<table>
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<th>2</th>
<th>Intelligence/Cognitive Ability</th>
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<td>Achievement/Reading</td>
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<td>21</td>
<td>Visual/Auditory Perception</td>
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<td>24</td>
<td>Autism Spectrum Disorder</td>
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<td>29</td>
<td>Third Wave Treatment Guides</td>
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<td>33</td>
<td>Depression/Suicide Risk</td>
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<td>34</td>
<td>Addiction/Substance Abuse</td>
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<td>36</td>
<td>Clinical</td>
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<td>39</td>
<td>Therapeutic Play</td>
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<td>42</td>
<td>Transitions/Life Skills</td>
</tr>
<tr>
<td>43</td>
<td>Neuropsychological</td>
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</table>

**SAND**
Sensory Assessment for Neurodevelopmental Disorders
AUTISM SPECTRUM DISORDER

**SATTLER-STOELTING**
Developmental Checklist
ONLINE INTAKE FORM

**KF-PAT**
Kessler Foundation
Prism Adaptation Treatment
STROKE REHABILITATION
Leiter International Performance Scale, Third Edition (Leiter-3)
Nonverbal intelligence and cognitive abilities test, updated for expanded age groups and specific disabilities.

GALE H. ROID, PH. D., LUCY J. MILLER, PH. D.,
MARK POMPLUN, PH. D. AND CHRIS KOCH, PH. D.

**Age Range:** 3-75+ years  
**Time:** 20-45 minutes (Cognitive Scales)  
**Restricted Use:** Level B

**ENHANCED DATA ON DIFFICULT-TO-ASSESS GROUPS**  
- Attention Deficit/Hyperactivity Disorder  
- Autism  
- Cognitive Delay (severe)  
- English as a Second Language (ESL)  
- Gifted/Talented  
- Hearing Impairment (severe)  
- Learning Disability  
- Motor Delay (severe)  
- Speech/Language Impairment (severe)

The Leiter-3 evaluates nonverbal cognitive, attentional and neuropsychological abilities, and targets “typical” as well as “atypical” children, adolescents, and now adults. Its engaging, nonverbal format makes it ideal for use with individuals with Autism and Speech/Language Disorders, as well as those who do not speak English. It provides an IQ score, as well as percentile and age-equivalent scores for each subtest.

The Leiter-3 has retained the best of the widely-used Leiter-R subtests, and includes a number of new measures. It now uses a refined block-and-frame format, plus foam manipulatives, for easier manipulation by all subjects.

**DESIGNED WITH SAFETY IN MIND**

**NEW MANIPULATIVES**  
The Leiter-3 was re-designed to accommodate individuals with a wide range of cognitive and physical disabilities. Blocks are lightweight, colorful, non-toxic, and choke-safe, with rounded corners, to prevent harm to either the subject or examiner. The Frame is lightweight, yet durable, without sharp corners. Foam Pieces are durable and brightly-colored. Easel and Stimulus Books are laminated for durability and easy clean-up.

**No Cultural or Language Bias**  
Psychometric studies show the Leiter-3 to have exceptional fairness for all cultural and ethnic backgrounds.

The test is very useful for nonverbal, non-English speaking individuals, as well as those with ADHD, Autism and other Communication Disorders.

**LEITER-3 SUBTESTS**  
**Cognitive Scales (Fluid Intelligence)**  
- Sequential Order (SO)  
- Form Completion (FC)  
- Classification and Analogies (CA)  
- Figure Ground (FG)  
- Visual Patterns (VP) – optional

**Attention and Memory Scales**  
- Forward Memory (FM)  
- Attention Sustained (AS)  
- Reverse Memory (RM)  
- Attention Divided (AD)  
- Nonverbal Stroop (NS)

**EXAMINER RATING SCALE**  
- Attention  
- Organization Skills  
- Impulse Control  
- Activity Level  
- Anxiety

**SCORING**  
The Leiter-3 provides individual subtest, and numerous composite scores, that measure intelligence and discrete ability areas. Growth Scores are provided for all domains, enabling professionals to measure small, but important, cognitive shifts within a skill set, particularly important for children with cognitive disabilities. Tracking these shifts shows the improvement (growth) across time.

**LEITER-3 KIT**  
The Leiter-3 Kit includes all Manipulatives (Frame, Blocks, Foam Shapes, Stimulus Cards, Attention Divided Bowls), an Easel Book, a Stimulus Book, Scoring Keys, Administration Gestures Laminate, Record Forms, a Manual, a Timer and a Purple Marker, all in a convenient Rolling Backpack.

<table>
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<tr>
<td>34100-VD</td>
<td>Leiter-3 Training Video</td>
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Universal Nonverbal Intelligence Test, Second Edition (UNIT2)

Assesses intelligence in individuals who have speech, language or hearing impairments; different cultural or language backgrounds; or are verbally uncommunicative.

Bruce A. Bracken and R. Steve McCallum

Age Range: 5 through 21:11 years
Time: Abbreviated-10-15 min.; Standard-30 min.; Full-45-60 min.

What's New in UNIT2
- Upward extension of normative tables through age 21.11
- New Quantitative subtests replace Object Memory and Maze
- All new normative samples
- All new reliability and validity studies

UNIT2 provides an entirely nonverbal stimulus-and-response administration format. It provides a fair assessment of culturally and linguistically diverse examinees, including deaf and hard-of-hearing individuals. It can be used with exceptional students, including those with intellectual disabilities, learning disability and giftedness.

UNIT2 Incorporates Full-Color Stimuli, Manipulatives and Pointing Responses to Engage Examinees in:
- Symbolic Memory
- Analogic Reasoning
- Numerical Series
- Nonsymbolic Quantity
- Spatial Memory
- Cube Design

Seven Composite Scores:
- Memory
- Reasoning
- Quantitative
- Abbreviated Battery
- Standard Battery with Memory
- Standard Battery without Memory
- Full-Scale Battery

Normative data was collected from a comprehensive national sample of 1,802 individuals in 33 states, keyed to the U.S. Census estimates from 2014. Reliability studies include internal consistency, test-retest and scorer reliability. Coefficient alpha ranges from .88 to .96 for the subtests, and .93 to .98 for the composites. Validity studies include content-description, criterion-prediction and construct-identification. Criterion-prediction studies indicate large, to very large, correlations with CAS2, WISC-IV, SB-5, CTONI-2, WJ III Cognitive, and UMAS. Validity evidence demonstrates the UNIT2's value for the assessment of diverse groups.

The UNIT2 Kit includes Stimulus Books 1, 2 and 3; an Object Kit (16 Response Chips, Response Grids, 9 Cubes, Response Mat, 10 Symbolic Memory Cards, Administration At-a-Glance), 25 Examiner Record Forms, and a Manual, in a carrying case.

32104 UNIT2 Kit $902.00
32104R UNIT2 Examiner Record Forms, Pk/25 $79.00
32104M UNIT2 Manual $142.00

Test of Nonverbal Intelligence, Fourth Edition (TONI-4)

Practical, easy-to-use, norm-referenced measure of intelligence.

Linda Brown, Rita J. Sherbenou and Susan K. Johnsen

Age Range: 6 through 89:11 years
Time: 15-20 minutes

The TONI-4 is ideal for those who have language, hearing or motor impairments, or are not familiar with mainstream American culture. Instructions are pragmatic, with simple oral directions. Answers are given through simple gestures such as pointing, nodding or blinking.

The TONI-4 has two equivalent forms, each consisting of 60 items which are abstract/figural (devoid of pictures or cultural symbols). Educational, cultural and experiential backgrounds will not adversely affect test results.

Each item contains one or more of the salient characteristics:
- Shape
- Position
- Direction
- Rotation
- Shading
- Size
- Movement

In addition to English, instructions are included in Spanish, French, German, Chinese, Vietnamese, Korean and Tagalog. Verbal and pantomime directions are provided.

The TONI-4 Kit includes the Picture Book, Critical Reviews and Research Findings (1982-2009), 50 each of Form A and Form B Answer Booklets/Record Forms and a Manual, in a storage box.

32852 TONI-4 Kit $425.00
32852A TONI-4 Form A Answer Booklets, Pk/50 $66.00
32852B TONI-4 Form B Answer Booklets, Pk/50 $66.00
### Stanford-Binet Intelligence Scales—Fifth Edition (SB-5)

A modern revision of the standard of intelligence measurement since 1916.

**Gale Roid, Ph. D.**

**Age Range:** 2* through 85+ years  
**Time:** 50 minutes (approximately 5 minutes for each of the ten subtests)

The SB-5 provides a comprehensive profile of scores to document the cognitive strengths and weaknesses of children, adolescents and adults with learning difficulties, delays and disabilities. Child-friendly manipulatives make the SB-5 popular for preschool testing. This collection of 10 subtests provides Nonverbal, Verbal and Full-Scale IQ scores and other diagnostic indexes and offers highly-reliable assessment of intellectual and cognitive abilities.

**PAIRS OF SB-5 ITEMS MEASURE FIVE COGNITIVE FACTORS:**
- Fluid Reasoning  
- Knowledge  
- Quantitative  
- Working Memory  
- Visual-Spatial

**THE FIVE NONVERBAL SUBTESTS ARE IDEAL FOR ASSESSING:**
- Individuals with limited English  
- ADHD  
- Traumatic Brain Injury  
- Autism Spectrum Disorders  
- Deaf and hard-of-hearing  
- Nonverbal learning disabilities

### Slosson Intelligence Test—Fourth Edition (SIT-4)

- Provides quick, reliable screening of cognition  
- Large, color stimulus items for the visually impaired/blind  
- Administered and scored simultaneously

**Age Range:** 4 through 65 years  
**Time:** 10-20 minutes

Used widely in schools, institutions, hospitals and correctional facilities, the SIT-4 yields a Total Standard Score, Charts Category Standard Scores, and compares an individual’s ability to achievement. Verbally administered, it does not penalize individuals who have vision problems or reading disabilities. Crystallized verbal intelligence has the highest overall correlation to mental ability, and is widely used to assess gifted and talented, as well as abilities of the intellectually disabled.

**THE SIT-4 VERBAL COGNITIVE DOMAINS:**
1. General Information (GI)  
2. Comprehension (CO)  
3. Quantitative (QN)  
4. Similarities and Differences (SD)  
5. Vocabulary (VO)  
6. Auditory Memory (AM)

The SIT-4 Kit includes the Administration Manual, Norms Tables and Technical Manual, and 25 Score Sheets.

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<td>32207S</td>
<td>SIT-4 Full-Color Score Sheets, Pk/25</td>
<td>$74.00</td>
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*WARNING: CHOKING HAZARD Small parts. Not for children under 3 years.

### Shipley Institute of Living Scale, Second Edition (Shipley-2)

A brief, robust measure of crystallized and fluid cognitive ability.

**Walter C. Shipley, Ph. D.**

**Age Range:** 7-89 years  
**Time:** 20-25 minutes

The Shipley-2 is widely used to assess cognitive ability and impairment. Brief, and easily administered to individuals or groups, it is well-suited to educational, clinical, rehabilitation, geriatric, neuropsychological, forensic and human-resource applications.

**IDEAL FOR INTAKE SCREENING:**
- Assessing brain injuries  
- Determining eligibility for disability benefits  
- Measuring the effects of toxic exposure  
- Guiding treatment and rehabilitation

**FEATURES OF THE SB-5**

Optional “Change-Sensitive Scores” use modern Item-Response Theory (IRT) scaling to convert raw scores into criterion-referenced scores—anchored to age levels and complexity of the items at each score level. They measure absolute (across age) levels of ability, and provide a means for comparing changes in an individual’s scores over time. Relatively small “gains” or “losses” in intellectual ability can be tracked across time, with students in special education.

### UNIVERSITY TRAINING RESOURCES

The SB-5 University Training Resources contains a PowerPoint presentation and PDF documents for Tips for Examiners, Frequently Asked Questions, Assessment Service Bulletins and other resources.


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<td>32105U</td>
<td>SB-5 University Training Resources CD</td>
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*WARNING: CHOKING HAZARD Small parts. Not for children under 3 years.*
Merrill-Palmer-Revised Scales of Development

Meets requirements for early identification of developmental delays and learning difficulties.

GALE H. ROID, PH. D. AND JACKIE L. SAMPERS, PH. D.

Age Range: 1 month through 6:6 years
Time: Approximately 45 minutes
Restricted Use: Level B

Based on the 1931 Merrill-Palmer Scale, the Merrill-Palmer-R retains the types of engaging “hands-on” activities that hold the interest of even the youngest subjects. Innovative, toy-based activities assess visual-motor, learning and problem solving, using choke-safe, colorful materials.

Provides “global” assessment with separate scores for each IDEA domain
• Cognitive
• Language
• Motor (Fine and Gross)
• Social-Emotional Development
• Self-Help/Adaptive...and more

Meets the requirements of IDEA legislation
The Merrill-Palmer-R provides normative standard scores, percentiles, age equivalents and criterion-referenced, change-sensitive “growth scores” for:
• Cognitive Development—Verbal and Nonverbal Reasoning, Memory, Visual Motor and Speed of Processing
• Language Development—Receptive and Expressive Language, evaluated by Examiner and Parent
• Motor Development—Fine Motor and Gross Motor
• Social-Emotional Behavior—Developmental and Clinical Forms, rated by Examiner and Parent
• Self-Help/Adaptive Behavior—Developmental and Global rated by parents and examiners

The Merrill-Palmer-R also provides an overall Developmental Index for all assessment scales related to intellectual functioning, and additional measures of social-emotional functioning.

Addresses five major assessment needs
1. Early identification of developmental delays
2. Change-sensitive assessment of premature infants
3. Measurement of incremental improvement in development
4. Reliable and valid developmental assessment for children with limited expressive language ability
5. Comprehensive assessment required by IDEA, to develop Individual Family Service Plans (IFSP) and Individual Education Plans (IEP)

The M-P-R provides national norms, based on nearly 1,400 cases (over 200 atypical), representative of recent gender, ethnicity, socioeconomic level and geographic region. It has excellent reliability. Internal consistency for the Developmental Index is .97-.98, with other developmental scales ranging from .87-.97. The Developmental Index correlates .92 with the Bayley Mental Scale, even higher with the Leiter-R, and .80-.86 with the SB-5 abbreviated battery.


StoeltingCo.com
Complete Information and Comparison Charts

Infant-Toddler Development Assessment, Second Edition (IDA-2)

Age Range: Birth to 3 years

The IDA-2 includes the Provence Birth-to-Three Developmental Profile, a criterion-referenced measure of development in eight areas:

- Gross Motor
- Fine Motor
- Relationship to Inanimate Objects
- Language/Communication
- Self-Help
- Relationship to Persons
- Emotions and Feeling States
- Coping Behavior

The team-based, family-centered approach determines the need for monitoring, consultation, intervention or other services. The process takes into account the complexity and interdependence of health, family, and emotional/social factors.

SIX PHASES:

1. Referral and Pre-Interview Data Gathering— Confirms the referral, and gathers preliminary information about the family and child, and makes initial contact with the family.
2. Initial Parent Interview— Elicits parental concerns, and obtains

Test of Preschool Early Literacy (TOPEL)

Identifies preschoolers who are at risk for literacy problems, allowing early intervention.

Age Range: 3 to 5:11 years
Time: 25-30 minutes

Children entering kindergarten, or first grade, are expected to have sufficient knowledge of vocabulary, phonological awareness and print knowledge. Early childhood educators, special educators, psychologists, diagnosticians and other professionals can easily administer the TOPEL. TOPEL has three subtests:

- Print Knowledge—36 items which measure alphabet knowledge, and early knowledge about written language conventions and form.
- Definitional Vocabulary—35 items which measures single-word oral vocabulary and definitional vocabulary.
- Phonological Awareness—24 items which measure word elision and blending abilities.

The TOPEL has three subtests, combined to determine the Composite Score, which best represents a child’s emergent literacy skills.

Language Processing Test 3: Elementary (LPT3)

Diagnoses language processing disorders in underachieving children.

Age Range: 5 through 11:11
Time: 35 minutes

The LPT3 evaluates the ability to attach increasingly more meaning to information received, and then formulate an expressive response. The skills evaluated are discrete, and carefully controlled; beginning with simple tasks, and progressively increasing the language-processing demand placed on the student.

There are two pretests and six subtests. Each subtest builds on the skills previously evaluated.

LPT3 SUBTESTS

Pretest 1: Labeling: Name pictures with a one-word response
Pretest 2: Stating Functions: State a verb that describes the function of a specific noun
Subtest A: Associations: Name an additional item typically associated
Subtest B: Categorization: Name at least three items that belong to a specific category
Subtest C: Similarities: Compare two items and the characteristics that put them in the same category
Subtest D: Differences: Contrast two items, and state the differences
Subtest E: Multiple Meanings: State three definitions for each stimulus word
Subtest F: Attributes: Spontaneously describe a specific noun

The LPT3 Kit includes 20 Test Forms and a Manual.
Detroit Tests of Learning Aptitude-Primary, Third Edition (DTLA-P3)

*Ideal for identifying ability strengths and weaknesses in young children.*

**Age Range:** 3 through 9:11 years  
**Time:** 15-45 minutes

The DTLA-P3 is a quick, easily-administered test for measuring the general aptitude of young children. It is particularly useful in measuring the cognitive abilities of low-functioning, school-age children.

**ITS SIX SUBTESTS MEASURE ABILITIES IN:**
- Language  
- Attention  
- Motor Skills

Significant improvements have been made from previous editions. All pictures are in color, and presented on an easel, to be more appealing to children. Additional instructions are provided for the digit sequences, and design reproduction, items. Interpretation sections have been expanded.

![DTLA-P3 Kit](Image)

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<td>DTLA-P3 Kit</td>
<td>$270.00</td>
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<td>DTLA-P3 Manual</td>
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<td>DTLA-P3 Response Forms, Pk/25</td>
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<tr>
<td>DTLA-P3 Examiner Record Booklets, Pk/25</td>
<td>$95.00</td>
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Detroit Tests of Learning Abilities, Fifth Edition (DTLA-5)

*Revised and restandardized to reflect the most current research in assessment of specific cognitive abilities.*

DONALD D. HAMMILL, RONNIE L. MC GHEE AND DAVID J. EHRLER

**Age Range:** 6 through 17:11 years  
**Time:** 40 minutes to 2 hours

The DTLA-5 is an update of the oldest, and most venerable, test of specific cognitive abilities. Three subtests (Story Sequences, Story Construction and Design Sequences) were eliminated. Seven new subtests have been added.

**THE DTLA-5 INCLUDES 12 SUBTESTS:**
- Humanities/Social Studies  
- Science/Mathematics  
- Word Opposites  
- Word Associations  
- Geometric Matrices  
- Geometric Sequences  
- Sentence Imitation  
- Word Span  
- Design Reproduction  
- Reversed Letters  
- Trail Making  
- Rapid Naming

**RESULTS OF THESE SUBTESTS CAN BE COMBINED FOR FORM NINE COMPOSITES. SIX OF THESE COMPOSITES REPRESENT DIFFERENT COGNITIVE SUBDOMAINS:**
- Acquired Knowledge  
- Verbal Comprehension  
- Nonverbal Problem Solving  
- Verbal Memory  
- Nonverbal Memory  
- Processing Speed

**TWO OF THE COMPOSITES REPRESENT LARGER, IMPORTANT COGNITIVE DOMAINS:**
- Reasoning Ability  
- Processing Ability

One global composite is formed by combining the results of all 12 DTLA-5 subtests, and represents general cognitive ability. Examiners can administer the subtests from one, or both, of the DTLA-5 domains, depending on the purpose of the evaluation.

**ONLINE SCORING**

The DTLA-5 Online Scoring and Report System is a quick, efficient tool for entering test-session data. It converts subtest item scores, or subtest total raw scores, into scaled scores. Sums of scaled scores are converted into composite index scores, percentile ranks and upper and lower confidence intervals. Scores are compared to identify significant intraindividual difference, and a score summary and narrative report are provided.

**FOUR TYPES OF NORMATIVE SCORES ARE PROVIDED:**
- Age Equivalents  
- Percentile Ranks  
- Subtest Scaled Scores  
- Composite Indexes

Percentiles provide an index that is easily understood by parents, and others with whom the test results are to be shared. Subtest Scaled Scores are based on a distribution having a mean of 10, and a standard deviation of 3. Composite Indexes are based on a distribution having a mean of 100, and a standard deviation of 15. Age Equivalents are indexes of relative standing that translate subtest raw scores to what are commonly termed mental ages.

**NORMS**

DTLA-5 norms are based on an unweighted sample of 1,383 students between 6 years, 0 months and 17 years, 11 months, who were tested from 2013 through 2015. Demographic characteristics of the sample were stratified by age to conform to those of the projected U.S, school-age population for the year 2015, and are representative of the U.S. population.

**Access to the DTLA-5 Online Scoring and Report System is included with the DTLA-5 Kit, and each package of Examiner Record Booklets.**

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### Slosson Oral Reading Test– Revised (SORT-R3)

**A brief measure of reading ability.**

Supplementary Manual by Sue Larson

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<td>The TNL-2 Kit includes the Picture Book, 25 of the Examiner Booklets A and B, a Reader, and a Manual.</td>
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<tr>
<td>TRL-2 Kit</td>
<td>The TNL-2 Kit includes the Picture Book, 25 each of Examiner Booklets A and B, a Reader and a Manual.</td>
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<tr>
<td>TNL-2 Kit</td>
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The SORT-R3 remains a quick estimate of target word recognition. This reliable screening test identifies individuals with reading handicaps.

