



Northern California Training Academy

Mental Health Screening and Assessment Tools for Children

Literature Review



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EXECUTIVE SUMMARY

Purpose of this Report

Child welfare agencies are increasingly being encouraged and/or required to screen all children for mental health concerns. As a result, many child welfare agencies, including those throughout California, are in the process of selecting mental health screening instruments or have implemented standardized mental health screening for all children receiving child welfare services. The present report therefore provides a review of measures used to screen and/or assess mental health and/or social-emotional functioning in children of all ages (birth through adolescence), with a focus on the child welfare context whenever possible. The report is intended to offer guidance to the University of California, Davis Center for Human Services and collaborating with child welfare agencies in Northern California in the selection of measures for universal screening and follow-up assessments within child welfare.

Definitions

For the purposes of this report “screening tools” are defined as instruments that are designed to identify children and adolescents who are at-risk of having mental health problems or concerns and/or those who would most benefit from more in-depth assessment. “Assessment tools” are instruments that provide a thorough assessment of mental health and/or social-emotional functioning.

Method

Information for this project was collected from academic literature, as well as through both

general and targeted searches on the World Wide Web. Search engines for academic literature included Psych Info and Google Scholar. All age groupings for children birth through adolescence were included. In addition, an iterative process was employed such that the results from these searches were used to spring board subsequent searches based on additional key words and citations identified. The targeted search on the World Wide Web included reviewing specific websites for companies and organizations that publish assessment tools, as well as for relevant mental health organizations, child welfare organizations, and child development organizations were reviewed for discussion of potential screening and assessment tools.

Criteria for inclusion were as follows. Tools were required to assess mental health, social-emotional functioning, and/or related areas broadly. Tools that were limited to one dimension, such as depression, ADHD, anxiety, or trauma, were not included. Those that primarily measure personality or temperament were not included; however those that measure both temperament/personality and mental health or social-emotional functioning were included. Tools that have been documented to have questionable psychometric properties were excluded.

Results

This review identified 95 tools for screening and/or assessing mental health or social-emotional development in children and adolescents. Results are grouped into three sub-sections: tools or screening and assessment, tools for screening only, and tools for assessment only. Each of these three sections begins with a table that provides an overview of the tools, followed by text that describes each of them in more detail. The text includes descriptions of each instrument, outlines some advantages and disadvantages of the tools for the purposes of the present project, and provides author and publisher information.

Discussion and Recommendations

This report culminates in a discussion section that compares and contrasts the advantages and disadvantages of a select few tools that are expected to be the best options for the purposes for the purposes of implementing universal screenings (with follow-up assessments) within child welfare agencies in Northern California. These tools were selected because they: are applicable to a wide age range of children and adolescents, measure clinically-relevant aspects of mental health, and are appropriate for use in social work and/or clinical practice. All of them also had to demonstrate acceptable validity and reliability. Options for multiple reporters was another important consideration. Whenever possible instruments that included multiple reporters were included. Tools in which parents were the only reporters were only retained for the youngest ages, because no other alternatives were available. In addition, all instruments designed for youth were required to include information gathered from the youth themselves.

One interesting option for a screening tool is a brief risk screening checklist that could be completed by child welfare case workers, with the information that they normally collect during the intake process. Two of these brief risk screening checklists were identified. Of these, the Mental Health Screening Tool/ Mental Health Screening Tool Child 0-5 (MHST/MHST 0-5) may provide the best fit for the present purposes because it was designed specifically for child welfare agencies in California, is extremely short and easy to complete, and was developed for children

of all ages. However, it is recommended that if child welfare agencies choose to utilize one of these risk factor tools they also consider including a more traditional screening tool as well, since the risk tools have not yet been well studied or validated.

The best options for a traditional screening tools are probably the Behavioral and Emotional Screening System (BESS; ages 3-18 yrs) and the Ages and Stages Questionnaire-Social Emotional (ASQ-SE). The BESS has a combination of advantages that are not matched by other screening tools: it collects information from three sources: parents, teachers, and youth, it comes with companion assessment tools (Behavior Assessment System for Children-2nd edition (BASC-2), includes validity scales to check for response biases, measures strengths in addition to weaknesses, it can be used for children as young as 3 years of age. Tools for screening mental health and/or social-emotional functioning in children from birth through three years of age are much more limited. The most appropriate option for the present purposes is probably the ASQ-SE.

Selection of an assessment tool requires a decision about whether to use a rating-scale or an interview format. The combination of the Child and Adolescent Psychiatric Assessment (CAPA) and the Preschool Age Psychiatric Assessment (PAPA) is probably the most flexible and most advantageous option for an interview-based tool. It is the only interview-based assessment that can be used for children younger than school age. The best option for a rating-scale assessment, and perhaps the best all-around option is the BASC-2. The BASC-2 has the same advantages as those just described for the BESS. In addition, the BASC-2 (other rating scales also have some, but not all, of these advantages) have several advantages of the interview-based assessments. They are more time efficient, require less training for administration, are often more convenient, they collect information from teachers or child care providers, and they also have validity scales to check for reporting biases.

No assessment tools were identified by this review for children younger than 2 years of age. These youngest children would probably need to be referred to a mental health professional for a full evaluation, using the DC 0-3R clinical handbook.

In addition, the Child and Adolescent Needs and Strengths Assessment-Mental Health (CANS-MH) could be used as a functional assessment of both the child's and the caregiver's needs and strengths to summarize results of the mental health assessment and guide intervention planning. One of the clear advantages of the CANS-MH is that it is appropriate for use with all ages of children, from birth through adolescence. It was also specifically designed for, and in collaboration with, child service systems, such as child welfare. A limitation of the CANS-MH is that it does not include a structure for obtaining much of the necessary information (e.g. knowledge of DSM-IV symptoms/diagnoses). This information must be gathered from other sources; however, information collected through the tool that is selected for universal screenings or follow-up assessment (e.g. BASC-2/BESS) could likely be used to provide much of this information. Thus, it is not recommended that the CANS-MH is used as the only mental health assessment tool, unless child welfare agencies are confident that they could obtain all of the necessary information from valid sources.

Finally, the discussion ends with some recommendations for combining various screening and assessment tools into a comprehensive set of instruments.



INTRODUCTION

Purpose of this Report

Child welfare agencies are increasingly being encouraged and/or required to screen all children for mental health concerns. The Child Welfare League of America (CWLA) asserts that, “A standardized, comprehensive best-practice screening and assessment protocol, used by all systems to identify at-risk children and accurately assess their mental health and substance use/abuse needs, will ensure a consistent, appropriate approach across multiple systems that should result in better child and family outcomes.” Research has shown that nearly one half of children who are investigated for maltreatment show clinical-level need for mental health services, yet just one fourth of these children actually received specialty mental health care in the 12 months preceding the investigation (Burns et al. 2004). Similarly, findings from the first round of federal Child and Family Service Reviews that show the majority of states do not provide adequate services to meet children’s mental health needs (McCarthy, Marshall, Irvine, & Jay, 2004).

Researchers contend that a primary reason for such disparities is that, instead of using standardized screening measures, child welfare workers tend to base their decisions about children’s mental health care on factors such as maltreatment type, referral source, and parents’ behaviors and needs (Garland et al., 1996, Leslie et al., 2000, Martin, Peters, & Glisson, 1998). As a result, many child welfare agencies, including those throughout California, are in the process of selecting mental health screening instruments or have implemented standardized mental health screening for all children receiving child welfare services.

Unfortunately there is not currently a mental health screening tool that has been shown to be outstanding for use with children involved with child welfare services (McCrae, 2005). In a collaborative effort, CWLA and the American Academy of Child and Adolescent Psychiatry is presently developing an assessment tool kit that features a screening checklist for emergency or urgent mental health consultation or referral, and practitioner guidelines for the comprehensive assessment of mental health needs of children and adolescents entering the foster care system. According to the CWLA website, however, this tool kit is not yet complete.

The present report therefore provides a review of measures used to screen and/or assess mental health and/or social-emotional functioning in children of all ages (birth through adolescence), with a focus on the child welfare context whenever possible. The report is intended to offer guidance to the University of California, Davis Center for Human Services and collaborating with child welfare agencies in Northern California in the selection of measures for universal screening and follow-up assessments within child welfare.

Definitions

For the purposes of this report “screening tools” are defined as instruments that are designed to identify children and adolescents who are at-risk of having mental health problems or concerns and/or those who would most benefit from more in-depth assessment. “Assessment tools” are instruments that provide a thorough assessment of mental health and/or social-emotional functioning.

Organization of this Report

This report begins with an overview of the methodology utilized for this review and then moves on to a presentation of findings. Results are grouped into three sub-sections: tools for screening and assessment, tools for screening only, and tools for assessment only. Each of these three sections begins with a table that provides an overview of the tools, followed by text that describes each of them in more detail. The text includes descriptions of each instrument, outlines some advantages and disadvantages of the tools for the purposes of the present project, and provides author and publisher information. Information regarding psychometric properties of the tools is not included in these textual descriptions. Only tools with acceptable psychometric properties were included in the review (see Method below). This report then culminates in a discussion section that compares and contrasts the most promising screening and assessment tools. Relevant information regarding psychometric properties that was useful in distinguishing among these most promising tools is included in the discussion section. Finally, the discussion provides some recommendations for selecting and combining tools.



METHOD

Information for this project was collected from academic literature, as well as through both general and targeted searches on the World Wide Web. Search engines for academic literature included Psych Info and Google Scholar. The general Internet search utilized Google as the search engine. Key words for both the academic literature and the general Internet search included the following: (“mental health” or “social-emotional” or “social emotional”) AND (“screening” or “assessment” or “measure” or “tool” or “scale” or “rating” or “instrument”). In addition, this search was further refined in two ways: first to specifically identify review articles by adding “review” as a key word, and secondly to locate any tools specifically addressing the child welfare context by adding “child welfare” as a key word. All age groupings for children birth through adolescence were included. In addition, an iterative process was employed such that the results from these searches were used to spring board subsequent searches based on additional key words and citations identified.

The targeted search on the World Wide Web included reviewing specific websites for companies and organizations that publish assessment tools. These websites included, but were not limited to the websites of the following organizations: Pearson Assessment, Hartcourt Assessments, Psychological Assessment Resources, Inc., and Western Psychological Services, among others. The website of any organization that published one of the screening or assessment tools included in this review was examined for the presence of other relevant tools. In addition, the websites of relevant mental health organizations, child welfare organizations, and child development organizations were reviewed for discussion of potential screening and assessment tools.

Criteria for inclusion were as follows. Tools were required to assess mental health, social-emotional functioning, and/or related areas broadly. Tools that were limited to one dimension, such as depression, ADHD, anxiety, or trauma, were not included. Those that primarily measure personality or temperament were not included; however those that measure both temperament/personality and mental health or social-emotional functioning were included. Tools that have



RESULTS

Part I: Tools for Screening and/or Assessment

Part I of the results section describes tools that serve the dual purpose of screening and assessment. Most tools in this category include two or more measurements: at least one of which focuses on assessment and another that focuses on screening. However, a few tools are designed such that one single measure can be used for either screening or assessment. Table 1 provides an overview of these tools, including the targeted age range, estimated completion time, as well as the number of items, reporters, and areas assessed for each measure. The text that follows describes each tool in more detail.

Table 1. Tools for Screening and/or Assessment.

Instrument	Age range	Type(s)	Completion time	Number of items	Reporter(s)	Areas assessed
Achenbach System of Empirically Based Assessments (ASEBA)	1.5 yrs -adult	Screening or Assessment	15 min each reporter	Varies (approximately 100)	Parent, teacher, caregiver, youth (11-18 years)	Social-emotional, mental health, language
Adolescent Psychopathology Scale (APS), Adolescent Psychopathology Scale-Short Form (APS-SF), and the Adjustment Screening Inventory (RAASI)	12-19 yrs	Screening and/or assessment	Screen: 5 min Assess: 45-60 min Assess short form: 15-20 min	Screen: 32 Assess: 346 Assess short form: 115	Youth	Screen: adjustment problems Assess: Mental Health
Behavior Assessment System for Children-second edition (BASC-2) and Behavioral and Emotional Screening System for Children-second edition (BESS)	2-21 yrs	Screening and Assessment	BASC-2: Teacher: 10-20 min Parent: 10-20 min Self: 20-30 min BESS: 5-10 min	BASC-2: varies (approximately 100) BESS: 25-30	BASC-2: Parent, teacher, youth (6+ years) BESS: Parent, teacher, youth (grades 3-12)	BESS: Social-emotional; mental health BASC: Social-emotional; mental health; parent-child relationship
Battelle Developmental Inventory Second Edition (BDI-2)	0-8 yrs	Screening or assessment	Screening: 10-30 min Assessment: 1-2 hrs	Screening: 96 Assessment: 341	Paraprofessional, parent	Multiple dimensions
Bayley Scales for Infant Development Third Edition (BSID III)	1-42 mo	Assessment screening	45-60 min	n/a	Trained examiner, parent	Multiple dimensions
Connor's Parent Teacher Rating Scale-revised	3-17 yrs	Screening and Assessment	Long Version: 20 min Short Version: 5 min	Long Parent: 48 Long Teacher: 28 Short Parent: 10 Short Teacher: 10	Parent, teacher	ADHD and other Mental Health

Instrument	Age range	Type(s)	Completion time	Number of items	Reporter(s)	Areas assessed
Diagnostic Interview Schedule for Children Version Four (DISC-IV) Schedule for Children Predictive Scales (DPS)	6-18 yrs	Screening and Assessment	DPS: 10-20 min DISC: 1-2 hours	Not listed	DPS: Youth DISC: Parent, Youth (9-17 yrs), interviewer	Mental health
Learning Accomplishment Profile (LAP) System	0-72 mo	Screening or Assessment	1+ hours	Varies	Trained observer	Multiple dimensions
Manifestation of Symptomatology Scale (MOSS)	11-18 yrs	Screening and/or assessment	15-20 min	124	Youth	Multidimensional
Personality Inventory for Children-2 nd Edition (PIC-2), the Personality Inventory for Youth (PIY), Student Behavior Survey (SBS)	5-19 yrs	Screening and/or Assessment	PIC-2 screen: 15 min PIC-2 full: 40 min PIY full: 45 min PIY screen: 15 min SBS: 15 min	PIC-2 screen: 96 PIC-2 full: 275 PIY full: 270 PIY screen: 80 SBS: 102	PIC-2: parent PIY: youth (9-19 yrs) SBS: teacher	Mental Health; Behavior Problems; academic/school
Rutter Questionnaires	9-13 yrs	Screening and/or Assessment	5-7	Brief Parent: 31 Brief Teacher: 26 Full Parent: 54	Parent, teacher	Social-emotional
Symptom Checklist-90-Revised (SCL-90-R) and the Brief Symptom Inventory (BSI)	13 yrs-adult	Screening and/or Assessment	12-15 min	90	Youth	Mental Health
Temperament and Atypical Behavior Scale (TABS)	11-71 mo	Screening or assessment	Screening: 5 Assessment: 15	Screening: 5 Assessment: 55	Parent or staff member	Temperament and self-regulation
Youth Assessment & Screening Instrument (YASI)	14-21 yrs	Screening and Assessment	Screen: 15-30 min Assess: 30-60 min	Screen: 32 Assess: 85	Youth, parent, teacher, records, others	Risk & protective factors (includes mental health)

Achenbach System of Empirically Based Assessment

Description

The Achenbach System of Empirically Based Assessment (ASEBA) includes an integrated set of rating forms for children age 1 ½ years through adulthood. The ASEBA is widely used in mental health services, schools, medical settings, child & family services, research, and other related fields. It was developed to differentiate clinical and non-clinical populations. Forms are provided for multiple informants, including parents, teachers, and self report (11 years and older). Each of the ASEBA scales takes approximately 15 minutes to complete. A software program is available for scoring and interpreting results.

