Brief Hierarchical Taxonomy of Psychopathology (B-HiTOP)

Client Name	Generic Client	*Date administered*	28 Aug 2025
Date of birth (age)	14 Dec 2015 (9)	*Time taken*	52s
Assessor	Dr David Hegarty		

Results

	Average Score	Community Percentile	Descriptor
Internalising	1.9	57	Normal Range
Somatoform	1.8	55	Normal Range
Detachment	2.4	65	Normal Range
Thought Disorder	2	92	Clinically Significant
Disinhibition	2	77	Elevated
Antagonism	2	90	Clinically Significant

Secondary Scales

	Average Score	Community Percentile	Descriptor
Externalising	1.8	76	Elevated
p-Factor	2	74	Normal Range

Note. The B-HiTOP is in active research. The results from this assessment should be interpreted with consideration of the evolving literature and evidence. The ranges calculated here are based on preliminary norms that will be updated as new data are available.

B-HiTOP Spectra and Secondary Scale Percentiles
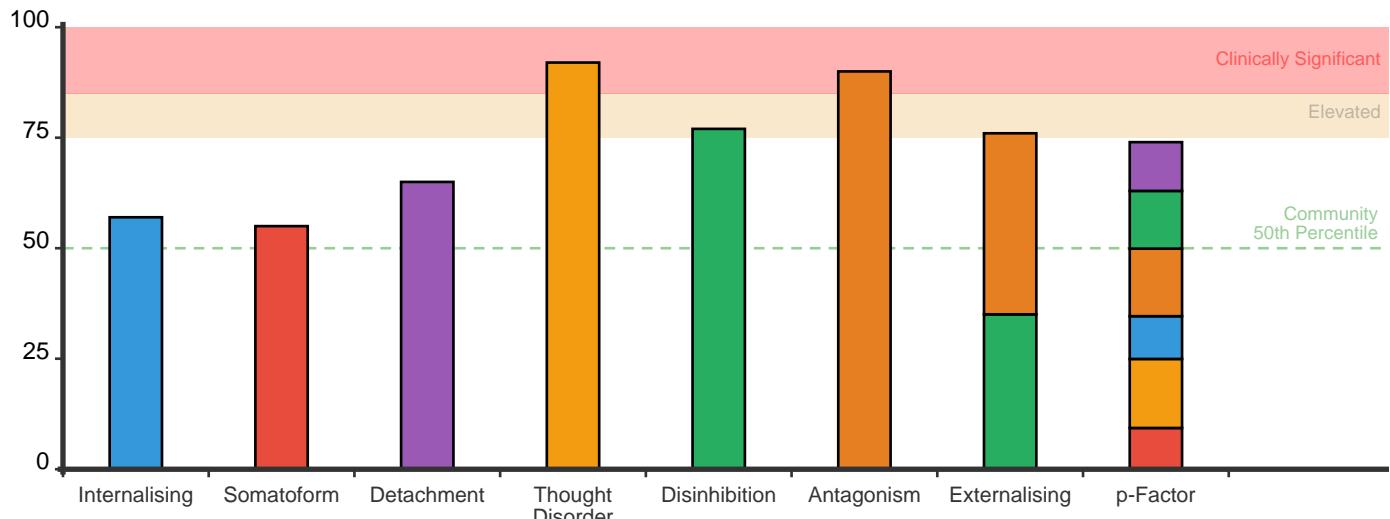
| **Client Name**	Generic Client

