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Social Behavior Differences between Boys and Girls with Oppositional Defiant Disorder: Internalizing Behaviors and Diagnosis in Girls

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DEDICATORIA

El presente trabajo de investigación es dedicado a varias personas, primeramente a la comunidad de niñas y niños con trastorno negativita desafiante, como también a sus padres dado que ellos son piezas esenciales en el tratamiento de los niños. Igualmente es dedicado a las personas con trastornos desafiantes como el trastorno de la conducta como también el trastorno de personalidad antisocial. Finalmente, se tiene una gran esperanza de que este estudio sea un punto de partida para profundizar las investigaciones de los trastornos de niños y adolescentes dentro del país.

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RESUMEN

El trastorno negativista desafiante (TND) es uno de los trastornos más comunes dentro de la infancia, con una prevalencia mayor en niños que en niñas, no obstante, a menudo es con mórbido con otros trastornos de la infancia como: trastorno de la conducta, ansiedad, depresión y trastorno de déficit de atención e hiperactividad. Es un patrón de conductas negativas, hostiles, desafiantes y agresivas hacia figuras de autoridad como padres y profesores. Sin embargo, en edad pre escolar las niñas tienden a cambiar este comportamiento de externalización hacia comportamientos más sutiles y encubierto como mentiras y creación de chismes, por ende, es importante evaluar estos síntomas dentro de consulta y no solo los síntoma cardinales de TND. Es por ello que se evaluara y tomará tres pruebas a padres y maestros denominadas Child Symtom Inventory 4 y Youth Self Report a 30 niños y niñas con TND en la ciudad de Quito.

Palabras claves: *trastorno oposicional desafiante, externalización, internalización*

ABSTRACT

Oppositional defiant disorder (ODD) is one of the most common disorders in childhood, with a higher prevalence in boys than in girls, however, it is often comorbid with other childhood disorders such as: conduct disorder, anxiety, depression and attention deficit disorder and hyperactivity. It is a disorder that has a pattern of negative, hostile, defiant and aggressive behaviors toward authority figures, especially to parents and teachers. However, in pre-school age girls tend to change the externalizing behavior to more subtle and covert behaviors such as creating lies and gossip, therefore, it is important to evaluate these symptoms in clinic inter6views and not just the cardinal symptom of ODD. That is why it will take three scales to evaluate parents and teachers called Child Symptom Inventory 4 and Youth Self Report to 30 children with ODD in the city of Quito.

Key words: *Oppositional defiant disorder, externalyzing, internalyzing*

TABLA DE CONTENIDO

INTRODUCCION TO THE PROBLEM

In recent years it has been a big concern the mental disorders that children and adolescents can present because they have a huge impact when children become adults, therefore, there are now more studies of mental disorders that occur in childhood. It is important to understand first that children´s symptoms will not be the same as those of adults because children tend to present their symptoms according to the age. The primary focus of this work is try to understand better oppositional defiant disorder (ODD) since it is precursor to develop a conduct disorder (CD) or antisocial personality disorder; therefore, they have a high social cost. However, it is important to mention that ODD cannot be diagnosed in conjunction with conduct disorder (CD), thanks to that both disorders are often combined in empirical studies or ODD it is excluded entirely. Therefore, oppositional defiant disorder has rarely been studied as a separate disorder. Nevertheless, ODD is a disorder that most often diagnosed in children of preschool age, has a highly prevalent and also has a high demand for research among children and adolescents, although it often study together with other disorders such as CD, ADHD, anxiety and others (Munkvold, Lundervold, & Manger, 2011). Another aim in this study is try to find and explain the diagnostic criteria for oppositional defiant disorder for girls and boys because they differ in some aspects as external or internal behaviors. Therefore it becomes important that as professionals we can better understand this and other problems with their differences in gender and age, as symptoms that vary according to these.

Antecedent

History of Oppositional Defiant Disorder: A brief review

It is known that in 1930 two studies were published in German on the oppositional behavior, also in 1955 first used the term “oppositional disorder” in English literature. However,

it was not until 1966 that a group of psychiatrists suggested that it should be a formal diagnosis so oppositional defiant disorder first appeared as oppositional disorder in 1980 in DSM III but was replaced as ODD in the DSM III TR 1987. Therefore, changing the name of the disorder produce several changes in the diagnostic criteria of DSM III R; for example the list of possible symptoms diagnostic 5 to 9 as the symptom threshold from 2 to 5. Also in the DSM IV were several changes as the removed diagnosis criteria: "often uses or uses obscene language" because it has a later start than other behaviors (Tucker, Weller, Petersen & Weller, 2007).

Problem

In recent years studies on mental health of children and teenagers have drastically increased in contrast to previous years, hence also the incidence of mental disorders. In the United States about 20% of children among 9-17 years have been diagnosed with a mental disorder, especially with dependence disorders that involve various levels of impairment. Also, 75% of these children and adolescents meet the criteria for disruptive behavior disorder (DBD), including: attention deficit disorder / hyperactivity disorder (ADHD), oppositional defiant disorder (ODD) and conduct disorder (CD). That is, these children are characterized by antisocial behaviors as challenging, hostility, bullying, sexual coercion and cruelty to animals as well for people (Bradley & Mandell, 2005)

According with Brandley & Mandell (2005) these disorders tend to generate more social problems such as drug abuse, disruptive behavior towards others, self-lytic behavior, manipulation, problems with the authorities, crime, antisocial behavior and lost school years; all this consequences causes that these children often strain their families, tax the resources of education, mental health, criminal justice and child welfare systems Therefore, this disorder must be taken into account given that prevention can bring more benefits for children as well as society in general. For all of the above, this study has a great impact on society because it can help us

identify these children early, particularly girls, so as to prevent future criminal or antisocial actions.

Hypothesis

Presenting symptoms between men and women in mental disorders varies by age and gender, is no exception oppositional defiant disorder. For that reason the hypothesis in this study is: Girls with Oppositional Defiant Disorder (ODD) internalize their symptoms and behaviors unlike boys with ODD, thereby complicating the diagnostic process.

Context and framework

This paper presents a quantitative approach which will help us get the information necessary to make the appropriate analysis using psychological measurement instruments. Then, the difference in the symptoms presented in boys and girls with oppositional defiant disorder in Quito with children and adolescents between 6-17 years will be measured with scales that can measure the disruptive behavior as well as disorder oppositional defiant, including: Youth Self-Report (YSR) for children and adolescence and Child symptom -4 Inventory (CSI-4) for parents and teachers. Scales will help us better understand the symptoms that children, parents and teachers report.

Purpose of the study

The purpose of this study aims to understand better the behaviors and symptoms that girls tend to have in oppositional defiant disorder, because diagnosis is often confused with depression, anxiety, or low self-esteem. It also seeks that people who read this study have a better knowledge of the symptoms that girls and boys present; therefore, professionals and family can provide better treatment and prevention of symptoms because they tend to be chronic; causing negative consequences to themselves, to family and society. Also it aims to make readers into awareness

that this disorder is the beginning of two disorders most disruptive as conduct disorder or antisocial personality, because if they are not treated early these children can lead to antisocial behavior, crime or substance abuse; therefore, the primary purpose of this study is to generate awareness and prevention on the severity involved in this disorder.

Significance of the study

As mentioned above, there is little research around the world about the oppositional defiant disorder itself, as is studied along with other disorders such as CD, ADHD and anxiety, therefore, is our country there is hardly any research or information on this disorder which causes this study has a high degree of significance. Therefore, it becomes obvious that there are shortages not only in data but also information on the prevalence and symptoms due to the disruptive disorders especially ODD even though they have a high social cost. So, this study is one of the pioneering research that exists in Ecuador on disruptive behavior and especially the oppositional defiant disorder.

Definition of terms

Disruptive behavior disorders: externalized behavior problems or who may become disruptive to have their onset in childhood and adolescence (Peña & Palacios, 2011).

Oppositional defiant disorder: manifestations of patterns defiant, hostile, disobedient behavior are directed toward authority figures that have lasted at least six months and cause impairment in at least two areas of functioning of the child: school, home or friends (Peña & Palacios, 2011).

Gender: social lived roles as boys and girls, man or woman, therefore, is an interaction between social and psychological factor to gender development (American Psychiatric Association, 2013).

Internalization: implies that psychological stress goes to the subject itself and symptoms as they emerge: anxiety, depression, altered mood and somatic complaints (Master, Moya, Edo, Mosque, Ruipérez & Villa).

Externalization: implies that psychological stress goes to others or to himself as aggressiveness, hyperactivity, disorganized and criminal behavior (Master, Moya, Edo, Mosque, Ruipérez & Villa).

Externalizing disorders: are psychosocial problems which are manifested in a turning of the symptoms outward such as: aggression and delinquency (Steinberg, 2014).

Internalizing disorders: are psychosocial problems which are manifested in a turning of the symptoms inward including depression and anxiety (Steinberg, 2014).

Assumptions of the author of the study

For the present study has a number of assumptions, the first of which it is that the questionnaires used to help find internal symptoms of ODD girls in addition to contribution to test the hypothesis mentioned above have. The second assumption is that the application of the questionnaires is reliable and anonymously so may keep confidential the identity of the participants. Another assumption is that they are participants both parents, children and teachers actively participate and answer the questionnaire truthfully. It is also believed that the application of the questionnaires will be properly without external factors that interfere with answering the questions.

Assumptions of the study

It hopes to find in this investigation after application and analysis of the questionnaires is to have a clearer picture about the symptoms that girls exhibit to make a better diagnosis and treatment and found data can be compared and contrasted with the information presented on other

studies conducted around the world. Another assumption is that you can better understand how parents and teachers perceive these children, and as they are perceived to compare and have a deeper analysis therefore expected to find a correlation in the behavior of children observed by the parents as teachers.

Then we proceed to the literary review of oppositional defiant disorder which will be divided into three parts. After that, the explanation will be given of the methodology used for this study, analysis of the data found, conclusions and discussion.

LITERATURE REVIEW

Genres of literature included in the review

Sources

The information used for this work comes from different sources, so, most information was obtained through indexed journals as well as scientific journals (peer review journals) as: Clinical Psychology: Science and Practice, European Child and Adolescence Psychiatry, Journal of Abnormal Child Psychology and Child Psychiatry and Human Development. Also specialized books were used not only disorders of children and adolescents books but also books of child and adolescent development because they provide valuable information, such as the Diagnostic and Statistical Manual of Mental Disorders (DSM V) and also the book Adolecence by Laurcen Steinberg.

Steps in the process of review of the literature

Several steps were taken to generate various topics for this work, first a list of possible topics was conducted for the thesis as substance abuse, eating disorders, antisocial personality disorder and oppositional defiant disorder. After choosing the subject a literary search was carried out to verify any information existed on each topic, which helped to emerge several subthemes as the fact that there was not much information about ODD in girls. Then, we proceeded to search for ODD in scientific and indexed journals, therefore began to read several articles. After that we searched library books, however, dates were older than 10 years, so that only two books were used for this work.

Format literature review

The literature review will be done by three main topics therefore will first explain oppositional defiant disorder, after that the difference in symptoms between girls and boys finally will discuss the diagnostic tools of ODD.