The preschool (ages 1 ½ to 5 years) scales include two versions: one for parents (CBCL) and another for teachers or child care providers (C-TRF). Subscales include broadband scores (internalizing, externalizing, and total problems) and narrow band scales (Emotionally Reactive, Anxious/Depressed, Somatic Complaints, Withdrawn, Attention Problems, and Aggressive Behavior). A Sleep Problems syndrome is also scored from the parent version. The parent version (CBCL) also includes an optional language development survey to assess expressive vocabularies, word combinations, and risk factors for identifying language delays.

The school-age (6-18 years) scales include three versions: one for parents (CBCL), one for teachers (TRF), and a youth self report (YSR) starting at 11 years of age. It provides multicultural (including U.S.) norms for 8 syndromes, 6 scales oriented with the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). Subscales include broadband scores (internalizing, externalizing, and total problems) and narrow band scales (Internalizing, Externalizing, Total Problems, and the following narrowband subscales: Obsessive-Compulsive Problems, Posttraumatic Stress Problems, Sluggish Cognitive Tempo (not on YSR), and Positive Qualities (YSR only)). The Multicultural Supplement illustrates applications in various contexts.

A Semi-structured Clinical Interview for Children & Adolescents (SCICA) is also available as a complement to the rating scales. The SCICA is for use by experienced interviewers; training videos and software are available. SCICA materials include a protocol of questions and probes for ages 6-18 years, observation and self-report forms for rating what the child does and says during the interview, and a profile for scoring ratings. The administration time is 60-90 minutes, depending on user options. The syndrome scales are: Anxious, Anxious/Depressed, Withdrawn/Depressed, Language/ Motor Problems, Aggressive/Rule Breaking Behavior, Attention Problems, Self- Control Problems, and Somatic Complaints (ages 12-18 only). In addition, 6 DSM-oriented scales, Internalizing, Externalizing, and separate Total Problems scales for Observation and Self-Report items are included.

Advantages

- Wide age range; comparable scales across wide age ranges.
- Option for multiple reporters, including child/adolescent self-report.
- Same scale used for both screening and assessment.
- Available in both English and Spanish (Latino).

- Multicultural module (for ages 6-18 yrs) displays norms for many societies.
- Specialized Guides for multicultural, mental health, medical, school, & child/family service contexts.
- Widely used in mental health services, schools, medical settings, child & family services, research, and other related fields. For example, it used to be a mandated outcome measure for the California Department of Mental Health.
- Relates directly to DSM-IV diagnostic categories.

Disadvantages

- Focused on problems; does not measure strengths.
- Lengthy for a screening tool.
- Is not appropriate for use with infants younger than 1.5 age.

Author and Publisher Information

Developers: T. M. Achenbach and L. A. Rescorla

Publisher: ASEBA (802) 656-8313; www.aseba.org

Adolescent Psychopathology Scale, Adolescent Psychopathology Scale-Short Form, and Reynolds Adolescent Adjustment Screening Inventory

Description

The Adolescent Psychopathology Scale (APS) was designed to evaluate the presence and severity of symptoms of psychological disorders and distress in children and adolescents ages 12-19 years. The APS uses 346 items to evaluate specific DSM-IV symptoms of psychiatric disorders found in adolescents. The APS instrument also assesses other psychological problems and behaviors that interfere with the adolescent's psychosocial adaptation and personal competence, including substance abuse, suicidal behavior, emotional lability, excessive anger, aggression, alienation, and introversion. All together, the APS measures three broad disorder-problem domains: Clinical Disorders (20 scales), Personality Disorders (5 scales), and Psychosocial Problem Content areas (11 scales). The APS also includes validity/reliability scales; the Response Style Indicator scales (4 scales) includes indices of response consistency, response veracity, and unusual endorsement propensities.

The APS is a self-report measure for youth and is written at a third-grade reading level. It takes approximately 45 to 60 minutes to complete. The software calculates scores for all scales and automatically generates a Clinical Score Report.

The Adolescent Psychopathology Scale-Short Form (APS-SF) is a brief measure of psychopathology and personality characteristics derived from the Adolescent Psychopathology Scale (APS). The APS is a self-report measure for youth and is written at a third-grade reading level. It takes approximately 15 to 20 minutes to complete.

The Reynolds Adolescent Adjustment Screening Inventory (RAASI) was designed to quickly identify adolescents who exhibit significant adjustment problems in the areas of antisocial behaviors, anger problems, and emotional distress, whom may be at risk for psychological adjustment problems and in need of psychological evaluation and services. It is a self-report measure and can be completed in approximately 5 minutes. The RAASI includes 32 items derived from the Adolescent Psychopathology Scale (APS). It is written at a 3rd grade reading level and includes 4 scales: Antisocial Behavior, Anger Control Problems, Emotional Distress, and Positive Self. It also yields a Total Adjustment score.

Advantages

- Relates directly to DSM-IV diagnostic categories.
- Includes validity subscales to examine reporting biases.
- Includes both screening and assessment.

Disadvantages

- Narrow age range.
- Limited reporters (youth only)

Author and Publisher Information

Author: William M. Reynold

PAR, Inc.: <http://www3.parinc.com>

Pearson assessment: <http://pearsonassess.com>

The Behavior Assessment System for Children, Second Edition and Behavioral and Emotional Screening System

Description

The Behavior Assessment System for Children, Second Edition (BASC-2) was designed to assess numerous aspects of behavior in children and adolescents ages 2 through 21 years. The BASC-2 includes both adaptive and maladaptive behavior, and is used for identifying the clinical diagnosis of disorders that are usually apparent in childhood or adolescence, as well as the behavioral and emotional status of children and adolescents with sensory impairments.

The BASC-2 has three different versions for distinct age ranges: 2-5, 6-11, and 12-21 years. It includes five components: a Parent Rating Scale (PRS; 134-160 items), a Teacher Rating Scale (TRS; 100-139 items), a self-report for children over 8 years of age, a student observation system, and a structured developmental history. Scales from the Assessment system of the BASC-2 include: activities of Daily Living (PRS only), Adaptability, Aggression, Anxiety, Attention Problems, Atypicality, Conduct Problems, Depression, Functional Communication, Hyperactivity, Leadership, Learning Problems (TRS only), Social Skills, Somatization, Study Skills (TRS only), Withdrawal. These subscales are aggregated into four composite scales: Adaptive Skills, Behavioral Symptoms Index, Externalizing Problems, Internalizing Problems. Computer scoring and interpretation are available. Scales take approximately 20-30 minutes to complete. Norming is based on current U.S. Census population characteristics.

The BASC-2 can be used to assess the federal definition of severe emotional disturbance, to design Individualized Education Programs (IEPs) for emotionally disturbed children, and to develop family service plans. The BASC-2 also includes an optional parent-child relationship questionnaire, a structured developmental history form for parents to complete, a student observation form for the teacher to complete in the classroom, and a variety of forms for providing parents, teachers, and others with feedback regarding BASC-2 results for individuals or groups.

The Behavioral and Emotional Screening System (BESS) is used to identify behavioral and emotional strengths and weaknesses of children and adolescents in preschool through grade 12. The BESS is designed for use by schools, mental health clinics, pediatric clinics, communities, and researchers to screen for a variety of behavioral and emotional disorders that can lead to adjustment problems. Areas assessed include internalizing problems, externalizing problems, school problems, and adaptive skills. A single Total Score on the report that is a reliable and accurate predictor of a broad range of behavioral, emotional and academic problems is also computed.

The BESS includes three forms, which can be used individually or in any combination: Teacher form with two levels: Preschool (for ages 3 through 5) and Child/Adolescent (for Grades K through 12); child self-report form with one level: Child/Adolescent (for Grades 3 through 12); Parent form with two levels: Preschool (for ages 3 through 5) and Child/Adolescent (for Grades K through 12). Each form ranges from 25 to 30 items, requires no formal training for the raters,

and is easy to complete, taking only 5-10 minutes of administration time. Parents or students who have difficulty reading may complete the forms by listening to audio recordings on compact disc.

Computerized scoring for the BASC-2 and the BESS is available. Both instruments have been normed on a representative sample that closely matches recent U.S. Census population characteristics. BASC-2/BESS scores also include validity subscales so that the quality of responses for each individual can be examined (e.g. for reporting biases).

Advantages

- Wide age range; comparable scales across wide age ranges.
- Option for multiple reporters, including child/adolescent self-report.
- Assesses both competencies and problems (strengths and weaknesses)
- Includes both screening and assessment.
- Available in English and Spanish (parent form).
- Used for treatment planning.
- Designed for use by schools, mental health clinics, pediatric clinics, communities, and researchers to screen for a variety of behavioral and emotional disorders that can lead to adjustment problems.
- Includes validity subscales to examine reporting biases.

Disadvantages

None of the limitations noted for other tools in this review apply.

Author and Publisher information

Authors: R. Kamphaus & C. Reynolds
Publisher American Guidance Service
(800) 328-2560
www.agsnet.com

Battelle Developmental Inventory, Second Edition

Description

The Battelle Developmental Inventory, Second Edition (BDI-2) is a measure designed for screening, diagnosis, and evaluation of development from birth through age 8. The BDI-2 was designed to identify children with special needs and to assess the functional abilities of these children. It assesses five domains: personal-social, adaptive, motor, communication and cognitive. There are two components: a screening consisting of 96 items, and an assessment composed of 341 items. The screening test includes 2-3 items for each sub-domain, which means that the entire personal-social domain (including adult interaction, self concept/social growth, and peer interaction) is measured with less than 10 items.

Three different administration methods can be used: direct child assessment, observation, and a parent/professional interview, all of which are administered by paraprofessionals who have received supervised practice. The examiner can choose a combination of methods to obtain complete information. The complete BDI-2 takes 1-2 hours to complete; the screening takes approximately 10-30 minutes. CD Rom and web-based scoring options are available.

Advantages

- Option for multiple reporters/ flexible framework for gathering information.
- Includes guidelines for use with children who have developmental disabilities.
- Includes both screening and assessment.
- Appropriate for use with infants, from birth.
- Available in English and Spanish.
- Relates directly to DSM-IV diagnostic categories.

Disadvantages

- Narrow age range.
- Is administered by paraprofessionals who have received supervised practice.
- Measures development rather than mental health or social-emotional concerns/strengths.
- The psychometric properties of the screening tool have not been well tested.
- Lengthy.

Author and Publisher Information

Developer J. Newborg, J. R. Stock, and J. Wnek
Publisher Riverside Publishing Co.
(800) 323-9540
www.riverpub.com

Bayley Scale for Infant Development, Third Edition

Description

The Bayley Scale for Infant Development, Third Edition (BSID III) is a measure of developmental functioning across three scales: mental, motor, and behavior. The mental scale includes cognitive, language, and personal-social development. This full battery is designed to identify areas of relative impairment or delay in children 1 to 42 months of age. There is also another neurodevelopment screening tool consists of 11 to 13 items from the full battery, to identify possible neurological impairment or developmental delays, for children 3–24 months of age. In both the assessment and screening tools a highly trained examiner conducts direct child assessment in a series of situations and tasks. The full battery takes up to 60 minutes to complete and the screening tool takes 10 to 20 minutes to complete. The BSID III also includes a parent report form for social-emotional and adaptive behavior.

Advantages

- Includes both screening and assessment.
- Is appropriate for use with infants, from 1 month of age.

Disadvantages

- Measures development rather than mental health or social-emotional concerns/strengths.
- Narrow age range.
- There is some question about predictive validity, particularly in some high risk samples.
- Lengthy.

Author and Publisher Information

Developer N. Bayley
Publisher The Psychological Corporation
(800) 872-1726
www.psychcorp.com

Connor's Parent Teacher Rating Scale

Description

The Connor's Parent Teacher Rating Scale was designed to assess attention-deficit/hyperactivity (ADHD) and related problems in children ages 3 years through 17 years. There are two versions: a short version and a long version. Both include parent, teacher, and self-report forms with subscales. While the long versions require more time to complete, they correspond more closely to the DSM IV.

In addition to measuring ADHD, the subscales provide information useful for assessment of conduct problems, learning problems, cognitive problems, family problems, emotional, anger control and anxiety problems. The CRS-R can be used for screening, for treatment monitoring, as a research instrument, and as a clinical diagnostic aid. Computer programs are available for scoring, calculating standardized T-scores from raw scores, and providing graphic display and a report of the results. The long scales take approximately 20 minutes to complete; short scales take approximately 5 minutes.

Advantages

- Wide age range.
- Option for multiple reporters.
- Includes both screening and assessment.
- Relates directly to DSM-IV diagnostic categories.

Disadvantages

- Focused on ADHD.
- Narrow age range.

Author and Publisher Information

Author: C. Keith Conners

Publisher: Pearson Assessments: <http://www.pearsonassessments.com>

Diagnostic Interview Schedule for Children Version Four and Diagnostic Interview Schedule for Children Predictive Scales

Description

The Diagnostic Interview Schedule for Children (DISC-IV) is a comprehensive, structured interview that covers 36 mental health disorders for children & adolescents (ages 6-18 years), using DSM-IV criteria. The DISC-IV can be administered by trained lay interviewers who are instructed to administer the interview exactly as it is written. The majority of DISC-IV questions have been worded so that they can be answered “yes,” “no,” and “somewhat” or “sometimes.” The DISC-IV can be completed by a parent/caregiver and/or the child/adolescent (ages 9-18 years). A computer-assisted version of the DISC-IV, the C-DISC, has been developed to aid in administration.

The interview is organized into six diagnostic sections: the Anxiety Disorders, Mood Disorders, Disruptive Disorders, Substance-Use Disorders, Schizophrenia, and Miscellaneous Disorders (Eating, Elimination, etc.). Each diagnosis is “self-contained,” so that information from other diagnostic modules is not necessary in order to assign a diagnosis. Within each section, the diagnosis is assessed for presence within the past year and also currently (last four weeks). The diagnostic sections are followed by an elective “whole-life” module, which assesses whether the child has ever had any diagnosis not currently present in the past year. The DISC-IV also includes validity subscales to examine reporting biases.

