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ABSTRACT

Research showing psychodynamic child therapy to be less effective than other forms of child treatment have used outcome measures focusing on symptomatic and behavioral change rather than on psychodynamic processes. A child therapy assessment procedure that measures the psychological functioning of the child in a psychodynamically meaningful way is needed to make a fair evaluation of psychodynamic child therapy. The Psychodynamic Child Rating Scale (PCRS) involves the administration of an abbreviated standardized psychological battery consisting of five subtests of the Wechsler Intelligence Scale for Children-Revised, nine designs of the Bender Visual Motor Gestalt Test, the House-Person-Tree Test, the Kinetic Family Drawing, the Kinetic Peer Drawing, four cards of the Thematic Apperception Test, additional child interview items, and a parent interview. The examiner uses the information obtained from this battery to determine the child's position in relation to eight dimensions or item-scales relevant for psychodynamic functioning: (1) Intellectual Functioning; (2) Ego Functioning; (3) Self-Concept; (4) Aggression Control; (5) Emotional Adjustment; (6) Family Relations; (7) Peer Relations; and (8) Psychosexual Development. Ratings are summed to obtain a Total Psychodynamic Functioning score as well as scores on two factors: interpersonal and intrapersonal. This document describes the PCRS, discussing each of the eight item-scales and identifying various anchor points for each item-scale. It presents evidence for inter-rater reliability, internal consistency, and validity obtained from a study of 69 latency-aged boys who were assessed with the PCRS, as well as other measures, before and after therapy. (NB)

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A PSYCHODYNAMIC CHILD RATING SCALE

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ABSTRACT

This article describes a Psychodynamic Child Rating Scale designed for use in evaluating the effectiveness of psychodynamic child therapy as well as other therapies. The scale consists of eight item-scales: Intellectual Functioning, Ego Functioning, Self-Concept, Aggression Control, Emotional Adjustment, Family Relations, Peer Relations, and Psychosexual Development. Ratings on these item-scales are based on a psychodynamic test battery. The ratings are summed to obtain a Total Psychodynamic Functioning score as well as scores on two factors: Interpersonal and Intrapersonal. Evidence for the inter-rater reliability, internal consistency, and validity is presented.

A PSYCHODYNAMIC CHILD RATING SCALE

The purpose of this article is to describe a measure for the evaluation of psychodynamic child psychotherapy. The research literature has shown consistently that psychodynamic child therapy is less effective than other forms of child treatment (Barrett, Hempe and Miller, 1978; Kovacs and Paulauskas, 1986; Weisz, Weiss, Alicke, and Klotz, 1987). However, the outcome measures used in these studies have focused primarily on symptomatic and behavioral changes rather than psychodynamic processes. Barrett et al (1978) argue cogently for the need for a child therapy assessment procedure that measures the psychological functioning of the child in a psychodynamically meaningful way in order to make a fair evaluation of psychodynamic child therapy.

There has been one promising pioneering attempt at child psychodynamic assessment by Heinicke (1969; Heinicke and Ramsey-Klee, 1986). Based on Anna Freud's (1965) Diagnostic Profile, this procedure involves writing a qualitative diagnostic profile based on interviews with the child, parents, and teachers, an extensive battery of objective and projective tests, and summaries of therapy process. This information is then used to make 45 ratings on ten point scales such as level of ego integration and libidinal development. Research with this procedure, while

based on small samples and lacking control groups, has been encouraging in showing more dynamic change with increasingly intensive therapy. On the other hand, Heinicke's method is extremely time consuming and complex, limiting its use for large scale outcome studies.

The Psychodynamic Child Rating Scale, while developed independently, may be viewed as having similar goals as Heinicke's approach but more cost effective and with wider applicability. In most dynamically oriented child clinics, psychodynamic formulations are heavily influenced by the psychological report based on a relatively short battery of psychological tests and interviews with the child and parent. Of course, a qualitative report is not useful for research purposes. In writing the psychological report the psychodiagnostician is like a complex information processing system. This same system, however, has the potential to generate quantitative ratings as well as a qualitative report. The present approach, then, was to have a dynamically-oriented child clinical psychologist administer a relatively short battery of tests and assign ratings on a limited number of dynamically relevant quantitative dimensions or item-scales which could be summed for the overall scale.

