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Psychological Assessments Offered

Achievement (Math, Reading, Spelling, Language)

- BASI (Basic Achievement Skills Inventory)
- WJ-III (Woodcock-Johnson Tests of Achievement – Third Edition) for Children and Adults
- WRAT-IV (Wide Range Achievement Test – Fourth Edition) for Children and Adults

Attention Deficit Hyperactivity Disorder

- CPRSL-R (Conners Parent Rating Scale Long Form - Revised) for Children
- CAARS (Conners Adult ADHD Rating Scales) for Adults

Bariatric

- EI (Eating Inventory)
- MBMD (Millon Behavioral Medicine Diagnostic)

Behavior

- BASC (Behavior Assessment System for Children)

Career

- CAI-E (Career Assessment Inventory - Enhanced Version)
- CAI-V (Career Assessment Inventory - Vocational Version)
- CISS (Campbell Interest and Skill Survey)
- GZTS (Guilford-Zimmerman Temperament Survey)
- IDEAS (Interest Determination, Exploration and Assessment System)

Intelligence

- GAMA (General Ability Measure for Adults)
- K-BIT2 (Kaufmann Brief Intelligence Test – Second Edition) for Adults
- WISC-IV (Wechsler Intelligence Scale for Children – Fourth Edition)
- WAIS-III (Wechsler Adult Intelligence Scale – Third Edition) for Adults

Learning Disorder

- WAIS-III (Wechsler Adult Intelligence Scale – Third Edition) for Adults
- WISC-IV (Wechsler Intelligence Scale for Children – Fourth Edition)
- WJ-III (Woodcock-Johnson Tests of Achievement – Third Edition) for Children and Adults
- WRAT-IV (Wide Range Achievement Test – Fourth Edition) for Children and Adults

Medical Rehabilitation & Recovery

- BBHI 2 (Brief Battery for Health Improvement – Second Edition)
- BHI 2 (Battery for Health Improvement – Second Edition)
- MBHI (Millon Behavioral Health Inventory)
- MBMD (Millon Behavioral Medicine Diagnostic)
- QOLI (Quality of Life Inventory)

Pain

- BHI 2 (Battery for Health Improvement – Second Edition)
- MBHI (Millon Behavioral Health Inventory)
- MBMD (Millon Behavioral Medicine Diagnostic)
- P-3 (Pain Patient Profile)
- QOLI (Quality of Life Inventory)

Personality

- 16PF-5 (Sixteen Personality Factor Questionnaire – Fifth Edition)
- GZTS (Guilford-Zimmerman Temperament Survey)
- MAPI (Millon Adolescent Personality Inventory)
- MACI (Millon Adolescent Clinical Inventory)
- MIPS Revised (Millon Index of Personality Styles Revised)
- T-JTA (Taylor-Johnson Temperament Analysis)

Psychological Symptomatology/Psychopathology

- BAI (Beck Anxiety Inventory)
- BDI (Beck Depression Inventory)
- BHS (Beck Hopelessness Scale)
- BSS (Beck Scale for Suicidal Ideation)
- BSI (Brief Symptom Inventory)
- BSI 18 (Brief Symptom Inventory 18)
- ISO-30 (Inventory of Suicide Orientation-30)
- M-PACI (Millon Pre-Adolescent Clinical Inventory)
- MACI (Millon Adolescent Clinical Inventory)
- MCMI-III (Millon Clinical Multiaxial Inventory-III)
- MMPI-A (Minnesota Multiphasic Personality Inventory-Adolescent)
- MMPI-2 (Minnesota Multiphasic Personality Inventory-2)
- MMSE (Mini-Mental State Examination)
- PDS (Posttraumatic Stress Diagnostic Scale)

Stress and Coping

- MBHI (Millon Behavioral Health Inventory)

Substance Abuse

- AUI (Alcohol Use Inventory)
- VIP (Validity Indicator Profile)

Treatment Outcomes (Medical and Psychiatric)

- HSQ 2.0 (Health Status Questionnaire 2.0)
- BHI 2 (Battery for Health Improvement 2)
- QOLI (Quality of Life Inventory)

Visual Motor Development/Psychological Functioning

- BVMGT (Bender Visual Motor Gestalt Test) (Bender-Gestalt)

Pricing of assessments depends on:

- √ The *number* and *type* of assessment instruments requested for an individual patient
- √ Whether or not a *clinical interview* or *review of records* is requested
- √ The level of *output report* desired
 - Level 1: Tabular summary of instrument results only
 - Level 2: Tabular summary with interpretative text of results only
 - Level 3: Complete report including tabular summary, interpretative text, patient history, background, behavioral observations, and treatment recommendations (Complete reports require a clinical interview and review of records).

