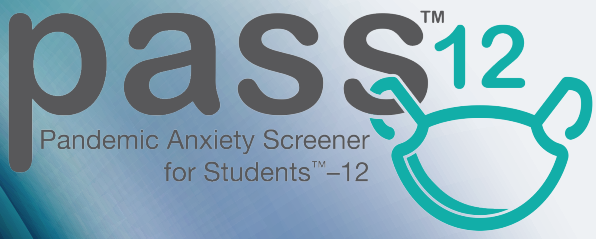

Administration and Scoring of the Pandemic Anxiety Screener for Students™–12 (PASS™-12): Parent Form

RESEARCH EDITION

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Overview

The Pandemic Anxiety Screener for Students–12 (PASS-12): Parent Form is a 12-item screening instrument designed to be completed by caregivers of school-age children and adolescents ages 4 to 18 years to assess the impact of a pandemic on school-based functioning, specifically for children who are attending or re-entering in-person school. Administration and scoring, available on PARiConnect, take approximately 5 minutes.

Rationale

The COVID-19 pandemic has had a significant impact on the learning environment for all children (e.g., wearing masks, social distancing, staying in a single classroom, limitations on sports and extracurricular activities). It is imperative that parents and teachers become more cognizant of children's comfort levels in returning to an in-person learning environment. A screening measure proactively completed by caregivers about their children will provide school staff with vital information on the concerning behaviors children are exhibiting as they re-enter school. The PASS-12 was designed to assist you in determining children's emotional readiness and general comfort level on returning to school during or following the pandemic. The results can be used to generate additional recommendations for parents, teachers, and students as well as to provide insights beyond what can be gleaned from traditional behavioral assessments.

The PASS-12:

- Provides a quick screening to help you determine "atypical" pandemic-related fears that exist in comparison to those exhibited in a standardization sample.
- Allows you to conduct an item analysis; that is, to compare item responses with those from other behavioral rating scales that have been completed by the child.
- Enables automatic transfer of specific results to a set of resources that can be easily incorporated into IEP recommendations, 504 goals, and/or targeted strategies for both general and special education teachers and parents.

Depending on the child's PASS-12 results, they may need to be referred for a psychological assessment. When a child is referred for a psychological assessment in a school setting, the primary focus of the evaluation is to determine whether they have an educational disability that qualifies them for special education services. Common practice is to administer all relevant cognitive, academic, behavioral, and/or social–emotional measures that may impact learning and to use these data to develop appropriate classroom accommodations and interventions to help ensure student success. Even when students do not qualify for special education services, the data gathered from these assessments can be invaluable in cultivating targeted strategies to facilitate learning and improve behavior.

Development

The items on the PASS-12 are part of a larger data collection project for a test in development at the time of publication (Feifer, 2020) designed to measure symptoms of trauma in children ages 4 through 18 years as reported by their caregivers. Data were collected through an online database from a national sample between July and September of 2020. Initially, 12 items from the trauma test were identified as items tapping into the pandemic domain. One of the items was removed after a reliability examination showed it did not correlate well with the total score. This item was replaced with an item from the emotional domain that correlated strongly with the other pandemic items and best predicted symptoms of anxiety and stress within those respective standardization samples. Therefore, the PASS-12: Parent Form consists of 12 items that measure pandemic-related fears; its administration results in a total raw score.

Descriptive and Standardization Information

The standardization sample for the PASS-12: Parent Form consists of 254 caretaker reports of 254 children between the ages of 4 and 18 years. Children with a history of traumatic brain injury, learning disabilities, autism spectrum disorders, psychiatric disorders, or ADHD were not included in the standardization sample. Of the 254 rated children, 52% were male and 48% were female. Each child's gender and sex were reported by their caregiver. The reported gender and sex of each child matched, with the exception of one child who was identified by the caregiver as "other" for sex and "male" for gender. Child age was relatively evenly distributed for each year between 4 and 18. The race breakdown for the sample was 90% White, 1% Black/African American, 2% American Indian/Alaskan Native, 2% Asian, and 5% classifying themselves as other races. Forty percent of the sample was Hispanic, Latinx, or Spanish. The median level of parent education was 16 years, and participants in the sample were from the following geographic regions: 44% South, 24% West, 10% Midwest, and 22% Northeast. Of the caretaker raters, 92% were female and 8% were male.

