Rationale of Evidence-Based Assessment

- Practitioners need to know that what they are doing is accurate and works.
- Evidence for this comes from research that is well-controlled and carefully conducted.
- It’s only natural that one would use evidence-based assessment to inform evidence-based treatment.
- However, evidence-based treatment has been a focus for over 10 years, whereas evidence-based assessment has been a focus only recently.
  Phares and Curley (2008)

Purpose of Evidence-Based Assessment

- Identify problems to target in treatment
- Choose appropriate evidence-based treatment
- Even the best treatment will not work if it is addressing the wrong problem.
  Phares and Curley (2008)
### Do practitioners typically use appropriate measures?

<table>
<thead>
<tr>
<th>Widely-used measures that have been identified as questionable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rorschach inkblot test</td>
</tr>
<tr>
<td>Thematic Apperception Test*</td>
</tr>
<tr>
<td>Projective drawings*</td>
</tr>
<tr>
<td>Anatomically detailed dolls</td>
</tr>
<tr>
<td>Myers-Briggs Type Indicator</td>
</tr>
</tbody>
</table>

*One of 10 measures most commonly recommended and used by practitioners


### Projective Drawings

<table>
<thead>
<tr>
<th>Validity Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Replication</td>
</tr>
</tbody>
</table>

### The American Psychological Association's Ethical Principles of Psychologists and Code of Conduct

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9.02 Use of Assessments</td>
</tr>
<tr>
<td>(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.</td>
</tr>
</tbody>
</table>
The American Psychological Association’s Ethical Principles of Psychologists and Code of Conduct

9.02 Use of Assessments (cont.)
(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

Selection of Tests

- Research and theory on psychopathology and normal development
- Appropriate norms in norm-referenced interpretation
  - Standardized measures tend to have norms for different ages and genders.
  - Also use measures that have been validated for a range of races and socioeconomic statuses.

Selection of Tests

- Accuracy of cut-off scores in criterion-referenced interpretation
  - Sensitivity
  - Specificity
  - Positive and negative predictive power
    Hunsley and Mash (2007)
Psychometric properties are not properties of a measure. They are properties of a measure that is used for a particular purpose with a particular sample. 
Hunsley and Mash (2007)

Selection of Tests

Reliability
- Internal consistency
  - .70-.79 acceptable
  - .80-.89 good
  - .90+ excellent
- Test-retest reliability

Validity
- Content
- Construct
  - Concurrent
  - Discriminant
- Predictive
- Incremental
  Hunsley and Mash (2007)

Clinical utility for the way the test will be used
- Screening
- Diagnosis
- Treatment

Feasibility
- Time to administer
- Training requirements
- Costs of use
  Hunsley and Mash (2007)
Strategy

- Assessment of the referral problem identified by the parent, teacher, child, etc., and any other potential problems
- Particularly important given the high rates of comorbidity among children and adolescents
- Use broad and specific measures.
  Phares and Curley (2008)

Strategy

- There is ongoing debate about whether child and adolescent behavior is best conceptualized categorically (as in the DSM-IV-TR) or dimensionally (as with the BASC-2 and CBCL).
- Both approaches can be used.
  Phares and Curley (2008)

Strategy

- Multiple informants that observe the child’s behavior in multiple contexts
- Their ratings of behavior and opinions about which behaviors should be targeted in treatment don’t always agree.
- These differences may be a result of the situation, different experiences of what is distressing, or different definitions of problematic behavior.
  Phares and Curley (2008)
Strategy

- Greater agreement
  - Between ratings of different people in the same situation versus ratings of different people in different situations (e.g., two parents versus one parent and one teacher)
  - When externalizing versus internalizing behavior is rated
  - When children versus adolescents are rated

Achenbach, McConaughy, and Howell (1987)

Strategy

- Multiple methodologies
  - Interviews, behavior checklists, and observation
- Measures that are sensitive to change over time
  - Thorough assessment before and after treatment
  - Re-administer measures periodically to track treatment progress

Phares and Curley (2008)

Strategy

- Assess competencies and strengths
  - Treatment should aim to decrease problems and enhance competencies and strengths.
  - Competencies on the BASC-2 and CBCL
  - Strengths and Difficulties Questionnaire