B-HiTOP Spectra Average Scores
Compared to Community Distributions
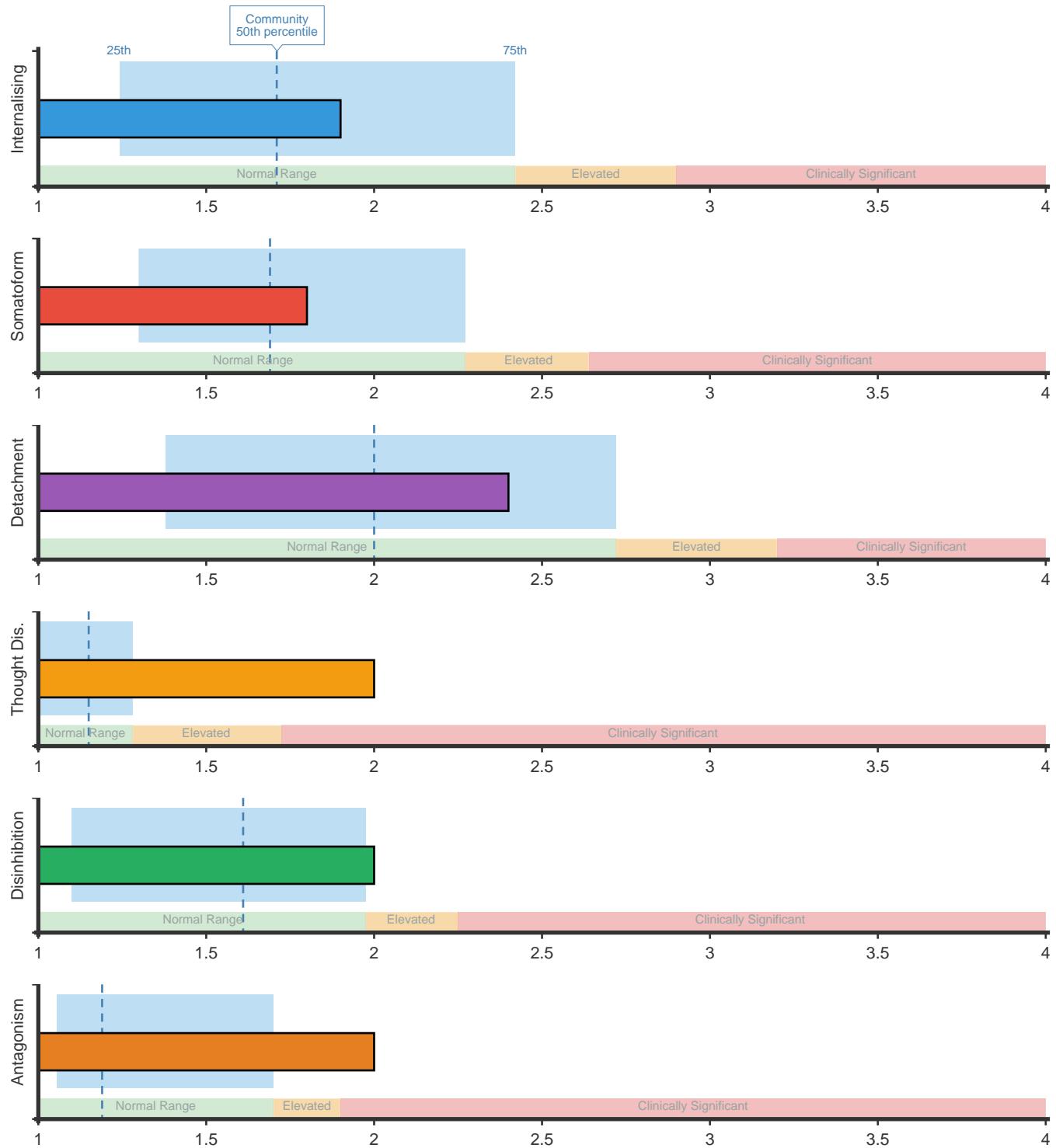
Client Name	Generic Client