An independent-sample *t*-test was conducted to compare the PASS-12: Parent Form total raw scores for males and females (see Table 1). There was a significant difference in scores for males (M = 4.7, SD = 5.7) and females (M = 7.6, SD = 7.3; $t(230.11) = -3.48$, p = .001, two-tailed). The magnitude of the differences in the means (mean difference = –2.86, 95% CI [–4.48, –1.24]) was moderate (η^2 = .05).

Table 1
Gender Differences in PASS-12: Parent Form Total Raw Scores

Male			Female									
n	*M*	*SD*	*n*	*M*	*SD*	Mean difference	95%	CI	df	*t*	*p*	Partial η^2
131	4.7	5.7	123	7.6	7.3	–2.86	–4.48	–1.24	230.11	–3.48	.001	.05

Normative percentile values were derived for the total raw score from the standardization sample data based on gender. Separate standardization groups were defined for child gender. Race and age did not account for enough variance to justify separate normative adjustments. For more detailed information, refer to the severity ranges and cutoff scores sections in this technical paper.

Reliability and Validity

Reliability was assessed for the PASS-12: Parent Form standardization sample as well as for a clinical sample that was obtained with the standardization data. In the clinical sample, caregivers of 45 children ages 4 to 18 years completed the PASS-12: Parent Form with a mean age of 13 years (SD = 3.7); 49% were female and 51% were male; 82% were White, 2% were African American/Black, 9% were American Indian/Alaskan Native, 2% were Asian, and 5% classified themselves as other races. Twenty-nine percent of the sample was Hispanic, Latinx, or Spanish. The clinical sample included children who were diagnosed with learning disabilities, autism spectrum disorders, psychiatric disorders, or ADHD.

Reliability refers to the general consistency of scores across replications of assessment procedures, or how stable and consistent scores are when a measure is administered at different times or to different observers. Reliability estimates, or coefficients, are important for a behaviorally anchored scale such as the PASS-12. Internal consistency reflects the degree to which items within a single scale are measuring the same underlying construct. The typical internal consistency coefficient is Cronbach's alpha (1951), the mean correlation of all possible sets of items within a scale or an index.

Cronbach's alpha was calculated for the total standardization group as well as for males and females in both the standardization sample and clinical sample. As indicated in Table 2, alpha values were in the good to excellent range for the PASS-12: Parent Form total raw score.

Table 2
Internal Consistency Coefficients (α) for the PASS-12: Parent Form Total Raw Score

	Total sample		Males		Females	
Sample	*n*	α	*n*	α	*n*	α
Standardization	254	.92	131	.90	123	.93
Clinical	45	.82	22	.82	23	.82

Note. α = Cronbach's alpha (1951).

Two other types of internal consistency, interrater reliability and test–retest reliability, were not calculated as these data were not yet available at the time of publication. Additionally, empirical evidence needs to be collected for validation. Future research is needed to support the long-term validity of the PASS-12. For this reason, the PASS-12 is considered a research edition, and this technical paper will be updated as additional information becomes available.

Administration and Scoring

Appropriate Populations

The PASS-12: Parent Form is intended to be completed by caregivers of school-age children and adolescents ages 4 to 18 years to assess the impact of a pandemic on school-based functioning, specifically for children who are attending or re-entering in-person school. It is recommended that the primary caregiver complete the form. It is acceptable for the PASS-12: Parent Form to be administered to more than one caregiver so that multiple perspectives on the child's behaviors can be obtained.

