CYF mHOMS MEASURES MANUAL

Child & Adolescent Services Research Center | University of California San Diego

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INTRODUCTION

CANS and PSC Measure Selection

Upon recommendation from the Expert Task Force, California Department of Health Care Services (DHCS) contracted with the University of California, Los Angeles (UCLA), to recommend evidence-based tool(s) to measure children and youth functional outcomes in California. UCLA took a three-part approach to narrowing down the options for a functional assessment tool:

Part I. UCLA developed a list of candidate tools by conducting an environmental scan of the tools used to measure functional status by other states or nations and surveyed California county Mental Health Providers (MHPs) and a sample of their contracted providers on tools that are currently used. UCLA then conducted an in-depth literature review on a subset of the tools identified in the environmental scan and survey to assess their psychometric properties and use as an outcome measure.

Part II. UCLA assembled a modified Delphi Panel, which is a well-established approach that combines review of scientific evidence with expert clinical judgment, to evaluate the tools identified in the first part. The modified Delphi panel rated the tools on effectiveness of care, scientific acceptability, usability, and feasibility.

Part III. Using several criteria, UCLA made a recommendation to DHCS for a statewide outcomes measurement tool to monitor the effectiveness of publicly funded specialty mental health services, which was the Pediatric Symptom Checklist (PSC-35; parent/caregiver version). DHCS is adopting UCLA's recommendation to use the parent/caregiver version of PSC-35. In addition, DHCS determined it would also be beneficial to adopt a tool representing the clinician's perspective of child/youth functioning formed through a collaborative assessment process including the youth, caregivers, and other individuals identified by the youth and family. Therefore, using the information gleaned from the UCLA study, along with stakeholder and county MHP input, DHCS selected the Child and Adolescent Needs and Strengths (CANS-50).

Source: <u>https://www.dhcs.ca.gov/services/MH/Documents/FMORB/Info_Notice_17-</u> 052_POS_Functional_Assessment_Tool.pdf

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Description of Measures

Child and Adolescent Needs and Strengths (CANS-50)

The CANS is a structured assessment (or output of a family interview) that the clinician completes. It is used to identify youth and family strengths and needs using a shared language among providers and service systems. It can inform treatment planning, support placement decisions, and potentially monitor outcomes. The CANS-50 is comprised of six domains selected by the State of California Performance Outcomes System. San Diego County added four domains to meet the needs of its population. Clinicians use the CANS for youth ages 6 through 21 in San Diego County.

Child and Adolescent Needs and Strengths - Early Childhood (SD CANS-EC)

Since the California Department of Health Care Services did not provide guidance on a measure for clients ages 0-5 receiving mental health services, the EC-CANS was selected. It is the early childhood module of the California Integrated Practice Child and Adolescent Needs and Strengths used by the California Department of Social Services. In San Diego, both the mental health and Child Welfare systems will be using the EC-CANS for youth ages 0-5. The SD CANS-EC is comprised of eight domains.

Pediatric Symptom Checklist (PSC and PSC-Y)

The PSC was developed as a psychosocial screening tool for emotional and behavioral problems. All 35 items have 3-point Likert scale response options. It has been used to evaluate changes in emotional/behavioral problems before and after mental health services. There is a caregiver version for youth ages 3 through 18 and a youth self-report version for ages 11 to 18. The PSC is comprised of three subscales: Attention Problems, Internalizing Problems, and Externalizing Problems; one total PSC score is also calculated.

Personal Experience Screening Questionnaire (PESQ)

The PESQ is completed by youth ages 12 through 18 who are receiving services from a Substance Use Counselor at a San Diego County Mental Health Clinic. The PESQ is used to screen adolescents for substance use problems and track outcomes after receiving counseling for substance use. 21 items utilize a 4-point scale and are aggregated to produce an overall problem severity scale. Additional items evaluate type and frequency of substance use over the past 12 months.

CALIFORNIA CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS-50) AND THE CHILD AND ADOLESCENT NEEDS AND STRENGTHS – EARLY CHILDHOOD (SD CANS-EC)

Aim: The CANS is a structured assessment completed by the clinician at intake, every utilization management/utilization review (UM/UR) but no longer than every six months, and discharge as a result of a client assessment. It was designed to:

- Identify youth and family's actionable needs and useful strengths.
- Provide a framework for developing and communicating about a shared vision.
- Inform planning, support decisions, and monitor outcomes.

Conceptual Foundation: The CANS is based on communimetrics, which has the following six key components (https://praedfoundation.org/tools/the-child-and-adolescent-needs-and-strengths-cans/):

- 1. Items are selected based on relevance to planning.
- 2. Action levels for all items.
- 3. Consider culture and development before establishing the action level.
- 4. Agnostic as to etiology—descriptive, no cause and effect.
- 5. About the child, not about the service. Rate needs when masked by interventions.
- 6. Specific ratings window (e.g. 30 days) can be over-ridden based on action levels.

Strengths	Limitations
 CANS can be customized to the needs of systems by adding specialized modules or combining with existing forms (intake forms, etc.) Potential to create greater parent and family engagement during intake process Evaluates child strengths 	 Length of time needed to administer the tool Overlaps with existing intake assessment, unless integrated into the intake assessment Limited psychometrics Not designed to detect quick changes in youth

CALIFORNIA CHILD AND ADOLESCENT NEEDS AND STRENGTHS (San Diego Version)

CANS Instrument Information

Domains	 CA CANS-50: Core Modules Child Behavioral/ Emotional Needs Strengths Caregiver Resources & Needs Life Functioning Cultural Factors Risk Behaviors 	 San Diego Specific Follow-Up Modules Trauma Substance Use Sexuality Juvenile Justice 					
Age-Range	6-21 years						
Number of Items	93 (50 core items and 43 follow-up items that are only co	93 (50 core items and 43 follow-up items that are only completed if trigger items are endorsed)					
Reliability and Validity	 Between researchers: 0.85. ² Convergent Validity: CANS correlated with CAFAS = .63 (reported in Rosar 	 Between clinicians in a public BHS: .78.¹ Between caseworkers/clinicians and researchers: 0.81.² Between researchers: 0.85.² Convergent Validity: CANS correlated with CAFAS = .63 (reported in Rosanblam et al., 2016).⁴ Sensitivity to Change: Studies show change overtime, however it may take between 3-10 months to detect 					
Translations	Spanish						

CANS Practical Considerations

Training Required	In-person or online training for certification (approximately six hours). Recertification must be done annually.						
	Detailed training information is provided through RHIS:						
	https://theacademy.sdsu.edu/programs/rihs/cyf-outcomes/						
Who completes	Clinical staff who are certified						
Time to complete	Initial CANS takes longer to complete and is the product of the intake assessment.						
	Subsequent CANS take less time since clinicians only update items that have changed.						
Database & Scoring	CYF mHOMS. Training forms can be accessed here: https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/CYFmHOMS- DES.aspx						
Cost	Training-related costs for certification: Approximately \$10/user annually.						

¹Accomazzo, S., Israel, N., & Romney, S. (2015). Resources, exposure to trauma, and the behavioral health of youth receiving public system services. *Journal of Child and Family Studies*, *24*(11), 3180-3191.

² Anderson, R. L., Lyons, J. S., Giles, D. M., Price, J. A., & Estle, G. (2003). Reliability of the child and adolescent needs and strengths-mental health (CANS-MH) scale. *Journal of Child and Family Studies*, *12*(3), 279-289.

³ Lyons, J. S., Woltman, H., Martinovich, Z., & Hancock, B. (2009). An outcomes perspective of the role of residential treatment in the system of care. *Residential Treatment for Children & Youth*, *26*(2), 71-91.

