



CLINICAL UTILITY OF THE PEDIATRIC SYMPTOM CHECKLIST*



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- ❖ Rationale for Using Outcomes Clinically
- ❖ PSC Overview
- ❖ Clinical Utility of PSC
 - Evaluate treatment progress
 - Discussing progress with families
 - Identifying treatment goals
 - Choosing appropriate interventions
- ❖ Reading the PSC Graphs





Two Versions

- ❖ **PSC:** Parent/Caregiver report on youth who are ages 3-18
- ❖ **PSC-Y:** Youth Self-Report for ages 11-18



- ❖ Individual items – 35 items rated as:

Never (0)	Sometimes (1)	Often (2)
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- ❖ Subscale scores:

Externalizing	“Does not listen to rules”
Internalizing	“Feels sad, unhappy”
Attention Problems	“Has trouble concentrating”

- ❖ Total Scale Score



❖ Externalizing:

- Scores of 7 or higher may reflect significant problems with conduct

❖ Internalizing:

- Scores of 5 or higher are suggestive of significant impairments with anxiety and/or depression

❖ Attention Problems:

- Scores of 7 or higher are indicative of impairments in attention





- ❖ PSC Total Scale Score: Range = 0-70
 - If four or more items left blank = INVALID

❖ PSC (Parent/Caregiver Completed)

Ages 6-18	Ages 3-5
<ul style="list-style-type: none">• Score of <u>28 or above</u> = indicates psychosocial impairment	<ul style="list-style-type: none">• Score of <u>24 or above</u> = indicates psychosocial impairment➤ IGNORE ITEMS 5, 6, 17, AND 18 FOR THIS AGE GROUP

❖ PSC-Y (Youth Self-Report)

- Score of 30 or above* = indicates psychosocial impairment

WHY REVIEW THE PSC GRAPH WITH A CLIENT?



- ❖ Track treatment progress
- ❖ Engage families in treatment
- ❖ Jointly identify treatment goals
- ❖ Identify clients' strengths and weaknesses

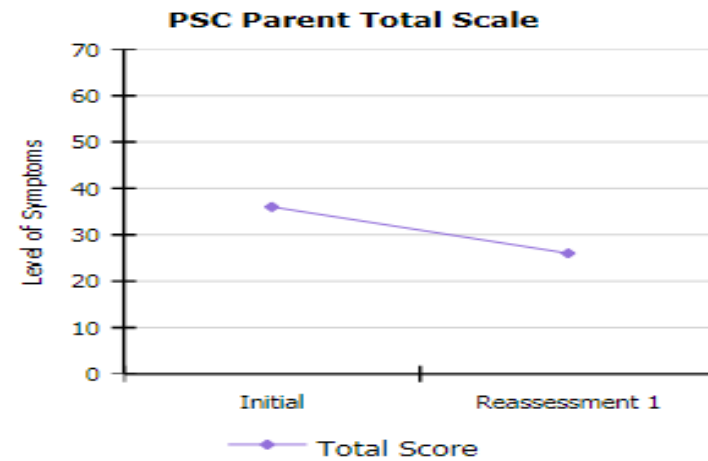
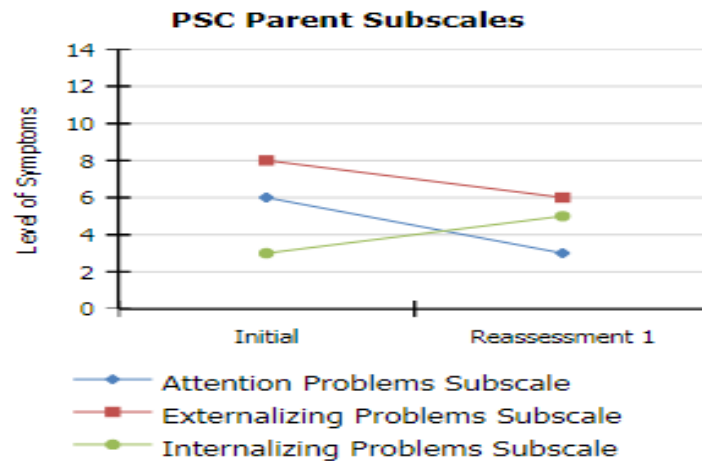




