MASC²™

Multidimensional Anxiety Scale for Children
2nd Edition–Self-Report

John S. March, M.D., MPH

Progress Report

Name/ID: **Jennifer L**

Gender: Female
Birth Date: April 25, 2002
Normative Option: Gender Specific norms

	Administration 1	Administration 2	Administration 3
Name/ID:	Jennifer L	Jennifer L	Jennifer L
Administration Date:	Oct 09, 2012	Nov 10, 2012	Dec 11, 2012
Age:	10 years	10 years	10 years
Grade:	4	4	4
Assessor's Name:	Dr. H. W.	Dr. H. W.	Dr. H. W.
Data Entered By:	ML	ML	ML

This Progress Report is intended for use by qualified assessors only, and is not to be shown or presented to the respondent or any other unqualified individuals.

Introduction

The Multidimensional Anxiety Scale for Children 2nd Edition–Self-Report (MASC 2™–SR) is a comprehensive assessment of anxiety dimensions in children and adolescents aged 8 to 19. The MASC 2 indexes the range and severity of anxiety symptoms, and can be a useful adjunct to the diagnosis of anxiety disorders. When combined with other valid sources of information, the MASC 2 can aid in the early identification of anxiety-prone youth, as well as in planning and monitoring of treatment. This report combines the results of up to four MASC 2 administrations to help the user interpret important changes in reported anxiety symptoms that have occurred over time. Please note that this Progress Report is intended to provide an overview of how scores have changed over time. For detailed information about any given administration, please refer to the MASC 2 Assessment Reports. Additional interpretive information is found in the *Multidimensional Anxiety Scale for Children 2nd Edition Technical Manual* (published by MHS).

This computerized report is an interpretive aid and should not be provided to parents, teachers, or youth, or used as the sole criterion for clinical diagnosis or intervention. Administrators are cautioned against drawing unsupported interpretations. To obtain a comprehensive view of the individual, information from this report should be combined with information gathered from other psychometric measures, interviews, observations, and review of available records. This report is based on an algorithm that produces the most common interpretations of the obtained scores. Administrators should review the youth's responses to specific items to ensure that these interpretations apply.

Response Style Analysis

The following table provides Jennifer L's scores on the **Inconsistency Index** across administrations. On any given administration, an "inconsistent response style" means that Jennifer L's responses to similar items were highly inconsistent. Other scale scores on that particular administration may not accurately reflect the individual's experience with anxiety. Interpretation should focus on understanding why responses to similar items are different.

|	Admin 1 (10/9/2012)	Admin 2 (11/10/2012)	Admin 3 (12/11/2012)
Raw Score	4	11	10
Guideline	Inconsistent response style not indicated.	Inconsistent response style indicated.	Inconsistent response style indicated.

T-score Guidelines

The guidelines in the following table apply to all T-scores presented in this report.

T-score	Guideline
70+	Very Elevated
65–69	Elevated
60–64	Slightly Elevated
55–59	High Average
40–54	Average
<40	Low

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MASC 2 Scores: Scale-Level Comparisons Across Administrations

