

# CYF mHOMS MEASURES MANUAL

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

September 4, 2019



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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:** [https://www.dhcs.ca.gov/services/MH/Documents/FMORB/Info\\_Notice\\_17-052\\_POS\\_Functional\\_Assessment\\_Tool.pdf](https://www.dhcs.ca.gov/services/MH/Documents/FMORB/Info_Notice_17-052_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  |
|---|--|
| <ul style="list-style-type: none"> <li>• CANS can be customized to the needs of systems by adding specialized modules or combining with existing forms (intake forms, etc.)</li> <li>• Potential to create greater parent and family engagement during intake process</li> <li>• Evaluates child strengths</li> </ul> | <ul style="list-style-type: none"> <li>• Length of time needed to administer the tool</li> <li>• Overlaps with existing intake assessment, unless integrated into the intake assessment</li> <li>• Limited psychometrics</li> <li>• Not designed to detect quick changes in youth</li> </ul> |

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

### CANS Instrument Information

|                                 |   |  |
|---------------------------------|---|--|
| <b>Domains</b>                  | <b>CA CANS-50: Core Modules</b> <ul style="list-style-type: none"> <li>• Child Behavioral/ Emotional Needs</li> <li>• Strengths</li> <li>• Caregiver Resources &amp; Needs</li> <li>• Life Functioning</li> <li>• Cultural Factors</li> <li>• Risk Behaviors</li> </ul>   | <b>San Diego Specific Follow-Up Modules</b> <ul style="list-style-type: none"> <li>• Trauma</li> <li>• Substance Use</li> <li>• Sexuality</li> <li>• Juvenile Justice</li> </ul> |
| <b>Age-Range</b>                | 6-21 years  |  |
| <b>Number of Items</b>          | 93 (50 core items and 43 follow-up items that are only completed if trigger items are endorsed)   |  |
| <b>Reliability and Validity</b> | <b>Interrater reliability:</b> <ul style="list-style-type: none"> <li>• Between clinicians in a public BHS: .78.<sup>1</sup></li> <li>• Between caseworkers/clinicians and researchers: 0.81.<sup>2</sup></li> <li>• Between researchers: 0.85.<sup>2</sup></li> </ul> <b>Convergent Validity:</b> <ul style="list-style-type: none"> <li>• CANS correlated with CAFAS = .63 (reported in Rosanblam et al., 2016).<sup>4</sup></li> </ul> <b>Sensitivity to Change:</b> Studies show change overtime, however it may take between 3-10 months to detect differences on the CANS. <sup>3,5</sup> |  |
| <b>Translations</b>             | Spanish   |  |

### CANS Practical Considerations

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

<sup>1</sup>Accomazzo, 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.

<sup>2</sup>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.

<sup>3</sup>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.

<sup>4</sup>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.

<sup>5</sup>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-50 <i>(Complete for clients ages 6 to 21)</i>  |   | San Diego CANS                   |
|--|---|----------------------------------|
| Client Name:   |   | Client ID Number:                |
| Caregiver Type:  | <input type="radio"/> Biological Parent <sub>[1]</sub> <input type="radio"/> Foster Parent <sub>[2]</sub> | Client DOB:                      |
|  | <input type="radio"/> Adoptive Parent <sub>[3]</sub> <input type="radio"/> Other <sub>[5]</sub>           | Clinician/Staff ID:              |
|  | <input type="radio"/> Other Family Member (non-foster status) <sub>[4]</sub>                              | SubUnit:                         |
| Date of Assessment:  |   | Current Primary Dx (ICD code):   |
| Assessment Type: <input type="radio"/> Initial <sub>[1]</sub> <input type="radio"/> Reassessment <sub>[2]</sub> <input type="radio"/> Discharge <sub>[4]</sub> |   | Current Secondary Dx (ICD code): |

| CHILD BEHAVIORAL/EMOTIONAL NEEDS  |  |                       |                       |                       |
|---|--|-----------------------|-----------------------|-----------------------|
| 0=no evidence   | 1=history or suspicion                                       |                       |                       |                       |
| 2=interferes with functioning; action needed  | 3=disabling, dangerous; immediate or intensive action needed |                       |                       |                       |
|   | 0  | 1                     | 2                     | 3                     |
| 1. Psychosis (Thought Disorder)   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Impulsivity/Hyperactivity  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Depression   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Anxiety  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Oppositional   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Conduct  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Anger Control  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Adjustment to Trauma <sub>1</sub>  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Substance Use <sub>2</sub>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 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): |  |                       |                       |                       |
| Presenting Problems   | <input type="checkbox"/>                                     |                       |                       |                       |
| Psychiatric History   | <input type="checkbox"/>                                     |                       |                       |                       |
| Substance Use Information   | <input type="checkbox"/>                                     |                       |                       |                       |
| History of Self-Injury/Suicide/Violence   | <input type="checkbox"/>                                     |                       |                       |                       |
| Other, please specify (e.g., Discharge Summary)   | <input type="checkbox"/>                                     |                       |                       |                       |

| STRENGTHS   |                          |                       |                       |                       |
|---|--------------------------|-----------------------|-----------------------|-----------------------|
| 0=centerpiece strength  | 1=useful strength        |                       |                       |                       |
| 2=identified strength   | 3=no evidence            |                       |                       |                       |
|   | 0                        | 1                     | 2                     | 3                     |
| 20. Family Strengths  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. Interpersonal   | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. Educational Setting   | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. Talents/Interests   | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. Spiritual/Religious   | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. Cultural Identity   | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. Community Life  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. Natural Supports  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. Resiliency  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Documentation to support ratings of a '0' or '1' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply): |                          |                       |                       |                       |
| Family History  | <input type="checkbox"/> |                       |                       |                       |
| Social Concerns   | <input type="checkbox"/> |                       |                       |                       |
| Education   | <input type="checkbox"/> |                       |                       |                       |
| Cultural Information  | <input type="checkbox"/> |                       |                       |                       |
| Other, please specify (e.g., Discharge Summary)   | <input type="checkbox"/> |                       |                       |                       |