Oppositional Defiant Disorder

According to the Diagnostic and Statistical Manual of Mental Disorders (2013) between 1% and 11% of children in pre-scholar age are diagnosticated with oppositional defiant disorder (ODD) which has a predominance in males than in females (1:4:1) prior to adolescence. Nonetheless in pediatric population there are a prevalence of 18.5% found in oppositional defiant but in children of 6 to 12 years throwing figures of 19.8% for boys and 15, 7% for girls (Emberley & Pelegrina, 2011). Moreover, in the study of Erşan, Doğan, Doğan, & Sümer (2004) founded that even though the prevalence in their study was higher in boys than in girls there was not statistically significant (boy/girl = 1.2), therefore, the prevalence could be equal or have less difference if there were better tools for diagnosis. Nevertheless is important to say that this study had a weakest part that they only did one scale to evaluate children, therefore, a clinical interview could be meaningful to recollect data.

Also, is important to consider and keep in mind that this condition is a major risk factor given the comorbidity that this disorder has for developing conduct disorders during adolescence and antisocial personality in adulthood. Therefore, for Peña & Palacios (2011) it has a great social impact because the early begging of the disorder generated a deterioration in different areas of the child as: academics, family life and socialization. Nevertheless the behavior and the consequences are different between boys and girls because boys usually externalize their feelings and thoughts while girls internalize so boys could get more legal problems and girls have more health problems.

Oppositional defiant disorder is considerate as a recurrent pattern of different types of behaviors as: defiant, negative, hostile behavior, and generally disobedient that are usually directed to an authority figures such as parents and teachers; but have to persisted for at least six months and throughout generate a clinical deterioration given that the symptoms and their severity tend to increase with age. Is important to know that symptoms have an age of onset

between 2.5 to 5.5 years for both girls and boys, and usually are present as: tantrums, arguing with adults, challenge, refuse to fulfill what is asked, they bother much and other people, often excuse others for their actions or misbehavior, are susceptible, usually displayed angry, resentful, spiteful and vindictive (Britt, 2006; American Psyquiatric Association, 2002; Rock & Palacios, 2011). However it must remember that these symptoms are general and arise to what most children presented by the studies that have been conducted thus are more visible behaviors.

Difference in symptoms

Before starting to deepen gender differences found in ODD is important to consider that historically have always been more studies in men than in women because they are the ones who express their thoughts and emotions externally, while women tend to be more passive and internalize everything as feelings and thoughts, therefore, in studies there is a larger population of men than women. Also is important to considerate as mentioned by Ohan & Johnston (2005) that historically terms as “physical violence” and “aggression” often they are confused because people referred as synonymous, however, researchers found that there are many and different ways children could aggress, for instead, boys are more likely to do overt aggression as physically aggress and threaten in compared to girls, whom are more likely to do relational aggression where they could harm or disrupt the victim´s relationship with others because they value more social support than boys. Nevertheless, is extremely important to say that girls are not necessarily less aggressive than boys, but they express their aggression in different ways. So, most of professionals measures aggression focusing meanly in overt aggressive, therefore, they are underestimate the number of girls that have others types of aggressive (Ohan & Johnston, 2005).

Ersan et al. (2004) mentionated that ODD is not only one of the most commonly disorder in young children but also is a destructive behavioral disorder which is characterized by negative, defiant and appositional behaviors, but the most important thing is that this behaviors attack social rights and norms, for instead this children have repetitively negative attitude toward adults

as parents, teachers and authority figures. Nonetheless there some differences in the expression of this disorder that we can distinguished between boys and girls with ODD express defiance, for example boys defy actively showing more aggression and individual problems while girls defy passively demonstrating more hopelessness and social problems. Consequent, of these two forms of being defy only the more active type is represented in the symptoms of ODD in DSM IV TR (Lavigne, Bryant, Hopkings and Gauze, 2014; Ohan & Johnston, 2005).

First to analyzed the difference in the behavior of boys and girls with ODD is important to understand the symptoms that appear generally in children so there be more easily to interpretive the differences. In the study of Frankel & Feinberg (2002) research that children diagnosed with ODD or CD will show more instance of aggression but they were less hostile when they are compared with children without ODD or CD, therefor, these children tend to show more aggressive responses and confidence in performing them than children with ADHD. With this information is clear that having ADHD or ODD can be associated independently and addictively in children social impairment (Ohan & Johnston, 2005).

Moreover boys and girls with ODD often meet the same symptoms but males often show more persistent, aggressive and confrontational behavior. However, Angulo et al. (2010), Mash & Barckely (2003) and Quishé (2013) have found that gender differences in the disease are very small in early childhood, but are magnified at 4 years; because girls often change their aggressive behavior in more covert behaviors while boys show more expressions of anger, verbal aggression and physical, high reactivity or high motor activity. Furthermore, upon research demonstrated that in adolescence exist more differences between these children, however they appear similar symptoms including as difficulty regulating their emotions, fearlessness, social disinhibition, negative or challenging behaviors. Consequently, men tend to show symptoms such as low self-esteem, emotional lability, low frustration tolerance, use of profanity, early consumption of alcohol and drugs; also they initiate more conflicts with parents, teachers and society. On the

other hand, woman tend to internalize more behaviors so that their aggressive behavior is subtle, hidden and less disruptive so it becomes more difficult to detect because these teens often: generating rumors, gossip, social isolation, alienation and have more likely to lie or slander (Emberley & Pelegrina, 2011; Mash & Barkley, 2003; Quishé, 2013).

It is understood then that men are the ones who show more anger through both verbal aggressive behavior and physical, to be more upset with people, accuse others of their errors, tend to be expelled from their schools and have problems with alcohol and drugs. While women tend to have more problems with themselves as eating disorders, low self-esteem and self-injury; yet they are often more cooperative than men because they tend to be more competitive (Trepat & Ezpeleta, 2011). So if there is gender difference in this disorder but for diagnosis are taken into account more symptoms of males, but both show aggressiveness and lack of emotional control; however it is important to say that girls tend to have more empathy and linguistic abilities than boys (Quishé, 2013); which causes the disorder goes unnoticed or is misdiagnosed, affecting the prevalence and treatment.

Also in the study of Ohan & Johnston (2005) the simple was 100 mothers of children between 7 and 14 years, 65 mothers of children without ADHD and 35 mothers of children with ADHD; whom had to go to an interview and complete a questionnaire that included: 18 items of DSM-IV symptoms of ADHD, 8 items of ODD and 15 conduct disorder, 11 items from Crick's 21 measure of relational and overt aggression, and for each item, mothers were asked to rate gender description and degree problems that behavior caused on 9 point scales. Moreover, the results of this study support the idea that mothers with or without a kid with ADHD will perceive the symptoms criteria that are in DSM-IV for ADHD, ODD and CD as predominant and descriptive of boys: therefore, this concerns that the actual symptom criteria ae most characteristic in how the disorders appear in boys (Ohan & Johnston, 2005). This provide us the idea that even parent when read the criteria for the disorders mentioned before will be more

attend for boys symptoms than girls, so we can understand that that if will be better research better the symptom criteria for girls so we can diagnosis and help them better than we do now.

Furthermore, the last studies that are made have provided support for a multi-dimensional structure to oppositional defiant disorder, because there are difference particular dimensions that could predict later psychopathy, for instead, in the study of Burke and Loeber (2010) found that ODD in boys consisted in two dimensions: behavioral or affective dimension which is associated with depression. While the model of ODD in girls had three dimensions: negative-affective dimension associated with depression and oppositional and antagonistic behavior were associated with conduct disorder given the idea that an irritability can predict emotional problems or anxiety while headstrong dimension can predicted hyperactivity.

With everything mentioned above we may understand that it becomes important to understand this disorder arises in different ways in boys and girls, therefore becomes urgent that there are better diagnostic tools for girls, since most questionnaires measure external or aggressive behavior exhibited by boys. However these differences are that this disorder is multi-dimensional and it should look that way because children have different areas of operation, therefore we need to evaluate all of them to be made better diagnosis.

Diagnosis and treatment

Children with oppositional defiant disorder can be diagnosed between 2-3 years due to their disruptive behavior as Giraldo, Giraldo and Ortiz (2008) mentions the disruption that can cause these kids can create serious family and coexistence problems. Therefore, make a correct diagnosis becomes unpredictable, therefore, the professional first must complete the medical and clinical history of the child, where physical and psychological examinations, history of disruptive behavior and multi-dimensional report is included, this is very important because opinions of parents and teachers as well as the child's are need to check the differences between them. Also, the professional should conduct an interview with the child, where the child's attitude towards his

parents, anxiety, speech and dress are analyzed; all this very essential in treatment because is important to do an early identification of risk behaviors (Puckering et. al 2014). After that, not only different psychological and neurological scales must take but also read school reports.

To make the treatment of ODD Peña and Palacios (2011) mention that must first rule out the comorbid with CD since treatment should be different in these two scenes. There are several interventions that can be performed as training of parents or caregivers in behavioral management of children and adolescents. However, it is important to know that this statement comes from the assumption that the misconduct is a result of poor parenting, therefore, the child has learned that oppositional behavior will be effective because it can manipulate people to get what they desired. That is why behavioral intervention programs involve family, school and the child; these techniques are based on the basis of cognitive behavioral therapy: ABC, Antecedents, Behavior and Consequences (Peña & Palacios, 2011).

For all this, first-line treatment for ODD are familiar behavioral therapies, but especially those therapies that empower parents. It is noteworthy that these interventions are based on the work of Gerald Patterson and colleagues because they believed that disruptive behavior patterns are learned behaviors that promote negative relationship between parents and children, which is why different strategies are used as conditioning operant (reward and punishment) to foster a healthy and positive relationship between parents and children, increase adaptive behaviors, thereby reducing oppositional behavior (Hood, Elrod & DeWine, 2015).

Nonetheless, in the study of Peña and Palacios (2011) mentioned the program of Russell Barkley, which consists in eight steps which are intended to improve behavior, social relationships and general adaptation in children and adolescents with ODD, which are: (1) learn to pay positive attention to the child, (2) use the power they have to obey, (3) giving orders effectively, (4) teach children not to interrupt other activities, (5) establish a reward system with chips, (6) learn how to punish bad behaviors, (7) extend the time-off and (8) learning to control

children in public places. It has been found that parent training by professionals and self-study are effective in reducing oppositional and defiant symptoms, however, it is important to include not only individual but also family interventions.

METHODOLOGY AND RESEARCH DESIGN

Recruitment of participants

To find participants for this study posters will be put in psychological clinics but especially in public and private schools in Quito. These posters will be placed the information necessary to know what the study is about and number and email for contact. Once contact is established will proceed to meet the parents as well as children; also they will sign the consent informed for themselves and to allow their children to participate in this study. Is important to indicate to children, parents and teachers that the participation in this research is voluntary and anonymous and that their identity remain preserved with codes. After approval of the parents were taken to the children, parents and teachers questionnaires to measure ODD, but only will take into account only those questionnaires that meet the diagnostic criteria for ODD in the DSM V.

Participants:

Participants of this study will be about 30 children in public and private schools of Quito, hence the socioeconomic level of the sample will be low, medium and high. The estimated age will be between 6-16 years old, therefore the sample should be minor making required a parental permission by an informed consent so that these children can participate. In addition, the sample will be 15 boys and 15 girls because this will help to find the difference in symptoms between them in ODD. Similarly, the predominant ethnic group of participants in this study will be of mixed race, however, it is expected that a minimum percentage of other ethnic groups as whites, African Ecuadorians and indigenous. As well as, parents and teachers of these children also participate in this study because they must fill questionnaires for the diagnosis of ODD, thus also part of the sample but their age, ethnicity and socioeconomic status will vary effect in this study, which shall not be taken into account when analyzing the data. All this will make the selected sample is representative of the population.