PSC Parent

Client ID: 900000001
Client Name: Client1, Test

Unit: 9000
CCBH Intake Date: 9/18/2017



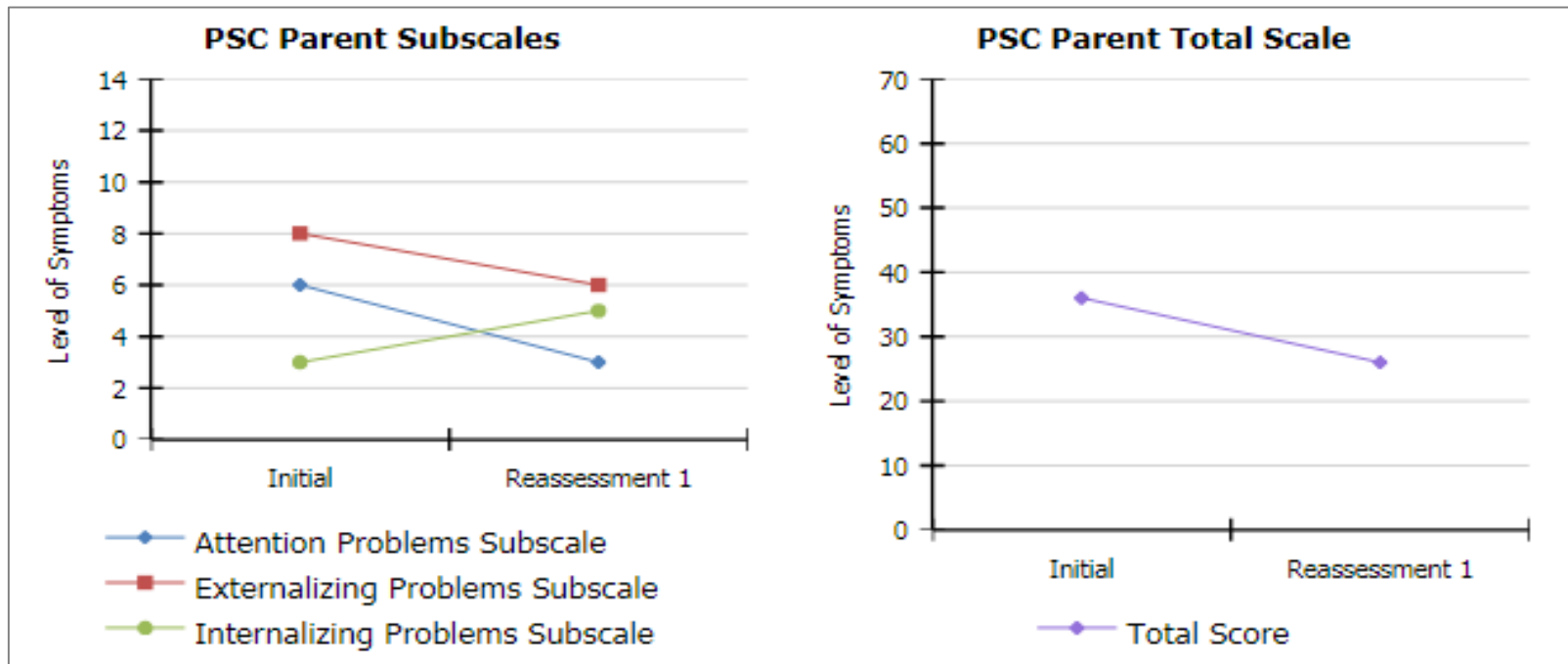
	Initial	Reassessment	Discharge
Attention Problems Subscale (0-10) ^a	6	3	
Internalizing Problems Subscale (0-10) ^b	3	5 (AT-RISK)	
Externalizing Problems Subscale (0-14) ^c	8 (AT-RISK)	6	
Total Score (0-70) ^d	36 (IMPAIRED)	26	

- a. AT RISK - Children with scores of 7 or higher on this subscale usually have significant impairments in attention.
- b. AT RISK - Children with scores of 5 or higher on this subscale usually have significant impairments with anxiety and/or depression.
- c. AT RISK - Children with scores of 7 or higher on this subscale usually have significant problems with conduct.
- d. IMPAIRED - Children ages 6-18 with scores of 28 or higher and children ages 3-5 with scores of 24 or higher usually have psychological impairment.



