

# Adolescent Psychopathology Scale - Short Form Clinical Score Report

by  
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## Client Information

<b>Name:</b>	Sample Client	<b>Ethnicity:</b>	Caucasian
<b>ID#:</b>	0001	<b>Gender:</b>	Male
<b>Birthdate:</b>	01/15/1984	<b>Age:</b>	16
<b>Grade:</b>	8	<b>School/Agency:</b>	-Not Specified-
<b>Test Date:</b>	07/21/2000		
<b>Prepared for:</b>	William M. Reynolds, PhD		

Use of this score report requires a complete understanding of the *Adolescent Psychopathology Scale - Short Form* (APS-SF) and its interpretation, clinical applications, and limitations as presented in the APS-SF Professional Manual. This report contains raw and standardized scores from the APS-SF, but it does not provide interpretation of scores. Users should refer to the APS-SF Professional Manual for procedures and guidelines for the clinical interpretation of this score report and for information about the clinical and psychometric characteristics of the APS-SF.

This score report should be used as only one source of hypotheses about the individual being evaluated. In this respect, no decisions should be based solely on the information contained in this report. The raw and standardized scores contained in this report should be integrated with other sources when making clinical decisions about this individual.

This report is confidential and is intended for use by qualified professionals who have sufficient knowledge of psychological testing in general and of the APS-SF in particular. This report is not designed to be released to the client being assessed. This report has been developed for professionals with appropriate training and not for general release to parents.

The APS-SF examines domains of psychopathology and psychosocial problems that may suggest the need for direct and expeditious intervention. The professional using this report should examine the results as soon as possible and, in conjunction with other sources of information about the client, provide timely follow-up, treatment, or referral.

## Use of the APS-SF Clinical Score Report

The summary information presented in this report is based on the adolescent's responses to the 115-item APS-SF. The *T* scores for each of the APS-SF scales presented below are standard scores with a mean of 50 and a standard deviation of 10 points. **The *T* scores are based on the APS-SF standardization sample of 555 adolescent males, ages 15 to 19 years.** *T* scores based on other comparison samples (e.g., by gender, age group, and total standardization sample) may be found in the APS-SF Professional Manual. Procedures related to interpretation of blank items, the use of cutoff scores, and the use of normative tables are also described in the APS-SF Professional Manual. The following steps are recommended for interpreting APS-SF scores.

### Steps in the Interpretation of APS-SF Scales and Scores

1. General protocol check.
2. Examination of Validity Scales.
3. Examination of Clinical Scales.
4. Examination of Critical Items.
5. Examination of APS-SF Scale Profile.

## Summary of APS-SF Scale Elevations

A basic component of APS-SF scale interpretation is the examination of scales that are elevated to clinically relevant levels of symptomatology. The primary cutoff score for most of the APS-SF scales, except those with very low base rates of occurrence, is 1 ½ standard deviations above the normative mean, a raw score that corresponds to a *T* score of 65. Using the APS-SF standardization sample as the reference base, *T* scores from 65 to 69 represent a mild clinical symptom range. *T* scores from 70 to 79 may be considered to represent a moderate clinical symptom range and *T* scores of 80 and above represent a severe clinical symptom range. Note that elevated APS-SF scores are not diagnostic of *DSM-IV* disorders. Clinical judgment and knowledge of the psychometric properties of each APS-SF scale should guide the clinical application of cutoff scores. In addition to elevated APS-SF scales, interpretation should also include referral information, other test data, behavioral observations, and reports from significant others.