Study Design

The research design for this study will first entail a scales that can diagnose oppositional defiant disorder, and can detect disruptive behaviors that are observed in class, home, and community areas plus they must record the age and sex; so, these tests will be performed to children, parents as well as teachers. Also this research will seek for a correlational association because as girls internalize their symptoms the diagnosis can be confused or unnoticed. Therefore, this study is not only quantitative but also correlational since it will seek social behavior differences between boys and girls by using four different questionnaires: Youth Self Report and Child Symptom Inventory-4 for parents and teachers. The use of these diagnostic tools in this research will help it to identify which will be the symptoms that catch our attention and predominate in girls and boys with ODD; moreover, it could be prove the hypothesis presented: Girls with Oppositional Defiant Disorder (ODD) internalize their symptoms and behaviors unlike boys with ODD, thereby complicating the diagnostic process; because it will be easy to know if indeed girls internalize their symptoms thus spend more unnoticed.

Is essential to explain that quantitative research is a linear process that remains in the theoretical framework; in addition, the data and results are expressed in quantifiable or measurable properties; therefore collects and analyzes quantitative data on variables that attempt to measure and trying to identify the nature of the reality of things as well as systems and structures because is trying to find an explanation of why things happen as they happen. Nonetheless, according with Fernández and Pértegas (2002) this research determine associations or correlations between variables through a representative sample of a population. Furthermore, there are three stages in quantitative research: (1) Theoretical, where the researcher develops hypotheses from previously investigated theoretical framework, which is based on other information and results of scientific articles or books. (2) Empirical, where the researcher

conducts fieldwork and (3) theoretical, but in this part in this the researcher not only analyzes the data but also contrasted to the theoretical framework (Atehortúa & Zwerg, 2012).

In quantitative research Atehortúa & Zwerg (2012) said that there are different types of design: experimental, quasi-experimental and non-experimental, more over there are different types of research: exploratory, descriptive, correlational or causal. Exploratory research is one that seeks to clarify the issues through data collection and hypothesis, while descriptive research organizes the information in a useful and understandable manner to facilitate interpretation of phenomena. Moreover causal research intends to seek an explanation of why things happen in a certain way and finally the correlation research will investigate possible associations or relationships between variables.

Furthermore, Atehortúa & Zwerg (2012) mentionated that there are different types of techniques that can be used in quantitative research such as: observation, surveys and interviews. Observation is a deliberate search which is done in the field of work while surveys are techniques for collecting data that consist in a series of questions which will measure and record the views that participants have to verify or reject a hypothesis. Finally, the interview provides the possibility of extending the concepts and knowledge of certain subjects.

In addition, using a quantitative method give several advantages such as methods that are very powerful in terms of external validity because these types of research try to find a representative sample of the population. Another great advantage provided by this method is that not only the techniques used for data collection can be checked or reject hypotheses but also to quantify perform a controlled and objective measure since it is aimed at obtaining solid and repeatable data, therefore they can be generalized. However, there are limitations such as the results of this analysis are limited to what is sought to respond. It should also be noted that these data are weak in terms of internal validity although they are strong external validity (Fernández and Pértegas, 2002).

In the other hand, is very important to explain each scale that will be taken by the participants as Child Symptom Inventory-4 (CSI-4; Gadow and Sprafkin, 1994; Gadow and Sprafkin, 2002) which is an instrument that is based on the diagnostic criteria of the DSM-4 that can identify disorders emotional and behavioral among children aged 5-12 years, this version has 97 items for parents and 87 items for teachers. Additionally, it becomes important to mention that this test has a high correlation with the clinical diagnosis and good reliability in the test / retest, although in Spain its validation by Canals has demonstrated a general reliability of 0.99 and good internal consistency (0.96) (Angulo, et al. 2010). The other scale is Youth Self Report (YSR) completed by child and adolescence which is a standardized and international scale that help identify social, emotional and behavioral problems in children and adolescents; also it was designed to be self-administered, however, if parents or adolescents cannot read or have not completed elementary school can be applied as an interview by a trained person (Bordin, et al. 2013).

Nonetheless, scales that were chosen for this study are similar because they contain equal sections, the first section is to indicate the development, competition and social functioning while the second part is to identify behavioral problems. In the YSR are 112 items that need to be marked from 0 = not true, 1 = sometimes true, and 2 = very often; according to rules that are preset in the manuals. There are different elements to be measured, the first is the competition section which evaluates social participation in children's activities such as sports, games and hobbies; The second section analyzes the patterns of social interaction such as how many friends the children have, how often children see their friends and if they get along with the family and finally analyzed school performance or academic problems, also this section will be investigate illness and disability (Bordin, et al. 2013).

Moreover, Bordin et al. (2013) mentioned that the YSR measure different syndromes such as: Anxious/Depressed, Withdrawn/Depressed, Somatic Complaints, Social Problems, Thought

Problems, Attention Problems, Rule-Breaking Behavior, and Aggressive Behavior), also there are three broad-band scales: Internalizing Behavior Problems, Externalizing Behavior Problems, and Total Behavior Problems. With these scales we can find out if girls have more behavioral problems but internalized making it more difficult to diagnose at first sight; this will also help to find the differences in behavior and symptoms that exist in these children, making the hypothesis can be verified or rejected.

Analysis of the data:

The data analysis will be done very carefully because it must take into account only those scales which meet all the diagnostic criteria for ODD of the DSM, as it then will analyze and compare to find differences in the behavior of boys as girls. So first diagnostic scales for challenging behavior and ODD will be taken, after that, the scales will qualify using the methods of rating for each scale. Consequently, the researcher will proceed to select only those scales that meet the criteria for oppositional defiant disorder; these scales will be divided between girls and boys, after those the behaviors that are most marked in both genders will be analyzed to understand whether they are behaviors of internalization or outsourcing plus they compare them to verify if they meet the criteria of the DSM for ODD because in this way the hypothesis can be accepted or rejected.

Ethics:

To adhere the ethical standards of working with participants it should be noted that to maintain the identity of the them in my study in secret will be assigned a code which was used throughout the study, plus it will be an informed consent with: Participants' code, that participation in this study is voluntary, the permission to take psychological scales, and also a number to contact the interviewer or the psychology department of San Francisco de Quito University. Throughout the investigation the research is going to try to maintain the physical, emotional, mental as well as spiritual well-being of the participants; furthermore before, during

and finished the stage of data collection participants may ask questions or suggestions, also have every right to call to request the results of the scales; because these results help the growth and future well-being of children and their families. It is also important to tell parents that if there are risk factors as physical abuse where children are living the researcher must break confidentiality given that children are a vulnerable group in society. Finally, is very important to know that the scales and results will be stored in a folder, which only have access the researcher as her supervisor. It is important to always maintain the confidentiality and anonymity of the participants as well as the ethical rules of the APA because otherwise the study will have little validity or reliability.

ANTICIPATED RESULTS

In this research different results are expected, first expectation is that in the scales boys will show and exhibit more negative and aggressive behavior than girls. Therefore, is expected that teachers and parents let through certain aggressive behaviors more readily girls than for boys. However, it is anticipate that the symptoms of internalizing affect the correct diagnosis of oppositional defiant disorder in girls, so is expected to find a correlation between the facts that this type of symptoms makes these girls are not diagnosed with ODD or these symptoms go without being perceived. Additionally is expected that parents and teachers indicate that girls tend to be more emotional symptoms as anxiety and depression compared to boys´ symptoms, because the show most aggressive, hostile and defiant behavior.

Then, it is anticipated that in the diagnostic scales of defiant behavior and ODD boys will have higher on externalizing to internalizing symptoms, therefore on the scale called "Youth Self Report" a higher prevalence of symptoms will be identified in boys such as: I have trouble concentrating or paying attention I show off, and I like to be fear to others. On the other hand, girls' going to have higher scores on symptoms and behaviors as: There is very little that I enjoyed, I feel lonely, I cry a lot, I feel to guilty, I eat too much, I am over wealth, I feel that I have to be perfect and more. Furthermore, it is expected that girls and boys also marked high scores in challenging behaviors and attitudes as: I argued a lot, I disobey my parents, I destroy belonging to others, I scream a lot, I am unhappy, sad or depressed, I break rules at home, school or elsewhere, I am jealous of others and I am mean to others.

On the other hand, in the CSI-4 scale for parents and teachers is expected that there were more aggressive symptoms in boys, thus higher scores in options often and very often in behaviors such as: Runs about or climes on things when asked not to do so, takes anger out on others or tries to get even, starts physically fights, has run away from home, has stolen thing when others where not looking and also is likely that will exist a few boys with this behavior: has

delivery started fires. In contrast, is expected that girls shows more internalizing symptoms and behaviors for instead: talk's excessively, lies to get things or to avoid responsibility, is irritable for most of the day and complain about physically problems. Nonetheless, is also anticipated that both genders shows externalizing attitudes and behaviors including: Does not seem to listen when spoken to directly, loses things necessary for activities, loses temper, argues with others, defies what you tell him/her to do, blames other for own misbehavior or mistakes and Is angry or resentful.

In addition is expected to find that these symptoms cause more dysfunction in boys both at home and at school as opposed to girls, because it is anticipated that these children are more likely to be expelled from schools, losing years schooling and more problems with the police. While is estimated that girls and adolescents are more likely to have social problems like lying, creating gossip, peer problems, emotional problems and health problems such as headaches.

Then it is predictable that children with ODD tend to exhibit not only emotional and hyperactive symptoms but also problems with authorities with greater intensity unlike children without ODD, thus, these children may have more symptoms of ODD and others. For that reason is expect to find few scales with higher scores of symptoms and behaviors that diagnose other disorders including: Anxiety disorder, major depression disorder, conduct disorder and attention deficit hyperactivity disorder since these scales measure ODD besides other disorders. It is important to know that these disorders exist in the sample because can help evaluated comorbidity between ODD and disorders mentioned before, therefore it is anticipated that there will be children who have not only ODD but also CD and ADHD.

DISCUSSION

Oppositional defiant disorder is one of the disorders more prevalent in children in psychiatric population, and often is comorbid with other disorders especially with ADHD, CD, anxiety disorder and depression; for instead it is estimated that the 10% of children with ODD will develop conduct disorder (Boylan, Vaillancourt, Boyle & Szatmarim 2007). Consequently, it becomes imperative that these children have a good clinical evaluation otherwise these children may generate social and legal problems, which generate a great social cost, therefore this study has a great contribution in the field of psychology because for first time health professionals may know the symptoms of ODD in children from Quito and the predominate as the prevalence of this disorder; additionally this knowledge can generate protective factors for risk behaviors towards better prevention of antisocial behavior**.**

This study hopes to find that internalizing symptoms complicate the diagnosis of oppositional defiant disorder in girls because the scales measure mostly externalizing, defiant and aggressive symptoms, which are predominantly by boys and male teenagers. However, in this research was not expected identify boys with internalizing symptoms but it is very likely to have boys with anxiety and depressive symptoms because as mentioned in the study of Boylan, et al. (2007) children with ODD tend to get upset more easily and be irritable because they have trouble regulating their emotions, so may also have anxiety and depression symptoms. Furthermore, in this same study was found a strong association between symptoms of ODD and anxiety and depression symptoms in boys but in girls with ODD only was found an association with anxiety symptoms. So is understood that these symptoms can occur in both genders, not only in girls as previously believed in this study.