B-HiTOP Secondary Scale Average Scores
Compared to Community Distributions
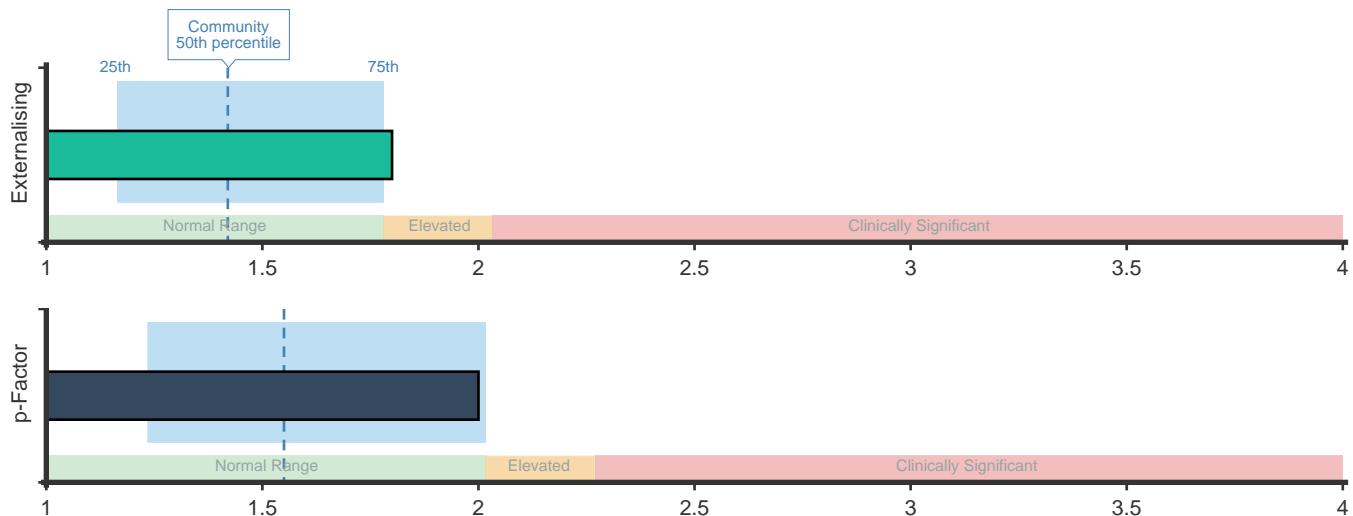
Interpretation

The results of the Brief Hierarchical Taxonomy of Psychopathology (B-HiTOP), as completed on 28 August 2025, demonstrate that Thought Disorder and Antagonism are within the clinically significant range, Disinhibition and Externalising are within the elevated range, whilst General Psychopathology (p-Factor), Detachment, Internalising, and Somatoform are within the normal range.

The 3 highest scoring dimensions (based upon percentiles) are outlined below:

Thought Disorder
The client's scores suggest clinically significant thought disorder symptoms, including unusual perceptual experiences, unconventional beliefs, and difficulties with clear thinking. This elevation indicates the client may be experiencing confusion, disorganised thoughts, unusual sensory experiences, or beliefs that others find difficult to understand. These symptoms can interfere with communication, decision-making, and their ability to accurately perceive and interpret their environment. In particular, the client endorsed the following items in the Thought Disorder spectrum:
- *9. My fantasies felt very real to me. (A lot)*
- *10. I felt like I was outside of my body. (A little)*
- *34. I saw things that were not really there. (A little)*
- *45. I felt that things around me were not real. (A little)*

To further investigate potential difficulties within the Thought Disorder spectrum, NovoPsych recommends the following assessments:
1. Multidimensional Inventory of Dissociation - 60-item version (MID-60)
2. Mood Disorder Questionnaire (MDQ)
3. General Behaviour Inventory (GBI)
4. Automatic Thoughts Questionnaire - Believability (ATQ-B)
5. Dissociative Experiences Scale - II (DES-II)

Antagonism

The client's scores indicate clinically significant antagonistic traits, suggesting a pattern of interpersonal difficulties characterised by hostility, callousness, and disregard for others' feelings and social norms. This elevation reflects tendencies toward manipulation, deceitfulness, aggression, and lack of empathy that create significant conflict in relationships. The client may experience persistent interpersonal problems, difficulty maintaining trust with others, and a pattern of exploitative or harmful behaviours. In particular, the client endorsed the following items in the Antagonism spectrum:

- 24. I deserved special treatment. (A lot)
- 5. I found it easy to manipulate others. (Moderately)
- 6. People told me I was coldhearted. (Moderately)
- 29. Things went best when I told others what to do. (A little)

To further investigate potential difficulties within the Antagonism spectrum, NovoPsych recommends the following assessments:
1. Personality Inventory for DSM-5 - Short Form (PID-5-SF)
2. Buss and Perry Aggression Questionnaire (BPAQ)
3. Empathy Quotient (EQ-40)