⁴ Rosanbalm, K. D., Snyder, E. H., Lawrence, C. N., Coleman, K., Frey, J. J., van den Ende, J. B., & Dodge, K. A. (2016). Child wellbeing assessment in child welfare: A review of four measures. *Children and Youth Services Review*, *68*, 1-16.

⁵ Sieracki, J. H., Leon, S. C., Miller, S. A., & Lyons, J. S. (2008). Individual and provider effects on mental health outcomes in child welfare: A three level growth curve approach. *Children and Youth Services Review*, *30*(7), 800-808.

CALIFORNIA CHILD AND ADOLESCENT NEEDS AND STRENGTHS Client Name:			Client ID Number:	50(021)	Jan L)iego (CAUN.		
			Client DOB:						
Caregiver Type: OAdoptive Parent _[3] OOther _[5]			Clinician/Staff ID:						
OOther Family Member (non-foster status) _[4]			SubUnit:						
Date of Assessment:					Current Primary Dx (<i>ICD code</i>):				
Assessment Type: OInitial[1]	OReassessment	[2] C	Discha	Irge _[4]	Current Secondary Dx (ICD code	?):			
CHILD BEHAVIORA		ins.			5	TRENGTHS			1
0=no evidence	1=history or suspi				0=centerpiece strength	1=u seful strength			
2=interferes with functioning;	3=disabling, dange		mmedia	ate or	2=identified strength	3=no evidence			
action needed	intensive action n					0	1	2	3
	0	1	2	3	20. Family Strengths	0	0	0	0
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2. Impulsivity/Hyperactivity	0	0	0	0	22. Educational Setting	<u>ه</u>	0	õ	ō
3. Depression	0	0	0	0	23. Talents/Interests	0	õ	õ	0
4. Anxiety	0	0	0	0	The second se	0	0	0	0
5. Oppositional	0	0	0	0	24. Spiritual/Religious	0	0	0	0
6. Conduct	0	0	0	0	25. Cultural Identity				
7. Anger Control	0	0	0	0	26. Community Life	0	0	0	0
8. Adjustment to Trauma 1	0	0	0	0	27. Natural Supports	0	0	0	0
9. Substance Use 2	0	0	0	0	28. Resiliency	0	0	0	0
Documentation to support rating Formulation and the following se					Documentation to support ratin Formulation and the following s				
Pre	senting Problems			_		Family History			
						Social Concerns			
Substance	e Use Information					Education			
History of Self-Injury,	/Suicide/Violence				CI	ultural Information			
Other, please specify (e.g., Dis	charge Summary)				Other, please specify (e.g., Di	scharge Summary)			
				-					
CAREGIVER RESO	OURCES AND NEED	S			LIFE	UNCTIONING			
	DURCES AND NEED	Sec. Sec.	eeds Dor	main	LIFE F 0=no evidence	UNCTIONING 1=history or suspi	icion		
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OYouth has no known caregiver. Ski 0=no evidence	na anana kasara kanalara jarabi kasara	s and Ne on			0=no evidence	1=history or susp 3=disabling, dang intensive action n	erous; i eeded		-1-303
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CULTURAL FACTORS						
0=no evidence 1=hist	tory or suspi	cion				
2=interferes with functioning; action 3=disabling, dangerous; immediate or needed intensive action needed						
	0	1	2	3		
40. Language	0	0	0	0		
41. Traditions and Rituals	0	0	0	0		
42. Cultural Stress	0	0	0	0		
Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply):						
Cultural Information						
Protective Factors						
Other, please specify (e.g., Discharge S	ummary)					

RISK BI	HAVIORS				
0=no evidence	1=history	or suspi	cion		
2=interferes with functioning;	3=disablin	g, dange	erous; i	mmedia	ateor
action needed	intensive	action n	eeded		
		0	1	2	3
43. Suicide Risk		0	0	0	0
44. Non-Suicidal Self-Injurious Be	ehavior	0	0	0	0
45. Other Self-Harm (Recklessne	ss)	0	0	0	0
46. Danger to Others		0	0	0	0
47. Sexual Aggression		0	0	0	0
48. Delinquent Behavior 4		0	0	0	0
49. Runaway		0	0	0	0
50. Intentional Misbehavior		0	0	0	0
Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply):					
High Risk Assessment					
Tarasoff 🗖					
History of Self-Injury					
Other, please specify (e.g., Disch	arge Sum	mary)			

FOLLOW-UP ASSESSMENT MODULES (Complete if trigger items are rated a '2' or '3')						
1. TRAUMA MODULE (Follow-up to Item 8)					2. SUBSTANCE USE MODULE (Follow-up to Item 9)	
No=no evidence of Trauma Yes=Evid	ence of	fTraum	na		0=no evidence 1=history or suspicion	
			No	Yes	2=interferes with functioning; 3=disabling, dangerous; immediate	
Sexual Abuse			0	0	action needed or intensive action needed	
Physical Abuse			0	0		
Neglect			0	0	Severity of Use O O O O	
Emotional Abuse			0	0	Duration of Use O O O O	
Medical Trauma			0	0	Stage of Recovery O O O O	
Natural or Manmade Disaster			0	0	Peer Influences O O O O	
Witness to Family Violence			0	0	Parental Influences O O O O	
Witness to Community/School Violence	and the second		0	0	EnvironmentalInfluences OOOO	
Victim/Witness to Criminal Activity			0	0	3. SEXUALITY MODULE (Follow-up to Item 38)	
War/Terrorism Affected			0	0	0=no evidence 1=history or suspicion	
Disruptions in Caregiving/Attachment Losse	s		0	0	2=interferes with functioning; 3=disabling, dangerous; immediate	
Parental Criminal Behavior			0	0	action needed or intensive action needed	
Sexual Abuse and Traumat	ic Stre	ss			0 1 2 3	
0=no evidence 1=histor					Hypersexuality OOOO	
2=interferes with functioning; 3=disabl			; imme	ediate	Masturbation O O O O	
action needed or intens	íve acti	on nee	ded		Reactive Sexual Behavior O O O O	
If the youth has been sexual	y abus	ed:			Knowledge of Sex O O O O	
	0	1	2	3	Choice of Relationships OOOO	
Emotional Closeness to Perpetrator	0	0	0	0	Sexual Exploitation OOOO	
Frequency of Abuse	0	0	0	0		
Duration	0	0	0	0	4. JUVENILE JUSTICE MODULE (Follow-up to Item 48)	
Force	0	0	0	0	0=no evidence 1=history or suspicion	
Reaction to Disclosure	0	0	0	0	2=interferes with functioning; 3=disabling, dangerous; immediate	
Traumatic Stress Sympto	oms:				action needed or intensive action needed	
	0	1	2	3	0 1 2 3	
Emotional/Physical Dysregulation	0	0	0	0	History O O O O	
Intrusions/Re-Experiencing	0	0	0	0	Seriousness O O O O	
Hyperarousal	0	0	0	0	Planning O O O O	
Traumatic Grief/Separation	0	0	0	0	Community Safety O O O O	
Numbing	0	0	0	0	Peer Influences O O O O	
Dissociation	0	ō	õ	õ	Parental Criminal Behavior O O O O	
Avoidance	õ	õ	õ	õ	Environmental Influences O O O O	
	<i>•</i>	-	~	~	- C/0C/2010	

San Diego CANS—50

Version date: 6/06/2019

CHILD AND ADOLESCENT NEEDS AND STRENGTHS - EARLY CHILDHOOD (SD CANS-EC)

Instrument Information

Domains	Core ModulesCultural Factors• Potentially Traumatic/Adverse Childhood Experiences• Cultural Factors• Challenges• Strengths• Functioning• Dyadic Considerations• Risk Behaviors & Factors• Caregiver Resources & Needs					
Age-Range)-5 years					
Number of Items	58					
Reliability and Validity	The researchers are unaware of any studies that have examined the reliability and validity of the CANS – Early Childhood (0-5 CANS). There were studies that combined kids ages 0-5 with older kids and reported reliability for those combined measures and samples.					
Translations	TBD					

SD CANS-EC Practical Considerations

Training Required	In-person or online training for certification (approximately six hours). Recertification must be done annually.						
	Detailed training information is provided through RHIS:						
	https://theacademy.sdsu.edu/programs/rihs/cyf-outcomes/						
Who completes	Clinical staff who are certified						
Time to complete	Initial CANS takes longer to complete and is the product of the intake assessment.						
	Subsequent CANS take less time since clinicians only update items that have changed.						
Database & Scoring	CYF mHOMS. Training forms can be accessed here: https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/CYFmHOMS- DES.aspx						
Cost	Training-related costs for certification: Approximately \$10/user annually.						