❖ Examine the graph

Do the lines go up?		Indicates an increase in symptoms
Do the lines go down?		Suggests a reduction in symptoms
Are the lines flat?		Indicates no change





- ❖ Have the at-risk/impairment categories changed?
- ❖ Does the client now fall in the not 'at-risk' or not 'impaired' range at follow-up?

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- ❖ To celebrate successes!
- ❖ Increase self-efficacy
- ❖ Can help move a client toward change
- ❖ Can improve communication





❖ Using the graph

- Why do you think the blue line, which measures how well you listen and get along with others, is going down? It tells me your mom thinks you are listening more.

- This graph indicates you think you are improving but your mom's graph suggests things are staying the same. What do you think about that? Why might that be?

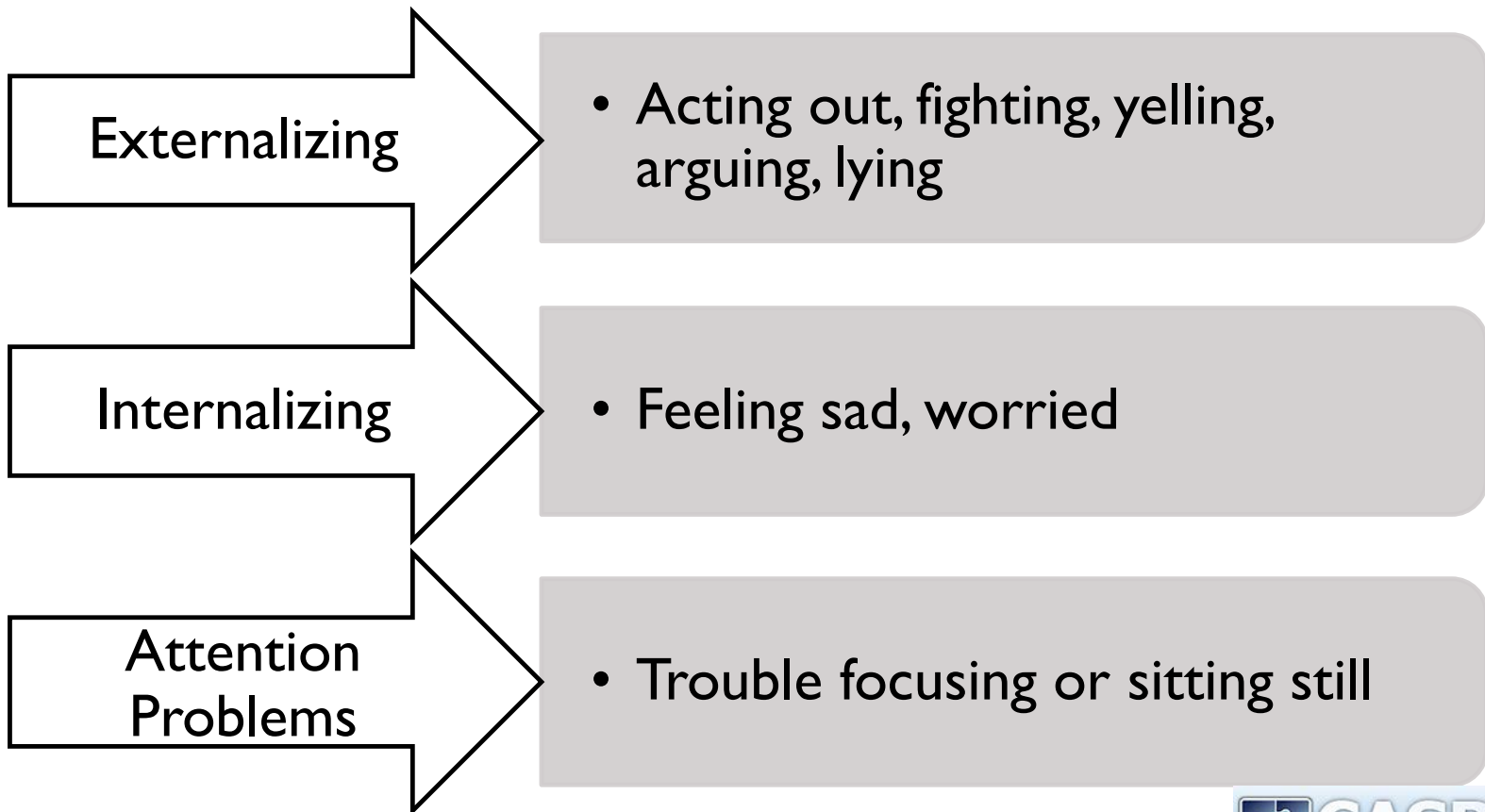


❖ Using individual symptoms

- At the start of treatment you said you *sometimes* felt “unhappy or sad,” now you say that you *often* feel “unhappy or sad.”