Administration time largely depends on how many symptoms are endorsed. The administration time for the whole DISC-IV in a community population averages seventy minutes per informant, and about ninety to one hundred and twenty minutes for known patients. Administration can be shortened by dropping diagnostic modules that are not of interest for a particular setting or study.

The DISC-IV can be used for mental health screenings in schools, residential/foster care, juvenile justice, and related fields. It can also be used for diagnostic assessment in settings without psychiatric expertise, such as pediatric or family practice, and emergency rooms. In addition, the DISC-IV is used as an aid for clinical assessment in settings with psychiatric expertise. The DISC-IV is also used in research studies and large-scale field studies.

The Diagnostic Interview Schedule for Children Predictive Scales (DPS) is a brief diagnostic screening tool for children ages 8-18 years of age. It takes approximately 10-20 minutes to complete. It is a companion to the Diagnostic Interview Schedule for Children (DISC), which is a comprehensive, structured interview that covers 36 mental health disorders for children & adolescents, using DSM-IV criteria.

Additionally, several other versions of the DISC are in development, including the Young Child DISC, the Teacher DISC, the Quick DISC, and the Young Adult DISC.

Advantages

- Wide age range; comparable scales across wide age ranges.
- Option for multiple reporters, including child/adolescent self-report.
- Available in several languages, including English, Spanish, French, and Xhosa.
- Relates directly to DSM-IV diagnostic categories.
- Includes both screening and assessment.
- Widely used and tested in both clinical and community populations.
- Includes validity subscales to examine reporting biases.

Disadvantages

- Lengthy (interview format).
- Narrow age range.

Author and Publisher Information

Authors: David Shaffer, Christopher Lucas, & Prudence Fisher

Publisher: DISC Development Group

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New York, NY 10032

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1(888) 814-3472

Learning Accomplishment Profile System

Description

The Learning Accomplishment Profile (LAP) System is a group of assessment and screening procedures from children birth through 72 months of age. They are all completed by a trained observer, who assesses the child directly. The LAP system was designed so that it can be used with children with typical and atypical development.

The Early Learning Accomplishment Profile (E-LAP), Revised Edition is a criterion-based measure of development for children with special needs from 0 to 36 months of age. Developmental areas include gross-motor, fine-motor, cognitive, language, self-help, and social/emotional. This profile is intended to support intervention planning for children who have special needs. It is completed by a trained observer who rates the child as either showing or not showing criterion-referenced skills and takes at least one hour to complete.

The Learning Accomplishment Profile-Revised (LAP-R) is a criterion-based measure of development for children with special needs from 36 to 72 months of age. Developmental areas include gross-motor, fine-motor, pre-writing, cognitive, language, self-help, and personal/social. This profile is intended to support intervention planning for children who have special needs. It is completed by a trained observer who rates the child as either showing or not showing criterion-referenced skills and takes at least one hour to complete. The LAP-R includes 379 items and takes approximately 1.5 hours to complete; domains may be administered in more than one session.

The Learning Accomplishment Profile-Diagnostic Edition Screens (LAP-D Screens) are standardized tools used to obtain a fast, reliable “snapshot” of an individual child’s development. The LAP-D Screens contain three parts: a Five Year Old (Kindergarten) screen; a Four Year Old Screen; and a Three Year Old Screen. The LAP-D screens take approximately 12-15 minutes to administer. The screens show cutoff points on the norms to indicate the need for early intervention. Norms conform to most national and state requirements for special education programs. Domains include: Fine Motor, Gross Motor, Cognitive, Language, Personal/Social, and Self-Help. The results can be used to determine whether an in-depth evaluation is needed. When possible, the LAP-D Screens should be used in conjunction with other screening information, such as vision and hearing screening, through a multi-disciplinary team process.

Advantages

- Available in both English and Spanish (Latino).
- Developed for both typically and atypically developing children.
- Includes both screening and assessment.
- Is appropriate for use with infants, from birth.

Disadvantages

- Measures development and delays rather than mental health or social-emotional concerns/strengths.

- Lengthy.

Author and Publisher Information

Authors: Glover, J. L. Preminger, and A. R. Sanford

Publisher Kaplan Press

(800) 334-2014

www.kaplanco.com

Manifestation of Symptomatology Scale

Description

The Manifestation of Symptomatology Scale (MOSS) measures adolescent problems. It was specifically designed for adolescents age 11-18 years who may not have the reading skills and concentration required by other broadband measures of personality and behavior, such as those who are in trouble at school or with the law. The MOSS is written at a 1st through 3rd grade reading level, contains 124 true-false items and takes approximately 15 to 20 minutes. The MOSS can be used as a screening tool, an assessment tool, or an outcome measure for program evaluation. The MOSS yields 13 content scores (sexual abuse, alcohol and drugs, suspiciousness, through process, self-esteem, depression, anxiety, mother, father, home environment, impulsivity, school, compliance), 3 summary indexes (affective states, home, acting out), and 4 validity scores (inconsistent responding, random responding, faking good, faking bad).

Advantages

- Includes guidelines for use with children who have developmental disabilities.
- Includes both screening and assessment.
- Includes validity subscales to examine reporting biases.

Disadvantages

- Narrow age range.
- Limited reporters (youth only).

Author and Publisher Information

Author: Neil L. Mogge
Western Psychological Services:
<http://portal.wpspublish.com>

Personality Inventory for Children-2nd edition, Personality Inventory for Youth, and Student Behavior Survey

Description

The Personality Inventory for Children-2nd edition (PIC-2), the Personality Inventory for Youth (PIY), and the Student Behavior Survey (SBS) were designed to evaluate psychopathology and emotional/behavioral problems in children and adolescents ages 5 to 19 years. Areas assessed include behavior, psychological, social and family adjustment, cognitive development, and school behaviors.

The PIC-2 is a parent-report measure that includes two formats. The first format is the full profile, with 275 True-False items on Response Validity Scales and Adjustment scales. It takes approximately 40 minutes to complete. Subscales supply useful clinical detail and an optional critical items list divided into nine content categories. The second format is a Behavioral Summary, which is comprised of the first 96 items on the full profile. Requiring only 15 minutes to administer, this version can be used for screening, research, or monitoring behavior change. It includes eight of the Adjustment Scales (all except Cognitive Impairment), each shortened to just 12 items. The Behavioral Summary Profile provides scores for the eight scales, plus a Total Score and three composites: Externalization, Internalization, and Social Adjustment. The PIC-2 is written at a 4th grade reading level.

The Personality Inventory for Youth (PIY) is a self-report measure that assesses emotional and behavioral adjustment, family interaction, and neuro-cognitive and attention-related academic functioning for youth ages 9-19 years. The PIY is composed of 270 items covering nine clinical scales and 24 subscales. The 24 subscales reveal specific clinical content, making the PIY an excellent diagnostic tool. In addition, four validity scales help determine whether the respondent is uncooperative or is exaggerating, malingering, responding defensively, carelessly, or without adequate comprehension. Critical Items are sorted into eight problem categories. Written at a 3rd-grade reading level, the PIY can be completed in 45 minutes. An audiotape is available for poor readers. The first 80 items of the test can be used as a brief screener to quickly identify youth who would most likely show problems if the full inventory were administered.

The Student Behavior Survey (SBS) is a teacher-report measure that is similar to the PIC-2 and the PIY, but only includes one version. The SBS contains 102 items and takes approximately 15 minutes to complete. It therefore appears to be similar in scope to the screening components of the PIC-2 and the PIY. The SBS rates three categories of behavior/characteristics: academic resources, adjustment problems, and disruptive behavior.

Advantages

- Wide age range; comparable scales across wide age ranges.
- Option for multiple reporters, including child/adolescent self-report.
- Relates directly to DSM-IV diagnostic categories.

- Includes both screening and assessment.
- Includes validity subscales to examine reporting biases.

Disadvantages

- Is not appropriate for use with children younger than 5 years.
- Teacher report only includes one version rather than separate versions for screening and assessment.

Author and Publisher Information

Authors: David Lachar, PhD & Christian P. Gruber, PhD

Publisher:

Rutter Questionnaires

Description

The Rutter Questionnaires assess social skills of children ages 9-13 years of age. They include a brief screening scale as well as a longer assessment. The full parent questionnaire contains 54 items and takes approximately 7 minutes to complete. The brief parent scale contains 31 items and takes approximately 5 minutes to complete. The brief teacher scale contains 26 items and takes approximately 5 minutes to complete.

Advantages

- Option for multiple reporters.
- Includes both screening and assessment.

Disadvantages

- Narrow age range.
- Limited reporters (no youth self-report).

Author and Publisher Information

Author: Michael Rutter, PhD

Publisher: Contact author for publishing information.

Symptom Checklist-90-Revised and Brief Symptom Inventory

Description

Symptom Checklist-90-Revised (SCL-90-R) is designed to evaluate a broad range of psychological problems and symptoms of psychopathology in individuals 13 years and older. The instrument is also useful in measuring patient progress or treatment outcomes. The SCL-90-R is a self-report rating scale that is written at a 6th grade reading level, contains 90 items, and takes approximately 12 to 15 minutes to complete. Scores include 9 Primary Symptom Dimensions and 3 Global Indices. The Global Severity Index (GSI) is designed to help quantify a patient's severity-of-illness and provides a single composite score for measuring the outcome of a treatment program based on reducing symptom severity.

The Brief Symptom Inventory (BSI) is a brief screening inventory based on the SCL-90-R. It was designed to help support clinical decision-making at intake and during the course of treatment in multiple settings. The BSI is a self-report rating scale that is written at the 6th grade reading level, contains 53 items, and can be completed in approximately 8-10 minutes. The BSI instrument provides an overview of a patient's symptoms and their intensity at a specific point in time. Scores include 9 Primary Symptom Dimensions and 3 Global Indices. The Global Severity Index (GSI) is designed to help quantify a patient's severity-of-illness and provides a single composite score for measuring the outcome of a treatment program based on reducing symptom severity.

Advantages

- Includes both screening and assessment.

Disadvantages

- Narrow age range.
- Limited reporters (youth only).

Author and Publisher Information

Author: Leonard R. Derogatis, PhD

Pearson Assessment: <http://www.pearsonassessments.com>

Temperament and Atypical Behavior Scale

Description

The Temperament and Atypical Behavior Scale (TABS) is a measure of atypical temperament and self-regulatory behaviors for children 11 to 71 months of age. It was designed to identify need for further assessment and to assist in planning interventions. The TABS includes both a Screener and an Assessment Tool. The Screener is completed by parents in approximately 5 minutes. It includes 15 items. Only children whose scores indicate a potential problem are assessed with the more extensive TABS Assessment Tool. The Assessment Tool is a 55-item checklist that is completed when the TABS Screener identifies an area of concern. It is completed by parents in approximately 15 minutes. The results produce detailed evaluation of atypical behavior in four categories: detached, hypersensitive-active, underreactive, and dysregulated. Alternatively, both the Screener and the Assessment Tool can be completed by a staff person that knows the child sufficiently well to complete the form.

Advantages

- Includes both screening and assessment.
- Is appropriate for use with infants, from 11 months.

Disadvantages

- Narrow age range.
- Limited reporters.
- Measures temperament and behavior rather than mental health or social-emotional concerns/strengths.

Author and Publisher Information

Authors: J. T. Neisworth, S. J. Bagnato, J. Salvia, and F. M. Hunt

Publisher Paul H. Brookes Publishing Co.

(800) 638-3775

www.brookespublishing.com

Youth Assessment and Screening Instrument

Description

The Youth Assessment and Screening Instrument (YASI) assesses risk, needs, and protective factors, including mental health, in adolescents age 14 to 21 years. The YASI is based on a model for assessment of risk, needs and protective factors that was developed in the State of Washington for juvenile probation. The YASI has been customized for juvenile justice jurisdictions and youth service settings in order to reflect local criminal justice practices and service characteristics. The domains of the tool cover legal history, family, school, community and peers, substance abuse, mental health, attitudes, skills (social/cognitive), employment, and use of free time.

The YASI is based on multiple sources of information about the youth: an interview with the youth, an interview with the parents, official records, social histories, school reports, police reports, mental health service providers, and any other relevant information source that can be identified.

The YASI includes both a brief “prescreen” and a full length assessment. The amount of time to complete the screenings and assessment varies. The youth interview can be completed in 15 to 30 minutes (pre-screen; 32 items) or 30 to 60 minutes (full assessment; 85 items). All of the pre-screen items are contained in the full assessment. Software for scoring the YASI is available from Orbis Partners. Full Assessments are recommended for youth who score “moderate” or “high” risk on the pre-screen. The full assessment provides a graphic profile of both risk and protective factors (strengths).

Advantages

- Option for multiple reporters/ flexible framework for gathering information.
- Includes both screening and assessment.

Disadvantages

- Narrow age range.
- Limited reporters (youth only).
- Lengthy and involved process for assessment.
- Designed for juvenile justice rather than mental health or child welfare.

Author and Publisher Information

Author: Washington State Institute of Public Policy in collaboration with the Washington State Association of Juvenile Court Administrators.

www.orbispartners.com

Part II: Tools for Screening Only

Part II of the results section describes tools that are designed only for screening. Table 2 provides an overview of these tools, including the targeted age range, estimated completion time, as well as the number of items, reporters, and areas assessed for each measure. The text that follows describes each tool in more detail.

Table 2. Tools for Screening Only.

