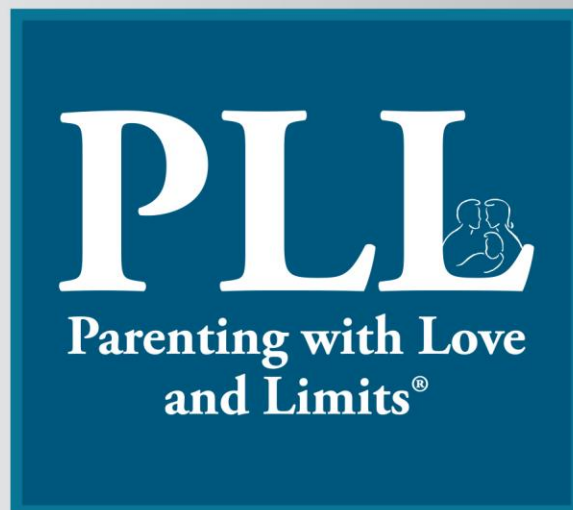


Guide to Interpreting PLL Assessments Manual

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PLL is a treatment model that is “data and results driven”! The PLL teams in the field are gathering data on each family served by PLL from a number of resources. This document serves as a guide to interpreting the data obtained from both the pre-tests administered prior to the start of PLL treatment and the post-tests administered at the conclusion of PLL treatment.

Each test assessment provides objective data on the youth and family’s functioning as reported by the family at the time of test administration. Each test assessment has a specific guide to effectively interpret the results.

Guide to interpreting the Child Behavior Checklist (CBCL) Dashboard Report

1. The following table indicates the range for interpreting the meaning of the actual scores for each scale in the Dashboard CBCL Report.

	CBCL Overall Results (Emotional & Problem Behavior)	Subscales
Normal Range <i>65% of General Population</i>	Less than 60	Less than 65
Borderline <i>33% of General Population</i>	60-63	65-70
Area of Concern or Clinical Range <i>2% of General Population</i>	64 or higher	71 or higher

Scale Definitions:

- ❖ Overall Scales:
 - Emotional Behaviors: emotional problems such as depression, anxiety, or somatic/physical problems (headaches, back aches, etc.) that have no medical explanation

- Problem Behaviors: Aggression or violence or chronic rule breaking behaviors. These behaviors are commonly associated with Conduct Disorder or Oppositional Defiant Disorder
- ❖ Subscales:
 - PTSD – behaviors associated with trauma such as avoidance, hypervigilance and re-experiencing the trauma.
 - Oppositional-Defiant Disorder – a pattern of negativistic, hostile, and defiant behavior lasting at least 6 months during which four (or more) of these behaviors are present (often loses temper, often argues with adults, often defies or refuses to comply with rules or adults’ requests, often deliberately annoys people, often blames others, is touchy and easily irritated, is often angry and resentful, is often spiteful or vindictive)
 - Conduct Disorder – a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as seen by the presence of 3 or more of these behaviors in the past 12 months (often bullies, threatens, or intimidates others, often initiates physical fights, has used a weapon that can cause serious physical harm to others, has been physical cruel to people or animals, has stolen while confronting a victim, has forced someone into sexual activity, fire setting, property destruction, frequent lying, stealing, breaking curfew or running away, frequent truancy)
 - Anxious – The apprehensive anticipation of future danger or misfortune accompanied by a feeling of unhappiness and/or somatic symptoms
 - Withdrawn – characterized by a blunting of emotions and a lack of social responsiveness
 - Somatic – physical problems/complaints (headache, back ache, dizzy, tired, nausea, etc.) that have no medical explanation
 - Aggressive – characterized by behaviors that cause physical or emotional harm to others
 - Rule Breaking – pattern of violating parental rules and/or societal norms

2. Considerations when interpreting the CBCL Pre-test:

- a. Results from the test assessments are one resource out of many resources of information to help in understanding the family’s overall presentation
- b. It is anticipated that a youth referred to the PLL program would likely present with overall pre-test scores in Problem Behavior in the borderline or clinical range
- c. Reasons for consideration that could explain why scores may be in the normal range:
 - i. Parent/Caregiver may minimize problem behaviors
 - ii. Parent/Caregiver may not be aware of problem behaviors (may be naïve about the youth’s behavior)
- d. Using the results to drive treatment:

- i. Results should be shared with the family during coaching Phase II in order to strengthen the treatment goals and assess face validity (do the results match what the family has said and what you know about the family).
 - 1. Example: If results indicate that Aggression is in the Clinical range, the clinician can dialogue with the family regarding the severity of this behavior easily by using the results of the test assessment as the guide. Consequently, if the family did not reveal any aggression during the stress chart section during coaching phase one, the therapist can gently inquire as to the meaning of the test results. Conversely, if the youth scores in the normal range and yet Coaching Phase One revealed that the family was experiencing high stress with multiple problems, the therapist can gently ask the family to explain the discrepancy between what they previously shared and what the test results show.