| CAREGIVER RESOURCES AND NEEDS   |  |                       |                       |                       |
|---|--|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> Youth has no known caregiver. Skip Caregiver Resources and Needs Domain.  |  |                       |                       |                       |
| 0=no evidence   | 1=history or suspicion                                       |                       |                       |                       |
| 2=interferes with functioning; action needed  | 3=disabling, dangerous; immediate or intensive action needed |                       |                       |                       |
|   | 0  | 1                     | 2                     | 3                     |
| 10. Supervision   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Involvement with Care   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Knowledge   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Social Resources  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Residential Stability   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Medical/Physical  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Mental Health   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. Substance Use   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. Developmental   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. Safety  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 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  | <input type="checkbox"/>                                     |                       |                       |                       |
| Current Domestic Violence   | <input type="checkbox"/>                                     |                       |                       |                       |
| Other, please specify (e.g., Discharge Summary)   | <input type="checkbox"/>                                     |                       |                       |                       |

| LIFE FUNCTIONING  |  |                       |                       |                       |
|---|--|-----------------------|-----------------------|-----------------------|
| 0=no evidence   | 1=history or suspicion                                       |                       |                       |                       |
| 2=interferes with functioning; action needed  | 3=disabling, dangerous; immediate or intensive action needed |                       |                       |                       |
|   | 0  | 1                     | 2                     | 3                     |
| 29. Family Functioning  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30. Living Situation  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. Social Functioning  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. Developmental/Intellectual  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. Decision-Making   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34. School Behavior   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35. School Achievement  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36. School Attendance   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 37. Medical/Physical  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 38. Sexual Development <sub>3</sub>   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 39. Sleep   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 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  | <input type="checkbox"/>                                     |                       |                       |                       |
| Social Concerns   | <input type="checkbox"/>                                     |                       |                       |                       |
| Developmental Milestones  | <input type="checkbox"/>                                     |                       |                       |                       |
| Early Interventions   | <input type="checkbox"/>                                     |                       |                       |                       |
| Medical Tab   | <input type="checkbox"/>                                     |                       |                       |                       |
| Presenting Problems   | <input type="checkbox"/>                                     |                       |                       |                       |
| Gender Identity   | <input type="checkbox"/>                                     |                       |                       |                       |
| Education   | <input type="checkbox"/>                                     |                       |                       |                       |
| Other, please specify (e.g., Discharge Summary)   | <input type="checkbox"/>                                     |                       |                       |                       |



| CULTURAL FACTORS  |  |                       |                       |                       |
|---|--|-----------------------|-----------------------|-----------------------|
| 0=no evidence   | 1=history or suspicion                                       |                       |                       |                       |
| 2=interferes with functioning; action needed  | 3=disabling, dangerous; immediate or intensive action needed |                       |                       |                       |
|   | 0  | 1                     | 2                     | 3                     |
| 40. Language  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 41. Traditions and Rituals  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 42. Cultural Stress   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 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  | <input type="checkbox"/>                                     |                       |                       |                       |
| Protective Factors  | <input type="checkbox"/>                                     |                       |                       |                       |
| Other, please specify (e.g., Discharge Summary)   | <input type="checkbox"/>                                     |                       |                       |                       |

| RISK BEHAVIORS  |  |                       |                       |                       |
|---|--|-----------------------|-----------------------|-----------------------|
| 0=no evidence   | 1=history or suspicion                                       |                       |                       |                       |
| 2=interferes with functioning; action needed  | 3=disabling, dangerous; immediate or intensive action needed |                       |                       |                       |
|   | 0  | 1                     | 2                     | 3                     |
| 43. Suicide Risk  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 44. Non-Suicidal Self-Injurious Behavior  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 45. Other Self-Harm (Recklessness)  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 46. Danger to Others  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 47. Sexual Aggression   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 48. Delinquent Behavior <sup>4</sup>  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 49. Runaway   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 50. Intentional Misbehavior   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 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  | <input type="checkbox"/>                                     |                       |                       |                       |
| Tarasoff  | <input type="checkbox"/>                                     |                       |                       |                       |
| History of Self-Injury  | <input type="checkbox"/>                                     |                       |                       |                       |
| Other, please specify (e.g., Discharge Summary)   | <input type="checkbox"/>                                     |                       |                       |                       |

