

Fire F.R.I.E.N.D.S.

Behavioral Health Protocol Development

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During the past year, FEMA and the Department of Justice have funded the behavioral health team of consultants working with the Fire F.R.I.E.N.D.S. program to revise the fire evaluation protocols used to assess the motivational and environmental factors contributing to juvenile firesetting behavior. This group of consulting psychologists, consisting of psychologists Kenneth Fineman, Ph.D., Craig Childress, Psy.D., and Brett Patterson, Ph.D., have revised the screening forms used initially by firefighters to evaluate juvenile firesetter behavior in order to determine the level of intervention necessary with the juveniles (Appendices 1-3). The behavioral health consultant team also developed additional professional interview forms as part of a comprehensive behavioral health assessment protocol to be used by mental health professionals to evaluate individual juvenile firesetting behavior (Appendices 4-7).

Both of these new protocols, for screening and for more in-depth behavioral health evaluation, combine original assessment instruments developed by the Fineman Consulting Group with standardized and empirically validated psychological assessment instruments.

Screening of Juvenile Firesetting Behavior:

After reviewing screening protocols used nationally in other programs, the behavioral health team led by Drs. Fineman and Childress determined that the currently available protocols for screening juvenile firesetting behavior were inadequate in their design and approach. The scope of the screening assessments of juvenile firesetting behavior did not comprehensively sample the relevant domains of firesetting behavior, there were no evident theoretical or empirically justified grounds for using the items selected by these instruments for screening juvenile firesetting behavior, and when they included a behavioral health screening component the items selected did not adequately sample for behavioral health problems, lacked empirically derived support for the use of the behavioral health items that were used, and placed front-line fire personnel in the often uncomfortable position of asking about sensitive family and emotional issues in order to elicit relevant information about family functioning and potential behavioral health problems.

Based on this review of current screening instruments, it was determined that original instruments and revisions to the approach to screening juvenile firesetters were needed. The requirements for a new screening assessment were that it needed to be brief and simple enough to be used by fire department personnel and other volunteers within the scope of their contact with juveniles and families, it needed to effectively differentiate between juvenile firesetters presenting with differing levels of behavioral concern who required differing intensities of intervention, and it needed to adequately sample for the range of behaviors indicating behavioral health concerns requiring further professional evaluation.

To accomplish the objective of developing an appropriate and empirically supported approach to screening juvenile firesetting behavior, the Fineman Consulting Group created an original instrument to assess fire-related behavior that collects information on four domains of fire-related behavior determined to be vital to describing juvenile firesetting behavior;

- 1) the juvenile's degree of involvement with firesetting incidents
- 2) the frequency of the juvenile's fire-related behavior
- 3) the juvenile's fire history related to what the juvenile intended to set on fire
- 4) the seriousness of outcomes related to the juvenile's fire history

This new instrument (Appendix 1: "*Initial Fire Evaluation Survey*") allows for unambiguous criteria to be established for classifying the seriousness of the juvenile's firesetting behavior (Appendix 2: *Initial Fire Evaluation Survey Classification Criteria*) and it does not place front-line fire agency personnel in the position of inquiring into sensitive family issues or of making sophisticated decisions about the underlying motives of the juvenile firesetter. Based on responses to these four domains, juvenile firesetting behavior can be categorized into simple curiosity or experimentation behavior, more complex firesetting behavior requiring more intensive intervention and behavioral health evaluation, or emergent firesetting behavior requiring immediate intervention.

Rather than requiring front-line fire service personnel to assess for the presence of behavioral health factors that could be contributing to the juvenile's firesetting behavior, the screening protocol developed by the Fineman Consulting Group adds a brief but standardized parent-report questionnaire to assess for behavioral health concerns. For this purpose, several standardized mental health screening instruments were evaluated for their sensitivity and empirical support related to identifying juvenile's who need additional behavioral health evaluation. Based on this evaluation of standardized and empirically validated mental health screening instruments, the *Pediatric Symptom Checklist* (Jellinek Murphy, Burns 1986; Little, Murphy, Jellinek, Bishop Arnett, 1994; Jellinek, Murphy, Robinson, et al. 1988.) was selected to be included as part of the screening protocol for juvenile firesetters (see Appendix 3). The *Pediatric Symptom Checklist* is a parent-completed form and the scoring criteria provides an empirically validated cutoff score, above which indicates that additional mental health intervention is warranted.

The *Initial Fire Evaluation Survey* provides front-line fire service personnel with a simple-to-use instrument that assesses the relevant domains of fire-related information, while the parent-completed *Pediatric Symptom Checklist* assesses for the presence of behavioral health

factors that may require additional professional evaluation. The combination of these instruments provides a comprehensive yet brief and easily administered screening assessment of the fire-related features and the behavioral health features without requiring the front-line fire service personnel to become mental health interviewers, and this combination provides clearly defined and unambiguous criteria for classifying the juvenile's firesetting behavior that can be subjected to empirical validation through data collection and future research efforts.

Behavioral Health Assessment Protocol

Once a juvenile is identified as having significant behavioral health concerns, a more thorough behavioral health evaluation of the motivations related to the juvenile's firesetting behavior is necessary in order to guide behavioral health treatment. No currently available juvenile firesetting assessment protocol for mental health professionals could be identified by the behavioral health team, so work began on developing this assessment protocol using original instruments developed for this purpose by the Fineman Consulting Group, supplemented by standardized and empirically validated instruments, that together could assess the juvenile's motivation for engaging in firesetting behavior. The original instruments developed by the Fineman Consulting Group for use by behavioral health professionals to evaluate juvenile firesetting behavior are publicly available on the Fire F.R.I.E.N.D.S. website in the behavioral health section linked through the homepage sidebar (Appendices 4-6).

The interview formats are currently being pilot tested by the Fineman Consulting Group through a grant provided by the Department of Justice. These semi-structured interview formats are designed to elicit relevant information about factors affecting the juvenile's firesetting behavior, including domains related to school factors, social factors, family factors, and fire-related factors. Information derived from these professionally administered interviews can be used to determine the reinforcement constellations related to the juvenile's fire setting behavior in order to help identify an individual juvenile's motivations regarding his or her firesetting behavior. These reinforcement constellations and relevant environmental factors can be summarized on the *Firesetting Reinforcement Summary* form, another original instrument developed by the Fineman Consulting Group. Once the individual juvenile's motivation for firesetting has been identified, this information can then be used to guide the development of individualized behavioral health treatment plans to intervene with the juvenile's firesetting behavior.