Instrument	Age range	Type(s)	Time to complete	Number of items	Reporter (through either interview or report)	Areas assessed
Ages and Stages Questionnaires: Social-Emotional Version (ASQ-SE)	6-60 mo	Screening	10-20 min	22-36	Parent	Social-emotional
Behavioral Assessment of Baby's Emotional and Social Style (BABES)	0-36 mo	Screening	10 min	29	Parent	Social-emotional
Behavior Rating Profile (BRP-2)	6-18 yrs	Screening	20 min	Not listed	Parent, teacher, youth	Social-emotional
Brigance Diagnostic Inventory of Early Development, Revised	2-6 yrs	Screening	1-2 hours	200	Trained examiner, parent	Multiple dimensions; Delays
Child/Adolescent Psychiatry Screen	3-21 yrs	Screening	15-20 min	85	Parent	Mental Health
Children's Interview for Psychiatric Syndromes (ChIPS)	6-18 yrs	Screening	30-50 min	20 disorders	Youth, parent	Mental Health
Children's Problems Checklist (CPC)	5-12 yrs	Screening	Not listed	202	Parent	Multidimensional
Child Symptom Inventory – 4, Early Childhood Inventory-4, Adolescent Symptom Inventory- 4, and Youth's Inventory-4	3-18 yrs	Screening	10-15 minutes	Varies	Parent, teacher, Youth (12-18 years)	Mental Health
Denver II Developmental Screening Test	0-6 yrs	Screening	10-20 min	125	Parent, child, examiner	Multiple dimensions; Delays
Developmental Observation Checklist System	0-7 yrs	Screening	30 min	540	Parent or caregiver	Multiple dimensions; Delays

Instrument	Age range	Type(s)	Time to complete	Number of items	Reporter (through either interview or report)	Areas assessed
Eyberg Child Behavior Inventory (ECBI); Sutter-Eyberg Behavior Inventory-Revised (SESBI-R)	2-16 yrs	Screening	15 min	ECBI: 36 SESBI: 38	ECBI: parent SESBI: teacher	Social-emotional
Functional Emotional Assessment Scale	7-48 mo	Screening	20 min	n/a	Highly trained staff, child and parent/ caregiver	Social-emotional; Caregiver capacity
Infant-Toddler Developmental Assessment	0-42 mo	Screening	>60 min	Varies	Professionals, parent	Multiple dimensions; Delays
Infant-Toddler Social and Emotional Assessment (ITSEA); Brief Infant-Toddler Social and Emotional Assessment (BITSEA)	1-3 yrs	Screening	ITSEA: 20-30 min BITSEA: 7-10 min	ITSEA: 166 BITSEA: 36	Parent and/or child care provider	Social-emotional
Infant-Toddler Symptom Checklist (I/TSC)	7-30 mo	Screening	10 min	21	Parent	Multiple dimensions
Massachusetts Youth Screening Instrument (MAYSI-2)	12-17 yrs	Screening	10-15 min	52	Youth	Mental Health; Social-emotional
Mental Health Screening Tool (MHST and MHST 0-5)	0 yrs- adult	Screening	10 min	4	Staff member working with family	Social-emotional
Parents' evaluation of developmental status	0-8 yrs	Screening	10 min	10	Parent or caregiver	Multiple dimensions; Delays
Pediatric symptom checklist	4-16 yrs	Screening	10-15 min	35	Parent	Social-emotional
Preschool Behavior Checklist	2-5 yrs	Screening	10 min	23	Teacher	Social-emotional
Preschool Behavior Questionnaire	3-6 yrs	Screening	5-10 min	30	Parent, teacher	Social-emotional
Preschool and Kindergarten Behavioral Scales-Second Edition (PBKS-2)	36-60 mo	Screening	15 min	76	Parent, teacher, or caregiver	Social-emotional
Problem Behavior Inventory - Adolescent Symptom Screening Form	Not listed	Screening	10-15 min	100+	Youth	Mental Health

Instrument	Age range	Type(s)	Time to complete	Number of items	Reporter (through either interview or report)	Areas assessed
Problem Experiences Checklist- Adolescent Version	Not listed	Screening	10-15 min	250	Youth	Multidimensional
Problem-Oriented Screening Instrument for Teenagers (POSIT)	12-19 yrs	Screening	20-30 min	89	Adolescent	Multiple Dimensions; Mental Health
Risk Assessment	2-14 yrs	Screening	10 min	21	Child welfare caseworker	Various family and child risks
School Social Behavior Scales, Second Edition (SSBS2) and Home & Community Social Behavior Scales (HCSBS)	5-18 yrs	Screening	Not listed	64	Parent, teacher	Social-emotional
Social-Emotional Dimension Scale - Second Edition (SEDS-2)	6-18 yrs	Screening	Short: not listed Full: 20-30 min	Short: 15 Full: 74	Teacher, counselor, or other	Social-emotional
SNAP-IV-C Rating Scale-Revised (SNAP-IV-R)	6-18 yrs	Screening	10 min	90	Parent, teacher, or other caregiver	ADHD and other Mental Health
Strengths and difficulties questionnaire	3-16 yrs	Screening	10 min	25	Parent or teacher, youth (11-16 yrs)	Social-emotional; predicts disorder
Vineland Social-Emotional Early Childhood Scales	0-72 mo	Screening	15-25 min	122	Parent	Social-emotional

The Ages and Stages Questionnaires: A Parent-Completed, Child-Monitoring System, Second Edition

Description

The Ages and Stages Questionnaires Social Emotional (ASQ-SE) is a comprehensive screening tool for possible developmental delays in social-emotional functioning for children 6 to 60 months of age. Areas assessed are all within the personal-social domain: self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people. There are different versions of the questionnaire for specific age intervals. Each questionnaire is completed by a parent in approximately 15 minutes. All are written at a 6th grade reading level and contain between 22 and 36 items. Parents rate the frequency of occurrence of each of the listed behaviors. Questionnaires may be scored and interpreted by trained program staff or parents.

Advantages

- Available in multiple languages, including English, Spanish, French, and Korean.
- Widely used in a variety of applied fields.
- Is appropriate for use with infants, from 6 months of age.

Disadvantages

- Narrow age range.
- Limited reporters (parents only).
- Measures development and delays rather than mental health or social-emotional concerns/strengths.

Author and Publisher Information

Authors: J. Squires, L. Potter, and D. Bricker

Publisher: Paul H. Brookes Publishing Co.

(800) 638-3775

<http://www.pbrookes.com/>

Behavioral Assessment of Baby's Emotional and Social Style

Description

The Behavioral Assessment of Baby's Emotional and Social Style (BABES) is a screening tool for social-emotional development for children ages 0 to 36 months of age. This 29-item scale is completed by parents in approximately 10 minutes and consists of three scales: temperament, ability to self-soothe, and regulatory processes.

Advantages

- Available in both English and Spanish.
- Is appropriate for use with infants, from birth.

Disadvantages

- Narrow age range.
- Limited reporters (parents only).
- Studies on reliability, validity, or normative samples have not been reported.

Author and Publisher Information

Authors: K. Finello, and M. Poulsen

Publisher: California School of Professional Psychology—Los Angeles
(818) 284-2777, extension 3030

Behavior Rating Profile

Description

The Behavior Rating Profile (BRP-2) is a battery of six norm-referenced instruments that provides different evaluations of children's and adolescents' behavior at home, at school, and in interpersonal relationships from the varied perspectives of parents, teachers, peers, and the target students themselves. It is appropriate for use with children and adolescents in Grades 1 through 12 (ages 6 through 18 years). The BRP-2 forms each take approximately 20 minutes to complete.

Advantages

- Wide age range.
- Option for multiple reporters, including child/adolescent self-report.

Disadvantages

- Is not appropriate for use with infants, toddlers, or preschoolers.

Author and Publisher Information

Authors: Linda Brown and Donald D. Hammill

Publisher: Pro-Ed: <http://www.proedinc.com>

Brigance Diagnostic Inventory of Early Development, Revised Edition

Description

The Brigance Diagnostic Inventory of Early Development, Revised Edition is an individually administered test that evaluates the development of children ages birth through seven years. The social-emotional scales are only applicable to children ages 2-6 years. It is a popular screening test and is often used to identify children with developmental delays, aid in designing individualized educational programs, and monitor progress over time. The 200-item inventory is a criterion-based measure of development encompassing skills across 11 domains: preambulatory motor, gross motor, fine motor, self-help, speech and language, general knowledge and comprehension, readiness, basic reading skills, manuscript writing, basic math, and social and emotional development. It takes between 30 and 60 minutes to administer, depending on how many of its 11 sections are used with a particular child. This inventory is administered by a trained examiner and involves direct child and parent assessment, and a parent interview. Test results are expressed as developmental ages.

Advantages

- Is appropriate for use with young children.

Disadvantages

- Lengthy for a screening tool.
- Narrow age range.
- Limited reporters (parent report + child assessment).
- Measures development rather than mental health or social-emotional concerns/strengths.

Author and Publisher Information

Author: A. H. Brigance
Publisher: Curriculum Associates
(800) 225-0248
www.curriculumassociates.com

Child/Adolescent Psychiatry Screen

Description

The Child/Adolescent Psychiatry Screen (CAPS) measures symptoms of common psychiatric disorders in children and adolescents ages 3-21. This screening tool is useful for identifying target symptoms or disorders, and the need for further assessment. The CAPS includes 85-item, and can be completed by parents in approximately 15-20 minutes.

Advantages

- Wide age range.

Disadvantages

- Limited reporters (parent only).

Author and Publisher Information

Author: Jeff Q. Bostic:

Available online at: http://www.massgeneral.org/schoolpsychiatry/checklists_info.asp#CPT

Children's Interview for Psychiatric Syndromes

Description

The Children's Interview for Psychiatric Syndromes (ChIPS) is a structured interview based on DSM-IV Axis I criteria that screens for the presence of 20 disorders. In addition, the ChIPS covers psychosocial stressors, including child abuse and neglect. The ChIPA was designed for use with 6- to 18-year-olds. It can be administered by trained lay interviewers and takes approximately 30 to 50 minutes to complete, depending on the number of symptoms present. A parent version of the interview, the P-ChIPS, consists of essentially the same questions, presented in the third person voice.

Advantages

- Option for both parent and child/adolescent report.
- Relates directly to DSM-IV diagnostic categories.

Disadvantages

- Lengthy for a screening tool.

Author and Publisher Information

Authors: Elizabeth B. Weller, M.D., Ronald A. Weller, M.D., Marijo Teare Rooney, Ph.D., and Mary A. Fristad, Ph.D.

Publisher: Western Psychological Services:
<http://portal.wpspublish.com>

Children's Problems Checklist

Description

The Children's Problems Checklist (CPC) measures 11 problem areas in children 5 to 12 years of age. It is completed by the parent or guardian and consists of 202 items. Areas assessed include: Emotions, Self-Concept, Peers/Play, School, Language/ Thinking, Concentration/ Organization, Activity Level/Motor Control, Behavior, Values, Habits, and Health. Suggested use is an intake aid for hospital, clinic, counseling service, or private practice.

Advantages

- Designed for use in service fields.

Disadvantages

- Narrow age range.
- Limited reporters (parent only).

Author and Publisher Information

Author: John A. Schinka, Ph.D.

Publisher: Western Psychological Services:

<http://portal.wpspublish.com>

Child Symptom Inventory – 4, Early Childhood Inventory-4, Adolescent Symptom Inventory- 4, and Youth’s Inventory-4

Description

The Child Symptom Inventory - 4 (CSI-4) is used to screen 5 to 12 year old children for symptoms of common childhood psychiatric disorders, based on DSM-IV diagnostic criteria. It includes two rating scales: one completed by the teacher, one by the parent. The Parent Checklist contains 97 items that screen for 15 emotional and behavioral disorders. The Teacher Checklist contains 77 items that screen for 13 emotional and behavioral disorders. Each take approximately 10 minutes to complete. The CSI-4 can be scored to derive Symptom Count scores (diagnostic model) or Symptom Severity scores (normative data model). These two scores are compared to determine whether the child should be evaluated further. The Checklists can also be computer scored.

The Early Childhood Inventory-4 (ECI-4) was modeled closely on the Child Symptom Inventory-4, the Early Childhood Inventory-4 (ECI-4) screens for emotional and behavioral disorders in children from 3 to 5 years of age. A Teacher Checklist and a Parent Checklist, based on DSM-IV criteria, cover symptoms for the same disorders as the CSI-4, with some age-appropriate substitutions. In addition, a brief developmental section gives a global impression of the child’s speech and language abilities, fine and gross motor coordination, and social skills. The Parent Checklist contains 108 items that screen for 15 emotional and behavioral disorders. The Teacher Checklist contains 87 items that screen for 13 emotional and behavioral disorders. The ECI-4 can be scored to derive Symptom Count scores (diagnostic model) or Symptom Severity scores (normative data model). These two scores are compared to determine whether the child should be evaluated further. The Checklists can also be computer scored.

The Adolescent Symptom Inventory- 4 (ASI-4) is the third in this series of DSM-IV-based symptom checklists. It can be used to evaluate 12 through 18 year olds adolescents. It consists of two checklists: one completed by the teacher and one completed by the parent or anyone familiar with the teenager’s behavioral and emotional functioning. It can be completed in approximately 10 to 15 minutes, and provides symptom cutoff scores based on DSM-IV. The parent checklist contains 120 items that screen for 18 emotional and behavioral disorders, and the Teacher Checklist contains 79 items that screen for 15 emotional and behavioral disorders. The ASI-4 can be scored to derive Symptom Count scores (diagnostic model) or Symptom Severity scores (normative data model).

The Youth’s Inventory-4 (YI-4) is a self-report instrument for adolescents ages 12 through 18 years of age that corresponds item-by-item to the ASI-4.

Advantages

- Wide age range.
- Option for multiple reporters, including child/adolescent self-report.
- Relates directly to DSM-IV diagnostic categories.

Disadvantages

None of the limitations noted for other tools in this review apply.

Author and Publisher Information

Author: Kenneth D. Gadow, Ph.D. and Joyce Sprafkin, Ph.D.

Checkmate Plus: <http://www.checkmateplus.com/product/eci-4.htm>

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12031 Wilshire Blvd. Los Angeles, CA 90025-1251

Telephone: (800) 648-8857 - FAX: (310) 478-7838

<http://portal.wpspublish.com>

Denver II Developmental Screening Test

Description

The Denver II Developmental Screening Test is a screening measure to identify possible developmental delays in children ages birth through six. The screening includes four developmental areas: personal-social, fine-motor adaptive, language, and gross motor. This screening tool consists of 125 items, including questions for parents and tests for children on 20 tasks. There is one form for all ages. The test is administered by a highly trained professional or paraprofessional, includes direct child assessment and parent report, and takes 10–20 minutes to complete.

Advantages

- Is appropriate for use with infants, from birth.
- Is available in both English and Spanish.

Disadvantages

- Narrow age range.
- Limited reporters (parent report and child assessment only).
- Measures development and delays rather than mental health or social-emotional concerns/strengths.
- Requires highly trained professional or paraprofessional.
- The normative sample consisted of English-speaking children from Colorado.

Author and Publisher Information

Authors: W. K. Frankenburg, and J.B. Dodds
Publisher: Denver Development Materials, Inc.
(303) 355-4729
<http://www.denverii.com/>

Developmental Observation Checklist System

Description

The Developmental Observation Checklist System (DOCS) is a three-part inventory/ checklist system for the assessment of general development (DC), adjustment behavior (ABC), and parent stress and support (PSSC). The DOCS is suitable for ages birth through 6. The DC component measures the areas of language, motor, social, and cognitive development. The ABC measures the child's adjustment to his/her environment. The DOCS is completed by parents or caregivers (4th grade reading level) in approximately 30 minutes. The DOCS consists of three parts: a developmental Checklist (475 items) assessing development; an Adjustment Behavior Checklist (25 items) to screen for problematic behaviors; and a Parental Stress and Support Checklist (40 items) to identify family stress. The DOCS may be scored and interpreted by trained program staff.

Advantages

- Is appropriate for use with infants, from birth.
- Measures adaptation to environment and family stress in addition to development.

Disadvantages

- Narrow age range.
- Measures development rather than mental health or social-emotional concerns/strengths.
- Lengthy for a screening tool.