Professional Requirements

The PASS-12: Parent Form can be administered and scored by individuals who do not have formal training in neuropsychology, clinical psychology, school psychology, counseling psychology, or related fields. The examiner should carefully study the administration and scoring procedures presented in this technical paper. In keeping with the *Standards for Educational and Psychological Testing* (American Education Research Association et al., 2014), PASS-12 score interpretation requires graduate training in neuropsychology, clinical psychology, school psychology, counseling psychology, speech and language pathology, neuropsychiatry, behavioral neurology, developmental/behavioral pediatrics, general pediatrics, or a closely related field along with relevant training or coursework in the interpretation of psychological tests at an accredited college or university.

Administration

The PASS-12 must be administered using PARiConnect, PAR's online assessment platform. Respondents can complete the PASS-12 in-office or at a remote location via an email link, which launches the administration. Detailed information on the use of PARiConnect is available in the PARiConnect Help Center. Each of the 12 items is displayed one at a time with a progress bar below the response options. PARiConnect does not allow for missing items on the PASS-12. Therefore, a complete administration is captured each and every time.

The PASS-12: Parent Form reflects symptoms of anxiety and fears children may experience in response to a pandemic as reported by caregivers. Respondents are asked to rate each item for frequency of occurrence in the past 2 weeks using a 4-point Likert scale (*Never* = 1, *Rarely* = 2, *Often* = 3, *Almost always* = 4).

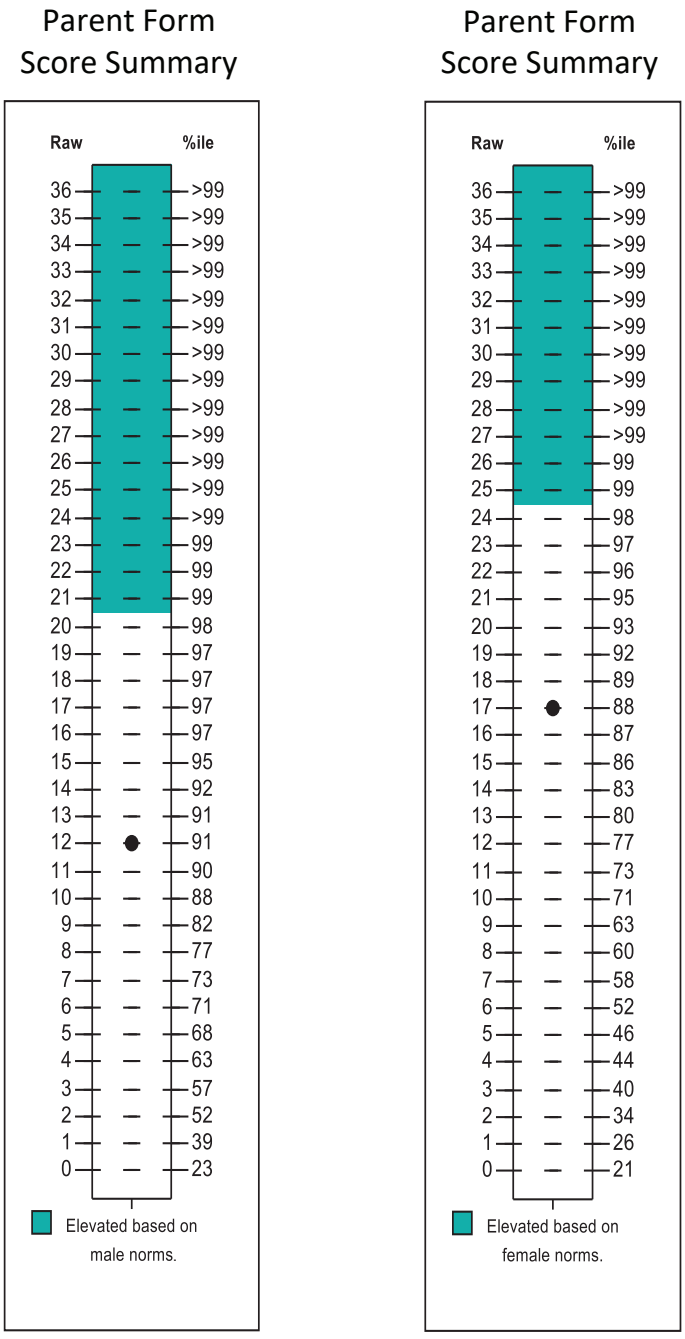
Scoring

All responses are automatically scored and summed to calculate the PASS-12: Parent Form total raw score, which ranges from 0 to 36 with increasing scores indicating greater symptoms of anxiety and stress related to a pandemic.