For a price quotation, please contact Dr. Michael Grant at (843) 839-9028. Please indicate whether you would like pricing for: (a) direct billing by Dr. Grant to the patient or; (b) direct billing by Dr. Grant to you so that you can, in turn, bill your patient.

16PF Fifth Edition

The Sixteen Personality Factor Questionnaire Fifth Edition (16PF®) represents a controlled, natural evolution of the 16PF. Continuing to assess the 16 factors first identified by Dr. Cattell over 40 years ago, the Fifth Edition measures levels of warmth, reasoning ability, emotional stability, dominance, liveliness, rule consciousness, boldness, sensitivity, distrust, abstractedness, privateness, worrying, openness to change, self-reliance, perfectionism, and tension. The Fifth Edition of the 16PF also has five additional Global Factors on which related primary scales cluster together. These are Extraversion, Anxiety, Tough-Mindedness, Independence, and Self-Control. The five Global Factors help to show the relationships among the 16 primary scales. Composite scores for creativity, adjustment, and numerous other criterion-related scales are also available.

AUI (Alcohol Use Inventory)

The Alcohol Use Inventory (AUI) is a self-report inventory that is designed to help the clinician identify distinct patterns of behavior, attitudes, and symptoms associated with the use and abuse of alcohol. Based on an empirically supported theory that distinct patterns are found among persons broadly considered alcoholic, the AUI provides a basis for describing different ways in which individuals use alcohol, major benefits derived from such use, the negative consequences associated with its use, and the degree of concern individuals express about the use of alcohol and its consequences. It is designed for use with clients with previously identified alcohol-related problems. The AUI can be useful for differentiating drinking styles to assist in the development of individualized substance abuse treatment programs and for providing objective assessment of alcohol-related problems. By providing a multidimensional approach to the assessment of alcohol use and abuse, the AUI can help the substance abuse professional more fully understand the client's problem and tailor a treatment plan that addresses the complexities of alcohol use. AUI assessment results are coordinated with the *DSM* classification system to facilitate communication with other health care professionals and payers. In addition, the self-report format of the AUI enables substance abuse professionals to collect an individual's perceptions about his or her use of alcohol and compare them with the interviewer's perceptions and those of family members and other individuals.

BAI (Beck Anxiety Inventory)

Screen for anxiety with the BAI. Patients respond to 21 items rated on a scale from 0 to 3. Each item is descriptive of subjective, somatic, or panic-related symptoms of anxiety. BAI has been found to discriminate well between anxious and nonanxious diagnostic groups in a variety of clinical populations. Data are reported on samples of patients who were diagnosed as having panic disorder with agoraphobia, panic disorder without agoraphobia, social phobia, obsessive-compulsive disorder, and generalized anxiety.

BASI (Basic Achievement Skills Inventory)

The BASI is a versatile, multi-level, norm-referenced achievement test that helps measure math, reading, and language skills for children and adults. Available in a Comprehensive and Survey version, the BASI series helps present a complete evaluation of academic skills. These convenient tests yield standard scores, national percentile rankings, grade equivalents, age equivalents, and performance classifications by learning objective—without requiring individual administration or lengthy testing. Normed during the 2002-03 school year and highly correlated to the leading individually and group-administered achievement and intelligence tests, the BASI series is a current, valid, and reliable assessment tool.

BBHI 2 (Brief Battery for Health Improvement 2)

The BBHI 2 is a revised and shortened version of the original BHI assessment. It was developed to serve as a means of screening patients for a number of psychosocial factors that could complicate their medical

condition or lead to delayed recovery. The BBHI 2 provides objective information and practical treatment strategies for healthcare professionals who treat patients in a variety of settings including physical rehabilitation, vocational rehabilitation, chronic pain clinics, worker's compensation evaluations, and general medicine. This assessment gathers a range of information, which in the past may have required a battery of tests to obtain. The BBHI 2 can be used to assess patients for the need for further psychological evaluation, to evaluate emotional readiness for surgery, and to track patient progress with a repeated measure of pain, function, and other variables that can be used in treatment as well as outcome.