Author and Publisher Information

Authors: W. Hresko, S. Miguel, R. Sherbenou, and S. Burton

Publisher: Pro-ed

(800) 897-3202

www.proedinc.com/index.html

Eyberg Child Behavior Inventory and Sutter-Eyberg Student Behavior Inventory-Revised

Description

Eyberg Child Behavior Inventory (ECBI); and Sutter-Eyberg Student Behavior Inventory-Revised (SESBI-R) are comprehensive, behaviorally specific rating scales that assess the current frequency and severity of disruptive behaviors in the home and school settings, as well as the extent to which parents and/or teachers find the behavior troublesome. The ECBI and the SESBI-R were designed to identify children who have oppositional or conduct behavior problems, or who are at risk of developing such problems. Used together, the ECBI (parent-rated) and SESBI-R (teacher rated) provide information for identifying and treating disruptive behavior in children and adolescents, ages 2 through 16 years. Each instrument provides a single set of non-age-specific items with a constant cutoff score across the ages from 2 to 16 years that facilitates longitudinal measurement of treatment progress and evaluation of the long-term effects of treatment.

On both the 36-item ECBI and the 38-item SESBI-R, the parent or teacher indicates how often each behavior currently occurs (7-point Intensity scale) and whether or not the behavior is a problem (Yes/No Problem scale). Both measures are easily administered within 15 minutes and require a 6th-grade reading level.

Advantages

- Option for multiple reporters.

Disadvantages

- Does not include youth self-report for adolescents.
- Graduate-level clinical training is needed for interpretation.

Author and Publisher Information

Author: S. Eyberg and D. Pincus

Publisher: Psychological Assessment Resources

(800) 331-test

www.parinc.com

Functional Emotional Assessment Scale

Description

The Functional Emotional Assessment Scale screens for social-emotional delays and also screens for caregiver capacity to support child emotional development. A highly trained staff member completes a 20-minute observation of caregiver-child play interaction to identify the need for further clinical assessment. Caregivers initiate play with three different developmentally appropriate toys (symbolic, tactile, and toys involving large motor movements). This assessment was designed for children 7-48 months of age. The social-emotional development component of the test covers regulation and interest in the world; forming relationships; intentional two-way communication; development of a complex sense of self; representational capacity and elaboration of symbolic thinking; and emotional thinking or development and expression of thematic play.

Advantages

- Is appropriate for use with infants, from 7 months.
- Also measures caregiver capacity.

Disadvantages

- Narrow age range.
- Limited reporters (direct child assessment only).
- Measures development and delays rather than mental health or social-emotional concerns/strengths.
- Graduate-level clinical training is needed for interpretation.

Author and Publisher Information

Authors: S. Greenspan, G. DeGangi, and S. Wieder

Publisher: The Interdisciplinary Council on Development and Learning
Disorders

www.icdl.com

Infant-Toddler Developmental Assessment

Description

The Infant-Toddler Developmental Assessment is a measure of developmental functioning for children 0 to 42 months of age. Developmental domains include gross motor, fine motor, relationship to inanimate objects (cognitive), language/ communication, self-help, relationship to persons, emotions and feeling states, and coping. This assessment was designed to identify the need for further assessment and intervention planning. It consists of six phases conducted by a team of two or more professionals and involves parent report and direct child observations. The phases include referral and pre-interview data gathering, initial parent interview, health review, developmental observation and assessment, integration and synthesis, and share findings, completion, and report.

Advantages

- Is appropriate for use with infants, from birth.
- Available in both English and Spanish.

Disadvantages

- Narrow age range.
- Measures development and delays rather than mental health or social-emotional concerns/ strengths.
- Lengthy and involved process for screening.
- Limited reporters (parent report and direct child assessment).

Author and Publisher Information

Authors: S. Provence, J. Erikson, S. Vater, and S. Palmeri

Publisher: Riverside Publishing

(800) 323-9540

www.riverpub.com

Infant Toddler Social Emotional Assessment and Brief Infant Toddler Social Emotional Assessment

Description

Infant Toddler Social Emotional Assessment (ITSEA) is a measure of social-emotional and behavioral delays and problems for children 12 to 36 months of age. It consists of four domains: externalizing, internalizing, dysregulation, and competencies; and three indices: maladaptive, atypical behavior, and social relatedness. The ITSEA was designed to identify the need for further assessment and to guide intervention planning. The ITSEA can be administered in either a questionnaire or interview format with a parent or child care provider and takes approximately 25-30 minutes to complete as a self-reported questionnaire. It includes 195 items, comprising 17 subscales. The ITSEA focuses on both strengths and weaknesses.

Brief Infant Toddler Social Emotional Assessment (BITSEA) is a brief version of the ITSEA. It includes 36 items of the full ITSEA scale for parents and also includes a child care provider form. It is designed to determine if further assessment is recommended, and to quickly monitor progress over time. It takes approximately 7-10 minutes to complete. Like the ITSEA, the BITSEA focuses on both strengths and weaknesses.

Advantages

- Same scale used for both screening and assessment.
- Option for multiple reporters/ flexible framework for gathering information.
- Is appropriate for use with infants, from 12 months.
- Measures strengths in addition to problems or concerns.
- Available in English, Spanish, French, Hebrew, and Dutch.

Disadvantages

- Narrow age range.
- A professional with training in standardized assessment is required for interpretation.

Author and Publisher Information

Authors: A. S. Carter and M. J. Briggs-Gowan

Publisher: ITSEA Project Office at itsea@yale.edu

Pearson

<http://www.pearsonpsychcorp.com>.

Infant-Toddler Symptom Checklist

Description

The Infant-Toddler Symptom Checklist is a screening measure for sensory and regulatory disorders for children 7 to 30 months of age. It was designed to identify the need for further assessment. The checklist includes nine domains: self-regulation, attention, sleep, eating or feeding, dressing, bathing, and touch, movement, listening and language, looking and sight, and attachment/ emotional functioning. Five age-specific versions of the checklist are available. They are completed by parents through either a questionnaire or interview format that takes approximately 10 to 20 minutes to complete.

Advantages

- Is appropriate for use with infants, from 7 months.

Disadvantages

- Narrow age range.
- Limited reporters (parent only).
- Measures sensory and regulatory disorders rather than mental health or social-emotional concerns/strengths.
- The normative sample consisted primarily of White middle class children.

Author and Publisher Information

Authors: G. DeGangi, S. Poisson, R. Sickel, and A. S. Wiener

Publisher: Therapy Skill Builders

(800) 872-1726

Massachusetts Youth Screening Instrument

Description

The Massachusetts Youth Screening Instrument (MAYSI-2) is a mental health-screening tool to assist juvenile justice facilities in identifying youths 12-17 years old who may have special mental health needs requiring immediate attention. The MAYSI-2 is a self-administered questionnaire that takes approximately 15 minutes to complete. Alternatively it can be administered electronically. It is designed to alert staff to potential mental/emotional distress and certain behavior problems that might require an immediate response (Alcohol/Drug Use, Angry-Irritable, Depressed-Anxious, Somatic Complaints, Suicide Ideation, Thought Disturbance, Traumatic Experiences). The MAYSI-2 does not require a mental health professional for scoring and interpretation.

Since 2000, the MAYSI-2 has become one of the most widely used mental health screening tools in juvenile justice systems, having been adopted for statewide use in probation, detention, or juvenile corrections programs in 35 states.

Advantages

- Same scale used for both screening and assessment.
- Available in both English and Spanish (Latino).
- Widely used in child service systems (primarily juvenile justice).

Disadvantages

- Narrow age range.
- Limited reporters (youth only).
- Designed for juvenile justice rather than mental health or child welfare.

Author and Publisher Information

Authors: Thomas Grisso, Ph.D. and Richard Barnum, M.D

<http://www.maysiware.com/MAYSI2.htm>

Mental Health Screening Tool and the Mental Health Screening Tool (Child Birth to 5 Years)

Description

The Mental Health Screening Tool (MHST) and the Mental Health Screening Tool (Child Birth to 5 Years) (MHST 0-5) are brief screening tools that are intended to be used primarily by non-mental health professionals to rapidly screen children and youth, particularly those who are being considered for out of home placement. The purpose of the instrument is to identify which children/youth should be referred for a mental health assessment. Additionally, the instrument is designed to prioritize the urgency of the referral. The tools were designed to be used in a variety of settings by staff who have diverse educational backgrounds. They can be completed in less than 10 minutes.

The Mental Health Screening Tool (Child Birth to 5 Years) is a brief four-item tool to be completed by a staff person working with a child and family. The rater indicates whether or not listed behaviors are exhibited by the child, by means of a "yes" or "no" format. The presence of one or more "yes" responses indicates the need for an assessment.

The Mental Health Screening Tool (MHST) includes one section on identified risks (5 items) and another on risk assessment (8 items). The rater indicates whether or not listed behaviors are exhibited by the child, by means of a "yes" or "no" format. The presence of one or more "yes" responses on the identified risk component indicates the need for an assessment. In addition, the presence of one or more "yes" responses on the risk assessment component also indicates a need for an assessment referral, although the need is not as urgent and the assessment may not need to be completed as quickly.

Advantages

- Wide age range.
- Completed by case workers with information regularly available at intake.
- Is appropriate for use with infants, from birth.
- Developed for universal screenings in Child Welfare in California.
- Very brief and simple.

Disadvantages

- Not a complete screening of child mental health or social-emotional functioning.
- Studies on reliability, validity, or normative samples have not been reported.

Author and Publisher Information

Authors: A work group convened by the California Institute for Mental Health

Publisher: The California Institute for Mental Health
(916) 556-3480
www.cimh.org

Parents' Evaluation of Developmental Status

Description

The Parents' Evaluation of Developmental Status (PEDS) screens for developmental delays or disorders for children from birth to 8 years of age. The PEDS is designed to identify the need for further assessment and is completed by a parent or caregiver in approximately 10 minutes (5th grade reading level). The PEDS can be completed in a questionnaire or interview format and consists of 10 questions about parental concerns. The same form is used for all ages. It consists of nine domains: global/cognitive, expressive language and articulation, receptive language, fine motor, gross motor, behavior, social-emotional, self-help, and school.

Advantages

- Is appropriate for use with infants, from birth.
- Available in several languages: English, Spanish, Vietnamese, Hmong, Somali, Chinese, Malaysian.

Disadvantages

- Narrow age range.
- Limited reporters (parent only).
- Measures development rather than mental health or social-emotional concerns/strengths.

Author and Publisher Information

Author: F. P. Glascoe

Publisher: Ellsworth & Vandermeer Press, Ltd.

(888) 729-1697

www.pedstest.com

Pediatric Symptom Checklist

Description

The Pediatric Symptom Checklist is a tool to screen for social-emotional delays or disorders for children 4 to 16 years of age. It is comprised of a 35-item parent-rated checklist and takes approximately 10-15 minutes to complete.

Advantages

- Available in English, Spanish, and Japanese.

Disadvantages

- Limited reporters (parent only).
- Interpretation by a practitioner with advanced training and experience in psychology is recommended.

Author and Publisher Information

Author: M. Jellinek, J. M. Murphy, S. J. Bishop, and M. Pagano

Publisher: M. Jellinek, J. M. Murphy, S. J. Bishop, and M. Pagano

(617) 724-3163

<http://psc.partners.org/>

Preschool Behavior Checklist

Description

The Preschool Behavior Checklist is a 22-item checklist that is designed to screen 2 to 5 year old children for behavioral and emotional difficulties. The checklist measures the following domains: emotions (fears, worries, mood), conduct, temper, activity level, concentration, social relations, speech, language, habits, wetting, and soiling. This checklist is generally used in group settings, such as child care and preschool environments. It is completed by a teacher or caregiver. Each item lists three or four degrees of a particular behavior. Items are scored for frequency and severity. By comparing Total Scores to cutoff points provided in the Manual, the examiner can quickly determine whether the child has an emotional or behavioral problem.

Advantages

- Is appropriate for use with young children.

Disadvantages

- Narrow age range.
- Limited reporters (teacher only).

Author and Publisher Information

Authors: Jacqueline McGuire, Ph.D. and Naomi Richman, M.Sc., FRC Psych.

Publisher: Western Psychological Services

<http://portal.wpspublish.com>

Preschool Behavior Questionnaire

Description

The Preschool Behavior Questionnaire (PBQ) was developed as a screening instrument for easy use by mental health professionals as a first step in identifying preschoolers who show symptoms, or constellations of symptoms, that suggest the emergence of emotional problems. The PBQ was designed for children ages 3-6 years of age. The PBQ is a modification of items in the Children's Behavior Questionnaire, a checklist standardized by Michael Rutter in England in 1967 for use with elementary school-aged boys. The PBQ was developed and tested for use with preschool-aged children of both genders, and of both white and black ethnicities. It contains 30 items.

Advantages

- Available in several languages, including English, French, Japanese, Hebrew, Spanish and Turkish.
- Option for multiple reporters (parents, teachers).

Disadvantages

- Narrow age range.

Author and Publisher Information

Author: Lenore Behar, Ph.D.

Publisher: Contact Lenore Behar.

1821 Woodburn Lane

Durham, NC 27705

Preschool and Kindergarten Behavioral Scales Second Edition

Description

The Preschool and Kindergarten Behavior Scale - 2nd Edition (PKBS-2) is a 76 item ratings scale designed to measure both problem behaviors and social skills of children ages 3-6 years. The PKBS-2 was developed to screen for at-risk behavior and to assist with intervention planning. It contains two major scales: social skills and social behavior. The Social Skills scale includes social cooperation, social interaction and social independence sub-scales. The Problem Behavior scale includes externalizing and internalizing sub-scales. The PKBS-2 is designed for completion by parents or teachers, but may also be completed by other individuals who know the child well enough to make an informed rating. It takes approximately 10 to 15 minutes to complete.

Advantages

- Option for multiple reporters.
- Same scale used for both screening and assessment.
- Available in both English and Spanish.
- Measures strengths in addition to problems or concerns.

Disadvantages

- Narrow age range.
- Interpretation requires a professional with training in psychological testing.

Author and Publisher Information

Developer K. W. Merrell
Publisher Pro-Ed
(800) 897-3202
www.proedinc.com

Problem Behavior Inventory - Adolescent Symptom Screening Form

Description

The Problem Behavior Inventory - Adolescent Symptom Screening Form is a checklist that helps clinicians to structure and focus the diagnostic interview. The checklist lists more than 100 DSM-IV-related symptoms and takes approximately 10 to 15 minutes to complete. The adolescent simply checks those symptoms that he or she has experienced. The symptoms listed relate to the following areas: cognitive disorders, substance abuse, psychosis, mood and anxiety disorders, cluster A personality disorders, oppositional behavior, attention-deficit hyperactivity, conduct problems, eating disturbance, sexual deviance, somatoform and dissociative disturbances, sleep difficulties, communication disorders, and V-code problems such as bereavement, academic troubles, parent-child conflict, phase-of-life issues, and identity problems.

Advantages

- Relates directly to DSM-IV diagnostic categories.

Disadvantages

- Narrow age range.
- Limited reporters (youth only).
- Interpretation requires clinical training and experience.

