

Offer Self-Image Questionnaire for Adolescents, Revised (OSIQ-R)

A WPS TEST REPORT by Western Psychological Services
 12031 Wilshire Blvd., Los Angeles, California 90025-1251
 A Computerized Scoring and Interpretation System
 by D. Offer, M.D., E. Ostrov, J.D., Ph.D.,
 K. I. Howard, Ph.D., and S. Dolan, M.A.
 Version 3.212

Copyright ©1992, 1996 by Western Psychological Services

ID Number: 0015

Age: 17

Gender: Female

Ethnicity: Not Entered

Name: Not Entered

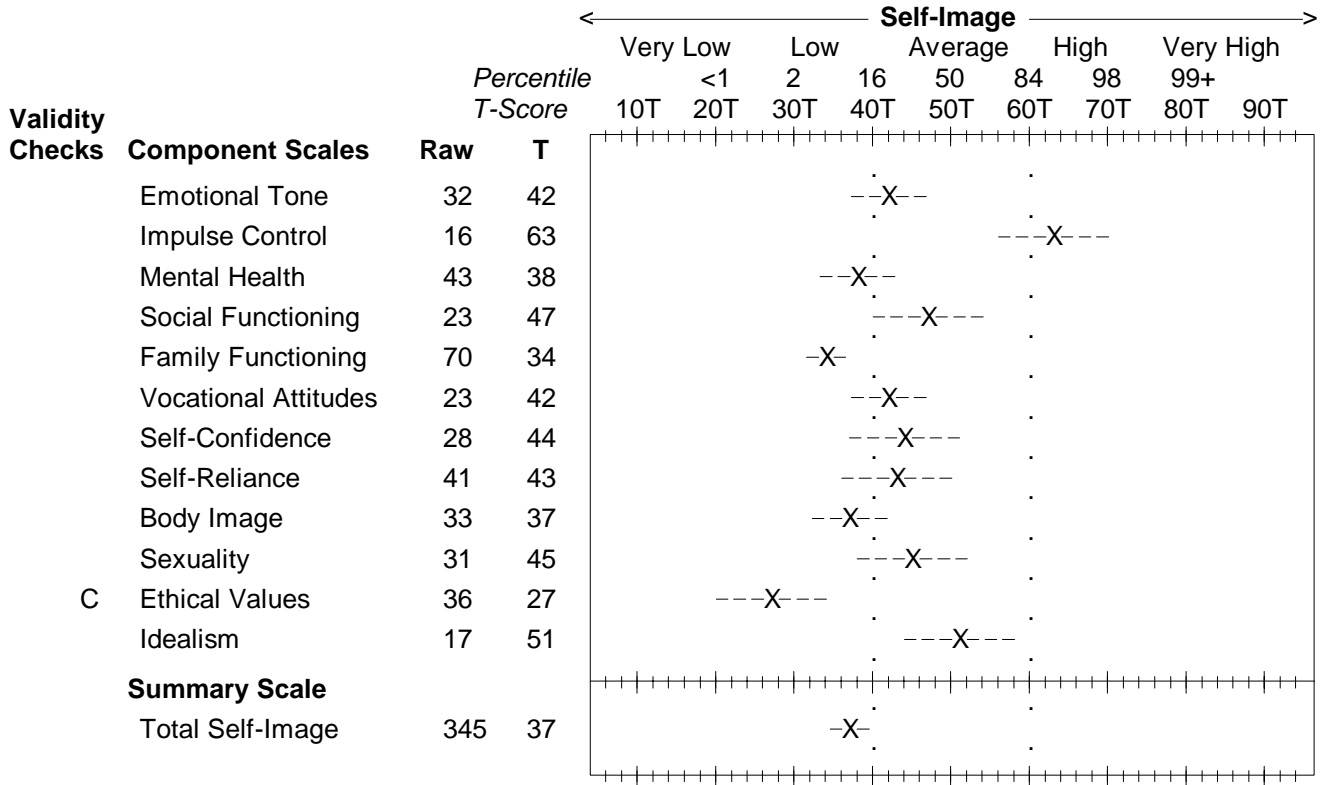
Examiner Name: Not Entered

Administration Date: Not Entered

Processing Date: 4/19/96

Examiner ID Number: Not Entered

The technical information that forms the foundation for this report is presented in the Manual for the Offer Self-Image Questionnaire for Adolescents, Revised (WPS Product No. W-274C) published by Western Psychological Services. Interpretation and use of this report should be undertaken only after a careful reading of the Manual, including the discussions of user qualifications, reference sample and test score qualities, and reliability and validity evidence.



Display of T-score with one SEM (68%) confidence interval (---X---)

Validity Checks: C - Poor response consistency, may weaken scale validity.

R - Missing responses, may weaken scale validity.

VALIDITY ANALYSES

The adolescent's responses were inspected for indications of unusual or unacceptable response patterns (R-check) that could suggest inattentiveness or willful noncompliance. These checks included searches for sequences of identical responses and counts of omitted items. No such problems were noted, indicating that no gross pattern of response biases appeared to be present.

