

APPENDIX B

Screening Tools and Assessment Resources

TDMHSAS BEST PRACTICE GUIDELINES

Screening Tools and Assessment Resources

Because it is imperative that clinicians obtain the correct diagnosis, tools have been included to assist clinicians in making the right diagnosis the first time. ***Actual copies of “no-cost” screening tools are found in this section. These tools can be copied and used by clinicians so long as there is no charge to pediatric patients and their families.*** Selected screening tools and scales are included by permission of the developer/author. They are included solely for guidance and diagnostic assistance. ***Their inclusion should not be perceived as an endorsement.*** While these screening instruments can assist clinicians in determining whether further referral and/or evaluation is warranted, links to a wealth of screening tools and rating scales, some for which permission could not be obtained because they are proprietary, are additionally provided in this section. Typically behavioral health screening tools for very young children fall in the proprietary category.

Ages and Stages Questionnaire (ASQ) Screening Test

The Ages and Stages Questionnaire (ASQ) screening tool can be used with children as young as four months old through five years of age. Parents or any individuals that spend time with the child on a regular basis, such as grandparents, aunts, uncles, caregivers, or foster parents, are asked to complete 30 items. Administration of the ASQ screener takes between 10-20 minutes. If completed accurately, the ASQ can identify developmental delays, including emotional or social problems in young children. There is some question about ease of administration for parents who may be less educated. All total, there are 19 age-based forms. Similar to other quality screening tools, the ASQ has several language versions, including Spanish, Korean, and French. There is a cost associated with this screening test (CEBC4CW, 2009c).

Child/Adolescent Psychiatry Screen (CAPS)

The Child/Adolescent Psychiatry Screen (CAPS) includes symptoms representative of 18 disorders associated with children and youth. It can serve as an initial indicator of areas needing further investigation. Comprised of 85 items, CAPS is recommended for use with parents/families that have children ranging in age between 3-21 years. ***It is only a preliminary screening tool.*** This means that a particular “score” will not confirm that a child has a particular disorder. A youth might have symptoms like those indicated by this tool, but s/he may not have any “disorder.” **Trained clinicians should make the diagnoses following comprehensive and thorough assessments. Any symptoms that point to suicidal or harmful behaviors warrant immediate attention by clinicians.**

CAPS takes approximately 15-20 minutes to complete. Hard copy of CAPS is available in this section. The prescreener can also be downloaded from <http://www2.massgeneral.org/schoolpsychiatry/chiladolescentpsychiatryscreencaps.pdf>. (The PDF version may be a better resource from which to make copies.) **CAPS will not help the clinician monitor the effects of treatment(s).**

Kiddie-Sads-Present and Lifetime Version (K-SADS-PL)

The Kiddie-Sads-Present and Lifetime Version, better known as K-SADS-PL, is a semi-structured interview designed to assess past and current psychopathology in children and adolescents 7-18 years of age. Among the primary diagnoses assessed with the K-SADS-PL are major depression, ADHD, tourette's disorder, PTSD, anxiety, and schizophrenia. It is available in several languages other than English, including European Spanish and Mexican Spanish. The tool can be used freely in clinical settings of not-for-profit entities and/or when its use is included as part of an IRB-approved research protocol. A PDF version can be downloaded from <http://www.psychiatry.pitt.edu/research/tools-research/ksads-pl>. Unfortunately, its clinical use is limited by the required time of administration, which can range from 90-120 minutes (Kaufman & Schweder, 2003).

Mood and Feelings Questionnaire (MFQ)

Developed by Angold and Costello in 1987, the Mood and Feelings Questionnaire (MFQ) is comprised of a series of descriptive phrases about how the youth has been acting or feeling recently. Codings are indicative of whether the phrase described the youth most of the time, sometimes, or not at all in the past two weeks. There are long and short versions (33 items and 13 items, respectively) for both the youth and the parent. The youth versions can be given to young people ages 13-18, requiring no more than 10 minutes of administration time. Download of the MFQ is free but a form must be completed to obtain passwords for these PDF files. **A written request must be made to administer the MFQ to clients. The request should be addressed to Anita Chalmers, Box 3454 DUMC, Durham, NC 27710.** Contact information and relevant citations can be gleaned at <http://devepi.mc.duke.edu/mfq.html>.