The Word List Flipcard Booklet (now available, separately, in large print) presents word lists individually, so students cannot preview word lists that are above their word-calling level.

The SORT-R3 contains 200 words, arranged in ascending order of difficulty, documents student progress in remedial programs, and can be used as a research tool in studies investigating reading problems.

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<td>33951 Sort-R3 Complete Kit</td>
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<tr>
<td>33951F Sort-R3 Word List</td>
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### Test of Oral Reading Comprehension, Fourth Edition (TORC-4)

**Identifies students who need help in reading proficiency and comprehension.**

Virginia L. Brown, Donald D. Hammill and J. Lee Wiederbott

<table>
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<tr>
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<th>Description</th>
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<tr>
<td>TERA-4 Kit</td>
<td>This kit includes the Picture Book, 25 of the Examiner Record Forms, the 8-page Student Record Booklets, 25 of the 28-page Student Question Booklets and an Examiner’s Manual.</td>
<td>$68.00</td>
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<tr>
<td>TERA-4 Student Question Booklets, Pk/25</td>
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<tr>
<td>TRL-4 Print Flipcard Booklet</td>
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TORC-4 is a multi-dimensional test of silent reading comprehension that

**TERA-4 HAS THREE SUBTESTS:**

- **Alphabet**—knowledge of alphabet and its uses
- **Conventions**—knowledge of conventions of print
- **Meaning**—comprehension of print

A composite, called the General Reasoning Index, represents overall reading ability.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
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<tbody>
<tr>
<td>32825 TERA-4 Kit</td>
<td></td>
<td>$424.00</td>
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<td>32825R TERA-4 Form A Examiner Record Booklets, Pk/25</td>
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<td>32825B TERA-4 Form B Examiner Record Booklets, Pk/25</td>
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<tr>
<td>32825P TERA-4 Picture Books A and B</td>
<td>$184.00</td>
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### Test of Early Reading Ability-4 (TERA-4)

**A direct measure of actual reading ability in young children.**

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<thead>
<tr>
<th>Item</th>
<th>Description</th>
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<tbody>
<tr>
<td>TRL-4 Kit</td>
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<tr>
<td>TRL-4 Student Question Booklets, Pk/25</td>
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<tr>
<td>TRL-4 Examiner Record Forms, Pk/50</td>
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<td>$67.00</td>
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<tr>
<td>TRL-4 Print Flipcard Booklet</td>
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Rather than assessing a child’s “readiness” for reading, the TERA-4 assesses mastery of early-developing reading skills. It can identify children who are below peers in reading development; isolate strengths and weaknesses of individual children, document progress after intervention, and can be used as part of a comprehensive assessment.

### Test of Narrative Language, Second Edition (TNL-2)

**Assesses spoken language skills critical for literacy.**

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<thead>
<tr>
<th>Item</th>
<th>Description</th>
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<tr>
<td>TNL-2 Kit</td>
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<tr>
<td>TNL-2 Print Flipcard Booklet</td>
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The TNL-2 measures a child’s ability to understand, and tell, stories—an important aspect of spoken language, not usually measured by oral-language tests. Especially useful for diagnosing language-based learning disabilities.

The number of items on the comprehension tasks has been increased, with more inferential items; more items for the youngest, low-functioning children; and more items for the oldest, high-functioning children. Scoring for the oral narratives is now similar across the three types of stories, making the TNL-2 easier to score, and more reliable.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
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<tr>
<td>31726 TNL-2 Kit</td>
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<tr>
<td>31726P TNL-2 Picture Book</td>
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</table>
Achievement/Reading


*Diagnoses reading disabilities, and identifies strengths and weaknesses.*

**Best Seller**

**Age Range:** 6 through 23:11 years  
**Time:** 20-30 minutes

The Gray Oral Reading Tests is one of the most widely-used measures of oral reading fluency and comprehension in the United States. In this fifth edition, comprehension questions have been completely revised, and items are passage-dependent. Basal and ceiling rules have been streamlined for easier, more efficient, administration.

The GORT-5 can be used to identify students who may need more intensive, or explicit, instruction in reading. It can also be used as a part of a test battery to diagnose specific reading disabilities. Comparison of intra-individual reading skills (reading rate vs. comprehension), helps tailor interventions to specific needs.

Progress can also be evaluated, through use of the two equivalent forms, which enable pre- and post-testing. GORT-5 is a standardized, norm-referenced test, making it suitable for use in reading research.

Each of its two equivalent forms contains 16 developmentally-sequenced reading passages, with five comprehension questions each. An optional miscue analysis system allows reading specialists to analyze reading errors, and tailor interventions to specific student needs.

**The GORT-5 Provides the Following Scores:**

- **Rate**—the time taken (in seconds) to read a story aloud
- **Accuracy**—the number of words pronounced correctly
- **Fluency**—a combination of Rate and Accuracy scores
- **Comprehension**—the number of questions answered correctly
- **Oral Reading Index**—a composite of Fluency and Comprehension scores

Rate, Accuracy, Fluency and Comprehension are reported as raw scores, grade- and age-equivalents, percentile ranks, and scaled scores, having a mean of 10 and a standard deviation of 3. The Oral Reading Index is reported as a standard score, based on a distribution, having a mean of 100 and a standard deviation of 15. Percentile ranks are also provided.

**The GORT-5 Kit** includes the Student Book, 25 Examiner Record Booklets each for Forms A and B, and a Manual, in a sturdy storage box.

<table>
<thead>
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<td>32847S</td>
<td>GORT-5 Student Book</td>
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<td>32847A</td>
<td>GORT-5 Form A Profile/Examiner Record Forms, Pk/25</td>
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<td>GORT-5 Form B Profile/Examiner Record Forms, Pk/25</td>
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</table>

**Gray Silent Reading Tests (GSRT)**

*Quickly and efficiently assesses silent reading comprehension ability.*

**J. Lee Wiederholt, Ed.D. and Ginger Blalock, Ph.D.**

**Age Range:** 7 through 25 years  
**Time:** 15-20 minutes, individual or group administration

The GSRT identifies individuals who might need additional assessment and intervention to improve reading comprehension. It determines areas of relative strengths and weaknesses across reading comprehension, and is useful in documenting progress in reading intervention programs.

The GSRT consists of two parallel forms, each containing 13 developmentally sequenced reading passages with five multiple-choice questions. It is useful in elementary and secondary schools, clinics, reading centers and post-secondary settings.

**The GSRT Kit** includes the Manual, 25 Profile/Response Forms, and 10 each of Reading Book Forms A and B.

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<td>GSRT Profile/Response Forms, Pk/25</td>
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<td>32858B</td>
<td>GSRT Reading Book, Form B, Pk/10</td>
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<tr>
<td>32858M</td>
<td>GSRT Manual</td>
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**Gray Diagnostic Reading Tests—Second Edition (GDRT-2)**

*Evaluates specific abilities and weaknesses in students having difficulty reading continuous print.*

**Brian R. Bryant, Ph.D., J. Lee Wiederholt, Ed.D. and Diane P. Bryant**

**Age Range:** 6 through 13 years  
**Time:** 45-60 minutes, individual administration

The GDRT-2 reflects current research in reading. Two parallel forms allow comparison of a student’s reading progress over time.

**The GDRT-2 is Comprised of Four Core Subtests, Each of Which Measures a Significant Reading Skill:**

- **Letter/Word Identification**  
- **Phonetic Analysis**  
- **Reading Vocabulary**  
- **Meaningful Reading**

Three supplemental subtests—Listening Vocabulary, Rapid Naming and Phonological Awareness—measure additional skills important in the diagnosis or teaching of developmental readers with dyslexia.

**The GDRT-2 Kit** includes the Manual, Adventures in Fantasyland Storybook, Student Books Forms A and B, and 25 each of Record Forms A and B.

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<tr>
<td>32857M</td>
<td>GDRT-2 Manual</td>
<td>$102.00</td>
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</table>

FAX: 630.860.9775 | EMAIL PSYCHTESTS@STOELTINGCO.COM | ORDER ONLINE: WWW.STOELTINGCO.COM
Test of Variables of Attention (TOVA-9)

The most widely-used computerized measure of attention and inhibitory control.

**Age Range:** 4 through 80+ years  
**Time:** 22 minutes  
**Requirement:** Windows- or Mac-Compatible PC

The TOVA-9 is a culture- and language-free computerized test, for assessment of attention disorders. It requires no left/right discrimination or sequencing. The TOVA-9 VISUAL and AUDITORY components aid in the assessment of, evaluation of, and treatment for, attention deficits, including ADHD.

Information provided by TOVA-9 is not available through self-report, or the report of others. When used along with a clinical interview and subjective measures (such as behavior ratings), a more comprehensive picture of academic, social and personal performance, and impairment, is generated.

Responses to visual or auditory stimuli are recorded with a unique, highly-accurate microswitch.

**TOVA-9 AUTOMATICALLY CALCULATES:**
- Response-time Variability (consistency)
- Response Time (speed)
- Commissions (impulsivity)
- Omissions (focus and vigilance)

These calculations are compared to a large age- and gender-matched normative sample, as well as to a sample population of individuals independently diagnosed with ADHD. These comparison results are used to create an immediately-available, easy-to-read report.

Stimuli are language- and culture-free, to help rule out attention problems, and discriminate attention disorders from learning disabilities, while minimizing cultural differences.

TOVA-9 hardware and software enable the computer to measure with millisecond accuracy. The USB device and microswitch (with photodiode) ensure accuracy of timing measures, and comparison to normative and sub-group samples. This uncompromising approach to timing ensures accurate results.

**Key Features:**
- Measures attention, and monitors treatment of attention disorders, including ADHD, Traumatic Brain Injuries and other Central Nervous System (CNS) disorders
- Sufficient duration to “catch” individuals who can partially compensate and attend 10-15 minutes
- Unique two-part paradigm with both infrequent stimulus and frequent stimulus conditions to measure attention, impulsivity, habituation to condition, and response inhibition
- Specially-designed, standardized, highly-accurate electronic microswitch to avoid inherent variability of keyboard and mouse responses
- Symptom Exaggeration Index to flag possible cases of symptom exaggeration or malingering
- Attention Performance Index compares results with identified cases of ADHD
- Integrated Cross-Test Comparisons— to identify treatment effects
- Gender-based norms from 4-80+ years
- Report printed and reviewed immediately after testing
- Results can be compared— up to 4 reports at once
- Reporting of important, new Reaction Time Distribution Parameters— from the Ex-Gaussian reaction time distribution
- Compatible Mac and Windows

Two separate tests, TOVA and TOVA-A measure Visual or Auditory processing, respectively, and feature a gender-stratified normative base of over 4,000 children and adults. It is deliberately long (21.6 minutes) and simple, to effectively test attention variables. A shorter version (10.9 minutes) is administered to 4-5-year-olds. The “go/no go” response paradigm avoids confounding variable such as complex information processing and memory.

**SINCE 1886**

Stoelting is committed to outstanding customer service and competitive pricing.

- Immediate, knowledgeable telephone response  
- In-stock items ship same day

31118  
TOVA-9 Kit  
$995.00

**INSURANCE PRE-APPROVED**

Attention, Learning and Behavior Issues are the Most Common Reasons for Referral

- Assessment for Services  
- Psychoeducation  
- Behavior/Treatment Plans

**USED BY:**
- Psychologists
- Psychiatrists
- Neurologists
- Primary-care Physicians

31118
TOVA-9 Kit
$995.00
Mindful Parenting for ADHD
Written by a pediatrician, and based in proven-effective mindfulness techniques, this book will help both the parent and child keep calm, flexible and in control. It is a valuable guide for mental health professionals, parents and caregivers.

Dr. Bertin addresses the various symptoms of ADHD, using non-technical language, and a user-friendly format. He offers guidelines to assess the child’s strengths and weaknesses; create plans for building skills and managing specific challenges; lower stress levels; communicate effectively, and cultivate balance and harmony at home and at school.

Paperback; 356 pages.

31728  Mindful Parenting for ADHD  $25.00

Practical Ideas That Really Work for Students with ADHD, Second Edition
Completely updated, based on feedback from teachers and educational professionals.
Practical Ideas… for Students with ADHD provides practical, sensible solutions for students’ problems with inattention, hyperactivity and impulsivity. It is a valuable tool for IEP committees who develop accommodations for students with ADHD, and a sourcebook for pre-referral interventions teams, who plan strategies before students are placed in specialized programs. It is also a valuable resource for teachers, behavior specialists, psychologists, counselors and administrators who must document interventions.

Materials include an easy-to-use evaluation form for rating behaviors that interfere with learning (with a matrix for selection of appropriate interventions), and a book of practical suggestions for interventions, strategies, helpful examples and reproducible forms.

THE RATING SCALE CONSISTS OF 54 ITEMS WHICH MEASURE:
• Inattention
• Hyperactivity
• Impulsivity

These areas are linked directly to the planning matrix, allowing for the selection of appropriate interventions.

The Practical Ideas… for Students with ADHD includes the Manual and 10 Evaluation Forms.

32739  Practical Ideas… for Students with ADHD (PK-Grade 4)  $63.00
32739F  Practical Ideas… for Students with ADHD (PK-Grade 4) Evaluation Forms, Pk/10  $21.00
32740  Practical Ideas… for Students with ADHD (Grades 5-12)  $63.00
32740F  Practical Ideas… for Students with ADHD (Grades 5-12) Evaluation Forms, Pk/10  $21.00

Two versions cover Preschool through 12th Grade

Practical Ideas That Really Work for Students with Disruptive, Defiant, or Difficult Behaviors, Second Edition
A valuable tool for IEP committees developing behavioral intervention plans.
“Practical Ideas” is a valuable resource for behavior specialists, psychologists, counselors and administrators who must evaluate behavior, and document interventions. Behaviors are organized into four categories, each focusing on an area of problematic behavior.

Behaviors, and corresponding interventions, ensure identification of high-priority problems, as well as maximally-effective solutions.

Two age-appropriate versions have been written for the specific, and different, needs of each age group. Children Preschool through Grade 4 benefit from an emphasis on visual communication strategies, ideal for young students. Students Grades 5-12 are helped through interventions specifically designed to meet their unique needs. Easy-to-use evaluation forms rate a student’s behavior for appropriate interventions, and documents progress.

“Practical Ideas” components (Manuals and Forms) must be ordered separately.

32637  Practical Ideas...Disruptive, Defiant, Difficult Behaviors Manual, Grades Pre-K-4  $47.00
32637F  Practical Ideas...Disruptive, Defiant, Difficult Behaviors, Grades Pre-K-4, Forms, Pk/10  $19.00
32638  Practical Ideas...Disruptive, Defiant, Difficult Behaviors, Grades 5-12, Manual  $47.00
32638F  Practical Ideas...Disruptive, Defiant, Difficult Behaviors, Grades 5-12, Forms, Pk/10  $19.00

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Test of Verbal Conceptualization Fluency (TVCF)

Measures multiple aspects of executive functions.

CECIL R. REYNOLDS AND ARTHUR MAC NEILL HORTON, JR.

Age Range: 8 through 89 years
Time: 20-30 minutes

The TVCF is a nationally-standardized, norm-referenced assessment for the following types of evaluations:
- Disability Determination under IDEA
- ADHD
- Emotional Disturbances
- Language Disorders

TVCF SUBTESTS
- Categorical Fluency—fluency of ideation, and ability to retrieve words that fit within a conceptual category
- Classification—a verbal measure of shifting, and rule induction designed as a language-based analog to the well-known Wisconsin Card Sorting Test (Stoelting No. 32435)

Test of Verbal Conceptualization Fluency

What They Are, How They Work, and Why They Evolved

RUSSELL A. BARKLEY

This groundbreaking book offers a comprehensive theory of executive functioning (EF), with important clinical implications. Synthesizing cutting-edge neuropsychological and evolutionary research, Russell Barkley presents a model of EF rooted in meaningful activities of daily life. This 242-page, hard-cover book describes how abilities such as emotion regulation; self-motivation; planning, and working memory enable people to pursue both the personal and collective goals critical to survival.

Key stages of EF development are identified, and the far-reaching individual and social costs of EF deficits are detailed. Barkley explains specific ways his model may support much-needed advances in assessment and treatment.

Executive Functions

Barkley Deficits in Executive Functioning Scales (BDEFS)

Provides information regarding specific executive functioning deficits, including those found in ADHD.

RUSSELL BARKLEY, PH. D., ABPP, ABCN

Age Range: 18 through 81 years
Time: 15-20 minutes, Long Form; 4-5 minutes, Short Form

The Barkley Deficits in Executive Functioning Scales (BDEFS) is an empirically-based tool for evaluating dimensions of adult executive functioning in daily life. It offers an ecologically-valid snapshot of the capacities involved in time management; organization and problem solving; self-restraint; self-motivation, and self-regulation of emotions. A special feature is an Adult ADHD Risk Index, in the Long Form. A valuable tool for forensic psychologists, neuropsychologists, social workers and psychiatrists.

The BDEFS is a 174-page, wire bound book with reproducible Forms.

Stoelting Co. 620 Wheat Lane, Wood Dale, Illinois 60191 USA | 800.860.9775 | 630.860-9700
Barkley Deficits in Executive Functioning Scale – Children and Adolescents (BDEFS-CA)

*Provides an ecologically-valid assessment of executive functioning deficits in daily living.*

**Age Range:** 6 through 17 years  
**Time:** 10-15 minutes-Long Form; 3-5 minutes-Short Form

The BDEFS-CA offers a snapshot of the capacities involved in time management; organization and problem solving; self-restraint; self-motivation, and self-regulation of emotions. **Evidence has shown that the BDEFS-CA is far more predictive of impairments in daily life activities that more time-consuming and costly, traditional Executive Functioning tests.**

In addition to the two Parent Forms (long and short), there is also a short Clinical Interview Form, for use in unusual circumstances, where a parent is unable to complete a Rating Scale. **Special features include an ADHD Risk Index, in the long form.**

Paperback, with convenient wire binding. 184 pages.

31002 Barkley Deficits in Executive Functioning–Children and Adolescents $175.00

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Barkley Functional Impairment Scale – Children and Adolescents (BFIS-CA)

*Assesses psychosocial impairments in 15 domains of major life activities.*

**Age Range:** 6 through 17 years  
**Time:** 5-7 minutes

To diagnose a mental disorder, or make a disability determination, clinician must assess functional impairment—not just the presence of symptoms. The BFIS-CA meets this need, and exceeds other available scales, in its comprehensive coverage of domains of psychosocial impairment.

It obtains Parent Reports in 15 different domains of everyday activities, in children and teens. Also included is a follow-up Parent Interview Form to obtain more information about specific problem areas.

Paperback with convenient wire binding. 166 pages.

31003 Barkley Functional Impairment Scale–Children and Adolescents $175.00

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Barkley Sluggish Cognitive Tempo Scale – Children and Adolescents (BSCTS-CA)

*Assesses concentration deficits in the daily life activities of children and adolescents.*

**Age Range:** 6 through 17 years  
**Time:** Less than 5 minutes

Sluggish Cognitive Tempo (SCT) is increasingly recognized as a valid attention disorder, distinct from ADHD. The culmination of more than 10 years of research and development, the BSCTS-CA is the first empirically-based, norm-referenced tool designed to assess SCT symptoms, such as chronic daydreaming, inability to focus and lethargy.

Also included is a Clinical Interview Form, based on the Rating Scale, for use when a parent is unable to complete a Rating Scale.

Paperback, with convenient wire binding. 120 pages.

31004 Barkley Sluggish Cognitive Tempo Scale–Children and Adolescents $165.00

---

**Teen Anger/Anxiety/Bullying/Depression (Pages 29-33)**

Evidence-based treatments improve outcomes in these critical areas. Look through our wide selection of Manuals using DBT, ACT and CBT principles.
ADHD/LD/BD

Barkley Adult ADHD Rating Scale-IV (BAARS-IV)

A valid and reliable tool in the diagnostic and differential diagnostic process for ADHD.

RUSSELL A. BARKLEY, PH. D., ABPP, ABCN

**Age Range:** 18 through 89 years  
**Time:** 5-7 minutes; 3-5 minutes, Quick Screen

The Barkley Adult ADHD Rating Scale-IV (BAARS-IV) offers an essential tool for assessing current ADHD symptoms, and domains of impairment, as well as recollections of childhood symptoms. Directly linked to the DSM-IV diagnostic criteria, the scale includes both Self-Report and Other-Report (Spouse, Parent or Sibling) Forms. It is ideal for clinical and forensic psychologists, neuropsychologists, social workers, psychiatrists, primary care physicians and psychopathology researchers.

**AFFORDABLE, EASY-TO-USE**

Not only is the BAARS-IV empirically based, reliable and valid, it is also exceptionally easy to use. Special features include a section of items assessing the newly-identified symptoms of sluggish, cognitive tempo, also known as the inattentive-only subtype of ADHD.

The BAARS-IV is a 150-page, wire-bound book, with reproducible Forms and Score Sheets.

**31110**  
**BAARS-IV**  
**$175.00**

---

ADHD Rating Scale-5

For children and adolescents. Revised for DSM-5.

**Age Range:** 5 through 17 years  
**Time:** 5 minutes for each scale

Widely used by educational, mental health and medical practitioners, in screening, diagnosis and treatment evaluation, the ADHD Rating Scale-5 is quick and easy to administer and score. And, its brevity and thoroughness make it an exceptional tool for assessing ADHD and measuring treatment effects.