CHILD AND ADOLESCENT NEEDS AND STRENGTHS – EARLY CHILDHOOD (Complete for clients ages 0 to 5) San Diego CAN				
Client Name:			Client ID Number:	
	OBiological Parent _[1]	OFoster Parent _[2]	Client DOB:	
Caregiver Type:	OAdoptive Parent _[3]	OOther _[5]	Clinician/Staff ID:	
	OOther Family Membe	r (non-foster status)[4]	SubUnit:	
Date of Assessme	ent:		Current Primary Dx (ICD code):	
Assessment Type	: OInitial ^[1] OReassess	ment _[2] ODischarge _[4]	Current Secondary Dx (ICD code):	

NO = no evidence of any trauma of this type VES = exposure/experienced a trauma of this type VES = exposure/experienced a trauma of this type 1. Sexual Abuse 1. Sexual Abuse 2. Physical Abuse 3. Matural or Sampli Violence 5. Medical Trauma 6. Witness to Community/School Violence 10. Victim/Witness to Community/School Violence 11. Disruption in Caregiving/Attachment to Isse (12) 12. Parental Criminal Behaviors 13. Impulsivity/Wyteness to Criminal Activity 13. Impulsivity (12) 14. Depression 15. Anxiety 16. Oppositional 17. Attachment to Trainma 18. Adjustment to Trainma 19. Regulatory 20. Victim/Witness to Criminal Activity 11. Disruption to Support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA 12. Parental Criminal Behaviors Documentation to support ratings of a '2' or '3' is located in the Clinical Tab Presenting Problems/Needs Presenting Problems/Needs Presenting Problems/Needs Presenting Strutering 12. Family Hunctioning 1 = History or suspicion; immodite or intensive action	POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERS.	CHALLENGES
1. Sexual Abuse intensive action needed 1. Sexual Abuse 1 3. Emotional Abuse 1 4. Neglect 1 5. Medical Trauma 1 6. Witness to Family Violence 1 7. Witness to Community/School Violence 1 8. Natural or Manmade Disaster 1 9. War/Terroims Affected 1 10. Victim/Witness to Criminal Activity 1 11. Disruption in Caregiving/Attachment Losses 1 12. Parental Criminal Behaviors 1 Documentation to support ratings of a '2' or '3' is located in the Clinoial Formulation and the following section/s of the BHA Vielect all that apply): Presenting Problems/Needs Presenting Problems/Needs Parent Berta Status Exam Tabe ategory Wedical Tab Medical Tab Other, please specify 1 (e.g., Discharge Summary) 1 e.g. Discharge Summary 1 22. Family Functioning 1 23. Endity Functioning 1 24. Social and Emotional Functioning 2 25. Advised Call Tab 1 Presenting Problems/Needs 2	NO = no evidence of any trauma of this type	
1. Sexual Abuse 2. Physical Abuse 3. Emotional Abuse 4. Neglect 5. Medical Trauma 6. Witness to Family Violence 7. Witness to Community/School Violence 8. Natural or Mammade Disaster 9. War/Terrorism Affected 10. Victim/Witness to Criminal Activity 11. Disruption in Caregiving/Attachment Losses 12. Parental Criminal Behaviors Documentation to support ratings of a '2' or '3' is located in the Clipital Formulation and the following section/s of the BHA (elect all that apply): Presenting Problems/Needs Presenting Problems/Needs Presenting Problems/Needs Presenting Problems/Needs Past Psychiatric History Weidal Tab Medical Tab Medical Tab Mental Status Exam Tab category Other, please specify (e.g., Discharge Summary) Celect all that apply): EVENCIONING 22. Family Functioning 23. Early Education 24. Redical Tab Medical Tab Documentation and the following section/s of the BHA (e.g., Discharge Summary) Celect all that apply): Celect all that apply: Celect all that apply: Developmental/Intellectual 23. Early Education 23. Early Education 24. Early Education 25. Developmental/Intellectual 26. Medical Physical Documentation to support ratings of a '2' or '3' is located in the Clipical Fo	YES = exposure/experienced a trauma of this type	
	NO[0] YES[1]	2012/01/2012/01/2012/01/2012/01/2012/01/2012/01/2012/01/2012/01/2012/01/2012/01/2012/01/2012/01/2012/01/2012/01
2. Provisical Abuse 14. Depression 14. Depression 3. Emotional Abuse 15. Anxiety 16. Oppositional 4. Neglect 15. Anxiety 16. Oppositional 5. Medical Trauma 17. Attachment Offfuluities 16. Oppositional 7. Witness to Community/School Violence 17. Attachment Offfuluities 16. Oppositional 8. Natural or Mammade Disaster 19. Regulatory 19. Regulatory 9. War/Terrorism Affected 10. Victim Witness to Criminal Activity 10. Victim Witness to Criminal Activity 10. Victim Witness to Criminal Activity 11. Disruption in Caregiving/Attachment Losses 10. Documentalizes of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA 12. Parental Criminal Behaviors 10. Victimal Activity 10. Presenting Problems/Needs Presenting Problems/Needs 11. Past Psychiatric History 11. Violence Past Psychiatric History 11. Violence 12. Parental Status Exam Tab category Other, please specify 0 2. Starly Education Pest Psychiatric History or Supplices mediate or intensive action needed 12. Parental Status Exam Tab category Other, please specify 2. Secolar and Emotioning 1 2. Family Functioning 2. Sciel an	1. Sexual Abuse	
3. Emotional Abuse 1. Neglect 5. Medical Trauma 6. Witness to Family Violence 7. Witness to Community/School Violence 8. Natural or Manmade Disaster 9. War/ferrorism Affected 10. Victim/Witness to Criminal Activity 11. Disruption in Caregiving/Attachment Losses 12. Parental Criminal Behaviors 12. Parental Criminal Behaviors 12. Parental Criminal Behaviors 12. Parental Criminal Behaviors 13. Disruption in Caregiving (Attachment Losses 14. Clinical Formulation and the following section/s of the BHA (select all that apply): Presenting Problems/Needs Presenting Problems/Needs Presenting Problems/Needs Presenting Problems/Needs Medical Tab Other, please specify (e.g., Discharge Summary) Verticional Functional Functional Functioning 23. Farly Education 24. Social and Emotional Functioning 25. Developmental /Intellectual 26. Medical Tab Other, please specify (e.g., Discharge Summary) Presenting Problems/Needs Presenting Problems/Needs Presenting Problems/Needs Past Psychiatric History Wedical Tab Other, please specify (e.g., Discharge Summary) Presenting Problems/Needs Presenting Problems/Needs Presenting Problems/Needs Presenting Problems/Needs Presenting Problems/Needs Presenting	2. Physical Abuse	
4. Neglect Image: Compositional Compositingend Composite Compositional Compositent Compositional	3. Emotional Abuse	
9. Medical Irauma 1 6. Witness to Family Violence 1 7. Witness to Community/School Violence 1 8. Natural or Manmade Disaster 1 9. War/Terrorism Affected 1 10. Victim/Witness to Criminal Activity 1 11. Disruption in Caregiving/Attachment Losses 1 12. Parental Criminal Behaviors 1 12. Parental Criminal Behaviors 1 Documentation to support endorsement of "Yes" is located in the Clinical Formulation and the following section/s of the BHA (select all that apply): Presenting Problems/Needs Pregnancy/Birth History Medical Tab Medical Tab Medical Tab Medical Tab Medical Tab Other, please specify (e.g., Discharge Summary) 1 = history or suspicion; monitor action needate or intensive action needot in the Clinical Formulation and the following section/s of the BHA (select all that apply): © = no evidence	4. Neglect	
0. Withess to Community/School Violence 18. Adjustment to Tsuma 10. In Regulatory 9. War/Terrorism Affected 10. Victim/Witness to Criminal Activity 10. Disruption in Caregiving/Attachment Losses 10. In Caregiving/Attachment Losses 10. Notif child under 12 months 12. Parental Criminal Behaviors 11. Disruption in Caregiving/Attachment Losses 12. Parental Criminal Behaviors 12. Parental Criminal Behaviors 11. Disruption in Caregiving/Attachment Losses 12. Parental Criminal Behaviors	5. Medical Trauma	
Presenting Problems/Needs Presenting Problems/Needs Presenting Problems/Needs Pregnancy/Birth History Medical Tab Other, please specify (e.g., Discharge Summary) FUNCTIONING 21. Step Contents Presenting Problems/Needs Presenting Problems/Needs </td <td>6. Witness to Family Violence</td> <td></td>	6. Witness to Family Violence	
2. Natural of Manmade Disaster	7. Witness to Community/School Violence 🛛 🗌	
9. way/renormal Attected	8. Natural or Manmade Disaster 🛛 🗌	
10. Victim/Witness to Criminal Activity Image: Criminal Activity Image: Criminal Activity 11. Disruption in Carego Ving/Attachment Losses Image: Criminal Behaviors Documentation to support endorsement of "Yes" is located in the Clinical Formulation and the following section/s of the BHA Kelect all that apply): Presenting Problems/Needs Presenting Problems/Needs Image: Criminal Behaviors Past Psychiatric History Past Psychiatric History Pregnancy/Birth History Medical Tab Medical Tab Other, please specify (e.g., Discharge Summany) (e.g., Discharge Summany) EVENCE 1 = history or supplicin; monitor 2 = Interferes with functioning 3 = disabling, dangerous; immediate or intensive action needed 22. Family Functioning 1 = history or '3' is located in the Clinical Formulation and the following section/s of the BHA Courty Court Subcore 1 = history or supplicin; monitor 2 = interferes with functioning 1 = history or '3' is located in the Clinical Formulation and the following section/s of the BHA Court Court Subcore 1 = history or supplicin; monitor 2 = interferes with functioning 1 = history or '3' is located in the Clinical Formulation and the following section/s of the BHA 22. Family Functioning 1 = 2 an		