Author and Publisher Information

Author: Leigh Silverton, Ph.D.

Publisher: Western Psychological Services:

<http://portal.wpspublish.com>

Problem Experiences Checklist- Adolescent Version

Description

The Problem Experiences Checklist- Adolescent Version is a self-report checklist for adolescents that is generally given prior to the initial intake interview to help pinpoint problems and identify areas for subsequent discussion. It gives the clinician a quick picture of the adolescent's life situation, indicating what kind of difficulties he or she is experiencing. The checklist includes more than 250 problems and troubling life events in the following areas: School, Opposite Sex Concerns, Peers, Family, Goals, Crises, Emotions, Recreation, Habits, Neighborhood, Life Phase Transition, Beliefs and Attitudes, and Occupational and Financial Circumstances. The adolescent simply checks the problems that he or she is experiencing. The checklist takes approximately 10 to 15 minutes to complete.

Advantages

None of the advantages listed for other tools in this review apply.

Disadvantages

- Narrow age range.
- Limited reporters (youth only).
- Interpretation requires clinical training and experience.

Author and Publisher Information

Author: Leigh Silverton, Ph.D.

Publisher: Western Psychological Services:

<http://portal.wpspublish.com>

Problem-Oriented Screening Instrument for Teenagers

Description

The Problem-Oriented Screening Instrument for Teenagers (POSIT) is designed to identify potential problem areas that require further in-depth assessment. The POSIT screens for 10 areas of psychosocial functioning, including substance abuse, mental and physical health, and social relations. The POSIT is a self-administered 89-item screening questionnaire written at a 5th grade reading level for youths ages 12-19 years. It takes approximately 20-30 minutes to complete.

The POSIT also includes an optional follow-up questionnaire that was derived from items on POSIT to screen for potential change over time in 7 out of the 10 problem areas represented on POSIT. The POSIT follow-up questionnaires as their formats are very clear and straightforward. The POSIT can be utilized by school personnel, juvenile and family court personnel, medical and mental health care providers, and staff in substance use disorder treatment programs.

Advantages

- Available in both English and Spanish (Latino).
- Widely used in service fields; it is a key component of the National Institute on Drug Abuse adolescent assessment/referral system.

Disadvantages

- Lengthy for a screening tool.
- Narrow age range.
- Limited reporters (youth only).

Author and Publisher Information

Author: Elizabeth Rahdert, Ph.D.
Publisher: Contact Elizabeth Rahdert
Division of Clinical and Services Research
National Institute on Drug Abuse.
National Institutes of Health
Room 4229.
6001 Executive Boulevard.
Bethesda, Maryland, 20892-9563 U.S.A.
(301) 443-0107.
Elizabeth_Rahdert@nih.gov

Risk assessment

Description

The Risk Assessment approach to mental health screening was developed in a research project to measure the presence of 21 family risks associated with child/adolescent mental health in a child welfare population. It was developed to utilize information that child welfare caseworkers collect regularly, such as through an assessment of risk for additional maltreatment, a structured decision-making model, a safety assessment instrument, or another risk assessment instrument (McCrae & Barth, 2008). Child welfare workers indicate whether each risk was present during the investigation. Risks include prior reports, investigations, and substantiations, prior child welfare service history, primary caregiver substance abuse, history of abuse and neglect as a child, use of excessive discipline, primary caregiver mental illness, cognitive impairment, physical impairment, high family stress, unrealistic child expectations, recent arrests, active or history of domestic violence, trouble paying for basic necessities, low social support, low cooperation, poor parenting skills, child special needs or behavior problems, and poor ability to self-protect. Risks are grouped into four categories: child and caregiver characteristics, family characteristics, characteristics of the current maltreatment, and maltreatment history. Each of these items was given a value of 1 if present and 0 if not and was included in the total score.

Results from the validation study (McCrae & Barth, 2008) showed that an increase of one additional risk increases the probability that a child will have clinical mental health symptoms, as indicated on the ASEBA, by 20% to 25%. Among the youngest children, including information in the score about the details of the current maltreatment and their maltreatment history appears necessary, whereas more limited information may be sufficient for older children. When all of the risks are included, 80% of 7- to 14-year-olds with symptoms and 75% of 2- to 6-year-olds with symptoms can be identified using information routinely collected by child welfare workers. The limitation of this instrument is that it may be biased toward over-identification, but the chances of under-identification of children needing further assessment and/or treatment is low. This tool was validated with a stratified sample of children and adolescents from child welfare, in order to obtain a relevant sample that demonstrate sufficient numbers of clinical symptoms and maltreatment for validation of the instrument.

Advantages

- Wide age range; Should apply to all ages, but has only been tested in children ages 2-14 years.
- Completed by case workers with information regularly available at intake.
- Developed for universal screenings in Child Welfare.

Disadvantages

- Not a complete screening of child mental health or social-emotional functioning.
- New approach; not yet tested extensively.

Author and Publisher Information

Authors: McCrae, J. S., & Barth, R. P.
Unpublished

School Social Behavior Scales, Second Edition and Home & Community Social Behavior Scales

Description

The School Social Behavior Scales, Second Edition (SSBS2) measures children and adolescents' social-emotional strengths and problems. The SSBS2 is a 2 page rating scale that is completed by teachers or other school personnel for children and adolescents in Kindergarten through 12th grade (5-18 years). The SSBS2 is used for screening and also to provide direction for intervention and support in school. The Social Competence scale includes 32 items that measure adaptive, prosocial skills and includes three subscales: Peer Relations, Self Management/Compliance, and Academic Behavior. The Antisocial Behavior scale includes 32 items that measure socially-relevant problem behaviors and also includes three subscales: Hostile/Irritable, Antisocial-Aggressive, and Defiant/Disruptive.

The Home & Community Social Behavior Scales (HCSBS) is a companion to the SSBS2 for home and community settings. It is completed by a parent or another person who knows the child well. Like the SSBS2, the HCSBS is appropriate for children ages 5-18 years. The Social Competence scale includes 32 items that measure adaptive, prosocial skills on two subscales: Peer Relations, and Self-Management/Compliance. The Antisocial Behavior scale includes 32 items that measure socially linked problem behaviors on two subscales: Defiant/Disruptive and Antisocial-Aggressive.

Advantages

- Wide age range.
- Option for multiple reporters.
- Available in both English and Spanish (parent version).
- Measures strengths in addition to problems or concerns.

Disadvantages

- Does not include youth self-report for adolescents.
- Primarily designed for the school environment.

Author and Publisher Information

Authors:

SSBS2: Kenneth W. Merrell, Ph.D.

HCSBSL Kenneth Merrell, Ph.D., & Paul Caldarella, Ph.D.

Publishers:

Assessment and Intervention Resources: <http://www.assessment-intervention.com>

Brookes Publishing Company, Inc.: <http://www.pbrookes.com>

Social-Emotional Dimension Scale - Second Edition

Description

The Social-Emotional Dimension Scale - Second Edition (SEDS-2) is a highly structured, norm-referenced rating scale that is useful for identifying children and adolescents who are “at risk” for problematic behaviors. It was primarily designed to identify children with behavior problems that may interfere with their academic functioning in the school environment. The SEDS-2 is completed by teachers, counselors, educational diagnosticians, and/or psychologists. It contains 74-items scale rates the behaviors of students ages 6 through 18 years. The SEDS-2 takes approximately 20 to 30 minutes to complete. The SEDS-2 also includes a 15-item screener and a structured interview form for functional assessment of behavior.

Advantages

- Wide age range.
- Option for multiple reporters.

Disadvantages

- Does not include youth self-report for adolescents.
- Primarily designed for the school environment.

Author and Publisher Information

Authors: Jerry B. Hutton and Timothy G. Roberts

Publisher: Pro-Ed: <http://www.proedinc.com>

SNAP-IV-C Rating Scale-Revised

Description

The SNAP-IV-C Rating Scale-Revised (SNAP-IV-R) measures ADHD and other mental health concerns for children and adolescents ages 6-18 years of age. The SNAP-IV-R contains 90 items that can be completed by parents, teachers, or other caregivers for use by a healthcare provider in a more general assessment. It is based on the DSM IV. It includes criteria for diagnosing ADHD and Oppositional Defiant Disorder, and also contains additional items to assess other mental health concerns. The SNAP-IV-R includes 90 items and takes 10 minutes to complete.

Advantages

- Wide age range.
- Option for multiple reporters.
- Relates directly to DSM-IV diagnostic categories.

Disadvantages

- Does not include youth self-report for adolescents.
- Graduate-level clinical training is needed for interpretation.
- Not a complete screening of child mental health or social-emotional functioning.
- Studies on reliability, validity, or normative samples have not been reported.
- Normative sample is . . .
- Interpretation requires clinical training and experience.
- Primarily designed for ADHD.

Author and Publisher Information

Authors: Swanson, Nolan and Pelham

Publisher: freely available online from ADHD.net: <http://www.adhd.net>

The Strengths and Difficulties Questionnaire

Description

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioral screening questionnaire that can be completed in 5 minutes by the parents or teachers of children aged 4 to 16. There is also a self-report version for 11-16 year olds. The SDQ asks about 25 attributes, some positive and some negative. The 25 items compose five subscales of five items each, generating scores for emotional symptoms, conduct problems, hyperactivity-inattention, peer problems and prosocial behavior. A total difficulties score is generated by summing all scales except for the prosocial behavior scale. Optional supplement questionnaires are also available that identify the extent of problems and the potential benefit of interventions.

Advantages

- Wide age range.
- Option for multiple reporters, including child/adolescent self-report.
- Available in English and Spanish, and 45 other languages.
- Measures strengths in addition to problems or concerns.

Disadvantages

- Narrow age range.

Author and Publisher Information

Author: R. Goodman

Publisher: Youth in Mind

www.sdqinfo.com

The Vineland Social-Emotional Early Childhood Scales

Description

The Vineland Social-Emotional Early Childhood Scales is a screening measure of social-emotional functioning for children birth to 72 months of age. It includes three scales: interpersonal relationships, play and leisure time, and coping skills. These scales were designed to identify the need for further assessment and to assist in planning interventions. They are administered to the parent through a semi-structured interview consisting of 122 items and take approximately 15-25 minutes to complete.

Advantages

- Available in both English and Spanish.

Disadvantages

- Narrow age range.
- Limited reporters (parent only).
- Lengthy for a screening tool.

Author and Developer Information

Authors: S. S. Sparrow, D. A. Balla, and D. V. Cicchetti

Publisher: American Guidance Services, Inc.

(800) 328-2560

www.agsnet.com

Part III: Tools for Assessment Only

Part III of the results section describes tools that are designed only for Assessment. Table 3 provides an overview of these tools, including the targeted age range, estimated completion time, as well as the number of items, reporters, and areas assessed for each measure. The text that follows describes each tool in more detail.

Table 3. Tools for Assessment Only

Instrument	Age range	Type(s)	Time to complete	Number of items	Reporter (through either interview or report)	Areas assessed
BarOn Emotional Quotient Inventory-youth version short (BarOn EQ-i:YV(S))	7-18 yrs	Assessment	10-30 min	133	Youth	Emotional Intelligence
Behavior and Emotional Rating Scale (BERS-2)	5-18 yrs	Assessment	10-15 min	52	Parent, teacher/ professional, and youth	Social-emotional
Child and Adolescent Functional Assessment Scale (CAFAS) Preschool and Early Childhood Functional Assessment Scale (PECFAS)	4-18 yrs	Assessment	30 minutes	n/a	Trained Rater	Functional Impairment (due to mental health/ social-emotional problems)
Child and Adolescent Needs and Strengths (CANS)	0-17 yrs	Assessment	10 minutes	43	Case Worker	Mental health; functional impairment, strengths
Child Assessment Schedule (CAS)	7-12 yrs	Assessment	45-60 min	75	Parent, youth	Mental Health
Children's Global Assessment Scale (CGAS)	4-16 yrs	Assessment	20-30 min	n/a	Parent, youth professional	Functional impairment
Clinical Assessment of Behavior (CAB)	2-18 yrs	Assessment	10-15 min extended version: 30 min	70 extended version: 170	Parent, teacher	Multidimensional

Instrument	Age range	Type(s)	Time to complete	Number of items	Reporter (through either interview or report)	Areas assessed
Child and Adolescent Psychiatric Assessment (CAPA) and Preschool Age Psychiatric Assessment (PAPA)	2-18 yrs	Assessment	1+ hours	n/a	Trained interviewer; parent, youth (9-18 yrs)	Mental health
Coping Inventory and Early Coping Inventory	4 mo – adult	Assessment	Up to 1+ hours	Early Coping Inventory: 48 Coping Inventory: not listed	Observer, youth (15+ years)	Coping
Developmental Profile II	0-7 yrs	Assessment	20-40 min	Varies	Examiner, parent, or teacher	Multiple dimensions
Development and Well-Being Assessment (DAWBA)	5-17 yrs	Assessment	Parent: 50 min Adolescent: 30 min	Not listed	Parent, youth (11-17 yrs), teacher	Mental health
Devereux Early Childhood Assessment (DECA)	2-5 yrs	Assessment	5-10 min	37	Parent and/or child care provider	Within-child protective factors and problem behavior
Devereux Scales of Mental Disorders (DSMD)	5-18 yrs	Assessment	15 min	Child: 111 Adolescent: 110	Parent, teacher, or other adult	Mental Health
*Diagnostic Classification of Mental Health and Developmental Disorders for Infants and Toddlers, Revised (DC-03R)	0-3 yrs	Handbook/ Assessment	Varies	N/A	Clinician	Mental health; Relationships
*Diagnostic and Statistical Manual of Mental Disorders Version IV (DSM-IV)	All	Handbook/ Assessment	Varies	N/A	Clinician	Mental health; Relationships
Diagnostic Interview for Children and Adolescent (DICA)	6-18 yrs	Assessment	1-2 hours	N/A	Clinician or trained interviewer	Mental health
Differential Scales of Social Maladjustment and Emotional Disturbance (DSSMED)	6-18 yrs	Assessment	5-10 min	46	Teachers	Social Maladjustment; Emotional Disturbance