Parent Questionnaires on home behaviors (English and Spanish) and Teacher Questionnaires on classroom behaviors, and keyed to DSM-5 diagnostic criteria for ADHD. Separate Adolescent (ages 11-17) and Child (ages 5-10) school rating scales include functional impairment items linked to each symptom dimension (inattention symptoms and hyperactive-impulsive symptoms).

The ADHD Rating Scale-5 for Children and Adolescents includes reproducible Checklists, Norms and Clinical Interpretation.

**32001**  
**ADHD Rating Scale-5**  
**$175.00**

---

Barkley Functional Impairment Scale (BFIS)

Evaluates possible impairment in 15 major domains of psychosocial functioning.

RUSSELL A. BARKLEY, PH. D, ABPP, ABCN

**Age Range:** 18 through 89 years  
**Time:** 5-7 minutes; 3-5 minutes, Quick Screen

To diagnose a mental disorder, or evaluate a disability claim, clinicians must assess functional impairment—not just the presence of symptoms. The BFIS is the first empirically-based, norm-referenced tool designed to meet this need. It is ideal for forensic psychologists, neuropsychologists, social workers, psychiatrists and psychopathology researchers.

Functional impairment is critical to the diagnosis of psychological disorders, as well as a major focus of intervention. The BFIS allows clinicians to make confident judgments about an individual’s impairment, compared to the general population, for more informed decisions about prioritizing treatment goals.

Featuring both Self-Report and Other-Report (spouse, parent or sibling) Forms, the BFIS is reliable, valid and user-friendly.

The Barkley Functional Impairment Scale is a 124-page book that includes reproducible Forms and Score Sheets.

**31109**  
**Barkley Functional Impairment Scale**  
**$175.00**
Attention Test Linking Assessment and Services (ATLAS)

Identifies ADHD and other comorbid disorders and provides biopsychosocial treatment options.

PATRICIA C. POST, PSY.D. AND GREGORY R. ANDERSON, PH.D.

Age Range: 8 through 18 years
Time: Approximately 45-50 minutes
Restricted Use: Level B

Until now, there has yet to be a measure that includes in-depth psychosocial strategies, cognitive behavioral strategies, educational intervention strategies, and biophysical referrals. This biopsychosocial approach is provided, not only for ADHD, but for various other mental health disorders, such as Oppositional Defiant Disorder, Depression, Anxiety, and Pervasive Developmental Disorders. It is appropriate for use by a variety of professionals, including teachers, educational diagnosticians, school psychologists, and clinical psychologists.

The ATLAS is the first comprehensive assessment system for diagnosing and treating ADHD, while differentiating between other possible comorbid disorders. It covers a wide variety of assessment and treatment domains with regard to ADHD, such as parent/teacher feedback, direct observation, mental health interview, and brain-based assessment.

The ATLAS is comprised of seven distinct parts:

- Part 1: Parent/Teacher Attention Report
- Part 2: General Classroom Interventions
- Part 3: Attention Performance Assessment
- Part 4: Second Level Interventions
- Part 5: Mental Health Interview Screener
- Part 6: Differential Diagnostic Instrument
- Part 7: Biopsychosocial Treatment Planner

The ATLAS may be combined, as a comprehensive system, or used individually, as separate, independent measures.

The 7 parts of ATLAS may be combined, as a comprehensive system, or used individually, as separate, independent measures.

The 7 parts of ATLAS may be combined, as a comprehensive system, or used individually, as separate, independent measures.

Attention-Deficit/Hyperactivity Disorder Test, Second Edition (ADHDT2)

Based on DSM-5 definition of Attention-Deficit/Hyperactivity Disorder.

Age Range: 5 through 7 years
Time: 3-5 minutes

The ADHDT2 helps teachers, parents and clinicians identify ADHD in individuals, and estimate its severity. It accurately discriminates children with attention-deficit/hyperactivity disorder from typical children without ADHD. Results are shown in standard scores, percentile ranks, severity levels, and probability of ADHD.

33 CLEARLY-STATED ITEMS DESCRIBE THE CHARACTERISTIC BEHAVIORS OF PERSONS WITH ADHD, GROUPED INTO TWO SUBSCALES:
- Inattention
- Hyperactivity/Impulsivity

Both subscales, and the ADHD Index, have been empirically determined to be valid, and sensitive for identification of children with ADHD. An Interpretation Guide, in the Examiner’s Manual, provides an easy, and efficient, method for assessing the probability of attention-deficit/hyperactivity disorder, and its severity. Correlations of the ADHDT2 scores, and those of other well-known diagnostic tests for ADHD, are large, or very large, in magnitude.

The ADHDT2 Kit includes 50 Summary/Response Forms, and an Examiner’s Manual, in a storage box.
ADHD/LD/BD

Remediation of Reversals
The “Magic Rulers” Program–Revised Edition
A.J. KIRSHNER
Age Range: Primary Grades through Higher Elementary Remediation Programs

The “Magic Rulers” Program provides students an error-free introduction to the reading and writing of letters and numerals.

This innovative technique uses “Magic Rulers” which prevent reversals by making it impossible to write letters or numerals on the wrong side of the printed line. Motor activities are included, to teach the shapes of letters, using the Kirshner Body Alphabet (reproducible).

The Program includes five sets of 15 “Magic Rulers” and a Manual.

For error-free reading and writing of easily-reversed letters and numerals

FOR DYSLEXIC STUDENTS OF ALL AGES

Smart but Scattered Series
The revolutionary “Executive Skills” approach to helping kids reach their potential. All books in this valuable program include Reproducible Worksheets and Forms. Written by leading experts, Dr. Richard Guare and Dr. Peg Dawson.

Smart but Scattered
Easy-to-follow steps identify a child’s strengths and weaknesses; use activities and techniques proven to boost specific skills, and problem-solve daily routines. Helpful Worksheets and Forms can be downloaded and printed.

Smart but Scattered Guide to Success
This essential guide helps map an individual’s executive skills profile, and take effective steps to boost organizational skills, time management, emotional control and nine other essential capacities.

Smart but Scattered and Stalled
Written for the young adult stalled on the journey to independence, it presents a 10-step program to help parents support grown kids to identify and address executive skills deficits, build on strengths, and set workable educational and vocational goals. Reproducible Worksheets and Forms are included.

Smart but Scattered Teens
This positive guide provides a science-based program for promoting a teen’s independence, by building their executive skills—the fundamental, brain-based abilities needed to get organized, stay focused and control impulses and emotions. These skills will help the teen grow into a self-sufficient, responsible adult.

Smart but Scattered

FOR DYSLEXIC STUDENTS OF ALL AGES

32610 Magic Rulers Program
$45.00

32770 Jordan Dyslexia Assessment/Reading Program
$133.00

32770R Jordan Program Student Workbook
$27.00

30002 Smart but Scattered
$18.00

30003 Smart but Scattered Teens
$18.00

30004 Smart but Scattered Guide to Success
$17.00

30005 Smart but Scattered and Stalled
$17.00
Dialectical Behavior Therapy Skills Workbook for Anger

Using DBT Mindfulness and Emotion Regulation Skills to Manage Anger

ALEXANDER L. CHAPMAN, PH.D., KIM L. GRATZ, PH. D. AND MARSHA M. LINEHAN, PH. D., ABPP

Written by world-renowned researchers in the field of Dialectical Behavior Therapy (DBT), this workbook offers evidence-based skills to help the client understand, accept and regulate chronic anger, and other intense emotions.

DBT is a powerful, and proven-effective treatment for regulating intense emotions, such as anger with its dialectical focus on acceptance and change.

31729 Dialectical Behavior Therapy Skills Workbook for Anger $26.00


Identify and include emotional disturbances in treatment plans

MICHAEL H. EPSTEIN • DOUGLAS CULLINAN • COREY D. PIERCE
JACQUELINE HUSCROFT-D’ANGELO • JESSICA J. WERY

Age Range: 5 through 18 years
Testing Time:
Screener: 2 minutes
Rating Scale: 10 minutes
Observation Form: 40-50 minutes
Developmental/Educational Questionnaire: 25 minutes

The Scales for Assessing Emotional Disturbance–Third Edition (SAED-3) will help special educators, education diagnosticians, school psychologists, and other professionals identify students with emotional disturbance (ED). The SAED-3 includes a norm-referenced 45-item Rating Scale, a norm-referenced 10-item Screener, a supplemental Screener Decision Summary Form, a Developmental/Educational Questionnaire, and an Observation Form. These components can be used alone, or in various combinations, to create IEP goals, supplement other Functional Behavior Assessments, document progress, and facilitate research.

RATING SCALE
A reliable, standardized, norm-referenced, five-scale instrument.

• Inability to Learn
• Relationship Problems
• Inappropriate Behavior
• Unhappiness or Depression
• Physical Symptoms or Fears

DEVELOPMENTAL/EDUCATIONAL QUESTIONNAIRE
Supplemental assessment tool.

• Information from parent or primary caregiver

OBSERVATION FORMS
Measures observable aspects of the five federal criteria for ED.

• Inability to Learn
• Relationship Problems
• Inappropriate Behavior
• Unhappiness or Depression
• Physical Symptoms or Fears

SCREENER
10-item rating scale for identifying ED.

SAED-3 Kit includes 25 each of the Rating Scales, Developmental/Educational Questionnaires, Screener and Screener Summary Forms, and Observation Forms and an Examiner’s Manual.

32632 Scales for Assessing Emotional Disturbance–Third Edition, Kit (SAED-3) $302.00
32632M SAED-3 Examiner’s Manual $69.00
32632S SAED-3 Rating Scale, Pk/25 $53.00
32632Q SAED-3 Developmental/Educational Questionnaire, Pk/25 $57.00
32632D SAED-3 Observation Form, Pk/25 $53.00
32632C SAED-3 Screeners, Pk/25 $35.00
32632F SAED-3 Screener Decision Summary Form, Pk/25 $35.00

Anger Workbook for Teens

Activities to help deal with anger and frustration.

Anger Workbook for Teens helps the teen understand how his body, and mind, respond to anger; and how to handle anger constructively. Relaxation techniques are included, for dealing with anger in a healthy way.

Anger Workbook for Teens includes 37 exercises designed to show effective skills, to deal with feelings of rage, without “losing it”. By completing just one 10-minute worksheet a day, the teen will find out what triggers his anger, look at reactions, and learn skills and techniques for getting anger under control. The teen will develop a personal “anger profile”, learn to notice the physical symptoms of rage, and find out how to calm those symptoms, and respond more sensitively.

31706 Anger Workbook for Teens $18.00
Transforming Troubled Children, Teens, and Their Families

An Internal Family Systems Model for Healing

ARThUR G. MONES, PH. D.

Transforming Troubled Children… presents the first comprehensive application of the Internal Family Systems (IFS) therapy model, for work with youngsters and their families.

This book helps clinicians understand a child's problems, amidst the reactivity of parents and siblings, and to formulate effective treatment strategies. This is a “nonpathologizing” system, and contextual approach, that brings forward the natural healing capacity within clients. Dr. Mones also shows how to open the emotional system of a family, so parents can let go of their agendas, and interact in a loving, healthy, self-led way.

Therapy vignettes address issues such as trauma; anxiety; depression; somatization; oppositional and self-destructive behavior in children, along with undercurrents of attachment injury.

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<td>Transforming Troubled Children, Teens, and Their Families</td>
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BEST VALUE COMBINATION KITS

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<td>31460C</td>
<td>KidsWorld Board Game, and Transforming Troubled Children Combo</td>
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<tr>
<td>31460D</td>
<td>KidsWorld Board Game, Therapist’s Guide, and Transforming Troubled Children Combo</td>
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</table>

More Internal Family Systems Model Products

Page 38

AfterTime: Survival

A post-apocalyptic board game for teens, to encourage positive, emotional decision making.

SETH SOLWAY, PSY.D. AND ELLIS COPELAND, PH.D.

AfterTime: Survival will captivate adolescent players as a game, and provide socio-emotional psychoeducation, through decision-making, to rebuild society. Based on theories of positive psychology and social-emotional learning, AfterTime: Survival has demonstrated positive effects on emotional regulation, cooperation, and other wellness traits. Players compete, as they race to amass resource points to rebuild society. The game takes a turn when players must cooperate, and negotiate with each other, in reconstruction efforts. They must balance their own needs with the needs of the community.

The game has many applications, and can be used in wellness programs in schools to proactively teach positive decision making. Clinicians can use this game to facilitate discussions about decision making, and its application in real life. It can also be played in a family setting, with family members negotiating roles, and examining their decision-making process.

An exciting video trailer, and companion comic book, draw the teens into the dark world, and adventure, into which they will embark.

AfterTime: Survival includes the Game Board, all Game Pieces, a Video Trailer, Instructions and a Facilitator’s Guide.

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<td>AfterTime: Survival</td>
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The Anger Control Game

Teaches children the skills for anger control.

BERTHOLD BERG, PH. D.

The Anger Control Game focuses on six skills:

- Empathizing with the victims
- Distinguishing between aggressive and non-aggressive acts
- Using self-control statements to diffuse anger
- Generating and evaluating alternatives to aggression
- Identifying feelings underlying anger
- Evaluating the opinions of others

ANGER CONTROL WORKBOOK

Sold separately, this popular Workbook teaches children how to control anger and deal with interpersonal conflict.

ANGER CONTROL STORYCARDS

Perfect for therapists who want to add structure to a client-centered approach.

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<td>32124W</td>
<td>Anger Control Workbook</td>
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<tr>
<td>32124C</td>
<td>Anger Control StoryCards</td>
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Escape from Anger Island

Teaches anger control skills to children in grades 1-5.

Escape from Anger Island is a fun, and inventive, way to help kids learn about anger, especially when time is limited. Each of the six skills is the focus of a 15-minute session.

Players start on Anger Island, and move around the board attempting to avoid the dinosaur, and escape to the island represented by the skill.

The six skills are:
- Problem solving
- Knowing “hot buttons”
- Self-talk
- Reducing stress
- Talking out conflicts
- Relaxation

ESCAPE FROM ANGER ISLAND LEARNING OBJECTIVES

WILL TEACH STUDENTS TO:
- Learn six anger control skills
- Stop and think before acting aggressively
- Focus on helping themselves, rather than hurting others
- Build confidence in handling situations that provoke anger
- Improve the ability to get along with, and keep, friends
- Develop improved frustration tolerance

Stop That Angry Thought

MAX NASS, LMHC

Age Range: 6 and up

Using two internal dialog techniques, this deck of cards can help children stop anger in its tracks. By simply playing cards, they learn to envision a stop sign whenever their anger is triggered, and to replace their own anger with more positive responses.

The deck includes 37 pairs of cards. Each pair includes a “situation” card and a corresponding “response” card. As youngsters react to hypothetical situations that might normally trigger anger, they see a big, red STOP sign on each response card—a cue to stop the angry thought and come up with a better alternative.

Stop That Angry Thought can be used to play either of two familiar card games: Concentration or Fish. For 2-4 players.

Anger Alert!

Helps kids tune in to the physical warning signs of anger.

This clever card game introduces kids to these “anger alerts” and teaches 10 easy strategies to calm down, and retain composure. As players race to get rid of their cards, they respond to anger-provoking situations. But, before responding, they must wait seven seconds. This delay reminds kids to stop, and think, before they act.

Anger Alert includes a Leader’s Introductory Guide, a Poster (Anger Warning Signs/Anger Controls), 50 Anger Sparks Cards, 4 Impulse Control Timers, 10 Anger Warning Sign Cards and 6 Swap Cards.
Emotional Disturbance Decision Tree (EDDT)
Identifies children who qualify for Emotional Disturbance category, based on federal criteria.

BRIAN L. EULER, PH.D.

Age Range: 5 through 18 years
Time: 15 through 20 minutes
Restricted Use: Level B

The EDDT is the first instrument to provide a standardized approach to the assessment of Emotional Disturbance (ED). It is useful for school psychologists, counseling/clinical psychologists, guidance counselors, evaluation specialists, teachers, educational diagnosticians, and speech/language pathologists within the school setting, as well as within juvenile correctional facilities.

Children who are socially maladjusted do not meet the criteria for special education services for an ED, unless deemed both socially maladjusted and emotionally disturbed. The EDDT treats social maladjustment (SM) as a supplemental trait, and assesses it after ED characteristics have been assessed.

The EDDT encompasses all of the federal criteria, and addresses the broad emotional and behavioral nuances in those requiring special education services for an ED. Designed by a working school psychologist, the EDDT includes five sections that correlate with the specific components of the federal criteria, enabling evaluators to work through each criterion—one by one.

CHARACTERISTIC SCALES CONSIST OF:
• Behaviors or Feelings
• Pervasive Mood/Depression
• Physical Symptoms or Fears
• EDDT Total Score
• Inability to Build or Maintain Relationships

SCREENING ITEMS ARE INCLUDED WITHIN TWO CLUSTERS:
• Attention Deficit/Hyperactivity
• Possible Psychosis/Schizophrenia

The EDDT addresses the severity and educational impact that emotional and behavioral problems have on students.

EDDT PARENT FORM (EDDT-PF)
The EDDT-PF adds the parental perspective when evaluating for possible ED. It offers a standardized approach to gathering parent information about the child’s functioning in areas that meet federal ED criteria.

The EDDT Kit includes 25 each of the EDDT Reusable Item Booklets, Response Booklets, Score Summary Booklets and the Manual in a soft-sided attaché case. The EDDT-PF Kit includes 25 each of the EDDT-PF Reusable Item Booklets, Response Booklets, Score Summary Booklets and a Manual.

EDDT/EDDT-PF Combination Kit includes both Kits in a case.

31108E EDDT Kit $253.00
31108R EDDT Response Booklets, Pk/25 $98.00
31108S EDDT Score Summary Booklets, Pk/25 $37.00
31108I EDDT Reusable Item Booklets, Pk/25 $52.00
31108M EDDT Manual $94.00
31108P EDDT-PF Kit $253.00
31108-PR EDDT-PF Response Booklets, Pk/25 $98.00
31108-PS EDDT-PF Score Summary Booklets, Pk/25 $37.00
31108-PI EDDT-PF Reusable Item Booklets, Pk/25 $52.00
32108 EDDT-SR Decision Tree Self-Report $253.00

Additional Forms at StoeltingCo.com

BEST VALUE COMBINATION KIT

EDDT/EDDT-PF Combination Kit includes both Kits in a case.

31108C EDDT/EDDT-PF Combination Kit $499.00

Anxiety Survival Guide for Teens
CBT Skills to overcome fear, worry and panic.

Based in Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT), this “survival guide” helps the teen identify “monkey mind”—the primitive part of the brain where anxious thoughts arise. The teen will be able to identify generalized anxiety, phobias, social anxiety, panic and agoraphobia, obsessive-compulsive disorder (OCD), or separation anxiety.

Full of powerful, yet simple, cartoon illustrations, this book teaches practical strategies for handling even the toughest anxiety-producing situations. This book provides much-needed, go-to guidance to help the teen break free from worries that impede success.

Paperback; 256 pages.

31708 Anxiety Survival Guide for Teens $18.00

DBT Skills in Schools (DBT STEPS-A)
Skills training for emotional problem solving for adolescents.

Dialectical Behavior Therapy (DBT) skills have been demonstrated to be effective in helping adolescents manage difficult emotional situations, cope with stress, and make better decisions. Written by leading experts in DBT and school-based interventions, this unique manual offers the first non-clinical application of DBT skills.

INCLUDES EXPLICIT INSTRUCTIONS FOR THE FOLLOWING DBT SKILLS:
• Mindfulness
• Distress Tolerance
• Emotion Regulation
• Interpersonal Effectiveness

THE BOOK INCLUDES:
• 30 Lesson Plans, with reproducible tools
• 99 Handouts
• Diary Card
• 3 Student Tests

The large-size format, and lay-flat binding facilitate photocopying. Purchasers also get access to a Web page, where the reproducible materials can be downloaded and printed. Complete lesson description online.

Paperback; 490 pages.

31710 DBT Skills in Schools $48.00
**Survive and Thrive with Auditory Learning Disabilities: Strategies for Teens, Parents and Teachers**

**Practical techniques to understand and treat Auditory Processing Disorder.**

LORAINE ALDERMAN, PSY.D.

Often not recognized for many years, young people with Auditory Processing Disorder (APD) and the people in their lives, can feel inadequate and challenged to understand information. Even after diagnosis, individuals may be confused about the disorder, and how to best to achieve their full potential.

This unique book is accessible and entertaining for youth, parents, and professionals. This allows the entire treatment team to have the same information, and for everyone to be on the same page. Practical exercises at the end of each chapter help create an action plan for adolescents. Clinicians can use these action plans as exercises for psycho-educational groups.

**Don’t You Get It?**

**Living with Auditory Learning Disabilities**

A guide for parents and professionals.

HARVEY EDELL, JAY R. LUCKER, ED. D., CC-A/SLP, FAAA
AND LORAINE ALDERMAN, PSY. D.

Don’t You Get It? is a unique, comprehensive book written by people who live with Auditory Processing Disorder (APD), and have learned to learn, grow, and survive and succeed from childhood into adulthood. It offers unique insights from personal perspectives, struggles and achievements.