The following graphs display scores for each scale that were obtained across administrations. If a statistical difference is noted between a pair of administrations, then the difference between those two administrations reached statistical significance (p < .10) and/or was at least 10 T-score points (1 Standard Deviation) apart. Statistical significance is denoted with this symbol (°). An "Increase" indicates that the symptoms have become more pronounced across administrations, whereas a "Decrease" indicates that the symptoms have become less pronounced. "No Change" indicates that the amount of change across administrations was less than 10 T-score points apart and did not reach statistical significance. The MASC 2 Anxiety Probability Score is based on profiles of scale elevations rather than individual T-scores and therefore no test of statistical difference was conducted.
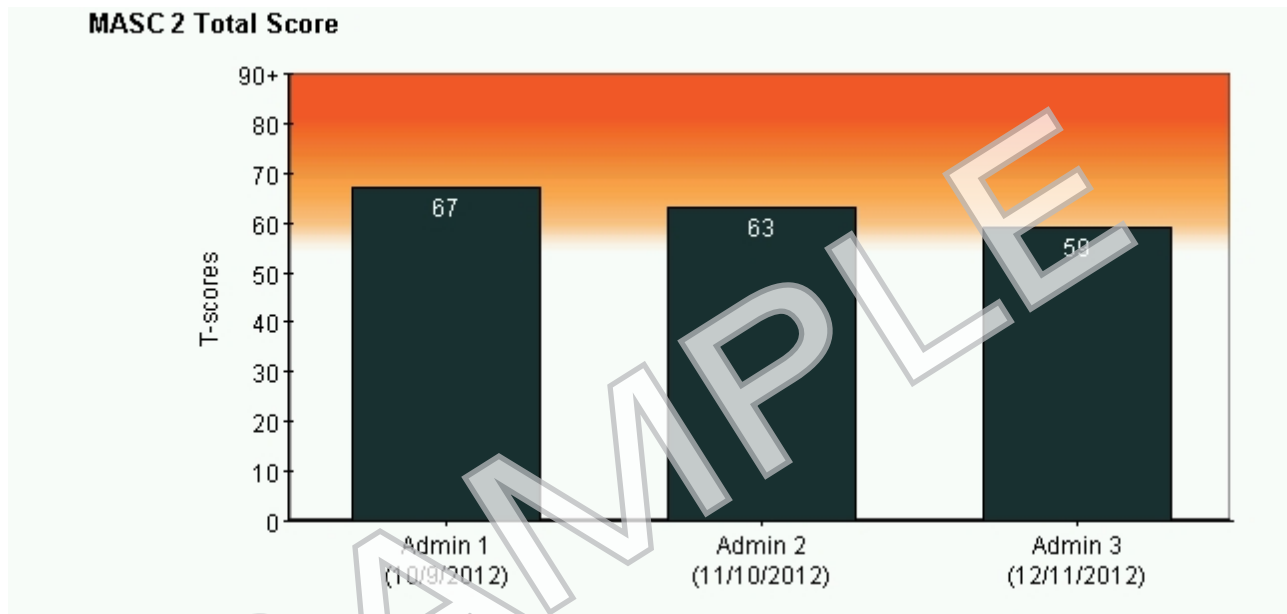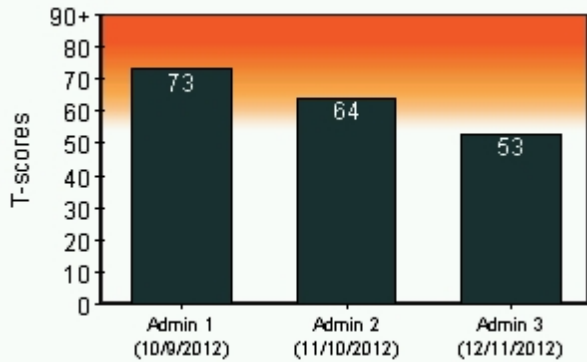
MASC 2 Total Score

Overall (Admin 1 to Admin 3): Decrease°
Admin 1 to Admin 2: No Change
Admin 2 to Admin 3: No Change