It is anticipated that the scales of the children will exhibit more aggressive behavior than girls because teachers and parents let more aggressive behavior in girls than boys, because it is socially accepted that boys exhibit aggressive behaviors and girls exhibit fear and anxiety;

nonetheless, the core features of children with ODD are: less attention, problems with interpersonal sensitivity and emotional reactivity (Coy, Speltz, Deckeyen & Jones, 2001; Mireault, Rooney, Kouwenhoven, & Hannan, 2008). However, it is important to note that the defiant conduct will be exhibit depending on the context in which the child perform, so for example, a child may have more aggressiveness behavior at home than at school, so the scales vary between parents and teachers. Moreover is essential to know that teachers tend to find more symptoms of impulsiveness, hyperactivity and inattention while parents look and found more oppositional symptoms because they are more sensitive to detect differences in the behavior of their children (Angulo et al . 2010). Therefore, you should always look carefully the psychology scales to see the similarities and differences in the behavior of children, but meanly do a clinical assessment to establish a correct diagnosis.

It was also mentioned that it is expected that parents and teachers indicate that symptoms of girls tend to be more emotional as anxiety and depression symptoms than boys since they prove to be more aggressive, hostile and defiant; because is expected that they show more externalizing than internalizing behaviors, however in the study of Trepat & Ezpeleta (2011) use the YSR and Child Behavior Checklist in 689 children between 8-17 years to find children with ODD, so the final sample was 343 children whom met criteria for ODD. It was found that children (16.2) have lower mean scores for externalizing behaviors than girls (18.9). These results mention that girls also exhibit internally and externally symptoms making the diagnostic tools to assess therefore ODD if properly diagnose with those symptoms. However the health professionals should always keep in mind that girls show a significant decrease in behavioral problems in school age because the expression of aggression happens to be open to covert (Angle et al. 2010).

Nonetheless, it was expect to find that children with ODD in this sample have similar results in symptoms such as losses temper, argues, defies, annoys and blame others, since those behaviors are cardinal symptoms for ODD. However it should be noted that in the study of Trepat & Ezpleta (2011) found that these symptoms occur more in girls than in boys for instead mean scores are higher in girls in some symptoms such as: losing temper (97.2), argues (93.1) and defies (77.1); while for boys are higher mean scores on: annoys (74.4) and blaming others (80.9). With this, and all the investigations mentioned before, it can be said that girls also exhibit externalizing behaviors which are measured on scales diagnostic ODD therefore the researcher is rejected hypothesis because girls also have externalizing and aggressive behaviors.

In conclusion, is important to know that girls also have not only more social, emotional and behavioral problems but also tend to have auto lytic behaviors; while boys tend more likely to be expelled from school and have more problems with the police. On the other hand, it was expected to find that boys have more problems in school and at home but thanks the research and investigation cited in this study it can be mentioned that girls have higher mean scores on problems at home, school and substance abuse than boys. Additionally, they prove to have more symptoms of anxiety, depression, somatic complaints, social problems, rule-breaking and aggressive behavior (Trepat & Ezpeleta, 2011). Symptoms that can be difficult to diagnose taking only scales so it is recommended that a full clinical interview for do a diagnosis in these girls. Finally, it was found in the investigation cited that girls were less likely to seek professional help than boys because they have less impermanent and more internalizing behavior therefore not affect the community a comparison of boys, but also girls´ symptoms can be unnoticed or confused with others disorders.

Limitations

In this study there are several limitations to assess first ODD scales are in English so only those participants that know English could participated, which makes many participants excluded

in the studies because in Quito many parents and teachers do not know English. Another limitation that can be found in this research is the conceptualization of parents and teachers about certain behaviors as defiant, oppositional and aggressive; because boys in our culture tend to have a tougher education comparison of girls. The major limitation is that there are few studies with samples only of ODD because most of the studies found for this research included morbid disorders of ODD such as ADHD and CD. Also, another limitation is that there is no scale to measure ODD validated in Ecuador or Hispanic speaking for do a correct diagnosis.

Future research

For future research is recommended to research and analyzed more deeply the current scales that can diagnose ODD. It is also recommended looking more for scales that are validity in Spanish since when the scales are translate can generate some misunderstood because some words are not the same in Spanish. It is also recommended to do clinical interview to children and parents to learn more about the social behavior of these children, therefore, the sample would have to be smaller. Finally, it is recommended to put ads on the study by all sectors of Quito since the sample thus may be broader.

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APPENDIX A

¿ Se te hace familiar esto ?

Si estas situaciones se repiten a diario en tu hogar …..
Si tu hijo o hija se torna desafiante muy a menudo…..

TE INVITAMOS A PARTICIPAR
EN EL PRIMER ESTUDIO LOCAL SOBRE

EL TRANSTORNO OPOSICIONAL DESAFIANTE EN NIÑOS Y ADOLESCENTES.

Contacto: Belén Santacruz
Bxxxxxx@hotmail.com
09-987654321

Por una familia ecuatoriana más FELIZ !

APPENDIX B: ETHICS

Comité de Bioética, Universidad San Francisco de Quito
El Comité de Revisión Institucional de la USFQ
The Institutional Review Board of the USFQ

SOLICITUD PARA APROBACION DE UN ESTUDIO DE INVESTIGACION

INSTRUCCIONES:

1. Antes de remitir este formulario al CBE, se debe solicitar vía electrónica un código para incluirlo, a comitebioetica@usfq.edu.ec
2. Enviar solo archivos digitales. Esta solicitud será firmada en su versión final, sea de manera presencial o enviando un documento escaneado.
3. Este documento debe completarse con la información del protocolo del estudio que debe servir al investigador como respaldo.
4. Favor leer cada uno de los parámetros verificando que se ha completado toda la información que se solicita antes de enviarla.

DATOS DE IDENTIFICACIÓN
Título de la Investigación
Social Behavior Differences between Boys and Girls with Oppositional Defiant Disorder: Internalizing Behaviors and diagnosis in Girls
Investigador Principal *Nombre completo, afiliación institucional y dirección electrónica*
Belén Santacruz
Co-investigadores *Nombres completos, afiliación institucional y dirección electrónica. Especificar si no lo hubiera*
No hay co-investigadores
Persona de contacto *Nombre y datos de contacto incluyendo teléfonos fijo, celular y dirección electrónica*
Belén Santacruz 099xxxxxx/ 23xxxxx b-xxxx @hotmail.com
Nombre de director de tesis y correo electrónico *Solo si es que aplica*
Sonja Embree
Fecha de inicio de la investigación Mayo 2015
Fecha de término de la investigación Julio 2015
Financiamiento Personal

DESCRIPCIÓN DEL ESTUDIO
Objetivo General *Se debe responder tres preguntas: qué? cómo? y para qué?*
Determinar la correlación entre los síntomas de internalización de las niñas y su debido diagnóstico de trastorno oposicional desafiante
Objetivos Específicos
Comprender de una manera más amplia y mejor los comportamientos y síntomas que tienen las niñas en el trastorno oposicional desafiante Generar que los profesionales de salud como familiares de los niños con trastorno oposicional desafiante tengan un mejor conocimiento sobre este trastorno para que puedan proporcionar un mejor tratamiento y prevención de los síntomas. Generar conciencia y prevención de la gravedad que tiene este trastorno para la sociedad
Diseño y Metodología del estudio *Explicar el tipo de estudio (por ejemplo cualitativo, cuantitativo, con enfoque experimental, cuasi-experimental, pre-experimental; estudio descriptivo, transversal, de caso, in-vitro…) Explicar además el universo, la muestra, cómo se la calculó y un breve resumen de cómo se realizará el análisis de los datos, incluyendo las variables primarias y secundarias..*
El tipo de estudio que se utilizará en este estudio es de tipo cuantitativo dado que se basa en los datos que se obtengan de 3 inventarios: Youth Self Report y Child Symtpom Inventory -4. El investario Youth Self Report es una escala para diagnosticar varios problemas en la infancia pero sobretodo de conductas desafiantes, externalizantes e internalizantes, por lo que su aplicación ayudará a obtener varios datos significativos para esta investigación. Tiene 112 items que son cuantificados por 0: no verdadero, 1: a veces y 2: frecuentemente. Por otro lado, el Child Symtom Inventory – 4 es un cuestionario para padres y profesores, el cual ayudará a tener más información relevante de fuente que viven y conocen a los niños. El inventario para los padres tiene 97 ítems y el de los profesores 87 ítems. Es importante mencionar que este estudio es correlacional dado que busca encontrar la relación existente entre los síntomas de internalización que presentan las niñas con el diagnostico de trastorno oposicional desafiante. Por otro lado, el universo de la investigación son los niños que padecen de trastorno oposicional desafiante que se encuentran diagnosticados como no. Entonces, la muestra de este estudio es de 30 niños: 15 niños y 15 niñas de varios sectores de la ciudad de Quito, como también sus padres y profesores. Por ende, son mayores y menores de edad por lo que se va a necesitar un consentimiento informado para ambas edades, sin embargo, los niños son una población de riesgo por lo que se debe tener cuidado.
Procedimientos *Los pasos a seguir desde el primer contacto con los sujetos participantes, su reclutamiento o contacto con la muestra/datos.*
Primeramente se colocaran anuncios en varias escuelas de Quito, tanto en privados como públicas; también se colocaran los anuncios en clínicas de psicología de Quito. Tras ellos, se esperará que los pacientes se contacten a la investigadora y se pueda agendar una cita para poder explicar los requerimientos y la información necesaria para que acepten o no su participación en este estudio, además de que se les indicaría que es voluntaria su participación y que pueden retirarse en cualquier momento.
Recolección y almacenamiento de los datos *Para garantizar la confidencialidad y privacidad, de quién y donde se recolectarán datos; almacenamiento de datos—donde y por cuánto tiempo; quienes tendrán acceso a los datos, qué se hará con los datos cuando termine la investigación*
Tras tener el contacto con los pacientes se agendará una cita. En la cita primeramente se explicará un resumen de esta investigación y se procederá a dar los respectivos consentimientos informados a los padres para la

participación de sí mismos y de sus hijos, en dónde está el código que deben usar desde ese momento en vez de sus nombres o datos que puedan identificarlos. La cita y la aplicación de los inventarios serán en los consultorios de la universidad San Francisco de Quito, por ende la cita debe ser previamente agendada; estos inventarios duran aproximadamente 30 minutos. En el caso de los profesores se pedirá si es que pueden venir a los consultorios de la universidad para poder preservar la identidad de los pacientes. Tras llenar los cuestionarios se los colocará en dos lugares: en una carpeta roja los inventarios de los niños y azul de las niñas para no confundir los datos, y después esta carpeta quedará guardada en un cajón de la universidad hasta que la investigación termine, una vez terminada los datos serán eliminados

Herramientas y equipos *Incluyendo cuestionarios y bases de datos, descripción de equipos*

Youth Self Report

Child Symtpom Inventory -4

Microsoft Excel

JUSTIFICACIÓN CIENTÍFICA DEL ESTUDIO

Se debe demostrar con suficiente evidencia por qué es importante este estudio y qué tipo de aporte ofrecerá a la comunidad científica.

Este estudio tiene una gran impacto en el campo de la sicología debido a que este trastorno es uno de los trastornos infantiles con mayor prevalencia en el mundo, dado que tiene una prevalencia igual a 1 al 11% de niños (American Psychiatric Association, 2013). El trastorno oposicional desafiante se caracteriza por un patrón recurrente de conductas hostiles, agresivas, desafiantes y prepotentes hacia figuras de autoridad como padres y profesores; además de que si no se lo trata tiende a evolucionar lo que hace que se genere varios problemas en especial con los padres, profesores, amigos o enamorados. Por ende, se vuelve importante tener información nacional sobre este trastorno dado que tiene muchos efectos en la sociedad dado que los niños con ODD suelen tener más problemas con la policía, académicos y legales (Trepat & Ezpeleta, 2011). Los síntomas principales que se pueden apreciar es tener menos atención y problemas con la sensibilidad interpersonal y en la reactividad emocional; esto es un grave problema dado que se ha encontrado que la hiperoactividad es un gran factor de riesgo para que se pueda desarrollar un trastorno antisocial, por ende la prevención y un correcto diagnóstico de ODD en niñas como en niños podrá beneficiar enormemente a la sociedad.