To support this interview and assessment process, the behavioral health care team also evaluated standardized and empirically validated assessment instruments for use as part of the assessment protocol. The behavioral health team selected the *Personality Inventory for Children – 2nd Edition* (Lachar and Gruber, 2001; Lachar and Wirt, 1981) to provide additional standardized information about relevant domains of the juvenile's functioning (Appendix 7). The Personality Inventory for Children – 2nd Edition assesses for areas of problematic adjustment, including problems with Cognitive Impairment, Impulsivity and Distractibility; Delinquency; Family Problems; Reality Distortion; Somatic Concerns; Psychological Discomfort; Social Withdrawal; and Social Skills Deficits when compared with children from the general population.

The full behavioral health assessment protocol is currently being piloted by the Fineman Consulting Group and additional standardized assessment instruments are under consideration

for inclusion into the assessment protocol. Within the near future, forms, instruction manuals, and streaming video instructional clips for administering the behavioral health evaluation protocol should be available through the Fire F.R.I.E.N.D.S. website through a grant from the Department of Justice.

Data Collection Website

Through a grant from FEMA, the Fire F.R.I.E.N.D.S program is in the process of finalizing development of a regional Internet-accessible administrative database for enrolling and tracking program participants. When completed and fully operational, this database will allow fire agencies throughout Orange County, California to enroll juveniles into the program using a secure area Internet-accessible website. This administrative database also allows for monitoring of participant completion of the various educational and behavioral health assessment components of the program. When fully operational, the administrative database will also allow the local juvenile justice system to enroll participants through their own secure area of the website, and it will allow behavioral health professionals to securely enter information related to the juvenile's motivational and environmental factors related to the firesetting behavior.

The secure administrative database is accessed through a public website by entering a username and password on the website homepage. The data entry area is secured using a 128bit ssl certificate for data communication from client and server. In addition, each area of the administrative website-database requires its own username and password to access. A demonstration area is under construction for "public" viewing of the structural components of the data entry areas, and can be viewed by entering the word "demo" (without the quote marks) for both the username and password on the main Fire F.R.I.E.N.D.S. homepage (this area is still under construction). The requirements for usernames and passwords within this demo area have been deleted (for the most part) and the areas are all accessible for viewing.

One particularly interesting feature built into this regional database structure is that the Fire F.R.I.E.N.D.S. project built in the capacity to create parallel databases which use parallel web-forms. These parallel databases are being called independent "entities," and these parallel administrative database entities will soon be available to other regional juvenile firesetting programs to aid in the administration of their programs as well. In the future we envision local expansion of regional juvenile firesetter programs into other Southern California regions, including into Los Angeles and San Diego Counties, at which time we anticipate using the entity structure of the Internet-mediated administrative database to facilitate the administration of these additional regional juvenile firesetter programs.

Phase two modifications to this administrative database are currently being planned. Planned modifications to the Fire Friends administrative database at this time include developing a "Single-Site" database which will be available to other, less extensive, juvenile firesetter intervention programs who will be able to download the "Single-Site" database from the Fire Friends website to their own computer. This "single-site" database is envisioned as an aid to smaller local-area juvenile firesetter programs that have less extensive administrative needs than the regional Fire Friends program, yet who nevertheless need to keep track of their participants and relevant information derived from their interventions.

Future Directions:

One area related to juvenile firesetting that has been identified by the Fineman Consulting Group as requiring additional focus is juvenile explosive use. Many referrals for juvenile firesetting behavior involve juvenile use of fireworks, both legal and illegal, and the construction of homemade explosive devices. While this behavior is related to firesetting in that the use of explosive devices, such as fireworks, can cause fires, the screening assessment for firesetting behavior does not provide an adequate classification system for determining the seriousness of explosive-use behavior. Furthermore, the motivational and environmental factors related to explosive use and explosive construction may be different than that associated with firesetting behavior, and modifications to the behavioral health evaluation may also be necessary. As the Fire Friends program accomplishes its most immediate challenges, we anticipate turning our attention to the area of explosive construction and use.

Appendix 1: Initial Fire Evaluation Survey

Initial Fire Evaluation Survey

Childress, C.A. Fineman, K.R., Patterson, B.L. (2004)

Child's Name:

Date of Birth:

Interviewer:

Date of Interview:

Based on the best available information:

Degree of Involvement

1. What was the juvenile's **degree of involvement** with the current fire incident (mark one)?
- This juvenile actively set the fire and was alone
 - This juvenile actively set the fire as part of a group involved with the fire
 - This juvenile did not actively set the fire, but was part of a group involved with the fire
 - This juvenile's degree of involvement is unknown, questionable, or in dispute

Frequency

2. How many fire related incidents involving this juvenile (including the most recent episode) are reported by the juvenile, the juvenile's parents, or other available informants? This includes all fire experimentation with peers or alone, and all firesetting behavior with peers or alone.
- 1 or 2 times
 - 3 - 4 times
 - More than 4 times

Intent

3. With regard to **all past and current** fire related behaviors, indicate what the juvenile **intended to set on fire** in each fire related incident (mark all that apply). Has this juvenile ever:
- | yes | no | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | lit and watched the flame on a match or lighter |
| <input type="checkbox"/> | <input type="checkbox"/> | lit an appropriate fire (e.g., a candle or barbecue) |
| <input type="checkbox"/> | <input type="checkbox"/> | lit a small piece of paper, small object, toy, or twig (unattached to a plant) on fire, or singed an object |
| <input type="checkbox"/> | <input type="checkbox"/> | lit a small controlled vegetation fire (such as a small pile of leaves or twigs, or a part of a large plant) |
| <input type="checkbox"/> | <input type="checkbox"/> | lit a bonfire (such as a large paper fire, wood-fueled fire, trash can or dumpster fire) |
| <input type="checkbox"/> | <input type="checkbox"/> | lit an accelerant by itself or lit an accelerant on any other type of fire (e.g., small fire, bonfire, wildfire, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | lit on fire the personal property of another person, such as a peer, classmate, or family member |
| <input type="checkbox"/> | <input type="checkbox"/> | lit on fire an unoccupied structure, or unoccupied vehicle |
| <input type="checkbox"/> | <input type="checkbox"/> | lit an uncontrolled wildfire |
| <input type="checkbox"/> | <input type="checkbox"/> | lit on fire an occupied structure, or occupied vehicle |
| <input type="checkbox"/> | <input type="checkbox"/> | lit a fire to injure or kill an animal or person |

Outcome

4. Has any of the juvenile's fire related behavior resulted in any of the following **outcomes**? (mark all that apply).
- | yes | no | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | lighting on fire an unoccupied structure, or unoccupied vehicle |
| <input type="checkbox"/> | <input type="checkbox"/> | lighting an uncontrolled wildfire |
| <input type="checkbox"/> | <input type="checkbox"/> | lighting on fire an occupied structure, or occupied vehicle |
| <input type="checkbox"/> | <input type="checkbox"/> | lighting a fire that injured or killed an animal or person |

Appendix 2: Fire Evaluation Survey Classification Criteria

Initial Fire Evaluation Survey

Scoring Criteria Form

Childress, C.A. Fineman, K.R., Patterson, B.L. (2004)

Simple	Complex	Emergent
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Score as the highest level of concern rated.

