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PsychProfiler™

Adult PsychProfiler

Self Report Form

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www.psychprofiler.com

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

Updated to DSM-5

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BRIEF OUTLINE OF THE *APP V5*

The Adult PsychProfiler v5 (oriented to DSM-5) (APP v5) is an instrument comprising screening criteria for 17 of the most common disorders found in adults.

The screening criteria of the APP v5 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.

APP V5 RESULTS

Assessment Type:	APP v5 Self Assessment		
Name:	Allan Davison	**Gender:**	Male
Address:	17 Park Road Addlestone	**Date of Birth:**	14 April 1983
Phone:	0411223344	**Age at Completion:**	31
Medical:	Swann Psychology	**Completion Date:**	30 June 2014

Disorder (# indicates mutually exclusive screens)	Positive Screen Cutoff	Assessment Score	Cutoff Attained	Positive Screen Items Met
Anxiety Disorders				
Generalised Anxiety Disorder (F41.1)	>=1 >=3	1 4	**YES**	40,98,126,143, 167
Panic Disorder (F41.0)	>=1 >=4	0 3	NO	5,14,163
Specific Phobia (F40.2)	>=1 >=3	0 0	NO	

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Attention-Deficit / Hyperactivity Disorders				
ADHD Predominantly Hyperactive-Impulsive Presentation (F90.1) (#1)	>=5	2	NO	66,95
ADHD Predominantly Inattentive Presentation (F90.0) (#1)	>=5	4	NO	6,94,101,104
ADHD Combined Presentation (F90.2) (#1)	>=5 >=5	2 4	NO	6,66,94,95, 101,104
Autism Spectrum Disorder				
Autism Spectrum Disorder (F84.0)	>=3 >=2	0 0	NO	
Bipolar and Related Disorders				
Bipolar I Disorder (F31.x) (#2)	>=4	0	NO	
Bipolar II Disorder (F31.81) (#2)	>=4 >=1 >=4	0 0 0	NO	
Communication Disorders				
Language Disorder (F80.9)	>=4 >=1	0 0	NO	
Speech Sound Disorder (F80.0)	>=3	0	NO	

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Depressive Disorders				
Persistent Depressive Disorder (F34.1)	>=1 >=2	0 0	NO	
Major Depressive Disorder (F32.x/F33.x)	>=1 >=4	0 0	NO	
Feeding and Eating Disorders				
Anorexia Nervosa (F50.0)	>=4	0	NO	
Bulimia Nervosa (F50.2)	>=4	0	NO	
Obsessive-Compulsive and Related Disorders				
Obsessive-Compulsive Disorder (F42.2)	>=1 >=2 >=1	0 0 0	NO	
Personality Disorders				
Antisocial Personality Disorder (F60.2)	>=3	2	NO	37,139
Schizophrenia Spectrum and Other Psychotic Disorders				
Schizophrenia (F20.9)	>=1 >=2	0 0	NO	
Specific Learning Disorders				
Specific Learning Disorder with Impairment in Reading (F81.0)	>=1 >=3	0 1	NO	59
Specific Learning Disorder with Impairment in Written Expression (F81.81)	>=1 >=3	0 0	NO	
Specific Learning Disorder with Impairment in Mathematics (F81.2)	>=1 >=2	0 1	NO	75

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Trauma- and Stressor- Related Disorders				
Posttraumatic Stress Disorder (F43.1)	>=1 >=1 >=2 >=2	1 2 3 3	**YES**	23,63,68,77, 109,146,153,169, 173
Number of positive screens met			**2**	

Reliability Measure (Omega Statistic)	Omega Cutoff	Assessment Omega	Reliability Attained	Comments on Reliability
Range: -1 To +1	>0.07	0.66	YES	Deemed a reliable completion.

Comments:
I was in a serious car crash 5 years ago. I had 3 months in hospital recovering from my injuries.

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POSITIVE SCREEN ITEMS

Disorder	Screen Items
Generalised Anxiety Disorder (F41.1)	40: My mind seems to go blank. 98: I get easily fatigued. 126: I feel restless or edgy. 143: I find it hard not to worry about some things even though I try not to. 167: I get muscular tension.
Panic Disorder (F41.0)	5: I experience intense fear or discomfort characterised by the sudden onset of palpitations, a pounding heart, or accelerated heart rate. 14: I experience intense fear or discomfort characterised by the sudden onset of numbing or tingling sensations. 163: I experience intense fear or discomfort characterised by the sudden onset of chills or heat sensations.
ADHD Predominantly Hyperactive-Impulsive Presentation (F90.1) (#1)	66: I am a person who is always 'on-the-go' and doing something. 95: I talk excessively.
ADHD Predominantly Inattentive Presentation (F90.0) (#1)	6: I lose things necessary for tasks or activities (e.g., pens, glasses, tools, keys). 94: I do not seem to listen even when someone is speaking directly to me. 101: I am forgetful. 104: I have difficulty organising tasks and activities.
ADHD Combined Presentation (F90.2) (#1)	6: I lose things necessary for tasks or activities (e.g., pens, glasses, tools, keys). 66: I am a person who is always 'on-the-go' and doing something. 94: I do not seem to listen even when someone is speaking directly to me. 95: I talk excessively. 101: I am forgetful. 104: I have difficulty organising tasks and activities.
Antisocial Personality Disorder (F60.2)	37: I engage in criminal acts. 139: I have a reckless disregard for my own safety or the safety of other people.
Specific Learning Disorder with Impairment in Reading (F81.0)	59: I am a slow reader.
Specific Learning Disorder with Impairment in Mathematics (F81.2)	75: I received extra help/tutoring when I was young because I had trouble with mathematics.