BDI-II (Beck Depression Inventory II)

BDI-II assesses depression according to criteria of the Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition (DSM–IV). This new edition of the BDI, the most widely used instrument for detecting depression, takes just five minutes to complete and is more clinically sensitive than ever. The BDI–II consists of 21 items to assess the intensity of depression in clinical and normal patients. Each item is a list of four statements arranged in increasing severity about a particular symptom of depression. Items on the new scale replace items that dealt with symptoms of weight loss, changes in body image, and somatic preoccupation. Also, sleep loss and appetite loss items were revised to assess both increases and decreases in sleep and appetite. Current DSM–IV guidelines require assessing depression symptoms over the preceding two weeks. The time frame for the response set in the new edition was changed from one week to two to comply. After testing original and new items on a large clinical sample (N = 500), test developers compared item-option characteristic curves. The new editions showed improved clinical sensitivity, with the reliability of the BDI–II (Coefficient Alpha = .92) higher than the BDI (Coefficient Alpha = .86).

BHI 2 (Battery for Health Improvement 2)

The BHI 2 is a significant revision of the original BHI assessment. It was developed to serve as a means of assessing patients for a number of biopsychosocial factors that could complicate their medical condition or lead to delayed recovery. The BHI 2 provides objective information and practical treatment strategies for healthcare professionals who treat patients in a variety of settings including physical rehabilitation, vocational rehabilitation, chronic pain clinics, worker's compensation evaluations, and general medicine. This assessment gathers a range of information, which in the past may have required a battery of tests to obtain. The BHI 2 can be used to assess patients for the need for further psychological evaluation, to evaluate emotional readiness for surgery, and to track patient progress as a repeated measure of pain, function, and other variables that can be used in treatment as well as outcome.

BHS (Beck Hopelessness Scale)

This powerful predictor of eventual suicide can help you measure three major aspects of hopelessness: feelings about the future, loss of motivation, and expectations. Responding to the 20 true or false items on the BHS, patients can either endorse a pessimistic statement or deny an optimistic statement. Research consistently supports a positive relationship between BHS scores and measures of depression, suicidal intent, and ideation.

BGVMT (Bender Visual Motor Gestalt Test)

Appropriate for ages 3 to 85+ years, the Bender-Gestalt is a reliable way to assess visual-motor development. It is also a useful introduction to any battery of educational, psychological, or neuropsychological tests. The Bender-Gestalt provides helpful information in preschool screening as well as geriatric assessment. And it can offer insight into many conditions, including ADHD, mental retardation, giftedness, learning disabilities, autism, and Alzheimer's Disease.

BSI (Brief Symptom Inventory)

The BSI is designed to reflect psychological symptom patterns of psychiatric and medical patients. This self-report is the short form of the SCL-90-R. Like the SCL-90-R, the BSI can help the clinician in initial evaluation of patients at intake as an objective method of screening for psychological problems. The BSI is especially appropriate in clinical situations where debilitation results in reduced attention and endurance, in research with limited interview schedules, and in outpatient clinics where testing procedures demand brevity. The BSI is also frequently used in measuring patient progress during treatment or in the assessment of treatment outcomes.

BSI 18 (Brief Symptom Inventory 18)

The BSI 18 is a brief, highly sensitive self-report symptom inventory designed to serve as a valid screen for psychological distress and psychiatric disorders in medical and community populations. In addition, in clinical or research settings where administration time is critical or interest is restricted to only the most prevalent manifestations of psychological disorders, the BSI 18 may also be used validly as an outcomes measure.

BSS (Beck Scale for Suicidal Ideation)

Using the BSS as a starting point provides more control in a focused examination of a patient's suicidal intent. The scale is made up of 21 items. Five screening items reduce the length and the intrusiveness of the questionnaire for patients who are nonsuicidal.

Career Assessment Inventory - Enhanced Version

The CAI-E is an objective, vocational interest inventory that compares an individual's occupational interests with those of individuals in over 100 specific careers. The Enhanced Version focuses on careers requiring various amounts of post-secondary education. The CAI is used by school guidance counselors (in high schools, community colleges, and universities), psychologists, and personnel professionals for career guidance, adult career development, and human resource development. It can be useful in helping students focus on the patterns of interest that are important in making educational and occupational choices, assisting students in identifying a career direction and selecting major areas of study, advising individuals who are re-entering the workforce or considering a career change, screening job applicants, and providing career development assistance to displaced workers. The combined gender scales of the Career Assessment Inventory allow for the broadest interpretation of survey results.