Phares and Curley (2008)
Structured Observation

- Structured observation if the problem is observable
  - Direct Observation Form
  - Student Observation System
  - Phares and Curley (2008)

Strategy

- Consider assessing
  - Parent behavior
  - Parent psychopathology
  - Interpersonal conflict
  - Parent-child conflict
  - Family stressors
  - Phares and Curley (2008)

Diagnostic Interviews

- Most clinicians use an unstructured clinical interview at the beginning of an assessment. However, they are not very reliable or valid for making diagnoses.
- Unstructured clinical interviews can be useful for developing rapport and gathering background information.
  - Sattler & Hogue (2006)
Structured clinical interviews are evidence-based ways to make a diagnosis. Shaffer, Fisher, Lucas, Dulcan, and Schwab-Stone (2000) however, the time it takes to administer them may be a drawback. Phares and Curley (2008)

Diagnostic Interview for Children
- Structured diagnostic interview
- Caregiver-report version for children ages 6-17
- Self-report version for children ages 9-17
- Assesses current and lifetime history of anxiety disorders, mood disorders, disruptive disorders, substance-use disorders, schizophrenia, and miscellaneous disorders
- About 70 minutes to administer in community samples
- About 90-120 minutes to administer in clinical samples

Kiddie-SADS-Present and Lifetime Version (K-SADS-PL)
- Semi-structured diagnostic interview for caregiver and child
- Download a complete copy at https://www.wpic.pitt.edu/k-sads
- Assesses current and lifetime history of psychiatric disorders, including affective disorders, psychotic disorders, anxiety disorders, behavioral disorders, and substance abuse and other disorders
Behavior Assessment System for Children (BASC-2)

- Caregiver-report, teacher-report, and self-report versions
- Assesses adaptive and maladaptive behavior in children/adolescents ages 2-25
- About 30 minutes to administer
- Available in English and Spanish

Behavior Assessment System for Children (BASC-2)

- Caregiver-report and teacher-report of children/adolescents ages 2-5, 6-11, and 12-21

Behavior Assessment System for Children (BASC-2)

- Validity Scales
  - F Index
  - Omitted Items
  - Response Pattern Index
  - Consistency Index
Behavior Assessment System for Children (BASC-2)

- Clinical Scales
  - Aggression
  - Anxiety
  - Attention Problems
  - Atypicality
  - Conduct Problems
  - Depression
  - Hyperactivity
  - Learning Problems

- Somatization
- Withdrawal

Behavior Assessment System for Children (BASC-2)

- Adaptive Scales
  - Activities of Daily Living
  - Adaptability
  - Functional Communication
  - Leadership
  - Social Skills
  - Study Skills

- Composites
  - Externalizing Problems
  - Internalizing Problems
  - School Problems
  - Adaptive Skills
  - Behavioral Symptoms Index

Behavior Assessment System for Children (BASC-2)

- Self-report of children/adolescents/young adults
  ages 8-11, 12-21, and 18-25
Behavior Assessment System for Children (BASC-2)

Validity Scales
- F Index
- L Index
- V Index
- Omitted Items
- Response Pattern Index
- Consistency Index

Clinical Scales
- Alcohol Abuse
- Anxiety
- Attention Problems
- Attitude to School
- Attitude to Teachers
- Atypicality
- Depression
- Hyperactivity
- Locus of Control
- School Maladjustment
- Sensation Seeking
- Sense of Inadequacy
- Social Stress
- Somatization

Adaptive Scales
- Interpersonal Relations
- Relations with Parents
- Self-Esteem
- Self-Reliance
- School Problems
- Internalizing Problems
- Inattention/Hyperactivity
- Personal Adjustment
- Emotional Symptoms Index
Child Behavior Checklist (CBCL)

- Caregiver-report, teacher-report and self-report versions
- Assesses adaptive and maladaptive behavior in children/adolescents ages 1½-18
- About 10-15 minutes to administer
- Available in English and Spanish

Child Behavior Checklist (CBCL)

- Caregiver-report of children ages 1½-5

Child Behavior Checklist (CBCL)

- Clinical Scales
  - Emotionally Reactive
  - Anxious/Depressed
  - Somatic Complaints
  - Withdrawn
  - Sleep Problems
  - Attention Problems
  - Aggressive Behavior
- Composites
  - Internalizing Problems
  - Externalizing Problems
  - Total Problems
Child Behavior Checklist (CBCL)
- Caregiver-report, teacher-report, and self-report of children/adolescents ages 6-18