11. Ostupion in Cargoring Attachment Doses		
12. Faithful Childran Continuitation and the following section/s of the BHA (select all that apply): Clinical Formulation and the following section/s of the BHA (select all that apply): Presenting Problems/Needs	11. Disruption in Caregiving/Attachment Losses 🛛 🗌	
Documentation of support endorsements in boated in the Clinical Formulation and the following section/s of the BHA (select all that apply): Past Psychiatric History Presenting Problems/Needs		
It is control of the following sectority of the brick (select all that apply): Presenting Problems/Needs Past Psychiatric History Past Psychiatric History (Income) Pregnancy/Birth History Medical Tab Other, please specify (e.g., Discharge Summary) Mental Status Exam Tab category (Income) FUNCTIONING 1 = history or suspicion; monitor 2 = interferes with functioning: 1 = history or suspicion; monitor 2 = interferes with functioning: 1 = history or suspicion; monitor 2 = interferes with functioning: 1 = history or suspicion; monitor 2 = interferes with functioning: 1 = history or suspicion; monitor 2 = interferes with functioning: 1 = alisabiling, dangerous; immediate or action needed 2 = interferes with functioning: 1 = alisabiling, dangerous; immediate or action needed 2 = interferes with functioning: 1 = alisabiling, dangerous; immediate or action needed 2 = interferes with functioning: 1 = alisabiling, dangerous; immediate or action needed 2 = interferes with functioning: 1 = alisabiling, dangerous; immediate or action needed 2 = interferes with	Documentation to support endorsement of "Yes" is located in	
Presenting Problems/Needs Past Psychiatric History Past Psychiatric History History of Self-Injury/Suicide/ Pregnancy/Birth History Medical Tab Medical Tab Other, please specify (e.g., Discharge Summary) (e.g., Discharge Summary) FUNCTIONING 1 = history or suspicion; monitor 2 = interferes with functioning; 3 = disabling, dangerous; immediate or action needed 0 = no evidence 1 = history or suspicion; monitor 2 = interferes with functioning; 3 = disabling, dangerous; immediate or action needed 0 = 1 2 3 22. Family Functioning; 23. Early Education 1 = history or suspicion; monitor 24. Social and Emotional Functioning 1 = 1 25. Developmental/Intellectual 1 = 1 26. Medical/Physical 1 = 1 Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply): Family History Medical Tab Developmental Milestones History of Early Interventions Other, please specify 0	the Clinical Formulation and the following section/s of the BHA	
Past Psychiatric History	(select all that apply):	
Past Psychiatric History Violence Family History Medical Tab Medical Tab Medical Tab Other, please specify Other, please specify (e.g., Discharge Summary) (e.g., Discharge Summary) FUNCTIONING 1 = history or suspicion; monitor 2 = interferes with functioning: 3 = disabling, dangerous; immediate or intensive action needed 2 = interferes with functioning: 3 = disabling, dangerous; immediate or intensive action needed 2 = interferes with functioning: 3 = disabling, dangerous; immediate or intensive action needed 2 = interferes with functioning: 3 = disabling, dangerous; immediate or intensive action needed 2 = interferes with functioning: 3 = disabling, dangerous; immediate or intensive action needed 2 = interferes with functioning: 3 = disabling, dangerous; immediate or intensive action needed 2 = interferes with functioning: 3 = disabling, dangerous; immediate or intensive action needed 2 = interferes with functioning: 3 = disabling, dangerous; immediate or intensive action needed 2 = interferes with functioning: 3 = disabling, dangerous; immediate or intensive action needed 2 = family Functioning: 5 Developmental/Intellectual 2 = Social and Emotional functioning intensive action needed 1 = bistory	Presenting Problems/Needs 🗌 🛛 📐 🔪	
Hamily History Medical Tab Pregnancy/Birth History Medical Tab Other, please specify Other, please specify (e.g., Discharge Summary) Other, please specify Image: Specify (e.g., Discharge Summary) I = history or suspicion; monitor 2 = interferes with functioning: 3 = disabiling, dangerous; immediate or intensive action needed 22. Family Functioning: 3 = disabiling, dangerous; immediate or intensive action needed 22. Family Functioning: 3 = disabiling, dangerous; immediate or intensive action needed 22. Family Functioning: 3 = disabiling, dangerous; immediate or intensive action needed 22. Family Functioning: 3 = disabiling, dangerous; immediate or intensive action needed 22. Family Functioning: 3 = disabiling, dangerous; immediate or intensive action needed 23. Early Education 0 24. Social and Emotional Functioning 0 25. Developmental/Intellectual 0 26. Medical/Physical 0 Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply): 1 Family History 1 Medical Tab 1 Developmental Milestones	Past Psychiatric History 🛛	
Pregnancy/Bitth History	Family History 🗌	
Other, please specify	Pregnancy/Birth History 🛛	
(e.g., Discharge Summary) (e.g., Discharge Summary) (g.g., Discharge Summary) (e.g., Discharge Summary) (g.g., Discharge Summary) (g.g.g.g.g.g.g.g.g.g.g.g.g.g.g.g.g.g.g.		
(e.g., Discharge Summary)	Other, please specify	
FUNCTIONING 0 = no evidence 1 = history or suspicion; monitor 2 = interferes with functioning: 3 = disabling, dangerous; immediate or intensive action needed 22. Family Functioning 0 1 2 3 23. Early Education 0		(e.g., Discharge Summary)
0 = no evidence 1 = history or suspicion; monitor 2 = interferes with functioning; 3 = disabling, dangerous; immediate or intensive action needed 2 = interferes with functioning; 1 = history or suspicion; monitor 3 = disabling, dangerous; immediate or intensive action needed 1 = 2 3 22. Family Functioning 1 = history or suspicion; monitor 23. Early Education 1 = history or suspicion; monitor 24. Social and Emotional Functioning 1 = history or suspicion; monitor 25. Developmental/Intellectual 1 = 0 26. Medical/Physical 1 = 0 Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply): Family History		
2 = interferes with functioning: 3 = disabling, dangerous; immediate or intensive action needed 2 = interferes with functioning: 3 = disabling, dangerous; immediate or intensive action needed 22. Family Functioning 1 2 23. Early Education 1 1 24. Social and Emotional Functioning 1 1 25. Developmental/Intellectual 1 1 26. Medical/Physical 1 1 Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply): Family History 1 Medical Tab 1 Developmental Milestones 1 History of Early Interventions 0 Other, please specify 1		
COUNTY OF SAN DECO 0 1 2 3 EVENENCES EVENENCES 22. Family Functioning 1 1 1 23. Early Education 1 1 1 1 1 1 24. Social and Emotional Functioning 1 <t< td=""><td></td><td>a real methods and the second se</td></t<>		a real methods and the second se
COUNTY OF SAN DECONSERSE VERSENCES 22. Family Functioning 23. Early Education 24. Social and Emotional Functioning 25. Developmental/Intellectual 26. Medical/Physical Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply): Medical Tab Developmental Milestones History of Early Interventions Other, please specify		
COUNTY OF SAN DECONSTRUCTS EXAMPLES ADDRES EXAMPLES		0 1 2 3
23. Early Education 24. Social and Emotional Functioning 25. Developmental/Intellectual 26. Medical/Physical 26. Medical/Physical 26. Medical/Physical 26. Medical Tab 26. Medical Tab 26. Medical Tab 27. Developmental Milestones 27. Developmental Mi	NV/	22. Family Functioning
HEALTH AND HUMAN SERVICES AGENCY LIVE WELL SAN DIEGO 25. Developmental/Intellectual		23. Early Education
SAN DIEGO 25. Developmental/intellectual 1		
Decumentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply): Family History Medical Tab Developmental Milestones History of Early Interventions Other, please specify		25. Developmental/Intellectual
Clinical Formulation and the following section/s of the BHA (select all that apply): Family History Medical Tab Developmental Milestones History of Early Interventions Other, please specify		26. Medical/Physical
(select all that apply): Family History Medical Tab Developmental Milestones History of Early Interventions Other, please specify		Documentation to support ratings of a '2' or '3' is located in the
Family History Medical Tab Developmental Milestones History of Early Interventions Other, please specify	PROASPO	Clinical Formulation and the following section/s of the BHA
Medical Tab Developmental Milestones History of Early Interventions Other, please specify	child and adolescent services research center	(select all that apply):
Developmental Milestones		Family History 🗖
History of Early Interventions		Medical Tab
History of Early Interventions		Developmental Milestones
Other, please specify		
		(e.g., Discharge Summary)

