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*PsychProfiler*<sup>TM</sup>

## Child and Adolescent PsychProfiler

Parent Report Form

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**The PsychProfiler has been the most widely used  
Australian psychiatric / psychological / educational  
global screening instrument since 2004.**



## BRIEF OUTLINE OF THE CAPP

*Child and Adolescent PsychProfiler v5 (oriented to DSM-5) (CAPP)* is an instrument comprising screening criteria for 14 of the most common disorders found in children and adolescents.

The screening criteria of the CAPP closely resemble the diagnostic criteria listed in the *Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5; APA, 2013)*.

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 professional.

## CAPP RESULTS

<b>Assessment Type:</b>	CAPP Parent Assessment		
<b>Name:</b>	Justin Example	<b>Gender:</b>	Female
<b>Address:</b>	1 Smith Street FLORIDA USA	<b>Date of Birth:</b>	04 September 2004
<b>Phone:</b>	0414444444	<b>Age at Completion:</b>	10
<b>Medical:</b>	Florida Medical Centre	<b>Completion Date:</b>	09 September 2014
<b>Parent:</b>	Justine	<b>Teacher:</b>	Lindsay
<b>School Year:</b>	5	<b>School:</b>	Florida Primary School

Disorder (# indicates mutually exclusive screens)	Positive Screen Cutoff	Assessment Score	Cutoff Attained	Positive Screen Items Met
<b>Anxiety Disorders</b>				
Generalised Anxiety Disorder *[F41.1]:	>=1 >=3	1 3	YES	1,15,24,54
Separation Anxiety Disorder *[F93.0]:	>=3	6	YES	18,23,36,43, 64,70
<b>Attention-Deficit / Hyperactivity Disorders</b>				
ADHD Predominantly Hyperactive-Impulsive Presentation *[F90.1](#1):	>=6	1	NO	40
ADHD Predominantly Inattentive Presentation *[F90.0](#1):	>=6	1	NO	3
ADHD Combined Presentation *[F90.2](#1):	>=6 >=6	1 1	NO	3,40

<b>Autism Spectrum Disorder</b>				
Autism Spectrum Disorder *[F84.0]:	>=3 >=2	0 0	NO	
<b>Communication Disorders</b>				
Language Disorder *[F80.9]:	>=2 >=1	3 0	NO	11,32,114
Speech Sound Disorder *[F80.0]:	>=2	1	NO	83
<b>Depressive Disorders</b>				
Persistent Depressive Disorder *[F34.1]:	>=1 >=2	0 3	NO	28,37,38
<b>Disruptive, Impulse-Control and Conduct Disorders</b>				
Conduct Disorder *[F91.x](#2):	>=3	0	NO	
Oppositional Defiant Disorder *[F91.3](#2):	>=4	0	NO	
<b>Feeding and Eating Disorders</b>				
Anorexia Nervosa *[F50.0]:	>=3	0	NO	
Bulimia Nervosa *[F50.2]:	>=3	0	NO	
<b>Obsessive-Compulsive and Related Disorders</b>				
Obsessive-Compulsive Disorder *[F42.2]:	>=1 >=2 >=1	0 1 0	NO	76
<b>Specific Learning Disorders</b>				
Specific Learning Disorder with Impairment in Reading *[F81.0]:	>=1 >=2	0 2	NO	25,88
Specific Learning Disorder with Impairment in Written Expression *[F81.81]:	>=1 >=2	1 2	<b>YES</b>	34,58,96
Specific Learning Disorder with Impairment in Mathematics *[F81.2]:	>=1 >=2	0 1	NO	12

**Trauma- and Stressor- Related Disorders**

Posttraumatic Stress Disorder *[F43.1]:	>=1	1	<b>YES</b>	2,7,24,54
	>=1	1		
	>=1	2		
<b>Number of positive screens met</b>			<b>4</b>	

Reliability Measure (Omega Statistic)	Omega Cutoff	Assessment Omega	Reliability Attained	Comments on Reliability
Range: -1 To +1	>0.07	-0.17	NO	The assessment was Deemed an unreliable completion. Interpret with caution.