Child Behavior Checklist (CBCL)
- Clinical Scales
  - Anxious/Depressed
  - Withdrawn/Depressed
  - Somatic Complaints
  - Social Problems
  - Thought Problems
  - Attention Problems
  - Rule-Breaking Behavior
  - Aggressive Behavior
- Composites
  - Internalizing Problems
  - Externalizing Problems
  - Total Problems
- Competence Scales
  - Activities
  - Social
  - School
  - Total Competence

Trauma Symptom Checklist for Children (TSCC)
- Self-report of trauma symptoms
- Children/adolescents ages 8-16
- 54 items
- About 10 minutes to administer
- Available in English and Spanish
Trauma Symptom Checklist for Children (TSCC)

- Validity Scales
  - Underresponse
    - T-score ≥ 70 invalid
  - Hyperresponse
    - T-score ≥ invalid

- Clinical Scales
  - Anxiety
  - Depression
  - Anger
  - Posttraumatic Stress
  - Dissociation
    - Overt
    - Fantasy
  - Sexual Concerns
    - Preoccupation
    - Distress

Trauma Symptom Checklist for Young Children (TSCYC)

- Caregiver-report of trauma symptoms
- Children ages 3-12
- 90 items
- About 20 minutes to administer
- Available in English (Spanish version available for research but not yet normed)

- Validity scales
  - Response level
    - T-score ≥ 70 invalid
  - Atypical response
    - T-score ≥ 90 invalid

- Clinical scales
  - Anxiety
  - Depression
  - Anger
  - Posttraumatic stress
    - Intrusion
    - Avoidance
    - Arousal
    - Total
  - Dissociation
  - Sexual Concerns
**UCLA PTSD Reaction Index for DSM-IV (UCLA)**

- Caregiver-report and child-report versions
- Assesses child’s trauma history and PTSD symptoms
- About 5-10 minutes to administer
- Available in English, Spanish, and other languages

**UCLA PTSD Reaction Index for DSM-IV (UCLA)**

- Caregiver-report
  - 13 items assessing exposure to traumatic events
  - 13 items assessing response
  - 21 items assessing B, C, and D criteria for PTSD and associated features

- Self-report
  - Ages 7 and up
  - 13 items assessing exposure to traumatic events
  - 13 items assessing response
  - 20 items assessing B, C, and D criteria for PTSD and associated features

**Measures for Specific Symptoms**

- **Children's Depression Inventory**
  - 27-item self-report measure of depression in children/adolescents ages 7-17

- **Multidimensional Anxiety Scale for Children**
  - 39-item self-report measure of anxiety in children/adolescents ages 8-19

- **State-Trait Anxiety Inventory for Children**
  - 40-item self-report measure of anxiety for children in upper elementary school through junior high school
<table>
<thead>
<tr>
<th>Measures for Specific Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Child Sexual Behavior Inventory (CSBI-3)</td>
</tr>
<tr>
<td>- 38-item caregiver-report measure of sexual behavior in children ages 2-12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measures for Caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Brief Symptom Inventory</td>
</tr>
<tr>
<td>- 53-item self-report measure of psychological symptoms</td>
</tr>
<tr>
<td>- Scales: Somatization, Obsessive-Compulsion, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, Psychoticism, Global Severity Index, Positive Symptom Distress Index, and Positive Symptom Total</td>
</tr>
<tr>
<td>- Posttraumatic Diagnostic Scale</td>
</tr>
<tr>
<td>- 49-item self-report measure that can be used to diagnose posttraumatic stress disorder</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measures for Caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Beck Depression Inventory</td>
</tr>
<tr>
<td>- 21-item self-report measure of depression</td>
</tr>
<tr>
<td>- Parenting Stress Index</td>
</tr>
<tr>
<td>- Self-report measure of stress associated with parenting children ages 3 months to 10 years</td>
</tr>
<tr>
<td>- Long version is 101 items</td>
</tr>
<tr>
<td>- Short version is 36 items</td>
</tr>
</tbody>
</table>
Case Example

Ben is a 9-year old African American boy who is in fourth grade at a public school. He earns As with the occasional B. His favorite subject is science and he plays basketball. His mother marries a man whom she has only known for a few months. Ben and his mother move in with him and his 14-year old son named Curtis. Ben tries hard to get Curtis to like him and spend time with him. Most of the time, Curtis hangs out with older kids in their neighborhood and treats Ben like an annoyance if he tries to tag along with them.