RISK BEHAVIORS & FACTORS	DYA
0 = no evidence 1 = history or suspicion; monitor	0 = r
2 = interferes with functioning; 3 = disabling, dangerous; immediate or	2 = i
action needed intensive action needed	
0 1 2 3 N/A _[6]	
27. Self-Harm (12 months to 5 years)	44.
- N/A if child under 12 months	45.
28. Exploited	Doc
29. Prenatal Care	Clin
30. Exposure	(sel
31. Labor and Delivery	
32. Birth Weight	
33. Failure to Thrive	
Documentation to support ratings of a '2' or '3' is located in the	
Clinical Formulation and the following section/s of the BHA	
(select all that apply):	CAD
	CAR
Presenting Problem	
Past Psychiatric History	
Pregnancy/Childbirth History	A. (
Medical Tab	1
History of Self-Injury/Suicide/ Violence 🛛	0=
Other, please specify	1 =
(e.g., Discharge Summary)	2 =
	3 =
CULTURAL FACTORS	13
0 = no evidence 1 = history or suspicion; monitor	10
2 = interferes with functioning; 3 = disabling, dangerous; immediate or	46.
action needed intensive action needed	47.
0 1 2 3	48.
34. Language 🛛 🖓 💭	49.
35. Traditions and Rituals 🛛 🖓 🔲	50.
35. Traditions and Rituals Image: Constraint of the second se	51.
36. Cultural Stress	51. 52.
36. Cultural Stress Documentation to support ratings of a '2' or '3' is located in the	51. 52. 53.
36. Cultural Stress	51. 52. 53. 54.
36. Cultural Stress Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply):	51. 52. 53. 54. 55.
36. Cultural Stress Image: Cultural Stress Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply): Family History	51. 52. 53. 54.
36. Cultural Stress Image: Cultural Stress Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply): Family History Medical Tab	51. 52. 53. 54. 55.
36. Cultural Stress Image: Cultural Stress Documentation to support ratings of a '2' or '3' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply): Family History Medical Tab Protective Factors	51. 52. 53. 54. 55. 55. 56.
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DYADIC CONSIDERATIONS				
0 = no evidence	1 = history or suspicion; monitor			
2 = interferes with functioning; 3 = disabling, dangerous; immediate or				
action needed	intensive action needed			
	0 1 2 3			
44. Caregiver Emot. Responsiv				
45. Caregiver Adj. to Traumati				
	tings of a '2' or '3' is located in the			
Clinical Formulation and the f	ollowing section/s of the BHA			
(select all that apply):				
Presenting Pro				
Family H	istory 📙			
Other, please s	seculowice as a seculo se			
(e.g., Discharge Sumi	mary)			
CAREGIVER RESOURCES AND				
100 EV 200 EV	ver. Skip Caregiver Resources and			
Needs Domain.				
A. Caregiver Name:				
Relationship;				
0 = no evidence; this could be a	strength			
1 = history or suspicion; monitor	; may be an opportunity to build			
2 = interferes with functioning; a				
3 = disabling, dangerous; immed	liate or intensive action needed			
	0 1 2 3			
46. Supervision				
47. Involvement with Care				
48. Knowledge				
49. Social Resources				
50. Residential Stability				
51. Medical/Physical				
52. Mental Health				
53. Substance Use				
54. Developmental				
55. Safety				
56. Family Rel. to the System				
57. Legal Involvement				
58. Organization				
Documentation to support rat	tings of a '2' or '3' is located in the			
Clinical Formulation and the f				
(select all that apply):				
Presenting Pro	blem 🗌			
Family H				
History of Early Interver				
Other, please s	2012/11/2			
(e.g., Discharge Sumi				

PEDIATRIC SYMPTOM CHECKLIST (PSC)

Aim: The PSC is a caregiver reported assessment completed at intake, every UM/UR but no longer than every six months, and discharge. It was designed to:

- Identify difficulties in psychosocial functioning.
- Evaluate changes in emotional and behavioral problems in children over time.