**FOLLOW-UP ASSESSMENT MODULES (Complete if trigger items are rated a '2' or '3')**

| 1. TRAUMA MODULE (Follow-up to Item 8)       |  |                       |                       |                       |
|--|--|-----------------------|-----------------------|-----------------------|
| No=no evidence of Trauma                     | Yes=Evidence of Trauma                                       |                       |                       |                       |
|  | No   | Yes                   |                       |                       |
| Sexual Abuse                                 | <input type="radio"/>  | <input type="radio"/> |                       |                       |
| Physical Abuse                               | <input type="radio"/>  | <input type="radio"/> |                       |                       |
| Neglect                                      | <input type="radio"/>  | <input type="radio"/> |                       |                       |
| Emotional Abuse                              | <input type="radio"/>  | <input type="radio"/> |                       |                       |
| Medical Trauma                               | <input type="radio"/>  | <input type="radio"/> |                       |                       |
| Natural or Manmade Disaster                  | <input type="radio"/>  | <input type="radio"/> |                       |                       |
| Witness to Family Violence                   | <input type="radio"/>  | <input type="radio"/> |                       |                       |
| Witness to Community/School Violence         | <input type="radio"/>  | <input type="radio"/> |                       |                       |
| Victim/Witness to Criminal Activity          | <input type="radio"/>  | <input type="radio"/> |                       |                       |
| War/Terrorism Affected                       | <input type="radio"/>  | <input type="radio"/> |                       |                       |
| Disruptions in Caregiving/Attachment Losses  | <input type="radio"/>  | <input type="radio"/> |                       |                       |
| Parental Criminal Behavior                   | <input type="radio"/>  | <input type="radio"/> |                       |                       |
| Sexual Abuse and Traumatic Stress            |  |                       |                       |                       |
| 0=no evidence                                | 1=history or suspicion                                       |                       |                       |                       |
| 2=interferes with functioning; action needed | 3=disabling, dangerous; immediate or intensive action needed |                       |                       |                       |
| If the youth has been sexually abused:       |  |                       |                       |                       |
|  | 0  | 1                     | 2                     | 3                     |
| Emotional Closeness to Perpetrator           | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Frequency of Abuse                           | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Duration                                     | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Force  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reaction to Disclosure                       | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Traumatic Stress Symptoms:                   |  |                       |                       |                       |
|  | 0  | 1                     | 2                     | 3                     |
| Emotional/Physical Dysregulation             | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Intrusions/Re-Experiencing                   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hyperarousal                                 | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Traumatic Grief/Separation                   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Numbing                                      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dissociation                                 | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Avoidance                                    | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| 2. SUBSTANCE USE MODULE (Follow-up to Item 9) |  |                       |                       |                       |
|---|--|-----------------------|-----------------------|-----------------------|
| 0=no evidence                                 | 1=history or suspicion                                       |                       |                       |                       |
| 2=interferes with functioning; action needed  | 3=disabling, dangerous; immediate or intensive action needed |                       |                       |                       |
|   | 0  | 1                     | 2                     | 3                     |
| Severity of Use                               | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Duration of Use                               | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stage of Recovery                             | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Peer Influences                               | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Parental Influences                           | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Environmental Influences                      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| 3. SEXUALITY MODULE (Follow-up to Item 38)   |  |                       |                       |                       |
|--|--|-----------------------|-----------------------|-----------------------|
| 0=no evidence                                | 1=history or suspicion                                       |                       |                       |                       |
| 2=interferes with functioning; action needed | 3=disabling, dangerous; immediate or intensive action needed |                       |                       |                       |
|  | 0  | 1                     | 2                     | 3                     |
| Hypersexuality                               | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Masturbation                                 | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reactive Sexual Behavior                     | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Knowledge of Sex                             | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Choice of Relationships                      | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sexual Exploitation                          | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| 4. JUVENILE JUSTICE MODULE (Follow-up to Item 48) |  |                       |                       |                       |
|---|--|-----------------------|-----------------------|-----------------------|
| 0=no evidence                                     | 1=history or suspicion                                       |                       |                       |                       |
| 2=interferes with functioning; action needed      | 3=disabling, dangerous; immediate or intensive action needed |                       |                       |                       |
|   | 0  | 1                     | 2                     | 3                     |
| History   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Seriousness                                       | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Planning  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Community Safety                                  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Peer Influences                                   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Parental Criminal Behavior                        | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Environmental Influences                          | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



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

### Instrument Information

|                                 |  |
|---------------------------------|--|
| <b>Domains</b>                  | <b>Core Modules</b> <ul style="list-style-type: none"> <li>• Potentially Traumatic/Adverse Childhood Experiences</li> <li>• Challenges</li> <li>• Functioning</li> <li>• Risk Behaviors &amp; Factors</li> </ul> <ul style="list-style-type: none"> <li>• Cultural Factors</li> <li>• Strengths</li> <li>• Dyadic Considerations</li> <li>• Caregiver Resources &amp; Needs</li> </ul> |
| <b>Age-Range</b>                | 0-5 years  |
| <b>Number of Items</b>          | 58   |
| <b>Reliability and Validity</b> | 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.  |
| <b>Translations</b>             | TBD  |

### SD CANS-EC Practical Considerations

|                               |  |
|-------------------------------|--|
| <b>Training Required</b>      | <p>In-person or online training for certification (approximately six hours). Recertification must be done annually.</p> <p><b>Detailed training information is provided through RHIS:</b><br/> <a href="https://theacademy.sdsu.edu/programs/rihs/cyf-outcomes/">https://theacademy.sdsu.edu/programs/rihs/cyf-outcomes/</a></p> |
| <b>Who completes</b>          | Clinical staff who are certified   |
| <b>Time to complete</b>       | <p>Initial CANS takes longer to complete and is the product of the intake assessment.</p> <p>Subsequent CANS take less time since clinicians only update items that have changed.</p>  |
| <b>Database &amp; Scoring</b> | <p><b>CYF mHOMS. Training forms can be accessed here:</b><br/> <a href="https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/CYFmHOMS-DES.aspx">https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/CYFmHOMS-DES.aspx</a></p>   |
| <b>Cost</b>                   | 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 CANS-EC                |
|--|---|----------------------------------|
| Client Name:   |   | Client ID Number:                |
| Caregiver Type:  | <input type="radio"/> Biological Parent <sup>[1]</sup> <input type="radio"/> Foster Parent <sup>[2]</sup> | Client DOB:                      |
|  | <input type="radio"/> Adoptive Parent <sup>[3]</sup> <input type="radio"/> Other <sup>[5]</sup>           | Clinician/Staff ID:              |
|  | <input type="radio"/> Other Family Member (non-foster status) <sup>[4]</sup>                              | SubUnit:                         |
| Date of Assessment:  |   | Current Primary Dx (ICD code):   |
| Assessment Type: <input type="radio"/> Initial <sup>[1]</sup> <input type="radio"/> Reassessment <sup>[2]</sup> <input type="radio"/> Discharge <sup>[4]</sup> |   | Current Secondary Dx (ICD code): |

| POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERS.  |                          |                          |
|--|--------------------------|--------------------------|
| NO = no evidence of any trauma of this type  |                          |                          |
| YES = exposure/experienced a trauma of this type   |                          |                          |
|  | NO <sup>[0]</sup>        | YES <sup>[1]</sup>       |
| 1. Sexual Abuse  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Physical Abuse  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Emotional Abuse   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Neglect   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Medical Trauma  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Witness to Family Violence  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Witness to Community/School Violence  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Natural or Manmade Disaster   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. War/Terrorism Affected  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Victim/Witness to Criminal Activity  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Disruption in Caregiving/Attachment Losses   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Parental Criminal Behaviors  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 <input type="checkbox"/>   |                          |                          |
| Past Psychiatric History <input type="checkbox"/>  |                          |                          |
| Family History <input type="checkbox"/>  |                          |                          |
| Pregnancy/Birth History <input type="checkbox"/>   |                          |                          |
| Medical Tab <input type="checkbox"/>   |                          |                          |
| Other, please specify <input type="checkbox"/><br>(e.g., Discharge Summary)  |                          |                          |