Severity Ranges

The PASS-12: Parent Form Score Report provides a graph that plots the child's PASS-12: Parent Form total raw score according to severity of stress and anxiety symptoms for the child's gender (see Figure 1). Classification ranges are based on the standardization sample (N = 254), and specific screening scale cutoff scores for males and females are presented in Table 3. These cutoff scores were derived from PASS-12: Parent Form standardization data. A total score in the shaded area indicates an Elevated score on the PASS-12: Parent Form and warrants further assessment. A total score in the nonshaded area is classified as Within Normal Limits, although other, nonpsychometric (e.g., interview-based) information indicating risk should override this determination.

Figure 1
Examples from the PASS-12: Parent Form Score Report: Male and Female Score Summary Graphs



Cutoff Scores

The PASS-12: Parent Form provides percentiles to enable you to interpret the child's level of stress and anxiety as impacted by the pandemic and reported by caregivers. Percentiles represent the percentage of children in the standardization sample (N = 254) who fall below a given total raw score for their specified gender (see Table 3).

The cutoff scores for an Elevated classification on the PASS-12: Parent Form are set at the 99th percentile (see Table 3). This decision was based on applied psychometric theory: relative to full clinical instruments, screening tests generally should be best at identifying individuals who are at risk as opposed to correctly identifying all those who are not. In this regard, it is better to misidentify a small number of children as symptomatic on the PASS-12: Parent Form than to not identify a symptomatic child who could be helped by intervention.

Table 3
Cutoff Scores and Interpretive Ranges for the PASS-12: Parent Form

Female total raw score	Male total raw score	Percentile range	Classification
0–24	0–20	≤98	Within Normal Limits
25–36	21–36	≥99	Elevated

Note. Female n = 123; Male n = 131. Percentiles represent the percentage of children in the standardization sample who fall below a given raw score for their specified gender.

Interpretation

The PASS-12: Parent Form does not include scales that tap specific symptom domains. Instead, it indicates whether a child's caregiver endorses significant symptoms of anxiety and stress related to a pandemic. If a child's total raw score is Elevated on the PASS-12, it suggests the child may not be comfortable in a school-based setting performing at an optimal level without further support. Other possibilities for positive screening results may include: (1) the symptoms endorsed are due to a different adverse event; (2) the child has sufficient symptomatology to be screened as positive, but their actual symptom levels do not rise to the level of clinical impairment or concern; and/or (3) the caregiver is overreporting symptoms—a possibility that can be confirmed only with further evaluation.

Importantly, a negative screening result from the PASS-12: Parent Form does not mean that the child is asymptomatic and free from need of intervention; instead, it means that their caretaker did not endorse significant levels of symptomatology on this measure. If an interview indicates concerning symptomatology, the child should be referred for additional assessment—and likely intervention—even if they do not have a positive result on the PASS-12: Parent Form. Some parents may deny symptoms during an assessment because they feel overwhelmed, want to avoid the emotional activation that happens when symptoms are reported, or are denying symptoms to prevent family disruption. When there is clear evidence that the child is experiencing anxiety and stress, and the caregiver reports symptoms are occurring at a below-cutoff level, clinical judgment may be required to determine if referral for further assessment is indicated.

Intervention Recommendations

The PASS-12: Parent Form Score Report includes intervention recommendations. These proposed interventions are based on recommendations by Steven G. Feifer, DEd, the National Association of School Psychologists (NASP; 2020), the Centers for Disease Control and Prevention (CDC; 2020), and Child Trends (Bartlett et al., 2020).

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