### **Subclinical Symptom Range (60*T* to 64*T*)**

Academic Problems (*ADP*; 60*T*)  
Interpersonal Problems (*IPP*; 60*T*)

### **Mild Clinical Symptom Range (65*T* to 69*T*)**

Suicide (*SUI*; 65*T*)  
Inconsistency (*CNR*; 67*T*)

### **Moderate Clinical Symptom Range (70*T* to 79*T*)**

Conduct Disorder (*CND*; 73*T*)  
Anger/Violence Proneness (*AVP*; 71*T*)  
Self-Concept (*SCP*; 70*T*)

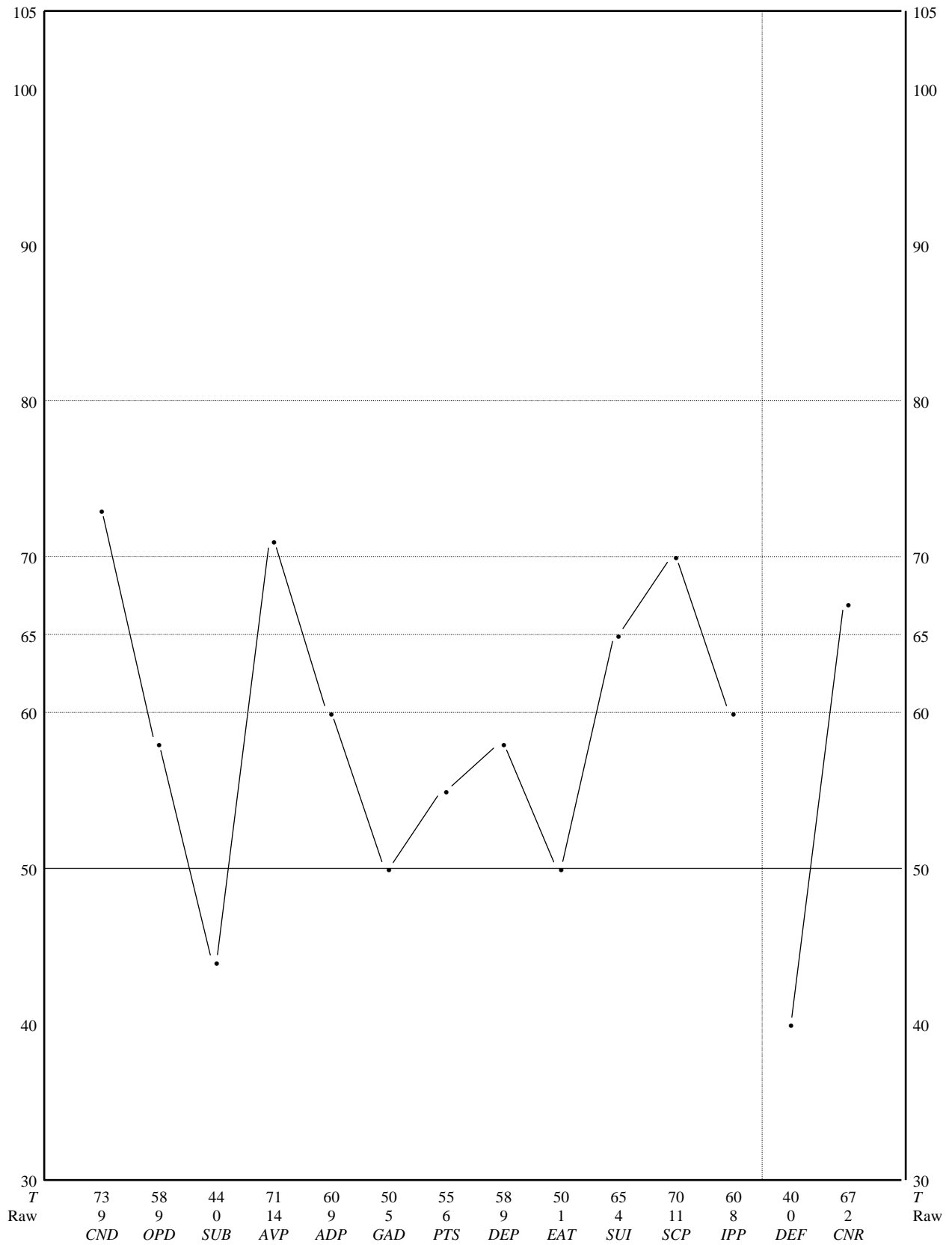
### **Severe Clinical Symptom Range (80*T* and above)**

No scores in this range.

