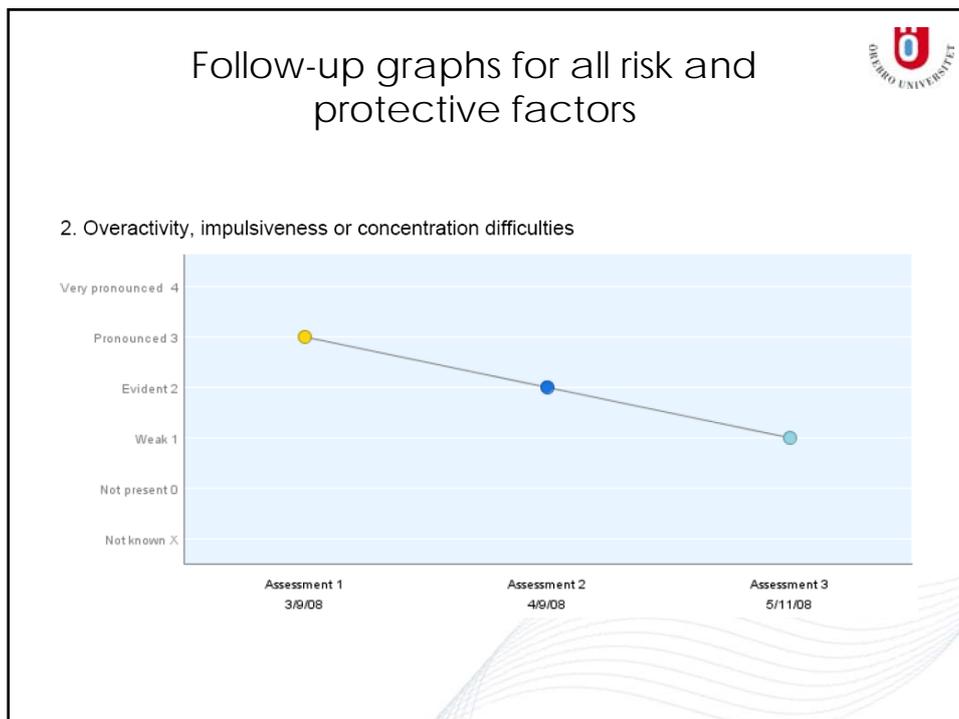
All risk and protective factors ratings on one single page

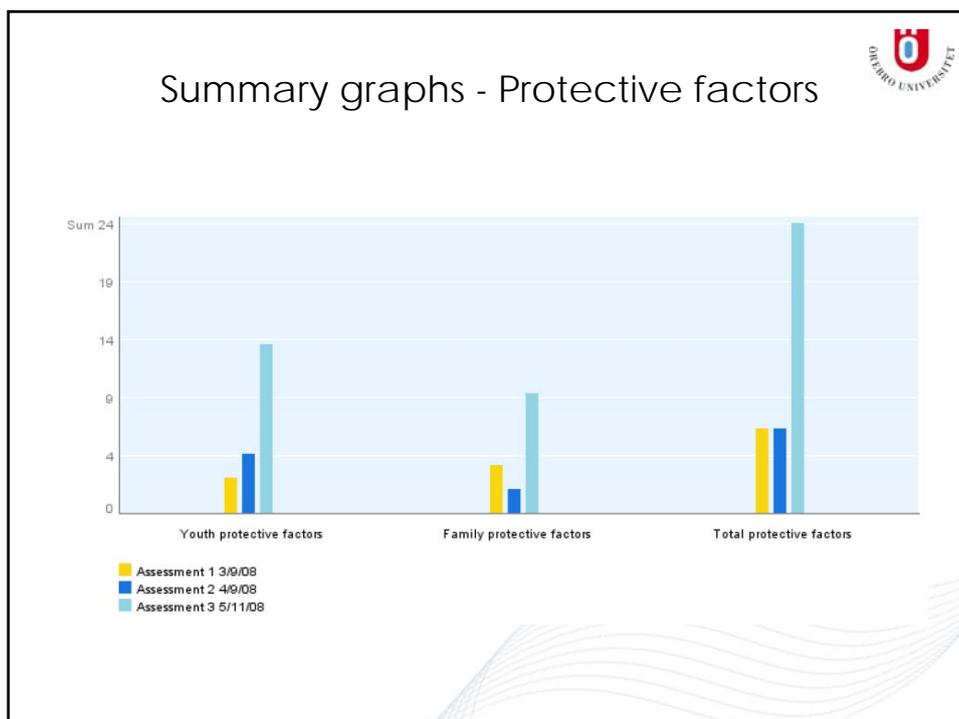
Assessment 1

This assessment was finalized 3/9/05.
This assessment is based on the latest 6 months's.