Pediatric Symptom Checklist (PSC)

The PSC is a screening tool designed to inform clinicians early about difficulties in functioning that may indicate current or potential psychosocial problems of 6-16 year olds, though use has been extended downward to three years of age and upward to 18 year olds. It contains 35 items and should be completed by parents or guardians. **This screening tool may be particularly useful because there are both English and Spanish versions, among many other language versions including Haitian-Creole, Chinese, Dutch, French, Italian, Somali, and German.** The PSC language versions can be gleaned from http://www.massgeneral.org/psychiatry/services/psc_forms.aspx. Positive screens (i.e., scores indicative of further assessment) comprise scores greater than 27 for young people ages 6-18 and scores of at least 24 for children in the four-to-five-year-old age range.

At most, the PSC takes 10 minutes to complete. Because the PSC is a screener, it cannot be used to make formal diagnoses or measure treatment interventions. Nevertheless, it is useful in psychosocial screening during Early Periodic Screening, Diagnosis, and Treatment (EPSDT) in states such as Tennessee, Arizona, and Massachusetts (Massachusetts General Hospital, Psychiatry, n.d.a). Moreover, there exists an urgency for providers of pediatric care to screen for behavioral health issues during well child visits using reliable, validated measures such as the PSC and other instruments mentioned in this section (Cappelli, et al., 2012; Hawkins-Walsh & Stone, 2004). Additional versions of the PSC are available in the form of the PSC-17 and the PSC-Y.

The PSC-17 contains only 17 questions and was designed for behavioral health screening of children between the ages of 4-18 years by primary care professionals. ***It can be administered in less than three minutes.*** Research has shown that the PSC-17 performs as well as other screening instruments in identifying externalizing disorders, depression, and ADHD, but with less sensitivity in the identification of anxiety (CEBC4CW, 2009a). A total cut score of 15 has been recommended for the PSC-17. However, the original 35-item tool provides the greatest accuracy and remains the instrument of choice unless time pressures dictate the use of the briefest possible screen (Massachusetts General Hospital/School Psychiatry, n.d.b). The PSC-17 is available in a variety of languages, all of which can be viewed and downloaded at http://www.massgeneral.org/psychiatry/services/psc_forms.aspx.

The PSC-Y was designed as a youth self-report version of the PSC, which is completed by the parent. Young people ages 11 years and older can take the PSC-Y. A positive screen on the PSC-Y is a score of 30 or higher (brightfutures.org, n.d.). As with the full-version and PSC-17, the PSC-Y is available in several languages. Language appropriate versions are located at http://www.massgeneral.org/psychiatry/services/psc_forms.aspx. All versions of the PSC are available without charge but proprietary or for-profit use is prohibited.

Hard copies of various versions of the PSC are located in this section and online access is available as well. The English version can be found at <http://www.massgeneral.org/psychiatry/assets/PSC-35.pdf> or http://www.brightfutures.org/mentalhealth/pdf/professionals/ped_sympton_chklst.pdf, with the Spanish version available at http://www.massgeneral.org/psychiatry/assets/PSC_Spanish_1.pdf. The ***TENnderCARE website also includes access to this tool for providers under the Pediatric Symptom Checklist link:*** <http://www.tn.gov/tenncare/tenndercare/psceng.pdf>.

Sometimes youth themselves make the best reporters of their issues, especially when mood disorders like depression and anxiety are involved. In those instances, administer the youth self-report versions of the PSC. The PSC English Youth Self Report version is available at http://www.massgeneral.org/psychiatry/assets/PSCY-35_English.PDF or http://www.brightfutures.org/mentalhealth/pdf/professionals/ped_sympton_chklst.pdf. The Spanish version of the PSC Youth Self Report can be obtained at http://www.massgeneral.org/psychiatry/assets/PSC_Y_Youth_Self_Report_Spanish.pdf. A number of youth versions in various other languages can be found at http://www.massgeneral.org/psychiatry/services/psc_forms.aspx. The youth version of the PSC may also be referenced as Y-PSC.