## APS-SF Score Summary Table

APS-SF scale	Raw score	T score	Percent completed
<b>Clinical Scales</b>			
Conduct Disorder ( <i>CND</i> )	9	73	100%
Oppositional Defiant Disorder ( <i>OPD</i> )	9	58	100%
Substance Abuse Disorder ( <i>SUB</i> )	0	44	100%
Anger/Violence Proneness ( <i>AVP</i> )	14	71	100%
Academic Problems ( <i>ADP</i> )	9	60	100%
Generalized Anxiety Disorder ( <i>GAD</i> )	5	50	100%
Posttraumatic Stress Disorder ( <i>PTS</i> )	6	55	91%
Major Depression ( <i>DEP</i> )	9	58	100%
Eating Disturbance ( <i>EAT</i> )	1	50	100%
Suicide ( <i>SUI</i> )	4	65	100%
Self-Concept ( <i>SCP</i> )	11	70	100%
Interpersonal Problems ( <i>IPP</i> )	8	60	100%
<b>Validity Scales</b>			
Defensiveness ( <i>DEF</i> )	0	40	100%
Inconsistency ( <i>CNR</i> )	2	67	100%

### Profile of APS-SF Scales



## Critical Items Summary Form

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Item number	Response	Critical Item
3.	T **	[Item text was removed from this report for sample purposes.]
4.	F	
6.	T **	
7.	F	
8.	T **	
11.	T **	
13.	T **	
14.	? **	
17.	F	
20.	F	
26.	T **	
47.	ST **	
66.	N	
75.	A **	
77.	ST **	
80.	N	
84.	ST **	
85.	N	
91.	N	
93.	ST **	
100.	ST **	
105.	ST **	
107.	N	
110.	N	
111.	N	
113.	N	

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*Note.* APS-SF Critical Items should be interpreted cautiously. Use of the Critical Items is one level of APS-SF scale interpretation. See the APS-SF Professional Manual for additional guidelines for the use of the Critical Items. Asterisks (\*\*) denote Critical Items endorsed in the keyed direction or left blank.

*Response Legend.* T = True; F = False; N = Never or almost never; ST = Sometimes; A = Nearly all the time; 1-2 = Once or twice a week; 3+ = Three or more times a week; E = Nearly everyday; CM = Couple of times a month; 1W = Once a week; CW = Couple of times a week; ED = Nearly everyday; ? = Item left blank.

## Item Response Summary Table

Item	Resp.	Item	Resp.	Item	Resp.
1	T	51	N	101	N
2	T	52	N	102	N
3	T	53	N	103	N
4	F	54	N	104	ST
5	T	55	N	105	ST
6	T	56	N	106	ST
7	F	57	A	107	N
8	T	58	N	108	N
9	F	59	A	109	N
10	T	60	N	110	N
11	T	61	N	111	N
12	F	62	A	112	N
13	T	63	N	113	N
14	?	64	N	114	N
15	T	65	ST	115	N
16	T	66	N		
17	F	67	N		
18	T	68	ST		
19	F	69	A		
20	F	70	A		
21	F	71	A		
22	F	72	ST		
23	F	73	N		
24	F	74	ST		
25	T	75	A		
26	T	76	N		
27	ST	77	ST		
28	ST	78	N		
29	ST	79	N		
30	N	80	N		
31	N	81	N		
32	ST	82	N		
33	N	83	N		
34	N	84	ST		
35	N	85	N		
36	ST	86	1-2		
37	ST	87	N		
38	A	88	3+		
39	ST	89	3+		
40	N	90	N		
41	ST	91	N		
42	A	92	N		
43	A	93	ST		
44	N	94	E		
45	N	95	N		
46	N	96	ST		
47	ST	97	ST		
48	N	98	N		
49	N	99	E		
50	N	100	ST		