| CHALLENGES  |                          |  |                          |                          |                          |
|---|--------------------------|--|--------------------------|--------------------------|--------------------------|
| 0 = no evidence   |                          | 1 = history or suspicion; monitor                              |                          |                          |                          |
| 2 = interferes with functioning; action needed  |                          | 3 = disabling, dangerous; immediate or intensive action needed |                          |                          |                          |
|   | 0                        | 1  | 2                        | 3                        | N/A <sup>[6]</sup>       |
| 13. Impulsivity/Hyperactivity   | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 14. Depression  | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 15. Anxiety   | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 16. Oppositional  | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 17. Attachment Difficulties   | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 18. Adjustment to Trauma  | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 19. Regulatory  | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 20. Atypical Behaviors  | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 21. Sleep (12 months to 5 years)  | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N/A if child under 12 months  |                          |  |                          |                          |                          |
| 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): |                          |  |                          |                          |                          |
| Presenting Problems/Needs <input type="checkbox"/>  |                          |  |                          |                          |                          |
| Past Psychiatric History <input type="checkbox"/>   |                          |  |                          |                          |                          |
| History of Self-Injury/Suicide/Violence <input type="checkbox"/>  |                          |  |                          |                          |                          |
| Medical Tab <input type="checkbox"/>  |                          |  |                          |                          |                          |
| Mental Status Exam Tab category <input type="checkbox"/>  |                          |  |                          |                          |                          |
| Other, please specify <input type="checkbox"/><br>(e.g., Discharge Summary)   |                          |  |                          |                          |                          |

| FUNCTIONING   |                          |  |                          |                          |
|---|--------------------------|--|--------------------------|--------------------------|
| 0 = no evidence   |                          | 1 = history or suspicion; monitor                              |                          |                          |
| 2 = interferes with functioning; action needed  |                          | 3 = disabling, dangerous; immediate or intensive action needed |                          |                          |
|   | 0                        | 1  | 2                        | 3                        |
| 22. Family Functioning  | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Early Education   | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Social and Emotional Functioning  | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Developmental/Intellectual  | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Medical/Physical  | <input type="checkbox"/> | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 <input type="checkbox"/>   |                          |  |                          |                          |
| Medical Tab <input type="checkbox"/>  |                          |  |                          |                          |
| Developmental Milestones <input type="checkbox"/>   |                          |  |                          |                          |
| History of Early Interventions <input type="checkbox"/>   |                          |  |                          |                          |
| Other, please specify <input type="checkbox"/><br>(e.g., Discharge Summary)   |                          |  |                          |                          |



| RISK BEHAVIORS & FACTORS  |  |                          |                          |                          |                          |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 = no evidence   | 1 = history or suspicion; monitor                              |                          |                          |                          |                          |
| 2 = interferes with functioning; action needed  | 3 = disabling, dangerous; immediate or intensive action needed |                          |                          |                          |                          |
|   | 0  | 1                        | 2                        | 3                        | N/A <sup>[6]</sup>       |
| 27. Self-Harm (12 months to 5 years)<br>- N/A if child under 12 months  | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Exploited   | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 29. Prenatal Care   | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 30. Exposure  | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 31. Labor and Delivery  | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 32. Birth Weight  | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 33. Failure to Thrive   | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 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): |  |                          |                          |                          |                          |
| Presenting Problem <input type="checkbox"/>   |  |                          |                          |                          |                          |
| Past Psychiatric History <input type="checkbox"/>   |  |                          |                          |                          |                          |
| Pregnancy/Childbirth History <input type="checkbox"/>   |  |                          |                          |                          |                          |
| Medical Tab <input type="checkbox"/>  |  |                          |                          |                          |                          |
| History of Self-Injury/Suicide/ Violence <input type="checkbox"/>   |  |                          |                          |                          |                          |
| Other, please specify <input type="checkbox"/><br>(e.g., Discharge Summary)   |  |                          |                          |                          |                          |

| CULTURAL FACTORS  |  |                          |                          |                          |
|---|--|--------------------------|--------------------------|--------------------------|
| 0 = no evidence   | 1 = history or suspicion; monitor                              |                          |                          |                          |
| 2 = interferes with functioning; action needed  | 3 = disabling, dangerous; immediate or intensive action needed |                          |                          |                          |
|   | 0  | 1                        | 2                        | 3                        |
| 34. Language  | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Traditions and Rituals  | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Cultural Stress   | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 <input type="checkbox"/>   |  |                          |                          |                          |
| Medical Tab <input type="checkbox"/>  |  |                          |                          |                          |
| Protective Factors <input type="checkbox"/>   |  |                          |                          |                          |
| Other, please specify <input type="checkbox"/><br>(e.g., Discharge Summary)   |  |                          |                          |                          |

| STRENGTHS   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 = Centerpiece strength  | 1 = Useful strength      |                          |                          |                          |
| 2 = Identified strength   | 3 = No evidence          |                          |                          |                          |
|   | 0                        | 1                        | 2                        | 3                        |
| 37. Family Strengths  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Interpersonal   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Natural Supports  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Resiliency (Persist. & Adaptability)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Relationships Permanence  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Playfulness   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Family Spiritual/Religious  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Documentation to support ratings of a '0' or '1' is located in the Clinical Formulation and the following section/s of the BHA (select all that apply): |                          |                          |                          |                          |
| Family History <input type="checkbox"/>   |                          |                          |                          |                          |
| Protective Factors <input type="checkbox"/>   |                          |                          |                          |                          |
| Other, please specify <input type="checkbox"/><br>(e.g., Discharge Summary)   |                          |                          |                          |                          |

