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Adult PsychProfiler

Report form

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PECS

BRIEF OUTLINE OF THE APP

The Adult PsychProfiler (APP) is an instrument comprising screening criteria for 23 of the most common disorders found in adults.

The screening criteria of the APP closely resemble the diagnostic criteria listed in the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition-Text Revision (DSM-IV-TR; American Psychiatric Association 2000).

It is important to note that a positive screen for any of the disorders does not indicate a formal diagnosis. It merely indicates that the individual has met sufficient criteria for a disorder to warrant further investigation by an appropriate health professional.

APP RESULTS

Name:	Mr Christian Citizen	Gender:	Male
Address:	1a Smith St Smithville WA 6000 Australia	Date of Birth:	17 April 1972
Phone:	(08) 9999 9999 0400 000 000	Age at Completion:	35
Observer:	Alisha Citizen	Completion Date:	11 September 2007

Disorder # indicates mutually exclusive screens	Positive Screen Cutoff	Self- Report Score	Observer- Report Score	Cutoff Attained	Positive Screen Items Met [Self-Report Items Met] {Observer-Report Items Met}
ANXIETY DISORDERS					
Generalised anxiety disorder	≥1	1	1	YES	{40, 98, 111, 126, 167, 176}
	≥3	2	5		
Obsessive-compulsive disorder	≥1	2	4	YES	{2, 10, 80, 87, 89, 121}; {7, 10, 53, 80, 87, 89, 187}
	≥3	4	3		
Panic disorder	=1	0	1	YES	{9, 14, 16, 36, 39, 72, 88, 103, 105, 123, 163, 175}
	≥4	10	11		
Post-traumatic stress disorder	≥1	1	1	YES	{77, 109, 119, 144, 169, 184, 190}
	≥3	2	4		
	≥2	1	2		
Specific phobia	=1	1	1	YES	{12, 79, 91, 156}
	≥3	3	2		

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Disorder # indicates mutually exclusive screens	Positive Screen Cutoff	Self- Report Score	Observer- Report Score	Cutoff Attained	Positive Screen Items Met [Self-Report Items Met] {Observer-Report Items Met}
ATTENTION DEFICIT and DISRUPTIVE BEHAVIOUR DISORDERS					
Attention-deficit/hyperactivity disorder, hyperactive-impulsive type (#1)	≥6	0	2	NO	
	<6	1	4		
Attention-deficit/hyperactivity disorder, inattentive type (#1)	≥6	1	4	NO	
	<6	0	2		
Attention-deficit/hyperactivity disorder, combined type (#1)	≥6	0	2	NO	
	≥6	1	4		
Conduct disorder (#2)	≥3	7	11	NO	
	<3	5	6		
Oppositional defiant disorder (#2)	≥4	4	3	NO	
	<3	7	11		
	<3	5	6		
COMMUNICATION DISORDERS					
Expressive language disorder (#3)	≥4	6	7	NO	
	<2	3	2		
Mixed receptive-expressive language disorder (#3)	≥4	6	7	YES	[18, 26, 32, 38, 46, 65, 90, 96, 120]; {32, 38, 42, 65, 113, 120, 133, 172, 177}
	≥2	3	2		
Phonological disorder	≥3	2	4	YES	{19, 56, 76, 166}
DEPRESSIVE DISORDERS					
Dysthymic disorder	=1	1	1	YES	[69, 114, 125]; {47, 99, 114}
	≥2	2	2		
Major depressive disorder	≥1	2	1	YES	{93, 100, 102, 127, 136, 155, 190}
	≥5	4	6		

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Disorder # indicates mutually exclusive screens	Positive Screen Cutoff	Self- Report Score	Observer- Report Score	Cutoff Attained	Positive Screen Items Met [Self-Report Items Met] {Observer-Report Items Met}
EATING DISORDERS					
Anorexia nervosa	≥ 4	2	2	NO	
Bulimia nervosa	≥ 5	5	1	YES	[58, 74, 118, 124, 147]
LEARNING DISORDERS					
Disorder of written expression	$= 1$	1	1	YES	{22, 30, 148, 186}
	≥ 2	1	3		
Mathematics disorder	$= 1$	0	0	NO	
	≥ 2	1	1		
Reading disorder	$= 1$	0	0	NO	
	≥ 2	4	3		
PERSONALITY DISORDERS					
Antisocial personality disorder (#2)	≥ 3	5	6	YES	[37, 52, 70, 107, 152]; {37, 52, 107, 139, 152, 168}
PERVASIVE DEVELOPMENTAL DISORDERS					
Asperger's disorder (#4) (Total score also evaluated)	≥ 2	3	4	YES	[24, 61, 62, 159]
	≥ 1	1	1		
	$= 0$	0	1		
Autistic disorder (#4) (Total score also evaluated)	≥ 2	3	4	YES	{24, 60, 61, 134, 138, 159}
	≥ 1	1	1		
	≥ 1	0	1		

