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PsychProfiler[™]

Child and Adolescent PsychProfiler

Parent Report Form

AUTHORS OF THE CAPP V5

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www.psychprofiler.com

**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

Assessment Type:	CAPP Parent Assessment		
Name:	Justin Example	Gender:	Male
Address:	1 Smith Street Silver City EAST PERTH	Date of Birth:	14 June 2002
Phone:	123456	Age at Completion:	12
Medical:	PECS	Completion Date:	26 June 2014
Parent:	Jane	Teacher:	Julie Jones
School Year:	7	School:	SUBIACO PS

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	0 1	NO	15
Separation Anxiety Disorder *[F93.0]:	>=3	3	YES	18,23,51
Attention-Deficit / Hyperactivity Disorders				
ADHD Predominantly Hyperactive-Impulsive Presentation *[F90.1](#1):	>=6	5	NO	13,30,46,50,72
ADHD Predominantly Inattentive Presentation *[F90.0](#1):	>=6	2	NO	57,81
ADHD Combined Presentation *[F90.2](#1):	>=6 >=6	5 2	NO	13,30,46,50,57,72,81

Autism Spectrum Disorder				
Autism Spectrum Disorder *[F84.0]:	>=3	3	YES	5,8,35,41, 62,82,126
	>=2	4		
Communication Disorders				
Language Disorder *[F80.9]:	>=2	1	NO	115
	>=1	0		
Speech Sound Disorder *[F80.0]:	>=2	1	NO	83
Depressive Disorders				
Persistent Depressive Disorder *[F34.1]:	>=1	1	NO	91
	>=2	0		
Disruptive, Impulse-Control and Conduct Disorders				
Conduct Disorder *[F91.x](#2):	>=3	10	YES	16,31,44,53, 63,73,77,89, 90,95
Oppositional Defiant Disorder *[F91.3](#2):	>=4	2	NO	26,110
Feeding and Eating Disorders				
Anorexia Nervosa *[F50.0]:	>=3	4	YES	21,61,67,86
Bulimia Nervosa *[F50.2]:	>=3	4	YES	9,29,45,52
Obsessive-Compulsive and Related Disorders				
Obsessive-Compulsive Disorder *[F42.2]:	>=1	0	NO	76
	>=2	1		
	>=1	0		
Specific Learning Disorders				
Specific Learning Disorder with Impairment in Reading *[F81.0]:	>=1	1	YES	25,66,88,121
	>=2	3		
Specific Learning Disorder with Impairment in Written Expression *[F81.81]:	>=1	1	YES	34,58,108
	>=2	2		
Specific Learning Disorder with Impairment in Mathematics *[F81.2]:	>=1	0	NO	12,33,56
	>=2	3		

Trauma- and Stressor- Related Disorders

Posttraumatic Stress Disorder *[F43.1]:	>=1 >=1 >=1	1 3 1	YES	10,85,98,101, 120
Number of positive screens met			8	

Reliability Measure (Omega Statistic)	Omega Cutoff	Assessment Omega	Reliability Attained	Comments on Reliability
Range: -1 To +1	>0.07	0.00	NO	The assessment was Deemed an unreliable completion. Interpret with caution.the Omega cutoff.

Comments:

Has been avoiding school a lot lately.