Degree of Involvement

1. What was the juvenile's **degree of involvement** with the current fire incident (mark one)?
- This juvenile actively set the fire and was alone
 - This juvenile actively set the fire as part of a group involved with the fire
 - This juvenile did not actively set the fire, but was part of a group involved with the fire
 - This juvenile's degree of involvement is unknown, questionable, or in dispute

Frequency

2. How many fire related incidents involving this juvenile (including the most recent episode) are reported by the juvenile, the juvenile's parents, or other available informants? This includes all fire experimentation with peers or alone, and all firesetting behavior with peers or alone.
- 1 or 2 times
 3 - 4 times
 More than 4 times

Intent

3. With regard to **all past and current** fire related behaviors, indicate what the juvenile **intended to set on fire** in each fire related incident (mark all that apply). Has this juvenile ever:
- | yes | no | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | lit and watched the flame on a match or lighter |
| <input type="checkbox"/> | <input type="checkbox"/> | lit an appropriate fire (e.g., a candle or barbecue) |
| <input type="checkbox"/> | <input type="checkbox"/> | lit a small piece of paper, small object, toy, or twig (unattached to a plant) on fire, or singed an object |
| <input type="checkbox"/> | <input type="checkbox"/> | lit a small controlled vegetation fire (such as a small pile of leaves or twigs, or a part of a large plant) |
| <input type="checkbox"/> | <input type="checkbox"/> | lit a bonfire (such as a large paper fire, wood-fueled fire, trash can or dumpster fire) |
| <input type="checkbox"/> | <input type="checkbox"/> | lit an accelerant by itself or lit an accelerant on any other type of fire (e.g., small fire, bonfire, wildfire, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | lit on fire the personal property of another person, such as a peer, classmate, or family member |
| <input type="checkbox"/> | <input type="checkbox"/> | lit on fire an unoccupied structure, or unoccupied vehicle |
| <input type="checkbox"/> | <input type="checkbox"/> | lit an uncontrolled wildfire |
| <input type="checkbox"/> | <input type="checkbox"/> | lit on fire an occupied structure, or occupied vehicle |
| <input type="checkbox"/> | <input type="checkbox"/> | lit a fire to injure or kill an animal or person |

Outcome

4. Has any of the juvenile's fire related behavior resulted in any of the following **outcomes**? (mark all that apply).
- | yes | no | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | lighting on fire an unoccupied structure, or unoccupied vehicle |
| <input type="checkbox"/> | <input type="checkbox"/> | lighting an uncontrolled wildfire |
| <input type="checkbox"/> | <input type="checkbox"/> | lighting on fire an occupied structure, or occupied vehicle |
| <input type="checkbox"/> | <input type="checkbox"/> | lighting a fire that injured or killed an animal or person |

Appendix 3: Pediatric Symptom Checklist

PEDIATRIC SYMPTOM CHECKLIST

Child Psychiatry
Bulfinch 351
55 Fruit Street
Boston, MA 02114
617.724.3163



The following information relates to the psychometric properties of the PSC:

Instructions for Scoring: The PSC consists of 35-items that are rated as never, sometimes, or often present and scored 0, 1, and 2, respectively. Item scores are summed and the total score is recoded into a dichotomous variable indicating psychosocial impairment. For children aged six through sixteen, the cut-off score is 28 or higher. For four and five year-old children, the PSC cut-off is 24 or higher (Little et al, 1994; Pagano et al, 1996). Items that are left blank by parents are simply ignored (score = 0). If four or more items are left blank, the questionnaire is considered invalid.

How to Interpret the PSC: A positive score on the PSC suggests the need for further evaluation by a qualified health (M.D., R.N.) or mental health (Ph.D, LICSW) professional. Both false positives and false negatives occur, and only an experienced clinician should interpret a positive PSC score as anything other than a suggestion that further evaluation may be helpful. Data from past studies using the PSC indicate that 2 out of 3 children who screen positive on the PSC will be correctly identified as having moderate to serious impairment in psychosocial functioning. The one child "incorrectly" identified usually has at least mild impairment, although a small percentage of children turn out to have very little actually wrong with them (e.g., an adequately functioning child of an overly anxious parent). Data on PSC-negative screens indicate 95% accuracy, which, although statistically adequate, still means that 1 out of 20 children rated as functioning adequately may actually be impaired. The inevitability of both false-positive and false-negative screens underscores the importance of experienced clinical judgment in interpreting PSC scores. Therefore, it is especially important for parents or other lay people who administer the form to consult with a licensed professional if their child receives a PSC-positive score.

Validity: Using a Receiver Operating Characteristic Curve, Jellinek, Murphy, Robinson, et al (1988) found that a PSC cutoff score of 28 has a specificity of 0.68 and a sensitivity of 0.95 when compared to clinicians' ratings of children's psychosocial dysfunction. In other words, 68% of the children identified as PSC-positive will also be identified as impaired by an experienced clinician, and, conversely, 95% of the children identified as PSC-negative will be identified as unimpaired.

Reliability: Test-re-test reliability of the PSC ranges from $r = .84 - .91$. Over time, case/not case classification ranges from 83% - 87%. (Jellinek & Murphy, 1988; Murphy et al, 1992).

Inter-item Analysis: Our studies (Murphy & Jellinek, 1985; Murphy, Ichinose, Hicks, et al, 1996) also indicate strong (Cronbach alpha = .91) internal consistency of the PSC items and highly significant ($p < 0.0001$) correlations between individual PSC items and positive PSC screening scores.

Qualifications for Use of the PSC: The training required may differ according to the ways in which the data are to be used. Professional school (e.g., medicine or nursing) or graduate training in psychology of at least the Master's degree level would ordinarily be expected. However, no amount of prior training can substitute for professional maturity, a thorough knowledge of clinical research methodology, and supervised training in working with parents and children. There are no special qualifications for scoring.

Appendix 4: Child Interview

Fire F.R.I.E.N.D.S. Behavioral Health Evaluation Interview – Child

Childress, C.A., Fineman, K.R, Patterson, B.L (2004)

Interviewer _____ Date _____

Juvenile's Name _____

Gender _____ D.O.B. _____ Ethnicity/Race _____

Address _____ Phone _____

School _____ Grade _____

Smoker: No one Parent(s) / Step-parent(s)
 Juvenile Other family member

Development of Rapport

The purpose of this section is to make the child comfortable with you. The more at ease you can make the child, the greater the likelihood that he or she will answer all of your questions. If the following questions aren't enough, add your own. Questions or language can be modified throughout this form to accommodate the age of the child or adolescent.