The Assessment Procedure

The Psychodynamic Child Rating Scale (PCRS) involves the administration of an abbreviated standardized psychological battery by an

experienced child examiner with a doctorate in clinical psychology. The assessment battery includes the following instruments:

1) WISC-R

Five subtests are administered, two Verbal (Similarities and Comprehension) and three Performance (Picture Completion, Picture Arrangement and Block Design). Scaled scores are obtained for each of the five subtests and the examiner obtains estimated Verbal, Performance and Total Intelligence scores by pro-rating. (Wechsler, 1974; Cooper, 1982)

2) Bender Gestalt

The examiner administers the nine designs of the Bender Visual Motor Gestalt Test and scores the number of errors in order to obtain a Visual Perceptual Age Range. The Type and Significance of errors are noted, as well as significant Emotional Indicators. (Hutt and Briskin, 1960; Koppitz, 1975.)

3) The House-Tree-Person Test

The House-Tree-Person Test (administered as three separate drawings) is interpreted using the guidelines proposed by Jolles (1971), Buck (1981), and Wenck (1984).

4) Kinetic Family Drawing

The Kinetic Family Drawing is interpreted using the guidelines developed by Burns (1982) and Di Leo (1983).

5) Kinetic Peer Drawing

The Kinetic Peer Drawing is interpreted according to guidelines developed by one of the authors, Dr. Martha Alonso, and is analogous to those used with the Kinetic Family Drawing.

6) Thematic Apperception Test

Card 1 (child and violin), Card 4 (man and woman), Card 7BM (older and younger men) and Card 17BM (man and rope) are administered. The Thematic Apperception Test is interpreted using the guidelines provided by Schneidman (1951) and Bellak (1971).

7) Additional Child Interview items

The examiner asks the following questions: What things do you like to do most? What things make you happy? What things make you sad? What things make you angry? What do you do when you are angry? How do you get along with your friends? If you could have three wishes come true, what would they be?

8) Parent Interview

In addition to the child assessment and interview, the examiner meets briefly with the parent(s). The examiner asks the following questions:

Is he having any problems at school in terms of academic and social adjustment? How does he get along with other children? How does he express anger at home? How does he express anger with peers? The examiner may also ask parent(s) additional questions to clarify fantasy material in protocols and/or cross-validate information provided by the child or inferred by the examiner.

The examiner uses the information obtained from the above battery in order to determine each child's position in relation to eight dimensions or item-scales considered to be relevant for psychodynamic functioning. A Manual has been developed (Szapocznik, Rio, Richardson, Alonso and Murray, 1986) -- available from the first author -- providing detailed instructions and examples for transforming the qualitative information obtained from the assessment battery into quantitative ratings along each of the eight item-scales. The Manual specifies that any particular instrument, scale, subcomponent or bit of information obtained through the assessment procedure may be taken into account by the examiner in rating more than

one dimension. The examiner is thus aware that there is some overlap among the eight scales.

Each of the eight dimensions of child functioning are rated along item-scales ranging from "1" (very poor functioning) to "5" (very good functioning). The eight dimensions are: 1) Intellectual Functioning, 2) Ego Functioning, 3) Self Concept, 4) Aggression Control, 5) Emotional Adjustment, 6) Family Relations, 7) Peer Relations, 8) Psychosexual Development.

The entire procedure of testing, interviewing, scoring, and rating generally takes from two to three hours.

The Psychodynamic Child Rating Scale

The PCRS is based on eight item-scales culled from the psychodynamic child literature. These dimensions are described below:

1. Intellectual Functioning

Intellectual Functioning includes: a) reasoning, both verbal and spatial; b) visual-motor development; c) attention and concentration, and d) use of speech. Each of the sub-categories in this scale, as well as those in the other item-scales, were conceived as continuous variables ranging over five scale points and are represented at each of the anchor points described below. Although the pro-rated Total WISC-R score is the single

most important factor in contributing to the rating, the score from the Bender Gestalt and the examiner's observations of the child's behavior during the testing situation also contribute to the final rating. The following anchor points are used:

"1" Severely Disturbed - Child's intellectual functioning well below age norm (1 1/2 or more standard deviations).

- a. Very concrete reasoning.
- b. Severe visual-motor deficits; very clumsy.
- c. Child very easily distractable; very short attention span.
- d. Speech: Severe problems of articulation, syntax or grammatical organization and/or dysfluency.

"3" Moderately Disturbed - Child's intellectual functioning approximately one standard deviation below age norm.

- a. Child's level of abstract/functional thinking one standard deviation below age norm.
- b. Some visual-motor problems such as clumsiness.
- c. Child occasionally needs to be redirected to tasks.
- d. Speech shows some signs of 1d (above).