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Posttraumatic Stress Disorder (F43.1)	23: I have distressing memories, flashbacks, thoughts, or dreams related to an extremely traumatic event (e.g., serious injury, actual or threatened death, sexual violence) that happened to a close family member or close friend. 63: I startle easily. 68: I engage in reckless or self-destructive behaviour. 77: I try to avoid thoughts, feelings, or conversations associated with an extremely traumatic incident that happened to me, or that I saw. 109: I no longer have an interest in, or participate in, activities that I once found enjoyable. 146: I experience persistent negative emotions (e.g., fear, horror, anger, guilt, shame). 153: My body physiologically reacts (e.g., sweating, palpitations) when I am reminded of an extremely traumatic event that happened to me or that I saw. 169: I have difficulty experiencing positive emotions (e.g., unable to have loving feelings, experience joy). 173: I am irritable and have outbursts of anger.

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

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.

Panic Disorder (F41.0)

Panic Disorder (PanD) is the presence of recurrent, unexpected Panic Attacks, followed by at least one 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.

Specific Phobia (F40.2)

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

Attention-Deficit / Hyperactivity Disorders

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

Attention-Deficit/Hyperactivity Disorder (ADHD) refers to 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)

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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.

Bipolar and Related Disorders

Bipolar I Disorder (F31.x) (#2)

For a diagnosis of Bipolar I Disorder (BID), it is necessary that the individual meet the criteria for a Manic Episode.

The essential feature of a Manic Episode is a distinct period during which there is an abnormally, persistently elevated, expansive, or irritable mood and persistently increased activity or energy that is present for most of the day, nearly every day, for a period of at least one week. During this mood disturbance, many noticeable changes from the individual's usual behaviour are evident, such as an inflated self-esteem or grandiosity, being overly talkative, or a decreased need for sleep.

Mutually Exclusive Note: If a screen for Bipolar II Disorder (BIID) is attained, a positive screen for Bipolar I Disorder (BID) is not also indicated, even if the number of BID criterion exceeds the cut-off.

Bipolar II Disorder (F31.81) (#2)

For a diagnosis of Bipolar II Disorder (BIID), it is necessary that the individual meet the criteria for a Hypomanic Episode as well as the criteria for a Major Depressive Episode (MDD).

The essential feature of a Hypomanic Episode is a distinct period during which there is an abnormally, persistently elevated, expansive, or irritable mood and persistently increased activity or energy that is present for most of the day, nearly every day, for a period of at least four consecutive days. During this mood disturbance, many noticeable changes from the individual's usual behaviour are evident, such as an inflated self-esteem or grandiosity, being overly talkative, or a decreased need for sleep.

The essential feature of a Major Depressive Episode (MDE) is a period of at least 2 weeks during which there is either depressed mood and/or the loss of interest or pleasure in nearly all activities. The mood in a Major Depressive Episode is often described by the person as "depressed", "sad", "hopeless", "discouraged", or "down-in-the-dumps" and manifests as cognitive (low self-esteem) and/or somatic (e.g., insomnia, fatigue) symptomology.

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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.

Major Depressive Disorder (F32.x/F33.x)

Major Depressive Disorder (MDD) is characterised by discrete episodes of at least 2 weeks' duration involving clear-cut changes in affect, cognition and neurovegetative functions and inter-episode remissions. The essential feature of a Major Depressive Episode is a period of at least 2 weeks during which there is either depressed mood and/or the loss of interest or pleasure in nearly all activities. The mood in a Major Depressive Episode is often described by the person as "depressed", "sad", "hopeless", "discouraged", or "down-in-the-dumps" and manifests as cognitive (low self-esteem) and/or somatic (e.g., insomnia, fatigue) symptomology.

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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.

Personality Disorders

Antisocial Personality Disorder (F60.2)

Antisocial Personality Disorder (APD) is a pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood. Because deceit and manipulation are central features of APD, it is especially helpful to integrate information acquired from systematic clinical assessment with information collected from collateral sources.

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Schizophrenia Spectrum and Other Psychotic Disorders

Schizophrenia (F20.9)

The characteristic symptoms of Schizophrenia (SZ) involve a range of cognitive, behavioural, and emotional dysfunctions, but no single symptom is pathognomonic of the disorder. The diagnosis involves the recognition of a constellation of signs and symptoms associated with impaired occupational or social functioning and individuals with the disorder will vary substantially on most features, as schizophrenia is a heterogeneous clinical syndrome. However, one mandatory requirement for diagnosis is that the individual must display delusions, hallucinations, and/or disorganised speech.

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.

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APP ASSESSMENT INTERPRETATION GUIDELINES

Disorder Column

The first column of the APP Assessment is labelled 'Disorder' and individually lists all 17 of the disorders for which the APP provides screening. Attention-deficit/hyperactivity disorder (ADHD), Bipolar Disorder (BD), and Specific Learning Disorder (SLD) have been separated into their subtypes, thereby creating a total of 22 individual screens.

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 is also used to distinguish between the mutually exclusive subtype screens of ADHD-HI / ADHD-I / ADHD-C.

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.

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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.

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