

# FAB-C

## Feelings, Attitudes, and Behaviors Scale for Children

*By Joseph H. Beitchman, M.D.*

### Profile Report

<b>Client Name:</b>	<b>John Sample</b>
Age:	8
Gender:	Male
Grade:	4
Test Duration:	N/A - QuikEntry
Administration Date:	December 21, 2004 (Online)



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## Introduction

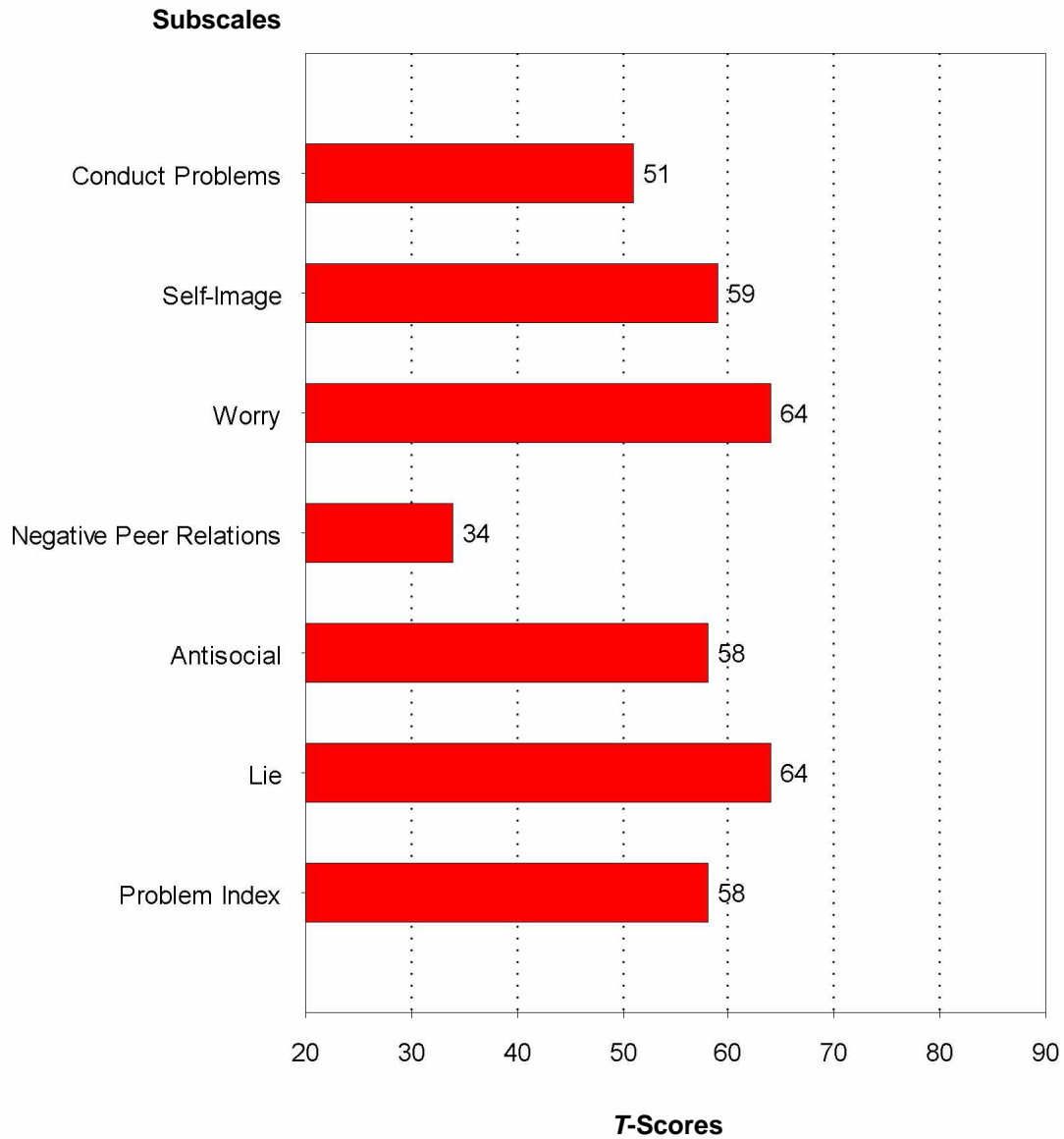
Feelings, Attitudes, and Behaviors Scale for Children (FAB-C) is an easily administered self-report instrument designed to assess a range of emotional and behavioral problems in children aged 6 to 13 years. This report provides information about the client's scores and how they compare with the scores of the normative sample of nonclinical individuals. Separate norms are calculated for boys and girls in two-year age intervals, based on a normative sample of 1988 children. See the *FAB-C Technical Manual* (published by MHS) for more information about this instrument and its results.

## Cautionary Remarks

This computerized report is meant to act as an interpretive aid and should not be used as the sole basis for intervention or clinical diagnosis. This report works best when combined with other sources of relevant information (e.g., tests, observations, historical information). The report is based on an algorithm that produces the most common interpretations for the scores that have been obtained. Atypical interpretations must be explored in other ways on a case-by-case basis. The information contained in this report should be treated as confidential.

## FAB-C T-Scores

The following graph provides John's *T*-scores for each of the six FAB-C scales and the Problem Index.



## Summary of Scale Scores and Problem Index

The following table summarizes John's scale scores and Problem Index and gives general information about how the person being evaluated compared to the normative group. More interpretive data are provided later in this report.