POSITIVE SCREEN ITEMS

Disorder	Screen Items
Generalised Anxiety Disorder *[F41.1]:	15: Gets muscular tension.
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. 51: Has nightmares about being left alone or about being away from their parent(s).
ADHD Predominantly Hyperactive-Impulsive Presentation *[F90.1](#1):	13: Blurts out answers to questions before they have heard the whole question. 30: Runs around or climbs when they are expected to be still. 46: Taps their hands or squirms in their seat. 50: Interrupts others when they are talking or when they are involved in activities. 72: Is a person who is always 'on-the-go' and doing something.
ADHD Predominantly Inattentive Presentation *[F90.0](#1):	57: Has trouble paying attention. 81: Makes careless mistakes.
ADHD Combined Presentation *[F90.2](#1):	13: Blurts out answers to questions before they have heard the whole question. 30: Runs around or climbs when they are expected to be still. 46: Taps their hands or squirms in their seat. 50: Interrupts others when they are talking or when they are involved in activities. 57: Has trouble paying attention. 72: Is a person who is always 'on-the-go' and doing something. 81: Makes careless mistakes.
Autism Spectrum Disorder *[F84.0]:	5: Finds it hard to make, or stay, friends with other people their own age. 8: Finds it hard to look people in the eye when they are talking to them. 35: Has a strange way of relating to other people (e.g. avoids eye contact or uses odd facial expressions or gestures). 41: Gets very upset over changes in their routine or surroundings. 62: Gets fixated on things (e.g. objects, parts of objects, spinning objects, smells, sounds, words). 82: Makes strange repetitive movements without meaning to (e.g. flapping their hands or their arms). 126: Gets very upset with some sounds, some smells, or the feel of some of their clothes.
Language Disorder *[F80.9]:	115: Has difficulty recalling words or forming well constructed sentences.
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]:	91: Feels unhappy or sad for most of the day.

Conduct Disorder *[F91.x](#2):	<p>16: Destroys other people's property.</p> <p>31: Intentionally hurts animals.</p> <p>44: Stays out at night without permission.</p> <p>53: Lies to get their own way or to get out of trouble.</p> <p>63: Truants from school or class.</p> <p>73: Steals other people's property.</p> <p>77: Has forced people to give them money or items.</p> <p>89: Has used a weapon when fighting (e.g. bat, brick, knife).</p> <p>90: Starts physical fights.</p> <p>95: Physically hurts people.</p>
Oppositional Defiant Disorder *[F91.3](#2):	<p>26: Does not do what their parents or other adult authority figures (e.g. teachers, relatives) ask them to do.</p> <p>110: Blames others for own misbehaviour or mistakes.</p>
Anorexia Nervosa *[F50.0]:	<p>21: Uses strict diets or hard exercise to control their weight.</p> <p>61: Lets their body shape and weight influence how they feel about themselves.</p> <p>67: Thinks they are fat or overweight even though they are too thin.</p> <p>86: Significantly limits the amount of food they eat due to a fear of putting on weight.</p>
Bulimia Nervosa *[F50.2]:	<p>9: Worries about gaining weight or being overweight.</p> <p>29: Eats a large amount of food in a short period of time.</p> <p>45: Cannot stop eating or control how much they eat.</p> <p>52: Does a lot of exercise, or limits the types of food they eat, to control their weight.</p>
Obsessive-Compulsive Disorder *[F42.2]:	<p>76: Feels compelled to perform unusual habits (e.g. washing hands, checking locks, or repeating things a set number of times).</p>
Specific Learning Disorder with Impairment in Reading *[F81.0]:	<p>25: Is a slow reader.</p> <p>66: Has trouble reading.</p> <p>88: Has trouble understanding what they have read.</p> <p>121: Has received remediation/tutoring because they are not good at reading.</p>
Specific Learning Disorder with Impairment in Written Expression *[F81.81]:	<p>34: Has trouble writing stories or essays.</p> <p>58: Has trouble spelling correctly.</p> <p>108: Has received remediation/tutoring because they are not good at writing.</p>
Specific Learning Disorder with Impairment in Mathematics *[F81.2]:	<p>12: Has trouble recognising or reading numbers (e.g. 1, 16, 88) or maths signs (e.g. +, -, x, ÷).</p> <p>33: Has received extra help/tutoring because they have difficulty with mathematics.</p> <p>56: Has trouble following mathematical sequences or learning multiplication tables.</p>

Posttraumatic Stress Disorder *[F43.1]:	10: Tries to avoid thoughts, feelings, or conversations associated with an extremely upsetting thing that happened to them, or that they saw. 85: Physiologically reacts (e.g. sweats, heart goes fast) when they are reminded of an extremely upsetting event that happened to them, or that they saw. 98: Gets upset greatly about an extremely upsetting thing that has happened to a close family member or close friend of theirs. 101: Engages in reckless or self-destructive behaviour, or does harmful things to themselves even though they know it is not good for them. 120: Avoids activities, places, or people that remind them of an extremely upsetting event.
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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.

CAPP ASSESSMENT INTERPRETATION GUIDELINES

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.