

Australian meeting to discuss assessment
of personality/temperament impacting test performance

**Twin project meeting
Armidale, November 30, 2007**

Marreta, Jane, Will, Peter, Rosemary, Brian

1. We need to find ways to screen cases for hearing, neuro, vision, etc problems. All recorded in the database. So we need to develop coding for health questionnaires to allow screening. This in turn involves checking on what exactly we have already entered (especially from F0). Peter will take responsibility for checking on status of data recording. Then we need to devise a coding system, where Marreta will play an important role because of her clinical experience with the families. We need to coordinate this with the other sites.
2. To help with this, here is a list of themes that emerged from Marreta's notes:
 - i. Shyness. See handwritten notes for outcomes and email to Kim from Rosemary's email account.
 - ii. Home environment (chaos continuum, which could subdivide into external like moving house and more stable feature of home environment)
 - iii. Illness (eg case of diabetes, where kid didn't want to take his shots, so concentration could be issue; chicken pox, etc)
 - iv. Clinginess, maybe coincident with another variable, eg shyness, anxiety
 - v. Deafness. Sometimes this has come to light after some time in the project.
 - vi. Concentration, distractibility—some clear cases of ADHD diagnosis; a point here is that some of the testers' observations might reveal things not fully captured in the scales.
 - vii. Divorce, separations. Need to code for this with as much detail as possible, when, for example. Family 347. We need to come up with coding system. Discuss this again in Boulder in February.
 - viii. Anxiety. As with other measures, do our questionnaires capture adequately the impressions that the testers gains.
 - ix. Autism, aspergers spectrum. Need flagging in database for screening, special analysis, etc. Peter can do text search in notes in database, probably already identified in our "flag for future consideration" box.
 - x. Changing schools, including when in the year this happened in relation to testing.
 - xi. Changing teachers within school year, and when in relation to testing.
 - xii. Reading remediation. Unfortunately, we've neglected to ask for this explicitly, but many will have responded in Parent follow-up questionnaire. This info noted in a list of things we could ask in any further questionnaires, see Rosemary's whiteboard. We will run an audit to see how much info we have on this in the current responses.
 - xiii. Allergies. Also interesting in light of HLA idea. Suggest coding as Yes/No, triggering agent(s) and degree of severity for

each agent (mild, moderate, severe), leading to a composite of some sort.

- xiv. Depression, happiness. Probably relates to other things like divorce, home environment, and again question is how well our objective measures capture testers' impressions. Manifests as flatness, lack of emotion, and seems more prevalent than shyness in our sample. Can relate to home situation, parental conflict. (General note-maybe we should consider putting more weight on last couple of days in research rating scale for F0 as kids settle down. Or at least consider that each day's ratings might signal different aspects of underlying traits and relate differently to different aspects of the data.)
- xv. Need a way to easily flag children who repeat. Can use testing dates, with something like a 20-month minimum gap likely indicating a repeat.

Note on hard-data triggers.

Discordance

changes in level (dips, leaps)

profile oddities—Peter suggested we look at profiles across tests analogous to profile analysis in WISC etc to look for, eg, distractibility.