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DESCRIPCIÓN DE LOS ASPECTOS ÉTICOS DEL ESTUDIO

Criterios para la selección de los participantes *Tomando en cuenta los principios de beneficencia, equidad, justicia y respeto*

Conociendo los principios de beneficencia, equidad, justicia y respeto del código de Ética Americano de la APA los participantes que serán seleccionados para este estudio deben cumplir los criterios de diagnóstico para el trastorno oposicional desafiante del DSM V. Además es importante mencionar que no se tomará en cuenta el nivel socioeconómico ni raza/etnia de los pacientes, sin embargo, se tomará en cuenta el sexo dado que se trata de encontrar las diferencias de género que existen en los síntomas de TND, por ende solo se aceptarán 15 niños y 15 niñas; al ser menores de edad se está tomando en cuenta una población de riesgo, no obstante si es que se cumplen los principios de confidencialidad de los pacientes no serán registrados problemas, aunque se podrá aumentar el riesgo de vulnerabilidad debido al nivel de madurez que tienen estos niños.

Riesgos *Describir los riesgos para los participantes en el estudio, incluyendo riesgos físico, emocionales y psicológicos aunque sean mínimos y cómo se los minimizará*

Existen varios riesgos en esta investigación, no obstante, ninguno de los riesgos son físicos dado que lo único que deben hacer los pacientes es llenar los inventarios en un lugar seguro. En cambio, los riesgos emocionales y psicológicos que pueden ocurrir son diversos por ejemplo el hecho de que los padres pueden cohibir a los niños a revelar información dentro de los inventarios o se puede encontrar niños que padecen de abuso físico dentro del hogar lo que puede hacer que corra más riesgos, por lo que se debe tener un plan de seguridad, ya que se debe romper confidencialidad si es que este fuera el caso.

Beneficios para los participantes *Incluyendo resultados de exámenes y otros; solo de este estudio y cómo los recibirán*

Existen más beneficios que riesgos dentro de esta investigación, sobretodo en el campo de la psicología dado que este estudio es pionero en la investigación del trastorno oposicional desafiante dentro del país, se podrá conocer los síntomas cardinales de este trastorno en Quito, como también, se podrá conocer la prevalencia de este trastorno dado que se deben tomar varios inventarios hasta obtener la muestra deseada. El mejor

beneficio tienen los participantes dado que pueden conocer los problemas que padecen sus hijos, por ende se puede brindar la ayuda y tratamiento necesario.

Ventajas potenciales a la sociedad *Incluir solo ventajas que puedan medirse o a lo que se pueda tener acceso*

Una gran ventaja que recibe la sociedad gracias a este estudio es el hecho de que se podrá tener más información de este trastorno que puede servir como factor de prevención para que los síntomas no evolucionen, y por ende, se pueda prever comportamientos antisociales, delincuenciales, problemas legales y abuso de sustancias, como también, conductas auto líticas, depresión y ansiedad.

Derechos y opciones de los participantes del estudio *Incluyendo la opción de no participar o retirarse del estudio a pesar de haber aceptado participar en un inicio.*

Los participantes de este estudio tienen la opción siempre abierta de retirarse del estudio en cualquier momento, aunque hubieran accedido a hacerlo; no tendrán ningún problema al hacerlo. Para que los participantes sepan sobre sus derechos dentro de la investigación se colocará toda la información que ellos necesitan dentro del consentimiento informado, como por ejemplo, su derecho a reservar su identidad y asegurar su información personal por completo.

Seguridad y Confidencialidad de los datos *Describir de manera detallada y explícita como va a proteger los derechos de participantes*

Para proteger los derechos de los participantes se seguirán varios pasos, el primer paso es asegurar la información que se obtendrá de la aplicación de los tres inventarios, por ende los datos obtenidos serán usados solamente con fines académicos e investigativos, por ende, no serán compartidos con ninguna otra persona fuera de la investigación en ningún caso. Se guardarán los archivos físicos y digitales en un cajón del departamento de psicología hasta que la investigación finalice, dado que después estos serán eliminados. Es importante decir que para preservar la identidad de los participantes se les otorgará un código al comiendo del estudio.

Consentimiento informado *Quién, cómo y dónde se explicará el formulario/estudio. Ajuntar el formulario o en su defecto el formulario de no aplicación o modificación del formulario*

El consentimiento informado es una parte importante de la investigación dado que al fírmalo los participantes acceden a participar en la investigación. Será entregado a los participantes el día en que se haya agendado la cita, por la investigadora en los consultorios de psicología de la universidad San Francisco de Quito.

Responsabilidades del investigador y co-investigadores dentro de este estudio.

Como investigadora de este estudio tengo varias responsabilidades con la población y muestra estudiada, dado que los principales participantes de este estudio son menores de edad, por lo que tengo que garantizar que no corren ningún riesgo y que su identidad será bien protegida durante y después del estudio. Igualmente al ser un tema importante para la sociedad y para el campo de la psicología una responsabilidad que tengo es comprometerme cien por ciento con la investigación, realizando una correcta recolección, análisis y discusión de los datos obtenidos, para generar un beneficio a la sociedad y a la población estudiada. Por último me responsabilizo de tener y guardar toda la información obtenida en un lugar segura en dónde solo yo y mi directora de tesis tenemos acceso.

Documentos que se adjuntan a esta solicitud ***(ponga una X junto a los documentos que se adjuntan)***

	Adj	Idioma

Nombre del documento		Inglés	Español
PARA TODO ESTUDIO			
1. Formulario de Consentimiento Informado (FCI) y/o Solicitud de no aplicación o modificación del FCI *			
2. Formulario de Asentimiento (FAI) *(si aplica y se va a incluir menores de 17 años)*			
3. Herramientas a utilizar *(Título de:: entrevistas, cuestionarios, guías de preg., hojas de recolección de datos, etc)*	X		
4. Hoja de vida (CV) del investigador principal (IP)			
SOLO PARA ESTUDIOS DE ENSAYO CLÍNICO			
5. Manual del investigador			
6. Brochures			
7. Seguros			
8. Información sobre el patrocinador			
9. Acuerdos de confidencialidad			
10. Otra información relevante al estudio (especificar)			

(*) La solicitud de no aplicación o modificación del FCI por escrito debe estar bien justificada.

PROVISIONES ESPECIALES
Esta sección debe llenar solo si aplica. En ella se incluyen manejo de población vulnerable y muestras biológicas, manejo de eventos adversos, seguros de incapacidad o muerte, entre otros.

CRONOGRAMA DE ACTIVIDADES AÑO

Descripción de la Actividad (pasos a seguir dentro del proceso de investigación, comenzando por el contacto inicial, reclutamiento de participantes, intervención y/o recolección de datos, análisis, publicación…)	**Fechas**								
		1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Inicio de clases de tesis	05/2015								
Revisión de la literatura	06/2015								
Redacción de Marco Teórico	06/2015								
Realización de los datos anticipados	07/2015								
Redacción de Conclusiones, limitaciones y sugerencias para futuros estudios	07/2015								

Revisión de tesis	07/2015								
Presentación de tesis	07/2015								

CERTIFICACIÓN:

1. Certifico no haber recolectado ningún dato ni haber realizado ninguna intervención con sujetos humanos, muestras o datos. Sí (x) No ( )
2. Certifico que los documentos adjuntos a esta solicitud han sido revisados y aprobados por mi director de tesis. Sí (x) No ( ) No Aplica ( )

Firma del investigador: _____ (con tinta azul)

Fecha de envío al Comité de Bioética de la USFQ: _____

Comité de Bioética, Universidad San Francisco de Quito

El Comité de Revisión Institucional de la USFQ
The Institutional Review Board of the USFQ

Formulario Consentimiento Informado

Título de la investigación: Social Behavior Differences between Boys and Girls with Oppositional Defiant Disorder: Internalizing Behaviors and diagnosis in Girls
Organización del investigador: Universidad San Francisco de Quito
Nombre del investigador principal: Erika Belén Santacruz Suasnavas
Datos de localización del investigador principal: 0992774262 / b-elen172582@hotmail.com

DESCRIPCIÓN DEL ESTUDIO
Introducción
El siguiente formulario es para evaluar el trastorno oposicional desafiante en niños como también en adolescentes, durante el tiempo en que se encuentre realizando el cuestionario puede realizar todas las preguntas que desea hacer para poder despejar dudas. Es importante saber que la participación en este estudio es voluntaria y que cómo participante puede tomarse todo el tiempo necesario para aceptar su participación, como también puede consultar con otras personas. Esta investigación es acerca de encontrar una relación entre los síntomas de internalización que tienen las niñas en el trastorno oposicional desafiante y su diagnóstico, dado que los síntomas entre niñas y niños pueden variar. Los padres como profesores al ser mayores de edad no entran en ninguna población de riesgo sin embargo los niños si por lo que se debe considerar las normas éticas de la APA, como el permiso de los padres, confidencialidad y sobretodo que no corran riesgos dentro del estudio.
Propósito del estudio
El propósito de este estudio es entender mejor los comportamientos y síntomas que presentan las niñas en el trastorno oposicional desafiante dado que se suele confundir su diagnóstico. Asimismo, se pueda identificar mejor a estos niños y se pueda prever la cronicidad y gravedad de los síntomas como también de comportamientos de riesgo. Por ende, tiene como objetivo hacer que los lectores tengan conciencia de que este trastorno puede ser el punto inicial de la triada para obtener una personalidad antisocial, abuso de sustancias y problemas con la ley.
Descripción de los procedimientos
Los participantes tendrán contacto únicamente con la investigadora del estudio, por ende toda la información que será recolectada será identificada a través de códigos los cuales protegerán la confidencialidad de los participantes. Primeramente, durante aproximadamente 10 minutos se les explicará a los participantes el resumen del estudio, el propósito, los beneficios y los riesgos que se tiene; para después proceder con el consentimiento informado de los niños como también de los padres y profesores. Después se les explicará a los participantes cómo llenar los cuestionarios, dado que si los niños todavía no pueden leer los padres deberán llenar su cuestionario; para ello se les entregará un esfero y los debidos cuestionarios. Por último en una carpeta se colocará las escalas completadas y se procederá a calificarlas y analizarlas.