Instrument	Age range	Type(s)	Time to complete	Number of items	Reporter (through either interview or report)	Areas assessed
Early Screening Project	3-5 yrs	Assessment	1-2 hours	n/a	Teacher, trained observer	Social-emotional
Emotional Disturbance Decision Tree (EDDT)	5-18 yrs	Assessment	15-20 min	156	Teacher	Emotional Disturbance
Individualized protective factors index (IPFI)	10-16 yrs	Assessment	30 min	71	Youth	Social-emotional
Interview Schedule for Children and Adolescents (ISCA)	8-18 yrs	Assessment	1+ hours	n/a	Clinician, parent, and youth	Mental Health
Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS-PL)	6-18 yrs	Assessment	90-120 min	Varies	Parent, youth, clinician	Mental Health
Life Stressors and Social Resources Inventory-Youth form (LISRES-Y)	12-18 yrs	Assessment	30-60 min	208	Youth	Risks and protective factors
Mental Status Checklist for Children	5-12 yrs	Assessment	20 min	150	Clinician	Multidimensional
Millon Adolescent Clinical Inventory (MACI) and the Millon Preadolescent Clinical Inventory (M-PACI)	9-19 yrs	Assessment	MACI: 25-30 min M-PACI: 15-20 min	MACI: 160 M-PACI: 97	Youth	Personality; Mental Health
Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)	14-18 yrs	Assessment	45-60 min	478	Youth	Personality; Mental Health
Personality Assessment Inventory – Adolescent (PAI-A)	12-18 yrs	Assessment	30-45 min	246	Youth	Personality; Mental Health
Resiliency Scales for Children and Adolescents	9-18 yrs	Assessment	15 min	3 scales of 20-24 items each	Youth	Social-emotional
Revised Behavior Problem Checklist-PAR Edition (RBPC)	5-18 yrs	Assessment	20 min	89	Parent, teacher, or other observer	Mental Health

Instrument	Age range	Type(s)	Time to complete	Number of items	Reporter (through either interview or report)	Areas assessed
Scale for Assessing Emotional Disturbance (SAED)	5-18 yrs	Assessment	10 min	52	Parent, teacher, counselor, or other adult	Emotional Disturbance
Social Skills Rating System (SSRS)	3-18 yrs	Assessment	15-25 min	Varies	Parent, teacher, youth (grades 3-12)	Social-emotional; academic competence
Symptom Assessment-45 Questionnaire (SA-45)	13 yrs – adult	Assessment	10 min	45	Youth	Mental Health

**The DSM-IV and the DC-0-3R are not actual assessment instruments. Rather, they are the gold standard handbooks of diagnostic criteria used by mental health professionals upon which many assessment tools are based. They are not discussed further in this report.*

BarOn Emotional Quotient Inventory -youth version

Description

The BarOn Emotional Quotient Inventory Youth Version (Short) (BarOn EQ-i:YV(S)) assesses the emotional and social functioning of youths ages 7 to 18. It provides an estimate of their underlying emotional and social intelligence. The BarOn EQ-i: YV(S) includes 133 items and is completed by youth self-report in approximately 30 minutes. The BarOn EQ-i: YV(S) includes the following composites: positive impression, total emotional quotient, interpersonal, intrapersonal, stress management, adaptability. In addition, 15 Subscales can be calculated: Emotional Self-Awareness, Self-Actualization, Interpersonal Relationships, Flexibility, Impulse Control, Assertiveness, Independence, Social Responsibility, Reality Testing, Optimism, Self-Regard, Empathy, Problem Solving, Stress Tolerance, and Happiness.

Advantages

- Available in both English and Dutch, with a German version in development.
- Measures strengths in addition to problems or concerns.

Disadvantages

- Limited reporters (youth only).

Author and Publisher Information

Author: Reuven Bar-On

Publisher: Contact author.

Behavior and Emotional Rating Scale

Description

The Behavior and Emotional Rating Scale (BERS-2) was designed to measure the personal strengths and competencies of children ages 5 through 18 years. It was intended to be used in schools, mental health clinics, juvenile justice settings, and child welfare agencies. The BERS-2 measures several aspects of a child's strength: interpersonal strength, involvement with family, intrapersonal strength, school functioning, affective strength, and career strength. The BERS-2 is a multimodal assessment system that measures the child's behavior from three perspectives of the child (Youth Rating Scale), parent (Parent Rating Scale), and teacher or other professional (Teacher Rating Scale). Each scale has 52 items and can be completed in approximately 10 minutes.

Advantages

- Wide age range.
- Option for multiple reporters, including child/adolescent self-report.
- Designed for applied use, such as in child welfare settings.
- Measures strengths in addition to problems or concerns.

Disadvantages

- Lengthy for a screening tool.
- Narrow age range.
- Limited reporters (youth only).
- Interpretation requires clinical training and experience.
- Primarily designed for identification of strengths rather mental health concerns or problems.

Author and Publisher Information

Author: Michael H. Epstein

Publishers: Psychological and Educational Publications, Inc.

<http://www.psych-edpublications.com/emotional.htm>

Pro-ed: www.proedinc.com/store/

Child and Adolescent Functional Assessment Scale and Preschool and Early Childhood Functional Assessment Scale

Description

The Child & Adolescent Functional Assessment Scale (CAFAS) is a rating scale that assesses children and adolescents' degree of impairment in day-to-day functioning due to emotional, behavioral, psychological, psychiatric, or substance use problems. It was designed for children and adolescents from Kindergarten through 12th grade. The CAFAS does not actually measure mental health or emotional/behavioral/psychological problems. It rather focuses on functional impairment in five areas: Role Performance, Behavior Toward Others, Moods/Self-Harm, Substance Use, and Thinking. The CAFAS also includes some assessment of strengths, although these strengths do not affect scoring. It is used for clinical tracking, generating strengths-based treatment plans, case management, and research/evaluation. The CAFAS was designed to combine clinical relevance with a consumer-friendly format for families. The CAFAS is being utilized in over 20 states to determine eligibility for services and/or to track outcomes and performance, including the state of California (Bates, 2001). The CAFAS is not "administered". A trained rater chooses from a list of behavioral description, based on information gained through other sources, such as intake interviews.

The Preschool and Early Childhood Functional Assessment Scale (PECFAS) is a downward extension of the CAFAS, for children ages 4 through 7 years.

Advantages

- Wide age range.
- Widely used in child service fields.
- Measures strengths in addition to problems or concerns.
- Completed by case workers; flexible framework for gathering information.

Disadvantages

- Measures functional impairment rather than the actual mental health or social-emotional concerns/strengths underlying the impairment.
- Does not include youth self-report for adolescents.
- There have been some concerns about psychometric properties (Bates, 2001).
- Does not include a questionnaire or interview to obtain the information needed for the CAFAS. Information must be gathered through other sources.

Author and Publisher Information

Author: Kay Hodges

Publisher: Contact author at: Functional Assessment Systems, 3600 Green Court, Suite 110

Ann Arbor, MI 48105734-769-9725 (Phone)

734-769-1434 (Fax)

Email: hodges@provide.net

Child and Adolescent Needs and Strengths Assessment-Mental Health

Description

Child and Adolescent Needs and Strengths Assessment-Mental Health (CANS-MH) is a functional assessment of the child and caregivers' Needs and Strengths. There is one version for children ages 0-5 years and another for children up to 17 years. The CANS-MH was developed in collaboration with several states' child service systems, with the intent of creating a common assessment tool across systems (mental health and addictions, child welfare, juvenile justice, Medicaid and education). The CANS-MH includes several clusters, or areas of measurement: Problem Presentation (e.g. ADHD, Depression, Oppositional Behavior, etc.), Risk Behaviors (e.g. Danger to self, Danger to others, etc.), Functioning (Intellectual, Physical, School, etc.), Care Intensity and Organization (Monitoring, Treatment, etc.), Family/Caregiver Needs and Strengths (Physical, Supervision, Knowledge, etc.), and Strengths (Family, Interpersonal, Education, Spiritual, etc.). The Problem Presentation cluster is based on DSM-IV criteria. However, scoring emphasizes the extent and urgency of intervention in particular areas rather than in simply the severity of symptoms. Each of the dimensions is rated on a 4-point scale after routine service contact or following review of case files. Sources of information generally include interviews with children and their families and discussion with or reports from physicians, courts and school representatives.

Information from the CANS-MH is intended to support decisions at multiple levels: direct services, supervision, program management, and system management, with the primary objectives of permanency, safety, and improved quality of life. It is generally conducted after initial intake, for children with mental, emotional and behavioral health needs, mental retardation/developmental disabilities, and juvenile justice involvement. It provides information regarding the service needs of the child and their family for use during the development of the individual plan of care. A minimum of a bachelor's degree with some training or experience is required to use the CANS-MH reliably after training, which is available.

Advantages

- Appropriate for children and adolescents of all ages.
- Relates directly to DSM-IV diagnostic categories.
- Measures strengths in addition to problems or concerns.
- Completed by case workers; flexible framework for gathering information.
- Developed in collaboration with several states' child service systems.
- Widely used in child service fields; used in 27 states.

Disadvantages

- New tool; Psychometric properties have only recently been established.
- Does not include a questionnaire or interview to obtain the information needed for the CANS. Information must be gathered through other sources.

Author and Publisher Information

Author:: John Lyons, PhD, Northwestern University, Chicago; in collaboration with several states' child service systems.

Publisher: the Buddin Praed Foundation, 1999: <http://www.buddinpraed.org/cans/>

CANS tools and supporting documents are posted at: <http://ibhas.in.gov/mainDocuments.aspx>

Child Assessment Schedule

Description

The Child Assessment Schedule (CAS) is a structured diagnostic interview completed with the child and/or parent, modeled after a traditional clinical interview. It was designed to generate diagnoses for children ages 7-12 years, as well as important clinical information about the child's life situation. The questions are thematically organized around 11 topic areas: school, friends, activities and hobbies, family, fears, worries and anxieties, self-image, mood (especially sadness), physical complaints, expression of anger, and reality-testing symptoms. The CAS includes 75 items and can be completed in approximately 45-60 minutes. In a separate section, the interviewer records observations about the child for 53 targeted behaviors. The information generated by the CAS can be used to determine DSM-III diagnoses as well as scores for the total interview, the content areas, and the symptom complexes, which are composed of the items corresponding to the DSM-III diagnostic criteria. A computer program matches the CAS items to specific DSM—III diagnostic criteria. Interpretation does not require clinical training.

Advantages

- Relates directly to DSM-III diagnostic categories.

Disadvantages

- Lengthy (interview format).
- Narrow age range.

Author and Publisher Information

Authors: Hodges, Kline, Stern, Cytryn, & McKnew
Publisher: Contact authors

Children's Global Assessment Scale

Description

The Children's Global Assessment Scale (CGAS) is a numeric scale used by mental health clinicians and doctors to rate the general functioning of children ages 4-16 years. Ratings on a CGAS scale are independent of specific mental health diagnoses. The clinician uses his/her judgment to rate the child's functioning across a variety of domains and settings. It takes approximately 20-30 minutes to complete. This is not a traditional rating scale but rather a clinical judgment of functional impairment.

Advantages

- Wide age range.
- Flexible framework for gathering information.

Disadvantages

- Measures functional impairment rather than mental health or social-emotional concerns/strengths.
- Graduate-level clinical training is needed for administration.

Author and Publisher Information

Authors: David Shaffer, M.D., Madelyn S. Gould, Ph.D., Hector Bird, M.D., Prudence Fisher, B.A.
Publisher: Contact first author.

Clinical Assessment of Behavior

Description

The Clinical Assessment of Behavior (CAB) assesses adjustment, psychosocial strengths and weaknesses, and problem behaviors in children and adolescents ages 2-18 years. The CAB is closely aligned with current diagnostic criteria found in the DSM-IV and assists in the identification of children and adolescents across a wide age range who are in need of behavioral, educational, or psychiatric treatment or intervention. The CAB provides three separate Rating Forms: the Parent Rating Form (CAB-P; 2-18 years), the Teacher Rating Form (CAB-T; 5-18 years), each with a total of 70 items, and the Parent Extended Rating Form (CAB-PX), with a total of 170 items. The CAB-P and CAB-T rating forms take approximately 10-15 minutes each to complete. The CAB-PX form can be completed in approximately 30 minutes.

Advantages

- Wide age range.
- Option for multiple reporters.
- Relates directly to DSM-IV diagnostic categories.
- Measures strengths in addition to problems or concerns.

Disadvantages

- Does not include youth self-report for adolescents.
- Graduate-level clinical training is needed for interpretation.

Author and Publisher Information:

Authors: Bruce A. Bracken, PhD, Lori K. Keith, PhD

Publisher: Psychological Assessment Resources, Inc.

<http://www3.parinc.com>

The Child and Adolescent Psychiatric Assessment and the Preschool Age Psychiatric Assessment

Description

The Child and Adolescent Psychiatric Assessment (CAPA) and the Preschool Age Psychiatric Assessment (PAPA) are diagnostic interviews with versions for use with children and their parents. The child version of the CAPA is designed for children ages 9-18, while the parent version of the CAPA has been suggested that it may be appropriate for parents of younger children but has not yet been tested in that population. The PAP is completed by parents of children ages 2 through 5 years. Thus, it is unclear whether or not one of these two assessments would be appropriate for children between ages 6 and 8 years. Both are administered by a trained interviewer with sufficient experience can complete the interview in about 1½ hours. The interview combined structured and semi-structured formats. The CAPA is based on DSM III criteria and the PAPA is based on the DSM IV as well as the DC 0-3. Both have Spanish language versions as well as computer or electronic scoring.

Advantages

- Wide age range.
- Option for multiple reporters, including child/adolescent self-report.
- Available in both English and Spanish.
- Relates directly to DSM-IV diagnostic categories.

Disadvantages

- Lengthy (interview format).
- Limited reporters (parents and youth only).

Author and Publisher Information

Authors: Angold A, Prendergast M, Cox A, Harrington R, Simonoff E, and Rutter M

Publisher:

Developmental Epidemiology Center

Attention: Letitia Huger

DUMC Box 3454

Durham, North Carolina 27710

(919) 687-4686, extension 272.

Coping Inventory and Early Coping Inventory

Description

The Coping Inventory includes an observation form for children ages 3 to 16 years and a self-rated form for adolescents ages 15 and older. The observation form is used to assess the behavior patterns and skills used by children ages 3 to 16 years to meet personal needs and adapt to the demands of their environment. This form considers two categories of coping behavior: Self and Environment. In addition, it measures three continua of coping styles: Productive—Nonproductive, Active—Passive, and Flexible—Rigid. The Self-Rated Form of the Coping Inventory provides an Adaptive Behavior Index, a profile of coping styles, and a list of those behaviors that facilitate or interfere with adaptive coping.

The Early Coping Inventory is a measure of early childhood coping behavior for children with a chronological or developmental age between 4 and 36 months. It is used for intervention planning; it consists of 48 items completed by a rater who has observed the child at least three times. The inventory has three coping clusters: sensorimotor organization, reactive behavior and self-initiated behavior. It may take an hour or longer to complete if the rater is not very familiar with the child.

Both the Coping Inventory and the Early Coping Inventory can be completed by nonprofessionals as well as professionals, but interpretation should be guided by a professional with a relevant background.

Advantages

- Wide age range.
- Option for multiple reporters.
- Is appropriate for use with infants, from 4 months.
- Measures strengths in addition to problems or concerns.

Disadvantages

- Measures coping rather than mental health or social-emotional concerns/strengths.
- Does not include youth self-report for adolescents.
- Interpretation requires a professional.
- Lengthy.

Author and Publisher Information

Authors: S. Zeitlin, G. G. Williamson, and M. Szczepanski

Publisher: Scholastic Testing Services, Inc.