Ever realize that you, or someone you know, does not recognize subtle differences between sounds in words, even though the sounds are loud and clear? For example, “chair and couch” might sound like “hair and cow” to someone with APD. Or a low tapping, or clicking, noise can drown out a louder conversation? These kinds of problems are experienced daily by people with APD, even if they are paying attention.

**I Get It! I Get It!**

**How John Figures it Out**

LORAINE ALDERMAN, PSY.D.
AND YVONNE CAPITELLI

I Get It! I Get It! is a beautifully-illustrated hard-cover book about a boy who feels frustrated—and not smart. He is having difficulty at school, and at home, and begins to feel overwhelmed. The adults in his life think he is inattentive, and not trying hard enough.

**Same Journey, Different Paths**

**Stories of Auditory Processing Disorder.**

Auditory Processing Disorder (APD) is considered a “hidden disorder,” which is difficult to diagnose, and is often mistaken for something else. The literature, and resources, for someone with APD are minimal, contributing to a sense of isolation through discovery and treatment.

“Survive and Thrive” has fun artwork to build interest and help make information digestible. It treats teens as equal partners in their APD treatment and teaches them strategies for self-advocacy;

Extremely practical, “Survive and Thrive” walks individuals through the entire APD diagnosis process, including how to best navigate systems to utilize available assets. Resources are identified, and parents will learn they are not alone. They will learn how to penetrate the often confusing world of school systems to obtain educational support.

Illustrated by examples and biographies, including the author’s own family struggles with APD. Her resilience and determination to become a clinical and school psychologist, treating youth with this disorder, show that APD does not have to limit potential.

---

**INDIVIDUALS WITH APD:**

- Have trouble paying attention to information presented orally
- Need more time to process information
- Have problems with relationships
- Have difficulty with vocabulary, reading, comprehension, spelling, and understanding language or directional tasks
- Mimic symptoms of Attention Deficit Disorder, causing misdiagnosis and incorrect treatment

Don’t You Get It? looks at three generations of the same family, and others, who have lived with APD. It demonstrates the struggles of these individuals, and illustrates how they overcame their problems in communicating and learning. This is the handbook for anyone who has, or knows anyone who has, even mild Auditory Processing Disorder.

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**Children with Auditory Processing Disorder (APD) find the world a confusing, challenging place. Although they do not have a “hearing loss,” they often “mis-hear” and misinterpret directions they receive auditorily.**

Colorful, expressive illustrations follow John’s journey from confusion to triumph, good self-esteem, and “figuring it out.” At the end of the story, a Glossary of Terms, Ways You Can Help Your Child at Home and in School, and a Resources List are included.

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**Same Journey, Different Paths is a wonderfully-comprehensive book, written by parents and individuals with APD. It takes you into the lives of these individuals, and describes the struggles encountered when trying to discover, and cope with, APD. Through the sharing of these experiences, others can learn, and get the help they need to be successful in school and life.**

The book provides an in-depth look at APD, including symptoms, causes, effects, getting a diagnosis and treatment. It includes resources for obtaining more information, and a glossary of terms.
Assesses visual-motor integration functioning with expanded age range.

GARY G. BRANNIGAN AND SCOTT L. DECKER

**Bender Visual-Motor Gestalt Test, Second Edition (Bender-Gestalt II)**

**Assess visual-motor integration function**

**Age Range:** 4 to 85 years  
**Time:** 10-15 minutes

The Bender Visual-Motor Gestalt Test, Second Edition (Bender-Gestalt II) is a brief assessment of visual-motor integration and one of the most widely used psychological tests. Provides interpretive information about an individual’s development and neuropsychological functioning.

**THE BENDER-GESTALT II OFFERS INSIGHT INTO:**
- ADHD
- Mental Retardation
- Giftedness
- Learning Disabilities
- Autism
- Alzheimer’s Disease

The Bender II consists of a series of template cards, each displaying a unique figure. The individual draws each figure as he or she observes it.

**Motor-Free Visual Perception Test-4 (MVPT-4)**

An updated, streamlined version of the classic test.

RONALD P. COLARUSSO, ED. D AND DONALD D. HAMMILL, ED.D.

**Age Range:** 4 through 80+ years  
**Time:** 20-25 minutes

The MVPT-4 is the only non-motor, visual perceptual assessment that can be used throughout the lifespan.

**Designed for screening and research by psychologists, occupational therapists, educational specialists, optometrists and others** who may need to determine the overall ability to discern, and understand, visual stimuli. It is one of the most widely-used visual perceptual assessments for re-certifying adult drivers after head injury or stroke.

**THE MVPT-4 ASSESSES:**
- Visual Discrimination
- Spatial Relationships–
- Visual Memory
- Figure-Ground
- Visual-Closure

The MVPT-4 Kit includes 25 Record Forms, Test Plates and a Manual.

**Test of Visual Perceptual Skills-Fourth Edition (TVPS-4)**

An easy-to-use assessment for determining visual-perceptual strengths and weaknesses

**Age Range:** 5 through 21 years  
**Time:** 25 minutes

The TVPS-4 is widely used by professionals, including occupational therapists, learning specialists, optometrists and school psychologists.

It utilizes black-and-white line drawings, bound in an easel-style booklet. Items are presented in a multiple-choice format, requiring only minimal verbal or motor (pointing) responses. It is ideal for use with individuals who have impairments in motor, speech, neurological or cognitive functions.

**The TVPS-4 Kit includes the Test Plates, 25 Record Forms and the Manual.**

**Visual/Auditory Perception**

*STOELTING CO. 620 WHEAT LANE, WOOD DALE, ILLINOIS 60191 USA | 800.860.9775 | 630.860-9700*
Developmental Test of Auditory Perception (DTAP)

A carefully-targeted measure of auditory perception, unconfounded by reasoning.

Age Range: 6 through 18:11
Time: 30 minutes

The DTAP is a battery of five item sets that measure different, but interrelated, aspects of auditory perception. It assesses auditory perception without invoking higher-order verbal reasoning, or extensive memory capacity. It can be administered by psychologists, speech-language pathologists, general and special educators, neuropsychologists and diagnosticians.

Items are presented from a CD, to standardize presentation of the language item sets, and to include non-language sounds. The DTAP uses a simple response format, easily understood even by children in the primary grades. Using language-related, and non-language related sounds, pairs of stimuli are presented, and examinees indicate whether the pairs are the same or different.

Test of Auditory Processing Skills-4 (TAPS-4)

An updated version of the Test of Auditory Processing Skills.

Age Range: 5 through 21 years
Time: 60-90 minutes

TAPS-4 identifies particular language processes with which an individual may be having difficulties. It features new subtests, along with updates to subtests from the TAPS-3. It also includes audio administration for the subtests in which proper pronunciation of speech sound is critical. This allows a greater degree of standardization, and accuracy, over the testing process.

TAPS-4 SUBTESTS:
- Processing Oral Directions (without background noise)—ability to process, and recall, oral directions when presented in quiet listening conditions
- Word (Pair) Discrimination—ability to discriminate whether a word pair is the same, or different
- Phonological Deletion—ability to discriminate whether a word pair is the same, or different
- Phonological Blending—ability to manipulate phonemes within words
- Phonological Awareness—ability to synthesize a nonsense word, given the individual phonemes.

Auditory Processing Abilities Test (APAT)

Identifies children who are at-risk, or may be experiencing, Auditory Processing Disorder.

Age Range: 5 through 12 years
Time: 45 minutes or less
Restricted Use: Level B

The APAT is a nationally-standardized, norm-reference battery which determines a child’s risk of Auditory Processing Disorder (APD), and identifies specific strengths and weaknesses. It also documents improvement in auditory processing skills, as a result of therapeutic interventions. A valuable assessment for psychologists, speech-language pathologists, learning disabilities specialists and resource specialists.

FIVE ITEM SETS
- Phonemes in Isolation
- Word Discrimination
- Rhyming Sounds
- Tonal Patterns
- Environmental Sounds

THE ITEM SETS ARE DIVIDED INTO:
- Language Auditory Perception Index (LAPI)
- Non-language Auditory Perception Index (NAPI)

The LAPI and NAPI are combined to form the Composite Auditory Perception Index (CAPI), which is the best measure of auditory perception.

The APAT is an updated version of the Test of Auditory Processing Abilities (TAPA). It is a carefully-targeted measure of auditory perception, unconfounded by reasoning. It assesses auditory perception without invoking higher-order verbal reasoning, or extensive memory capacity. It can be administered by psychologists, speech-language pathologists, learning disabilities specialists and resource specialists.

The APAT Kit includes 25 each of the Test Booklets and Summary Sheets, a Manual, and an Administration Audio CD.

 Restricted Use: Level B

The APAT Kit includes 25 Test Booklets, an Administration Audio CD and a Manual.

Test of Auditory Processing Skills-4 (TAPS-4) Kit

30347 TAPS-4 Kit $230.00
30347T TAPS-4 Test Booklets, Pk/25 $95.00

Developmental Test of Auditory Perception (DTAP) Kit

31319 DTAP Kit $211.00
31319S DTAP Student Record Forms, Pk/25 $54.00
31319E DTAP Examiner Record Forms, Pk/25 $54.00
31319C DTAP Administration CD $53.00
SAND
Sensory Assessment for Neurodevelopmental Disorders (SAND)
The only observational assessment and caregiver interview for classifying sensory reactivity
PAIGE SIPER, PH.D. AND TERESA TAVASOLI, PH.D.

Age Range: 2-12 years
Time: 20 minutes

Keeping with gold-standard Autism assessment practices, SAND combines a clinical observation with a caregiver interview. It directly examines sensory hyperactivity, hypoactivity, and seeking behaviors (unusual sensory interests) across visual, tactile, and auditory domains.

SAND is not dependent on verbal ability. It is appropriate for use in severely-affected or minimally-verbal populations. It is a low-cost and low-burden tool that can be used by clinicians across a variety of disciplines. Well-researched and evidence-based, the SAND accurately identifies the presence of sensory issues, representative of autism, and classifies the type of issue.

Use of the SAND helps drive treatment planning to specific target symptoms. The observation AND interview format provides more comprehensive information than one source alone.

Scoring options include cut-off scores for each scale, along with probabilities, to adjust cutoff criteria to meet assessment needs.

USED FOR:
• Part of a comprehensive ASD diagnostic process
• Treatment planning to target specific symptoms
• Evaluation of response to interventions
• Quantitative measure for research purposes
• Observation and Interview together increase scope and accuracy of symptom evaluation

WHY CLASSIFY SENSORY REACTIVITY?
Not all sensory reactivity is the same. Auditory hyporeactivity behavior and its implications are very different than tactile seeking behavior, for example. It should be treated and accommodated differently. Providing recommendations that target the specific symptoms will help the individual succeed across settings and help stakeholders intervene and provide support appropriately.

WHY OBSERVATION AND INTERVIEW?
Information from a trained clinician and informant who knows the individual well is the gold-standard for obtaining the most well-rounded, balanced, and thorough information. Caregivers will have knowledge of a child across multiple settings and over the child’s life. Qualified professionals will have expert knowledge and standardized assessment methods to compare a child’s behavior against others. Parents can provide information about how a behavior is different at home than at the testing session. Clinicians will be able to recognize behaviors that might have become normalized to the parents.

COMMONLY USED BY:
• Psychologists
• School psychologists
• Medical doctors (i.e., child and adolescent psychiatrists, developmental pediatricians)
• Occupational therapists
• Licensed professional mental health counselors
• Social workers
• Speech language pathologists

Key Features:
• First clinician-administered observational assessment and corresponding caregiver interview for quantifying sensory symptoms
• Directly examines sensory hyperreactivity, hyporeactivity, and seeking behaviors (i.e. unusual sensory interests) across visual, tactile, and auditory modalities
• Keeping with gold-standard autism assessment practices, combines a clinical observation with caregiver interview
• Not dependent on verbal ability—appropriate for use in profoundly affected populations
• Low cost and low burden tool that can be used by clinicians across a variety of disciplines

WHY CLASSIFY SENSORY REACTIVITY?
Not all sensory reactivity is the same. Auditory hyporeactivity behavior and its implications are very different than tactile seeking behavior, for example. It should be treated and accommodated differently. Providing recommendations that target the specific symptoms will help the individual succeed across settings and help stakeholders intervene and provide support appropriately.

The SAND Kit includes all Manipulatives, 25 Record Forms with Interview, Observation and Summary Sheets, a Manual, plastic display Tote and a wheeled Carrying Case.

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<td>36100R</td>
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<td>36100M</td>
<td>SAND Manual</td>
<td>$86.00</td>
</tr>
</tbody>
</table>
Structured Methods in Language Education

An entire program to develop language skills in students with profound disabilities and limited verbal skills.

ENID G. WOLF-SCHEIN, ED. D., CCC-SLP

SMILE is a complete language/literacy program, easily implemented and shown to be effective in teaching language skills to individuals of all ages, with profound disabilities. It uses progressive methods of instruction and drills in phonics, word building, comprehension, fluency, sentence structure, and reading of narrative and informational texts.

It is a step-by-step, multisensory program, based on the Association Method, to teach spoken language, reading and writing, in an integrated way, to individuals struggling with the most severe language learning and literacy problems. It has been used successfully with a wide variety of students with special-needs, including those with Autism, Traumatic Brain Injury, intellectual deficits, hearing and vision disorders, and other problems.

Complete description of Language Modules StoeltingCo.com

Checklist for Autism Spectrum Disorder (CASD)

Clinically-practical and cost-effective

SUSAN D. MAYES, PH. D.

Age Range: 1 through 17 years
Time: 15 minutes

The CASD offers a quick, valid means of screening for, and diagnosing, children with Autism, regardless of age, IQ or Autism severity. It consists of a comprehensive list of 30 symptoms of Autism, scored as present (either currently, or in the past) or absent, based on a semi-structured interview with the parent; information from the child’s teacher or child care provider; observations of the child, and other available records.

Studies show the CASD differentiates children with Autism from those with ADHD with 99.5 per cent accuracy, and from typical children with 100 per cent accuracy. It is equally effective in identifying children who have Autism and normal, or below normal, intelligence. The CASD covers all core and associated symptoms of Autism.

THE 30 CASD SYMPTOMS ARE GROUPED IN SIX DOMAINS:

- Problems with social interaction
- Perseveration
- Somatosensory disturbance
- Problems with attention and safety
- Atypical communication and development
- Mood and behavior disturbance

Consistent with DSM-5 view of Autism as a single spectrum disorder

CASD ADVANTAGES

- Appropriate for all levels of intelligence
- Appropriate for toddlers through adolescence
- Simple and brief
- Provides information for diagnostic reports and treatment plans
- Clinically practical and cost-effective
- No extensive training required
- No test materials, software or scoring templates

Reliability and validity information found online.

The CASD Kit includes 25 Interview Forms and a Manual.

34210 CASD Kit $150.00
34210R CASD Interview Forms Pk/25 $88.00
34210-RE CASD SPANISH Interview Forms, Pk/25 $65.00
34210-VD CASD Training DVD $84.00

Checklist for Autism Spectrum Disorder, Short Form (CASD-SF)

Diagnostic accuracy comparable to CASD.

Age Range: 1 through 17 years
Time: 5 minutes

Briefer and easier for clinicians, parents and teachers to complete, than the CASD, it still includes symptoms in each of the DSM-5 Autism Spectrum Disorder symptom domains. Six CASD items were statistically chosen to identify children with autism. CASD-SF is able to discriminate between children with Autism Spectrum Disorder, and those with ADHD, with great accuracy. The CASD-SF has excellent diagnostic agreement with the CASD, ADI-R and CARS.

The CASD-SF Kit includes 25 Interview Forms and a Manual.

34210S CASD-SF Kit $110.00
34210-SR CASD-SF Interview Forms, Pk/25 $36.00
34210-SRE CASD-SF SPANISH Interview Forms, Pk/25 $33.00

SMILE

It can readily be learned by speech-language pathologists and regular and special education teachers. Intelligible speech, and literacy, can be a goal for any student. With SMILE, and incorporating appropriate modifications, almost all pupils—including those with the most severe language learning disorder, hearing impairment, or other significant handicaps, should achieve success.

SMILE teaches habits of attention and imitation, going from the most basic attending skills, to the use of language in a descriptive and conversational manner. It works well with Auditory-Verbal, ABA and other approaches.

SMILE is divided into five Language Modules, each building upon the other. An important part of the routine for each Module is the production of personalized Reading Books, and Workbooks, that are started only after a skill is learned. The books contain material familiar to the individual student, and are adapted to meet the individual’s visual capability.

The SMILE Kit includes 5 Supplementary Teacher’s Guides (one for each module) which contain Forms, Worksheets and Activities. Also included are Sound, Word and Picture Flash Cards, and a Flash Drive to print out pupil Workbooks.

32766 SMILE Kit $320.00
### Autism Spectrum Rating Scale (ASRS)

**DSM-5 Scoring Update**

Identifies symptoms, behaviors and associated features of Autism Spectrum Disorders.

SAM GOLDSTEIN, PH. D. AND JACK A. NAGLIERI, PH. D.

**Age Range:** Ages 2-5 and 6-18 years  
**Time:** 20 minutes  
**Restricted Use:** Level B

The ASRS is an easy-to-use assessment intended for psychologists, school psychologists, clinical social workers, physicians, counselors, psychiatric workers and pediatric/psychiatric nurses. Using a five-point Likert rating scale, parents, teachers and caregivers evaluate how often specific behaviors are observed. These behaviors include:

- Socialization  
- Communication  
- Sensory Sensitivity  
- Self-Regulation

The ASRS includes a Total Score, a DSM-5 Scale, ASRS Scales and Treatment Scales. The comprehensive scales are:

<table>
<thead>
<tr>
<th>ASRS</th>
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<tbody>
<tr>
<td>Social/ Communication (SC)</td>
<td>Unusual Behaviors (UB)</td>
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### Behavior Rating Instrument for Autistic and Other Atypical Children, Second Edition (BRIAAC)

Most comprehensive inventory for assessment of these special children.

BERTRAM A. RUTTENBERG, M.D., CHARLES WENAR, PH.D.  
AND ENID G. WOLF, ED.D., CCC-SLP

**Age Range:** Autistic children of all ages  
**Time:** Untimed, observational

The BRIAAC uses standardized procedures for observing behavior to evaluate the status of a wide range of low-functioning, atypical and autistic children. It can be used with autistic children of all ages.

### Autism Diagnostic Interview-Revised (ADI-R)

Useful for diagnosing Autism, treatment planning.

MICHAEL RUTTER, M.D., FRS, ANN LECOUTEUR, M.B.B.S.  
AND CATHERINE LORD, PH. D.

**Age Range:** Children and Adults with a mental age above 2 years  
**Time:** 1-2 hours, including scoring

The ADI-R provides a thorough assessment of individuals suspected of having Autism, or other Autism Spectrum Disorders. It is useful for formal diagnosis, as well as educational planning and treatment.

#### THE 93 ADI-R ITEMS FOCUS ON THREE FUNCTIONAL DOMAINS:

- Language/Communication  
- Reciprocal Social Interactions  
- Restricted, Repetitive and Stereotyped Behaviors and Interests

### Treatment Scales

- Peer Socialization (PS)  
- Adult Socialization (AS)  
- Social/Emotional Reciprocity (SER)  
- Atypical Language (AL)  
- Stereotypy (ST)  
- Behavioral Rigidity (BR)  
- Sensory Sensitivity (SS)  
- Attention/Self-Regulation (ASR)—2-5 years only  
- Attention—6-8 years only

The ASRS Handscored Kit with DSM-5 Scoring Update includes 25 ASRS (2-5 years) Parent/Teacher/Short QuikScore Forms, 25 ASRS (6-18 years) Parent/Teacher/Short QuikScore Forms (updated with DSM-5 Scoring) and a Manual. All Forms and Kits include the DSM-5 Scoring Update.

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<td>32112-QT</td>
<td>ASRS (2-5 years) Teacher/Childcare Provider QuikScore Forms, Pk/25</td>
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<tr>
<td>32116</td>
<td>ASRS (6-18 years) Handscored Kit</td>
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Each of the seven BRIAAC scales begins with the most severe autistic behavior, and progresses to behavior roughly comparable to that of a normal 3-1/2–4-1/2 year-old. Two additional scales assess non-vocal communication, for those children who use manual communication, due to vocal and/or hearing deficits.

#### BRIAAC SCALES

- Relationship to an Adult  
- Communication  
- Drive for Mastery  
- Vocalization and Expressive Speech  
- Sound and Speech Reception  
- Social Responsiveness  
- Psychobiological Development

The BRIAAC Kit includes the Manual, Report Form Masters and permission to reproduce the Report Forms.

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<tr>
<td>37030X</td>
<td>Reproducible Masters and Permission to make 50 copies of BRIAAC forms</td>
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### Interview Questions Cover:

- Background  
- Overview of behavior  
- Early development  
- Language acquisition  
- Current functioning  
- Social development and play  
- Interests and behaviors  
- Clinically-relevant behaviors

The NEW Comprehensive Algorithm Form allows calculation and interpretation of any one of five, age-specific ADI-R algorithms.

The ADI-R Kit includes 10 Interview Booklets (85 pages each), 10 Comprehensive Algorithm Forms and a Manual. Scoring CD must be ordered separately.

