APPENDIX C

Hernando Schools Mental Health Screening /Assessment Tools

CLINICAL MEASURES – GLOBAL

The following measures are designed to assess an array of target problems, including internalizing and externalizing disorders.

Copies of these instruments can be found here:
https://drive.google.com/folderview?usp=sharing&id=0B0GTQg4639jjVGMyd3RaOHhCQXc& ddrp=1#

Youth Top Problems (YTP) YTP is simply a structured way of assessing client and/or parent report of primary concerns to be addressed in treatment. However, the way you use this into your own practice can be somewhat flexible. According to John Weisz and colleagues' paper on Top Problems (published in 2011), TP could support clinical practice in several ways: (a) adding specificity to problems that other scales ask about too generally or would miss; (b) identifying specific client priorities within a large array of problems (d) giving clients a voice in shaping the agenda and goals of treatment; (e) enhancing rapport and alliance between clients and clinicians; (f) providing a way to monitor progress of treatment by tracking ratings on these TP; (g) informing decisions about when to end treatment, and (h) using an approach that can fit into everyday practice because it builds on an already widely used procedure—that is, identifying client concerns at the beginning of treatment.

Brief Problem Checklist (BPC) The BPC is a fifteen item measure of internalizing and externalizing problems among youth ages seven to adolescence. It is designed for repeated periodic assessments of clinical progress among children with a wide variety of problems. There are both child and parent versions of the measure. The measures can be accessed at: Child version
http://www.childfirst.ucla.edu/Brief%20Problem%20Checklist%20-%20Child.pdf Parent Version
http://www.childfirst.ucla.edu/Brief%20Problem%20Checklist%20-%20Parent.pdf

Strength and Difficulties Questionnaire (SDQ) The SDQ is a brief behavioral screening questionnaire for children and adolescents ages 3-16. There are several versions of the SDQ including a parent form, a teacher form, a modified form for parents and teachers of nursery school children, and a self-report form for youth aged 11-17. Each form is comprised of 25 items that assess the following 5 domains: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and prosocial behavior. There is an impact supplement that can also be added to the measures that includes questions about whether the respondent thinks the child has a problem and, if so, inquires further about the chronicity, distress, social impairment and burden to others caused by this problem. These measures can be accessed at: http://www.sdqinfo.com/py/sdqinfo/b3.py?language=Englishqz(USA)

Impairment Rating Scale (Narrative Description of Child's Impairment – Home and School Versions)* This measure asks parents and teachers to describe the child's primary problem and how this problem has affected functioning with peers, relationship with parents/teacher, academic progress, self-esteem and overall family/classroom functioning. Both the home and school versions can be accessed at: http://ccf.buffalo.edu/pdf/Impairment_scale.pdf

Pediatric Symptom Checklist (PSC and Y-PSC)* This psychosocial screen is designed to aid in the recognition of cognitive, behavioral and emotional problems in children ages 3-16 so that appropriate interventions can be delivered as early as possible. Though this measure cannot be used in making a specific diagnosis, it can serve as a useful first step. Thirty-five item parent and youth (for adolescents age 11 and up) versions of the measure are available in several languages. A shorter 17-item version of the measure and a pictorial version are also available. All forms can be found at: http://www.massgeneral.org/psychiatry/services/psc_forms.aspx

Peabody Treatment Progress Battery (PTPB) The PTPB is a set of 11 measures assessing mental health outcomes and clinical processes for youth ages 11-18. The PTPB collects information from youth, caregivers, and clinicians. All measures associated with the PTPB are appropriate to use as screening tools and/or to monitor symptom changes over time. All measures within the PTPB are brief (2-26 items) and can be administered in five to eight minutes. The first six measures assess treatment outcome whereas the latter five measures focus on treatment processes (e.g., therapeutic alliance, treatment expectation). The first six measures are sensitive to symptom change as a result of treatment. Access the PTPB at: http://peabody.vanderbilt.edu/research/center-evaluation-programimprovement-cepi/reg/ptpb_2nd_ed_downloads.php

Columbia Impairment Scale (CIS) The CIS is a 13-item parent or youth report utilized for rating problem behaviors, providing a global measure of impairment. The self-report version is appropriate for children age 9-17 years, while the parent version is appropriate for children age 6-17 years. Administration time is approximately 3 minutes. Areas of functioning assessed include interpersonal relations, broad psychopathological domains, functioning in job or schoolwork, and use of leisure time. CIS scores range from 0 to 52, with higher scores indicating a greater level of impairment; a score of 15 or higher is considered clinically impaired.
Parent-version:
https://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/MentalHealth/Columbia/CIS-Parent%20web%20system%20version%20w%20instructions_1.pdf

Youth-version:
https://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/MentalHealth/Columbia/CIS-Y%20-youth%20web%20system%20version%20w%20instructions_1.pdf

CLINICAL MEASURES – PROBLEM AREA SPECIFIC

The following measures are designed to assess a cluster of difficulties (e.g., internalizing problems) or specific disorder (e.g., OCD).