Self-Report for Childhood Anxiety Related Emotional Disorders (SCARED)

Another anxiety screening tool in this section is the SCARED. It was designed as a screener for children and adolescents at least 8 years of age. There are child and parent versions of the SCARED. Both versions contain 41 items that measure five areas: general anxiety, physical symptoms of anxiety, school phobia, separation anxiety, and social phobia. Each screen takes about 5 minutes to complete and is additionally available online. The child version is available at <http://psychiatry.pitt.edu/sites/default/files/Documents/assessments/SCARED%20Child%20with%20sco ring.pdf>. The parent version can be found at <http://psychiatry.pitt.edu/sites/default/files/Documents/assessments/SCARED%20Parent.pdf>.

Swanson, Nolan and Pelham Teacher and Parent Rating Scale (SNAP-IV)

The SNAP-IV is a 90-item tool, originally devised to screen for attention deficit hyperactivity disorder (ADHD), but can yield more general information. It takes 10 minutes to complete and provides symptomatology for children 6-18 years of age. The SNAP should be completed by parents or other caregivers, as well as teachers. Besides symptoms associated with attention disorders, the SNAP-IV assesses symptoms linked with Conduct Disorder, Dysthymic Disorder, Generalized Anxiety Disorder, Intermittent Explosive Disorder, Major Depressive Episode, Manic Episode, Narcolepsy, Obsessive-Compulsive Disorder, Stereotypic Movement Disorder, and Tourette's Disorder. The tool and scoring instructions are provided in this section. It is also available at <http://www.adhd.net/snap-iv-form.pdf>. Scoring instructions for the SNAP-IV can also be found at <http://www.adhd.net/snap-iv-instructions.pdf>.

Vanderbilt ADHD Diagnostic Rating Scales

The Vanderbilt ADHD Diagnostic Rating Scales should be used as initial assessment tools with children ages 6-12. They include descriptions of symptoms and impairment in academic and behavioral performance. The scales are not intended for diagnosis, but are widely used to provide information about symptom presence and severity, and performance in the classroom, home, and social settings. The 55-item scale should be completed by parents and the 43-item scale should be completed by the child's teacher. Either scale can be completed in 10 minutes.

Both scales are included in this section. The parent version is also available online at <http://www.collab4kids.org/images/uploads/Vanderbilt%20ADHD%20Diagnostic%20Parent%20Scoring%20&%20Instructions.pdf>. Scoring information is included. n be found at <http://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/adhd.pdf>, along with scoring instructions.

Modified Checklist for Autism in Toddlers (M-CHAT)

Because children with autism that receive early intervention have improved long-term prognoses, the M-CHAT was developed as a screening tool. It consists of 23 yes/no questions and can be completed by clinicians and/or parents and guardians. (Parents should take their completed forms to the clinician for scoring and interpretation.) The M-CHAT is an expanded American version of the CHAT that was originally developed in the United Kingdom. Red flags arise when two or more critical items are failed on the checklist or when any three consecutive items are failed. It is typically recommended that this screen be administered at the 18-month checkup (Robins, Fein, Barton, & Green, 2001).

In addition to inclusion in this section, the author notes that the M-CHAT is available free of charge at www.mchatscreen.com (D. Robins, personal communication, February 19, 2013). This link includes instructions for use and scoring, as well as the tool. The author strongly recommends the use of the M-CHAT Follow-up Interview for screened positive cases. The follow-up interview is included in this section, and can also be obtained from www.mchatscreen.com (D. Robins, personal communication, February 19, 2013). The website link will further be a way to check for updates.

