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“depression + conduct disorder but do not have ADHD”. This is a more accurate representation of the presentation clinicians must deal with in community settings. Finding “pure” examples of a single diagnosis is uncommon. Therefore, in the current study, a child was listed as having a diagnosis if he/she met the criteria for that diagnosis and regardless of the other diagnoses for which he/she might have qualified.

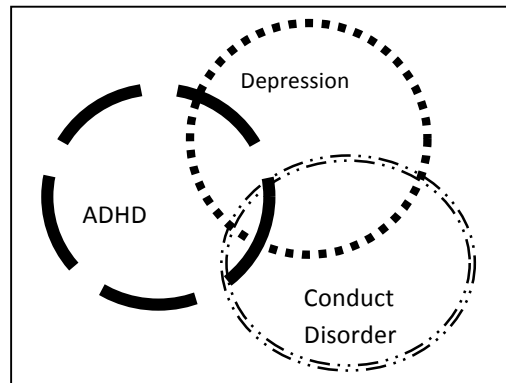


Figure 2. Venn Diagram of Co-Morbid Disorders

In addition to the *PCAS* diagnoses, Internalizing and Externalizing scores from the *Child Behavior Checklist* were used as indicators of “broadband-specific features” (Weiss, Susser, & Catron, 1998) rather than the narrowband-specific features represented by specific diagnostic categories. Measures of Internalizing and Externalizing behaviors function as indicators of what the parent/surrogate views as the primary problem. *T* scores for these two scales were used in analyses. These *T* scores reflect the deviation of all subjects from the mean of their respective normative (age and gender) groups in the same fashion without losing any statistical power (Achenbach, 1991).