3. Considerations when discussing the CBCL Pre-Test in session with the family:

- a. Key questions to guide the discussion when sharing the pre-test results:
 - i. Do you agree with these results?
 - ii. How do you explain these results? (Use this question if the results are not congruent with what you already know about the family from the referral source or from what the family has already told you or what you have experienced with the family)

4. Considerations when interpreting the CBCL Post-test & sharing the results with the family:

- a. The goal for change is for the post-test results to indicate a decrease from the pre-test results.
 - b. Post-Test results are shared with the family at their first 30-day Call Back
 - c. Key questions to guide the discussion when sharing the post-test results:
 - i. Do you agree with these results?
 - ii. How do you explain these results? (Use this question if the results are not congruent with what you already know about the family from the referral source or from what the family has already told you or what you have experienced with the family)
 - d. If the post-test change does not go in the right direction or does not show a decrease, the family should be encouraged to come back in for a tune-up session.
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Guide to interpreting the FACES IV Dashboard Report

1. The following table indicates how to interpret the Dashboard FACES Report.

Family Adaptability	Increase from pre-test to post-test indicates improvement toward a balanced flexibility and a moving away from the two extremes of Rigid or Chaotic family functioning
Family Cohesion	Increase from pre-test to post-test indicates improvement toward a balanced cohesion and a moving away from the two extremes of Enmeshed or Disengaged family functioning
Family Satisfaction	Increase from pre-test to post-test indicates higher satisfaction
Family Communication	Increase from pre-test to post-test indicates improved communication

Scale Definitions:

- ❖ Family Communication:
 - Very Low (10-20) Family members have many concerns about the quality of their family communication
 - Low (21-35) Family members have several concerns about the quality of their family communication
 - Moderate (36-60) Family members feel generally good about their family communication, but have some concerns
 - High (61-85) Family members feel good about their family communication and have few concerns
 - Very High (86-99) Family members feel very positive about the quality and quantity of their family communication
- ❖ Family Satisfaction:
 - Very Low (10-20) Family members are very dissatisfied and are concerned about their family
 - Low (21-35) Family members are somewhat dissatisfied and have some concerns about their family
 - Moderate (36-60) Family members are somewhat satisfied and enjoy some aspects of their family
 - High (61-85) Family members are satisfied with most aspects of their family
 - Very High (86-99) Family members are very satisfied and really enjoy most aspects of their family
- ❖ Family Adaptability
 - Somewhat Flexible (16-35) Family is not very balanced with respect to flexibility, family is either rigid, or chaotic, or both
 - Flexible (36-65) Family is somewhat balanced, moving away from being rigid, or chaotic, or both
 - Very Flexible (66-85) Family is very balanced with respect to flexibility, neither rigid nor chaotic

- Rigid = behaviors that show rules enforced to their extreme, unduly harsh punishments, no allowances for mitigating circumstances
 - Chaotic = behaviors that show not only a lack of rules but a lack of sense of how rules work and who is in charge
- ❖ Family Cohesion
- Somewhat Connected (16-35) Family is not very balanced with respect to cohesion, family is either disengaged, or enmeshed
 - Connected (36-65) Family is somewhat balanced, moving away from being either disengaged or enmeshed
 - Very Connected (66-85) Family is very balanced with respect to cohesion, neither disengaged nor enmeshed
 - Disengaged = behaviors that show a lack of concern among family members, a lack of care regarding what is going on in each other's' lives
 - Enmeshed = family closeness that is to the point where there is no personal privacy, i.e. parents "living through their children" or "smothering" then, and children who have no independence