Introduce yourself: I'm _____. What's your name? _____

How old are you? _____

What school do you go to? What grade are you in? _____

Do you like your school? _____

Are there nice/okay teachers at your school? _____

What classes/subjects do you like/not like? _____

What do you do for fun? Do you have any hobbies _____

Who's your best friend? _____

What do you like to play/do with your friend? _____

What do you watch on TV and what videos do you watch? _____

What is your favorite person/show on TV? _____

What is your favorite video/computer game? _____

What do you like about that game (note if there excessive violence or fire)? _____

When rapport is established, determine level of understanding if the child is under age 7, or appears to have problems communicating.

This interview protocol was developed from the dynamic-behavioral theory of firesetting behavior articulated by K.R. Fineman, Ph.D., and based on Dr. Fineman's prior work in developing the FEMA Risk Assessment Interview

Fineman, K.R. (1995). A model for the qualitative analysis of child and adult fire deviant behavior. *American Journal of Forensic Psychology*, 13, 31-60.

Fineman, K.R. (1997). Comprehensive FireRisk Assessment. In Poage, Doctor, Day, Rester, Velasquez, Moynihan, Flesher, Cooke & Marshburn (Eds.), *Juvenile Firesetter Prevention Program: Training Seminar Vol. I* (pp. 1-25), Denver, Colorado: Colorado Division of Fire Safety.

School Issues

Tell me about school.

Issues to answer:		The juvenile's sense of competence in school as opposed to feelings of inadequacy and frustration.
Do you like school/learning?		
What's your favorite thing about school?		
What don't you like about school?		
If there were one thing you could change about school, what would it be?		
<hr/>		
Clinical	C1	The juvenile generally seems to feel capable and competent in school
Summary:	C2	The juvenile expresses feelings of inadequacy or frustration about school

Issues to answer:		Ability to accept adult authority in the school setting.
Do you follow the directions of your teachers(s) most of the time?		
Do you get along with your teachers? Do they ever make you mad?		
Do your teachers ever get mad at you? For what?		
<hr/>		
Clinical	C1	The juvenile seems to accept adult authority and follow directions in school
Summary:	C2	The juvenile seems to have conflicts with authority in the school setting

Issues to answer:		Well regulated and appropriate school behavior as opposed to frequent misbehavior and externalizing behavioral signs of emotional distress.
Have you gotten in trouble at school?		
Have you ever been punished for misbehavior at school		
(e.g., sent to the principal's office, restricted from recess, lose "points", notes home to parents, suspended, etc.)?		
How often does this happen? (e.g., several times a day, once a day, 2-3 times a week, etc)		
<hr/>		
Clinical	C1	The juvenile seems fairly well regulated and fairly well behaved at school
Summary:	C2	The juvenile seems to present frequent behavior problems at school

Issues to answer:		Academic performance as a sign of distress, frustration, or discouragement.
Have there been any problems with your school performance in the last year?		
What sort of grades do you get? Has there been any change in your grades?		
In what subject do you get the best grade? Worst grade?		
How do your parents feel about your grades?		
<hr/>		
Clinical	C1	The juvenile appears to be performing at grade level expectations?
Summary:	C2	The juvenile appears to be struggling significantly in some academic areas?

Number of C1 responses	<input type="text"/>
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Number of C2 responses	<input type="text"/>
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Social Relationships Tell me about how you get along with other kids your age

Issues to answer: Whether or not the juvenile has friends		
Do you have friends you spend time with or do you spend most of your time alone? What's the name of some of your friends? How old are they? What sort of things to you do together? Do you have as many friends as you want?		
Clinical Summary:	C1	The juvenile has age-appropriate friendships
	C2	The juvenile is socially isolated, has very few friends, or has friends who are much younger (2-3 years)

Issues to answer: Whether the juvenile is accepted or rejected by peers		
Do you get along with other children? Do you get picked on or teased by other children? Do you get left out of games and activities by other children? Are you invited to birthday parties? Whose?		
Clinical Summary:	C1	The juvenile is accepted by peers
	C2	The juvenile is teased or socially isolated by peers

Issues to answer: Peer influence on the juvenile's behavior		
Do you think your friends are a bad influence on you? Do your friends get into trouble for the things they do? Do your friends ever cut classes or do things they shouldn't? Do you sometimes do things you shouldn't just to go along with your friends?		
Clinical Summary:	C1	The juvenile's friends do not present a bad influence on the juvenile's behavior
	C2	The juvenile may be susceptible to bad peer influences

Issues to answer: Extracurricular activities and positive alternatives to problem behavior		
What sort of things to you do in your free time? Are you on any organized sports teams, or do you belong to any clubs or groups? Do you have any hobbies or interests? What sort of things to you do for fun?		
Clinical Summary:	C1	The juvenile has appropriate interests, hobbies or activities, and makes relatively good use of free time
	C2	The juvenile is not involved and has a great deal of unstructured free time

Number of C1 responses	
------------------------	--

Number of C2 responses	
------------------------	--

Family Relationships

Tell me about the people in your family.

Issues to answer: The quality of the mother - child relationship		
Usually, how well do you get along with your mother? Do you fight or argue with your mother? How often? About what? Describe a recent fight you had with your mother? Are you afraid of your mother? Do you spend as much time with your mother as you'd like?		
Clinical Summary:	C1	Juvenile's relationship with mother is within a normal range of closeness
	C2	Juvenile's relationship with mother is marked by frequent fights, rejection, hostility, or distance
	C3	Juvenile's relationship with mother is highly dysfunctional (e.g., mother's substance abuse, physical abuse)
Issues to answer: The quality of the father - child relationship		
Usually, how well do you get along with your father? Do you fight or argue with your father? How often? About what? Describe a recent fight you had with your father? Are you afraid of your father? Do you spend as much time with your father as you'd like?		
Clinical Summary:	C1	Juvenile's relationship with father is within a normal range of emotional and physical closeness
	C2	Juvenile's relationship with father is marked by frequent fights, rejection, hostility, or distance
	C3	Juvenile's relationship with father is highly dysfunctional (e.g., father's substance abuse, physical abuse)
Issues to answer: The quality of the step-parent - child relationship		
Usually, how well do you get along with your step-parent? Do you fight or argue with your step-parent? How often? About what? Describe a recent fight you had with your step-parent? Are you afraid of your step-parent? Do you spend as much time with your step-parent as you'd like?		
Clinical Summary:	C1	N/A or the juvenile's relationship with step-parent is within a normal range of closeness
	C2	Juvenile's relationship with step-parent is marked by frequent fights, rejection, hostility, or distance
	C3	Juvenile's relationship with step-parent is highly dysfunctional (e.g., mother substance abuse, physical abuse)
Issues to answer: The quality of the parental relationship between his biological parents		
How well do your mother and father get along? Do they every get into arguments with each other? How often? What happens when they argue or fight? Do they yell? Do they ever hit each other? How do you feel when they argue/fight? What do you do when they argue/fight?		
Clinical Summary:	C1	Biological parents' relationship is within a normal range of closeness
	C2	Juvenile's parents argue or fight frequently and/or juvenile is significantly distressed by their fighting
	C3	Juvenile's parents engage in physical fighting and/or child is extremely distressed by their fighting