"5" No Disturbance - Child works within or above average range of intellectual functioning for age.

- a. Age adequate abstract reasoning.

- b. Visual-motor ability is age appropriate.
- c. Child is able to concentrate well on tasks.
- d. Speech is age appropriate.

2. Ego Functioning

Ego functioning refers to the child's ability to process information and react adaptively in both the personal and social worlds, their stresses and changes. The three areas considered most critical were: a) reality perception - reality testing; b) realistic object relations, and c) level of adaptation, including types of defenses and coping mechanisms. The projective tests, the TAT and the several drawings were the chief basis for rating this scale, although behavior on the WISC-R and general observations played some role. The item-scale anchors for this variable are:

"1" Very Poor Functioning

- a. Perception of reality distorted with regard to most areas.
- b. Poor object relations, no sense of attachment, extreme fusion with others, or extreme ambivalence toward others.
- c. Need for unchanging, stereotyped environment, does not fare well in novel environments. Very poor coping resources; defense mechanisms are ineffective.

"3" Moderate Functioning

- a. Perception of reality distorted in some areas, reality oriented in others.
- b. Some underinvolvement, overinvolvement or ambivalence with others.
- c. Some rigidity in novel experiences, but can eventually adapt.

"5" Very Good Functioning

- a. Reality-oriented perception.
 - b. Good boundaries -- discriminates self from others.
 - c. Flexible -- does well in novel environments; is able to adapt.
- Very good coping resources and effective operation of defense mechanism.

3. Self Concept

Self concept may be defined as the dual process by which the child regards himself, and how much strength he attributes to himself and to his capacity to solve problems. It also refers to his perception, judgement and evaluation of self in relation to his qualities, abilities, achievements and test performance. The major variables assessed are: a) timidity; b) assurance; c) self-estimation; d) body image (physical self-concept); and e) mirror image. The most concrete sources of information for judging

this item-scale come from the TAT and drawings. However, the child's self-references and behavior were extremely important. The item-scale anchors are:

"1" Very Poor Self Concept

- a. Extreme shyness and withdrawal.
- b. Extreme over-dependence.
- c. Extreme low self-esteem (underestimation of self or overestimation about self).
- d. Convinced that face and body are ugly, disgusting.
- e. Feels socially incompetent, worthless, inadequate, disliked and rejected by others.

"3" Fair Self Concept

- a. Some timidity and shyness with others.
- b. Moderate over-dependence.
- c. Moderate self esteem (moderate under or overestimation of self).
- d. Thinks that either face or body features are ugly or undesirable.
- e. Has doubts about his social competence, worth, inadequacy; uncertain about being liked or accepted by others.

"5" Very Good Self Concept

- a. Self-assured with others.
- b. Accepts authority appropriately, but not afraid to challenge authority if needed.
- c. Adequate sense of self-esteem and self-regard (well integrated self concept).
- d. Feels comfortable about his facial appearance and physical attributes.
- e. Feels socially competent, worthy, adequate, liked and accepted by others.

4. Aggression Control

This item-scale assesses the child's ability to control his aggressive impulses and the degree to which overt as well as covert aggressive behavior is manifested by the child during the testing situation. The examiner pays attention to the following variables: a) overt aggressive behavior; b) passive-aggressiveness; and c) aggressive fantasy. For the first two aspects of aggression control, the child's actual behavior during the testing situation was of great importance. Impulsive behavior on the Bender Gestalt and projective drawings were of particular value. In addition, the interviews with the child and parent were used as

corroboration. For the aggressive fantasy variable, the TAT and projective drawings were the chief bases. The anchor points are:

"1" Severe Aggression Problems

- a. Severe acting out behavior (hitting, fighting, destruction, swearing).
- b. Severe passive-aggressive behavior (persistent failure to cooperate with examiner, marked resistance to comply).
- c. Excessive projection of aggressive, morbid hostile fantasy (violence, murder, intent to harm).

"3" Slight Aggressive Problems

- a. Slight problems: some acting-out behavior (e.g., temper tantrums).
- b. Slight problems: mild passive-aggressive behavior (does not do what is expected of him).
- c. Some projection of aggressive hostile fantasy (accidents, operations, bodily harm).

"5" Adaptive Control of Aggression

- a. Expresses anger in an adaptive fashion.
- b. Anger is situation-specific in expression; demonstrates assertive, yet constructive behavior.
- c. Aggressive fantasy is not dominated by morbid themes.