Center for Epidemiological Studies Depression Scale Modified for Children (CES-DC)

The Center for Epidemiological Studies (CES) Depression Scale (CES-D) for adults was adapted for use with children and adolescents in the form of the CES-DC. Like its adult counterpart, the CES-DC is comprised of 20 items and takes less than 15 minutes to complete. It has been recommended for use with persons 7-17 years of age. Although it is included in this section, the CES-DC can also be obtained from <http://www.depressedchild.org/Tests/Depression%20Test.htm>. Another online version of the document is provided through the brightfutures.org website of Georgetown University.

Strengths and Difficulties Questionnaire (SDQ)

The Strengths and Difficulties Questionnaire (SDQ) is a 25-item behavioral screen tool for children ages 3-16 years of age. It is designed for completion by parents, teachers, or the youth themselves if they are ages 12-16 and have adequate level of literacy and understanding. Parent, teacher, and youth versions of the SDQ contain the same 25 items*. (*NOTE: The version for three and four year olds contains only 22 items that are identical on the other scale versions. Two items on oppositionality are substituted for items on antisocial behavior and an item on reflectiveness is softened.) The items are divided into five scales measuring emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behavior. There are also follow-up versions if the clinician is interested in psychiatric caseness or determinants of service use. Further, there are versions in many different languages. Administration time is reportedly around five minutes (CEBC4CW, 2009b).

PDF versions of the SDQ and scoring instructions are available online at <http://sdqinfo.org>. They can be downloaded for free at the website. The website contains the most recent version of the SDQ, as well as all translations. Norms, relevant articles, and validity information are also accessible from the website.

Parent Version of the Young Mania Rating Scale (P-YMRS)

The P-YMRS is a revision of the original YMRS. Designed specifically for the pediatric population (children ages 5-17), the P-YMRS contains 11 items. Parents are asked about their youth's present state. The tool should help clinicians determine when children should be referred for further evaluation. In addition, it should help them assess the extent to which the youth's symptoms are responding to treatment (Massachusetts General Hospital/School Psychiatry, n.d.d; The Balanced Mind, 2010).

Scores range from 0-60. Anything above 13 suggests a potential case of mania or hypomania. Scores above 21 were indicative of probable cases in pediatric research studies. In general, higher scores should raise "red flags" for the clinician. The P-YMRS will take between 15-30 minutes to administer (The Balanced Mind Foundation, 2010). Hard copy is presented in this section, but the tool can also be accessed online as a PDF from <http://www.thebalancedmind.org/sites/default/files/ymrsparent.pdf> or as a Word document from <http://www.thebalancedmind.org/learn/library/parent-version-of-the-young-mania-rating-scale-word-doc-version>. Permission to include this tool was granted in 2007 by the first author, Barbara Gracious.

CRAFFT

The CRAFFT is a brief screening tool for adolescent substance abuse and has been recommended by the American Academy of Pediatrics' Committee on Substance Abuse (CeASAR, n.d.). Designed for young people ages 11-21 years of age, the CRAFFT consists of three preliminary questions, followed by six easy-to-remember items (TeenScreen,). The tool's title is a mnemonic acronym for the issues addressed by the six questions. The letters in the title represent the keyword in each of the six questions: C = Car; R = Relax; A = Alone; F = Forget; F = Family/Friends; and T = Trouble. Youth should respond "YES" or "NO". At least two "YES" responses to the six questions signal a significant problem (CeASAR, n.d.). Health and/or mental health professionals should administer the screening test.

Contained in this section, the CRAFFT screening test is also available online from the Center for Adolescent Substance Abuse Research(CeASAR) at http://www.ceasar.org/CRAFFT/pdf/CRAFFT_English.pdf. The tool is available as cards too, which can be requested from <http://www.ceasar.org/about/CRAFFT%20Card%20Request%20Form.pdf>. The CRAFFT has been translated into a considerable number of languages and PDFs of these versions can be obtained from the CeASAR website. A self-administered version, to be administered by the teen, can be accessed from http://www.ceasar.org/CRAFFT/pdf/CRAFFT_SA_English.pdf.

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