Riesgos y beneficios
Dentro de este estudio existen más beneficios que riesgos dado que los riesgos que se pueden encontrar es que se debe romper confidencialidad si es que se sabe que los niños sufren de algún tipo de maltrato, como también se debe comunicar a los padres si sus hijos cumplen los criterios para el trastorno oposicional desafiantes. Por ende, un gran riesgo que se tiene que es que los padres cohesionen a sus hijos para no comunicar la información adecuada sino la que les conviene a los padres, con ello, no se podrá ayudar a estos niños. Asimismo, otro gran riesgo que se corre es que los niños tengan problemas con sus padres por revelar información por lo que en este caso se debe tener un plan de seguridad para proteger la seguridad de estos niños. Por otro lado, los beneficios que se obtendrán serán mayores y aportaran mucho al campo de psicología dentro de nuestro país debido a que este es un estudio pionero de este trastorno porque en Ecuador no existen prevalencias ni lista de síntomas que los niños pueden cumplir. Por ende se podrá tener un conocimiento más amplio sobre este trastorno de la infancia.
Confidencialidad de los datos
Es muy importante mantener la privacidad como confidencialidad de los pacientes por lo que se tomaran las medidas necesarias para proteger la identidad de los participantes y que no se tenga ningún acceso a sus datos personales. Es por ello que cada cuestionario llevará un código para cada niño, de esta manera se podrá identificar los cuestionarios de cada niño más no su identidad, igualmente, los nombres ni datos que puedan identificarlos serán mencionados dentro de la publicación de esta investigación. No obstante, solamente el comité de Bioética de la Universidad San Francisco de Quito tendrá acceso a los datos en caso de que surgieran futuros problemas con la seguridad de los participantes
Derechos y opciones del participante
Todas las opiniones y sugerencias que tengan los participantes serán bienvenidas antes, durante y después del proceso de obtención de datos. Igualmente, los participantes pueden decidir no participar en el estudio o retirarse en cualquier momento de este debido a que la participación es voluntaria. Es muy importante decir que los participantes no recibirán ningún tipo de pago o tendrán que pagar nada por participar en este estudio.
Información de contacto
Si se tiene alguna pregunta, molestia u opinión sobre el estudio puede llamar a los siguientes números 099xxxxxx u 23xxx o enviar un correo electrónico a la siguiente dirección: b-exxxxxx@hotmail.com
Si usted tiene preguntas sobre este formulario puede contactar al Dr. William F. Waters, Presidente del Comité de Bioética de la USFQ, al siguiente correo electrónico: comitebioetica@usfq.edu.ec

APPENDIX C: INSTRUMENTS

APPENDIX C: INSTRUMENTS

ASEBA

Please print

YOUTH SELF-REPORT FOR AGES 11-18

For office use only
ID #

YOUR FULL NAME First Middle Last

PARENTS' USUAL TYPE OF WORK, even if not working now. *(Please be specific — for example, auto mechanic, high school teacher, homemaker, lathe operator, shoe salesman, army sergeant.)*

FATHER'S TYPE OF WORK _____

MOTHER'S TYPE OF WORK _____

YOUR GENDER ☐ Boy ☐ Girl

YOUR AGE

YOUR ETHNIC GROUP OR RACE

TODAY'S DATE Mo._____ Date _____ Yr. _____

YOUR BIRTHDATE Mo._____ Date _____ Yr. _____

GRADE IN SCHOOL _____

NOT ATTENDING SCHOOL ☐

IF YOU ARE WORKING, PLEASE STATE YOUR TYPE OF WORK:

_____

_____

Please fill out this form to reflect *your* views, even if other people might not agree. Feel free to print additional comments beside each item and in the spaces provided on pages 2 and 4. ***Be sure to answer all items.***

I. Please list the sports you most like to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

☐ None

a. _____

b. _____

c. _____

Compared to others of your age, about how much time do you spend in each?

	Less Than Average	Average	More Than Average
a.	☐	☐	☐
b.	☐	☐	☐
c.	☐	☐	☐

Compared to others of your age, how well do you do each one?

	Below Average	Average	Above Average
a.	☐	☐	☐
b.	☐	☐	☐
c.	☐	☐	☐

II. Please list your favorite hobbies, activities, and games, other than sports. For example: cards, books, piano, cars, computers, crafts, etc. (Do ***not*** include listening to radio or watching TV.)

☐ None

a. _____

b. _____

c. _____

Compared to others of your age, about how much time do you spend in each?

	Less Than Average	Average	More Than Average
a.	☐	☐	☐
b.	☐	☐	☐
c.	☐	☐	☐

Compared to others of your age, how well do you do each one?

	Below Average	Average	Above Average
a.	☐	☐	☐
b.	☐	☐	☐
c.	☐	☐	☐

III. Please list any organizations, clubs, teams, or groups you belong to.

☐ None

a. _____

b. _____

c. _____

Compared to others of your age, how active are you in each?

	Less Active	Average	More Active
a.	☐	☐	☐
b.	☐	☐	☐
c.	☐	☐	☐

IV. Please list any jobs or chores you have. For example: paper route, babysitting, making bed, working in store, etc. (Include ***both*** paid and unpaid jobs and chores.)

☐ None

a. _____

b. _____

c. _____

Compared to others of your age, how well do you carry them out?

	Below Average	Average	Above Average
a.	☐	☐	☐
b.	☐	☐	☐
c.	☐	☐	☐

Be sure you answered all items. Then see other side.

Please print. Be sure to answer all items.

V. 1. About how many close friends do you have? (Do *not* include brothers & sisters)

☐ None ☐ 1 ☐ 2 or 3 ☐ 4 or more

2. About how many times a week do you do things with any friends outside of regular school hours? (Do *not* include brothers & sisters) ☐ Less than 1 ☐ 1 or 2 ☐ 3 or more

VI. Compared to others of your age, how well do you:

	Worse	Average	Better	
a. Get along with your brothers & sisters?	☐	☐	☐	☐ I have no brothers or sisters
b. Get along with other kids?	☐	☐	☐	
c. Get along with your parents?	☐	☐	☐	
d. Do things by yourself?	☐	☐	☐	

VII. 1. Performance in academic subjects. ☐ I do not attend school because _____

_____

Check a box for each subject that you take	Failing	Below Average	Average	Above Average
a. English or Language Arts	☐	☐	☐	☐
b. History or Social Studies	☐	☐	☐	☐
c. Arithmetic or Math	☐	☐	☐	☐
d. Science	☐	☐	☐	☐
e. _____	☐	☐	☐	☐
f. _____	☐	☐	☐	☐
g. _____	☐	☐	☐	☐

Other academic subjects–for example: computer courses, foreign language, business. Do *not* include gym, shop, driver's ed., or other nonacademic subjects.

Do you have any illness, disability, or handicap? ☐ No ☐ Yes—please describe:

Please describe any concerns or problems you have about school:

Please describe any other concerns you have:

Please describe the best things about youself:

Be sure you answered all items.

Please print. Be sure to answer all items.

Below is a list of items that describe kids. For each item that describes you ***now or within the past 6 months***, please circle the ***2*** if the item is ***very true or often true*** of you. Circle the ***1*** if the item is ***somewhat or sometimes true*** of you. If the item is ***not true*** of you, circle the ***0***.

0 = Not True **1 = Somewhat or Sometimes True** **2 = Very True or Often True**

0 1 2 1. I act too young for my age
0 1 2 2. I drink alcohol without my parents' approval (describe): _____
_____
0 1 2 3. I argue a lot
0 1 2 4. I fail to finish things that I start
0 1 2 5. There is very little that I enjoy
0 1 2 6. I like animals
0 1 2 7. I brag
0 1 2 8. I have trouble concentrating or paying attention
0 1 2 9. I can't get my mind off certain thoughts; (describe); _____
_____
0 1 2 10. I have trouble sitting still
0 1 2 11. I'm too dependent on adults
0 1 2 12. I feel lonely
0 1 2 13. I feel confused or in a fog
0 1 2 14. I cry a lot
0 1 2 15. I am pretty honest
0 1 2 16. I am mean to others
0 1 2 17. I daydream a lot
0 1 2 18. I deliberately try to hurt or kill myself
0 1 2 19. I try to get a lot of attention
0 1 2 20. I destroy my own things
0 1 2 21. I destroy things belonging to others
0 1 2 22. I disobey my parents
0 1 2 23. I disobey at school
0 1 2 24. I don't eat as well as I should
0 1 2 25. I don't get along with other kids
0 1 2 26. I don't feel guilty after doing something I shouldn't
0 1 2 27. I am jealous of others
0 1 2 28. I break rules at home, school, or elsewhere
0 1 2 29. I am afraid of certain animals, situations, or places, other than school (describe): _____
_____
0 1 2 30. I am afraid of going to school
0 1 2 31. I am afraid I might think or do something bad
0 1 2 32. I feel that I have to be perfect
0 1 2 33. I feel that no one loves me
0 1 2 34. I feel that others are out to get me
0 1 2 35. I feel worthless or inferior
0 1 2 36. I accidentally get hurt a lot
0 1 2 37. I get in many fights
0 1 2 38. I get teased a lot
0 1 2 39. I hang around with kids who get in trouble
0 1 2 40. I hear sounds or voices that other people think aren't there (describe): _____
_____
_____
0 1 2 41. I act without stopping to think
0 1 2 42. I would rather be alone than with others
0 1 2 43. I lie or cheat
0 1 2 44. I bite my fingernails
0 1 2 45. I am nervous or tense
0 1 2 46. Parts of my body twitch or make nervous movements (describe): _____
_____
_____
0 1 2 47. I have nightmares
0 1 2 48. I am not liked by other kids
0 1 2 49. I can do certain things better than most kids
0 1 2 50. I am too fearful or anxious
0 1 2 51. I feel dizzy or lightheaded
0 1 2 52. I feel too guilty
0 1 2 53. I eat too much
0 1 2 54. I feel overtired without good reason
0 1 2 55. I am overweight
56. Physical problems ***without known medical cause:***
0 1 2 a. Aches or pains (***not*** stomach or headaches)
0 1 2 b. Headaches
0 1 2 c. Nausea, feel sick
0 1 2 d. Problems with eyes (***not*** if corrected by glasses) (describe): _____
0 1 2 e. Rashes or other skin problems
0 1 2 f. Stomachaches
0 1 2 g. Vomiting, throwing up
0 1 2 h. Other (describe): _____
_____

 Be sure you answered all items. Then see other side.

Please print. Be sure to answer all items.

0 = Not True **1 = Somewhat or Sometimes True** **2 = Very True or Often True**

0 1 2 57. I physically attack people
0 1 2 58. I pick my skin or other parts of my body (describe): _____
_____
0 1 2 59. I can be pretty friendly
0 1 2 60. I like to try new things
0 1 2 61. My school work is poor
0 1 2 62. I am poorly coordinated or clumsy
0 1 2 63. I would rather be with older kids than kids my own age
0 1 2 64. I would rather be with younger kids than kids my own age
0 1 2 65. I refuse to talk
0 1 2 66. I repeat certain acts over and over (describe):
_____
_____
0 1 2 67. I run away from home
0 1 2 68. I scream a lot
0 1 2 69. I am secretive or keep things to myself
0 1 2 70. I see things that other people think aren't there (describe):_____
_____
0 1 2 71. I am self-conscious or easily embarrassed
0 1 2 72. I set fires
0 1 2 73. I can work well with my hands
0 1 2 74. I show off or clown
0 1 2 75. I am too shy or timid
0 1 2 76. I sleep less than most kids
0 1 2 77. I sleep more than most kids during day and/or night (describe): _____
_____
0 1 2 78. I am inattentive or easily distracted
0 1 2 79. I have a speech problem (describe): _____
_____
0 1 2 80. I stand up for my rights
0 1 2 81. I steal at home
0 1 2 82. I steal from places other than home
0 1 2 83. I store up too many things I don't need (describe): _____
_____
0 1 2 84. I do things other people think are strange (describe): _____
_____
0 1 2 85. I have thoughts that other people would think are strange (describe):_____
_____
0 1 2 86. I am stubborn
0 1 2 87. My moods or feelings change suddenly
0 1 2 88. I enjoy being with people
0 1 2 89. I am suspicious
0 1 2 90. I swear or use dirty language
0 1 2 91. I think about killing myself
0 1 2 92. I like to make others laugh
0 1 2 93. I talk too much
0 1 2 94. I tease others a lot
0 1 2 95. I have a hot temper
0 1 2 96. I think about sex too much
0 1 2 97. I threaten to hurt people
0 1 2 98. I like to help others
0 1 2 99. I smoke, chew, or sniff tobacco
0 1 2 100. I have trouble sleeping (describe): _____
_____
0 1 2 101. I cut classes or skip school
0 1 2 102. I don't have much energy
0 1 2 103. I am unhappy, sad, or depressed
0 1 2 104. I am louder than other kids
0 1 2 105. I use drugs for nonmedical purposes (***don't*** include alcohol or tobacco) (describe): _____
_____
_____
_____
0 1 2 106. I like to be fair to others
0 1 2 107. I enjoy a good joke
0 1 2 108. I like to take life easy
0 1 2 109. I try to help other people when I can
0 1 2 110. I wish I were of the opposite sex
0 1 2 111. I keep from getting involved with others
0 1 2 112. I worry a lot

Please be sure you answered all items.

