VIP Psychological Measures-Summaries

Alabama Parenting Questionnaire-Parent/Child (APQ)

These measures (one for the child and one for the parent) consist of 42 items. The subscales measured include involvement, positive parenting, poor monitoring/supervision, inconsistent discipline, and corporal punishment. For the child form, for children ages 6 to 17, items measuring involvement are repeated to cover the father and mother. Items are rated on a five-point frequency scale ranging from 1(Never) to 5 (Always). This measure was designed to assess those dimensions of parenting practices that research has linked to conduct problems.

Beck Depression Inventory-II (BDI-II)

The BDI-II is a 21-item self-report instrument measuring the presence and severity of depressive symptoms in adults and adolescents aged 13 years and older. It has recently been modified to meet the criteria presented in the DSM-IV. In general, it requires between 5 and 10 minutes to complete, although patients with severe depression make take longer than average. The respondent is asked to pick a statement that best describes the way they have been feeling during the past two weeks, including today. It may also be given orally by the clinician. Particular attention should be paid to suicidal ideation.

Brief Symptom Inventory (BSI)

The BSI is a 53-item brief self-report measure for ages 13 and older that reflects psychopathology and psychological distress. It requires a 6th grade reading level and takes approximately 8-10 minutes. It is in the form of a five-point rating scale from 0 (Not at all) to 4 (Extremely). Its subscales include somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. It also includes three global indices: global severity index, positive symptom distress index, and positive symptom total.

Child Behavior Checklist

This measure asks parents/guardians questions regarding children's competencies and behavioral/emotional problems. Parents provide information for 20 competence items covering their child's activities, social relations, and school performance. The CBCL has 118 items that describe specific behavioral and emotional problems, plus two open-ended items for reporting additional problems. Parents rate their child for how true each item is now or within the past 6 months using the following scale: 0 = not true (as far as you know); 1 = somewhat or sometimes true; 2 = very true or often true. The Youth Self Report can be completed by youths having 5th grade reading skills, or administered orally. Its competence and problem items generally parallel those of the CBCL, plus open-ended responses to items covering physical problems, concerns, and strengths. Youths rate themselves for how true each item is now or was within the past six months, using the same three-point response scale as for the CBCL.

For children aged 1 ½ to 5, the CBCL/1½-5 obtains parents' ratings of 99 problem items plus descriptions of problems, disabilities, what concerns parents most about their child, and the best things about the child. Scales inlcude: Emotionally Reactive, Anxious/Depressed, Somatic Complaints, Withdrawn, Attention Problems, Aggressive Behavior, and Sleep Problems, in addition to Internalizing, Externalizing, and Total Problems scales. This new form also includes a profile of DSM (Diagnostic and Statistical Manual)-oriented scales. The DSM-oriented scales are: Affective Problems, Anxiety Problems, Pervasive Developmental Problems, Attention Deficit/Hyperactivity Problems, & Oppositional Defiant Problems. The CBCL/1½-5 also includes the Language Development Survey (LDS) for identifying language delays. Scales are based on ratings of 1,728 children and are normed on a new national sample of 700 children.

The Children's Depression Inventory (CDI)

The CDI was developed by Dr. Maria Kovacs as a developmentally sensitive downward extension of the Beck Depression Inventory (BDI). It was modeled after the BDI and is administered to children ages 7-17 to assess potential depressive symptomatology over the past two weeks. It is a 27-item self-report questionnaire that assesses the child's recent feelings related to depression. It was designed as a self-report for children who can read at a first grade reading level, but can be read to children who are not literate, but cognitively able to answer the questions accurately. The children choose which of three statements best describes them in the past two weeks. Scoring of the CDI reveals a total score of depressive symptoms and 5 sub-scores. These sub-scores measure negative mood, interpersonal problems, ineffectiveness, anhedonia, and negative self-esteem. Scores are compared to normative scores for the child's age and sex.

Multidimensional Anxiety Scale for Children (MASC)

The MASC has been designed as a practical and efficient screening tool for measuring anxiety in youths aged 8 to 19. It consists of 39 items distributed across four basic scales (physical symptoms, harm avoidance, social anxiety, and separation/panic), a scale measuring total anxiety, and two major indexes (anxiety disorder and inconsistency). It can be used as a diagnostic aid because it assesses a cross-section of anxiety disorders. The MASC is a self-report measure and requires a fourth-grade reading level. The entire assessment can be completed by a respondent in under fifteen minutes, and the clinician can score and profile the assessment results in less than ten minutes. Interpretation of the MASC should be based on individual item responses, T-scores for the various scales, the Anxiety Disorders Index, the Inconsistency Index, and an integration of the assessment information with other clinical material.