	1 Not known	2 Not present Problem not recognized	3 Weak Problem not recognized	4 Serious Problem not recognized	5 Prolonged Problem not recognized	6 Very pronounced Problem not recognized
Youth risk factors						
1. Defiant behavior, anger or fearlessness						✓
2. Overtactility, impulsiveness or concentration difficulties				✓		
3. Difficulties with empathy, feelings of guilt or remorse			✓			
4. Insufficient verbal abilities or school performance						✓
5. Negative problem solving, interpretations or attitudes						✓
6. Depressive mood or self harming behavior					✓	
7. Conduct problems				✓		
8. Alcohol- or drug abuse			✓			
9. Problematic peer relations						✓
Sum youth risk factors = 24 (0 Unknown)						
Family risk factors						
10. Parents own difficulties				✓		
11. Difficulties in parent-youth relations			✓			
12. Parents discipline difficulties			✓			
Sum family risk factors = 4 (0 Unknown)						
Sum risk factors = 28 (0 Unknown)						
Youth protective factors						
13. Positive school attachment and performances			✓			
14. Positive attitudes and problem solving strategies		✓				
15. Positive relations and activities			✓			
16. The youths awareness and motivation			✓			
Sum youth protective factors = 3 (0 Unknown)						
Family protective factors						
17. Parents strength, engagement and support				✓		
18. Parents positive attitudes and discipline strategies			✓			
19. Parents awareness and motivation			✓			
Sum family protective factors = 4 (0 Unknown)						
Sum protective factors = 7 (0 Unknown)						





Research testing ESTER



Charles 14 years

(Andershed & Andershed, in press)

1.

Trotsighet, ilska eller oräddhet

Definition: Trotsar föräldrars och andras önskemål och tillsägelser – är otydlig – eller blir lätt väldigt arg och irriterad. Verkar orädd eller gör riskfyllda och farliga saker.

VILKA BETEENDEN?

Har något/några av nedanstående beteenden förekommit under den aktuella perioden?

Markera med kryss, då hela eller någon del av respektive beskrivning nedan förekommit enligt källan/informanten.					
<i>Trotsighet</i>					
♦ Vägrar att gå med på saker, upprepas negativa beteenden trots tillsägelser, är tvärsänt eller svarar eller argumenterar, "kallar" emot när han/hon blir tillsagd.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ilska</i>					
♦ Brusar lätt och snabbt upp eller blir lätt väldigt irriterad och arg – blir lätt osams med andra.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Oräddhet/gör riskfyllda saker</i>					
♦ Verkar allmänt orädd för saker som andra undviker eller reagerar på eller gör gärna riskfyllda och farliga saker.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Annat</i>					
♦ Eventuella övriga observerade beteenden som stämmer överens med definitionen av "Trotsighet, ilska eller oräddhet" (ange vilket/vilka):.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HUR UTPRÄGLAT?

Hur frekvent eller problematiskt har detta varit under den aktuella perioden? - Gör bedömningen enligt bedömningsprinciperna i ESTER-omskriften s. 36-39 -

X Inte känt	0 Inte närvarande	1 Svagt	2 Påtagligt	3 Uträglat	4 Mycket uträglat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information saknas eller är otillräcklig om samtliga av dessa beteenden under denna period.	Inga av ovanstående beteenden under denna period.	Förekommer inte ofta eller ställer endast i mycket begränsad omfattning till med problem för barnet eller omgivningen.	Förekommer ganska ofta eller ställer i viss utsträckning till med problem för barnet eller omgivningen.	Förekommer ofta eller ställer till med omfattande problem för barnet eller omgivningen.	Förekommer mycket ofta eller ställer till med omfattande och allvariga problem för barnet eller omgivningen.

30 social workers using the ESTER-checklist

30 social workers NOT using a checklist

Number of risk factors identified by the social workers

Number of risk factors identified	With ESTER-assessment (n=30)	Without ESTER-assessment (n=30)
8	37%	0%
7	20%	10%
6	30%	20%
5	13%	17%
4	0%	23%
3	0%	17%
2	0%	3%
1	0%	7%
0	0%	3%

Andershed & Andershed, in press

Social work directors' opinions about the assessments



	With ESTER-assessment	Without ESTER-assessment
Overall a good/adequate assessment? 1. Not at all adequate 2. To some extent adequate 3. Adequate 4. Very adequate	2,68*	2,40
Missed things in the assessment? 1. No 2. Yes, some individual things 3. Yes, several things	1,48***	1,93
Are the interventions that are suggested in the assessment relevant/correct? 1. No, probably not 2. Yes, partially 3. Yes, probably	2,03+	1,95

Andershed & Andershed, in press

How about in real-life settings?



- We compared children who were assessed with ESTER-assessment in regular social work in Sweden with children who were not assessed with a structured instrument
 - 65 youths were included who were assessed by trained social workers with ESTER-assessment
 - 85% boys – Age: 1-17 years. M = 10,29 (SD = 3,96)
 - 30 youths who were not assessed with a structured instrument
 - 80% boys – Age: 1-18 years. M = 10,25 (SD = 4,38)
- They were all followed over one year.
 - Parents rated their childrens' problem behavior at first assessment and at the 1-year follow-up

Andershed & Andershed, in prep.