Please write down anything else that describes your feelings, behavior, or interests:

CHILD SYMPTOM INVENTORY - 4: PARENT CHECKLIST

CHILD'S NAME	GENDER	DATE OF BIRTH	AGE
SCHOOL	GRADE	TODAY'S DATE	
NAME OF PERSON COMPLETING FORM	RELATION TO CHILD		

DIRECTIONS: CHECK WHICH RATING BEST DESCRIBES YOUR CHILD'S OVERALL BEHAVIOR. ANSWER EACH QUESTION TO THE BEST OF YOUR ABILITY.

CATEGORY A		NEVER	SOME-TIMES	OFTEN	VERY OFTEN
1.	FAILS TO GIVE CLOSE ATTENTION TO DETAILS OR MAKES CARELESS MISTAKES				
2.	HAS DIFFICULTY PAYING ATTENTION TO TASKS OR PLAY ACTIVITIES				
3.	DOES NOT SEEM TO LISTEN WHEN SPOKEN TO DIRECTLY				
4.	HAS DIFFICULTY FOLLOWING THROUGH ON INSTRUCTIONS AND FAILS TO FINISH THINGS				
5.	HAS DIFFICULTY ORGANIZING TASKS AND ACTIVITIES				
6.	AVOIDS DOING TASKS THAT REQUIRE A LOT OF MENTAL EFFORT (SCHOOLWORK, HOMEWORK, ETC.)				
7.	LOSES THINGS NECESSARY FOR ACTIVITIES				
8.	IS EASILY DISTRACTED BY OTHER THINGS GOING ON				
9.	IS FORGETFUL IN DAILY ACTIVITIES				
10.	FIDGETS WITH HANDS OR FEET OR SQUIRMS IN SEAT				
11.	HAS DIFFICULTY REMAINING SEATED WHEN ASKED TO DO SO				
12.	RUNS ABOUT OR CLIMBS ON THINGS WHEN ASKED NOT TO DO SO				
13.	HAS DIFFICULTY PLAYING QUIETLY				
14.	IS "ON THE GO" OR ACTS AS IF "DRIVEN BY A MOTOR"				
15.	TALKS EXCESSIVELY				
16.	BLURTS OUT ANSWERS TO QUESTIONS BEFORE THEY HAVE BEEN COMPLETED				
17.	HAS DIFFICULTY AWAITING TURN IN GROUP ACTIVITIES				
18.	INTERRUPTS PEOPLE OR BUTTS INTO OTHER CHILDREN'S ACTIVITIES				

CATEGORY B		NEVER	SOME-TIMES	OFTEN	VERY OFTEN
19.	LOSES TEMPER				
20.	ARGUES WITH ADULTS				
21.	DEFIES OR REFUSES WHAT YOU TELL HIM/HER TO DO				
22.	DOES THINGS TO DELIBERATELY ANNOY OTHERS				
23.	BLAMES OTHERS FOR OWN MISBEHAVIOR OR MISTAKES				
24.	IS TOUCHY OR EASILY ANNOYED BY OTHERS				
25.	IS ANGRY AND RESENTFUL				
26.	TAKES ANGER OUT ON OTHERS OR TRIES TO GET EVEN				

CATEGORY C					
27.	PLAYS HOOKEY FROM SCHOOL				
28.	STAYS OUT AT NIGHT WHEN NOT SUPPOSED TO				
29.	LIES TO GET THINGS OR TO AVOID RESPONSIBILITY ("CONS" OTHERS)				
30.	BULLIES, THREATENS, OR INTIMIDATES OTHERS				
31.	STARTS PHYSICAL FIGHTS				
32.	HAS RUN AWAY FROM HOME OVERNIGHT				
33.	HAS STOLEN THINGS WHEN OTHERS WERE NOT LOOKING				
34.	HAS DELIBERATELY DESTROYED OTHERS' PROPERTY				
35.	HAS DELIBERATELY STARTED FIRES				
36.	HAS STOLEN THINGS FROM OTHERS USING PHYSICAL FORCE				
37.	HAS BROKEN INTO SOMEONE ELSE'S HOUSE, BUILDING, OR CAR				
38.	HAS USED A WEAPON WHEN FIGHTING (BAT, BRICK, BOTTLE, ETC.)				
39.	HAS BEEN PHYSICALLY CRUEL TO ANIMALS				
40.	HAS BEEN PHYSICALLY CRUEL TO PEOPLE				
41.	HAS BEEN PREOCCUPIED WITH OR INVOLVED IN SEXUAL ACTIVITY				

CATEGORY D					
42.	IS OVERCONCERNED ABOUT ABILITIES IN ACADEMIC, ATHLETIC, OR SOCIAL ACTIVITIES				
43.	HAS DIFFICULTY CONTROLLING WORRIES				
44.	ACTS RESTLESS OR EDGY				
45.	IS IRRITABLE FOR MOST OF THE DAY				
46.	IS EXTREMELY TENSE OR UNABLE TO RELAX				
47.	HAS DIFFICULTY FALLING ASLEEP OR STAYING ASLEEP				
48.	COMPLAINS ABOUT PHYSICAL PROBLEMS (HEADACHES, UPSET STOMACH, ETC.) FOR WHICH THERE IS NO APPARENT CAUSE				

CATEGORY E		NEVER	SOME-TIMES	OFTEN	VERY OFTEN
49.	SHOWS EXCESSIVE FEAR TO SPECIFIC OBJECTS OR SITUATIONS (ANIMALS, HEIGHTS, STORMS, INSECTS, ETC.)				
50.	CANNOT GET DISTRESSING THOUGHTS OUT OF HIS/HER MIND (WORRIES ABOUT GERMS OR DOING THINGS PERFECTLY, ETC.)				
51.	FEELS COMPELLED TO PERFORM UNUSUAL HABITS (HAND WASHING, CHECKING LOCKS, REPEATING THINGS A SET NUMBER OF TIMES)				
52.	HAS EXPERIENCED AN EXTREMELY UPSETTING EVENT AND CONTINUES TO BE BOTHERED BY IT				
53.	DOES UNUSUAL MOVEMENTS FOR NO APPARENT REASON (EYE BLINKING, TWITCHING, LIP LICKING, HEAD JERKING, ETC.)				
54.	MAKES VOCAL SOUNDS FOR NO APPARENT REASON (COUGHING, THROAT CLEARING, SNIFFLING, GRUNTING, ETC.)				

CATEGORY F					
55.	HAS STRANGE IDEAS OR BELIEFS THAT ARE NOT REAL (CHILD'S FOOD IS POISONED, PEOPLE ARE TRYING TO GET HIM/HER, ETC.)				
56.	HAS AUDITORY HALLUCINATIONS--HEARS VOICES TALKING TO OR TELLING HIM/HER TO DO THINGS				
57.	HAS EXTREMELY STRANGE AND ILLOGICAL THOUGHTS OR IDEAS				
58.	LAUGHS OR CRIES AT INAPPROPRIATE TIMES OR SHOWS NO EMOTION IN SITUATIONS WHERE MOST OTHERS OF SAME AGE WOULD REACT				
59.	DOES EXTREMELY ODD THINGS (EXCESSIVE PREOCCUPATION WITH FANTASY FRIENDS, TALKS TO SELF IN A STRANGE WAY, ETC.)				

CATEGORY G					
60.	IS DEPRESSED FOR MOST OF THE DAY				
61.	SHOWS LITTLE INTEREST IN (OR ENJOYMENT OF) PLEASURABLE ACTIVITIES				
62.	HAS RECURRENT THOUGHTS OF DEATH OR SUICIDE				
63.	FEELS WORTHLESS OR GUILTY				
64.	HAS LOW ENERGY LEVEL OR IS TIRED FOR NO APPARENT REASON				
65.	HAS LITTLE CONFIDENCE OR IS VERY SELF CONSCIOUS				
66.	FEELS THAT THINGS NEVER WORK OUT RIGHT				

67.	HAS EXPERIENCED A BIG CHANGE IN HIS/HER NORMAL APPETITE OR WEIGHT (CIRCLE YES OR NO)	NO	YES
68.	HAS EXPERIENCED A BIG CHANGE IN HIS/HER NORMAL SLEEPING HABITS--CANNOT SLEEP OR SLEEPS TOO MUCH (CIRCLE YES OR NO)	NO	YES
69.	HAS EXPERIENCED A BIG CHANGE IN HIS/HER NORMAL ACTIVITY LEVEL--OVERACTIVE OR INACTIVE (CIRCLE YES OR NO)	NO	YES
70.	HAS EXPERIENCED A BIG CHANGE IN HIS/HER ABILITY TO CONCENTRATE (CIRCLE YES OR NO)	NO	YES
71.	HAS EXPERIENCED A BIG DROP IN SCHOOL GRADES OR SCHOOLWORK (CIRCLE YES OR NO)	NO	YES

CATEGORY H		NEVER	SOME-TIMES	OFTEN	VERY OFTEN
72.	HAS A PECULIAR WAY OF RELATING TO OTHERS (AVOIDS EYE CONTACT, ODD FACIAL EXPRESSIONS OR GESTURES, ETC.)				
73.	DOES NOT PLAY OR RELATE WELL WITH OTHER CHILDREN				
74.	NOT INTERESTED IN MAKING FRIENDS				
75.	IS UNAWARE OR TAKES NO INTEREST IN OTHER PEOPLE'S FEELINGS				
76.	HAS A SIGNIFICANT PROBLEM WITH LANGUAGE				
77.	HAS DIFFICULTY MAKING SOCIALLY APPROPRIATE CONVERSATION				
78.	TALKS IN A STRANGE WAY (REPEATS WHAT OTHERS SAY; CONFUSES WORDS LIKE "YOU" AND "I"; USES ODD WORDS OR PHRASES, ETC.)				
79.	IS UNABLE TO "PRETEND" OR "MAKE BELIEVE" WHEN PLAYING				
80.	SHOWS EXCESSIVE PREOCCUPATION WITH ONE TOPIC				
81.	GETS VERY UPSET OVER SMALL CHANGES IN ROUTINE OR SURROUNDINGS				
82.	MAKES STRANGE REPETITIVE MOVEMENTS (FLAPPING ARMS, ETC.)				
83.	HAS STRANGE FASCINATION FOR PARTS OF OBJECTS				

CATEGORY I					
84.	TRIES TO AVOID CONTACT WITH STRANGERS; ABNORMALLY SHY				
85.	IS EXCESSIVELY SHY WITH PEERS				
86.	IS GENERALLY WARM AND OUTGOING WITH FAMILY MEMBERS AND FAMILIAR ADULTS				
87.	WHEN PUT IN AN UNCOMFORTABLE SOCIAL SITUATION, CHILD CRIES, FREEZES, OR WITHDRAWS FROM INTERACTING				

CATEGORY J					
88.	GETS VERY UPSET WHEN CHILD EXPECTS TO BE SEPARATED FROM HOME OR PARENTS				
89.	WORRIES THAT PARENTS WILL BE HURT OR LEAVE HOME AND NOT COME BACK				
90.	WORRIES THAT SOME DISASTER (GETTING LOST, KIDNAPPED, ETC.) WILL SEPARATE CHILD FROM PARENTS				
91.	TRIES TO AVOID GOING TO SCHOOL IN ORDER TO STAY HOME WITH PARENT				
92.	WORRIES ABOUT BEING LEFT AT HOME ALONE OR WITH A SITTER				
93.	AFRAID TO GO TO SLEEP UNLESS NEAR PARENT				
94.	HAS NIGHTMARES ABOUT BEING SEPARATED FROM PARENT				
95.	COMPLAINS ABOUT FEELING SICK WHEN CHILD EXPECTS TO BE SEPARATED FROM HOME OR PARENTS				
96.	WETS BED AT NIGHT				
97.	WETS OR SOILS UNDERWEAR DURING DAYTIME HOURS				

THANK YOU!