Conceptual Foundation: The PSC is a psychosocial screening tool developed to identify cognitive, emotional, and behavioral problems so that appropriate interventions can be implemented as early as possible. A positive screen suggests the need for further evaluation – it is not by itself a diagnostic tool. Cutoffs were empirically derived by comparing the results of the PSC to other validated measures and clinician's overall assessments of a child's functioning.

Strengths	Limitations
• Strong psychometrics for youth ages 6-18	Originally developed as a screening tool
Brief measure	• The primary studies examining PSC as an
 Free Has specific cutoffs for subscale scores to identify kids at risk for attention, anxiety/depression, and/or conduct problems 	 outcome tool came from the same outpatient psychiatry clinic with a middle- class population Limited research on using the PSC-35 for youth ages 3-5

Pediatric Symptom Checklist (PSC)

PSC Instrument Information

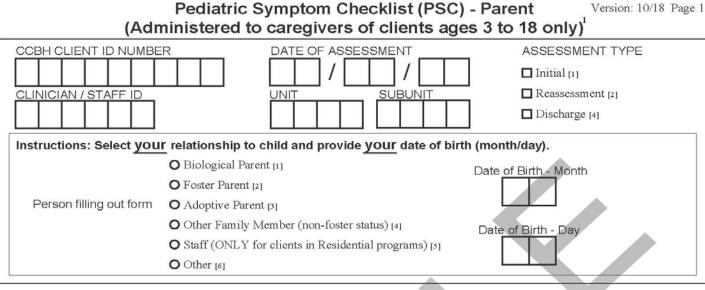
Domains	35 items measuring symptoms:			
	Attention			
	Internalizing			
	Externalizing			
Age-Range	3-18 years ¹			
Number of Items	35 items. Each item is rated as: "Never" (scored 0), "Sometimes" (scored 1), and "Often" (scored 2)			
Recommended Cut-Off	• Cutoff score of 28 for youth ages 6-18 ²⁻⁶			
Scores	• Cutoff score of 24 for youth ages 3-5 (omit school-related items 5, 6, 17, 18) ¹			
	• Cutoff score of 7 for Attention subscale ¹			
	• Cutoff score of 5 for Internalizing subscale ¹			
	Cutoff score of 7 for Externalizing subscale ¹			
Sensitivity to Change	Yes - four studies in outpatient psychiatry clinics found small but significant changes from intake to three months into treatment on the PSC. ⁷⁻¹⁰			
Other Psychometrics	Concurrent validity: Range from $r = 0.54$ to 0.71 (adequate) ⁵			
	Convergent validity: High agreement of between Parent PSC scores and guidance counselor ratings: 83% 11			
	Interrater reliability: 0.85 (substantial agreement) ¹²			
	Internal consistency: Cronbach alpha: 0.86 (acceptable) ¹²			
	Test-retest reliability: one-week retest = Pearson r: 0.86 ¹² (good)			
Reliable Change and	For the total score:			
Significant Change	• A reduction of six or more points is considered reliable change. Changes this large that also involve a change from risk to non-risk are considered clinically significant change. ¹³			
	For the subscales:			
	• Changes of two or more points are considered to indicate reliable change. 7, 8			
Translations	Spanish, Tagalog, Arabic, Vietnamese, Farsi			

PSC Practical Considerations

Training Required	None
Who completes	Caregiver
Time to complete	5 minutes
Database & Scoring	CYF mHOMS. Training forms can be accessed here: https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/CYFmHOMS- DES.aspx
Cost	Free

References

- ¹ Jellinek, M., & Murphy, J.M. (2017, July 21). Scoring the PSC. Retrieved from <u>http://www.massgeneral.org/psychiatry/services/psc_scoring.aspx</u>
- ² Boothroyd, R. A., & Armstrong, M. (2010). An examination of the psychometric properties of the Pediatric Symptom Checklist with children enrolled in Medicaid. *Journal of Emotional and Behavioral Disorders*, *18*(2), 113-126.
- ³ Jellinek, M., Little, M., Murphy, J. M., & Pagano, M. (1995). The Pediatric Symptom Checklist: support for a role in a managed care environment. *Archives of pediatrics & adolescent medicine*, *149*(7), 740-746.
- ⁴ Jellinek, M. S., Murphy, J. M., Robinson, J., Feins, A., Lamb, S., & Fenton, T. (1988). Pediatric Symptom Checklist: screening schoolage children for psychosocial dysfunction. *The Journal of pediatrics*, *112*(2), 201-209.
- ⁵ Jutte, D. P., Burgos, A., Mendoza, F., Ford, C. B., & Huffman, L. C. (2003). Use of the Pediatric Symptom Checklist in a low-income, Mexican American population. *Archives of pediatrics & adolescent medicine*, *157*(12), 1169-1176.
- ⁶ Simonian, S. J., & Tarnowski, K. J. (2001). Utility of the Pediatric Symptom Checklist for behavioral screening of disadvantaged children. *Child psychiatry and human development*, *31*(4), 269-278.
- ⁷ Kamin, H. S., McCarthy, A. E., Abel, M. R., Jellinek, M. S., Baer, L., & Murphy, J. M. (2015). Using a brief parent-report measure to track outcomes for children and teens with internalizing disorders. *Child Psychiatry & Human Development*, 46(6), 851-862.
- ⁸ McCarthy, A., Asghar, S., Wilens, T., Romo, S., Kamin, H., Jellinek, M., & Murphy, M. (2016). Using a brief parent-report measure to track outcomes for children and teens with ADHD. *Child Psychiatry & Human Development*, *47*(3), 407-416.
- ⁹ Murphy, J. M., Blais, M., Baer, L., McCarthy, A., Kamin, H., Masek, B., & Jellinek, M. (2015). Measuring outcomes in outpatient child psychiatry: Reliable improvement, deterioration, and clinically significant improvement. *Clinical child psychology and psychiatry*, 20(1), 39-52.
- ¹⁰ Murphy, M., Kamin, H., Masek, B., Vogeli, C., Caggiano, R., Sklar, K., ... & Jellinek, M. (2012). Using brief clinician and parent measures to track outcomes in outpatient child psychiatry: longer term follow-up and comparative effectiveness. *Child and Adolescent Mental Health*, 17(4), 222-230.
- ¹¹ Murphy, J. M., Jellinek, M., & Milinsky, S. (1989). The Pediatric Symptom Checklist: validation in the real world of middle school. *Journal of Pediatric Psychology*, *14*(4), 629-639.
- ¹² Jellinek, M. S., Murphy, J. M., & Burns, B. J. (1986). Brief psychosocial screening in outpatient pediatric practice. *The Journal of pediatrics*, 109(2), 371-378.
- ¹³ Murphy, J. M., Bergmann, P., Chiang, C., Sturner, R., Howard, B., Abel, M. R., & Jellinek, M. (2016). The PSC-17: subscale scores, reliability, and factor structure in a new national sample. *Pediatrics*, *138*(3), e20160038.



Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child. Correct

Please mark under the heading that best describes your child:	Never	Sometimes	Often ₂
1. Complains of aches and pains	0	0	0
2. Spends more time alone	0	0	0
3. Tires easily, has little energy	0	0	0
4. Fidgety, unable to sit still	0	0	0
*5. Has trouble with a teacher (Ages 6+ ONLY)	0	0	0
*6. Less interested in school (Ages 6+ ONLY)	0	0	0
7. Acts as if driven by a motor	0	0	0
8. Daydreams too much	0	0	0
9. Distracted easily	0	0	0
10. Is afraid of new situations	0	0	0
11. Feels sad, unhappy	0	0	0
12. Is irritable, angry	0	0	0
13. Feels hopeless	0	0	0
14. Has trouble concentrating	0	0	0
15. Less interested in friends	0	0	0
16. Fights with other children	0	0	0
*17. Absent from school (Ages 6+ ONLY)	0	0	0
*18. School grades dropping (Ages 6+ ONLY)	0	0	0
19. Is down on him or herself	0	0	0
20. Visits doctor with doctor finding nothing wrong	0	0	0

©1988, M.S. Jellinek and J.M. Murphy, Massachusetts General Hospital 1. Client's age at Initial PSC Assessment.

Parent - English [1]

	clients ages	Sometimes	Often 2
21. Has trouble sleeping	0	۰ ٥	2 0
22. Worries a lot	0	0	0
22. Worries a lot23. Wants to be with you more than before	0	0	0
24. Feels he or she is bad	0	0	0
25. Takes unnecessary risks	0	0	0
26. Gets hurt frequently	0	0	0
27. Seems to be having less fun	0	0	0
28. Acts younger than children his or her age	0	0	0
29. Does not listen to rules	0	0	0
	0	0	0
30. Does not show feelings31. Does not understand other people's feelings	0	0	0
31. Does not understand other people's reelings32. Teases others	0	0	0
33. Blames others for his or her troubles	0	0	0
34. Takes things that do not belong to him or her	0	0	0
35. Refuses to share	0	0	0

Version: 10/18 Page 2 Pediatric Symptom Checklist (PSC) - Parent

PEDIATRIC SYMPTOM CHECKLIST - Youth Report (PSC-Y)

Aim: The PSC-Y is a youth-reported assessment completed at intake, every UM/UR but no longer than every six months, and discharge. It was designed to:

- Identify type and severity of psychosocial problems.
- Evaluate changes in emotional and behavioral problems in children over time.

Conceptual Foundation: The PSC-Y is a psychosocial screening tool developed to identify cognitive, emotional, and behavioral problems so that appropriate interventions can be implemented as early as possible. A positive screen suggests the need for further evaluation – it is not by itself a diagnostic tool. Cutoffs were empirically derived by comparing the results of the PSC-Y to other validated measures and clinician's overall assessments of a child's functioning.

Strengths	Limitations
Brief measure	Originally developed as a screening tool
 Free Has specific cutoffs for subscale scores to identify kids at risk for attention, anxiety/depression, and/or conduct problems Adequate psychometrics 	 No set standard for measuring improvement on the tool Not aware of any articles examining the use of the PSC-Y as an outcome

Pediatric Symptom Checklist - Youth Report (PSC-Y)

PSC-Y Instrument Information

Domains	35 items measuring symptoms in 3 domains:
	Attention
	Internalizing Externalizing
Age-Range	Adolescents ages 11-18 ¹
Number of Items	35 items. Each item is rated as: "Never" (scored 0), "Sometimes" (scored 1), and "Often" (scored 2)
Recommended Cut-Off	A cut-off score of 30 provides highest average sensitivity and specificity. ²
Scores	• Cutoff score of 7 for Attention subscale ¹
	Cutoff score of 5 for Internalizing subscale ¹
	Cutoff score of 7 for Externalizing subscale ¹
Sensitivity to Change	No articles examining the use of the PSC-Y as an outcome.
Other Psychometrics	Reliability: Test-retest: Kappa = .50: (Acceptable) ²
	Concurrent validity:
	• Classification agreement between PSC-Y and PSC was 79%. ²
	 Classification agreement between other established measures of depression and anxiety ranged from 83- 84%.²
	Discriminant Validity:
	• Children with PSC-Y positive scores were significantly more likely to be identified by their teachers as having attentional and/or behavioral problems. ²
Translations	Spanish, Tagalog, Arabic, Vietnamese, Farsi

PSC-Y Practical Considerations

Training Required	None
Who completes	Youth
Time to complete	5 minutes
Database & Scoring	CYF mHOMS. Training forms can be accessed here: https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/CYFmHOMS- DES.aspx
Cost	Free

¹ Jellinek, M., & Murphy, J.M. (2017, July 21). *Scoring the PSC*. Retrieved from <u>http://www.massgeneral.org/psychiatry/services/psc_scoring.aspx</u>

² Pagano, M. E., Cassidy, L. J., Little, M., Murphy, J. M., & Jellinek, A. M. S. (2000). Identifying psychosocial dysfunction in School-Age children: The pediatric symptom checklist as a Self-Report measure. *Psychology in the Schools*, *37*(2), 91-106. Pediatric Symptom Checklist (PSC) - Youth (Administered to clients ages 11 to 18 only)¹

Version: 10/18 Page 1

CCBH CLIENT ID NUMBER DATE	OF ASSESSMENT	ASSESSMENT TYP	ЪЕ
		Reassessment [2	1
		Discharge [4]	
CLIENT'S LAST NAME	CLIENT'S FIRST NAME		MI
CLIENT DATE OF BIRTH CLINIC	IAN / STAFF ID	UNIT SU	BUNIT
Please mark under the heading that best fits you	Correct	Incorrect	28
	Never		Often 2
1. Complain of aches or pains	0	0	0
2. Spend more time alone	0	0	0
3. Tire easily, little energy	0	0	0
4. Fidgety, unable to sit still	0	0	0
5. Have trouble with teacher	0	0	0
6. Less interested in school	0	0	0
7. Act as if driven by motor	0	0	0
8. Daydream too much	0	0	0
9. Distract easily	0	0	0
10. Are afraid of new situations	0	0	0
11. Feel sad, unhappy	0	0	0
12. Are irritable, angry	0	0	0
13. Feel hopeless	0	0	0
14. Have trouble concentrating	0	0	0
15. Less interested in friends	0	0	0
16. Fight with other children	0	0	0
17. Absent from school	0	0	0
18. School grades dropping	0	0	0
19. Down on yourself	0	0	0
20. Visit doctor with doctor finding nothing wrong	0	0	0

Pediatric Symptom Checklist (PSC) - Youth (Administered to clients ages 11 to 18 only)¹

Version: 10/18 Page 2

	Never ₀	Sometimes	Often 2
21. Have trouble sleeping	0	0	0
22. Worry a lot	0	0	0
23. Want to be with parent more than before	0	0	0
24. Feel that you are bad	0	0	0
25. Take unnecessary risks	0	0	0
26. Get hurt frequently	0	0	0
27. Seem to be having less fun	0	0	0
28. Act younger than children your age	0	0	0
29. Do not listen to rules	0	0	0
30. Do not show feelings	0	0	0
31. Do not understand other people's feelings	0	0	0
32. Tease others	0	0	0
33. Blame others for your troubles	0	0	0
34. Take things that do not belong to you	0	0	0
35. Refuse to share	0	0	0

PERSONAL EXPERIENCES SCREENING QUESTIONNAIRE (PESQ)

Aim: The PESQ is a youth self-report assessment completed at intake and discharge. It is administered by substance use counselors treating youth at mental health programs (and a sub-episode of their mental health treatment). It was designed to:

- Identify the need for a comprehensive drug use evaluation.
- Provide a measure of substance use severity.
- Measure substance use over time.
- Evaluate the frequency of drug use, as well as the age of onset of drug use.