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<td>ADI-R Kit</td>
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<td>ADI-R Unlimited Use Scoring CD</td>
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<td>32895A</td>
<td>ADI-R Comprehensive Algorithm Forms, Pk/10</td>
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Childhood Autism Rating Scale, Second Edition (CARS2)
Revised and enhanced, CARS2 covers the entire Autism Spectrum, including Asperger’s Syndrome

ERIC SCHOPLER, PH.D., MARY E. VAN BOURGONDIEN, PH. D., GLENNIA JANETTE WELLMAN, PH. D. AND STEVEN R. LOVE, PH. D.

Age Range: 2 years and older
Time: Untimed

The CARS is one of the most widely-used and empirically-validated Autism assessments. It has proven especially effective in discriminating between children with Autism and those with severe cognitive deficits, and distinguishing mild-to-moderate from severe Autism.

CARS2 expands the test’s clinical value, making it more responsive to individuals on the “high functioning” end on the Autism Spectrum—those with average or higher IQ scores, better verbal skills and more subtle social and behavioral deficits. While retaining the simplicity, brevity and clarity of the original test, CARS2 adds forms and features that integrate diagnostic information, determine functional capabilities, provide feedback to parents, and designed targeted intervention.

CARS2 INCLUDES THREE FORMS:
• Standard Version (CARS2-ST) Rating Booklet—equivalent to the original CARS, for use with individuals younger than 6 years, and those with communication difficulties, or below-average estimated IQs
• High-Functioning (CARS2-HF) Rating Booklet—an alternative for assessing verbally-fluent individuals, 6 years and older, with IQ scores above 80
• Questionnaire for Parent of Caregivers (CARS2-QPC)—an unscored scale that gathers information for making SARS2-ST and CARS2-HF ratings

The clinician rates the individual on each item, using a 4-point response scale. Ratings are based not only on frequency of the behavior in question, but also on its intensity, peculiarity, and duration. While this more nuanced approach gives greater flexibility in integrating diagnostic information, it still yields quantitative results.

The Standard and High-Functioning Forms (CARS2-ST and CARS2-HF) each include 15 items addressing the following functional areas:
- Relating to People
- Imitation (ST); Social-Emotional Understanding (HF)
- Body Use
- Emotional Response (ST); Emotional Expression and Regulation of Emotions (HF)
- Object Use (ST); Object Use in Play (HF)
- Adaptation to Change (ST); Adaptation to Change/Restricted Interests (HF)
- Visual Response
- Listening Response
- Taste, Smell and Touch Response and Use
- Fear or Nervousness (ST); Fear or Anxiety (HF)
- Verbal Communication
- Nonverbal Communication
- Activity Level (ST); Thinking/Cognitive Integration Skills (HF)
- Level and Consistency of Intellectual Response
- General Impressions

The CARS2 Kit includes 25 each of the ST and HF Rating Booklets, Questionnaires for Parents or Caregivers, and a Manual.

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<td>32137-ST</td>
<td>CARS2 Standard Version Rating Booklets, Pk/25</td>
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<td>32137-HF</td>
<td>CARS2 High-Functioning Rating Booklets, Pk/25</td>
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<tr>
<td>32137-PC</td>
<td>CARS2 Questionnaire for Parents or Caregivers, Pk/25</td>
<td>$46.00</td>
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Social Responsiveness Scale, Second Edition (SRS-2)
Offers the convenience of a screener, and the power of a diagnostic tool.

Age Range: Preschool–2:5 through 4:5 years
School-Age–4 through 18 years
Adult–19 years and up

Time: 15-20 minutes

The SRS-2 identifies social impairment associated with Autism Spectrum Disorders (ASD), and quantifies the severity. It detects subtle symptoms, and differentiates clinical groups, both within the Autism Spectrum, and between ASD and other disorders.

The SRS-2 looks at subtle, reciprocal social behavior as in natural, everyday settings. Impairment in reciprocal social behavior is the defining characteristic of Autism.

The Preschool and School-Age Forms are completed by the parent or teacher. The Adult Form is completed by a relative or friend. The Adult Self-Report Form is an optional form.

Numerous independent studies demonstrate the SRS-2 is unmatched in its ability to measure severity of social impairment in the mildest, most common, forms of ASD—including Social Communication Disorder—a new diagnosis proposed for the DSM-5.

IN ADDITION TO A TOTAL SCORE, THE SRS-2 GENERATES SCORES FOR:
- Social Awareness
- Social Cognition
- Social Communication

THE SRS-2 INCLUDES DSM-5 COMPATIBLE SUBSCALES:
- Social Communication and Interaction
- Restricted Interests and Repetitive Behavior

Scores on these subscales allow easy comparison of client symptoms to DSM-5 diagnostic criteria for ASD.

The SRS-2 Software Kit includes unlimited-use software and a Manual.
The SRS-2 Hand-Scored Kit includes AutoScore Forms and a Manual. Adult and Child/Adolescent Software Kits available online

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<td>32990</td>
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<tr>
<td>32990P</td>
<td>SRS-2 Preschool AutoScore Forms, Pk/25</td>
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<td>32990-AR</td>
<td>SRS-2 Adult Self-Report AutoScore Forms, Pk/25</td>
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Autism Spectrum Disorder

Conversation Basics and Beyond: Functional Activities for Teens and Adults with ASD

A workbook of activities to develop, and improve, essential conversation skills.

LARRY IRWIN KLEIMAN AND PAUL F. JOHNSON

Written for older children, adolescents and adults, Conversation Basics…provides lists of topics, situations and intents. The material is also appropriate for individuals with adult-onset aphasia or cognitive impairments, young adults with emotional disorders, at-risk teens, and English Language Learners (ELL).

ACTIVITIES INCLUDE:
• Sentence Completion
• Turn-starter Cues
• Question Prompts
• Matching Multiple Choice
• Conversation Scripts
• Conversation Maps
• Blank Templates

OPTIONS FOR USE WITH INDIVIDUALS, OR GROUPS, INCLUDE REPRODUCIBLE ACTIVITIES TO:
• Model functional conversation turn-taking
• Role-play conversation scenarios, and create custom conversations, using ready-made outlines
• Teach new social expressions, feelings and idioms
• Practice spoken conversation in therapy sessions
• Provide follow-up practice, with family or friends, at home
• Give students written assignments
• Provide a foundation for helping advanced students use conversation skills in everyday situations such as Email, text messaging or social media posts
• Stimulate ideas, and listener perspective, when leading socialization, self-advocacy and counseling groups
• Expand reasoning, imagination and critical thinking, using some of the more advanced activities, to challenge higher-functioning learners

Conversation Basics…is a 208-page softcover book.

Clue Cards

Useful with children with Asperger’s Syndrome.

Clue Cards help children and teens learn to perceive and understand the “details” of social presentation. An informative instruction booklet offers clear guidelines for using the five card decks. They are a great way to help children develop the habit of noticing and inferring in social situations.

CARD DECKS INCLUDE:
• Get a Clue– Children find “clues” in 15 social situations, and make inferences
• Faces and Feelings– 40 cards to link expressions with emotions
• Body Language– Matching photos and captions to explore body language for clues about thoughts and feelings
• The 5 W’s– Children analyze 10 social scenes by asking “who-what-where-when-why?”
• In Other Words– Kids learn 30 idioms and 26 proverbs that often pop in social conversation

Autism Playbook for Teens

Imagination-based mindfulness activities to calm, build independence, and connect with others.

The Autism Playbook…offers a unique, strengths-based approach to help teens with Autism Spectrum (including Asperger’s Syndrome) develop social skills, strengthen communication, and thrive.

The delightful, and creative, activities are grounded in well-documented clinical observations, and current empirical studies. They also take into account the real neurological differences that exist in young people with Autism, and focus on the unique pathways needed to connect with, and inspire, these exceptional teenagers.

Activities, in each chapter, are custom-designed to work with the unique perspectives, sensory processing, neurological strengths and challenges that teens with Autism bring into their encounters with the social world. These activities help the teen gain an authentic awareness of the surroundings, leading to better social interaction.

This is the only book available to teens with Autism, that specifically integrates mindfulness skills and imaginative, scripted role-playing activities, for building authentic social experiences.

Paperback; 168 pages.

32712 Autism Playbook for Teens  $18.00
### Evidence-Based Treatment Manuals, Based in CBT, Improve Treatment Outcomes

- Techniques
- Curriculums
- Group/Individual/Family Therapy

### DBT Principles in Action

*Helps clinicians navigate challenging clinical situations, and move therapy forward.*

Written by a leading DBT authority, offers numerous vivid case examples, illustrating DBT in action. It will provide the clinician the knowledge and confidence to meet the complex needs of each client, while implementing DBT.

DBT Principles in Action also shows how to use skills and strategies that flow directly from the fundamental paradigms of acceptance, change and dialectics.

Hardcover; 414 pages.

| 31732 | DBT Principles in Action | $95.00 |

### DBT Made Simple

*A step-by-step guide to Dialectical Behavior Therapy.*

DBT has rapidly become one of the most popular, and effective, treatments for all mental health conditions rooted in out-of-control emotions. This guide provides clinicians with everything they need to start using DBT in therapy sessions.

The first part of this book covers the theory and research behind DBT, and explains how it differs from cognitive behavioral therapy (CBT) approaches. The second part focuses on strategies to use in individual client sessions.

| 31733 | DBT Made Simple | $45.00 |

### A Mindfulness-Based Stress Reduction Workbook, Second Edition

This ultimate, practical guide to mindfulness-based stress reduction has now been fully revised and updated. Two experts present a step-by-step, 11-week program for effective stress reduction.

| 30017 | Mindfulness-Based Stress Reduction Workbook, Second Edition | $26.00 |

### ACT Made Simple—Second Edition

*An easy-to-read primer on Acceptance and Commitment Therapy.*

ACT Made Simple takes the complex theory and practice of ACT, and makes it accessible to therapists, and their clients. This practical and entertaining primer is ideal for ACT newcomers as well as experienced ACT professionals. Widely used by therapists and life coaches.

It offers clear explanations of the six ACT processes, and a set of real-world tips and solutions, to rapidly and effectively implement. The book provides everything needed to start using ACT with impressive results.

**ACT MADE SIMPLE INCLUDES:**

- Scripts
- Exercises
- Metaphors and Worksheets
- Guide to implementing ACT
- Transcripts from therapy Sessions

Paperback; 392 pages.

| 33731 | ACT Made Simple - Second Edition | $45.00 |

### More ACT Resources

- Learning ACT
- A CBT Practitioner’s Guide to ACT

---

**BEST SELLER**

**S.T.O.P. and Relax**

A yoga-based relaxation curriculum to teach self-calming and build resiliency skills. Page 32

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**33732**

**DBT Made Simple**

- Dialectical Behavior Therapy Skills Workbook
- DBT Skills Training Manual, Handouts and Worksheets

StoeltingCo.com
Suicide Probability Scale (SPS)
Provides a rapid, accurate measure of suicide risk, allowing routine screening in outpatient settings.

**Age Range:** 14 years and up  
**Time:** 5-10 minutes  
**Restricted Use:** Level C

Based on a sample of more than 1,100 individuals provided separately for normal, psychiatric patients and lethal suicide attempters.

The SPS Kit includes 25 Test Forms, 25 Profile Forms and a Manual.

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<td>32819</td>
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<td>32819F</td>
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<td>32819R</td>
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<td>$73.00</td>
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CBT Strategies for Anxious and Depressed Children and Adolescents: A Clinician’s Toolkit
Engaging, creative activities, allowing treatment flexibility, for individuals 7-18 years.

With a large-size format, for easy photocopying, this book provides 167 full-color reproducible tools for use in Cognitive Behavioral Therapy (CBT).

Illustrated with vivid case examples, the introductions to each module offer vital clinical pointers, and describe when and how to use the various forms. The authors provide tips for sequencing treatment, troubleshooting common difficulties, and addressing developmental and cultural considerations.

Access is provided to a Web page, to download and print the reproducible handouts and worksheets. Paperback; 326 pages.

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<td>32216</td>
<td>CBT Strategies for Anxious and Depressed Children and Adolescents</td>
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Teens—Social Skill Strategies
Teaches social skills, through active learning, to help teens thrive in today’s world.

Real life comes to the teens, as they practice new skills, and begin to change negative behaviors. Awareness of societal expectations, empathy, ethics, and altruism are not taught—but are lived, through simulated, and actual, situations. Verbal and nonverbal communication; social graces; the desire to fit in; diversity; inclusion; finding and being a friend; family relationships; forgiveness; first love; break-ups; humanitarianism and other topics are featured. Social issues, including abuse prevention, are addressed.

1. Communication  
2. Expectations  
3. Fitting In  
4. Friendship  
5. Family  
6. Teen Love  
7. Caring

Teens—Social Skill Strategies includes facilitator-reproducible Activities for groups and individuals. 138 pages.

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Teen Self-Esteem Workbook
Helps teens engage in self-reflection, to enhance healthy self-esteem.


Attention Deficit Disorder, Learning Disabilities and Behavior Disorders negatively affect self-esteem. Identify and treat these leading causes of referral. Pages 10-20

SELF-ASSESSMENTS, JOURNALING ACTIVITIES AND EDUCATIONAL HANDOUTS:
- Teen Self-Esteem  
- Teen Self-Worth  
- Teen Self-Awareness  
- Teen Self-Responsibility  
- Teen Assertiveness

Teen Self-Esteem Workbook includes facilitator reproducible Self-Assessments, Exercises and Educational Handouts.

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Mindfulness for Teen Depression

Steps to work through depression symptoms, troubling thoughts and feelings.

MITCH R. ABBLETT PHD, AND CHRISTOPHER WILLARD PSYD

This valuable resource will empower the teen to feel better, more energized, and begin to reach for goals—one step at a time. Effective skills, based in mindfulness and positive psychology, to help manage difficult emotions, gain distance from negative thoughts, and enhance awareness of the present moment are taught.

IT INCLUDES ACTIVITIES AND EXERCISES, FOR BOTH BODY AND MIND:
- Mindful Meditation
- Walking
- Yoga
- Healthy Eating and Sleeping Tips

Paperback; 144 pages

31715 Mindfulness for Teen Depression $20.00

Suicidal Ideation Questionnaire (SIQ)

Screens for suicidal ideation in adolescents.

WILLIAM M. REYNOLDS, PH.D.

Age Range: Grades 7 through 9 (SIQ-JR), Grades 10 through 12 (SIQ)
Time: Approximately 10 minutes

The SIQ assesses the frequency of suicidal ideation and serves as a valuable component in a comprehensive assessment of adolescent mental health. It provides an initial source of information on an adolescent’s thoughts about suicide, from which more detailed evaluations may be obtained.

The SIQ consists of 30 items and is appropriate for students in Grades 10-12. The SIQ-JR consists of 15 items and is designed for students in Grades 7-9. Both self-report inventories can be administered in individual or small group settings. The SIQ and SIQ-JR provide a mechanism for informing adults/professionals of an adolescent’s level of distress and suicidal intent. As such, it can be used to evaluate and monitor troubled youth, as well as to evaluate large-scale intervention/prevention programs.

The SIQ Introductory Kit includes the Manual, 25 each of the SIQ and SIQ-JR Hand-Scorable Answer Sheets, and Scoring Keys for both the SIQ and SIQ-JR.

32747 SIQ Introductory Kit $278.00
32747R SIQ (Hand-Scorable) Answer Sheets, Pk/25 $86.00
32747S SIQ Scoring Key $31.00
32747-JR SIQ-JR (Hand-Scorable) Answer Sheets, Pk/25 $86.00
32747-JS SIQ-JR Scoring Key $31.00

Dialectical Behavior Therapy with Suicidal Adolescents

Offers the latest thinking on core elements of DBT, specific to treating adolescents.

This highly-practical book adapts the proven techniques of Dialectical Behavior Therapy (DBT) to treatment of multi-problem adolescents, at risk for suicide and self-injury. It is ideal for use by mental health practitioners, including psychologists, psychiatrists and clinical social workers, who treat multi-problem adolescents and their families.

The authors, who are master clinicians, take the reader step-by-step through understanding and assessing severe emotional dysregulation in teens, and implementing individual, family and group-based interventions.

CHAPTERS IN THIS BOOK ARE:
1. Suicidal Behaviors in Adolescents: Who is Most at Risk?
2. What Do We Know About Effective Treatments for Suicidal Adolescents?
3. Dialectical Behavior Therapy: Treatment Stages, Primary Targets and Strategies
4. CBT Program Structure: Functions and Modes
5. Dialectical Dilemmas for Adolescents: Addressing Secondary Targets
6. Assessing Adolescents: Suicide Risk, Diagnosis and Treatment Feasibility
7. Orienting Adolescents and Families to Treatment and Obtaining Commitment
8. Individual Therapy with Adolescents
9. Including Families in Treatment
10. Skills Training with Adolescents
11. Assessing Progress, Running a Graduate Group, and Terminating Treatment
12. Program Issues

Appendix A. Mindfulness Exercises for Adolescents
Appendix B. Walking the Middle Path Skills: Lecture and Discussion Points
Appendix C. Handouts for Walking the Middle Path Skills

Dialectical Behavior Therapy with Suicidal Adolescents includes 30 Mindfulness Exercises, Lecture Notes, 12 Reproducible Handouts, and a completely new DBT Skills Training Module, for adolescents and their families.

Hardcover; 346 pages.

31716 Dialectical Behavior Therapy with Suicidal Adolescents $39.00
S.T.O.P. and Relax
A yoga-based relaxation curriculum to teach self-calming, and build resiliency skills.

LOUISE GOLDBERG, M.A., C-IAYT, SALLY MILLER, M.ED, DEBRA KRODMAN-COLLINS PH.D, DANIELA MORALES, M.ED.

Age Range: All ages

S.T.O.P. and Relax provides yoga-based relaxation training, with therapeutic benefits, for students with special needs. It was designed by a team of experts in yoga therapy, autism education and school psychology.

USED SUCCESSFULLY WITH:
- Autism Spectrum Disorders
- Sensory Processing Disorder
- Communication Disorders
- Attention Deficit Hyperactivity Disorder
- Anxiety

Customizable to address specific individual, group or program issues. It can also be integrated to support home use. This complete relaxation program is valuable in treatment programs, therapeutic camps and school programs.

A COMPLETE CURRICULUM
More than a “yoga break” for classrooms, S.T.O.P. and Relax systematically develops self-regulation skills, reducing reactions of anxiety and frustration and replacing them with calm, reflective responses. Regular practice supports functional use of the innovative “S.T.O.P.” self-calming procedure, increasing and generalizing skills for coping with academic, social, and emotional stresses. The curriculum offers digital and/or printed versions of the instructor’s manual, visual cue cards, lesson plans, posters, props, progress-monitoring tools, and more, along with audio tracks of music and guided imagery.

DEVELOPED BY EXPERTS FOR EASE OF USE
A yoga therapist, psychologist, and two special education teachers designed S.T.O.P. and Relax to equip teachers, therapists, and parents with step-by-step instructions and visual and auditory supports. Testimonials confirm that the curriculum is well-organized, enjoyable, and user-friendly.

HIGHLY ADAPTABLE
S.T.O.P. and Relax is in use in general and special education classrooms, clinics, agencies, and homes, with individuals aged three years to adult - across the United States, and in countries such as England, Australia, and Canada. Providing advice for selection of yoga postures and instructional approaches, supported by visual cues, the curriculum makes practice accessible to individuals challenged by verbal communication, abstract concepts, attention deficits, and/or physical limitations. Instructors choose postures and adapt lesson lengths to fit varied settings and schedules.

EVIDENCE-BASED
S.T.O.P. and Relax integrates methods supported by research, including the National Autism Center’s 2009 National Standards Report. These include yoga, progressive relaxation, modeling, visual prompts, and story-based intervention.

31352 S.T.O.P. and Relax Curriculum $215.00

Safe Dates–Third Edition
Complete curriculum for adolescents to develop skills for healthy relationships.

Every year, 1 in 4 adolescents experience verbal, physical, emotional, or sexual abuse from a dating partner according to the Centers for Disease Control and Prevention. Preventing dating violence is the best approach to reduce its impact on developing youth. Safe Dates, Third Edition is an effective evidence-based program that helps teens recognize the difference between caring, supportive relationships and controlling, manipulative, or abusive relationships. It is during the critical pre-teen and teen years that young people begin to learn the skills needed to create and foster positive relationships. With Safe Dates, young people are given the tools needed to build these skills. Highly engaging and interactive, Safe Dates reflects the issues faced by today’s teens.

THE CURRICULUM INCLUDES:
- Updated statistics and facts
- Information on dating abuse through technology
- All handouts and parent resources on CD-ROM

32260 Safe Dates- Third Edition $295.00

Anxiety Survival Guide for Teens
CBT Skills to overcome fear, worry and panic.

Based in Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT), this “survival guide” helps the teen identify “monkey mind”—the primitive part of the brain where anxious thoughts arise. The teen will be able to determine if he suffers from generalized anxiety; phobias; social anxiety; panic and agoraphobia; obsessive-compulsive disorder (OCD), or separation anxiety.

31708 Anxiety Survival Guide for Teens $18.00
**Correa-Barrick Depression Scale (CBDS)**

**Correa-Barrick Postpartum Depression Scale (CBPDS)**

*Measure the severity of depression, as well as changes over time.*

CHRISTINA B. BARRICK, PH. D. AND ELSE I. CORREA, M.D.

The CBDS and CBPDS are 20-item Visual Analog Scales (VAS), which are less taxing for depressed respondents. They are ideal for hospitals, private practice, colleges, clinics, home setting, health departments and government and military agencies.