| DYADIC CONSIDERATIONS   |  |                          |                          |                          |
|---|--|--------------------------|--------------------------|--------------------------|
| 0 = no evidence   | 1 = history or suspicion; monitor                              |                          |                          |                          |
| 2 = interferes with functioning; action needed  | 3 = disabling, dangerous; immediate or intensive action needed |                          |                          |                          |
|   | 0  | 1                        | 2                        | 3                        |
| 44. Caregiver Emot. Responsiveness  | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Caregiver Adj. to Traumatic Exper.  | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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): |  |                          |                          |                          |
| Presenting Problem <input type="checkbox"/>   |  |                          |                          |                          |
| Family History <input type="checkbox"/>   |  |                          |                          |                          |
| Other, please specify <input type="checkbox"/><br>(e.g., Discharge Summary)   |  |                          |                          |                          |

| CAREGIVER RESOURCES AND NEEDS   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Child has no known caregiver. 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; action needed  |                          |                          |                          |                          |
| 3 = disabling, dangerous; immediate or intensive action needed  |                          |                          |                          |                          |
|   | 0                        | 1                        | 2                        | 3                        |
| 46. Supervision   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Involvement with Care   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Knowledge   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Social Resources  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Residential Stability   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. Medical/Physical  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. Mental Health   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Substance Use   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. Developmental   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Safety  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Family Rel. to the System   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. Legal Involvement   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. Organization  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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): |                          |                          |                          |                          |
| Presenting Problem <input type="checkbox"/>   |                          |                          |                          |                          |
| Family History <input type="checkbox"/>   |                          |                          |                          |                          |
| History of Early Interventions <input type="checkbox"/>   |                          |                          |                          |                          |
| Other, please specify <input type="checkbox"/><br>(e.g., Discharge Summary)   |                          |                          |                          |                          |

## 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  |
|---|--|
| <ul style="list-style-type: none"> <li>• Strong psychometrics for youth ages 6-18</li> <li>• Brief measure</li> <li>• Free</li> <li>• Has specific cutoffs for subscale scores to identify kids at risk for attention, anxiety/depression, and/or conduct problems</li> </ul> | <ul style="list-style-type: none"> <li>• Originally developed as a screening tool</li> <li>• The primary studies examining PSC as an outcome tool came from the same outpatient psychiatry clinic with a middle-class population</li> <li>• Limited research on using the PSC-35 for youth ages 3-5</li> </ul> |

## Pediatric Symptom Checklist (PSC)

### PSC Instrument Information

|   |   |
|---|---|
| <b>Domains</b>                                | <b>35 items measuring symptoms:</b> <ul style="list-style-type: none"> <li>• Attention</li> <li>• Internalizing</li> <li>• Externalizing</li> </ul>   |
| <b>Age-Range</b>                              | 3-18 years <sup>1</sup>   |
| <b>Number of Items</b>                        | 35 items. Each item is rated as: “Never” (scored 0), “Sometimes” (scored 1), and “Often” (scored 2)   |
| <b>Recommended Cut-Off Scores</b>             | <ul style="list-style-type: none"> <li>• <b>Cutoff score of 28</b> for youth ages 6-18 <sup>2-6</sup></li> <li>• <b>Cutoff score of 24</b> for youth ages 3-5 (omit school-related items 5, 6, 17, 18) <sup>1</sup></li> <li>• <b>Cutoff score of 7</b> for Attention subscale <sup>1</sup></li> <li>• <b>Cutoff score of 5</b> for Internalizing subscale <sup>1</sup></li> <li>• <b>Cutoff score of 7</b> for Externalizing subscale <sup>1</sup></li> </ul>  |
| <b>Sensitivity to Change</b>                  | Yes - four studies in outpatient psychiatry clinics found small but significant changes from intake to three months into treatment on the PSC. <sup>7-10</sup>  |
| <b>Other Psychometrics</b>                    | <p><b>Concurrent validity:</b> Range from <math>r = 0.54</math> to <math>0.71</math> (adequate) <sup>5</sup></p> <p><b>Convergent validity:</b> High agreement of between Parent PSC scores and guidance counselor ratings: 83% <sup>11</sup></p> <p><b>Interrater reliability:</b> 0.85 (substantial agreement) <sup>12</sup></p> <p><b>Internal consistency:</b> Cronbach alpha: 0.86 (acceptable) <sup>12</sup></p> <p><b>Test-retest reliability:</b> one-week retest = Pearson <math>r</math>: 0.86 <sup>12</sup> (good)</p> |
| <b>Reliable Change and Significant Change</b> | <p><b>For the total score:</b></p> <ul style="list-style-type: none"> <li>• 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. <sup>13</sup></li> </ul> <p><b>For the subscales:</b></p> <ul style="list-style-type: none"> <li>• Changes of two or more points are considered to indicate reliable change. <sup>7, 8</sup></li> </ul>  |
| <b>Translations</b>                           | Spanish, Tagalog, Arabic, Vietnamese, Farsi   |

### PSC Practical Considerations

|                               |   |
|-------------------------------|---|
| <b>Training Required</b>      | None  |
| <b>Who completes</b>          | Caregiver   |
| <b>Time to complete</b>       | 5 minutes   |
| <b>Database &amp; Scoring</b> | <b>CYF mHOMS. Training forms can be accessed here:</b><br><a href="https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/CYFmHOMS-DES.aspx">https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/CYFmHOMS-DES.aspx</a> |
| <b>Cost</b>                   | Free  |

## References

- <sup>1</sup> Jellinek, M., & Murphy, J.M. (2017, July 21). Scoring the PSC. Retrieved from [http://www.massgeneral.org/psychiatry/services/psc\\_scoring.aspx](http://www.massgeneral.org/psychiatry/services/psc_scoring.aspx)
- <sup>2</sup> 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.
- <sup>3</sup> 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.
- <sup>4</sup> Jellinek, M. S., Murphy, J. M., Robinson, J., Feins, A., Lamb, S., & Fenton, T. (1988). Pediatric Symptom Checklist: screening school-age children for psychosocial dysfunction. *The Journal of pediatrics, 112*(2), 201-209.
- <sup>5</sup> 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.
- <sup>6</sup> 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.
- <sup>7</sup> 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.
- <sup>8</sup> 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.
- <sup>9</sup> 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.
- <sup>10</sup> 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.
- <sup>11</sup> 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.
- <sup>12</sup> 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.
- <sup>13</sup> 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.