**Comments:**

Justin gets very anxious when he is not with one of his parents.

**POSITIVE SCREEN ITEMS MET**

Disorder	Screen Items Met
Generalised Anxiety Disorder *[F41.1]:	1: Has difficulty controlling worries. 15: Gets muscular tension. 24: Has trouble falling asleep or staying asleep. 54: Is moody and irritable for most of the day.
Separation Anxiety Disorder *[F93.0]:	18: Complains about feeling sick when they expect to be separated from their home or their parent(s). 23: Worries that their parent(s) will be hurt, become ill, or leave home and not come back. 36: Worries about being left at places without their parent(s) being there. 43: Is afraid to go to sleep unless at home or near their parent(s). 64: Gets very upset when they have to leave the home or their parent(s). 70: Tries to avoid going to school in order to stay home with their parent(s).
ADHD Predominantly Hyperactive-Impulsive Presentation *[F90.1](#1):	40: Talks excessively.
ADHD Predominantly Inattentive Presentation *[F90.0](#1):	3: Avoids doing tasks that require a lot of concentration (e.g. schoolwork or homework).
ADHD Combined Presentation *[F90.2](#1):	3: Avoids doing tasks that require a lot of concentration (e.g. schoolwork or homework). 40: Talks excessively.
Language Disorder *[F80.9]:	11: Appears to have a limited vocabulary. 32: Prefers to talk using short and simple sentences. 114: Has difficulty expressing ideas or describing topics.
Speech Sound Disorder *[F80.0]:	83: Gets the order of the sounds of some words mixed up (e.g. says "aks" instead of "ask").
Persistent Depressive Disorder *[F34.1]:	28: Feels tired or like they do not have any energy to do things. 37: Has difficulty concentrating or making decisions. 38: Has low self-esteem or a low self-concept.
Obsessive-Compulsive Disorder *[F42.2]:	76: Feels compelled to perform unusual habits (e.g. washing hands, checking locks, or repeating things a set number of times).
Specific Learning Disorder with Impairment in Reading *[F81.0]:	25: Is a slow reader. 88: Has trouble understanding what they have read.
Specific Learning Disorder with Impairment in Written Expression *[F81.81]:	34: Has trouble writing stories or essays. 58: Has trouble spelling correctly. 96: Has trouble writing neatly.

Specific Learning Disorder with Impairment in Mathematics *[F81.2]:	12: Has trouble recognising or reading numbers (e.g. 1, 16, 88) or maths signs (e.g. +, -, x, ÷).
Posttraumatic Stress Disorder *[F43.1]:	<p>2: Has experienced an extremely upsetting event and continues to be upset by it greatly.</p> <p>7: Has bad memories or dreams about an extremely traumatic event that happened to them, or that they saw.</p> <p>24: Has trouble falling asleep or staying asleep.</p> <p>54: Is moody and irritable for most of the day.</p>

## BRIEF DEFINITIONS FOR EACH DISORDER (DSM-5; APA 2013)

\* = World Health Organisation; ICD10 Code

### Anxiety Disorders

#### *Generalised Anxiety Disorder* \*[F41.1]:

Generalised Anxiety Disorder (GAD) is characterised by persistent and excessive anxiety and worry about various domains (e.g., school performance, social activities) that the individual finds difficult to control. This persistent and excessive anxiety and worry leads to the individual experiencing physical symptoms such as restlessness, fatigue, irritability, muscular tension, and sleep disturbance.

#### *Separation Anxiety Disorder* \*[F93.0]:

Separation Anxiety Disorder (SAD) is characterised by developmentally inappropriate excessive fear or anxiety concerning separation from home or attachment figures.

Individuals with SAD experience excessive recurrent distress when separation from home or major attachment figures is anticipated or occurs, worry about the well-being or death of their attachment figures, and worry about untoward events to themselves (e.g., getting lost, being kidnapped).