Disruptive Behaviors

Parent/Teacher Disruptive Behavior Disorder Rating Scale (DBD-RS) The Parent/Teacher DBD is a 45-item scale that assesses symptoms associated with ADHD, oppositional defiant disorder and conduct disorder. It is designed to be filled out by parents or teachers. The scale can be accessed at: http://ccf.buffalo.edu/pdf/DBD_rating_scale.pdf.

NICHQ Vanderbilt Assessment Scales (ADHD) The Vanderbilt Assessment Scale is a 55-item measure that can be completed by parents and teachers to assess for high frequencies of symptoms associated with ADHD. The scale also includes screening questions for commonly coexisting conditions, including oppositional defiant disorder, conduct disorder and anxiety disorders. The target population for this measure is children ages 6 to 12.
Parent Measure : http://www.multicare-assoc.com/pdfs/NICHQVanderbiltParent.pdf
Parent Follow-Up:
http://www.uwmedicine.org/neighborhoodclinics/Documents/05VanFollowUp%20Parent%20Infor.pdf
Teacher Measure:
http://www.jeffersandmann.com/client_files/file/JMA_Vanderbilt-Teacher-Informant.pdf
Teacher Follow Up:
http://www.jeffersandmann.com/client_files/file/JMA_Vanderbilt-Teacher-Informant-Followup.pdf
Scoring Instructions: http://www.pedstest.com/Portals/0/TheBook/VanderbiltScoring.pdf

Child and Adolescent Disruptive Behavior Inventory (CADBI) Screener The CADBI Screener is a brief parent- or teacher-report measure consisting of 25 items and 3 subscales: Opposition directed towards adults (items 1-8) and towards peers (items 9-16), and hyperactivity/impulsivity (items 7-25). This measure was used in validation studies in youth 3- 18 years old. It can be used as a screening and diagnostic tool.

Depression

Center for Epidemiological Studies Depression Scale for Children (CES-DC) This is a 20-item self-report depression inventory with possible scores ranging from 0 to 60. Higher CES-DC scores indicate increasing levels of depression. Scores over 15 can be indicative of significant levels of depressive symptoms. The CES-DC can be used with children and adolescents ages 6-17. It can be accessed at: http://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces_dc.pdf

Depression Self-Rating Scale for Children (DSRS) The DSRS is an 18-item self-report depression screening tool for youth ages 8 to 14 years . It should take 5 to 10 minutes to complete this tool. Children who score 15 and over on the DSRS are significantly more likely to have a depressive diagnosis. This measure can be accessed at: http://www.scalesandmeasures.net/files/files/Birleson%20SelfRating%20Scale%20for%20Child%20Depressive%20Disorder.pdf

Patient Health Questionnaire – 9 (PHQ-9) The PHQ-9 is a 9-item measure developed for assessing and monitoring depression severity. Items are self-administered and can be utilized in youth 13 years and older. Scores of 5, 10, 15, and 20 represent cutpoints for mild, moderate, moderately severe, and severe depression, respectively. This measure has been field-tested in office practice. The screener is quick and user-friendly, improving the recognition rate of depression and facilitating diagnosis and treatment. Available at: http://www.phqscreeners.com/

Other Mood/Mania

Yale-Brown Obsessive Compulsive Scale (CY-BOCS) for Children The Y-BOCS is a 40-item measure used by clinicians to assess obsessive-compulsive symptoms in adolescents ages 15 and over. The Y-BOCS rating scale is a gradated scale to measure the severity of OCD symptoms, and can be repeated to measure treatments and interventions. A version of the Y-BOCS is available at: http://home.cogeco.ca/~ocdniagara/files/ybocs.pdf

Child Mania Rating Scale-Parent Version (CMRS-P) The CMRS-P is 21-item parent-report measure designed to assess mania in youths ages 5-17. The CMRS-P is appropriate to use as a screening or diagnostic tool, and to monitor symptom changes over time. A total score of 20 is recommended to best differentiate between youth with pediatric bipolar disorder, youth with ADHD, and healthy controls, and also to indicate remission from mania symptoms. Available at: http://www.dbsalliance.org/pdfs/ChildManiaSurvey.pdf

Child Dissociative Checklist (CDC) Version 3* The CDC is a 20-item parent/adult observer report measure of dissociative behaviors for children ages 5 to 12. A score of more than 12 warrants additional evaluation. The measure can be accessed at: https://secure.ce-credit.com/articles/102019/Session_2_Provided-Articles-1of2.pdf

Anxiety

Revised Children's Anxiety and Depression Scale (RCADS) The RCADS is a 47-item designed to assess depression and anxiety in youth from grades 3 to 12. The subscales of the measure include: separation anxiety disorder, social phobia, generalized anxiety disorder, panic disorder, obsessive compulsive disorder, and major depressive disorder. Both youth and parent versions of the measure are available in several languages. The measures can be accessed at:
User Guide: http://www.childfirst.ucla.edu/RCADSGuide20110202.pdf
Child Version: http://www.childfirst.ucla.edu/RCADS%202009.pdf
Parent Version: http://www.childfirst.ucla.edu/RCADS-P%202009.pdf