Issues to answer: Sibling relationships	
Tell me about your brothers and sisters. Usually, how well do you get along with them? What happens when you get in arguments with your brother (sister)? Is your brother or sister someone you could turn to when you're in trouble? Could your brother (sister) turn to you if he (she) was in trouble?	
Clinical Summary:	C1 Sibling relationships are within the normal range of closeness C2 Sibling relationships are marked by excessive fighting or emotional distress

Issues to answer: Discipline practices	
What do you do that gets you into trouble at home? What happens when you get into trouble? How do your parents discipline you when you get in trouble? How often do you get into trouble at home?	
Clinical Summary:	C1 Acceptable discipline practices (time-out, grounding, response cost, mild to moderate parental anger) C2 Excessive or inappropriate discipline practices C3 Physical or emotional abuse

Issues to answer: Crisis or trauma	
Within the last year, has anything bad happened in your life? Has anything bad happened in your family? Has there been any ongoing crisis or problem in your life or with your family?	
Clinical Summary:	C1 No crisis or trauma C2 Moderate crisis or trauma C3 Significant crisis or trauma

Issues to answer: Stability of the home environment	
Have you lived with your parents throughout your life? Have there been any times when you had to live with relatives, or at placements? (If there has been a divorce) Do you live with your mom, or dad, or both. Has it always been that way?	
Clinical Summary:	C1 Relatively stable home environment, lives with both parents or stable living situation following a divorce C2 Moderate instability in home environment. Frequent moves, changes in living situation C3 Significant instability, history of foster care placement or living with relatives due to parental instability

Number of C1 responses	<input type="text"/>
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Number of C2 responses	<input type="text"/>
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Number of C3 responses	<input type="text"/>
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Fire Features Tell me about the fires you've set

Issues to answer: Number of fires set - the frequency of this behavior		
How many fires have you set? Tell me about the fire setting incidents you've been in with other children.		
Clinical Summary:	C1	The juvenile has set only this one referral fire or has been involved with only one peer-set fire
	C2	The juvenile has set between 1 to 5 previous fires or has been involved with between 1-5 peer-set fires
	C3	The juvenile has set more than 5 previous fires or has been involved in more than 5 peer-set fires

Issues to answer: Severity of fires set - the degree of concern regarding previous fire setting behavior		
Tell me about the fires you've set? What types of things have you lit on fire? What was the largest fire you've set? Have you ever lit a structure (house, building, etc.) on fire? Have you ever lit brush (twigs, leaves, etc.) on fire? Have you ever lit a fire to destroy property. Have you ever lit a fire to hurt someone?		
Clinical Summary:	C1	The juvenile's fires have been limited to small items or fireplay, such as lighting matches or small papers
	C2	The juvenile has lit small bonfires, small controlled vegetation fires, has lit fires to destroy property or used an accelerant
	C3	The juvenile has lit uncontrolled wildfire, or has lit fires to harm persons or animals

Issues to answer: The effort the juvenile puts into gathering materials or starting the fire		
Where did you get the material to start the fire? Where did you get the lighter or matches? What did you light on fire? How did you decide to light that on fire? Where did you get the item? How long in advance did you plan to set the fire?		
Clinical Summary:	C1	The juvenile made minimal effort to gather material. Used whatever was readily available. The ignition source (matches/lighter/magnifying glass) was readily available in the juvenile's environment.
	C2	The juvenile planned the fire and expended effort to gather either the material or the ignition source
	C3	The juvenile plans fires well in advance, looks forward to the fire, and/or makes significant effort to gather materials or the ignition source.

Issues to answer: The degree of reinforcement the child receives from the fire		
What do you like about setting fires? Do you think about fire when your doing other activities? What did you do after you set the fire? Did you stay and watch? Run away? Were you afraid? Happy? Ashamed? Excited? Angry?		
Clinical Summary:	C1	The juvenile sets fires from curiosity or experimentation
	C2	The juvenile derives moderate reinforcement from fires (e.g., excitement, relief from boredom, peer interaction)
	C3	The juvenile derives much reinforcement from fires (e.g., thinks about fire, feels elated or powerful)

Number of C1 responses	<input type="text"/>
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Number of C2 responses	<input type="text"/>
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Number of C3 responses	<input type="text"/>
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Fire Timeline

How long ago? 0-1 month 2-3 months 3-6 months 6-12 months 1-2 years 2+ years

Tell me about when you set the fire (identify the specific incident).

<p>Tell me about what you were doing right before the fire was set?</p> <p>What were you doing? What were you doing right before that?</p> <p>Were you with other people (alone)?</p> <p>Were you feeling sad (angry, afraid/anxious)?</p> <p>What were you thinking about?</p> <p>Had you been using any drugs or alcohol?</p>	<p>Tell me about how you set the fire.</p> <p>What did you light on fire?</p> <p>Why did you choose to light (object) on fire?</p> <p>What were you feeling just as, or just before, you lit the fire?</p> <p>What did you use to start the fire?</p> <p>Where did you get the (lighter/matches)?</p> <p>Did you use anything to make the fire burn stronger, like lighter fluid or gasoline?</p>	<p>What did you do after the fire was lit?</p> <p>Did you stay and watch? (or run away? or try and put it out? or go and tell someone?)</p> <p>How did the fire make you feel? Did it make you feel happy (less sad, less angry, less afraid, powerful, excited)?</p> <p>After the fire, did you feel guilty (powerful, ashamed, afraid, remorseful, relaxed)?</p> <p>Did you like to see all the fire trucks and activity?</p>
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Describe the child's responses to questions about events/feelings/behavior/thoughts before, during and after the fire setting incident

	Before the Fire Set	During the Fire Set	After the Fire Set
Behavior			
Feeling			
Thoughts			

Appendix 5: Parent Interview

Fire F.R.I.E.N.D.S. Behavioral Health Evaluation Interview – **Parent**
Childress, C.A., Fineman, K.R, Patterson, B.L (2004)

Interviewer _____ Date _____

Juvenile's Name _____

Gender _____ D.O.B. _____ Ethnicity/Race _____

Address _____ Phone _____

School _____ Grade _____

Smoker: No one Parent(s) / Step-parent(s)
 Juvenile Other person in the household

Development of Rapport

The purpose of this section is to provide the juvenile's parent with the opportunity to describe the scope of the problem, frame the situation, and describe what's been done so far to address the problem. It also offers an opportunity for the evaluator to begin assessing the parent's understanding and insight into the problem.