### Attention-Deficit / Hyperactivity Disorders

#### *Attention-Deficit / Hyperactivity Disorders* \*[F90.x]:

Attention-Deficit/Hyperactivity Disorder (ADHD) is a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.

Inattention manifests behaviourally in ADHD as wandering off task, lacking persistence, having difficulty sustaining focus, and being disorganised. Hyperactivity refers to excessive motor activity when not appropriate (e.g., running about), or excessive fidgeting, tapping, or talkativeness. Impulsivity refers to hasty actions that occur in the moment without forethought and that have a high potential for harm to the person (e.g., darting onto the street without looking).

**Mutually Exclusive Note:** Individuals with ADHD are classified with only one of the following: (1) ADHD Predominantly Hyperactive-Impulsive Presentation \*[F90.1], (2) ADHD Predominantly Inattentive Presentation \*[F90.0], or (3) ADHD Combined Presentation (i.e. both Hyperactive-Impulsive and Inattentive traits) \*[F90.2].

#### *ADHD Predominantly Hyperactive-Impulsive Presentation* \*[F90.1](#1):

#### *ADHD Predominantly Inattentive Presentation* \*[F90.0](#1):

#### *ADHD Combined Presentation* \*[F90.2](#1):

## **Autism Spectrum Disorder**

### *Autism Spectrum Disorder \*[F84.0]:*

Autism Spectrum Disorder (ASD) is characterised by persistent impairment in reciprocal social communication and social interaction; and restricted, repetitive patterns of behaviour, interests, or activities. The impairments are pervasive and sustained and have been present from the early developmental stage.

## **Communication Disorders**

### *Language Disorder \*[F80.9]:*

The core diagnostic features of Language Disorder (LD) are difficulties in the acquisition and use of language due to deficits in the comprehension or production of vocabulary, sentence structure, and discourse. The language deficits are evident in spoken communication, written communication, or sign language.

### *Speech Sound Disorder \*[F80.0]:*

A Speech Sound Disorder (SSD) is diagnosed when clear articulation of the phonemes (i.e. individual sounds), that in combination make up spoken words, is not what would be expected based on the child's age, developmental stage, and exposure to the respective language. Speech sound production requires both the phonological knowledge of speech sounds and the ability to coordinate the movements of the articulators (i.e. the jaw, tongue and lips) with breathing and vocalising for speech.

## **Depressive Disorders**

### *Persistent Depressive Disorder \*[F34.1]:*

The essential feature of Persistent Depressive Disorder (PDD) is a depressed mood that occurs for most of the day, for more days than not, for at least one year. Individuals with PDD describe their mood as "sad" or "down-in-the dumps" and manifests as cognitive (low self-esteem) and/or somatic (e.g., insomnia, fatigue) symptomology.



## **Disruptive, Impulse-Control and Conduct Disorders**

### ***Conduct Disorder* \*[F91.x](#2):**

Conduct Disorder (CD) refers to a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms or rules are violated. These behaviours fall into the four main groupings of: (1) aggressive conduct to humans and animals; (2) non-aggressive conduct that causes property loss or damage; (3) deceitfulness or theft; and (4) serious violation of rules.

### ***Oppositional Defiant Disorder* \*[F91.3](#2):**

Oppositional Defiant Disorder (ODD) is a frequent and persistent pattern of angry/irritable mood, argumentative / defiant behaviour, or vindictiveness.

The symptoms of ODD may be confined to only one setting, and this is most frequently at home, however, the more severe cases show symptoms across multiple settings.