The KID-Screen for Adolescent Violence Exposure (K-SAVE)

The KID-SAVE is an empirically based self-report measure of children's exposure to community violence for children in grades three through seven. The KID-SAVE was developed on 470 children who lived in an inner city area. The scale consists of 35 items loading onto three subscales: Traumatic Violence, Indirect Violence, and Physical/Verbal Abuse. Each item is evaluated along three levels of frequency (0 = Never, 1 = Sometimes, 2 = a lot) and three levels of impact (0 = Not at all upsetting, 1 = Somewhat upsetting, 2 = Very upsetting). In addition, three faces (smiling, frowning, and very upset) accompany the three levels of impact to assist children in identifying an appropriate answer. The Impact scale is a unique feature of the KID-SAVE providing data beyond the traditional frequency counts. Psychometric evaluation indicated adequate reliability and validity estimates. The KID-SAVE is a companion measure to the adolescent version, the SAVE. A parent version of the KID-SAVE containing the same items is available but has not yet undergone complete reliability and validity checks.

The Screen for Adolescent Violence Exposure (SAVE)

The SAVE is an adolescent self-report scale assessing frequency of violence exposure in three settings relevant to adolescent adjustment (home, school, and neighborhood). Scale items were generated from participants living in high-crime neighborhoods rather than rationally derived and were validated on over 1250 inner-city youth. The SAVE consists of 32 items assessing violence exposure in school, home, and neighborhood settings. Items are rated along a Likert scale with 0 = Never and 4 = Almost Always. Total setting scores range from 0 to 128 with higher scores reflecting greater violence exposure. Factor structure, examined by both exploratory and confirmatory factor analyses, identified three factors for each setting scale: Traumatic Violence, Indirect Violence, and Physical/Verbal Abuse. Internal consistency and test-retest reliability estimates are acceptable. Validity was demonstrated through classification into known groups, correlation with police statistics regarding neighborhood crime rates, and correlation with the Conflict Tactics Scale and Trauma Symptom Checklist for Children.

The Stress Index for Parents of Adolescents (SIPA)

The SIPA was developed as a developmentally sensitive upward extension of the Parenting Stress Index (PSI). As parenting an adolescent brings its own unique set of challenges and stressors, the SIPA was developed to address parenting this unique population. The SIPA was standardized to use with parents of children ages 11-19 years and can be completed solely by the parent or can be read to parents of limited reading abilities. It is composed of 112 items; 90 items are Likert scale items where parents report whether they Strongly Agree to Strongly Disagree on the item, while 22 items are Yes-No items. Scoring of the SIPA reveals an index of life stressors and an index of total parenting stress. The scores are then broken down into 3 domains and 8 sub-domains. The SIPA provides measures of the level of stress experienced by the parent as a function of the characteristics of his/her adolescent, measures of the level of stress experienced by the parent as a function of the effect of parenting on other life roles, and measures of the perceived quality of the relationship that the parent has with the adolescent. These scores are broken down into measures of the teenagers emotional lability, social isolation, delinquency, and failure to achieve. The parent domain is broken down into scores representing the parent's life restrictions, relationship with spouse/partner, social alienation, and incompetence.

The Parenting Stress Index – Short Form (PSI-SF)

The PSI is a 36-item self-scoring questionnaire/profile. It yields a Total Stress score from three subscales: parental distress, parent-child dysfunctional interaction, and difficult child. It also has a validity subscale to determine the amount of response bias: defensive responding. The PSI is particularly helpful in: early identification of dysfunctional parent-child systems, prevention programs aimed at reducing stress, intervention and treatment planning in high stress areas, family functioning and parenting skills, assessment of child-abuse risk, and forensic evaluation for child custody.

Trauma Symptom Checklist for Children (TSCC)

The TSCC is a 54-item self-report measure on posttraumatic distress and related psychological symptomatology. It is intended for use in the evaluation of children (aged 8 to 17) who have experienced traumatic events, including childhood physical and sexual abuse, victimization by peers, major losses, the witnessing of violence done to others, and natural disasters. It yields two validity scales (underresponse and hyperresponse), and six clinical scales (anxiety, depression, anger, posttraumatic stress, dissociation, and sexual concerns). The child is presented with a list of thoughts, feelings, and behaviors and is asked to mark how often each of these things happens to him/her. Each item is rated on a four-point scale from 0 (never) to 3 (almost all of the time). The TSCC takes approximately 5 to 10 minutes.

The Violence Exposure Scale for Children- Revised (VEX-R)

The VEX-R was developed by Drs. Nathan Fox & Lewis Leavitt as a self-report inventory to measure young children's exposure to violence. Our program did not find the self-report of the very young children to be valid, therefore we administer the VEX-R to children ages 4-10 to assess lifetime exposure to various forms of violence. The VEX-R is a 25-item self-report questionnaire that includes 3 validity questions. It is composed of 22 items which address any forms of violence the children may have experienced or witnessed in their lifetime and is set up in the format of a story where the administrator reads to the children about the violence that has happened to or is witnessed by a character called "Chris". Pictures illustrate each question. Additionally, the Likert responses of "never, 1 time, a few times and lots of times" are accompanied by thermometers which visually demonstrated the difference between the amounts. In addition, there are three validity questions that ask about the child's exposure to shopping, cartoons, and seeing children sitting on Santa's lap to gauge if children are using the scales correctly and are truthfully reporting their experiences. Scores are broken down into categories of violence that was witnessed and violence that was experienced.