Disorder # indicates mutually exclusive screens	Positive Screen Cutoff	Self- Report Score	Observer- Report Score	Cutoff Attained	Positive Screen Items Met [Self-Report Items Met] {Observer-Report Items Met}
TIC DISORDERS					
Tic disorder-motor (#5)	≥ 1	2	3	NO	
	$= 0$	2	3		
Tic disorder-vocal (#5)	≥ 1	2	3	NO	
	$= 0$	2	3		
Tourette's disorder (#5)	≥ 1	2	3	YES	{8, 82, 97, 128}; {8, 68, 75, 82, 97, 128}
	≥ 1	2	3		
Number of positive screens		8	12		

Reliability Measure (Omega Statistic)	Omega Cutoff	Self- Report Omega	Observer- Report Omega	Reliability Attained	Comments on Reliability
Range: -1 to +1	≥ 0.07	-0.06	-0.03	NO	Neither the Self-report nor Observer-report were above the Omega cutoff

Comments:

[Self: None.]

{Observer: Christian experienced a horrific motor accident 4 years ago. He has never been the same since.}

BRIEF DEFINITIONS FOR EACH DISORDER (DSM-IV-TR; APA 2000)

Anxiety Disorders

Generalised Anxiety Disorder

Generalised anxiety disorder (GAD) is characterised by at least 6 months of persistent and excessive anxiety and worry, occurring more days than not, about a number of events or activities.

Obsessive-Compulsive Disorder

Obsessive-compulsive disorder (OCD) is a condition involving recurrent obsessions (which are time-consuming and cause marked anxiety or distress) and/or compulsions (which serve to neutralise anxiety).

Panic Disorder

Panic disorder (PanD) is the presence of recurrent, unexpected panic attacks, followed by at least 1 month of persistent concern about having another panic attack.

A panic attack is a discrete period of intense fear or discomfort in the absence of real danger that is accompanied by a number of somatic or cognitive symptoms such as shortness of breath, palpitations, chest pain or discomfort, and fear of 'going crazy' or losing control.

Post-Traumatic Stress Disorder

Post-traumatic stress disorder is the development of symptoms involving the re-experiencing of an extremely traumatic event accompanied by symptoms of increased arousal and by avoidance of stimuli associated with the trauma.

Specific Phobia

Specific phobia is characterised by clinically significant and persistent anxiety provoked by exposure to a specific feared object or situation.

Attention-Deficit and Disruptive Behaviour Disorders

Attention-Deficit/Hyperactivity Disorder

The essential feature of attention-deficit/hyperactivity disorder (ADHD) is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development.

Conduct Disorder

Conduct disorder (CD) is a repetitive and persistent pattern of behaviour in which the basic rights of others, or major age-appropriate societal norms or rules, are violated.

Oppositional Defiant Disorder

Oppositional defiant disorder (ODD) is a recurrent pattern of negativistic, defiant, disobedient and hostile behaviour toward authority figures that persists for at least 6 months.

Communication Disorders

Expressive Language Disorder

The essential feature of expressive language disorder (ELD) is an impairment in expressive language development as demonstrated by scores on standardised individually administered measures of expressive language development substantially below those obtained from standardised measures of both nonverbal intellectual capacity and receptive language development.

Mixed Receptive-Expressive Language Disorder

Mixed receptive-expressive language disorder (MRELD) is characterised by an impairment in both receptive and expressive language development as demonstrated by scores on standardised individually administered measures of both receptive and expressive language development that are substantially below those obtained from standardised measures of nonverbal intellectual capacity.

Phonological Disorder

Phonological disorder (PD) is a failure to use developmentally expected speech sounds that are appropriate for the individual's age and dialect.

Depressive Disorders

Dysthymic Disorder

Dysthymic disorder (DD) is chronically depressed mood that occurs for most of the day more days than not for a period of at least 2 years.

Definitions (continued)

Major Depressive Disorder

Major depressive disorder (MDD) is a clinical course that is characterised by one or more major depressive episodes.

A major depressive episode is a period of at least 2 weeks during which there is either depressed mood or the loss of interest or pleasure in nearly all activities.

Eating Disorders

Anorexia Nervosa

The essential features of anorexia nervosa (AN) are that the individual refuses to maintain a minimally normal body weight, is intensely afraid of gaining weight, and exhibits a significant disturbance in the perception of the shape and size of his or her body.

Bulimia Nervosa

Bulimia nervosa (BN) involves binge eating and inappropriate compensatory methods to prevent weight gain, and a self-evaluation that is excessively influenced by body shape and weight.