Subscale	Raw Score	T-Score	Guideline
Conduct Problems	4	51	Average (Typical Score: Should not raise concern)
Self-Image	2	59	Slightly Above Average (Borderline: Should raise concern)
Worry	6	64	Above Average (Possible significant problem)
Negative Peer Relations	0	34	Much Below Average (Low scores are good: Not a concern)
Antisocial	3	58	Slightly Above Average (Borderline: Should raise concern)
Lie	6	64	Above Average (Possible significant problem)
Problem Index	13	58	Slightly Above Average (Borderline: Should raise concern)

### Significantly Elevated Scales (T-score > 65)

There are no significantly elevated scales.

### Somewhat Elevated Scales (T-score = 60 to 65)

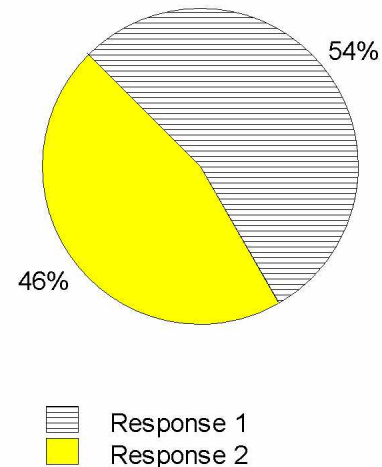
The following scale score(s) is/are somewhat elevated (T-Score = 60 to 65) and potentially could be cause for concern:

- Worry
- Lie

## Item Responses

The following response values were entered for the FAB-C items. The pie graph shows the distribution of responses.

Item	Response	Item	Response	Item	Response
1.	1	17.	2	33.	2
2.	2	18.	1	34.	2
3.	1	19.	2	35.	1
4.	1	20.	1	36.	2
5.	2	21.	2	37.	2
6.	2	22.	1	38.	1
7.	2	23.	1	39.	2
8.	1	24.	2	40.	1
9.	1	25.	1	41.	2
10.	1	26.	2	42.	1
11.	2	27.	1	43.	1
12.	1	28.	2	44.	2
13.	2	29.	1	45.	1
14.	1	30.	2	46.	1
15.	2	31.	1	47.	1
16.	1	32.	1	48.	2



## Response Key

1 = Yes  
2 = No

## Validity Assessment

### Lie Scale: T-Score = 64

This scale provides an estimate of whether or not the respondent's style of responding is truthful and consistent with that shown by other children and adolescents of the same age and gender.

John's score on the Lie scale was slightly elevated, suggesting that he may not have answered the questions in a completely straightforward manner and may have been responding a little defensively. John's age should be taken into consideration when evaluating the Lie scale score as younger children have been found to be more likely than older children to respond affirmatively to these items. An elevated Lie score does not mean that the results should be dismissed as invalid; instead, it should be examined to see if it reflects faking good or immature-style responding often associated with hyperactivity, distractibility, and academic problems.

## General Examination of the Profile

Overall, this is a mildly elevated profile. Some scores are elevated, but taken alone none of the scores is elevated highly enough to suggest a severe problem. However, coupled with other findings, this profile may warrant further testing or lead to closer monitoring. The remainder of this report will help to isolate those areas that may be of concern.

For more specific information regarding John's results on the individual FAB-C scales, please refer to the next section, *Examination of Scale and Problem Index Scores*.

## Examination of Scale and Problem Index Scores

### **Problem Index:** T-Score = 58

The Problem Index can be used as a screening measure to identify children who might benefit from a more detailed clinical assessment. It has been found to differentiate children with a diagnosis of a clinical disorder from children without a diagnosis.

Mildly Elevated. John's score on the Problem Index is mildly elevated.

### **Conduct Problems Scale:** T-Score = 51

About Average. John's score on this scale is about average, meaning that he does not tend to do bad things, get into trouble, or have a bad temper.

### **Self-Image Scale:** T-Score = 59

Mildly Elevated. John's score on this scale is just slightly above average and doesn't suggest serious or pervasive problems. Nonetheless, there may be occasions or situations where John may feel negatively about himself or feel socially unaccepted.

### **Worry Scale:** T-Score = 64

Mildly Elevated. John's score on this scale is just slightly above average and doesn't suggest serious or pervasive problems. Nonetheless, there may be occasions or situations where John has more worries or concerns than other children his age.

### **Negative Peer Relations Scale:** T-Score = 34

Good – Better than Average. John's score on this scale is better than average, meaning that his peer relations are not negative.

### **Antisocial Attitudes Scale:** T-Score = 58

Mildly Elevated. John's score on this scale is just slightly above average and doesn't suggest serious or pervasive problems. Nonetheless, there may be occasions or situations where John is prone to antisocial attitudes or behavior.

## Integrating Results with Other Information

These results must be incorporated with other information before drawing any conclusions. It is recommended that a comprehensive evaluation include information from other rating scales, parent and child/adolescent interviews, teacher reports, and data from other mental health professionals.

## Considering Intervention

Because there are elevations on one or more scales, intervention may be warranted. There are a large number of possible treatment approaches, and the choice of which treatment is most appropriate can vary from case to case. The intervention should be individualized, and the goals/targets of each intervention should be clearly specified. Each of the following techniques should be considered when planning an intervention strategy.

- Additional assessment procedures
- Cognitive Behavioral Therapy (CBT)
- Pharmacotherapies
- Behavioral or pedagogical academic interventions

In many cases, these and other intervention approaches can be used in combination with each other to produce optimal results.

Date Printed: Tuesday, December 21, 2004

**End of Report**