The set of most infrequent responses was checked (I-test). This youth's use of infrequent responses appeared to be within normal limits. This result reduces the likelihood of an effort to "fake bad" (appear more disturbed than is warranted).

The consistency of responses to items on each OSIQ-R scale was inspected (C-check). On one or more of the OSIQ-R scales, this teenager

showed an inappropriately strong tendency to use opposite extreme responses to items from the same scale. The scales involved can be identified by reviewing the Validity Check column on the OSIQ-R profile for scales marked "C."

Each scale showing a marked C-check should be interpreted with caution: The use of inconsistent responses reduces the reliability of scale scores below the level reported in the Manual and can reflect either confusion or inattention on the part of the respondent. As the number of scales showing a C-check problem increases, the validity of the test results as a whole should correspondingly be interpreted with increasing caution. The answer sheet should also be reviewed for the accuracy of responses.

STANDARD NORMATIVE RESULTS

This teenager's Total Self-Image summary scale T-score was 37. This indicates that her self-evaluation in this area is consistent with that of the lower 10 percentile of her sex and age peers.

The overall self-image of this adolescent is negative. This may suggest poor self-cohesiveness and poor self-functioning. Some psychopathology may be present and the result warrants further discussion during the initial evaluation interviews or therapeutic intervention sessions.

In addition to this overall finding, 5 scales showed a significant deviation from the reference sample mean, suggesting an unusual mix of both significant strength and significant weakness relative to normal adolescent self-evaluation in these areas.

Area of Higher Self-Image

The Impulse Control T-score of 63 indicates that this teenager has a very well developed ego that enables her to delay gratification. This adolescent can cope with stress or tension effectively by using problem-solving skills instead of impetuosity to resolve issues. Her orientation is toward

long-term gain rather than short-term gratification.

Areas of Lower Self-Image

The Mental Health T-score of 38 suggests that moderate psychopathology on a clinical level is displayed by this teen. She experiences a variety of symptoms beyond dysphoria and tension. Her symptoms are cognitively disoriented, interpersonally disruptive, and discomforting. Psychotherapeutic or psychiatric help may be indicated.

The Family Functioning T-score of 34 indicates that there is some tension in the home and that this adolescent gets along rather poorly with her parents. She is not allied with her parents, whom she perceives as being nonsupportive of each other and other family members. This teenager considers her parents to be a disappointment, persons more fit for rejection than emulation.

The Body Image T-score of 37 indicates that this person feels confused about body boundaries or feels awkward about the body changes that are occurring. She feels negative about her own body, and thinks that she is unattractive, weak, or physically unacceptable in

some way.

The Ethical Values T-score of 27 indicates that this teenager demonstrates a very poorly developed superego. She has definitely not

assimilated the norms and values of the larger culture. She has neither been properly exposed to nor cared about these values, and she experiences people as being egocentric, callous, and very uncaring.

INTRAINDIVIDUAL RESULTS

Additional analyses of this teenager's pattern of scores indicate that there are some areas of intraindividual discrepancies among scales. These analyses are based on comparisons between the adolescent's performance on individual scales and her own overall self-evaluation as measured by the Total Self-Image scale.

These additional interpretations are only included for scales not interpreted in the preceding section.

Areas of Intraindividual Strength

Intraindividual strength was noted in the area of Social Functioning. This adolescent's strengths, relative to overall self-image, are her apparent capacity for empathy and her ability to interact with other people her age.

This adolescent has a relatively high score on her Idealism scale in relation to other scales. This difference in scores signifies that she displays a willingness to help others and is more concerned with social problems than would be predicted by her Total score.

CRITICAL ITEM ANALYSIS

The items listed below were given more extreme ratings by this teen than those given by the most extreme 4% of the normative reference sample.

Extreme ratings on individual items are unstable indicators and should never be considered diagnostic in and of themselves.

However, review of the complete set of extreme endorsements can provide insight into the teen's most pressing concerns and may help illuminate themes of potential difficulty. Hypotheses generated by the clinician during this review can then be used to help guide discussion during subsequent diagnostic or therapeutic sessions.

Social Functioning

87. Being together with other people gives me a good feeling.
(6 Does not describe me at all. < 1% of reference sample)

Family Functioning

4. I think that I will be a source of pride to my parents in the future.
(6 Does not describe me at all. < 3% of reference sample)

Sexuality

76. I think that boys/girls find me attractive.
(6 Does not describe me at all. < 4% of reference sample)

PROFILE ANALYSES

The following analyses show how closely this adolescent's profile on 11 of the OSIQ-R scales (Idealism is excluded) matches the mean profile of a limited set of diagnostic groups. The profile of scale means for the diagnostic groups

was drawn from research using the OSIQ-R as reported in the Manual. The actual set of diagnostic profiles compared with the client's profile will differ depending on sex and age, and will vary from one OSIQ-R report to another.