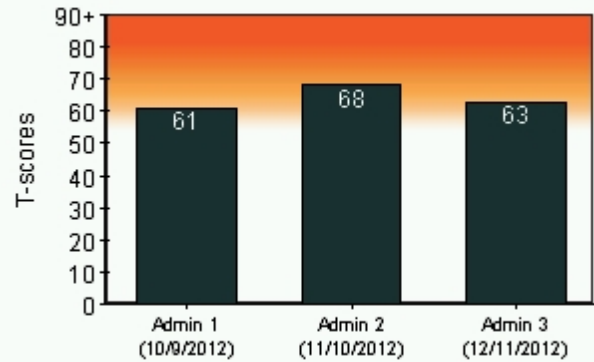### MASC 2 Anxiety Probability Score

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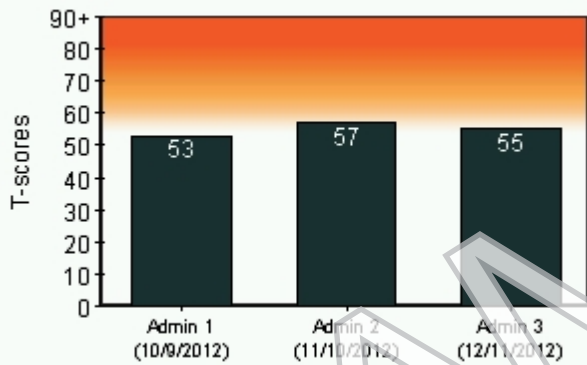ver. 1.0
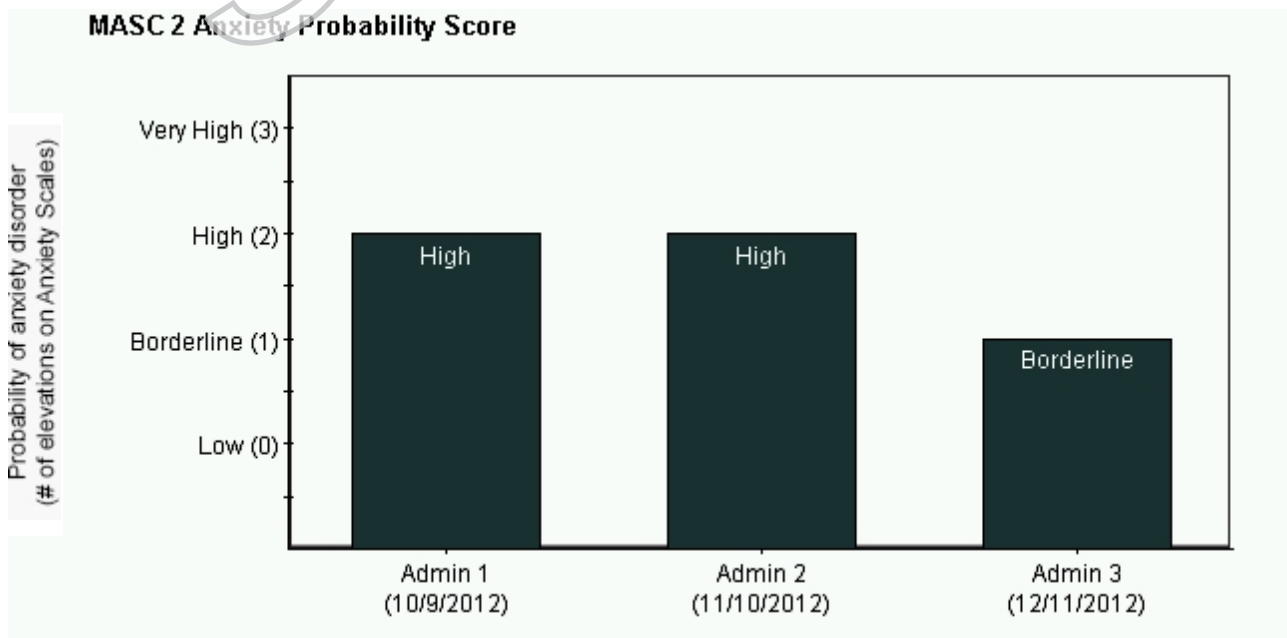
Separation Anxiety/Phobias

Overall (Admin 1 to Admin 3): Decrease°
Admin 1 to Admin 2: No Change
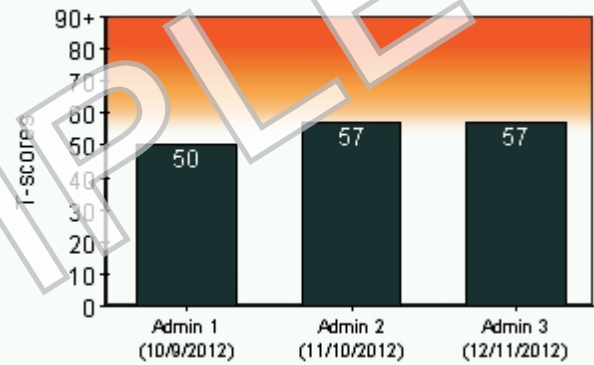Admin 2 to Admin 3: Decrease°

GAD Index

Overall (Admin 1 to Admin 3): No Change
Admin 1 to Admin 2: No Change
Admin 2 to Admin 3: No Change