Disinhibition

The client's responses reflect elevated disinhibition, characterised by increased impulsivity and difficulties with self-control. This pattern indicates emerging challenges with considering consequences before acting and maintaining focus on tasks. In particular, the client endorsed the following items in the Disinhibition spectrum:

- 27. I bought much more than I needed. (A lot)
- 13. I made decisions quickly without thinking them through. (Moderately)
- 15. I had trouble planning and keeping to schedules. (A little)
- 33. I lost things that I needed. (A little)

To further investigate potential difficulties within the Disinhibition spectrum, NovoPsych recommends the following assessments:
1. Adult ADHD Self-Report Scale (ASRS)
2. Personality Inventory for DSM-5 - Short Form (PID-5-SF)
3. Difficulties in Emotion Regulation Scale - 16 item version (DERS-16)
4. Alcohol Use Disorders Identification Test (AUDIT)
5. Problem Gambling Severity Index (PGSI)
6. Executive Skills Questionnaire - Revised (ESQ-R)
7. General Behaviour Inventory (GBI)

Scoring and Interpretation Information

For comprehensive information on the B-HiTOP, see here.

{link to be added and Scoring & Interpretation section to be added here}
The Brief Hierarchical Taxonomy of Psychopathology (B-HiTOP) scores consist of dimensional scores across six primary spectra and two secondary scales. Higher average scores represent higher levels of symptoms within each spectrum measured. Scores are provided for the following spectra and scales of the B-HiTOP:

Primary Spectra:
1. Internalising (Items 4, 11, 17, 19, 23, 41, 42, 43) - assesses symptoms of emotional distress,

anxiety, depression, and internalised psychological difficulties.
2. Somatoform (Items 2, 3, 8, 14, 20, 26, 28, 31) - evaluates physical symptoms and bodily concerns including pain, fatigue, and health preoccupation.
3. Detachment (Items 22, 25, 32, 36, 38) - measures social withdrawal, emotional numbing, anhedonia, and interpersonal disconnection.
4. Thought Disorder (Items 7, 9, 10, 34, 35, 45) - screens for unusual thoughts, perceptual disturbances, and reality distortion experiences.
5. Disinhibition (Items 1, 13, 15, 21, 27, 30, 33, 37, 44) - assesses impulsivity, risk-taking behaviours, and behavioural control difficulties.
6. Antagonism (Items 5, 6, 12, 16, 18, 24, 29, 39, 40) - evaluates interpersonal hostility, manipulation, callousness, and lack of empathy.

Secondary Scales:
1. Externalising (Items 5, 12, 13, 15, 16, 18, 21, 33, 39, 44) - represents a broad factor combining aspects of disinhibited and antagonistic behaviours, reflecting a tendency toward behavioural dyscontrol.
2. p-Factor (Items 3, 10, 11, 12, 18, 19, 21, 22, 26, 35, 36, 44) - measures general psychopathology that cuts across all spectra, representing global severity or symptom burden.

The B-HiTOP employs dimensional scoring approaches where average scores for each spectrum provide continuous measures of symptom severity. Average scores are calculated by dividing the total raw score by the number of items in each spectrum. The percentiles are based upon these dimensional average scores and are derived from community normative samples. Scores are presented as percentile ranks indicating the individual's position relative to peers in the normative sample. A percentile of 50 indicates that the symptom level is at average and expected levels, whilst a percentile of 85 indicates relatively high symptom levels compared to peers (i.e., higher than 85 percent of peers).

The B-HiTOP uses percentile-based interpretation ranges. Dimensional scores are categorised into three interpretive ranges based on normative percentiles:
- Normal Range: Less than 75th percentile - Symptom levels within expected limits for the general population
- Elevated: Greater than or equal to 75th percentile but less than 85th percentile - Symptom levels somewhat above average but not yet in the clinically significant range
- Clinically Significant: Greater than or equal to 85th percentile - Symptom levels substantially above average, suggesting potential clinical concern

These percentile-based ranges enable clinicians to interpret B-HiTOP scores within a dimensional framework that recognises the continuous nature of psychopathological experiences. Unlike traditional categorical diagnostic cutoffs, these ranges provide graduated levels of clinical concern that can guide assessment and intervention decisions.