Conceptual Foundation: The PESQ is a psychosocial screening tool to identify and quantify substance abuse problems so that appropriate interventions can be implemented as early as possible. Items were identified through literature reviews and cutoff scores were empirically derived by the developers through factor analyses.

Strengths	Limitations
 Strong psychometrics for youth ages 12-18 Brief measure Relatively simple to administer 	 Originally developed as a screening tool and does not have established rates of "reliable" or "clinical" change

Personal Experience Screening Questionnaire (PESQ)

PESQ Instrument Information

Domains	Scales: ¹
	 Problem Severity: Measure of how psychologically/behaviorally involved with drugs a youth is Infrequency: Measures unlikely drug use behavior (e.g., "faking bad") Defensiveness: Measures social desirability ("faking good")
	Other content areas: 1
	 Psychosocial Indicators Drug Use History
Age-Range	12-18 years ²
Number of Items	41
Recommended Cut-Off	Infrequency Total: Cutoff score of 4
Scores	Defensiveness Total: Cutoff score of 9
	Severity Total: Cutoff score of 30 for Males 12-15 years
	35 for Males 16-18 years
	30 for Females 12-15 years
	34 for Females 16-18 years
Psychometrics	• Construct validity: range from r = 0.55094 ²
	• Criterion validity: overall correct classification rate of 87%. Sensitivity = 0.88 and specificity = 0.84 ^{2, 3}
	• Internal consistency: coefficient alpha: 0.90 – 0.91 (high) ²
Translations	Spanish

PESQ Practical Considerations

Training Required	None
Who completes	Youth
Time to complete	10 minutes
Database & Scoring	CYF mHOMS. Training forms can be accessed here: https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/CYFmHOMS- DES.aspx
Cost	\$56.00 per kit (25 administrations)

¹Winters, K. C. (1999). Personal Experience Screening Questionnaire (PESQ). Los Angeles, CA: Western Psychological Services.

- ² Winters, K. C. (1992). Development of an adolescent alcohol and other drug abuse screening scale: Personal Experience Screening Questionnaire. *Addictive Behaviors*, *17*(5), 479-490.
- ³ Winters, K. C., & Kaminer, Y. (2008). Screening and Assessing Adolescent Substance Use Disorders in Clinical Populations. *Journal of the American Academy of Child and Adolescent Psychiatry*, *47*(7), 740–744. http://doi.org/10.1097/CHI.0b013e31817395cf

PERSONAL EXPERIENCE SCREENING QUESTIONNAIRE (PESQ)

Ken C. Winters, Ph.D.



Name or ID number:					
Date:	Age:		Gender:	🗌 Male	🗌 Female
Sthnicity/Race:					
American Indian/Al	aska Native	🗌 Asia	in 🗌 Blac	k/African Ar	nerican

Hispanic/Latino Native Hawaiian/Pacific Islander White Other

DIRECTIONS

This booklet asks about you and your experiences, including those with alcohol and other drugs. Some questions ask how often certain things have happened. Others ask if you agree with a statement. Please read each question carefully. Circle the * for the answer that is right for you. *Circle only one response option for each question*. Please answer every question.

PART I	Never	Once or twice	Sometimes	Often	
How often have you used alcohol or other drugs					dang dalamatik
1. at home?	*	*	*	*	enter Verse
2. at places on the street where adults hang around?	*	*	*	*	\mathbb{Z}
3. with older friends?	*	*	*	*	
4. at the homes of friends or relatives?	*	*	*	*	
5. at school activities, such as dances or football games?	*	*	*	*	
6. at work?	*	*	*	*	
7. when skipping school?	*	*	*	*	
8. to enjoy music or colors, or feel more creative?	*	*	*	*	
9. while driving a racing boat?	*	*	*	*	
0					e gant to an it will
How often have you					
10. made excuses to your parents about your alcohol or drug use?	*	*	*	*	
11. gotten drugs from a dealer?	*	*	*	*	
12. used alcohol or drugs secretly, so nobody would know you were using?	*	*	*	*	
13. made excuses to teachers about your alcohol or drug use?	*	*	*	*	
14. been upset about other people talking about your using or drinking?	*	*	*	*	A A A A A A A A A A A A A A A A A A A
15. lost your sense of taste for several days after using drugs?	*	*	*	*	adalesi disi ter
		·			
When using alcohol or other drugs, how often have you	and the second				- deale and all segmenters
16. spilled things, bumped into things, fallen down, or had					
trouble walking around?	*	*	*	*	
17. seen, felt, or heard things that were not really there?	*	*	*	*	
18. spent money on things you wouldn't normally buy?	*	*	*	*	
19. found out things you said or did while using or drinking that					
you did not remember?	*	*	*	*	
In order to get or pay for alcohol or other drugs,	Ť.				
how often have you					
20. sold drugs?	*	*	*	*	
21. bought drugs from a security guard?	*	*	*	*	

PLEASE TURN THE FORM OVER AND COMPLETE PARTS II AND III.

Additional copies of this form (W-271A) may be purchased from WPS. Please contact us at 800-648-8857 or wpspublish.com.

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PART II	Yes	No
Please indicate whether the following statements are true about you:		a da la
2. I am always nice, even to people who are not nice.	*	*
3. I worry a lot about little things or for no reason		*
4. There have been times when I took advantage of someone		*
5. I am bothered by unusual thoughts	*	*
6. There have been times when I was mad at an adult even though I knew they were right.		*
7. I feel sad, blue, or depressed much of the time		*
8. I often suffer from headaches or a nervous stomach.		*
9. I am always willing to admit it when I make a mistake.	*	*
0. I think about killing myself	. *	*
1. There have been times when I felt like swearing or smashing things.	*	*
2. There is something wrong with the way my mind works.		*
3. Someone in my family hits me when they are angry.		*
4. I am afraid of someone because they have been sexual with me.		*

PART III	Never	1–2 times	3–5 times	6–9 times	10–19 times	20-39 times	40+ time
During the past 12 months, how many times							
35. have you had alcoholic beverages (including beer, wine, and liquor) to drink?	*	*	*	*	*	*	*
36. have you used marijuana (grass, pot) or hashish (hash, hash oil)?	*	*	*	*	*	*	*
37. have you used drugs other than alcohol or marijuana?	*	*	*	*	*	*	*
38. If you have used other drugs, circle the * following each drug that you have used at le	east once a	during th	e past 12	months:			
 psychedelics (such as LSD, mescaline, peyote, psolicybin, PCP, mushrooms, shrooms 							
• cocaine (coke, crack, rock)				E STATE STATE			
 amphetamines (such as ice, crystal meth, meth, crank, uppers, speed, bennies; not dia 							
• club drugs (such as MDMD, Ecstasy, GHB, roofies or Rohypnol, ketamine or Special				• entre the			
• sedatives or barbiturates (such as downs, goofballs, yellows, blues, Valium, Xanax, C							
not prescribed by a doctor)			••••••	. *			
heroin (smack, horse, skag)				. *			
	vvContir	n, Percoc	et)	. *			
• other narcotics (such as methadone, opium, morphine, codeine, Demerol, Vicodin, O	Ay Contain						
other narcotics (such as methadone, opium, morphine, codeine, Demerol, Vicodin, O: inhalants (such as glue, aerosol from cans, gases, correction fluid)							

	Never	Grade 6 or before	Grade 7–8	Grade 9–10	Grade 11 or after
39. When did you first get high or drunk?	*	*	*	*	*
40. When did you first use regularly?	*	*	*	*	*

41. How many cigarettes do you smoke in a day? * None * Less than * About half a half a pack or more