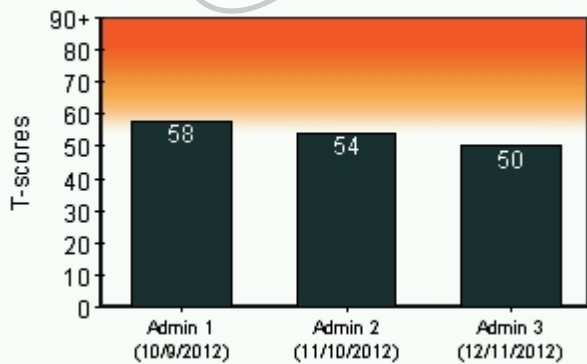## Social Anxiety: Total

Overall (Admin 1 to Admin 3): No Change
Admin 1 to Admin 2: No Change
Admin 2 to Admin 3: No Change

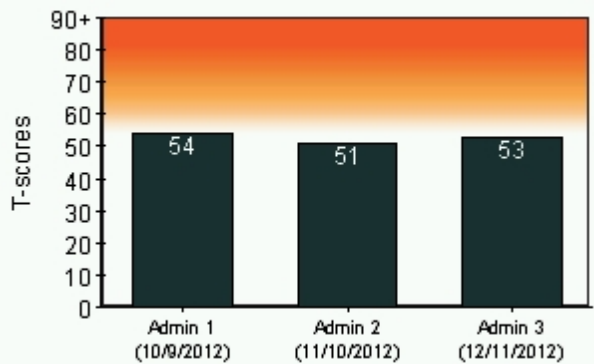## Humiliation/Rejection

Overall (Admin 1 to Admin 3): Increase°
Admin 1 to Admin 2: Increase°
Admin 2 to Admin 3: No Change
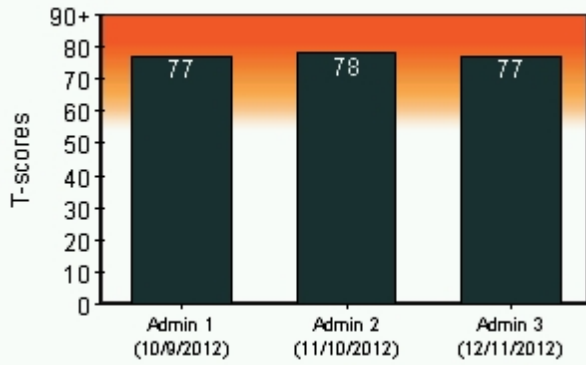
Performance Fears

Overall (Admin 1 to Admin 3): Decrease°
Admin 1 to Admin 2: No Change
Admin 2 to Admin 3: No Change

Obsessions & Compulsions

Overall (Admin 1 to Admin 3): No Change
Admin 1 to Admin 2: No Change
Admin 2 to Admin 3: No Change

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Physical Symptoms: Total

Overall (Admin 1 to Admin 3): No Change
Admin 1 to Admin 2: No Change
Admin 2 to Admin 3: No Change

Panic

Overall (Admin 1 to Admin 3): No Change
Admin 1 to Admin 2: No Change
Admin 2 to Admin 3: No Change

Tense/Restless

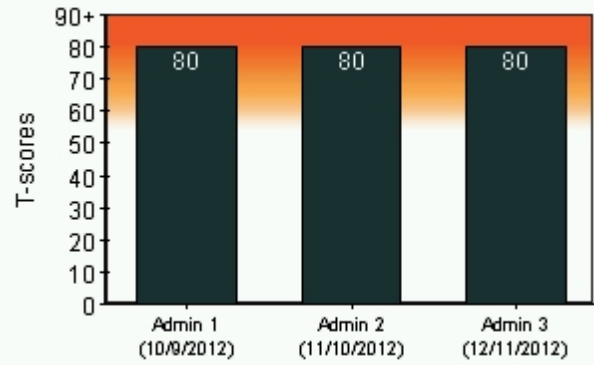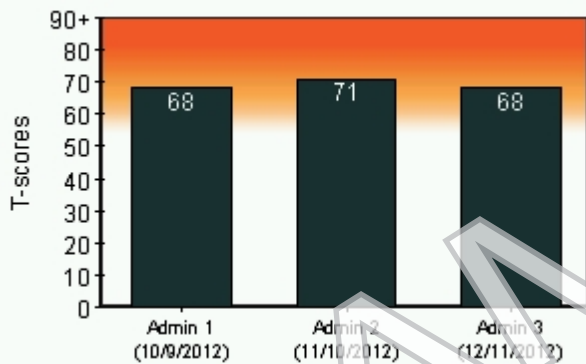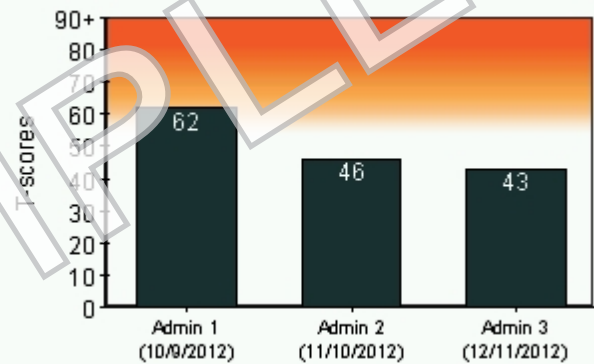**Overall (Admin 1 to Admin 3): No Change**
Admin 1 to Admin 2: No Change
Admin 2 to Admin 3: No Change