Ben and Curtis are sharing a room until the family can save up enough money to move into a bigger home. One night while the boys are supposed to be asleep, Curtis turns on a flashlight and tells Ben to come look at some pornographic magazines he has. Ben does so but feels uncomfortable because he has never seen anything like that before and he knows that he is not supposed to be out of bed, much less to look at pornography. Curtis tells him that he likes to look at the magazines and touch himself. He explains to Ben how to masturbate. Ben says that he is afraid that his mother will hear them talking. He gets back into bed and goes to sleep.

One day, Ben's mother is not there when the boys get home from school. She calls and tells them she has to work late. She asks them to stay indoors and watch TV until she gets home. Curtis tells Ben that he knows where his father keeps some DVDs that are just like the magazines that he showed him. He gets some and tells Ben to come watch them. Ben tells Curtis that he doesn't want to. Curtis promises to let Ben play with his new video game if he watches them for just a few minutes. Ben reluctantly agrees. Curtis tells Ben that he wants to teach him how to masturbate. Ben protests but Curtis insists, saying that he and all of his friends do it. Curtis masturbates in front of Ben and then talks Ben into letting him touch his penis in order to teach him how to masturbate.

The sexual abuse continues, typically after the boys are supposed to have gone to sleep. It progresses from masturbation to oral sex. Ben's grades decline to Bs with the occasional C. He loses interest in playing basketball and stops attending practice. He finds it difficult to pay attention during class. When his teacher calls on him, he often has to admit that he did not hear the question. He misses material because he daydreams and stares out the window. Then, he cannot complete his homework and does poorly on tests. Nighttime has become a very problematic time for Ben. He resists going to bed, and when he does he has difficult falling and staying asleep. He wonders if he is gay and his self-esteem suffers. He believes that this does not happen to other kids. He keeps the sexual abuse a secret because he is so ashamed.

One day, someone comes to Ben's school and talks to the fourth grade students about sexual abuse. When the presentation ends and the other kids go to lunch, Ben stays behind and asks his teacher if he can talk to her. He discloses the sexual abuse. Ben's teacher is very supportive of him. An investigation ensues and Curtis is taken out of the home. Ben's mother is shocked and brings him to see you.
### Trauma Symptom Checklist for Children (TSCC)

<table>
<thead>
<tr>
<th>SCALES</th>
<th>SCORE</th>
<th>CLASSIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underresponse (UND)</td>
<td>46</td>
<td>Valid</td>
</tr>
<tr>
<td>Hyperresponse (HYP)</td>
<td>62</td>
<td>Valid</td>
</tr>
<tr>
<td>Anxiety (ANX)</td>
<td>58</td>
<td>Average</td>
</tr>
<tr>
<td>Depression (DEP)</td>
<td>68</td>
<td>Clinically Significant</td>
</tr>
<tr>
<td>Anger (ANG)</td>
<td>56</td>
<td>Average</td>
</tr>
<tr>
<td>Posttraumatic Stress (PTS)</td>
<td>74</td>
<td>Clinically Significant</td>
</tr>
<tr>
<td>Dissociation (DIS)</td>
<td>72</td>
<td>Clinically Significant</td>
</tr>
<tr>
<td>Dissociation – Overt (DIS-O)</td>
<td>68</td>
<td>Clinically Significant</td>
</tr>
<tr>
<td>Dissociation – Fantasy (DIS-F)</td>
<td>72</td>
<td>Clinically Significant</td>
</tr>
<tr>
<td>Sexual Concerns (SC)</td>
<td>67</td>
<td>Average</td>
</tr>
<tr>
<td>Sexual Concerns – Preoccupation (SC-P)</td>
<td>62</td>
<td>Average</td>
</tr>
<tr>
<td>Sexual Concerns – Distress (SC-D)</td>
<td>76</td>
<td>Clinically Significant</td>
</tr>
</tbody>
</table>