Self-Report for Childhood Anxiety Related Disorders (SCARED) This measure is designed to screen for anxiety disorders in children ages eight and above. It consists of 41 items that measure general anxiety, separation anxiety, social phobia, school phobia, and physical symptoms of anxiety. Both child self-report and parent report versions of SCARED are available.
Child Form:
http://psychiatry.pitt.edu/sites/default/files/Documents/assessments/SCARED%20Child.pdf
Parent Form:
http://www.psychiatry.pitt.edu/sites/default/files/Documents/assessments/SCARED%20Parent.pdf

Spence Children's Anxiety Scale (SCAS) The SCAS is a self-report measure of anxiety for children and adolescents. Normative data is available separately for boys and girls between the ages of 7 and 18. The SCAS consists of 45 items (38 assessing anxiety, 7 items assessing social desirability). The subscales include: panic/agoraphobia, social anxiety, separation anxiety, generalized anxiety, fear of physical injury, and obsessions/compulsions,.
It can be accessed at: http://www.scaswebsite.com/index.php?p=1_6

Penn State Worry Questionnaire for Children (PSWQ-C) The PSWQ-C is a 14-item self-report questionnaire designed to assess worry in children and adolescents aged seven to seventeen. The PSWQ-C can be used as a screening tool. Responses are scored on a 4-point Likert scale from 0 (never) to 3 (always). Items 2, 7, and 9 are reversescored from 0 (always) to 3 (never), with greater scores indicating less worry rather than greater worry. Subsequently, item scores are summed to yield a total score. Total scores range from 0 to 42, with higher scores indicating greater tendency to worry. Available at: http://www.childfirst.ucla.edu/resources.html

Generalized Anxiety Disorder – 7 (GAD-7) The GAD-7 is a 7-item anxiety measure developed after the PHQ. Items are self-administered and can be utilized in youth 13 years and older. Cutpoints of 5, 10, and 15 represent mild, moderate, and severe levels of anxiety. Though designed primarily as a screening and severity (CSMH, August 2015) 7 measure for generalized anxiety disorder, the GAD-7 also has moderate sensitivity for three other common anxiety disorders – panic disorder, social anxiety disorder, and post-traumatic stress disorder. When screening for anxiety disorders, a recommended cutpoint for further evaluation is a score of 10 or greater. This measure has been field-tested in office practice. The screener is quick and user-friendly, improving the recognition rate of anxiety and facilitating diagnosis and treatment. Available at: http://www.phqscreeners.com/

Trauma

Childhood PTSD Symptom Scale (CPSS) The CPSS is a 26-item self-report measure that assesses PTSD diagnostic criteria and symptom severity in children ages 8 to 18. It includes 2 event items, 17 symptom items, and 7 functional impairment items. Symptom items are rated on a 4-point frequency scale (0 = "not at all" to 3 = "5 or more times a week"). Functional impairment items are scored as 0 = "absent" or 1 = "present". The CPSS yields a total symptom severity scale score (ranging from 0 to 51) and a total severity-of-impairment score (ranging from 0 to 7). Scores can also be calculated for each of the 3 PTSD symptom clusters (i.e., B, C, and D).
https://www.aacap.org/App_Themes/AACAP/docs/resource_centers/resources/misc/child_ptsd_

Trauma Exposure Checklist and PTSD Screener The Trauma Exposure Checklist and PTSD Screener is a 34-item self-report measure designed to screen youths ages 2-10 for emotional distress following a traumatic event.

Substance Use

CAGE Interviewing Technique (CAGE) Four clinical interview questions, the CAGE questions, have proved useful to quickly screen for problem drinking. The questions focus on Cutting down, Annoyance by criticism, Guilty feeling, and Eye-openers. The acronym "CAGE" helps the provider to recall the questions (used most often with physicians in brief alcohol screening). The 4 simple questions are "Have you ever: (1) felt the need to cut down your drinking; (2) felt annoyed by criticism of your drinking; (3) had guilty feelings about drinking; and (4) taken a morning eye opener? A cutoff of one or more positive response indicates problem drinking.
http://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/CAGE%20Substance%2

Two-Item Conjoint Screen (TICS) The TICS includes 2 questions derived from the CAGE to screen for alcohol and other drug abuse or dependence. A positive response to one or both questions is considered a "positive screen" and warrants further assessment to delineate the severity or risk of the problem. The questions are: 1) In the last year, have you ever drunk or used drugs more than you meant to? & 2) Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?

CRAFFT CRAFFT is a brief alcohol and drug screening test developed by Center for Adolescent Substance Abuse Research at Children's Hospital Boston. The test is comprised of six questions and is designed specifically for use with adolescents. The CRAFFT questions can be accessed at:
http://www.ceasar-boston.org/CRAFFT/index.php

**Information accessed from Centers for School Mental Health
*** List is not exhaustive