Harm Avoidance

Overall (Admin 1 to Admin 3): Decrease°
Admin 1 to Admin 2: Decrease°
Admin 2 to Admin 3: No Change

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Detailed Scores: Comparison Across Administrations

The following tables display the scores for each scale that were obtained across administrations. If a statistical difference is noted between a pair of administrations, then the difference between those two administrations reached statistical significance (p < .10) and/or was at least 10 T-score points (1 Standard Deviation) apart. Statistical significance is denoted with this symbol (°). An "Increase" indicates that the symptoms have become more pronounced across administrations, whereas a "Decrease" indicates that the symptoms have become less pronounced. "No Change" indicates that the amount of change across administrations was less than 10 T-score points apart and did not reach statistical significance.

Notes: T = T-score; Raw = Raw Score; Guide = Guideline.

MASC 2 Total Score

Scale		Admin 1 (10/9/2012)	Admin 2 (11/10/2012)	Admin 3 (12/11/2012)	Statistical Differences in T-scores		
					Overall (1 to 3)	Admin 1 to 2	Admin 2 to 3
MASC 2 Total Score	T	67	63	59	Decrease°	No Change	No Change
	Raw	88	81	73			
	Guide	Elevated	Slightly Elevated	High Average			

MASC 2 Anxiety Probability Score

		Admin 1 (10/9/2012)	Admin 2 (11/10/2012)	Admin 3 (12/11/2012)
MASC 2 Anxiety Probability Score	# of Elevated Anxiety Scales	2	2	1
	Probability	High	High	Borderline
	Guideline	There is a high probability that the youth has one or more anxiety disorders.	There is a high probability that the youth has one or more anxiety disorders.	There is a borderline probability that the youth has one or more anxiety disorders.

MASC 2 Scales

Scale		Admin 1 (10/9/2012)	Admin 2 (11/10/2012)	Admin 3 (12/11/2012)	Statistical Differences in T-scores		
					Overall (1 to 3)	Admin 1 to 2	Admin 2 to 3
Separation Anxiety/ Phobias	T	73	64	53	Decrease°	No Change	Decrease°
	Raw	20	16	11			
	Guide	Very Elevated	Slightly Elevated	Average			
GAD Index	T	61	68	63	No Change	No Change	No Change
	Raw	15	18	16			
	Guide	Slightly Elevated	Elevated	Slightly Elevated			

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MASC 2 Scales (Continued)

Scale		Admin 1 (10/9/2012)	Admin 2 (11/10/2012)	Admin 3 (12/11/2012)	Statistical Differences in T-scores		
					Overall (1 to 3)	Admin 1 to 2	Admin 2 to 3
Social Anxiety: Total	T	53	57	55	No Change	No Change	No Change
	Raw	13	15	14			
	Guide	Average	High Average	High Average			
Humiliation/ Rejection	T	50	57	57	Increase°	Increase°	No Change
	Raw	6	9	9			
	Guide	Average	High Average	High Average			
Performance Fears	T	58	54	50	Decrease°	No Change	No Change
	Raw	7	6	5			
	Guide	High Average	Average	Average			
Obsessions & Compulsions	T	54	51	53	No Change	No Change	No Change
	Raw	10	8	9			
	Guide	Average	Average	Average			
Physical Symptoms: Total	T	77	78	77	No Change	No Change	No Change
	Raw	23	24	23			
	Guide	Very Elevated	Very Elevated	Very Elevated			
Panic	T	80	80	80	No Change	No Change	No Change
	Raw	14	14	14			
	Guide	Very Elevated	Very Elevated	Very Elevated			
Tense/ Restless	T	68	71	68	No Change	No Change	No Change
	Raw	9	10	9			
	Guide	Elevated	Very Elevated	Elevated			
Harm Avoidance	T	62	46	43	Decrease°	Decrease°	No Change
	Raw	22	16	15			
	Guide	Slightly Elevated	Average	Average			