### Trauma Symptom Checklist for Young Children (TSCYC)

<table>
<thead>
<tr>
<th>SCALES</th>
<th>SCORE</th>
<th>CLASSIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response Level (RL)</td>
<td>61</td>
<td>Valid</td>
</tr>
<tr>
<td>Atypical Response (ATR)</td>
<td>48</td>
<td>Valid</td>
</tr>
<tr>
<td>Anxiety (ANX)</td>
<td>55</td>
<td>Average</td>
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<tr>
<td>Depression (DEP)</td>
<td>54</td>
<td>Average</td>
</tr>
<tr>
<td>Anger/Aggression (ANG)</td>
<td>43</td>
<td>Average</td>
</tr>
<tr>
<td>Posttraumatic Stress – Intrusion (PTS-I)</td>
<td>75</td>
<td>Clinically Significant</td>
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<tr>
<td>PTS – Avoidance (PTS-AV)</td>
<td>69</td>
<td>At-Risk</td>
</tr>
<tr>
<td>PTS – Arousal (PTS-AR)</td>
<td>49</td>
<td>Average</td>
</tr>
<tr>
<td>Posttraumatic Stress – Total (PTS-TOT)</td>
<td>63</td>
<td>Average</td>
</tr>
<tr>
<td>Dissociation (DIS)</td>
<td>52</td>
<td>Average</td>
</tr>
<tr>
<td>Sexual Concerns (SC)</td>
<td>57</td>
<td>Average</td>
</tr>
</tbody>
</table>

### UCLA PTSD Reaction Index for DSM-IV (UCLA)

- **UCLA PTSD Index – Child Version**
  - Full PTSD Diagnosis Likely
- **UCLA PTSD Index – Parent Version**
  - Neither Full nor Partial PTSD Diagnosis Likely
### Behavioral Assessment System for Children (BASC-2) Self-Report

<table>
<thead>
<tr>
<th>SCALES</th>
<th>T SCORE</th>
<th>CLASSIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Problems</td>
<td>50</td>
<td>Average</td>
</tr>
<tr>
<td>Attitude to School</td>
<td>79</td>
<td>Average</td>
</tr>
<tr>
<td>Attitude to Teachers</td>
<td>76</td>
<td>Average</td>
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<tr>
<td>Intruding Problems</td>
<td>52</td>
<td>Average</td>
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<tr>
<td>Antisociality</td>
<td>36</td>
<td>Average</td>
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<tr>
<td>Locus of Control</td>
<td>42</td>
<td>Average</td>
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<tr>
<td>Social Stress</td>
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<tr>
<td>Anxiety</td>
<td>27</td>
<td>Average</td>
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<tr>
<td>Depression</td>
<td>62</td>
<td>At-Risk</td>
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<tr>
<td>Sense of Inadequacy</td>
<td>86</td>
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<tr>
<td>Emotional Symptom Index</td>
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<td>At-Risk</td>
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<tr>
<td>Agitation Problems</td>
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<tr>
<td>Receptivity</td>
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<tr>
<td>Ineffectiveness/Deprivativeness</td>
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<td>Personal Adjustment</td>
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<td>Relationship with Parents</td>
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<tr>
<td>Interpersonal Relations</td>
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<tr>
<td>Self-Esteem</td>
<td>52</td>
<td>At-Risk</td>
</tr>
<tr>
<td>Self-Reliance</td>
<td>58</td>
<td>At-Risk</td>
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</table>

<table>
<thead>
<tr>
<th>SCALES</th>
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<th>CLASSIFICATION</th>
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</thead>
<tbody>
<tr>
<td>Externalizing Problems</td>
<td>34</td>
<td>Average</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>32</td>
<td>Average</td>
</tr>
<tr>
<td>Aggression</td>
<td>37</td>
<td>Average</td>
</tr>
<tr>
<td>Conduct Problems</td>
<td>48</td>
<td>Average</td>
</tr>
<tr>
<td>Internalizing Problems</td>
<td>52</td>
<td>Average</td>
</tr>
<tr>
<td>Anxia</td>
<td>46</td>
<td>Average</td>
</tr>
<tr>
<td>Depression</td>
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<tr>
<td>Somatization</td>
<td>49</td>
<td>Average</td>
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<tr>
<td>Behavioral Symptom Index</td>
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<td>Average</td>
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<tr>
<td>Antisociality</td>
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<td>Withdrawal</td>
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<td>Attention Problems</td>
<td>47</td>
<td>Average</td>
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<tr>
<td>Adaptive Skills</td>
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<td>Adoptability</td>
<td>67</td>
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<tr>
<td>Social Skills</td>
<td>56</td>
<td>Average</td>
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<tr>
<td>Leadership</td>
<td>76</td>
<td>Average</td>
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<tr>
<td>Activities of Daily Living</td>
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<td>Average</td>
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<tr>
<td>Functional Communication</td>
<td>66</td>
<td>Average</td>
</tr>
</tbody>
</table>