Career Assessment Inventory - Vocational Version

The Vocational Version of the CAI is an interest inventory that identifies occupational interests for individuals who plan to enter careers immediately after high school or community college. This version focuses on careers requiring less than two years of post-secondary training.

CISS (Campbell Interest and Skill Survey)

The CISS measures self-reported interests and skills. Like traditional interest inventories, the interest scale reflects the individual's degree of attraction to specific occupational areas. The CISS also includes parallel skill scales that provide an estimate of the individual's confidence in his or her ability to perform various occupational activities. The CISS focuses on careers that require post-secondary education. It is most appropriate for use with individuals who have completed college, are currently in college, or plan to attend. With the CISS, students and adults learn how their likes, dislikes, and self-reported skills compare to those of individuals who are happily and successfully employed in occupations that require post-secondary education. The CISS is useful in helping students and adults in educational settings pinpoint areas of

academic study that can build skills and, as a result, increase career options; helping individuals seeking personal counseling for noncareer concerns find occupations or vocations that help meet their psychological needs; and assisting employees who have been displaced by organizational restructuring and are faced with a job transition. The combined gender scales of the CISS allow for the broadest interpretation of survey results. In addition, the CISS uses contemporary items that demonstrate respect for individuals of different genders, races, religions, and national origins.

CPRSL-R (Conners Parent Rating Scale Long Form - Revised) for Children

Primarily used to assess ADHD, the CPRSL-R is used for routine screenings in schools, mental health clinics, residential treatment centers, pediatric offices, juvenile detention facilities, child protective agencies, and outpatient settings to:

- Measure hyperactivity in children and adolescents through routine screening
- Provide a perspective of the child's behavior from those who interact with the child on a daily basis
- Establish a base point prior to beginning therapy and monitor treatment effectiveness and changes over time
- Provide valuable structured and normed information to further support conclusions, diagnoses, and treatment decisions when the parent, teacher, and self-report scales are combined

CAARS-S:L (Conners Adult ADHD Rating Scales) for Adults

The CAARS-S:L has been designed to help assess, diagnose, and monitor treatment of ADHD in adults. It provides multimodal assessments of behaviors and problems, reported in a set of scales, subscales, and indexes. The CAARS-S:L has 66 items and contains nine empirically-derived scales that help assess a broad range of problem behaviors: Inattention/Memory Problems; Impulsivity/Emotional Lability; Hyperactivity/Restlessness, and; Problems with Self-Concept. The CAARS-S:L provides:

- DSM-IV® ADHD symptom measures - help assess Inattentive Symptoms, Hyperactive-Impulsive Symptoms, and Total ADHD Symptoms
- ADHD Index - 12 items that help identify respondents who may benefit from a more detailed clinical assessment
- Inconsistency Index - helps identify random or careless responding

GAMA (General Ability Measure for Adults)

The GAMA is a brief, self-administered, nonverbal measure of intelligence that was normed on a census-based sample of 2,360 adults. The GAMA IQ score provides an estimate of an individual's general intellectual ability, and the four subtest scores provide additional information about an individual's performance. The GAMA can be administered in a variety of settings. It may be especially useful when:

- A quick estimate of general cognitive ability is needed.
- An individual speaks English as a second language.
- It is known or suspected that an individual has low reading ability.
- There is not enough time to administer a full intelligence battery.
- A self-administered intelligence measure is needed.

GZTS (Guilford-Zimmerman Temperament Survey)

The GZTS is an objective, self-report inventory designed to measure normal personality and temperament. It provides a nonclinical description of an individual's personality characteristics for use in career planning, counseling, and research. It can be useful in:

- Measuring attributes related to personality and temperament that may help predict successful performance in various occupations.
- Identifying students who may have trouble adjusting to school and the types of problems they may encounter.

- Revealing temperamental trends that may be the source of problems and conflicts in marital or other relationships.
- Providing objective personality information to complement other data that may assist with personnel selection, placement, and development.