1. Considerations when interpreting the FACES Pre-test:

- a. Results from the test assessments are one resource out of many resources of information to help in understanding the family's overall presentation
- b. It is anticipated that a youth referred to the PLL program would likely present with pre-test scores in the Low to Very Low range for Family Satisfaction and Family Communication and in the Somewhat Connected and Somewhat Flexible range for Family Cohesion and Family Adaptability
- c. Reasons for consideration that could explain why pre-test scores may be in the very Connected for Adaptability and Cohesion and High or Very High for Satisfaction and Communication:
 - i. Parent/Caregiver or youth may minimize family problems
 - ii. Parent/Caregiver or youth may not be aware of family problems
- d. Using the results to drive treatment:
 - i. Results should be shared with the family at the end of Coaching Phase II in order to strengthen the treatment goals and assess face validity (do the results match what the family has said and what you know about the family).
 1. Example: If results indicate that Family Communication is rated as Moderate to Very Low, the clinician can dialogue with the family regarding this area easily by using the results of the test assessment as the guide. Consequently, when discussing Button Pushing with the family in group or coaching sessions, the clinician and family will already

have discussed this issue and minimization will be less likely to occur. Conversely, if the communication scores are rated as High or Very High and yet the family reveals a lot of button pushing in the sessions, this may indicate ambiguity, denial or unawareness of problem behaviors at the time of pre-test administration. The PLL Clinician can then help to increase awareness of problem areas in the family's functioning.

2. Considerations when discussing the FACES Pre-Test in session with the family:

- a. Key questions to guide the discussion when sharing the pre-test results:
 - i. Do you agree with these results?
 - ii. How do you explain these results? (Use this question if the results are not congruent with what you already know about the family from the referral source or from what the family has already told you or what you have experienced with the family)

3. Considerations when interpreting the FACES Post-test & sharing the results with the family:

- a. The goal for change is for the post-test results in the domains of Family Satisfaction and Family Communication to increase, moving closer to High or Very High, and for the post-test results in the domains of Family Adaptability and Family Cohesion to move closer to Very Connected and Very Flexible
 - b. Post-Test results are shared with the family at their first 30-day Call Back
 - c. Key questions to guide the discussion when sharing the post-test results:
 - a. Do you agree with these results?
 - b. How do you explain these results? (Use this question if the results are not congruent with what you already know about the family from the referral source or from what the family has already told you or what you have experienced with the family)
 - d. If the post-test change does not go in the right direction, the family should be encouraged to come back in for a tune-up session
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CBCL Scales – Questions

Internalizing Scales			Externalizing Scales			Oppositional Defiant			Conduct Disorder		PTSD
Anxious/ Depressed	Withdrawn / Depressed	Somatic Complaints	Social Problems	Thought Problems	Attention Problems	Rule-Breaking	Aggressive	Oppositional Defiant	Conduct Disorder	PTSD	
14 Cries a lot	5 Very little he/she enjoys	47 Nightmares	11 Clingy, too dependent	9 Can't get mind off thoughts	1 Acts too young	2 Drinks alcohol	3 Argues a lot	3 Argues a lot	15 Cruel to animals	3 Argues a lot	
29 Fears certain animals, situations, or places (other than school)	42 Rather be alone than with others	49 Constipated	12 Lonely	18 Deliberately harms self or attempts suicide	4 Fails to finish things	26 Lacks Guilt	16 Cruelty, Bullying, Mean	22 Disobedient at Home	16 Cruelty, Bullying, Mean	8 Can't concentrate	
30 Fears going to School	65 Refuses to talk	51 Feels dizzy	25 Doesn't get along with other kids	40 Hears sounds or voices that aren't there	8 Can't concentrate	28 Breaks rules at home, school, or elsewhere	19 Demands a lot of attention	23 Disobedient at school	21 Destroys others' things	9 Can't get mind off things	
31 Fears doing something bad	69 Secretive	54 Overtired without good reason	27 Easily Jealous	46 Twitching	10 Can't sit still	39 Hangs around others who get in trouble	20 Destroys own things	86 Stubborn, sullen or irritable	26 Lacks Guilt	11 Dependent	
32 Must be perfect	75 Too shy or timid	56a Aches with no known medical cause	34 Feels others out to get him/her	58 Picks nose, skin or other parts of body	13 Confused	43 Lies, cheats	21 Destroys others' things	95 Temper tantrums	28 Breaks rules at home, school or elsewhere	31 Fears doing something bad	
33 Feels unloved	102 Lacks energy	56b Headaches with no known medical cause	36 Accident-prone	59 Plays with own sex parts in public	17 Daydreams	63 Prefers being with older kids	22 Disobedient at home		37 Gets in fights	34 Feels others out to get him/her	
35 Feels worthless	103 Unhappy, Sad or depressed	56c Nausea with no known medical cause	38 Gets teased a lot	60 Plays with own sex parts too much	41 Impulsive	67 Runs away	23 Disobedient at school		39 Hangs around others who get in trouble	45 Nervous	
45 Nervous	111 Withdrawn	56d Eye Problems with no known medical cause	48 Not liked by other kids	66 Repeats certain acts over and over	61 Poor schoolwork	72 Sets fires	37 Gets in fights		43 Lies, cheats	47 Nightmares	
50 Too fearful		56e Skin Problems with no known medical cause	62 Poorly coordinated or clumsy	70 Sees things that aren't there	78 Inattentive or easily distracted	73 Sexual problems	57 Attacks people		57 Attacks people	50 Too fearful or anxious	
52 Feels too guilty		56f Stomach aches with no known medical cause	64 Prefers being with younger kids	76 Sleeps less than most kids	80 Stares blankly	81 Steals at home	68 Screams a lot		67 Runs away	52 Feels too guilty	
71 Self-Conscious or easily embarrassed		56g Vomiting with no known medical cause	79 Speech problems	83 Stores things		82 Steals outside the home	86 Stubborn, sullen or irritable		72 Sets fires	69 Secretive	
91 Talks of Suicide				84 Strange behavior		90 Swearing	87 Sudden changes in mood		81 Steals at home	87 Sudden changes in mood	
112 Worries				85 Strange ideas		96	88 Sulks a lot		82	103	