Let's start by having you tell me something about your concerns and what brings you here today.

What do you think is going on that's causing this situation?

Has this always been the case or has it gotten worse recently?

What have you tried to do to correct the situation?

This interview protocol was developed from the dynamic-behavioral theory of firesetting behavior articulated by K.R. Fineman, Ph.D., and based on Dr. Fineman's prior work in developing the FEMA Risk Assessment Interview

Fineman, K.R. (1995). A model for the qualitative analysis of child and adult fire deviant behavior. *American Journal of Forensic Psychology*, 13, 31-60.

Fineman, K.R. (1997). Comprehensive FireRisk Assessment. In Poage, Doctor, Day, Rester, Velasquez, Moynihan, Flesher, Cooke & Marshburn (Eds.), *Juvenile Firesetter Prevention Program: Training Seminar Vol. I* (pp. 1-25), Denver, Colorado: Colorado Division of Fire Safety.

Describe your child's fire behavior

What has juvenile
lit on fire?

When did it start?

What have you
done about it?

What sorts of
consequences
have there been?

Why do you think
it's happening?

Issues to answer: Current Family Structure & Relevant Family History

Now I'd like to get a little information about your family, and the family context that your child lives in.

Begin gathering information about family structure, who lives in the home, ages of parents and siblings, and whether there is extended family support available. This also offers the opportunity to follow clinical leads into information about divorces, multiple fatherhood of the children, step-parenthood, dates of significant family events, such as deaths, accidents, illnesses, etc., history of physical or sexual abuse, relevant family psychiatric history, history of drug and alcohol abuse.

Follow clinical leads and make notes related to family structure, family history, and family context for the juvenile's behavior.

Simple structural genogram with notes:

Timeline of Behavior and Events

Issues to answer: A coherent timeline of significant events in the child's life and behavior related to fire setting behavior

Now I'd like to get a sense of where your child's firesetting behavior fits with other things going on in his/her life:

Follow the individual leads offered by the parent to identify significant milestones in the life of the child (e.g., illnesses, onset of behavior problems, onset of academic problems, family moves, family dissolutions, onset of academic problems, etc.

Use a scale that seems to fit the relevant information, particularly related to the onset of the juvenile's fire behavior, significant fire related behaviors, and recent firesetting behaviors

In some circumstances, it may be helpful to write the relevant dates or ages on the timeline and use both sides of the timeline to record relevant child, family, or fire related events

A vertical timeline template consisting of a central vertical line with 15 horizontal tick marks extending to the left, intended for recording events.

School Issues Tell me about your child's school.

Issues to answer: The juvenile's sense of competence in school as opposed to feelings of inadequacy and frustration.		
Does your child like school/learning? What's his or her favorite thing about school? What doesn't he or she like about school? If there were one thing you could change about your child's school situation, what would it be?		
Clinical	C1	The juvenile generally seems to be functioning competently in school
Summary:	C2	The juvenile is functioning poorly in school and seems to feel of inadequate about school
Issues to answer: Ability to accept adult authority in the school setting.		
Does your child follow the directions of his or her teachers(s) most of the time? Do your child get along with his or her teachers? Does your child ever get mad at teachers? Do your teachers ever get mad at your child? For what?		
Clinical	C1	The juvenile seems to accept adult authority and follow directions in school
Summary:	C2	The juvenile seems to have conflicts with authority in the school setting
Issues to answer: Well-regulated and appropriate school behavior as opposed to frequent misbehavior and externalizing behavioral signs of emotional distress.		
Has your child gotten in trouble at school? Have your child ever been punished for misbehavior at school (e.g., sent to the principal's office, restricted from recess, lose "points", notes home to parents, suspended, etc.)? How often does this happen? (e.g., several times a day, once a day, 2-3 times a week, etc.)		
Clinical	C1	The juvenile seems fairly well regulated and fairly well behaved at school
Summary:	C2	The juvenile seems to present frequent behavior problems at school
Issues to answer: Academic performance as a sign of distress, frustration, or discouragement.		
Have there been any problems with your child's academic performance at school in the last year? What sort of grades does your child get? Has there been any change in his or her grades? In what subject does your child get the best grade? Worst grade? As your child's parent, how do you feel about your child's grades?		
Clinical	C1	The juvenile appears to be performing at grade level expectations?
Summary:	C2	The juvenile appears to be struggling significantly in some academic areas?

Number of C1 responses	<input type="text"/>
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Number of C2 responses	<input type="text"/>
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Social Relationships

Tell me about how your child gets along with other kids his or her age

Issues to answer: Whether or not the juvenile has friends		
Does your child have friends that he or she spends time with or does your child spend most of his or her time alone? What's the name of some of your child's friends? How old are they? What sort of things does you child do together with his or her friends? Does your child have as many friends as he or she wants?		
Clinical Summary:	C1 C2	The juvenile has age-appropriate friendships The juvenile is socially isolated, has very few friends, or has friends who are much younger (2-3 years)
Issues to answer: Whether the juvenile is accepted or rejected by peers		
Does your get along with other children? Does your child get picked on or teased by other children? Does your child get left out of games and activities by other children? Is your child invited to birthday parties? Whose?		
Clinical Summary:	C1 C2	The juvenile is accepted by peers The juvenile is teased or socially isolated by peers
Issues to answer: Peer influence on the juvenile's behavior		
Do you think your child's friends are a bad influence on him or her? Do your child's friends get into trouble for the things they do? Do your child's friends ever cut classes or do things they shouldn't? Does your child sometimes do things he or she shouldn't just to go along with his or her friends?		
Clinical Summary:	C1 C2	The juvenile's friends do not present a bad influence on the juvenile's behavior The juvenile may be susceptible to bad peer influences
Issues to answer: Extracurricular activities and positive alternatives to problem behavior		
What sort of things does your do in his or her free time? Is your child on any organized sports teams, or does your child belong to any clubs or groups? Does your child have any hobbies or interests? What sort of things does your child do for fun?		
Clinical Summary:	C1 C2	The juvenile has appropriate interests, hobbies or activities, and makes relatively good use of free time The juvenile is not involved and has a great deal of unstructured free time

Number of C1 responses	
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Number of C2 responses	
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Family Relationships

Tell me about the relationships in your family.