HSQ 2.0 (Health Status Questionnaire 2.0)

The HSQ 2.0 is an outcomes measurement tool that yields a profile of scores on eight health attributes, an index of health status change, and an indication of risk for the presence of a depressive disorder. This instrument is designed to be easily administered via self-report, personal interview, or telephone interview. Designed as a general outcomes measure to be used in all settings that provide primary or mental health care services, it captures aspects of both physical and emotional health. The HSQ 2.0 is included as part of the Health Outcomes Institute's Outcomes Management System (OMS), which will enable clinicians to contribute to and draw upon the OMS's anticipated national database of outcomes information. The HSQ 2.0 contains all items found on the OMS 36-Item Short Form Health Survey (SF-36) and allows the user to score both instruments in a single administration.

IDEAS (Interest Determination, Exploration and Assessment System)

The IDEAS is designed to be used in conjunction with career exploration and guidance units. The IDEAS inventory helps students and adults develop an awareness of possible career choices. The IDEAS test offers 16 Basic Scales based upon the widely-accepted RIASEC themes.

ISO-30 (Inventory of Suicide Orientation-30)

The ISO-30 is a brief assessment tool designed to help the clinician identify adolescents at risk for suicide. It provides an overall suicide risk classification based on measurements of hopelessness and suicide ideation. The ISO-30 can be given to adolescents in a variety of situations where the assessment of suicide risk is essential. It is appropriate for use by psychologists, licensed social workers, and licensed counselors in outpatient and inpatient mental health facilities, juvenile justice evaluations, and school settings. The ISO-30 is useful for identifying adolescents at risk for attempting suicide and for facilitating objective communication with the family, other counseling professionals, and insurance providers about diagnostic and treatment decisions. The Adolescent Profile report provides objective, easy-to-read documentation of suicide risk. It also provides suggestions for patient management based on risk classification. Such information can be essential in effective intervention planning.

K-BIT2 (Kaufmann Brief Intelligence Test – Second Edition) for Adults

KBIT-2 can be used in a variety of situations and provides:

- A quick estimate of intelligence
- An estimation of an individual's verbal versus nonverbal intelligence
- Re-evaluation of the intellectual status of a child or adult who previously received thorough cognitive assessment
- Screening to identify students who may benefit from enrichment or gifted programs
- Identification of high-risk children through large-scale screening who require a more comprehensive evaluation
- A quick estimate of the intellectual ability of adults in institutional settings, such as prisons, group homes, rehabilitation clinics, or mental health centers.

M-PACI (Millon Pre-Adolescent Clinical Inventory)

The M-PACI is designed to help clinicians quickly and accurately identify psychological problems in children ages 9–12. The test provides an integrated view of the child's emerging personality patterns and

current clinical signs, which helps detect early signs of Axis I and Axis II disorders. M-PACI is used for pre-adolescent assessment in outpatient, inpatient, day treatment, and residential treatment settings to:

- Evaluate troubled pre-adolescents to confirm diagnostic hypotheses
- Contribute to individualized treatment planning by providing an integrated picture of emerging personality patterns and current clinical signs
- Measure progress before, during, and after treatment

MACI (Millon Adolescent Clinical Inventory)

Unlike many other instruments, which were developed for adults and then adapted for adolescents, the MACI was specifically created to address the unique concerns, pressures, and situations adolescents face. The test helps assess personality patterns and self-reported concerns and clinical symptoms. Now updated to include the Grossman facet scales, the MACI provides even more insight into an adolescent's personality. The new Grossman facet scales are designed to aid in the interpretation of elevations on the MACI Personality Patterns scales. Based on Millon's theory, these scales help pinpoint the specific personality processes (e.g., self-image, interpersonal relations) that underlie scale elevations. Each MACI personality scale has three new facet scales. The client's scores on these scales are presented in the automated reports. The MACI is used for adolescent assessment in outpatient, inpatient, day treatment, and residential treatment settings to:

- Evaluate troubled adolescents to confirm diagnostic hypotheses
- Contribute to individualized treatment planning
- Measure progress when used before, during, and after treatment

MAPI (Millon Adolescent Personality Inventory)

The MAPI is a brief self-report inventory designed specifically for assessing adolescent personality characteristics including coping styles, expressed concerns, and behavioral patterns. The MAPI was normed on both normal adolescents and adolescent patients. The MAPI is used in clinical, correctional, and educational settings. It can be very useful in the initial evaluation of typical and troubled adolescents and in diagnosis and treatment planning. Adolescent concerns related to self-esteem, family rapport, body comfort, and sexual acceptance are identified in addition to the adolescent's personality style. Such information can be helpful in selecting the best approach to treatment and in identifying issues that may need to be explored during therapy.

