

## Clinician Worksheet Making Sense of Standardized Measures

**Step 1:** What information are you getting from your measures? Does the measure score clients in a consistent manner (reliability)?

1. Does the measure assess what it is meant to assess (validity)?
2. Refer to base rates from the manual. In the general population, how many children will have scores similar to the score your client received?

**Step 2:** Review assessment measures for endorsement of critical items (i.e., suicidal ideation, homicidal ideation, sexual reactivity, etc.) that might impact child's safety.

**Step 3:** Identify Clinically Elevated Scores

To identify which scores indicate distress, **always refer to the manual.** Some general rules of thumb follow:

1. T-scores are typically considered elevated if they are at or above a T-score of 65
2. Some measures can be interpreted if you obtain a high or a low score. Make sure you consider both when making interpretations.

### Measure Cheat Sheet

| Measure/Scale Name                            | Who Completes Measure? | Clinical Cutoff | Scale Meaning  |
|---|------------------------|-----------------|--|
| <b>SAMPLE:</b><br>TSCC, Sexual Concerns Scale | Child, ages 8-16       | T >= 70         | Reflects distress or conflict associated with sexual matters or experiences. High scorers generally involve sexual fears and unwanted or Ego-dystonic sexual feelings and behaviors. Seems to especially increase in the presence of sexual abuse. |
| 1.  |                        |                 |  |
| 2.  |                        |                 |  |
| 3.  |                        |                 |  |
| 4.  |                        |                 |  |
| 5.  |                        |                 |  |
| 6.  |                        |                 |  |
| 7.  |                        |                 |  |
| 8.  |                        |                 |  |