## Pediatric Symptom Checklist (PSC) - Parent (Administered to caregivers of clients ages 3 to 18 only)<sup>1</sup>

Version: 10/18 Page 1

CCBH CLIENT ID NUMBER

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

DATE OF ASSESSMENT

|  |  |   |  |  |   |  |  |
|--|--|---|--|--|---|--|--|
|  |  | / |  |  | / |  |  |
|--|--|---|--|--|---|--|--|

ASSESSMENT TYPE

- Initial [1]
- Reassessment [2]
- Discharge [4]

CLINICIAN / STAFF ID

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

UNIT

|  |  |  |  |
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|  |  |  |  |
|--|--|--|--|

SUBUNIT

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

**Instructions: Select your relationship to child and provide your date of birth (month/day).**

Person filling out form

- Biological Parent [1]
- Foster Parent [2]
- Adoptive Parent [3]
- Other Family Member (non-foster status) [4]
- Staff (ONLY for clients in Residential programs) [5]
- Other [6]

Date of Birth - Month

|  |  |
|--|--|
|  |  |
|--|--|

Date of Birth - Day

|  |  |
|--|--|
|  |  |
|--|--|

**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   Incorrect

**Please mark under the heading that best describes your child:**

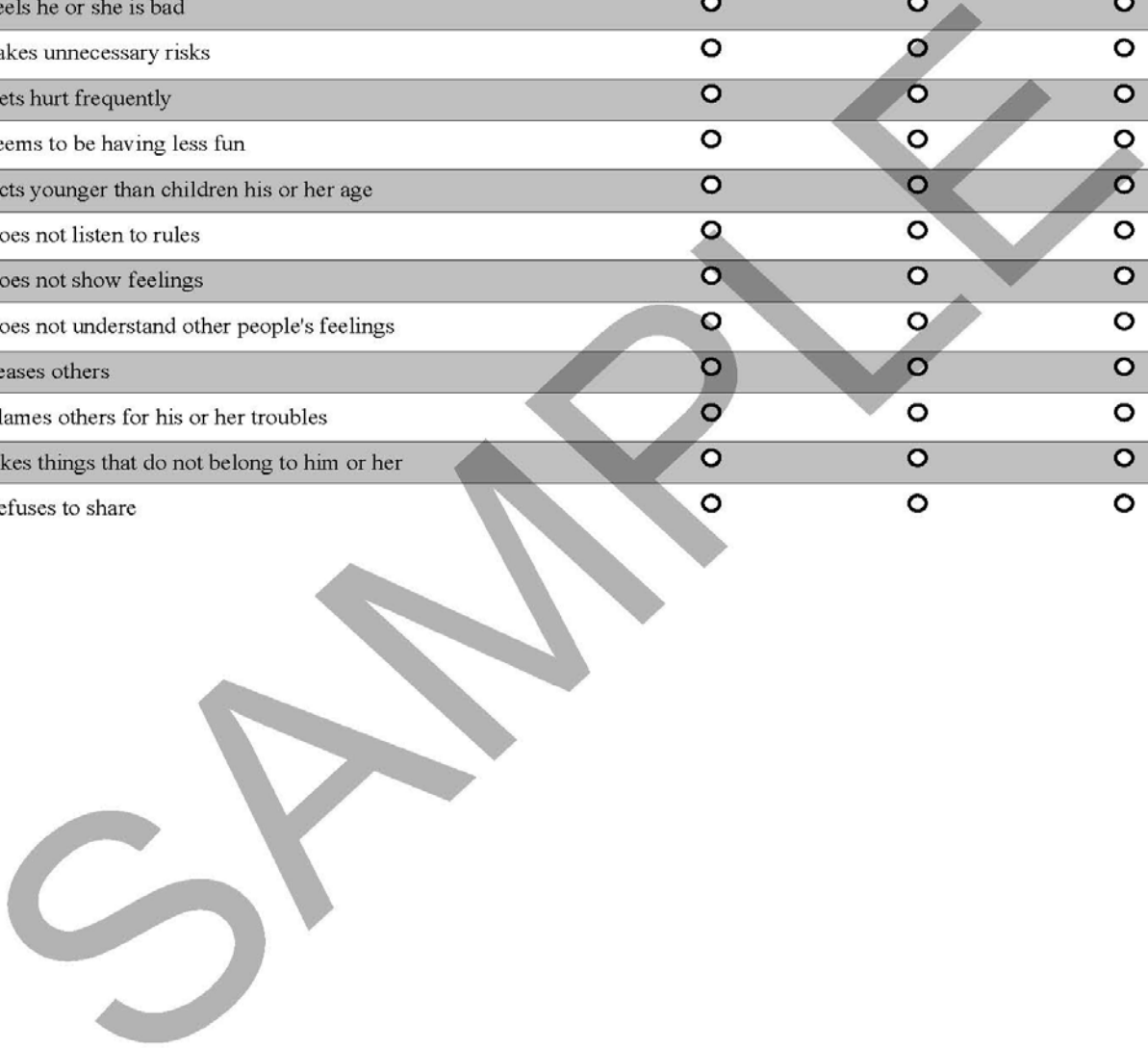
|   | Never <sub>0</sub>    | Sometimes <sub>1</sub> | Often <sub>2</sub>    |
|---|-----------------------|------------------------|-----------------------|
| 1. Complains of aches and pains                     | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 2. Spends more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

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1. Client's age at Initial PSC Assessment.