MBHI (Millon Behavioral Health Inventory)

The MBHI is a brief self-report personality inventory designed to help the clinician assess the psychological coping factors related to the physical health care of adult medical patients. The MBHI provides valuable information about the patient's style of coping and the patient's perceptions of the kinds of stress that may be affecting his or her medical condition. The MBHI is useful in:

- Evaluation and screening of physically ill, injured, and surgical patients to help identify possible psychosomatic complications or help predict response to illness or treatment.
- Workers' compensation evaluations to help assess stress-related claims. For claims related to physical injuries, the MBHI test can help in the development of effective rehabilitation programs.
- Evaluation and screening of individuals in specialty clinics or programs (e.g., pain, stress, headache) who have problems that may stem from a psychological disorder or an unidentified stressor.

MBMD (Millon Behavioral Medicine Diagnostic)

The MBMD is a powerful assessment that offers a contemporary view of the psychosocial assets and liabilities that may support or interfere with a patient's course of medical treatment. The MBMD provides information that may guide physicians, psychologists, nurses, and other professionals toward a broader

understanding of a patient's bio-psycho-social health. The test was designed to help increase the probability of positive healthcare treatment outcomes, which may reduce medical utilization and the overall cost of care. Newly updated to include norms for the bariatric population, the MBMD test has increased utility for patients being assessed for weight-loss surgery.

MCMI-III (Millon Clinical Multiaxial Inventory-III)

The MCMI-III is a self-report instrument designed to help clinicians assess *DSM-IV*-related personality disorders and clinical syndromes. Based on Dr. Millon's theory of personality and psychopathology, the MCMI-III test helps measure 14 personality disorders and 10 clinical syndromes for adults undergoing psychological or psychiatric assessment or treatment. Now updated to include the Grossman facet scales, the MCMI-III test provides even more value in understanding personality. The new MCMI-III Grossman facet scales are designed to aid in the interpretation of elevations on the Clinical Personality Patterns and Severe Personality Pathology scales. Developed using factor analytic techniques in the framework of Millon's theory, these scales help pinpoint the specific personality processes (e.g., self-image, interpersonal relations) that underlie overall scale elevations. There are three new facet scales for each MCMI-III personality scale.

MMSE (Mini-Mental State Examination)

The MMSE is one of the most widely used clinical instruments for quickly detecting and assessing the severity of cognitive impairment and monitoring cognitive changes over time in adults aged 18 and older. It is ideal for objectively documenting a client's mental state. Stimuli for Comprehension, Reading, Writing, and Drawing are included. Taking less than 10 minutes to administer, it can be used for routine and repeated assessment of cognitive function. The "all in one" form includes a detachable sheet with items.

MIPS Revised (Millon Index of Personality Styles Revised)

The MIPS *Revised* is a comprehensive personality measure for normally functioning adults who are experiencing difficulties in work, marriage, family, or social relationships. It is useful as a counseling tool in private practice and university counseling centers as well as for career guidance, employee assistance and development programs, and job applicant screening. The MIPS *Revised* addresses three dimensions of normal personalities: (1) Motivating Styles, which assess the person's disposition or style of dealing with reinforcement from the environment; (2) Thinking Styles, which examine the person's style of processing information, and; (3) Behaving Styles, which assess the person's style of relating to others.

MMPI-2 (Minnesota Multiphasic Personality Inventory-2)

The MMPI-2, the restandardized version of the original MMPI, is the most widely used and widely researched test of adult psychopathology. It is used to assist with the diagnosis of mental disorders and the selection of appropriate treatment methods. The MMPI-2 continues to help meet the needs of mental health professionals in an ever-changing environment. The MMPI-2 normative sample consists of 1,138 males and 1,462 females from several geographic regions and diverse communities within the U.S. The sample is much larger and more nationally representative than the original MMPI sample. An abbreviated format of the test (the first 370 items) can be administered to obtain scores for Validity Indicators L, F, and K and the 10 Clinical Scales. The full MMPI-2 must be administered to obtain scores for all the Validity Indicators, the Restructured Clinical (RC) Scales, the Content Scales, and the Supplementary Scales. A number of changes have recently been made to the MMPI-2. In 2001, five validity indicators were added to the Validity and Clinical Scales Profile (VRIN, TRIN, F_B, F_P, S), enabling test users to refine their evaluation of profile interpretability; the Ho and PSY-5 Supplementary Scales were introduced in the Extended Score Report, the Minnesota Reports, and in the hand-scoring materials. The revised test manual provides information about these changes as well as expanded guidelines for interpretation based on current