CHILD SYMPTOM INVENTORY- 4: TEACHER CHECKLIST

Please return checklist to the office prior to your appointment

CHILD'S NAME	AGE	GENDER
SCHOOL	GRADE	DATE

NAME OF PERSON COMPLETING THIS FORM_____ POSITION_____

LENGTH OF TIME YOU HAVE KNOWN STUDENT_____ LENGTH OF TIME EACH DAY WITH STUDENT_____

TYPE OF CLASS (EG. REGULAR 2ND GRADE, RESOURCE ROOM, 8TH GRADE ENGLISH):_____

CURRENT SPECIAL EDUCATION SERVICES (E.G., RESOURCE ROOM, SPEECH THERAPY):_____

_____

CURRENT SPECIAL EDUCATION LABEL (E.G., LEARNING DISABILITY):_____

CURRENT ACADEMIC PERFORMANCE: CHECK APPROPRIATE GRADE LEVEL (G.L.)

SUBJECT	2 OR MORE YRS BELOW G.L.	1 TO 2 YEARS BELOW G.L.	AT OR ABOUT G.L.	1 TO 2 YEARS ABOVE G.L.	2 OR MORE YEARS ABOVE G.L.
READING					
WRITING					
SPELLING					
ARITHMETIC					

DIRECTIONS: CHECK WHICH RATING BEST DESCRIBES THIS CHILD'S OVERALL BEHAVIOR IN OR AROUND SCHOOL. ANSWER EACH QUESTION TO THE BEST OF YOUR ABILITY.

CATEGORY A

	NEVER	SOME-TIMES	OFTEN	VERY OFTEN
1. FAILS TO GIVE CLOSE ATTENETION TO DETAILS OR MAKES CARELESS MISTAKES				
2. HAS DIFFICULTY PAYING ATTENTION TO TASKS OR PLAY ACTIVITIES				
3. DOES NOT SEEM TO LISTEN WHEN SPOKEN TO DIRECTLY				
4. HAS DIFFICLUTY FOLLOWING THROUGH ON INSTRUCTIONS AND FAILS TO FINISH THINGS				
5. HAS DIFFICULTY ORGANIZING TASKS AND ACTIVITIES				
6. AVOIDS DOING TASKS THAT REQUIRE A LOT OF MENTAL EFFORT (SCHOOLWORK, HOMEWORK, ETC.)				
7. LOSES THINGS NECESSARY FOR ACTIVITIES				
8. IS EASILY DISTRACTED BY OTHER THINGS GOING ON				
9. IS FORGETFUL IN DAILY ACTIVITIES				

CATEGORY A

	NEVER	SOME-TIMES	OFTEN	VERY OFTEN
10. FIDGETS WITH HANDS OR FEET OR SQUIRMS IN SEAT				
11. HAS DIFFICULTY REMAINING SEATED WHEN ASKED TO DO SO				
12. RUNS ABOUT OR CLIMBS ON THINGS WHEN ASKED NOT TO DO SO				
13. HAS DIFFICULTY PLAYING QUIETLY				
14. IS "ON THE GO" OR ACTS AS IF "DRIVEN BY A MOTOR"				
15. TALKS EXCESSIVELY				
16. BLURTS OUT ANSWERS TO QUESTIONS BEFORE THEY HAVE BEEN COMPLETED				
17. HAS DIFFICULTY AWAITING TURN IN GROUP ACTIVITIES				
18. INTERRUPTS PEOPLE OR BUTTS INTO OTHER CHILDREN'S ACTIVITIES				

CATEGORY B

19. LOSES TEMPER				
20. ARGUES WITH ADULTS				
21. DEFIES OR REFUSES WHAT YOU TELL HIM/HER TO DO				
22. DOES THINGS TO DELIBERATELY ANNOY OTHERS				
23. BLAMES OTHERS FOR OWN MISBEHAVIOR OR MISTAKES				
24. IS TOUCHY OR EASILY ANNOYED BY OTHERS				
25. IS ANGRY AND RESENTFUL				
26. TAKES ANGER OUT ON OTHERS OR TRIES TO GET EVEN				

CATEGORY C

27. PLAYS HOOKEY FROM SCHOOL				
29. LIES TO GET THINGS OR TO AVOID RESPONSIBILITY ("CONS OTHERS")				
30. BULLIES, THREATENS, OR INTIMIDATES OTHERS				
31. STARTS PHYSICAL FIGHTS				
33. HAS STOLEN THINGS WHEN OTHERS WERE NOT LOOKING				
34. HAS DELIBERATELY DESTROYED OTHER'				
36. HAS STOLEN THINGS FROM OTHERS USING PHYSICAL FORCE				
38. HAS USED A WEAPON WHEN FIGHTING (BAT, BRICK, BOTTLE, ETC.)				
40. HAS BEEN PHYSICALLY CRUEL TO PEOPLE				

CATEGORY D

42. IS OVERCONCERNED ABOUT ABILITIES IN ACADEMIC, ATHLETIC, OR SOCIAL ACTIVITIES				
43. HAS DIFFICULTY CONTROLLING WORRIES				
44. ACTS RESTLESS OR EDGY				
45. IS IRRITABLE FOR MOST OF THE DAY				
46. IS EXTREMELY TENSE OR UNABLE TO RELAX				

CATEGORY E

	NEVER	SOME-TIMES	OFTEN	VERY OFTEN
49. SHOWS EXCESSIVE FEAR TO SPECIFIC OBJECTS OR SITUATIONS (ANIMALS, HEIGHTS, STORMS, INSECTS, ETC.)				
50. CANNOT GET DISTRESSING THOUGHTS OUT OF HIS/HER MIND (WORRIES ABOUT GERMS OR DOING THINGS PERFECTLY, ETC.)				
51. FEELS COMPELLED TO PERFORM UNUSUAL HABITS (HAND WASHING, CHECKING LOCKS, REPEATING THINGS IN A SET NUMBER OF TIMES)				
52. HAS EXPERIENCED AN EXTREMELY UPSETTING EVENT AND CONTINUES TO BE BOTHERED BY IT				
53. DOES UNUSUAL MOVEMENTS FOR NO APPARENT REASON (EYE BLINKING, TWITCHING, LIP LICKING, HEAD JERKING, ETC.)				
54. MAKES VOCAL SOUNDS FOR NO APPARENT REASON (COUGHING, THROAT CLEARING, SNIFFLING, GRUNTING, ETC.)				

CATEGORY F

55. HAS STRANGE IDEAS OR BELIEFS THAT ARE NOT REAL (CHILD'S FOOD IS POISONED, PEOPLE ARE TRYING TO GET HIM/HER, ETC.)				
56. HAS AUDITORY HALLUCINATIONS—HEARS VOICES TALKINGTO OR TELLING HIM/HER TO DO THINGS				
57. HAS EXTREMELY STRANGE AND ILLOGICAL THOUGHTS OR IDEAS				
58. LAUGHS OR CRIES AT INAPPROPRIATE TIMES OR SHOWS NO EMOTION IN SITUATIONS WHERE MOST OTHERS OF SAME AGE WOULD REACT				
59. DOES EXTREMELY ODD THINGS (EXCESSIVE PREOCCUPATION WITH FANTASY FRIENDS, TALKS TO SELF IN A STRANGE WAY, ETC.)				

CATEGORY G

60. IS DEPRESSED FOR MOST OF THE DAY				
61. SHOWS LITTLE INTEREST IN (OR ENJOYMENT OF) PLEASURABLE ACTIVITIES				
62. HAS RECURRENT THOUGHTS OF DEATH OR SUICIDE				
63. FEELS WORTHLESS OR GUILTY				
64. HAS LOW ENERGY LEVEL OR IS TIRED FOR NO APPARENT REASON				
65. HAS LITTLE CONFIDENCE OR IS VERY SELF CONSCIOUS				
66. FEELS THAT THINGS NEVER WORK OUT RIGHT				
69. HAS EXPERIENCED A BIG CHANGE IN HIS/HER NORMAL ACTIVITY LEVEL (CIRCLE YES OR NO)	NO		YES	
70. HAS EXPERIENCED A BIG CHANGE IN HIS/HER ABILITY TO CONCENTRATE (CIRCLE YES OR NO)	NO		YES	
71. HAS EXPERIENCED A BIG DROP IN SCHOOL GRADES OR SCHOOLWORK (CIRCLE YES OR NO)	NO		YES	

CATEGORY H

	NEVER	SOME-TIMES	OFTEN	VERY OFTEN
72. HAS A PECULIAR WAY OF RELATING TO OTHERS (AVOIDS EYE CONTACT, ODD FACILA EXPRESSIONS OR GESTURES, ETC.)				
73. DOES NOT PLAY OR RELATE WELL WITH OTHER CHILDREN				
74. NOT INTERESTED IN MAKING FRIENDS				
75. IS UNAWARE OR TAKES NO INTEREST IN OTHER PEOPLE'S FEELINGS				
76. HAS A SIGNIFICANT PROBLEM WITH LANGUAGE DEVELOPMENT				
77. HAS DIFFICULTY MAKING SOCIALLY APPROPRIATE CONVERSATION				
78. TALKS IN A STRANGE WAY (REPEATS WHAT OTHERS SAY; CONFUSES WORDS LIKE "YOU" AND "I"; USES ODD WORDS OR PHRASES, ETC.)				
79. IS UNABLE TO "PRETEND" OR "MAKE BELIEVE" WHEN PLAYING				
80. SHOWS EXCESSIVE PREOCCUPATION WITH ONE TOPIC				
81. GETS VERY UPSET OVER SMALL CHANGES IN ROUTINE OR SURROUNDINGS (CLASS SCHEDULE, ETC.)				
82. MAKES STRANGE REPETITIVE MOVEMENTS (FLAPPING ARMS, ETC.)				
83. HAS STRANGE FASCINATION FOR PARTS OF OBJECTS				

CATEGORY I

84. TRIES TO AVOID CONTACT WITH STRANGERS; ABNORMALLY SHY				
85. IS EXCESSIVELY SHY WITH PEERS				
86. IS GENERALLY WARM AND OUTGOING WITH FAMILIAR ADULTS				
87. WHEN PUT IN AN UNCOMFORTABLE SOCIAL SITUATION, CHILD CRIES, FREEZES, OR WITHDRAWS FROM INTERACTING				

OTHER PROBLEMS OR COMMENTS (ATTACH ADDITIONAL PAGE IF NEEDED.):_____