

TEXT TO BE CHANGED AS USED AS SUPPLEMENTAL TEXT

INTERPRETING YOUR SCORE: The subscales you used to add up your scores (psychodynamic, biological, etc) are derived from a factor analysis of the responses of 130 subjects. See below for sample information (footnote 1).

Column 1 allows you to standardize your subscale scores by dividing the subscale sum by the number of items in that scale. With these 1 item equivalents you can examine which orientations you tend to score more highly on, and which are lower. If you chose to not make the calculation, notice which subscales have 5,4, and 3 items and you can make comparisons within these groups. Some participants have found it helpful to refer back to their responses to individual items to see if there are parts of a theory they tend to agree with more or less.

Column 2 provides the means and standard deviations of the sample of 130 community clinicians. Since these are from one selectively drawn sample, they provide a reference point but are not Anorms®. (These are means of the summed scale scores, not standardized to the 1 item level).

To aid you in interpretation the mean +/- 1 standard deviation would include 68% of the sample, and +/- 2 standard deviations would include 95% of the sample. One caution is that the reliability of the scales is adequate to discriminate group differences, but not individual differences. These scores should be used to stimulate reflection, but not as precise measurements of individual theoretical orientation.

¹ Sample Information: (n=130) Fifty-six (43%) of the subjects were MSW students, and 74 (57%) were practicing clinicians. Ninety-three (72%) were social work associated (students and practitioners) and 37 (28%) were from the other mental health professions. The average age of subjects was 35 (sd=13.7). The average practice experience of practitioners was 13.8 years (sd=11.2).