Issues to answer: The quality of the mother - child relationship	
Usually, how well does the child's mother get along with your child? Do the child and mother argue and fight? How often? About what? Describe a recent fight between the child and the mother? Is the child afraid of the mother? Does the child's mother spend as much time as the child wants with the child?	
Clinical Summary:	C1 Juvenile's relationship with mother is within a normal range of closeness
	C2 Juvenile's relationship with mother is marked by frequent fights, rejection, hostility, or distance
	C3 Juvenile's relationship with mother is highly dysfunctional (e.g., mother's substance abuse, physical abuse)
Issues to answer: The quality of the father - child relationship	
Usually, how well does the child's father get along with your child? Do the child and father argue and fight? How often? About what? Describe a recent fight between the child and the father? Is the child afraid of the father? Does the child's father spend as much time as the child wants with the child?	
Clinical Summary:	C1 Juvenile's relationship with father is within a normal range of emotional and physical closeness
	C2 Juvenile's relationship with father is marked by frequent fights, rejection, hostility, or distance
	C3 Juvenile's relationship with father is highly dysfunctional (e.g., father's substance abuse, physical abuse)
Issues to answer: The quality of the step-parent (guardian) - child relationship	
Usually, how well does the child's step-parent get along with your child? Do the child and step-parent argue and fight? How often? About what? Describe a recent fight between the child and the step-parent? Is the child afraid of the step-parent? Does the child's step-parent spend as much time as the child wants with the child?	
Clinical Summary:	C1 N/A or the juvenile's relationship with step-parent is within a normal range of closeness
	C2 Juvenile's relationship with step-parent is marked by frequent fights, rejection, hostility, or distance
	C3 Juvenile's relationship with step-parent is highly dysfunctional (e.g., step-parent substance abuse, physical abuse)
Issues to answer: The quality of the parental relationship between his biological parents	
How well do the child's mother and father get along? Do they every get into arguments with each other? How often? What happens when they argue or fight? Do they yell? Do they ever hit each other? What does the child do when they argue/fight?	
Clinical Summary:	C1 Biological parents' relationship is within a normal range of closeness
	C2 Juvenile's parents argue or fight frequently and/or juvenile is significantly distressed by their fighting
	C3 Juvenile's parents engage in physical fighting and/or child is extremely distressed by their fighting

Issues to answer:	Sibling relationships
Usually, how well does your child get along with his or her siblings? What happens when your child gets into arguments with his or her brother (sister)? Is your child's sibling someone your child would turn to if your child was in trouble? Would your child's brother (sister) turn to your child if the brother or sister was in trouble?	
Clinical Summary:	C1 Sibling relationships are within the normal range of closeness C2 Sibling relationships are marked by excessive fighting or emotional distress

Issues to answer:	Discipline practices
What does your child do that gets him or her into trouble at home? What happens when your child gets into trouble? How do the parents discipline the child when he or she get in trouble? How often does your get into trouble at home?	
Clinical Summary:	C1 Acceptable discipline practices (time-out, grounding, response cost, mild to moderate parental anger) C2 Excessive or inappropriate discipline practices (too harsh or too lax) C3 Physical or emotional abuse

Issues to answer:	Crisis or trauma
Within the last year, has anything bad happened in your child's life? Has anything bad happened in your child's family? Has there been any ongoing crisis or problem in your child's life or with your family?	
Clinical Summary:	C1 No crisis or trauma C2 Moderate crisis or trauma C3 Significant crisis or trauma

Issues to answer:	Stability of the home environment
Has your child lived with his or her parents throughout the child's life? Have there been any times when your child had to live with relatives, or at placements? (If there has been a divorce) Does your child live with mom, or dad, or both. Has it always been that way?	
Clinical Summary:	C1 Relatively stable home environment, lives with both parents or stable living situation following a divorce C2 Moderate instability in home environment. Frequent moves, changes in living situation C3 Significant instability, history of foster care placement or living with relatives due to parental instability

Number of C1 responses	<input type="text"/>
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Number of C2 responses	<input type="text"/>
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Number of C3 responses	<input type="text"/>
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Fire Features Tell me about the fires your child has set

Issues to answer:		Number of fires set - the frequency of this behavior
<p>How many fires has your child set? What about with other children?</p>		
Clinical Summary:	C1	The juvenile has set only this one referral fire or has been involved with only one peer-set fire
	C2	The juvenile has set between 1 to 5 previous fires or has been involved with between 1-5 peer-set fires
	C3	The juvenile has set more than 5 previous fires or has been involved in more than 5 peer-set fires
Issues to answer:		Severity of fires set - the degree of concern regarding previous fire setting behavior
<p>Describe the fires your child has set? What types of things has your child lit on fire? What was the largest fire your child has set? Has your child ever lit a structure (house, building, etc.) on fire? Has your child ever lit brush (twigs, leaves) on fire? Has your child ever lit a fire to destroy property? Has your child ever lit a fire to hurt someone?</p>		
Clinical Summary:	C1	The juvenile's fires have been limited to small items or fireplay, such as lighting matches or small papers
	C2	The juvenile has lit small bonfires, small controlled vegetation fires, has lit fires to destroy property or used an accelerant
	C3	The juvenile has lit uncontrolled wildfire, or has lit fires to harm persons or animals
Issues to answer:		The effort the juvenile puts into gathering materials or starting the fire
<p>Where did your child get the material to start the fire? Where did your child get the lighter or matches? What did your child light on fire? Where did your child get the item? Did your child plan to set the fire in advance?</p>		
Clinical Summary:	C1	The juvenile made minimal effort to gather material. Used whatever was readily available. The ignition source (matches/lighter/magnifying glass) was readily available in the juvenile's environment.
	C2	The juvenile planned the fire and expended effort to gather either the material or the ignition source
	C3	The juvenile plans fires well in advance and/or makes significant effort to gather materials or the ignition source.
Issues to answer:		The degree of reinforcement the child receives from the fire
<p>What does the child like about setting fires? Do your child think or talk about fire when he or she is doing other activities? What did your child do after setting the fire? Did your child stay and watch? Run away? Was your child afraid? Happy? Ashamed? Excited? Angry?</p>		
Clinical Summary:	C1	The juvenile sets fires from curiosity or experimentation
	C2	The juvenile derives moderate reinforcement from fires (e.g., excitement, relief from boredom, peer interaction)
	C3	The juvenile derives much reinforcement from fires (e.g., thinks about fire, feels elated or powerful)