						Thinks of sex too much			Steals outside the home	Unhappy, Sad or depressed
				92 Sleep talks/walks		99 Uses tobacco		89 Suspicious	90 Swearing	111 Withdrawn
				100 Trouble sleeping		101 Truant		94 Teases a lot	97 Threatens others	
						105 Uses drugs		95 Temper tantrums	101 Truant	
						106 Vandalism		97 Threatens others	106 Vandalism	
								104 Unusually Loud		

FACES IV Scales – Questions

Two Balanced Scales	
Balanced Cohesion	
Statement #	Statement
1	Family members are involved in each other's lives
7	Family members feel very close to each other
13	Family members are supportive of each other during difficult times
19	Family members consult other family members on important decisions
25	Family members like to spend some of their free time with each other
31	Although family members have individual interests, they still participate in family activities
37	Our family has a good balance of separateness and closeness
Balanced Flexibility	
Statement #	Statement
2	Our family tries new ways of dealing with problems
8	Parents equally share leadership in our family
14	Discipline is fair in our family
20	My family is able to adjust to change when necessary
26	We shift household responsibilities from person to person
32	We have clear rules and roles in our family
38	When problems arise, we compromise

Four Unbalanced Scales	
Disengaged	
Statement #	Statement
3	We get along better with people outside our family than inside
9	Family members seem to avoid contact with each other when at home
15	Family members know very little about the friends of other family members
21	Family members are on their own when there is a problem to be solved
27	Our family seldom does things together
33	Family members seldom depend on each other
39	Family members mainly operate independently

Enmeshed	
Statement #	Statement
4	We spend too much time together
10	Family members feel pressured to spend most free time together
16	Family members are too dependent on each other
22	Family members have little need for friends outside the family
28	We feel too connected to each other
34	We resent family members doing things outside the family
40	Family members feel guilty if they want to spend time away from the family
Rigid	
Statement #	Statement
5	There are strict consequences for breaking the rules in our family
11	There are clear consequences when a family member does something wrong
17	Our family has a rule for almost every possible situation
23	Our family is highly organized
29	Our family becomes frustrated when there is a change in our plans or routines
35	It is important to follow the rules in our family
41	Once a decision is made, it is very difficult to modify that decision
Chaotic	
Statement #	Statement
6	We never seem to get organized in our family
12	It is hard to know who the leader is in our family
18	Things do not get done in our family
24	It is unclear who is responsible for things (chores, activities) in our family
30	There is no leadership in our family
36	Our family has a hard time keeping track of who does various household tasks
42	Our family feels hectic and disorganized