The VAS measures a characteristic, or attitude, believed to range across a continuum of values, which is not easily directly measured. In this format, the spectrum appears continuous, and the depression does not take discrete jumps, such as a range from “None” to “Severe” would suggest.

**PTSD and Suicide Screener (PSS)**

Quickly screens for PTSD and suicide risk.

**Age Range:** 18 through 99 years  
**Time:** 1-5 minutes  
**Restricted Use:** Level S or B

The PSS is a one-page, self-report consisting of just 14 items. It includes two new items, and 12 items taken from the Detailed Assessment of Posttraumatic Stress (DAPS). It is helpful in determining PTSD, and suicide risk, for individuals exposed to a variety of traumas.

**THESE TRAUMAS INCLUDE:**  
- Childhood abuse  
- Adult sexual or physical assaults  
- Disasters  
- Motor vehicle accidents  
- Shootings and stabblings  
- Burns  
- Life-threatening illnesses  
- Invasive medical procedures  
- Military deployment

**Abuse Disability Questionnaire (ADQ)**

Quickly screens for psychological impairment associated with domestic abuse.

JOHN R. MCNAMARA, PH.D., ABPP

**Age Range:** 18 years and older  
**Time:** 10 minutes or less, self-report

The Abuse Disability Questionnaire (ADQ) is a psychological, self-report screening test designed to assess both the extent of partner abuse, and its associated consequences. These consequences may create a disabling or impairing psychological perspective that affects the way life is viewed, evaluated and lived.

Easily incorporated into intake procedures at most types of human service organizations, the ADQ is a brief, easy-to-use, self-report screener, which can be completed by individuals with only an elementary school education. While not intended to provide a comprehensive psychological assessment of abuse, the ADQ gives an indication of the amount of the abuse, and its effect on a number of life areas. This valuable information can then be immediately used to identify, and provide, appropriate psychological, social and psychiatric client services.

Both assessments include a Color-Sensitivity Impairment feature, not found in other depression scales. This new construct was tested using psychometric assessments and statistical factor analysis, and was identified as “Sensory-perceptual Alteration. Items are reverse worded to prevent response bias.

Administration may be individual or to a group. Items are formatted according to a 10 cm line on the Visual Analogue Scale (VAS), anchored by word descriptors at each end. Respondents specify their level of agreement by indicating a position along a continuous line. The score is determined by measuring the point the patient marks. This unique, new method has been granted a U.S. patent.

The CBDS Kit includes 25 CBDS Record Forms and a Manual. The CBPDS Kit includes 25 CBPDS Record Forms and a Manual.

- **31456** CBDS Kit $145.00
- **31456R** CBDS Record Forms, Pk/25 $67.00
- **31457** CBPDS Kit $155.00
- **31457R** CBPDS Record Forms, Pk/25 $67.00

**BEST VALUE COMBINATION KIT**

Includes one each of the complete Kits

- **31457C** CBDS and CBPDS Combination Kit $280.00

**PTSD RISK (PR) SCALE**

Items from the DAPS, which tap into aspects of all PTSD clusters in both the DSM-IV-TR and the DSM-5. These items best predict PTSD status.

**SUICIDE RISK (SR) SCALE**

Items from the DAPS Suicidality Scale, which best index suicidal thoughts and behaviors.

The PSS Kit includes 25 Answer Sheets and a Manual.

- **31450** PSS Kit $118.00
- **31450R** PSS Answer Sheets, Pk/25 $55.00
- **31450M** PSS Manual $67.00

**THE 30 ADQ ITEMS COVER EIGHT SUBSCALES:**

- Relationship Disability  
- Psychological Dysfunction  
- Substance Abuse  
- Anxiety  
- Life Restriction  
- Health Status Issues  
- Inadequate Life Control  
- Concern with Physical Harm

**RESPONSES ON THESE ITEMS DETERMINE THE LEVEL OF IMPAIRMENT:**

- **Low**—No major personality or psychological problems present. The individual is able to function in life roles such as wife, mother, worker, etc.
- **Mild**—Does not view life positively. Strain may be evidenced in coping with everyday life issues. Adjustment disorders and depression may be seen.
- **Moderate**—Life is viewed negatively. Strain may cause temporary disruption in activities, such as absence from work, or sleeping all day. The presence of a psychiatric condition is likely.
- **Severe**—Life is viewed as quite negative. A cessation of activities may occur. The presence of a psychiatric condition is very likely.

The complete ADQ includes a Manual, pads of 50 Questionnaire Forms, and 50 Profile Forms.

- **32501** Abuse Disability Questionnaire, Complete Kit $89.00
- **32501R** Abuse Disability Questionnaire/Profile Form, Pad of 50 $54.00
- **32501M** Abuse Disability Questionnaire Manual $41.00
Internet Addiction Test (IAT)  
**Internet Addiction Test for Families (IAT-F)**  
Measures the presence and severity of Internet and technology addiction, now viewed as a clinical disorder, requiring assessment and treatment.  
KIMBERLY S. YOUNG, PH. D.

**INTERNET ADDICTION TEST (IAT)**  
**Age Range:** Middle School through Adult  
**Time:** 5-10 minutes; 15 minutes, if administered verbally  
**Restricted Use:** Level A

**INTERNET ADDICTION TEST FOR FAMILIES (IAT-F)**  
**Age Range:** Elementary School through High School  
**Time:** 5-10 minutes; 15 minutes, if administered verbally  
**Restricted Use:** Level A

While the Internet is a relatively new technology, that has impacted the world, and provided many benefits, it has also had negative ramifications. Individuals unable to control their use are jeopardizing school, employment and relationships. The concept of “Internet Addiction” is used to explain uncontrollable, damaging use of technology. It is characterized as an impulse control disorder, comparable to pathological gambling, because of the overlapping diagnostic criteria and symptomatology.

The IAT and IAT-F have emerged as the first validated measures of Internet and technology addiction. They capture the problematic behavior associated with compulsive use of technology, including compulsive use of online games and social media, online gambling and porn.

The assessments can be administered in a variety of mental health settings, including private practice clinics, schools, hospitals and residential programs, as part of an intake assessment, when there is suspicion of internet addiction. They are also valuable pre-employment screening devices, to detect internet addiction among job candidates, to improve productivity and reduce corporate liability.

Based on 20 self-report items, IAT and IAT-F measure the severity of addiction, in terms of mild, moderate or severe.

---

Social and Emotional Skills Training for Children: The Fast Track  
**Friendship Group Manual**  
Systematically promotes social and emotional competence, and improves behavior, in children Grades K-5.

This book presents unique, evidence-based group intervention for children challenged by peer difficulties in elementary school. It features 107 engaging, full-color reproducible handouts, posters, and other tools. In addition to teaching core social skills (participation, communication, cooperation, good sportsmanship, conflict resolution) Friendship Group promotes emotional understanding and empathy, self-control, and effective coping with social stressors.

---

**ASSESSES CONTACT WITH:**  
- Websites  
- Internet-based games  
- Social Media  
- Online Entertainment  
- All types of computers, screens, devices, phones, portable electronic devices and other forms of technology

**EXAMINES SYMPTOMS OF ADDICTION**  
- Preoccupation with Internet use  
- Ability/inability to control online use  
- Hiding/lying about online use  
- Continuing online use, despite negative consequences of the behavior

The IAT Kit includes an Administration Manual, containing reproducible copies of the IAT Response Form and Interpretation Form. The IAT-F Kit includes an Administration Manual containing reproducible copies of the Parent-Child Internet Addiction Test Response Form and Interpretation Form, and the Problematic and Risks Media Use in Children Checklist Response Form.

**BEST VALUE COMBINATION KIT**  
Internet Addiction Test Combo Pack includes one set each of the IAT and IAT-F.

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</tr>
<tr>
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Two complete sets of sessions are provided for Grades K-2 and Grades 3-5, which include step-by-step implementation guidelines. The large-size format facilitates photocopying. Access to a Web page, to download and print the reproducible materials is also included.

**INTRODUCTION TO THE FRIENDSHIP GROUP MANUAL**

1. Overview  
2. Program Administration  
3. Therapeutic Processes  
4. Behavior Management  
5. Synchronized Home-School Intervention: The Fast Track Project Model

**EARLY ELEMENTARY SESSIONS**

Unit I. Establishing Common Ground  
Unit II. Caring and Controlled Behavior  
Unit III. Negotiating with Friends

**ADVANCED ELEMENTARY SESSIONS**

Unit I. Cooperation and Conversation Skills  
Unit II. Understanding and Respecting Others  
Unit III. Coping with Social Stress  
Unit IV. Responsible Decision Making
Hazelden Teen Intervene
*Screening, Brief Intervention and Referral to Treatment for Substance Use (SBIRT)*

**Age Range:** 12 through 19 years

Effective in a variety of education, mental health, youth treatment and juvenile justice settings, *Teen Intervene* interrupts the cycle of unhealthy and risky behavior in teens. It helps students self-identify possible substance abuse disorder, and develop a plan to change.

Teen Intervene walks facilitators, step-by-step, through personalized sessions of change theory, motivational interviewing and cognitive behavioral therapy. The easy-to-use, practical instructions help teens and their parents play an active role in making positive changes and choices.

**FEATURES OF TEEN INTERVENE**
- Full SBIRT Model
- Complies with DSM-5 Criteria
- Three of Four Session Options
- Eight CE-Hour Test

*Teen Intervene* includes a Facilitator Guide, CD-ROM with reproducible Worksheets, Eight CE-Hour Test, Youth and Drugs of Abuse DVD/CD-ROM with Video and Fact Sheets.

**32176 Teen Intervene**

Substance Abuse Subtle Screening Inventory (SASSI)

*Thoroughly revised for DSM-5.*

**Age Range:** 18 through adult (SASSI-4); 12 through 18 years (SASSI-A2)

Time: 15 minutes to administer and score

SASSI assessments identify the presence of drug or alcohol abuse in functional areas in which those disorders may occur. It provides standard scores in the following domains:

- Face Validity-Alcohol
- Symptoms
- Subtle Attributes
- Defensiveness
- Correctional
- Face Validity-Other Drugs
- Obvious Attributes
- Supplemental Addiction Measure
- Family

SASSI-4 includes a prescription drug scale to identify individuals likely to abuse prescription medication. It also provides clinical insight into the level of defensiveness, and willingness to acknowledge experienced consequences of substance use disorder.

**SASSI-A2** provides clinical insight into family and social risk factors, level of defensiveness responding, and consequences of substance misuse endorsed by the teen.

**SASSI Kits** include 25 each of the Questionnaires and Record Forms, a Scoring Key and a Manual.

**31151 SASSI-4 Adult Kit**

**31153 SASSI-A3 Adolescent Kit**

Available in Spanish at Stoeltingco.com

Miller Forensic Assessment of Symptoms Test (M-FAST)

*Screens for malingered psychiatric illness*

**HOLLY A. MILLER, PH. D.**

**Age Range:** 18 through 71 years

Time: 5-10 minutes

Restricted Use: Level S or B

The M-FAST is a 25-item screening interview, for adults, that assesses the likelihood that an individual is feigning psychiatric illness. It is ideal for use in a wide variety of settings, including VA hospitals, correctional institutions and inpatient/outpatient treatment facilities.

**M-FAST SCALES**

- Reported vs. Observed Symptoms
- Extreme Symptomology
- Rare Combinations
- Unusual Hallucinations
- Unusual Symptom Course

- Negative Image
- Suggestibility

The flexibility of the structured-interview format allows the clinician to determine when, where, and to whom the M-FAST should be administered.

**INTERPRETIVE INFORMATION IS PROVIDED AT THREE DISTINCT LEVELS:**

- Total Score—provides an estimate of the likelihood the respondent is malingering psychopathology
- Scale Scores—provide information about the nature of the individual’s response styles, to explain how the individual is attempting to malinger mental illness
- Several Scales consistently differentiate malingerers from honest responders

The M-FAST Kit includes 25 Interview Booklets and a Manual.

**31446 M-FAST Kit**

**31446R M-FAST Interview Booklets, Pk/25**

**31446M M-FAST Manual**

Complete information at StoeltingCo.com
Sattler-Stoelting Developmental Checklist

An electronic intake survey to collect the most useful information, in the most efficient way.

JEROME SATTLER, PH.D.

Age Range: Child-Adolescent
Time: 30-60 minutes (Intake Version–Research Version)

Questionnaires developed by Jerome Sattler have long been among the most comprehensive and pointed. Clinicians have been trained to use Sattler questionnaires in their clinical practices, to get a complete picture of their clients. Now, the breadth, and richness, of a Sattler Questionnaire has been fused with the convenience and functionality of an electronic application.

The Sattler-Stoelting Developmental Checklist application is an online questionnaire, completed by parents/caregivers. It addresses the main areas of functioning, mental health, relationships, academics and other areas that help inform treatment planning and case management.

The Checklist produces a convenient report that highlights main areas of concern, and can serve as a resource for establishing treatment goals. The online Case Management System allows providers to create, store and access client information from a convenient dashboard.

Revised Children’s Manifest Anxiety Scale: Second Edition (RCMAS-2)

A quick measure of the level and nature of anxiety.

CECIL R. REYNOLDS, PH.D.
AND BERT O. RICHMOND, ED.D.

Age Range: 6 through 19 years
Time: Less than 10 minutes

The Revised Children’s Manifest Anxiety Scale: Second Edition (RCMAS-2) helps pinpoint problems in a child’s life. Whether the problems involve school, peers, drugs, or other issues, objective data on anxiety can inform and guide treatment. Anxiety is a good indicator of chronic stress, and RCMAS-2 scores often help the clinician to uncover more basic problems.

THIS 49-ITEM, SELF-REPORT MEASURES THE LEVEL AND NATURE OF ANXIETY:
• Worry
• Physiological Anxiety
• Social Anxiety
• Defensiveness
• Inconsistent Responding Index

The RCMAS-2 Kit includes the Manual, 25 AutoScore Answer Forms, and an Audio CD.

AMAS-E—FOR ELDERLY INDIVIDUALS AGES 60 AND ABOVE
• Worry/Oversensitivity
• Fear of Aging

AMAS-C—FOR STUDENTS ENROLLED IN COLLEGE
• Worry/Oversensitivity
• Social Concerns/Stress
• Physiological Anxiety
• Test Anxiety

The AMAS Kit includes a Manual and 10 each of the AutoScore Answer Forms for the AMAS-A, AMAS-E and AMAS-C.

Adult Manifest Anxiety Scale (AMAS)

Measures anxiety experienced by adults.

CECIL R REYNOLDS, PH. D., BERT O. RICHMOND, ED. D.
AND PATRICIA A. LOWE, PH. D.

Age Range: 19 years and older
Time: 10 minutes

This self-report inventory measures the level and nature of anxiety in adults. It includes age-appropriate item content, and scales for three different stages of adult life.

THREE FORMS INCLUDE THE FOLLOWING SUBSCALES:
AMAS-A— FOR ADULTS AGES 19-59
• Worry/Oversensitivity
• Social Concerns/Stress
• Physiological Anxiety

AMAS-E—FOR ELDERLY INDIVIDUALS AGES 60 AND ABOVE
• Worry/Oversensitivity
• Fear of Aging

AMAS-C—FOR STUDENTS ENROLLED IN COLLEGE
• Worry/Oversensitivity
• Social Concerns/Stress
• Physiological Anxiety
• Test Anxiety

The AMAS Kit includes a Manual and 10 each of the AutoScore Answer Forms for the AMAS-A, AMAS-E and AMAS-C.
Clinical Therapy Cards
CHRIS O’BANYE, PH. D., MA, NH

Age Range: Adolescent through Adult

Clinical work with populations in Prison, or with Conduct Disorder and Substance Abuse, present complex, serious and challenging clinical dynamics. It requires tools that speak a therapeutic language, and also include no-nonsense talk. Alleviating these clinical challenges is at the core of the Clinical Therapy Cards.

Developed for three specific populations, these user-friendly therapeutic card sets are effective and clinically powerful. Clients, themselves, choose cards from the therapeutic deck. Each set includes 37 cards, which direct, and assist the client, in opening up about difficult topics. Questions lead the clinician in exploring the roots of the clients’ issues, as well as their impact, in the deeper levels of the mind, body and spirit. Each card addresses a specific issue, containing a DIRECTIVE (discussion prompt) on one side, and a TASK (what the client is to learn/change as a result) on the other.

Cards are typically used by having clients read and address the DIRECTIVE group or individual sessions. This then leads to clinical discussion about the issue prompted by the card. Each issue is related to a particular facet of treatment, and expected to provide the client with insight or coping skills to achieve therapeutic progress, in their area of treatment. After processing the therapeutic prompt, clients can read the TASK, which explains how their DIRECTIVE connected to treatment.

A Manual is included with each set. The manual explains the theory and etiology of each Therapy Card topic from a client-centered systems approach. This information is very approachable and can be used to psychoeducate clients about the issues they are experiencing. The manuals also give step-by-step instruction in how to use the Therapy Cards during session, ways to present the cards, and how to integrate the cards into treatment. The manual provides content for each card that can be used by the therapist as follow-up information for clients, making Therapy Cards a truly out-of-the-box product that can be used by any clinician.

Clinicians appreciate Therapy Cards because they help establish therapeutic rapport, create positive associations with processing therapeutic issues, and help clients make progress in treatment. At the end, clinicians can list the goal given on each card in the therapy notes for each client, to document the clinical intervention used. Therapy Cards can be used in individual, group, or family settings.

DEVELOPED FOR THREE, CHALLENGING CLINICAL GROUPS:
• Clinical Therapy Cards: Prison
• Clinical Therapy Cards: Conduct Disorder
• Clinical Therapy Cards: Substance Abuse

Motivational Interviewing with Offenders

Engagement, Rehabilitation and Re-entry

Comprehensive, practical and easy-to-read, promoting lasting change.

Written by experts working with court-mandated populations, this book shows how Motivational Interview (MI) can help offenders move beyond resistance, or superficial compliance, and achieve meaningful behavior change. Using this evidence-based approach promotes successful rehabilitation, and re-entry, by drawing on the clients’ values, goals and strengths—not simply telling them what to do.

The authors clearly describe the core techniques of MI, and bring them to life, with examples and sample dialogues from a range of criminal justice and forensic settings. This book addresses MI implementation in real-world offender service systems, including practical strategies for overcoming obstacles.

Paperback; 264 pages.

FAX: 630.860.9775 | EMAIL PSYCHTESTS@STOELTINGCO.COM | ORDER ONLINE: WWW.STOELTINGCO.COM
KidsWorld: Inside & Out

A therapeutic game, based on the Internal Family Systems Model

ARTHUR G. MONES, PH. D.

Age Range: 5 through 14 years

Kids World…is the first therapeutic application of the Internal Family Systems model, for use with kids. It builds on the strengths of kids, to bring about self-energy for emotional healing, while having fun! Ideal for children with anxiety; depression; ADHD; anger issues; oppositional disorders; physical disabilities; learning issues, and behavior problems.

The game guides children dealing with challenging issues, thoughts and feelings that arise within the family, with friends, and at school. Unique among therapeutic techniques, the game is experiential—teaching calming exercises as well as mindfulness-based strategies that are effective throughout the age range.

It fosters acceptance, and views childhood struggles in a “nonpathologizing” and survival-based manner.

A Therapist’s Guide to KidsWorld Board Game

ARTHUR G. MONES, PH.D.

This Guide provides valuable direction, in therapy sessions, about how to use the KidsWorld Board Game therapeutically. It describes the framework of the Internal Family Systems Model, and how the therapist and youth client can work within this modality. Detailed, in this book, is how the game in sessions provides therapeutic benefits; how emotional growth occurs; how to use the game to enhance the therapeutic relationship and help kids process their internal states, and how to strengthen family relationships.

Each section of this Guide includes samples of KidsWorld cards, relevant to topics under discussion. Case examples and therapeutic dialogues are presented as a guide to create a treatment plan, using KidsWorld to help kids achieve therapeutic goals.

The Essence of Healing: A Quest for a MetaModel of the Psychotherapy of Trauma

BOOK: 190 PAGES

This book captures a career-long quest to find the essence of healing—what are the foundational elements that make psychotherapy effective and bring relief to individuals suffering a wide range of disorders from trauma and dysfunctional family and cultural systems. Readers will benefit from Dr. Mones’ experience as a therapist, supervisor, and teacher to learn how, they too, can find the meaningful parts of therapy that work to bring inner harmony and durable change. Clinicians as well as interested nonprofessionals who are curious about this MetaModel, centered in the Internal Family Systems approach, will find clarity in these pages. A parallel track about the experience of humor and psychotherapy hopes to bring a levity to those who carry emotional pain and hopefully create a path to Unburdening. Bringing courage to this non-pathologizing approach can lead to a new view of psychotherapy for the twenty-first century.
Therapeutic Play

Emotional Bingo
Ideal for children and teens in counseling groups or classrooms.

MARJORIE MITLIN, LICSW, ILLUSTRATED BY JOE MADDEN

Emotional Bingo requires players to identify feelings, rather than numbers, on Bingo cards. Children learn to recognize various feelings, and also learn empathy—a trait associated with lower incidence of violent behavior. Game rules provide opportunities for children to discuss their feelings, and respond empathically to the feelings of others. Emotional Bingo offers a new, yet familiar approach to feelings that appeal to kids of all ages. The game includes 32 Emotional Bingo Cards (English on one side; Spanish on the other), a Poster, Tokens, Call-Out Cards and a Leader’s Guide, with discussion guidelines and suggestions.