Number of C1 responses	<input type="text"/>
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Number of C2 responses	<input type="text"/>
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Number of C3 responses	<input type="text"/>
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Appendix 6: Firesetting Reinforcement Summary

Firesetting Reinforcement Summary

Childress, C.A. Fineman, K.R., Patterson, B.L (2004)

Child's Name: _____ Date of Birth: _____

Interviewer: _____ Interview Date: _____

Please indicate to what degree each of the following sources of reinforcement contributed to this juvenile's firesetting behavior:

<u>Fire as Focus – Internal Source of Reinforcement</u>				
	Increase	Not at all	Somewhat	Highly
1.	Excitement – general arousal - interest	0	1	2
2.	Happiness – pleasure – satisfaction – fire fascination	0	1	2
3.	Relaxation – calm - peace	0	1	2
4.	Power – self-importance – self-efficacy - control	0	1	2
5.	Sexual excitement – sexual arousal – sensual arousal	0	1	2
6.	Spiritual elation – religious fervor - ritualistic	0	1	2
7.	Guilt – remorse – shame	0	1	2
Decrease				
8.	Depression – sadness	0	1	2
9.	Grief – sense of loss	0	1	2
10.	Low self-esteem	0	1	2
11.	Boredom	0	1	2
12.	Anxiety – worry	0	1	2
13.	Tension – uncomfortable arousal – fidgety	0	1	2
14.	Anger – irritation	0	1	2
<u>Instrumental Use of Fire – External Source of Reinforcement</u>				
Increase				
15.	Peer attention	0	1	2
16.	Parent attention – parent involvement	0	1	2
17.	Status – peer esteem – importance in the group	0	1	2
18.	Money	0	1	2
Destructive				
19.	Harm directed toward a personal target (person or property)	0	1	2
20.	Harm directed toward a societal target (e.g. vandalism)	0	1	2
21.	Harm directed at a member of a group (e.g. racism)	0	1	2
22.	Criminal activity	0	1	2
23.	Celebratory vandalism (socio-cultural vandalism)	0	1	2
24.	Righteous cause	0	1	2
25.	Vent anger – hate - jealousy - revenge	0	1	2

Firesetting Reinforcement Summary - Associated Environmental Factors

Child's Name: _____ Date of Birth: _____

	Past year			Lifetime		
	Not at all	Somewhat	Highly	Not at all	Somewhat	Highly
Family						
26. Positive and supportive family relationships	0	1	2	0	1	2
27. Divorce / separation	0	1	2	0	1	2
28. Death in the close family	0	1	2	0	1	2
29. Hostility in family – emotional / verbal abuse	0	1	2	0	1	2
30. Depression in family	0	1	2	0	1	2
31. Anxiety in family	0	1	2	0	1	2
32. Family instability - chaotic	0	1	2	0	1	2
33. Family financial problems	0	1	2	0	1	2
34. Physical abuse – physically abusive discipline	0	1	2	0	1	2
35. Sexual abuse	0	1	2	0	1	2
School						
36. Adequate to good school performance	0	1	2	0	1	2
37. Academic problems	0	1	2	0	1	2
38. Behavioral problems	0	1	2	0	1	2
Social						
41. Adequate to good peer social relationships	0	1	2	0	1	2
42. Juvenile is isolative	0	1	2	0	1	2
43. Juvenile is rejected by peers	0	1	2	0	1	2
44. Juvenile is overly aggressive with peers	0	1	2	0	1	2
Psychiatric Diagnosis or Prominent Features						
45. ADHD – prominent attention deficits / hyperactivity	0	1	2	0	1	2
46. Autism – prominent behaviors consistent with autism spectrum	0	1	2	0	1	2
47. Developmental delay - symptoms suggesting possible dev. delay	0	1	2	0	1	2
48. Psychotic symptoms – symptoms suggesting delusions or hallucin.	0	1	2	0	1	2
49. Mood Disorder – prominent symptoms of depression / mania	0	1	2	0	1	2
51. Anxiety Disorder – prominent anxiety symptoms	0	1	2	0	1	2
52. Conduct Disorder – prominent symptoms of conduct problems	0	1	2	0	1	2
53. Substance use	0	1	2	0	1	2
54. Obsessive Compulsive – prominent obsessive compulsive symptoms	0	1	2	0	1	2
Other Stressors						
55. Significant juvenile health problem	0	1	2	0	1	2
56. Significant family health problem	0	1	2	0	1	2
57. Significant juvenile legal problem	0	1	2	0	1	2
58. Family legal problem	0	1	2	0	1	2

Appendix 7: Personality Inventory for Children (2nd Edition)

Personality Inventory for Children, 2nd Edition

General Information

The Personality Inventory for Children is an objective multidimensional test of child and adolescent behavior and emotional and cognitive status. The administrative booklet consists of 275 items to be completed by the child's parent or other rater who knows the child well.

Number of Versions:	2
Version:	2nd Edition
Author(s):	Robert D. Wirt, David Lachar, James E. Klinedinst, Philip D. Seat, William E. Broen
Date of Publication:	2001
Material(s) Needed for Test:	Instrument
Manual:	Available
Time to Administer:	40 minutes
Charge for one form or kit:	Yes

Purpose and Nature of Test

Construct(s) Measured:	Hyperactivity, Conduct problems, Social skills, Several others
Population for which designed:	Age Range: 5 through 19 years old Grade Level: Kindergarten to High School Senior
Method of Administration:	Individual
Source of Information:	Parent
Subtests and Scores:	Cognitive Impairment, Impulsivity and Distractibility, Delinquency, Family Dysfunction, Reality Distortion, Somatic Concern, Psychological Discomfort, Social Withdrawal, Social Skills Deficits, Response Validity Scales
Number of Items:	275
Type of Scale:	Forced choice

Technical Evaluation

Norms:

Sample Size:	2,306
Population:	Two samples: 2,306 parents of boys and girls in Kindergarten through 12th grade, collected from 23 urban, rural and suburban schools in 12 states, all socioeconomic levels and ethnic groups represented; and 1,551 parents whose children had been referred for educational or clinical intervention.
Culture/ethnicity:	African-American, Asian-American, Caucasian, Hispanic/Latino, Native-American, Other
SES Level:	Low to High

Reliability:

Psychometric information:	Provided for Subscales.
The range of Test-Retest Value:	0.82 to 0.92
The range of Inter-rater reliability:	Not assessed
The range of Internal consistency:	0.81 to 0.92

Validity:

Criterion validity was assessed and found to be acceptable.

Practical Evaluation

Scoring Procedure:	Manual and Computer Scoring
Examiner Qualifications and Training Required:	Masters Degree
Permission Required to Use Instrument:	Yes
If yes, by whom:	Western Psychological Services

Notes**Original Reference(s):**

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