 - What does this mean?
 - What do you think caused this change?



❖ Use straightforward language:





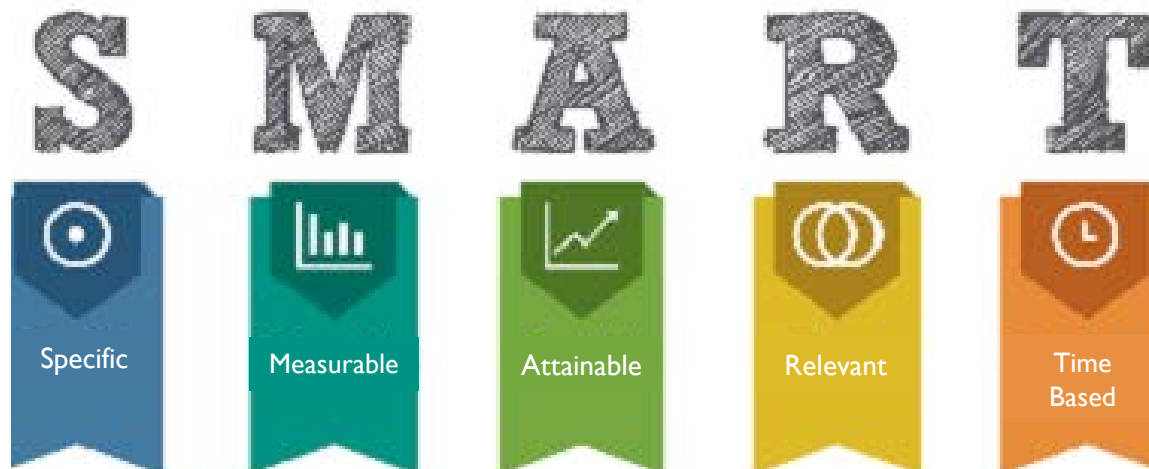
❖ Examine scale scores

- Is the client above the clinical cut-off on the total scale score and or subscale scores?
- If any of the subscales are in the '*at-risk*' range, this can be formulated as a treatment goal: Increase attention
 - Measured by a decrease on the PSC Attention Problems subscale
 - Measured by client falling below the clinical cutoff on the Attention Problems subscale at discharge





- ❖ Which individual items were endorsed “often”?
 - For example, a child in the *Impaired* range on the Externalizing subscale may score ‘Often’ on the items “Does not listen to rules” and “Fights with others”
 - Increasing compliance and decreasing fighting may be identified as treatment goals





- ❖ With clear treatment goals it is easier to identify and select appropriate interventions