Learning Disorders

Disorder of Written Expression

Disorder of written expression (DWE) pertains to where writing skills (as measured by an individually administered standardised test or functional assessment of writing skills) fall substantially below those expected given the individual's chronological age, measured intelligence and age-appropriate education.

Mathematics Disorder

The essential feature of mathematics disorder (MD) is mathematical ability (as measured by individually administered standardised tests of mathematical calculation or reasoning) that falls substantially below that expected given the individual's chronological age, measured intelligence and age-appropriate education.

Reading Disorder

A reading disorder (RD) is where reading achievement (i.e. reading accuracy, speed, or comprehension as measured by individually administered standardised tests) falls substantially below that expected given the individual's chronological age, measured intelligence and age-appropriate education.

Personality Disorders

Antisocial Personality Disorder

Antisocial personality disorder (APD) is characterised by a pervasive pattern of disregard for, and violation of, the rights of others.

Pervasive Developmental Disorders

Asperger's Disorder

The essential features of Asperger's disorder (AsD) are severe and sustained impairment in social interaction and the development of restricted, repetitive patterns of behaviour, interests and activities.

Autistic Disorder

Autistic disorder (AD) involves the presence of markedly abnormal or impaired development in social interaction and communication, and a markedly restricted repertoire of activities and interests.

Tic Disorders

Tic Disorder-Motor

A tic disorder-motor (TicD-M) is a sudden, rapid, recurrent, nonrhythmic, stereotyped motor movement such as eye blinking, neck jerking, shoulder shrugging, facial contortion, and twirling when walking.

Tic Disorder-Vocal

A tic disorder-vocal (TicD-V) is a sudden, rapid, recurrent, meaningless sound such as throat clearing, grunting, sniffing, snorting, and spontaneous expression of single words or phrases.

Tourette's Disorder

Tourette's disorder (TD) refers to where there are multiple motor tics and one or more vocal tics.

APP Report Interpretation Guidelines

Disorder Column

The first column of the APP Report is labelled 'Disorder' and individually lists all 23 of the disorders for which the APP provides screening. Both attention-deficit/hyperactivity disorder (ADHD) and tic disorder (TicD) have been separated into their subtypes, thereby creating a total of 26 individual disorders.

Positive Screen Cutoff Column

The second column is labelled 'Positive Screen Cutoff'. This column provides the number of criterion of each disorder that must be met in order to receive a positive screen for each respective disorder.

Disorders that have two values (e.g. generalised anxiety disorder [GAD]) or three (e.g. autistic disorder [AD]) within the Positive Screen Cutoff column require multiple categories of criterion to be met. For instance, to be designated a positive screen for AD, three separate areas of concern must be met. These three areas, as specified by the DSM-IV-TR, include an impairment in social interaction, an impairment in communication, and a restricted repetitive and stereotyped pattern of behaviour.

Self-Report Score Column

The 'Self-Report Score' column refers to the number of screening criterion that were self-reported for each of the disorders.

The Self-Report Score for each of the disorders can be compared with the respective Positive Screen Cutoff to see if the cutoff was met and, if so, by how much.

In some instances, if the criteria for a more severe disorder has been met, then the less severe disorder(s) is not indicated even if the criteria were also met. For example, if a positive screen for antisocial personality disorder (APD) has been self-reported then a positive screen for the less severe conduct disorder (CD) and/or oppositional defiant disorder (ODD) is not given even if the respondent provides a Self-Report Score meeting the Positive Screen Cutoff.

This procedure includes the distinction between the mutually exclusive screens of ADHD-HI/ADHD-I/ADHD-C; CD/ODD/APD; ELD/MRELD; AsD/AD; and TicD/TD.

Observer-Report Score Column

The 'Observer-Report Score' column refers to the number of screening criterion that were reported by an observer on the behalf of the person being assessed. It may be interpreted in the same fashion as the Self-Report Score column.

Cutoff Attained Column

If the Self-Report Score and/or the Observer-Report Score indicates that the Positive Screen Cutoff was met or exceeded, a YES is placed in this column and is shaded. Once again, mutually exclusive screens are taken into consideration.

Please note that a YES in this column does not constitute a formal diagnosis. A YES merely indicates that the respondent has met sufficient criteria for a disorder to warrant further investigation by an appropriate health professional.

Positive Screen Items Met Column

This column lists the actual criterion that cumulatively together met the cutoff, culminating in a positive screen, and is separated into Self-Report and Observer-Report. If a paper copy was completed, a health professional can refer back to the individual items for further validation or explanation.

Summary Statistics

'Number of Positive Screens' refers to the number of positive screens indicated by the Self-Report and Observer-Report.

Seven items in the APP are repeated in order to provide a test of reliability. Therefore, if the 'Reliability Measure' value is greater than or equal to 0.07, the respondent is deemed to have provided a reliable report.