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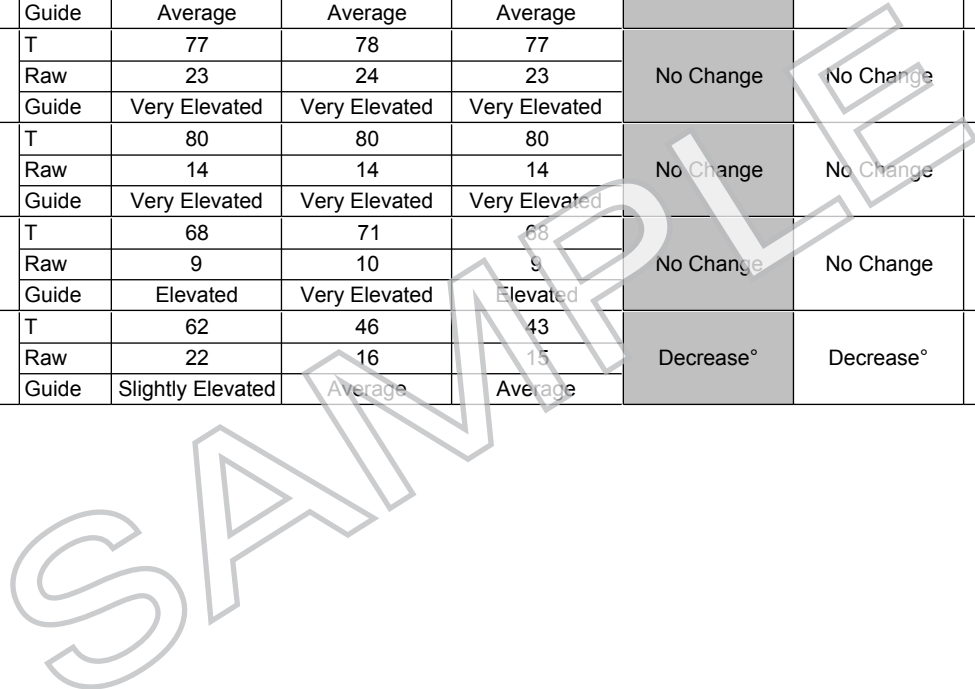
Summary of Results

The following section summarizes Jennifer L's results as well as statistical differences in scores across pairs of administrations. If a statistical difference is noted between a pair of administrations, then the difference between those two administrations reached statistical significance (p < .10) and/or was at least 10 points (1 Standard Deviation) apart. Statistical significance is denoted with this symbol (°). An "Increase" indicates that the symptoms have become more pronounced across administrations, whereas a "Decrease" indicates that the symptoms have become less pronounced. **Note:** T = T-score.

Response Style Analysis
The following scores were obtained on the **Inconsistency Index** across administrations: Admin 1 (raw score = 4; consistent response style); Admin 2 (raw score = 11; inconsistent response style); Admin 3 (raw score = 10; inconsistent response style).

MASC 2 Total Score
The **MASC 2 Total Score** indicates the overall extent to which Jennifer L is experiencing signs and symptoms of anxiety. The following T-scores and guidelines were obtained: Admin 1 (T = 67; Elevated), Admin 2 (T = 63; Slightly Elevated), and Admin 3 (T = 59; High Average). Scores on this scale statistically decreased across: Admin 1 to Admin 3°.

MASC 2 Anxiety Probability Score
The **MASC 2 Anxiety Probability Score** estimates the likelihood that a youth is experiencing one or more anxiety disorders. The following anxiety probability scores were obtained: Admin 1 (High); Admin 2 (High); Admin 3 (Borderline).