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<td>31011T</td>
<td>Emotional Bingo for Teens</td>
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The Good Mourning Game
Helps children ages 6-18 deal with loss.

NICHOLAS J. BISENIUS, PH. D. AND MICHELE NORRIS, M.S.W.

An enchanting Gameboard creates a magical, yet peaceful, environment, where children suffering loss can resolve their grief.

The Gameboard illustrates nature’s basic cycle, which, like the grief cycle, moves from stormy intensity to relative calm. Game cards introduce techniques that can help children work through the grieving process. Players learn to share memories, explore feelings, enjoy laughter and play, relax and identify their own coping strategies. When they complete the Star Path, they each receive a Shining Star, which serves as a reminder of the coping skills learned.

Whether loss has occurred through illness, death, or a change such as moving, divorce or a change in custody arrangements, this game lets children resolve their grief in an open, supportive and caring environment. Research shows that both group leaders and participants give the Good Mourning Game high ratings. It can be played by a therapist and up to three children, usually in about 45 minutes.

32125 The Good Mourning Game $57.00

Use Your I’s
Teaches children to be assertive, rather than aggressive. One of the best ways to teach children assertiveness skills is by training them to use “I- Messages”. An “I-Message” expresses feelings in a non-threatening manner, by structuring statements in a specific way. When children use “I-Messages” to express themselves, they are likely to be heard, and less likely to get into conflict.

Use Your I’s is a board game that teaches children how to express their feelings without jeopardizing the rights of others. Game cards provide realistic situations that provoke emotions such as anger, humiliation, happiness and embarrassment. Players learn to verbally describe their feels, and explain why they feel the way they do. Use Your I’s also helps children become comfortable using the first-person pronoun to share their feelings.

31014 Use Your I’s $57.00

Toss and Learn Games
For elementary students in grades 3-6

Toss and Learn is a series of dice games, using a unique learning design to help players learn important life skills. Games are $30 each.

31235 Toss Your Anger—being respectful; using positive self-talk; recognizing consequences; determining the right responses to anger; counting to ten, and deep-breathing techniques to relieve angry feelings.

31236 Roll for Control—areas including thinking before acting; recognizing consequences of impulsive behavior; not acting on impulses, especially when angry; using self-talk to combat impulsive urges, and taking responsibility for actions.

31237 Give Everyone a Fair Shake—conflict resolution including being a good listener; learning to show respect; trying for a win-win solution; taking responsibility for choices; knowing when to walk away; learning not to blame others, and tackling the problem—not the person.

31238 Stand Against Bullying—focuses on recognizing how to react to bully behavior; understanding the role of the bystander; practicing assertiveness techniques, and understanding when to bring in a trusted adult.

31239 Roll and Resolve—focuses on solving problems with friends through talking it out; being fair to each other; being a good listener; learning to compromise; showing empathy; recognizing when to apologize; learning to forgive, and understanding body language.
The Impulse Control Game

Seven specific skills to help children, Grades 2-8, control impulsiveness.

The Impulse Control Game is an educational, therapeutic board game to help children with ADD, ADHD and other conditions involving impulse-control problems. Learning to stop and think is a good start, but effective control of impulses requires the acquisition of specific skills. The Impulse Control Game teaches those skills, as well as good decision making, and avoiding actions that are detrimental to themselves and others. Playing time is approximately 30 minutes.

A card dealing with delayed gratification may give the player a choice of winning one point now, or two points on the next turn. These skills help player control impulses, increase frustration tolerance, and maintain future plans, in the face of distractions.

PLAYERS WILL:
• Learn how to stop and evaluate consequences
• Improve their ability to read social cues
• Learn benefits and rewards of controlling impulses
• Improve their ability to use positive internal speech (self-talk)
• Improve their ability to generate multiple solutions to problems
• Practice, and improve, their performance on the seven key skills
• Develop improved frustration tolerance

The Impulse Control Game includes a Teacher Booklet, with lesson plans, one-on-one coaching activities; a list of activities for parents, to reinforce the skills; references, and suggestions for further reading.

31231 The Impulse Control Game $57.00

Too Much, Too Little, Just Right: A Social Communication Game

For children with Autism Spectrum Disorders.

CLAUDIA WEISS, LCSW,
SANDRA SINGER, PH. D.
AND LOIS FEIGENBAUM, LCSW

Age Range: 5 through 12 years

People communicate using not only words, but tone of voice and body language. Many children, however, fail to notice these relatively subtle social cues. This clearly-focused, easy-to-use game teaches children to pay attention to tone of voice, observe body language, and note how these cues affect the message.

Children assume two roles during game play: Messenger and Listener. They learn by observing others, and by getting immediate feedback about their own expressive abilities. They learn to adjust volume, expression, gestures and other physical cues to communicate effectively, and achieve greater self-control.

Acquiring these skills helps children develop more appropriate and satisfying social relationships.

Ideal for 2-8 players, this game can easily be used with larger groups, or in classrooms. It focuses on social interaction among players, rather than on a game board. Included in the game is an “Express-O-Meter” which is a sliding ruler to give students feedback about whether they are communicating appropriately.

32122 Too Much, Too Little, Just Right $52.00
32122E Too Much, Too Little, Just Right Express-O-Meter, Pk/5 $10.00

Autism Spectrum Disorder Assessments Pages 24-28

Smart Sharks

For middle-school students dealing with the demands of peer pressure, and other challenges.

Smart Sharks is a series of card games, based on the popular card game “21”. The games use six different “Smart Sharks” to deliver the skill sets.
• Don’t Drown in Drama—helps girls deal with middle school transition, and the “drama” often experienced.
• Dive into New Waters—helps students adjust to a new school environment.
• Hang in There—teaches that resilience is one of the crucial character strengths needed for success in school, sports, career and life.
• Leadership: It’s NOT for Guppies—helps improve leadership skills, and develop and understanding of key concepts in becoming a good leader.
• Take a Chomp Out of Anger—teaches players to understand the feelings behind their anger, and helps them deal with anger appropriately.
• Art of the Deal: Conflict Resolution—strategic and respectful ways for resolving conflicts effectively.
• Stress Can Mess with You—players deal with common middle school stressful situations.
• Dive Into Social Networking: Netiquette Essentials—safe, respectful techniques while using social media sites.

31241H Don’t Drown in Drama $17.00
31241A Dive into New Waters $17.00
31241B Hang in There $17.00
31241C Leadership: It’s NOT for Guppies $17.00
31241D Take a Chomp Out of Anger $17.00
31241E Art of the Deal: Conflict Resolution $17.00
31241F Stress Can Mess with You $17.00
31241G Dive Into Social Networking: Netiquette Essentials $17.00
Friendship Island

*Teaches elementary students the social skills needed for positive peer relationships.*

Friendship Island is an educational game designed to teach social skills critical to making friends. It has been designed so that players cooperate, and help each other, as well as answer questions about friendship, to win points. The game also helps shy, and socially-delayed students explore friendship issues they might otherwise be hesitant to verbalize.

**IT Focuses On:**
- Making friends
- Being a good friend
- Resolving disagreements in a win-win way

Friendship Island contains two, different games, for different grade levels. Both games use the same board, but the rules and cards, for each game, are completely different. The game for grades 3 and 4 involves more strategy, harder questions, more advanced vocabulary, and more opportunities for negotiation than he grades 1 and 2 game.

**LEARNING OBJECTIVES OF FRIENDSHIP ISLAND INCLUDE:**
- Specific actions to make new friends
- Specific actions to resolve differences
- Treating friends with respect
- Responsibilities of friendship
- Pro-social behaviors
  - Sharing
  - Being a good listener
  - Talking out problems
  - Avoiding “bossy” behavior
  - Considering the needs of others

A Teacher’s Guide, with complete lesson plans for both versions, is included.

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**Play-2-Learn Go Fish: Hooked on Friendship**

*Helps children, grades K-5, learn friendship skills, while having fun.*

Play-2-Learn: Hooked on Friendship teaches players how to make friends, be a good friend, and resolve conflict with peers. Scenario cards cover basic lessons on fairness, kindness, respect and understanding, drawing from daily interactions at school, after school, in the neighborhood, and at home. The game plays like classic “Go Fish”. There are two decks of 50 cards (one for K-2, one for grades 3-5) in each game. It differs from the classic game, in that players must answer a question, before they can accept a requested card.

**PLAYERS WILL LEARN TO UNDERSTAND:**
- To have good friends, one must be a good friend
- Fairness, kindness, respect and understanding are important
- How to deal appropriately with conflict and peer relations
- Common strategies to enhance relationships

Facilitator guidelines, and a rules sheet are included.

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**Play-2-Learn Go Fish: Fishing for Feelings**

*Helps improve social and emotional skills.*

Play-2-Learn Go Fish: Fishing for Feelings teaches the skills to successfully deal with feelings; recognize feelings in others, and identify appropriate feelings. Players practice talking about their feelings in an open-ended, non-threatening way.

**PLAYERS LEARN HOW TO:**
- Recognize their own feelings
- Express feelings, verbally, in a mature way
- Identify feelings of others
- Handle difficult situations that involve strong, or negative, feelings

The game plays much like classic, “Go Fish”. It differs from the classic game, in that players must answer a question before they can accept a requested card. And, instead of the usual number/picture cards, these cards have fun pictures, and names of fish.

**Play-2-Learn Go Fish includes two decks of 50 cards in each game—one for grades K-2, the other for grades 3-5, a Rules Sheet and Facilitator Guidelines.**

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**Talk-It-Out**

*Specifically designed to get teens talking.*

GORDON GREENHAIGH, PH. D.

Talk-It-Out is a game that supports the therapeutic process by adding cognitive, emotional and behavioral issues that affect adolescents. A sturdy, beautifully-produced game board, spinner and colorful game cards give teens the opportunity to discuss:

- Family
- Friends
- Feelings
- Values
- Dreams
- Future Hopes

Questions are thought-provoking, imaginative, and sure to engage even the most resistant teen.

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Socio-Sexual Knowledge and Attitudes Assessment Tool-Revised (SSKAAT-R)

Measures sexual knowledge and attitudes of developmentally-delayed populations, with emphasis on the setting of appropriate boundaries and behaviors.

DOROTHY GRIFFITHS, PH.D AND YONA LUNSKY, PH.D

Age Range: Teen and Adult, 15 through 80
Time: Untimed, open-ended

The Socio-Sexual Knowledge and Attitudes Assessment Tool-Revised (SSKAAT-R) is a valuable tool for educators, counselors and social workers—both as an assessment and as an educational tool—for sex education issues. Useful with the mentally retarded, those whose language is limited.

SSKAAT-R is primarily designed as a criterion-based assessment of what the individual knows and believes. Comparison norms provided.

Aberrant Behavior Checklist—Second Edition (ABC-2)

The most widely-used symptom checklist for assessing problem behaviors of children and adults with developmental disabilities.

MICHAEL G. AMAN, PH.D. AND NIRBHAY N. SINGH, PH.D.

Age Range: 5 years to Adult
Time: 10-15 minutes

The new ABC-2 can assess problematic behavior at home, in educational and work settings, and in residential and community-based facilities. The checklist can be completed by parents, special educators, psychologists, direct caregivers, nurses, and others with good knowledge of the person being assessed.

Detailed guidelines are included for good clinical practice, instruction raters, identifying clinically-significant scores, as well as solutions for numerous clinical and/or research challenges.

Functional Independence Skills Handbook (FISH)

Assessment and curriculum for individuals with developmental disabilities.

FISH provides a structured curriculum, sometimes lacking in programs for the developmentally disabled. Completion of the FISH should result in skills that can be performed independently, making the role of caregiver easier. It is a criterion-referenced series of 421 tasks.

FISH determines an individual’s ability to perform certain functional activities from daily life. It was developed for special education teachers, paraeducators, and parents working with individuals with severe development disabilities. It can provide a direct increase in personal independence in those with Autism, intellectual disabilities, and related disorders.

Aberrant Behavior Checklist—Second Edition (ABC-2)

IT RATES 58 SPECIFIC SYMPTOMS, AND PROVIDES COMPREHENSIVE DESCRIPTIONS, FOR EACH ASSESSED BEHAVIOR. THESE ITEMS RESOLVE INTO FIVE SUBSCALES:

1. Irritability
2. Social Withdrawal
3. Stereotypic Behavior
4. Hyperactive/Noncompliance
5. Inappropriate Speech

The ABC-2 Kit includes the new Manual (for both Community and Residential applications), 50 Community/Residential Checklists and 50 Score Sheets.

Functional Independence Skills Handbook (FISH)

SEVEN DOMAINS:

- Adaptive Behavior Skills
- Affective (or Emotional) Skills
- Cognitive Skills
- Sensorimotor Skills
- Social Skills
- Speech/Language Skills
- Vocational Skills

The FISH Kit includes the Curriculum and 10 Assessment Booklets.

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SINCE 1886

TRAINING VIDEO AVAILABLE

SSKAAT-R TOPICS INCLUDE:

- Anatomy—male and female
- Women’s Bodies—menstruation, menopause, cancer and more
- Men’s Bodies—privacy, masturbation, cancer and more
- Intimacy—dating, marriage, physical contact
- Pregnancy, Childbirth & Childrearing—where babies come from, baby care and adoption
- Birth Control and STDs—methods and use of birth control, prevention/symptoms of STDs
- Healthy Boundaries—appropriate and inappropriate touching and behaviors

The SSKAAT-R Kit includes the Easel Picture Book, Stimulus Cards, the Manual and a package of 20 Record Forms.

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<td>SSKAAT-R Kit</td>
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<td>33705R</td>
<td>SSKAAT-R Record Forms, Pk/20</td>
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<td>33705V</td>
<td>SSKAAT-R Training Video</td>
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<td>32208C</td>
<td>ABC-2 Community ONLY Kit</td>
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<td>32208R</td>
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<td>32724R</td>
<td>FISH Assessment Booklets, Pk/10</td>
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</table>
Neuropsychological Assessment of Adults with Visual Impairment (NAAVI)

JOHN T. GALLAGHER, ED.D. AND KATHERINE A. BURNHAM

The only test of its kind to cover the area of neuropsychological testing of persons without vision, or with limited vision. Updated classic tests provide cutting-edge assessment.

New assessments are presented, with administration instructions, and reproducible materials. These unique, new instruments have been found to be psychometrically sound, with reliability and validity data collected from over 500 adults. Specific case examples make the assessment process come alive, and make the procedures easy to understand, and administer.

ASSESSMENTS INCLUDE:
• Tactual Formboard Test
• Pattern of Search Test
• Adapted Token Test
• Auditory Cancellation Test
• Michigan Mathematics Test for the Blind
• Rey Auditory Verbal Learning Test
• Haptic Intelligence Scale Subtests (adapted as tactile-based assessments)

THE CLINICIAN WILL BE ABLE ASSESS:
• Vocation
• Academics
• Personality
• Intelligence (Verbal and Nonverbal)
• Neuropsychology
• Executive Functioning
• Spatial Ability
• Memory (Verbal and Nonverbal)
• Special clinical populations include low birth weight, with a new Pervasive Developmental Disorder defined

Because the subtests use the same standard score scale, direct comparison of the different subtests is possible.

Scalene of Cognitive Ability for Traumatic Brain Injury (SCATBI)

Assesses cognitive and linguistic abilities of adolescents and adults with head injuries.

BRENDA B. ADAMOVICH
AND JENNIFER HENDERSON

Age Range: Adolescent and adult
Time: 30-120 minutes

The SCATBI assesses cognitive and linguistic functions of brain-injured patients, establishes the severity of the injury, and shows progress during recovery. It permits selective administration of only the scales most useful for an individual patient.

Unlike other tests for this population, the SCATBI progresses in difficulty levels. Patients who functioned at very high levels, prior to injury, can be assessed with the SCATBI, as they regain use of higher-level abilities (such as complex organization and abstract reasoning).

THE SCATBI CONSISTS OF FIVE SUBTESTS:
• Perception/Discrimination
• Orientation
• Recall
• Organization
• Reasoning

The SCATBI Kit includes an Examiner’s Manual, a Stimulus Manual, 25 Record Forms, a Stimulus Audiocassette and a Stimulus Card Set.

Scales of Cognitive Ability for Traumatic Brain Injury (SCATBI)

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Kessler Foundation Prism Adaptation Treatment (KF-PAT)

Treats spatial neglect to improve functional recovery after stroke.

The KF-PAT is a complete, portable course of treatment for Spatial Neglect, a common stroke complication. This treatment restores neural networks involved with spatial processing and attention. Lasting results enhance recovery in multiple domains. Improvements are generally seen within 10 sessions of 20 minutes each.

Although 30-50% of stroke patients suffer Spatial Neglect, many do not realize it, which can lead to devastating consequences. Spatial Neglect interferes with:

- Mobility
- Navigation
- Employment
- Safety
- Reading
- Writing
- Reading
- Navigation
- Safety

The KF-PAT treatment program requires clients to participate in a simple reaching task. There is nothing to learn, read or remember. Movements are minimal. And the KF-PAT is portable, so it can be used with individuals for whom travel is difficult.

**HOW IT WORKS**

Patients wear goggles that shift their vision slightly horizontally while reaching for targets presented by the therapist. Visual feedback regarding the missed target is “sent” to the motor system, which corrects the subsequent attempts to reach towards the target. This process is then repeated with the goggles removed. Because the patient’s motor system had adapted to the image shifted from the actual target by the goggles, the patient is again off-target when reaching for the target, but then adapts to this distortion and is able to again accurately reach to the target.

An informational video is available, that fully shows the KF-PAT in-use. It also describes how improvements are developed, and sustained, throughout stroke recovery.

The KF-PAT includes prism goggles, visual field occluder, visual-proprioceptive box – everything you need to administer a full regimen of prism adaptation treatment.

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<td>31100</td>
<td>KF-PAT Prism Adaptation Treatment</td>
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<tr>
<td>31100M</td>
<td>KF-PAT Treatment Manual</td>
<td>$54.00</td>
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Music Apperception Test (MAT)

A non-visual/projective assessment particularly well-suited for individuals with vision problems and neurological deficits.

MARIISSA ROBINSON AND LELAND VAN DEN DAELE, PH. D., ABPP

**Age Range:** 6 years through adult  
**Time:** 21 minutes; Short Forms: 8 minutes  
**Restricted Use:** Level B

The MAT is useful in the assessment of individuals with neurological difficulties, sensory problems and limited expressiveness. It is particularly suited for testing individuals with vision problems, assessing for malingering, and as a nonvisual assessment of executive functions and communication.

The MAT is an individually-administered test of verbal and creative ability; fantasy production; emotion recognition and empathy; response to stress, and defensiveness. The MAT arises from the “music projective technique” that requires subjects to “tell a story” relating to the music. Music for the MAT was composed specially, to represent primary emotions ranging from “interest” and “joy” to “terror” and “disgust”.

The MAT powerfully addresses special diagnostic purposes that include:

- Assessment of alexithymia and Autistic Spectrum Disorders
- Neuropsychological evaluation of cross-modal hemispheric transfer, synesthesia and amusica
- Clinical and educational evaluation of children and adolescents for impulsivity and executive control
- Forensic checks on dissimulation, since MAT responses are not easily faked

This entire process of adaptation helps bring attention and awareness to the neglected side of space and improves symptoms of spatial neglect. The benefits of this treatment compared to others is that:

1. **Improvements occur automatically.** Patients do not have to learn skills, read, remember information, or perform other actions that may be difficult for those with symptoms of stroke.
2. **Most patients can participate.** The movements necessary are minimal and because the KF-PAT has a patented portable design, the treatment can even be brought to patients for whom travel would be difficult.
3. **Effects are sustained.** Treatment occurs at a fundamental neurological level. Thus, changes that occur do not require deliberate effort or are the result of skills that may be forgotten or neglected.

An informational video is available, that fully shows the KF-PAT in-use. It also describes how improvements are developed, and sustained, throughout stroke recovery.

The MAT Kit includes a CD, 20 Record Forms, a Manual and the MAT Supplement, which includes background, theory and interpretation.

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<td>35100R</td>
<td>MAT Record Forms, Plk/20</td>
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<td>35100C</td>
<td>MAT Compact Disc</td>
<td>$60.00</td>
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</table>
Visual Functioning Assessment Tool (VFAT)
A comprehensive appraisal of a student’s visual skills.
KATHLEEN BYRNES, PATRICIA MORGAN AND WENDY SCHEFFERS

**Age Range:** All ages  
**Time:** Untimed

VFAT assesses a student's visual functioning in the educational setting, using materials commonly found in the classroom. VFAT can be used with low-vision individuals of all functioning levels, including the severely handicapped.


**The VFAT Kit** contains both the Testing Manual/Instrument and the Reproducible Recording Booklet.

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<tr>
<td>33760R</td>
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THE FOUR COMPONENTS OF THE COMPLETE PROGRAM COVER:
- **Communication Skills**—23 levels of Communication Development (from the Unresponsive Child through the Beginning of Pivot-Open Syntax)

Curriculum Guide for Deaf-Blind and Severely Multi-Handicapped Students
Provides informal assessment, extensive developmental activities and supplemental resources in 4 areas.

Designed for children whose handicapping conditions are so multiple and severe they cannot usually benefit from existing approaches that assume the presence of one or more alternate learning channels. Meets the need of those individuals with multiple sensory, mental, orthopedic, neurological and behavior handicapping conditions.