Similarity Comparisons

In the analyses, the adolescent's profile is compared with the group profiles using an index that is comparable to a correlation coefficient. Positive values greater than .30 suggest the possibility of a match, with values closest to .99 showing the highest possible match. Middle values, between -.30 and .30, indicate little similarity. Values lower than -.30 show dissimilarity.

The client's profile similarity to the five profiles available for comparison at her age is as follows:

| | |
|----------------------------|-------|
| Single Episode Depression | -0.55 |
| Recurrent Depression | 0.48 |
| Eating Disorder | -0.21 |
| Suicide Attempt or At Risk | 0.19 |
| Delinquent | 0.32 |

Matching Group Description

As the comparison with the clinical profiles shows at least one similarity coefficient in an interpretable range, a clinical description of the diagnostic groups will be printed. Note that the descriptions stem directly from the clinical groups on which the group profiles were based and so apply only indirectly to the teenager described in this report. The descriptions are presented solely to assist the OSIQ-R user in

generating diagnostic hypotheses; more direct attribution of clinical features to the client should be based on a thorough review of all information collected during the complete evaluation.

This adolescent's profile is most similar to the Recurrent Depression profile. Adolescents within this diagnostic group experience continuing depression that is most likely longstanding and chronic. Indications are that their depression is grounded in family dysfunctions--at a minimum, their perception is that their home lives are significantly lacking in emotional support and mutual esteem. Their chronic depression has undermined their self-confidence, and their vocational and educational goals are limited. Their view of their own capabilities is negative and they have set goals accordingly.

Treatment should focus on these teens' negative cognitions and on their needs in regard to support and the achievement of success. Family therapy could address longstanding self-esteem issues and sources of resentment (resentment that these adolescents can sometimes turn on themselves). An acute crisis requiring hospitalization is less likely for teens with this profile than for those with profiles that suggest acute depression. With appropriate treatment, their prognosis is good.

DISPLAY OF THE CLIENT RESPONSES

The following table lists the actual item responses for this client. Missing responses have been indicated with a dash (-). In this case, the

program will produce a scorable record by substituting normative sample median responses within the limits indicated by the R-check in the attached report and discussed in the Manual.

| | | | | | | |
|-------|-------|-------|-------|--------|--------|--------|
| 1. 6 | 21. 5 | 41. 2 | 61. 5 | 81. 2 | 101. 2 | 121. 4 |
| 2. 5 | 22. 3 | 42. 6 | 62. 2 | 82. 2 | 102. 3 | 122. 2 |
| 3. 4 | 23. 5 | 43. 5 | 63. 5 | 83. 2 | 103. 2 | 123. 1 |
| 4. 6 | 24. 5 | 44. 3 | 64. 2 | 84. 2 | 104. 2 | 124. 1 |
| 5. 5 | 25. 4 | 45. 6 | 65. 5 | 85. 4 | 105. 6 | 125. 2 |
| 6. 3 | 26. 5 | 46. 2 | 66. 6 | 86. 6 | 106. 6 | 126. 2 |
| 7. 4 | 27. 3 | 47. 6 | 67. 2 | 87. 6 | 107. 2 | 127. 3 |
| 8. 6 | 28. 6 | 48. 4 | 68. 2 | 88. 3 | 108. 5 | 128. 4 |
| 9. 3 | 29. 2 | 49. 6 | 69. 2 | 89. 5 | 109. 6 | 129. 3 |
| 10. 6 | 30. 3 | 50. 6 | 70. 6 | 90. 6 | 110. 2 | |
| 11. 3 | 31. 3 | 51. 5 | 71. 3 | 91. 4 | 111. 5 | |
| 12. 2 | 32. 2 | 52. 3 | 72. 2 | 92. 6 | 112. 3 | |
| 13. 4 | 33. 2 | 53. 5 | 73. 6 | 93. 3 | 113. 5 | |
| 14. 6 | 34. 2 | 54. 2 | 74. 6 | 94. 3 | 114. 5 | |
| 15. 5 | 35. 4 | 55. 2 | 75. 2 | 95. 2 | 115. 6 | |
| 16. 6 | 36. 3 | 56. 6 | 76. 6 | 96. 5 | 116. 6 | |
| 17. 5 | 37. 4 | 57. 4 | 77. 3 | 97. 5 | 117. 5 | |
| 18. 2 | 38. 2 | 58. 4 | 78. 2 | 98. 3 | 118. 2 | |
| 19. 2 | 39. 5 | 59. 2 | 79. 5 | 99. 4 | 119. 6 | |
| 20. 6 | 40. 4 | 60. 2 | 80. 6 | 100. 5 | 120. 3 | |

Response Key

- 1 Describes me very well.
- 2 Describes me well.
- 3 Describes me fairly well.
- 4 Does not quite describe me.
- 5 Does not really describe me.
- 6 Does not describe me at all.
- Missing Response.

Number of Missing Responses: 0

This report was generated based on WPS TEST REPORT Microcomputer Data Entry.

END OF REPORT

ID Number: 0015

Gender: Female

Age: 17

Processing Date: 4/19/96

