

Appendix D

Sample Electronic Mail Message

Subject: Invitation for AABT Colleagues (S12-2B)
Date: Sun, 02 May 1999 22:15:59 -0400
From: Mandi Goza <abgoza@hsc.vcu.edu> Internal
Organization: MCV
To: Amanda Goza <abgoza@hsc.vcu.edu>

Dear AABT Colleague,

Hello. My name is Amanda Goza, and I am a graduate student working with Tom Ollendick in the clinical psychology program at Virginia Tech. I am writing to invite you to participate in a research project designed to examine the process by which therapists make decisions about treatment. The survey requires that you (a) answer 16 basic demographic questions; (b) read a fictional case vignette which describes a child with depressive symptomatology; and (c) indicate how likely you would be to use each of 9 strategies to treat the child you read about.

This message is designed to allow you to answer the survey via e-mail if you choose. It will probably take you about 10 minutes to complete the entire survey. In order to make your participation more rewarding for you, I will enter all complete and readable surveys returned by JUNE 1, 1999 into a drawing for a cash prize of \$500. In addition, if you return the survey on or before MAY 9, 1999, I will enter your name into the drawing TWICE. (This offer is void where prohibited by law. Please enter an "X" below if you do not wish to be entered into the drawing.)

If for any reason you do not wish to respond via e-mail but still want to participate, you may do so by printing out this message, writing in your answers, and returning the survey to:

Amanda Goza
 Virginia Treatment Center for Children
 Commonwealth Institute for Child and Family Studies
 P.O. Box 980489
 Richmond, VA 23298-0489

Or I will gladly mail you a hard copy if you prefer.

I will enter ALL complete and readable entries received by JUNE 1 into the drawing.

YOUR RESPONSE TO THIS SURVEY IMPLIES YOUR CONSENT TO PARTICIPATE IN THIS STUDY.

DEMOGRAPHIC INFORMATION

Please indicate your answers on the line directly below each question.

If you are unable to include the original message in your reply, please respond by typing the number of each question followed by your answers. You do not need to retype the question in your reply.

1. How old are you?
2. Are you a man or a woman?
3. What is your level of education?
4. What are your degree(s) in?

5. How many years of graduate training have you completed?
6. In what year did you complete your highest degree?
7. If you are a graduate student, what type of graduate program are you in? (e.g., Psy.D., Clinical Ph.D., Counseling Ph.D., etc.)
8. Have you completed a clinical internship?
9. Are you currently completing a clinical internship?
10. What is your primary theoretical orientation? (Place an "X" by the term that best describes you):

Applied Behavioral (ABA)

Behavioral

Cognitive-Behavioral

Cognitive

Family Systems

Other: (Please specify):

11. What percentage of your professional time do you devote to:

Research?

Clinical Work?

Teaching?

Training?

12. Do you specialize in child psychology?

13. Do you specialize in adult psychology?

14. Do you have a particular interest in internalizing disorders (e.g., anxiety, depression)?

15. Do you have a particular interest in externalizing disorders (e.g., conduct problems, oppositional/defiant disorder, ADHD)?

16. Do you have any other areas of specialization?

That is the end of the demographic section. Now, please read the following vignette.

VIGNETTE

PRESENTING PROBLEM

Caroline C. is a 14-year-old girl who lives with her mother (Deborah C., age 40) and her father (Philip C., age 41). She was referred to the clinic by her mother, who described Caroline as depressed. According to

Mrs. C., Caroline has become more quiet and withdrawn in recent months. Mrs. C. stated that she views this as a reaction to Mr. and Mrs. C.'s recent separation. For the past 3 months, Caroline has been living with her mother and visiting her father on the weekends. Mrs. C. indicated that Caroline has been resisting going to school in the mornings, often begging to stay home. She also indicated that Caroline has been crying very easily lately. Recently, Mrs. C. has noticed that Caroline is eating less and appears to have lost weight. She stated that she decided to bring Caroline to the clinic a few weeks ago when she began making negative comments about herself (e.g., "I'm so stupid"; "Nobody likes me"; "I hate myself").

ASSESSMENT INFORMATION

Results of the Child Behavior Checklist (CBCL) completed by Mrs. C. indicated concerns regarding depression/anxiety and social withdrawal.

BACKGROUND INFORMATION

Caroline was born following an uncomplicated pregnancy and normal delivery. Her parents described her as a "rough and tumble" youngster and a "social butterfly" and state that she has always been a leader in her peer relationships. From an early age, Caroline was engaged in a number of activities outside of school, including soccer, ballet, and acting classes. At home, Caroline always seemed to be engaged in something and was rarely ever still. When she was about 4 years old, her parents became concerned that she might have AD/HD because of her constant movement. Her pediatrician, however, reassured Mr. and Mrs. C. that Caroline did not appear to have attentional problems. Rather, she appeared to have a need for a high level of activity combined with abilities in many areas.