MASC 2 Scales

MASC 2 Anxiety Scales
The **Separation Anxiety/Phobias** scale score reflects the extent to which Jennifer L is anxious about being alone or scared of certain places or things. The following T-scores and guidelines were obtained: Admin 1 (T = 73; Very Elevated), Admin 2 (T = 64; Slightly Elevated), and Admin 3 (T = 53; Average). Scores on this scale statistically decreased across: Admin 1 to Admin 3°, Admin 2 to Admin 3°.

The **GAD Index** score reflects the extent to which Jennifer L may be experiencing symptoms similar to youth diagnosed with Generalized Anxiety Disorder, including elevated worry about future events and associated physical symptoms. The following T-scores and guidelines were obtained: Admin 1 (T = 61; Slightly Elevated), Admin 2 (T = 68; Elevated), and Admin 3 (T = 63; Slightly Elevated). Scores did not statistically change across administrations.

The **Social Anxiety: Total** scale comprises the following subscales: Humiliation/Rejection, which reflects anticipation of embarrassment, and Performance Fears, which reflects anticipatory anxiety about being "on stage" in a public or interpersonal context. The following T-scores and guidelines were obtained: Admin 1 (T = 53; Average), Admin 2 (T = 57; High Average), and Admin 3 (T = 55; High Average). Scores did not statistically change across administrations.

The **Humiliation/Rejection** subscale score reflects the extent to which Jennifer L may be anxious about being humiliated, embarrassed, or rejected by others in social settings. The following T-scores and guidelines were obtained: Admin 1 (T = 50; Average), Admin 2 (T = 57; High Average), and Admin 3 (T = 57; High Average). Scores on this scale statistically increased across: Admin 1 to Admin 3°, Admin 1 to Admin 2°.

The **Performance Fears** subscale score indicates the extent to which Jennifer L may be feeling anxious about performing (e.g., public speaking, answering a teacher's question in class) in public settings. The following T-scores and guidelines were obtained: Admin 1 (T = 58; High Average), Admin 2 (T = 54; Average), and Admin 3 (T = 50; Average). Scores on this scale statistically decreased across: Admin 1 to Admin 3°.

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Obsessions & Compulsions

The **Obsessions & Compulsions** scale score reflects the extent to which Jennifer L may be experiencing obsessive thoughts and/or engaging in compulsive behaviors that are consistent with a diagnosis of Obsessive-Compulsive Disorder. The following T-scores and guidelines were obtained: Admin 1 (T = 54; Average), Admin 2 (T = 51; Average), and Admin 3 (T = 53; Average). Scores did not statistically change across administrations.

Physical Symptoms

The **Physical Symptoms: Total** scale comprises the following subscales: Panic and Tense/Restless. Although physical symptoms alone are not predictive of anxiety disorders at the diagnostic level, they are often targets for treatment. The following T-scores and guidelines were obtained: Admin 1 (T = 77; Very Elevated), Admin 2 (T = 78; Very Elevated), and Admin 3 (T = 77; Very Elevated). Scores did not statistically change across administrations.

The **Panic** subscale score indicates the extent to which Jennifer L may be experiencing panic symptoms. If these panic symptoms are unprovoked, then a formal diagnosis of panic disorder should be considered. The following T-scores and guidelines were obtained: Admin 1 (T = 80; Very Elevated), Admin 2 (T = 80; Very Elevated), and Admin 3 (T = 80; Very Elevated). Scores did not statistically change across administrations.

The **Tense/Restless** subscale score indicates the extent to which Jennifer L may be feeling tense, shaky, jumpy, restless, or on edge. The following T-scores and guidelines were obtained: Admin 1 (T = 68; Elevated), Admin 2 (T = 71; Very Elevated), and Admin 3 (T = 68; Elevated). Scores did not statistically change across administrations.

Harm Avoidance

The **Harm Avoidance** scale score reflects the extent to which Jennifer L attempts to avoid negative outcomes, wrongdoings, and/or dangers (e.g., experiential avoidance). Although harm avoidant behaviors alone are not predictive of anxiety disorders at the diagnostic level, they often are important targets for exposure-based treatments. The following T-scores and guidelines were obtained: Admin 1 (T = 62; Slightly Elevated), Admin 2 (T = 46; Average), and Admin 3 (T = 43; Average). Scores on this scale statistically decreased across: Admin 1 to Admin 3°, Admin 1 to Admin 2°.

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