### Behavioral Assessment System for Children (BASC-2) Parent-Report

<table>
<thead>
<tr>
<th>SCALES</th>
<th>T SCORE</th>
<th>CLASSIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Externalizing Problems</td>
<td>34</td>
<td>Average</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>32</td>
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<td>Aggression</td>
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<td>Conduct Problems</td>
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<td>Average</td>
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<tr>
<td>Anxia</td>
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<td>Average</td>
</tr>
<tr>
<td>Depression</td>
<td>45</td>
<td>Average</td>
</tr>
<tr>
<td>Somatization</td>
<td>49</td>
<td>Average</td>
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<tr>
<td>Behavioral Symptom Index</td>
<td>38</td>
<td>Average</td>
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<tr>
<td>Antisociality</td>
<td>38</td>
<td>Average</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>49</td>
<td>Average</td>
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<tr>
<td>Attention Problems</td>
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<td>Average</td>
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<tr>
<td>Adaptive Skills</td>
<td>65</td>
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</tr>
<tr>
<td>Adoptability</td>
<td>67</td>
<td>Average</td>
</tr>
<tr>
<td>Social Skills</td>
<td>56</td>
<td>Average</td>
</tr>
<tr>
<td>Leadership</td>
<td>76</td>
<td>Average</td>
</tr>
<tr>
<td>Activities of Daily Living</td>
<td>66</td>
<td>Average</td>
</tr>
<tr>
<td>Functional Communication</td>
<td>66</td>
<td>Average</td>
</tr>
</tbody>
</table>

### Children’s Depression Inventory (CDI)

- Total Score – Clinically Significant
- Negative Mood – Clinically Significant
- Interpersonal Problems – Average
- Ineffectiveness – Average
- Anhedonia – Average
- Negative Self-Esteem – Average
Paige is a 16-year-old Caucasian female who is a sophomore in high school. She has been struggling academically. Although she is currently passing all of her classes, she had failing grades in two of her classes at midyear. She lives with her mother and has no siblings. Her parents were never married but her father had been involved in her life when she was younger. When she was 10 she lived with her father for a period of time until he began sexually abusing her. She then lived with a maternal aunt. At age 13, she began having sex with boys her age who lived in her neighborhood. When the aunt became aware of this behavior, she insisted that Paige move back with her mother and she has lived there since that time.

Paige was referred for treatment after she fondled a young girl she was babysitting. Information obtained during the initial assessment indicated that Paige was also experiencing significant symptoms related to her sexual abuse trauma. Individual treatment utilized a protocol for adolescent sex offenders but also focused on her trauma-related symptoms. Several difficulties arose during treatment. Although Paige was cooperative, she responded to the treatment material in a very concrete way and had difficulty thinking of ways to apply the information discussed. Her responses to questions during treatment seemed immature and sometimes off-topic. Her mother reported that Paige sometimes becomes intensely angry and out of control very rapidly over things that seem relatively minor. For instance, Paige wanted to borrow a textbook from a friend because she had left hers at home. The friend, who was in the same class and also needed to use the book said no. Paige became so enraged that school personnel had to become involved in the situation. Another area of concern is that Paige has also engaged in self-harming behavior (cutting herself), although Paige explained this as her response to a dare.

Possible Testing

- Wechsler Intelligence Scale for Children—Fourth Edition (WISC-IV)
- Wide Range Achievement Test 4 (WRAT4)
- Minnesota Multiphasic Personality Inventory—Adolescent (MMPI-A)
- Millon Adolescent Personality Inventory (MAPI)
References