research. In 2003, the Restructured Clinical (RC) Scales were introduced in the Extended Score Report and the hand-scoring materials. These scales are the first variant version of the Clinical Scales.

MMPI-A (Minnesota Multiphasic Personality Inventory-Adolescent)

The MMPI-A is an empirically based assessment of adolescent psychopathology. It is the first version of the MMPI designed specifically for adolescents. Derived from the original MMPI, the MMPI-A preserves many of the features of the MMPI, such as Validity Indicators and Clinical Scales, while introducing features that make it particularly appropriate for today's adolescents. The MMPI-A is used primarily by clinicians to help determine problem identification, diagnosis, and treatment planning in a variety of settings including hospitals, clinics, school counseling programs, private practice, and correctional facilities. While the MMPI-A has many items in common with the original MMPI, new items were added to make the content and language relevant for adolescents. For example, new scales assess problems that clinicians are more likely to see with adolescents: family problems, school problems, eating disorders, and chemical dependency. With only 478 items, the MMPI-A takes less time to administer than the original MMPI, and the Clinical Scales and Validity Indicators (L, F₁, and K) can be scored even if only the first 350 items are answered.

P-3 (Pain Patient Profile)

The Pain Patient Profile (P-3) is a 44-item, self-report, multiple-choice instrument designed to help the clinician identify patients who are experiencing emotional distress associated with primary complaints of pain. The P-3 is appropriate for patients suffering pain as a result of physical trauma (e.g., motor vehicle accidents and work-related injuries), disease, or illness. The P-3 has three clinical scales: Depression, Anxiety, and Somatization. The P-3 also includes a Validity Index that assesses the probability of random responding, inadequate reading comprehension, and magnification of symptoms.

PDS (Posttraumatic Stress Diagnostic Scale)

The PDS is a 49-item self-report instrument designed to aid the clinician in the detection and diagnosis of posttraumatic stress disorder (PTSD). The structure and content of the PDS mirror the DSM-IV diagnostic criteria for PTSD. The PDS was developed specifically to fill the need for a brief self-report instrument that would help provide a reliable diagnosis of PTSD. In addition, the PDS quantifies severity of PTSD symptoms.

QOLI (Quality of Life Inventory)

The QOLI assesses the importance of 16 quality of life dimensions to an individual and the degree to which the individual is satisfied or dissatisfied with each area in his or her own life. The areas include health, self-esteem, goals and values, money, work, play, learning, creativity, helping, love, friends, children, relatives, home, neighborhood, and community. Providing a nonpathological measure of an individual's mental health, the QOLI was designed to augment measures of negative affect and psychiatric symptoms. It can be usefully employed in treatment planning and counseling and can also serve as an effective measure of treatment outcome.

SCL-90-R (Symptom Checklist-90-Revised)

The SCL-90-R is a brief, multidimensional self-report inventory designed to help the clinician screen for a broad range of psychological problems and symptoms of psychopathology. The SCL-90-R is also useful as a progress or outcomes measurement instrument. The SCL-90-R can be useful in both the initial evaluation of patients and for measuring patient progress during treatment. The SCL-90-R is a well-researched instrument with more than 940 research studies demonstrating its reliability, validity, and utility.

T-JTA (Taylor-Johnson Temperament Analysis)

The T-JTA measures personality traits that affect an individual's personal and interpersonal adjustment. The T-JTA can be used for individual counseling, and with its unique "criss cross" feature, it is ideal for counseling couples. The T-JTA profiles are designed to help counselors quickly identify problem areas. The instrument can help individuals better understand themselves and to compare their self-portraits with the perceptions of their significant other.