5. Emotional Adjustment

This item-scale refers primarily to the child's expression and projection of emotional feelings and reactions. The major variables assessed are: a) range of emotional expression; b) type and level of intensity of emotional reactions; and c) the extent to which emotions are projected in fantasy. Again, the child's emotional behavior throughout the testing situation and the material from the projective tests were the basis for rating this item-scale. The anchors are:

"1" Severely Disturbed

- a. Constricted range of emotional expression
- b. Emotions are inappropriate to stimuli and intense to the point where goal attainment is clearly impaired.
- c. Frequent projective emotional fantasy.

"3" Moderate Emotional Adjustment

- a. Some constriction in range of emotional expressions.
- b. Emotional responses sometimes inappropriate, but sometimes appropriate to stimuli, some impairment in goal attainment, though some spheres of behavior are not hampered.
- c. Some projective fantasy.

"5" Very Good Emotional Adjustment

- a. Full, broad range of emotional expression.
- b. Intensity of emotions are situation specific and do not interfere with reaching goals.
- c. No significant emotional projective fantasy.

6. Family Relations

The Family Relations item-scale takes into consideration the extent to which the child's emotional needs are met by the family and whether the child is able to meet the needs of other family members. This is a child focused and not a family focused rating, in the sense that it measures how the child perceives his role, position and function within the family and/or in relation to the family but not necessarily how the family functions as a unit. This item-scale measure: a) distance between the child and other family members; b) dependency-autonomy; c) the child's level of oppositional-negativistic behavior toward other family members; and d) characteristics attributed to parents. The most important source of data in this item-scale was the Kinetic Family Drawing, followed by the TAT. The anchors are:

"1" Very Poor Relations

- a. Child is extremely distant from and/or demonstrates marked ambivalence toward other family member(s).

- b. Child is extremely dependent on other family member(s).
Child cannot develop any autonomy; does not display age appropriate, self-reliant behavior.
- c. Severe and constant arguing, oppositional-negativistic behavior, disagreement.
- d. Child perceives parents as unfair, punitive, distant, rejecting and/or bad most of the time.

"3" Fair Relations

- a. Child is somewhat distant from and/or some ambivalence toward other family member(s).
- b. Child is somewhat dependent on other family member(s).
Child can develop some autonomy; displays some age appropriate, dependency behavior.
- c. Moderate arguing, oppositional-negativistic behavior, disagreement.
- d. Child has ambivalent perceptions toward parents.

5" Very Good Relations

- a. Child is capable of maintaining privacy within the family and feels comfortable in doing so.

- b. Child is able to relate to parental needs without being excessively demanding. Child can act autonomously; displays age appropriate, self-reliant behavior.
- c. Child can discuss problems with parents without resorting to argumentation.
- d. Child perceives parents as supportive, fair, involved, accepting and good most of the time.

7. Peer Relations

This item-scale measures how the child perceives himself in relation to his peers. More specifically, it assesses a) how well he is able to share and accept losing; b) the conflictual level of peer relations, namely the degree to which fighting and argumentation is involved in the child's relations with peers; c) the extent to which the child feels the need to take a leadership role, be in control of his peers, controlled by them, or relegated to a subservient position; and d) the child's peer orientation which is the desire to have and actually maintain age level friendships.

The peer relation variables were assessed primarily with the Peer Kinetic Drawing with additional observations from the Comprehension subtest of the WISC-R and the TAT. Interview material from the child and mother is used for collaboration. The item-scale anchors are:

"1" Very Poor Relations

- a. Child cannot share with age level friends.
- b. Constantly fights and argues with peers.
- c. Must be boss all the time; or always pushed around.
- d. Child always plays along.

"3" Fair Relations

- a. Some sharing with age level friends.
- b. Some fighting and/or arguing
- c. O.K., so long as things go child's way, then has problems; or follows others in order to have friends.
- d. Does not get along very well with peers.

"5" Very Good Relations

- a. Plays with others in age-appropriate manner.
- b. Discusses differences with peers.
- c. Able to take turns; can both follow and lead.
- d. Relates very well with peers.