When Caroline entered kindergarten at the age of 5, her teacher described her to Mr. and Mrs. C. as a very "busy" child. She made efforts to identify "extra" activities for Caroline in case she finished with her assignments early, in order to prevent her from wandering the classroom in search of an activity. She agreed, however, that Caroline did not appear to have attentional difficulties. For example, she described Caroline as being able to attend to an entire two-hour movie, although she might also be doing "gymnastics" in her chair the whole time. When Caroline entered junior-high, she began participating in even more extracurricular activities and after school events. She joined the junior debate team and became president of the spirit club.

When Caroline's parents decided to separate in the fall of her 9th grade year, Caroline's mother found it necessary to begin working in order to compensate for the expenses associated with maintaining two households. Because of her work schedule and because of the strain on the family's finances, Caroline was unable to continue her after-school activities and dance classes. Instead, she was required to ride the bus to her grandmother's house, where she stayed until her mother returned from work at 5:00. Before the separation, dinnertime was always a happy time for Caroline. She would talk "nonstop", chatting with her parents about her day and making up "nonsense words" with her father. Mrs. C. was often required to award "points" to one or another of them for the best nonsense word. Following the separation, however, dinnertime became a more solemn affair, and often consisted of reheated meals, frozen dinners, or fast food in front of the TV while Mrs. C. went about preparing for the next day. Mrs. C. admitted that at times, she was too tired and depressed at the end of the day to engage in meaningful conversation with Caroline in the evenings.

Caroline's bedtime had also become more erratic since the separation. At times, Mrs. C. would be so caught up in her housekeeping activities and preparations for the next day that she would lose track of time and allow Caroline to stay up later than intended. At other times, she would feel guilty about her lack of interaction with Caroline and would allow her to stay up so that they could spend some time together. As a result, Caroline was often too tired to get up on time in the morning, and occasionally even missed breakfast before going to school. Caroline's weekends changed a great deal following the separation. Prior to that time, she had spent most weekends visiting her friends in the neighborhood, going to movies and other events with her friends, and playing basketball with her father in the driveway. Following the separation, she spent weekends with her father in his new apartment across town from her neighborhood. There were no children Caroline's age in Mr. C.'s apartment building, and it was too far away from

Caroline's friends homes to have anyone over to visit. Although he made an effort to find activities for Caroline to do in the apartment, she appeared to miss the more physical activities they were able to engage in at the house. Caroline was always happy to see her father, but became restless and bored easily. She spent a good deal of time on the phone or listening to loud music which, over the course of the weekend, taxed Mr. C.'s patience and caused him to become frustrated and short tempered with her.

Caroline's homeroom teacher described her as being noticeably more tired and distractible recently. She stated that Caroline seems to be having a harder time paying attention in class. She is not completing all her homework assignments, and she is making more mistakes on the work that she does complete.

CASE FORMULATION

Caroline's depressive symptomatology (social withdrawal, tearfulness, loss of appetite, low self-esteem) appears to be in reaction to the many changes she has experienced since her parents separated several months ago. Specifically, Caroline appears to have been removed from many of the activities she previously found reinforcing, and has been required to adjust to a less environmentally stimulating and more sedentary lifestyle. She has been separated from activities, social relationships, and familiar routines. In addition, she has experienced fewer positive interactions with her parents and more negative interactions with her father, in particular. Further, some of her basic needs (for adequate sleep and food, for example) have not been consistently met. In combination, these factors have contributed to fewer positive experiences and more negative and "failure" experiences both at school and at home. These experiences, in turn, have caused Caroline to feel bad about herself and to have less energy for her previous level of activity.

Based on the information available to you about this child, please indicate how likely you would be to select each of the 9 treatment strategies listed below, using the following scale:

- 1 = "Not at all appropriate - Would not use this strategy with this child"
- 2 = "Possibly appropriate - Might try this strategy with this child"
- 3 = "Probably appropriate - Would definitely use this strategy, but only if others failed"
- 4 = "Clearly appropriate - would try this strategy as a secondary alternative"
- 5 = "Definitely appropriate - Would try this treatment strategy first"

Indicate your answers by entering a number (1-5) to the left of each strategy.

TREATMENT STRATEGIES

Cognitive Self-Instruction Training

Enriched Reinforcement Settings

Relaxation Skills Training

Cognitive Modeling

Activity Scheduling

Operant-based Self-Control Skills Training (Self-monitoring, self-evaluation, and self-feedback)

Parent Training

Cognitive Restructuring

Social Skills training

Now that you have completed your ratings of the above treatment strategies, is there anything else you would have chosen if you were developing a treatment plan for this child? (If yes, please specify).

That is the end of this survey. Thank you sincerely for your participation.

In order to participate in the drawing, please return this survey by JUNE 1. Return the survey by MAY 9 to enter the drawing TWICE. Best wishes.