VIP (Validity Indicator Profile)

The VIP identifies invalid response styles and helps to determine whether the results of other cognitive and neuropsychological tests should be considered representative of the individual's overall capacities. It is designed to help meet the increasing need for a well-validated, psychometrically sound test that can provide empirical support in courtrooms and other legal situations. The VIP provides a broad spectrum of information about an individual's performance on an assessment battery. It clarifies test performance as Compliant (good effort to respond correctly), Inconsistent (insufficient effort to respond correctly), Irrelevant (no intention to respond correctly, no effort to respond incorrectly), or Suppressed (strong effort to respond incorrectly).

WAIS-III (Wechsler Adult Intelligence Scale – Third Edition) for Adults

The gold standard of adult intelligence tests. The WAIS-III is an individually administered clinical instrument for measuring an adult's intellectual ability aged 16 years through 89 years. WAIS III provides three composite scores: Verbal IQ (VIQ); Performance IQ (PIQ), and; Full Scale IQ (FSIQ). Full Scale IQ (FSIQ), in turn, is comprised of the four composite scores:

1. Verbal Comprehension Index (VCI): Requires verbal conceptualization, stored knowledge access and oral expression. Orally presented questions that assess common-sense reasoning, reasoning out or retrieving word associations, and the ability to describe the nature or meaning of words. Knowledge acquired from one's environment. Verbal expression required (length of response varies). One of the best predictors of overall intelligence.
2. Perceptual Organization Index (POI): Requires visual perception, organization and reasoning with visually presented, nonverbal material to solve the kinds of problems that are NOT school taught. The Block design also requires spatial processing, visual-motor coordination and the ability to apply all skills in a quick, efficient manner. The highest scores reflect both accurate and very quick responses. Picture Concepts score may differ from these other subtest because of the effect of language on the performance.
3. Working Memory Index (WMI): Requires working memory processes applied to the manipulation of orally presented verbal sequences. The ability to temporarily retain information in memory, by performing some operation or manipulation with it, and produce a result. Involves attention, concentration, mental control, reasoning. Essential component of other cognitive higher order progresses. Closely related to achievement and learning (People with Learning Disability frequently affected).
4. Processing Speed (PSI): Requires visual perception and organization, visual scanning, and the efficient production of multiple motor responses. These tasks require executive control of attention and sustained effort for a 2-minute period of time while working with simple visual material as quickly as possible. Performance on Coding is also dependent on paired-associative learning.

WISC-IV (Wechsler Intelligence Scale for Children – Fourth Edition)

The gold standard of child intelligence tests. The WISC-IV is an individually administered clinical instrument for assessing the intellectual ability of children ages 6 years 0 months through 16 years 11 months (6:0 - 16:11). The WISC-IV provides composite scores that represent intellectual functioning in specified cognitive domains (i.e., Verbal Comprehension Index, Perceptual Reasoning Index, Working Memory

Index, and Processing Speed Index), as well as providing a composite score that represents a child's general intellectual ability (i.e., Full Scale IQ). It is comprised of 15 subtests. It can be administered by trained examiners in 60-90 minutes. Administration procedures were simplified to improve the user-friendliness of this test.

The WISC-IV is appropriate for a number of purposes, including; psycho educational test for elementary and secondary school planning and placement, to assess for learning disorders, intellectual giftedness, to predict future academic achievement potential, special education placement, etc. It is also useful for the differential diagnosis of neurological and psychiatric disorders affecting mental functioning. The WISC-IV builds on contemporary approaches in cognitive psychology and intellectual assessment, providing a new, powerful and efficient tool to help develop and support clinical judgments. Understanding of learning disabilities and attention disorders has greatly expanded since the publication of the WISC-III.

WJ-III (Woodcock-Johnson Tests of Achievement – Third Edition) for Children and Adults

The WJ-III assesses students for learning disabilities and to determine if they need special services. IDEA 2004 requires the use of a variety of assessment tools and strategies to gather relevant, functional, developmental, and academic information about the student. The WJ-III include tests and clusters that directly parallel those outlined by IDEA and provide sound procedures for determining learning variances between abilities and achievement.

WRAT-IV (Wide Range Achievement Test – Fourth Edition) for Children and Adults

The *WRAT-IV* measures skills that are necessary for effective learning, communication, and thinking: development of reading, spelling, and arithmetic. Use the *WRAT-IV* to diagnose learning disabilities in reading, spelling, and arithmetic when given with a comprehensive test of ability (IQ test such as WISC-IV or WAIS-III).