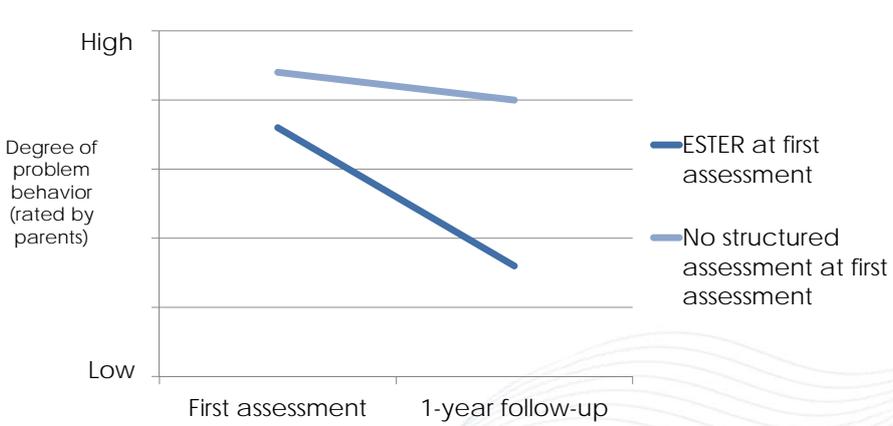
The social workers' descriptions of the interventions delivered to these children



	ESTER at first assessment (n=65)	No structured assessment at first assessment n=30
Interventions focused on changing evidence-based risk and protective factors	81% *	17%
Interventions adjusted to fit the individual needs of the child	67%	73%

Andershed & Andershed, in prep.

ESTER-assessment related to more positive outcomes in children

Degree of problem behavior (rated by parents)

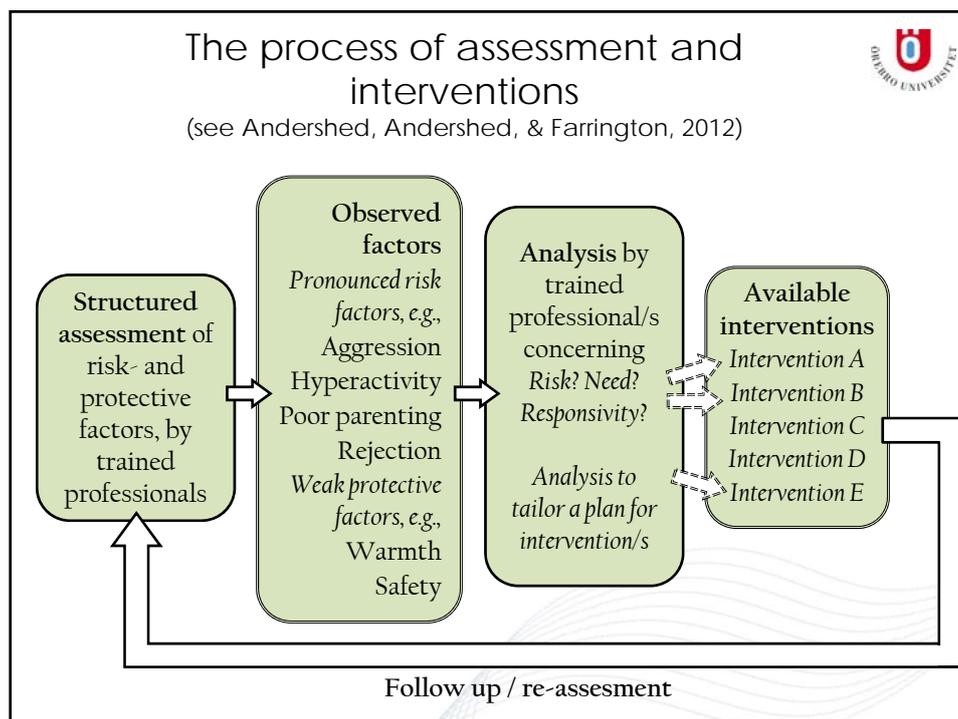
High

Low

First assessment 1-year follow-up

- ESTER at first assessment
- No structured assessment at first assessment

Andershed & Andershed, in prep.



Summary and Conclusions

- A large body of research on youths has identified a number of behaviors, traits, relationships and social structures that can involve **risk and protection** in the development of severe psychosocial problems
- This knowledge, if used with care by trained professionals, can and should be used in practice to make interventions more effective
 - Risk focused prevention and treatment
- The use of a structured instrument in assessing risk and protective factors is helpful in assisting practitioners to target these factors in assessments and interventions!
 - ESTER is an example of such an instrument



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