**Pediatric Symptom Checklist (PSC) - Parent**  
**(Administered to caregivers of clients ages 3 to 18 only) <sup>1</sup>**

Version: 10/18 Page 2

|   | Never <sub>0</sub>    | Sometimes <sub>1</sub> | Often <sub>2</sub>    |
|---|-----------------------|------------------------|-----------------------|
| 21. Has trouble sleeping                          | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 22. Worries a lot                                 | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 23. Wants to be with you more than before         | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 24. Feels he or she is bad                        | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 25. Takes unnecessary risks                       | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 26. Gets hurt frequently                          | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 27. Seems to be having less fun                   | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 28. Acts younger than children his or her age     | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 29. Does not listen to rules                      | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 30. Does not show feelings                        | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 31. Does not understand other people's feelings   | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 32. Teases others                                 | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 33. Blames others for his or her troubles         | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 34. Takes things that do not belong to him or her | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 35. Refuses to share                              | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |



CCBH CLIENT ID NUMBER

CLIENT DATE OF BIRTH

/   /

CLIENT'S LAST NAME

CLIENT'S FIRST NAME

MI



## 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   |
|---|---|
| <ul style="list-style-type: none"> <li>• Brief measure</li> <li>• Free</li> <li>• Has specific cutoffs for subscale scores to identify kids at risk for attention, anxiety/depression, and/or conduct problems</li> <li>• Adequate psychometrics</li> </ul> | <ul style="list-style-type: none"> <li>• Originally developed as a screening tool</li> <li>• No set standard for measuring improvement on the tool</li> <li>• Not aware of any articles examining the use of the PSC-Y as an outcome</li> </ul> |

## Pediatric Symptom Checklist - Youth Report (PSC-Y)

### PSC-Y Instrument Information

|                                   |  |
|-----------------------------------|--|
| <b>Domains</b>                    | <b>35 items measuring symptoms in 3 domains:</b> <ul style="list-style-type: none"> <li>• Attention</li> <li>• Internalizing</li> <li>• Externalizing</li> </ul>   |
| <b>Age-Range</b>                  | Adolescents ages 11-18 <sup>1</sup>  |
| <b>Number of Items</b>            | 35 items. Each item is rated as: “Never” (scored 0), “Sometimes” (scored 1), and “Often” (scored 2)  |
| <b>Recommended Cut-Off Scores</b> | <b>A cut-off score of 30</b> provides highest average sensitivity and specificity. <sup>2</sup> <ul style="list-style-type: none"> <li>• <b>Cutoff score of 7</b> for Attention subscale <sup>1</sup></li> <li>• <b>Cutoff score of 5</b> for Internalizing subscale <sup>1</sup></li> <li>• <b>Cutoff score of 7</b> for Externalizing subscale <sup>1</sup></li> </ul>   |
| <b>Sensitivity to Change</b>      | No articles examining the use of the PSC-Y as an outcome.  |
| <b>Other Psychometrics</b>        | <b>Reliability:</b> Test-retest: Kappa = .50: (Acceptable) <sup>2</sup><br><b>Concurrent validity:</b> <ul style="list-style-type: none"> <li>• Classification agreement between PSC-Y and PSC was 79%.<sup>2</sup></li> <li>• Classification agreement between other established measures of depression and anxiety ranged from 83- 84%.<sup>2</sup></li> </ul> <b>Discriminant Validity:</b> <ul style="list-style-type: none"> <li>• Children with PSC-Y positive scores were significantly more likely to be identified by their teachers as having attentional and/or behavioral problems.<sup>2</sup></li> </ul> |
| <b>Translations</b>               | Spanish, Tagalog, Arabic, Vietnamese, Farsi  |

### PSC-Y Practical Considerations

|                               |   |
|-------------------------------|---|
| <b>Training Required</b>      | None  |
| <b>Who completes</b>          | Youth   |
| <b>Time to complete</b>       | 5 minutes   |
| <b>Database &amp; Scoring</b> | <b>CYF mHOMS. Training forms can be accessed here:</b><br><a href="https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/CYFmHOMS-DES.aspx">https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/CYFmHOMS-DES.aspx</a> |
| <b>Cost</b>                   | Free  |

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

<sup>2</sup> 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)<sup>1</sup>

Version: 10/18 Page 1

|   |   |  |
|---|---|--|
| CCBH CLIENT ID NUMBER<br><input style="width: 100%; height: 20px;" type="text"/>  | DATE OF ASSESSMENT<br><input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> | ASSESSMENT TYPE<br><input type="checkbox"/> Initial [1]<br><input type="checkbox"/> Reassessment [2]<br><input type="checkbox"/> Discharge [4] |
| CLIENT'S LAST NAME<br><input style="width: 100%; height: 20px;" type="text"/>   | CLIENT'S FIRST NAME<br><input style="width: 100%; height: 20px;" type="text"/>  | MI<br><input style="width: 30px; height: 20px;" type="text"/>  |
| CLIENT DATE OF BIRTH<br><input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> | CLINICIAN / STAFF ID<br><input style="width: 100%; height: 20px;" type="text"/>   | UNIT<br><input style="width: 30px; height: 20px;" type="text"/>  |
|   |   | SUBUNIT<br><input style="width: 30px; height: 20px;" type="text"/>   |

Please mark under the heading that best fits you.

|  | Correct               |                        | Incorrect             |
|--|-----------------------|------------------------|-----------------------|
|  | Never <sub>0</sub>    | Sometimes <sub>1</sub> | Often <sub>2</sub>    |
| 1. Complain of aches or pains                      | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 2. Spend more time alone                           | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 3. Tire easily, little energy                      | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 4. Fidgety, unable to sit still                    | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 5. Have trouble with teacher                       | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 6. Less interested in school                       | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 7. Act as if driven by motor                       | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 8. Daydream too much                               | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 9. Distract easily                                 | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 10. Are afraid of new situations                   | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 11. Feel sad, unhappy                              | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 12. Are irritable, angry                           | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 13. Feel hopeless                                  | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 14. Have trouble concentrating                     | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 15. Less interested in friends                     | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 16. Fight with other children                      | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 17. Absent from school                             | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 18. School grades dropping                         | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 19. Down on yourself                               | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 20. Visit doctor with doctor finding nothing wrong | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |

## Pediatric Symptom Checklist (PSC) - Youth (Administered to clients ages 11 to 18 only) <sup>1</sup>

Version: 10/18 Page 2

CCBH CLIENT ID NUMBER

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

|   | Never <sub>0</sub>    | Sometimes <sub>1</sub> | Often <sub>2</sub>    |
|---|-----------------------|------------------------|-----------------------|
| 21. Have trouble sleeping                     | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 22. Worry a lot                               | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 23. Want to be with parent more than before   | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 24. Feel that you are bad                     | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 25. Take unnecessary risks                    | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 26. Get hurt frequently                       | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 27. Seem to be having less fun                | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 28. Act younger than children your age        | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 29. Do not listen to rules                    | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 30. Do not show feelings                      | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 31. Do not understand other people's feelings | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 32. Tease others                              | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 33. Blame others for your troubles            | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 34. Take things that do not belong to you     | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |
| 35. Refuse to share                           | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> |

## 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   |
|---|---|
| <ul style="list-style-type: none"> <li>• Strong psychometrics for youth ages 12-18</li> <li>• Brief measure</li> <li>• Relatively simple to administer</li> </ul> | <ul style="list-style-type: none"> <li>• Originally developed as a screening tool and does not have established rates of “reliable” or “clinical” change</li> </ul> |

## Personal Experience Screening Questionnaire (PESQ)

### PESQ Instrument Information

|                                   |   |
|-----------------------------------|---|
| <b>Domains</b>                    | <p><b>Scales:</b><sup>1</sup></p> <ul style="list-style-type: none"> <li>• Problem Severity: Measure of how psychologically/behaviorally involved with drugs a youth is</li> <li>• Infrequency: Measures unlikely drug use behavior (e.g., “faking bad”)</li> <li>• Defensiveness: Measures social desirability (“faking good”)</li> </ul> <p><b>Other content areas:</b><sup>1</sup></p> <ul style="list-style-type: none"> <li>• Psychosocial Indicators</li> <li>• Drug Use History</li> </ul> |
| <b>Age-Range</b>                  | 12-18 years <sup>2</sup>  |
| <b>Number of Items</b>            | 41  |
| <b>Recommended Cut-Off Scores</b> | <ul style="list-style-type: none"> <li>• Infrequency Total: <b>Cutoff score of 4</b></li> <li>• Defensiveness Total: <b>Cutoff score of 9</b></li> <li>• Severity Total: <b>Cutoff score of 30</b> for Males 12-15 years<br/> <b>35</b> for Males 16-18 years<br/> <b>30</b> for Females 12-15 years<br/> <b>34</b> for Females 16-18 years</li> </ul>  |
| <b>Psychometrics</b>              | <ul style="list-style-type: none"> <li>• <b>Construct validity:</b> range from <math>r = 0.55 - .094</math><sup>2</sup></li> <li>• <b>Criterion validity:</b> overall correct classification rate of 87%. Sensitivity = 0.88 and specificity = 0.84<sup>2,3</sup></li> <li>• <b>Internal consistency:</b> coefficient alpha: 0.90 – 0.91 (high)<sup>2</sup></li> </ul>  |
| <b>Translations</b>               | Spanish   |

### PESQ Practical Considerations

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

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

<sup>2</sup>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.

<sup>3</sup>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

Ethnicity/Race:

- American Indian/Alaska Native  Asian  Black/African American  
 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

#### How often have you used alcohol or other drugs

1. at home? .....
2. at places on the street where adults hang around? .....
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? .....

Never      Once or twice      Sometimes      Often

|   |   |   |   |
|---|---|---|---|
| * | * | * | * |
| * | * | * | * |
| * | * | * | * |
| * | * | * | * |
| * | * | * | * |
| * | * | * | * |
| * | * | * | * |
| * | * | * | * |
| * | * | * | * |

#### 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? .....
15. lost your sense of taste for several days after using drugs? .....

|   |   |   |   |
|---|---|---|---|
| * | * | * | * |
| * | * | * | * |
| * | * | * | * |
| * | * | * | * |
| * | * | * | * |
| * | * | * | * |

#### When using alcohol or other drugs, how often have you

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, 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.

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**PART II**

Please indicate whether the following statements are true about you:

|   | Yes | No |
|---|-----|----|
| 22. I am always nice, even to people who are not nice. ....                                   | *   | *  |
| 23. I worry a lot about little things or for no reason. ....                                  | *   | *  |
| 24. There have been times when I took advantage of someone. ....                              | *   | *  |
| 25. I am bothered by unusual thoughts. ....   | *   | *  |
| 26. There have been times when I was mad at an adult even though I knew they were right. .... | *   | *  |
| 27. I feel sad, blue, or depressed much of the time. ....                                     | *   | *  |
| 28. I often suffer from headaches or a nervous stomach. ....                                  | *   | *  |
| 29. I am always willing to admit it when I make a mistake. ....                               | *   | *  |
| 30. I think about killing myself. ....  | *   | *  |
| 31. There have been times when I felt like swearing or smashing things. ....                  | *   | *  |
| 32. There is something wrong with the way my mind works. ....                                 | *   | *  |
| 33. Someone in my family hits me when they are angry. ....                                    | *   | *  |
| 34. I am afraid of someone because they have been sexual with me. ....                        | *   | *  |

**PART III**

During the past 12 months, how many times

|   | Never | 1-2 times | 3-5 times | 6-9 times | 10-19 times | 20-39 times | 40+ 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 least once during the past 12 months:

- psychedelics (such as LSD, mescaline, peyote, psilocybin, PCP, mushrooms, shrooms) .....
- cocaine (coke, crack, rock) .....
- amphetamines (such as ice, crystal meth, meth, crank, uppers, speed, bennies; *not* diet pills) .....
- club drugs (such as MDMD, Ecstasy, GHB, roofies or Rohypnol, ketamine or Special K) .....
- sedatives or barbiturates (such as downs, goofballs, yellows, blues, Valium, Xanax, Celexa, Prozac; *not* prescribed by a doctor) .....
- heroin (smack, horse, skag) .....
- other narcotics (such as methadone, opium, morphine, codeine, Demerol, Vicodin, OxyContin, Percocet) .....
- inhalants (such as glue, aerosol from cans, gases, correction fluid) .....
- steroids, androstenedione, or creatine .....

|   | 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 half a pack      \* About half a pack or more