On the first administration of the B-HiTOP, two types of plots are typically shown. The first is a stacked bar chart displaying percentile scores for all spectra and secondary scales with background shading indicating elevated and clinically significant ranges. The second is a series of horizontal bar charts showing average scores for each spectrum compared to community percentile distributions, with guidelines marking the 25th, 50th, and 75th percentiles and coloured regions indicating normal range, elevated, and clinically significant ranges.

When B-HiTOP scores are available from multiple timepoints, changes in scores can provide valuable information about the effectiveness of interventions or changes in symptoms. Although

B-HiTOP does not have an established framework for interpreting change over time, we can use the established recommendation of changes of at least 0.5 standard deviations in average scores being considered clinically meaningful (the minimally important difference) (Norman et al., 2003; Turner et al., 2010). These changes are categorised as 'significant improvement' (?0.5 SD reduction in average score), 'significant deterioration' (?0.5 SD increase in average score), 'slight improvement or deterioration' (

Client Responses

		Not at all	A little	Moderately	A lot
1	I paid my bills late or missed other important deadlines.	**1**	2	3	4
2	Reading articles about disease made me worry about my health.	**1**	2	3	4
3	I was bothered by several bodily symptoms (e.g., headache, fatigue or stomach problems) for which there was no clear or sufficient medical explanation.	1	2	3	**4**
4	My mind was flooded with troubling images of a bad experience.	1	2	**3**	4
5	I found it easy to manipulate others.	1	2	**3**	4
6	People told me I was coldhearted.	1	2	**3**	4
7	I had trouble telling whether something really happened or I just imagined it.	**1**	2	3	4
8	I noticed small changes to how my body feels.	1	**2**	3	4
9	My fantasies felt very real to me.	1	2	3	**4**
10	I felt like I was outside of my body.	1	**2**	3	4
11	I was disgusted with myself.	1	2	**3**	4
12	I did things to get others to notice me.	**1**	2	3	4
13	I made decisions quickly without thinking them through.	1	2	**3**	4
14	I was frustrated with having to convince others I had a real illness.	1	**2**	3	4
15	I had trouble planning and keeping to schedules.	1	**2**	3	4

		Not at all	A little	Moderately	A lot
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Client Responses (cont.)

		Not at all	A little	Moderately	A lot
16	I liked attracting the attention of others.	**1**	2	3	4
17	Even when I was very careful, I worried whether I had done something correctly.	**1**	2	3	4
18	I found it easy to deceive others.	**1**	2	3	4
19	I felt on guard and on edge.	**1**	2	3	4
20	I had pains in several parts of my body.	**1**	2	3	4
21	I said things without thinking.	**1**	2	3	4
22	Romantic relationships seemed like a hassle to me.	1	2	**3**	4
23	My moods were intense and unpredictable.	1	**2**	3	4
24	I deserved special treatment.	1	2	3	**4**
25	When I had the chance, I chose to be alone rather than with other people.	**1**	2	3	4
26	I felt something was wrong with my body.	**1**	2	3	4
27	I bought much more than I needed.	1	2	3	**4**
28	I was afraid that I might suffer from a serious illness	1	**2**	3	4
29	Things went best when I told others what to do.	1	**2**	3	4
30	I was a messy person.	**1**	2	3	4
31	I could feel changes in my body.	**1**	2	3	4
32	I had no interest in romantic relationships.	1	2	**3**	4
33	I lost things that I needed.	1	**2**	3	4
34	I saw things that were not really there.	1	**2**	3	4

Client Name	Generic Client

Client Responses (cont.)

		Not at all	A little	Moderately	A lot
35	I heard things that no one else could hear.	**1**	2	3	4
36	I felt that I did not want to be in a close relationship.	1	2	3	**4**
37	I was never on time.	1	**2**	3	4
38	I was happiest when I was alone.	**1**	2	3	4
39	I expected to get treated better than others.	1	**2**	3	4
40	I liked having power.	**1**	2	3	4
41	I thought a lot about death.	1	**2**	3	4
42	I had a hard time asserting myself to others.	**1**	2	3	4
43	I was overwhelmed by anxiety.	1	**2**	3	4
44	I quit tasks that became too challenging.	1	**2**	3	4
45	I felt that things around me were not real.	1	**2**	3	4