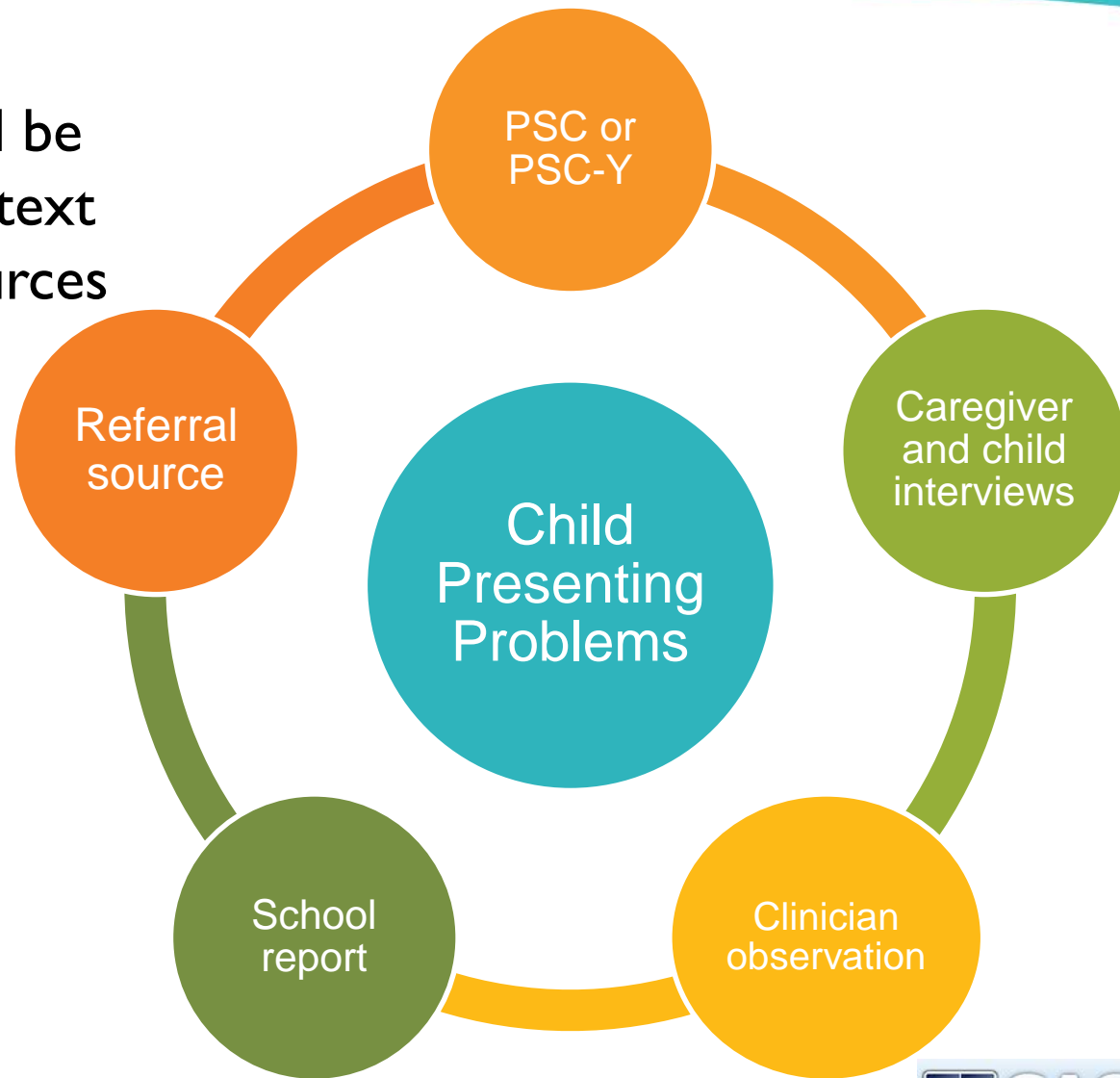


Example

- Caregiver rated the child in the *Impaired* range on the Externalizing subscale (but not the other subscales)
- What type of intervention(s) are indicated?
 - Parent Management Training
 - Behavior therapy



- ❖ All data should be taken into context with other sources of information





1. Data entry staff will access and print the PSC graphs when a second (follow-up) PSC is entered into CYF mHOMS.
2. If a clinician is registered in CYF mHOMS, they can also follow the instructions in the CYF mHOMS training document to access and print the PSC graphs.

CYF mHOMS training (under Training Forms header), can be accessed here:

<https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/CYFmHOMS-DES.aspx>



- ❖ More information can be found on the developers website:
 - https://www.massgeneral.org/psychiatry/services/psc_home.aspx

- ❖ PSC Forms, Assessment Cover sheet (Client Information Form), and CYF mHOMS data entry information can be found here:
 - <https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/CYFmHOMS-DES.aspx>