**THE FOUR COMPONENTS OF THE COMPLETE PROGRAM COVER:**
- Communication Skills—23 levels of Communication Development (from the Unresponsive Child through the Beginning of Pivot-Open Syntax)

Hill Performance Test of Selected Positional Concepts
Measures the development of spatial concepts.
EVERETT HILL, ED.D.

**Age Range:** 6 through 10 years

The Hill Performance Test permits teachers and mobility specialists to assess basic spatial concepts such as front, back, left, right, etc. The same concepts are tested through performance tasks. May be used as a criterion-referenced instrument, to identify individual strengths and weaknesses.

**CHILDREN ARE ASKED TO DEMONSTRATE:**
- Positional relationships of various body parts
- Positional concepts by moving various body parts, in relation to one another
- Positional concepts by moving the body in relationship to objects
- Object-to-object relationships

**The Hill Performance Test Kit** includes the Manual and Record Forms.

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<td>33955R</td>
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**Peabody Model Vision Project (PMVP)**
Provides resources for the instructor of multi-handicapped, visually-impaired children and youth.
R. HARLEY, R. DUBOSE, S. BOURGEAULT AND BETH LANGLEY

The Peabody Model Vision Project is one of the most widely-recognized resources for providing an effective program for multi-handicapped, visually-impaired children. It consists of seven publications and associated forms, which may be reproduced.

1. **Readings in Orientation and Mobility for Severely and Profoundly Handicapped Children with Visual Impairment**—Orientation/mobility techniques, adapted techniques, developing mobility in and out of the classroom.
3. **Parent Involvement**—Discusses the feelings and problems encountered by families; considerations for involving parents in the education of the child.
4. **Working with Parents of Visually-Impaired, Multi-Handicapped Infants**
5. **A Guide to Developing a Classroom Curriculum for Visually- Impaired, Multi-Handicapped Infants**—Samples of the specific strategies and materials used in curriculum planning and implementation.
7. **Functional Vision Inventory**—Development of, and specific procedures, materials and behaviors associated with, assessment of functional vision in multi-handicapped children. Suggests activities.

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<td>33855</td>
<td>Assessment of Multi-Handicapped, Visually-Impaired Children</td>
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### Stroop Color and Word Test

**Normative Update**

*Efficiently assess executive functions*

ADULT VERSION—CHARLES GOLDEN, PH.D., SHAWNA FRESHWATER, PH.D., BRIAN SYZDEK, PSY.D., AND ERICA AILES, M.A.

CHILDREN’S VERSION—CHARLES GOLDEN, PH.D., SHAWNA FRESHWATER, PH.D., ZARABETH GOLDEN, PH.D. AND BRIAN SYZDEK, PSY.D.

**Age Range:** Adult Version—15+ years
   Children’s Version—5–14 years

**Time:** 5 minutes, individual administration

The Stroop Color and Word Test aids in diagnosis of brain dysfunction and the evaluation of stress, executive functions, and cognitive abilities. The Stroop phenomenon is useful in the identification of a number of significant disorders, and has been recommended as a test for ADD/ADHD, Oppositional Defiant Disorder, and to ascertain the degree of independence likely to be achieved by individuals with frontal lobe disorders.

The cognitive dimension tapped by Stroop is associated with cognitive flexibility, resistance to interference from outside stimuli, creativity and psychopathology—all of which influence the individual’s ability to cope with cognitive stress, and process complex output.

Since it requires only five minutes to administer, the Stroop Color and Word Test is an exceptionally useful screening instrument, which may be used alone, or as part of a larger screening battery. The Stroop is used extensively in research, particularly in clinical trials, as a well-research instrument sensitive to comparing changes in functioning between experimental and control groups.

**THE STROOP NORMATIVE UPDATE CONTAINS**

- Updated normative data
- More accurate norms tables
- Enhanced and clarified instructions for administration with research protocol script
- Expanded psychometric data, using modern analytic techniques
- Updated research literature review

**Two versions of the Stroop Color and Word Test are available**—Adult (ages 15+) and Children’s (ages 5–14) version. The Kit for each version contains a Manual and Record Forms (packets of 25).

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<td>Stroop Record Form and Test Booklet, Adult, Pk/25</td>
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<td>Stroop Color and Word Test Adult Normative Update Manual</td>
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<tr>
<td>30249P</td>
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### Nonverbal Stroop Card Sorting Test (NSCST)

The first practical, nationally-standardized Nonverbal Stroop Test for cognitive-process and neuropsychological assessment.

CHRISTOPHER KOCH, PH.D. AND GALE ROID, PH.D.

**Age Range:** 3 through 75+ years-of-age

**Time:** Approximately 5 minutes

Based on more than 20 years of Stroop-effect research by the author, the Nonverbal Stroop Card Sorting Test (NSCST) is a 5-minute test to assess cognitive-interference processes in children and adults, ages 3 to 75+.

Nationally standardized on more than 1,000 individuals, and co-normed with the Leiter-3, the NSCST uses pantomime, non-vocal test administration methods to identify process deficits in executive functioning and attention processes. The test uses procedures proven effective in many years of computerized Stroop research, adapted for individual assessment.

Two sets of cards—one with matching color bars (“color congruent”) and one with non-matching color bars (“color incongruent”)—to contrast the speed (cards per second) with which the individual sorts the cards onto a large laminated sheet showing locations for each color. The difference between the congruent and incongruent trials reveals the degree of Stroop interference, hence the “Stroop Effect.” The effect score can then be converted to a national percentile or standard score for the examinee’s age group to assess the magnitude of any unusually large difference in sorting speed, showing evidence of process deficits.

**The NSCST Kit** includes two sets of Cards, laminate Sorting Sheet, Stopwatch, 25 Record Forms and Manual. The Manual summarizes the theory and research on Stroop effect, administration and scoring methods, interpretation and case studies, development and standardization, reliability and validity.

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<tr>
<td>30152S</td>
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Smell Identification Test (SIT)
A unique assessment for early warning of some neurological diseases.
RICHARD L. DOTY, PH.D.

Age Range: 4 through 99 years
Time: 8-12 minutes

Smell deficits are caused by a wide range of neurological, psychiatric and medical disorders. Smell loss can be an early sign of such neurological diseases as Alzheimer’s and idiopathic Parkinson’s disease. Early identification, in some cases, can delay the time of onset, or mitigate the degree of symptom development.

Measurement of smell function is a common problem in neurology, and other medical specialties. Many patients are unaware of any dysfunction. While 90 percent of patients with Parkinson’s Disease have a demonstrable deficit, only about a quarter are aware of any problem, prior to testing. It is important for the clinician to have a reliable and valid assessment of olfactory dysfunction, before therapeutic options are considered.

The test was developed with hundreds of aged adults, nursing home residents and community active people, for whom norms are provided. It has also proved easy-to-give and effective with school-age children. The blind or deaf are not at a disadvantage on this test. It appears to be relatively “culture fair,” as well. It provides separate scores for long term storage, retrieval, consistency of retrieval, and failure to recall items even after reminding. It provides a chance to observe memory of this event will be tested. (Left and right hands are alternated systematically, providing information about the patient’s left-right orientation). The patient names, or describes, each object and then pulls it out of the bag “to see if it was right.” After distracting the patient, by asking the patient to say words rapidly from a single category (rapid verbal retrieval), the patient is asked to recall the things from the bag. The patient is then offered four more chances to learn and recall them (store and retrieve) by reminding the patient of omitted items after each recall, with rapid verbal retrieval preventing rehearsal before each recall opportunity. Two equivalent alternate forms are available.

Each Fuld Test Kit contains the Manual, a set of items in a black cloth bag, and a package of Record Forms for the selected Test Form.

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Fuld Object-Memory Evaluation
Measures memory and learning in older adults.
PAULA ALTMAN FULD, PH.D.

Age Range: Adults, 70 through 90 years
Time: Approximately 15 minutes, individual administration

The Fuld Object-Memory Evaluation allows the examiner to evaluate memory and learning under conditions that virtually guarantee attention and minimize anxiety. It eliminates questions about the effects of poor vision, hearing, language handicaps, cultural differences or inattention because the procedure guarantees attention even under adverse testing conditions.

The Fuld Object-Memory Kit allows the clinician to have a reliable and valid assessment of olfactory dysfunction, before therapeutic options are considered.

Smell deficits are caused by a wide range of neurological, psychiatric and medical disorders. Smell loss can be an early sign of such neurological diseases as Alzheimer’s and idiopathic Parkinson’s disease. Early identification, in some cases, can delay the time of onset, or mitigate the degree of symptom development.

The test was developed with hundreds of aged adults, nursing home residents and community active people, for whom norms are provided. It has also proved easy-to-give and effective with school-age children. The blind or deaf are not at a disadvantage on this test. It appears to be relatively “culture fair,” as well. It provides separate scores for long term storage, retrieval, consistency of retrieval, and failure to recall items even after reminding. It provides a chance to observe memory of this event will be tested. (Left and right hands are alternated systematically, providing information about the patient’s left-right orientation). The patient names, or describes, each object and then pulls it out of the bag “to see if it was right.” After distracting the patient, by asking the patient to say words rapidly from a single category (rapid verbal retrieval), the patient is asked to recall the things from the bag. The patient is then offered four more chances to learn and recall them (store and retrieve) by reminding the patient of omitted items after each recall, with rapid verbal retrieval preventing rehearsal before each recall opportunity. Two equivalent alternate forms are available.

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Comprehensive Trail-Making Test
Second Edition (CTMT-2)
Test Executive Functions and Planning
CECIL R. REYNOLDS

Age Range: 8 through 79 years
Time: 5-15 minutes

The CTMT2 is a standardized assessment that uses five visual search and sequencing tasks, called trails, that are heavily influenced by attention, concentration, resistance to distraction, and cognitive flexibility (or set-shifting). The test’s primary uses include the evaluation and diagnosis of brain injury and other forms of central nervous system compromise.

The test was developed with hundreds of aged adults, nursing home residents and community active people, for whom norms are provided. It has also proved easy-to-give and effective with school-age children. The blind or deaf are not at a disadvantage on this test. It appears to be relatively “culture fair,” as well. It provides separate scores for long term storage, retrieval, consistency of retrieval, and failure to recall items even after reminding. It provides a chance to observe memory of this event will be tested. (Left and right hands are alternated systematically, providing information about the patient’s left-right orientation). The patient names, or describes, each object and then pulls it out of the bag “to see if it was right.” After distracting the patient, by asking the patient to say words rapidly from a single category (rapid verbal retrieval), the patient is asked to recall the things from the bag. The patient is then offered four more chances to learn and recall them (store and retrieve) by reminding the patient of omitted items after each recall, with rapid verbal retrieval preventing rehearsal before each recall opportunity. Two equivalent alternate forms are available.

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DETECTS:
• Frontal lobe deficits
• Problems with psychomotor speed
• Visual search and sequencing
• Attention Problems
• Impairments in set shifting.

Neuropsychologists, clinical, counseling, school, and pediatric psychologists, occupational therapists, speech and language professionals, physical therapists, and others interested in objective testing of functionality in brain–behavior relationships would benefit from using the CTMT2.

The Fuld Object-Memory Evaluation allows the examiner to evaluate memory and learning under conditions that virtually guarantee attention and minimize anxiety. It eliminates questions about the effects of poor vision, hearing, language handicaps, cultural differences or inattention because the procedure guarantees attention even under adverse testing conditions.

The test was developed with hundreds of aged adults, nursing home residents and community active people, for whom norms are provided. It has also proved easy-to-give and effective with school-age children. The blind or deaf are not at a disadvantage on this test. It appears to be relatively “culture fair,” as well. It provides separate scores for long term storage, retrieval, consistency of retrieval, and failure to recall items even after reminding. It provides a chance to observe memory of this event will be tested. (Left and right hands are alternated systematically, providing information about the patient’s left-right orientation). The patient names, or describes, each object and then pulls it out of the bag “to see if it was right.” After distracting the patient, by asking the patient to say words rapidly from a single category (rapid verbal retrieval), the patient is asked to recall the things from the bag. The patient is then offered four more chances to learn and recall them (store and retrieve) by reminding the patient of omitted items after each recall, with rapid verbal retrieval preventing rehearsal before each recall opportunity. Two equivalent alternate forms are available.

Each Fuld Test Kit contains the Manual, a set of items in a black cloth bag, and a package of Record Forms for the selected Test Form.

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DETECTS:
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• Visual search and sequencing
• Attention Problems
• Impairments in set shifting.

Neuropsychologists, clinical, counseling, school, and pediatric psychologists, occupational therapists, speech and language professionals, physical therapists, and others interested in objective testing of functionality in brain–behavior relationships would benefit from using the CTMT2.

The CTMT Kit includes the manual and Record Forms, PK/10.

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<td>35742M</td>
<td>CTMT-2 Manual</td>
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TrailsX

Assesses both executive planning skills and efficient decision making.

Age Range: 8 through 79 years
Time: 5-10 minutes
Restricted Use: Level C

TrailsX features an innovative take on the traditional trail-making task, that includes additional executive function demands. It requires individuals to connect circles of alternating colors, with no designated start point. Numeracy and literacy requirements have been removed. There is no need to recognize letters or numbers, making this a language-free, culturally-fair test.

Circles are yellow and blue; colors that are least likely to be problematic for those who are colorblind. Trails are scored by the number of correctly-connected circles, and the time spent on each trail. Taken together, these two scores create a Total Matrix Score, which summarizes performance.

Percentile range, cumulative percentages, reliable change, and optional scores are available. TrailsX was standardized on a sample of 732 individuals, drawn from a population-proportionate sampling plan, based upon U.S. Census data.

The TrailsX Kit includes 25 each of the Response Forms and Record Forms, and the Professional Manual.

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SCCAN: Scales of Cognitive and Communicative Ability for Neurorehabilitation

Appropriate for a broad range of neurological patients with language- and non-language based disorders.

Age Range: 18 through 95 years
Time: 30-45 minutes
Restricted Use: Level B

The SCCAN assesses cognitive-communicative deficits and functional ability in patients in rehabilitation hospitals, clinics and skilled nursing facilities. It can be used by speech-language pathologists, neuropsychologists, psychologists and related rehabilitation professionals. Use of the SCCAN facilitates treatment plan recommendations and documentation often mandated by Medicare and third-party payers.

THE SCCAN IS USED TO:
- Identify patients with neurocognitive and communicative impairment
- Determine the severity of the impairment
- Help establish treatment goals/draft specific treatment plans

The SCCAN content relates to daily activities that adults would be expected to perform for independent living. It has eight scales, and a total score.

SCCAN SCALES
- Oral Expression
- Orientation
- Memory
- Speech Comprehension
- Reading Comprehension
- Writing
- Attention
- Problem Solving

It measures levels of functioning in patients with differing ability levels and/or patients whose ability level changes over time. Patient performance is compared with three profiles particular to certain types of brain injury, assisting in differential diagnosis.

STATISTICAL AND TECHNICAL CHARACTERISTICS

The SCCAN yields a standard score, percentile ranks, SEMs, and percentage scores. Samples were collected to evaluate the use of the SCCAN with patients with left- and right-hemisphere stroke, Alzheimer’s disease and traumatic brain injury.

The SCCAN Kit includes the Stimulus Book, 25 each of the Examiner Record Booklets, Written Response Booklets, and Report Summary Forms, and a Manual in a sturdy storage box.

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Ross Information Processing Assessment Second Edition (RIPA-2)

Provides quantifiable data for profiling 10 key areas basic to communicative and cognitive functioning.

Age Range: 15 through 90 years
Time: 60 minutes
Restricted Use: Level B

The RIPA-2 enables the examiner to quantify cognitive-linguistic deficits, determine severity levels for each skill area, and develop rehabilitation goals and objectives.

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Ross Information Processing Assessment-Geriatric, Second Edition (RIPA-G:2) is a valuable assessment battery for speech/language pathologists, neuropsychologists, psychologists, and other rehabilitation professionals working with clients 55 years and older. A complete description can be found at StoeltingCo.com. The RIPA-G:2 Kit includes 25 Record Booklets and the Manual.

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Studies were done in hospitals, rehabilitation centers, clinics and private practices. A representative study sample of individuals with Traumatic Brain Injury has been included.

The RIPA-2 Kit includes 25 each of the Record forms and Profile/Summary Forms and a Manual.

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Stoelting genuinely appreciates your business. We want to make placing an order as easy and convenient as possible. You can find a comprehensive listing of our products and full description at our website, www.StoeltingCo.com. We accept telephone, FAX, mail and email orders from all governmental and educational institutions, and from companies or individuals with established credit. If you need an official Stoelting Order Form, email us at psychtests@StoeltingCo.com.

For companies and individuals without an established account, please supply one bank and two trade references with your order. To avoid credit clearance delay, you may prefer to pre-pay in full, including shipping charges and taxes; authorize COD shipment; or charge to a valid VISA, MasterCard or American Express account.

These symbols, found throughout this catalog and on StoeltingCo.com indicate assessment and treatment areas covered by Stoelting's extensive product line.

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Rey Complex Figure Test and Recognition Kit (RCFT)

Captures information on five aspects of neuropsychological functioning.

**Age Range:** 6 through 89 years  
**Time:** 45 minutes, including a 30-minute delay interval

The RCFT provides a well-rounded cognitive snapshot, using standardized Rey Complex Figure materials and procedures. It assesses:

- Visuospatial Recall Memory  
- Visuospatial Recognition Memory  
- Response Bias  
- Processing Speed  
- Visuospatial Constructional Memory

It has been shown to discriminate mildly brain-damaged from normal patients, and brain-damaged patients with documented memory impairment, who are able to live independently. It also distinguishes deficient performance in motor impairment from deficient performance due to memory impairment.

The RCFT also identifies possible causes of memory deficits, by evaluating the relative contributions of encoding, storage and retrieval process to memory performance.

**TEST STRUCTURE**

Each 8 ½” x 11” Stimulus Card contains a computer-rendered replica of the original Rey complex figure. Scoring of the drawings is based on the widely-used 36-point scoring system; the same scoring criteria apply to all three drawing trials (Copy trial; 3-minute Immediate Recall trial, and 3-minute Delayed Recall trial). Scoring is based on accuracy, and placement of criteria. Scoring examples are provided.


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<td>30151</td>
<td>Electronic Stopwatch</td>
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Quick Neurological Screening Test-3R (QNST-3R)

Assesses the development of motor coordination and sensory integration, from early childhood through geriatrics.

**Age Range:** 4 through 80+ years  
**Time:** 20-30 minutes  
**Restricted Use:** Level B

The QNST-3R includes tasks commonly used in traditional neurologic exams, and requires no special equipment—just a pencil.

- Hand Skill  
- Figure Recognition and Production  
- Palm Form Recognition  
- Eye Tracking  
- Sound Patterns  
- Finger to Nose  
- Thumb and Finger Circle  
- Rapidly Reversing Repetitive Hand Movements  
- Arm and Leg Extension  
- Tandem Walk  
- Stand on One Leg  
- Skipping  
- Left-Right Discrimination  
- Behavioral Irregularities

These 14 tasks provide an easy, and reliable, way to quantify, over time, the presence and extent of clinically-important behaviors:

- Motor Maturity and Development  
- Sensory Processing  
- Gross and Fine Muscle Control  
- Motor Planning and Sequencing  
- Sense of Rate and Rhythm  
- Spatial Organization  
- Visual and Auditory Perception  
- Balance and Vestibular Function  
- Disorders of Attention

The Manual’s updated literature review includes information about Neurological Soft Signs (NSS) seen in sports-related concussion (child and adult) and neurodegenerative diseases (such as Alzheimer’s and Parkinson’s). Expanded norms now cover ages 4 through geriatrics.

The QNST-3R Kit includes 25 each of the Record Forms and Remedial Guidelines (developmental activities) Forms and a Manual.

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Kohs Block Design Tests

A performance test of intelligence, useful with language- and hearing-impaired individuals.

**Age Range:** Mental ages 3 through 19 years  
**Time:** Up to 40 minutes

The Kohs Block Design Tests instructions are easy to give, and easy to understand, and can be given in pantomime. This makes the Kohs Block design Tests particularly suited to non-English speaking individuals, as well as those with language and hearing handicaps.

The Kohs tests consist of 16 colored cubes, and 17 cards with colored designs, which the subject is to duplicate. They are significantly less affected by school training than Binet, yet possess a high degree of correlation and reliability.

The Kohs Block Design Test includes Cubes, Cards, 50 Forms, and a Manual.

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EARLY CHILDHOOD/PRESCHOOL
Merrill-Palmer Revised Scales of Development

Page 5
Early identification of developmental delays and learning difficulties.

ACHIEVEMENT/READING
Slosson Oral Reading Test

Page 8
A brief measure of reading ability which identifies reading handicaps.

ADHD/BD/LD
Barkley Scales

Pages 12-14
• Executive Functions
• Functional Impairment
• Sluggish Cognitive Tempo
• ADHD

VISUAL/AUDITORY PERCEPTION
Survive and Thrive

Page 21
Strategies for Teens, Parents and Teachers

ADDITION/SUICIDE RISK/SUBSTANCE ABUSE
Hazelden Teen Intervene

Page 35
Screening, brief intervention and referral for treatment for substance use.

CLINICAL
The Essence of Healing

Page 38
A Quest for the MetaModel of the Psychotherapy of Trauma is centered on the Internal Family Systems approach.

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