**Mutually Exclusive Note: If a screen for Conduct Disorder (CD) is attained, a positive screen for the less severe Oppositional Defiant Disorder (ODD) is not also indicated, even if the number of ODD criterion exceeds the cut-off.**

## **Feeding and Eating Disorders**

### ***Anorexia Nervosa* \*[F50.0]:**

There are three essential features of Anorexia Nervosa (AN); namely, (1) persistent energy intake restriction; (2) intense fear of gaining weight or becoming fat, or persistent behaviour that interferes with weight gain; and (3) a disturbance in self-perceived weight or shape. As a result, the individual maintains a body weight that is below a minimally normal level for age, gender, developmental trajectory, and physical health. (WHO BMI severity classifications - Mild: >17; Moderate:16-16.99; Severe: 15-15.99; Extreme:

### ***Bulimia Nervosa* \*[F50.2]:**

There are three essential features of Bulimia Nervosa (BN); namely: (1) recurrent episodes of binge eating, (2) recurrent inappropriate compensatory behaviours to prevent weight gain, and (3) self-evaluation that is unduly influenced by body shape and weight. The binge eating and inappropriate compensatory behaviours must occur, on average, at least once per week for three months.

## **Obsessive-Compulsive and Related Disorders**

### ***Obsessive-Compulsive Disorder* \*[F42.2]:**

Obsessive-Compulsive Disorder (OCD) is characterised by the presence of obsessions and/or compulsions. Obsessions are recurrent and persistent thoughts, urges, or images that are experienced as intrusive and unwanted, whereas Compulsions are repetitive behaviours or mental acts that an individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.

## **Specific Learning Disorders**

### *Specific Learning Disorders \*[F81.x]:*

A Specific Learning Disorder (SLD) is a neurodevelopmental disorder with a biological origin that is the basis for abnormalities at a cognitive level that are associated with the behavioural signs of the disorder. The disorder creates persistent difficulties learning keystone academic skills, with onset during the years of formal schooling (i.e., the developmental period) and disrupts the normal pattern of learning academic skills. It is not simply a consequence of lack of opportunity of learning or inadequate instruction and must still be present to a degree despite the provision of interventions that have targeted the respective difficulties.

Individuals with a SLD are classified with one or more of the following: (1) SLD with Impairment in Reading \*[F81.0], (2) SLD with Impairment in Written Expression \*[F81.81], and/or (3) SLD with Impairment in Mathematics \*[F81.2].

### *Specific Learning Disorder with Impairment in Reading \*[F81.0]:*

### *Specific Learning Disorder with Impairment in Written Expression \*[F81.81]:*

### *Specific Learning Disorder with Impairment in Mathematics \*[F81.2]:*

## **Trauma- and Stressor- Related Disorders**

### *Posttraumatic Stress Disorder \*[F43.1]:*

Posttraumatic Stress Disorder (PTSD) is the development of negative symptomology following exposure to one or more traumatic events. The clinical presentation can vary between individuals and can manifest as fear-based re-experiencing, emotional disturbance, behavioural problems, disassociation, and anhedonic or dysphoric mood states.

### **Disorder Column**

The first column of the CAPP Assessment is labelled 'Disorder' and individually lists all 14 of the disorders for which the CAPP provides screening.

### **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. obsessive-compulsive disorder [OCD]) within the Positive Screen Cutoff column require multiple categories of criterion to be met. For instance, to be designated a positive screen for OCD, three separate areas must be met. These three areas, as specified by the DSM-5, include (1) Obsessions, (2) Compulsions, and (3) Compulsions being time-consuming and causing significant interference with normal routine.

### **Assessment Score Column**

The 'Assessment Score' column refers to the number of screening criterion that were reported for each of the disorders.

The Assessment Score for each of the disorders can be compared with the respective Positive Screen Cutoff to see if the cutoff was met (indicated by a YES) 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 conduct disorder (CD) has been reported, then a positive screen for the less severe oppositional defiant disorder (ODD) is not also given even if the respondent provides a score meeting the Positive Screen Cutoff.

This procedure also includes the distinction between the mutually exclusive subtype screens of ADHDHI / ADHDI / ADHDC.

### **Cutoff Attained Column**

If the Assessment Score indicates that the Positive Screen Cutoff was met, 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 or exceeded the cutoff, culminating in a positive screen. 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 report. Seven items in the CAPP 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.