8. Psychosexual Development

This item-scale measures the degree of fixation at or regression to the early stages of oral, anal, and phallic as compared to expected social compliance at age level. The item-scale assessed six major variables:

a) mother dependency; b) overall stage of development; c) father relations; d) masculine identification; e) body image; and f) predominance of defense mechanisms. These variables were scored in terms of appropriateness to age level. The projective techniques were the major sources of data for these variables with behavior during the testing situation also of value. The anchor points were:

"1" Very Inappropriate for Age Level

- a. Very over-dependent on mother.
- b. Preoccupied with oral matters.
- c. Fearful and jealous of father.
- d. Very little masculine identification.
- e. Very poor body image.
- f. Predominant use of denial as a defense mechanism.

"3" Marginally Appropriate for Age Level

- a. Somewhat over-dependent on mother.
- b. Some preoccupation with anal matters; some messiness; some oral preoccupation.
- c. Some rivalry with father.
- d. Some insecurity about masculine identification.

- e. Only fair body image.
- f. Predominant use of projection, with some denial and repression.

"5" Very Appropriate for Age Level

- a. No regressive signs of dependency toward mother.
- b. No significant regression or fixation.
- c. Good relations with father.
- d. Clear masculine identification.
- e. Good body image.
- f. Predominant use of sublimation, repression.

Psychometric Analysis

The psychometric characteristics of the PCRS were evaluated with the data from a large scale study comparing individual psychodynamic child therapy with family therapy and a control condition (Szapocznik et al, in process). In this study 69 latency age boys were assessed with the PCRS, as well as other measures, before and after therapy. The results are described below.

Internal Structure

Intercorrelations among the eight item-scales were computed and found to range from $-.07$ to $+.47$. Twenty-two of the twenty-eight

correlations were significant at the .05 level or better. The only negative correlation was not significant.

A principal components factor analysis with varimax rotation was computed on this data. The factor analysis yielded two factors with eigenvalues greater than one. The first factor, with an eigenvalue of 3.01, accounted for 37.7% of the variance. The item-scales with factor loadings of greater than .50 on this factor were: Peer Relations (.82), Family Relations (.68), Self-Concept (.56), Emotional Adjustment (.55), and Aggression Control (.50). This factor was named Interpersonal and represents the child's perception of his social world, including the social self.

The second factor, with an eigenvalue of 1.29, accounted for 16.2% of the variance. The item-scales with factor loadings of greater than .50 on this factor were: Intellectual Functioning (.79), Ego Functioning (.73), and Psychosexual Development (.60). This factor was named Intrapersonal and represents internal cognitive-affective developmental processes.

Inter-Rater Reliability

Since it was not feasible to subject the child to a complete assessment procedure a second time, except after therapy when changes were expected, the following method was employed to assess reliability.

Ten assessments were videotaped randomly. Half of these were assessments done before therapy and half after therapy. A second rater then watched the videotape of the assessment procedure done by the first rater and was provided with the raw testing materials but not the ratings. This second rater then made independent ratings.

The Inter-rater reliability data was analyzed with the intra-class correlation method (Lahey, Downey, and Saal, 1983). The inter-rater reliability for the total PCRS score was .80 ($p < .01$), for the Interpersonal Factor it was .65 ($p < .05$) and for the Intrapersonal Factor .79 ($p < .01$). The inter-rater reliability for the individual item-scales, which would not be expected to have as high a reliability, ranged from .38 to .78, averaging .60.

Internal Consistency

Internal consistency was evaluated by Cronbach's alpha (1970). The alpha for the relationship of the individual item-scales to the total PCRS was .81. The alpha for the relationship of the two factor scores to the total PCRS score was .93 in each case. These results show good internal consistency.

VALIDITY

The PCRS proved to be a sensitive measure of change in the outcome study by Szapocznik et al (in preparation). In this study, both family

therapy and psychodynamic child therapy showed improvement from pre to post therapy on therapist ratings and parent ratings. So, too, the PCRS total score, both factor scores, and all of the item-scales showed overall significant improvement from pre to post therapy. Furthermore, these changes were maintained at a one year follow-up. Thus, the PCRS data showed that psychodynamic child therapy was as effective as family therapy. The results also suggest that family therapy, when shown to be effective by other measures, also produces psychodynamic changes in the child. The causal relationships are not clear at this time.

DISCUSSION

The PCRS is a psychodynamically meaningful measure that appears to be useful in evaluating outcome for psychodynamic and other forms of child therapy. The measure is cost-effective, reliable, and valid in its initial application. The PCRS provides a measure that could be included in any study that makes a serious attempt at comparing the efficacy of psychodynamic child therapies. Without the PCRS, or a comparable measure, the current view that research shows that psychodynamic child therapy is relatively ineffective seems questionable.

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