(800) 642-6787

www.ststesting.com

Developmental Profile II

Description

The Developmental Profile II is a comprehensive assessment that is designed to determine the need for special education, and to assist in planning individualized education plans for children from birth to 7 years of age, or children who have a developmental level below 9 years of age. Areas assessed include motor, language, personal-self-help, social, and intellectual development. This test may be administered by interviewing the parent, by direct assessment of the child, or through a report completed by a teacher, and takes approximately 20 to 40 minutes to complete. It includes a 186-item inventory that is divided into 13 age groupings, each with about 15 items. Parent-completed questionnaires are also included, each with 22 to 36 social-emotional development items corresponding to different age intervals. Items are scored as “pass” or “fail,” depending on the child’s skill level. Administration and scoring can be completed by trained program staff; however, interpretation requires a professional who has clinical training.

Advantages

- Option for multiple reporters/ flexible framework for gathering information.
- Includes guidelines for use with children who have developmental disabilities.
- Is appropriate for use with infants, from birth.

Disadvantages

- Narrow age range.
- Measures development rather than mental health or social-emotional concerns/strengths.
- Interpretation requires clinical training and experience.
- There have been concerns about some psychometric properties.

Author and Publisher Information

Authors: G. Alpern, T. Boll, and M. Shearer
Publisher: Western Psychological Services
(800) 648-8857
www.wpspublish.com

Development and Well-Being Assessment

Description

The Development and Well-Being Assessment DAWBA includes a detailed psychiatric interview for parents (of children ages 5-17), a complementary interview for adolescents (ages 11-17) and a briefer questionnaire for teachers. It can be administered by lay interviewers (with training, which is available), or it can be administered via an online computerized interview. The interview includes a fully structured section supplemented by open-ended prompts in which a verbatim record is made of a respondent's own description of problem areas. A computer algorithm uses responses to the fully structured questions to predict likely diagnoses, based on the DSM. A trained clinical rater then reviews all relevant information and gives a more definitive diagnosis. The parent and adolescent interviews take approximately 50 minutes and 30 minutes to complete, respectively

The DAWBA is primarily used as an epidemiological or research measure, but may also have significance as a clinical tool. It was designed to combine the low-cost and simplicity of respondent-based measures with the clinical persuasiveness of investigator-based diagnoses.

Advantages

- Wide age range.
- Option for multiple reporters, including child/adolescent self-report.
- Available in several languages: Danish, Dutch, Finnish, French, German, English, Italian, Norwegian, Portuguese, Russian, Spanish or Swedish.

Disadvantages

- Lengthy (interview format).
- Designed as an epidemiological or research measure rather than a clinical assessment tool.

Author and Publisher Information

Author: R. Goodman, T. Ford, and H. Richards

Publisher: Youth in Mind

<http://www.dawba.com/>

Devereux Early Childhood Assessment

Description

The Devereux Early Childhood Assessment (DECA) is a nationally normed assessment of protective factors and behavioral concerns, for children ages 2 through 5 years. Protective factors include initiative, self-control and attachment. The DECA was designed to identify children who have behavioral problems and to develop intervention plans based on individual protective and behavioral concern profiles. It consists of 37 items: 27 on protective factors and 10 on behavioral concerns. The DECA can be completed by parents and/or child care providers who are familiar with the child's behavior (observes the child at least 2 hours per day, 2 days per week, for 4 weeks).

The DECA is part of a 5-step system that is based on resilience theory and is designed to support early childhood teachers, mental health professionals, and parents in their goal of helping children develop healthy social/emotional skills and reduce challenging behaviors.

Advantages

- Option for multiple reporters.
- Available in both English and Spanish.
- Measures strengths in addition to problems or concerns.

Disadvantages

- Narrow age range.

Author and Publisher Information

Authors: P LeBuffe, and J. Naglieri

Publisher: Kaplan Press

(800) 334-2014

www.kaplanco.com

Devereux Scales of Mental Disorders

Description

The Devereux Scales of Mental Disorders (DSMD) is used to identify emotional difficulties and specific types of psychopathology in children and adolescents ages 5-18 years of age. The DSMD yields an overall score as well as scores for several scales that reflect major categories of psychopathological symptoms. The DSMD also provides a system for evaluating specific item ratings that aids in diagnosis. The DSMD is used to identify emotional difficulties, to specify the type of psychopathology, and to formulate a treatment plan. There are two versions of the DSMD: one for children ages 5-12 years and another for adolescents ages 13-18 years. The child version contains 111 items and the adolescent version contains 110 items. Both are based on DSM-IV categories and can be completed in approximately 15 minutes. Any adult who has known the child for four weeks may serve as a rater. The same form is used for parent and teacher ratings, with separate norms provided for each.

Advantages

- Wide age range.
- Option for multiple reporters.
- Relates directly to DSM-IV diagnostic categories.

Disadvantages

- Does not include youth self-report for adolescents.

Author and Publisher Information

Authors: Jack A. Naglieri, PhD, Paul A. LeBuffe, MA, Steven I. Pfeiffer, PhD
Publisher: Psychological Assessment Resources, Inc.
<http://www3.parinc.com>

Diagnostic Interview for Children and Adolescent-Revised

Description

The Diagnostic Interview for Children and Adolescent (DICA-R) is a semi-structured interview for assessing mental health among children (6-12 yrs) and adolescents (13-18 yrs). The DICA-R is based on DSM-IV criteria and involves interviews with both children/adolescents and parents. It can be administered by a lay interviewer with fairly extensive training in the DICA-R. The DICA-R interviews take approximately 1-2 hours to complete.

Advantages

- Wide age range.
- Option for multiple reporters, including child/adolescent self-report.
- Relates directly to DSM-IV diagnostic categories.

Disadvantages

- Lengthy (interview format).
- There have been concerns about some psychometric properties.

Author and Publisher Information

Author: Wendy Reich, PhD

Publisher: Request from author:

Dr. Wendy Reich

4940 Children's Place

St. Louis, MO 63110

wendyr@twins.wustl.edu.

Differential Scales of Social Maladjustment and Emotional Disturbance

Description

The Differential Scales of Social Maladjustment and Emotional Disturbance (DSSMED) is a norm-referenced teachers rating scale that can be used to identify students ages 6 to 18 years with socio-emotional disturbance. The DSSMED is used primarily to differentiate between students with social maladjustment and those with emotional disturbance. The DSSMED contains 46-items and can be completed in approximately 5-10 minutes. Results of the DSSMED can be used as part of a pre-referral/referral tool to identify “at risk” students and to assist with education programming decisions.

Advantages

- Wide age range.

Disadvantages

- Limited reporters (teacher only).
- Does not include youth self-report for adolescents.
- Primarily designed for the school environment.

Author and Publisher Information

Author: David J. Ehrler, Ronnie L. McGhee, Carol G. Phillips, and Elizabeth A. Allen

Publisher: Pro-Ed: <http://www.proedinc.com>

Early Screening Project

Description

The Early Screening Project is a screening process for social, emotional or behavioral delays or disorders in children ages 3 to 5 years. It is intended to identify adjustment problems, and screens for children who may be at risk for emotional problems, speech and language difficulties, impaired cognitive ability, attention deficits, and hyperactivity. It is primarily designed to help teachers identify 3-5 year old children in need of early intervention. It consists of three successive stages of assessment. The first stage of assessment involves teacher (preschool) nominations of children who exhibit acting-out or withdrawn behavior patterns. In the second stage of assessment, the teacher completes a behavior checklist. The third stage of assessment involves observations of the child during two 10-minute sessions by a trained observer (training is available), and a questionnaire completed by a parent. The entire assessment takes more than one hour to complete.

Advantages

- Option for multiple reporters.

Disadvantages

- Narrow age range.
- Primarily designed for the school environment.

Author and Publisher Information

Authors: H. M. Walker, H. H. Severson, and E. G. Feil

Publisher: Sopris West

(800) 547-6747

www.sopriswest.com

Emotional Disturbance Decision Tree

Description

The Emotional Disturbance Decision Tree (EDDT) was developed to assist in the identification of children ages 5-18 years who qualify for the Special Education category of Emotional Disturbance based on federal criteria. It includes all of the characteristics listed in the federal criteria for emotional disturbance.

The Emotional Disturbance Characteristics section of the EDDT consists of the following scales: Inability to Build or Maintain Relationships (REL), Inappropriate Behaviors or Feelings (IBF), Pervasive Mood/Depression (PM/DEP), Physical Symptoms or Fears (FEARS), and the EDDT Total Score (TOTAL). In addition, two cluster scores are derived from this section: Attention Deficit Hyperactivity Disorder (ADHD) Cluster and Possible Psychosis/Schizophrenia (PSYCHOSIS) Cluster. The EDDT also assesses social maladjustment (SM) as a supplemental trait. In addition, it also addresses the severity and the educational impact of emotional and behavioral problems on students through two clusters--the Level of Severity (SEVERITY) Cluster and the Educational Impact (IMPACT) Cluster. These two clusters aid in the development of recommendations and interventions. The EDDT contains 156 items and takes approximately 15-20 minutes to complete.

Advantages

- Wide age range.

Disadvantages

- Limited reporters (teacher only).
- Does not include youth self-report for adolescents.
- Primarily designed for the school environment.

Author and Publisher Information

Author: Bryan L. Euler, PhD

Publisher: Psychological Assessment Resources, Inc.

<http://www3.parinc.com>

Individual Protective Factors Index

Description

The Individual Protective Factors Index (IPFI) is a 71-item self-administered questionnaire designed to measure adolescent resiliency in three major domains (Social Bonding, Personal Competence, and Social Competence). The IPFI was developed as a tool for evaluating prevention programs for youth in the 10 to 16 age range. It has been used with older populations, and a version appropriate for younger children (8 to 9) is under development.

Advantages

- Measures strengths in addition to problems or concerns.

Disadvantages

- Narrow age range.
- Limited reporters (youth only).
- Measures protective factors rather than mental health or social-emotional concerns/strengths.
- There have been concerns about some psychometric properties.

Author and Publisher Information

Author: J. Fred Springer and Joël L. Phillips of EMT Associates, Inc.

Publisher: Contact authors

Interview Schedule for Children and Adolescents

Description

The Interview Schedule for Children and Adolescents (ISCA) is a semi-structured symptom-oriented psychiatric interview. The ISCA can be used with children and adolescents from age 8 to 17 and is administered to both youths and parents. There are currently two versions of the ISCA: a version for assessing current and lifetime symptomatology, and another version for assessing current and interim (since the last follow-up assessment in prospective studies) symptomatology. In both versions of the ISCA, psychiatric symptoms are rated in severity (on a 0 to 8 or 0 to 3 rating scales) over the two weeks or over the six months preceding the interview depending on the symptom.

Since the interview is symptom-oriented rather than oriented toward specific psychiatric disorders, all symptoms in the main interview are administered, and the results from the interview can be used with multiple diagnostic systems. Only symptoms that are “clinically significant” in terms of duration, severity, and functional impairment contribute to the diagnostic criteria for psychiatric diagnoses. The ISCA was designed to be administered by experienced, trained clinicians.

Advantages

- Option for multiple reporters, including child/adolescent self-report.

Disadvantages

- Narrow age range.
- Limited reporters (parent and youth only).
- Lengthy (interview format).
- Administration and interpretation requires clinical training and experience.

Author and Publisher Information

Author: Sherrill JT & Kovacs M.

Publisher: Obtain from:

Maria Kovacs, Ph.D.

Western Psychiatric Institute and Clinic

University of Pittsburgh School of Medicine

3811 O'Hara Street

Pittsburgh, PA 15213

Kiddie Schedule for Affective Disorders and Schizophrenia Preset and Lifetime version

Description

The Kiddie Schedule for Affective Disorders and Schizophrenia present and lifetime version (K-SADS-PL) is a semi-structured diagnostic interview designed to assess current and past episodes of psychopathology in children and adolescents according to DSM-III-R and DSM-IV criteria. It is used with children ages 6-18. This interview is primarily for use in research settings, and is to be administered by a clinician trained in its use. It covers a broad spectrum of most child psychiatric diagnoses, with the exception of Pervasive Development Disorders and personality disorders. The K-SADS-PL is administered by interviewing the parent(s), the child, and finally achieving summary ratings which include *all* sources of information (parent, child, school, chart, and other). Ultimately the interviewer will have to use his/her best clinical judgment in assigning the summary ratings. The K-SADS-PL takes 90-120 minutes to administer.

Advantages

- Wide age range.
- Option for multiple reporters, including child/adolescent self-report.
- Same scale used for both screening and assessment.
- Relates directly to DSM-IV diagnostic categories.

Disadvantages

- Lengthy (interview format).
- Primarily designed for Affective Disorders and Schizophrenia.
- Administration and interpretation require clinical training and experience.

Author and Publisher Information

Authors: Kaufman, Birmaher, Brent, Rao & Ryan

Publisher: Available from: <http://www.wpic.pitt.edu/ksads/ksads-pl.pdf>

Life Stressors and Social Resources Inventory-Youth Form

Description

The Life Stressors and Social Resources Inventory-Youth Form (LISRES-Y) is an integrated assessment of life stressors and social resources. It was developed for adolescents ages 12-18 years and takes approximately 30-60 min to complete. The LISRES-Y assesses eight major areas of life experiences: Physical Health, School, Home & Money, Parents, Siblings, Extended Family, Boyfriend/Girlfriend, and Friends & Social Activities. The LISRES is a 208-item self-report measure but can be used as a structured interview with individuals whose reading and comprehension skills are below a 6th-grade level. The LISRES can be administered and scored by those with no formal training in clinical or counseling psychology.

Advantages

- Measures strengths in addition to problems or concerns.

Disadvantages

- Narrow age range.
- Limited reporters (youth only).
- Measures stressors and resources rather than mental health or social-emotional concerns/strengths.

Author and Publisher Information

Author: Rudolf H. Moos, PhD

Publisher: PAR, Inc.

<http://www3.parinc.com/products/product.aspx?Productid=LISRES>

Mental Status Checklist for Children

Description

The Mental Status Checklist for Children was designed for use with 5- to 12-year-old children. It contains 150 items covering 10 topic areas: presenting problems, personal information, physical and behavioral observations, health and habits, aggressive behavior, recreation and reinforcers, family and peer relationships, developmental status, academic performance and attitudes, impressions and recommendations. This checklist is completed by the clinician in approximately 20 minutes. It is intended to help structure and document clinical interviews.

Advantages

- Measures strengths in addition to problems or concerns.

Disadvantages

- Narrow age range.
- Limited reporters (youth only).
- Administration and interpretation requires clinical training and experience.

Author and Publisher Information

Author: Edward H. Dougherty, Ph.D. and John A. Schinka, Ph.D.

Publisher:

Western Psychological Services:

<http://portal.wpspublish.com>

Millon Adolescent Clinical Inventory and the Millon Preadolescent Clinical Inventory

Description

The Millon Adolescent Clinical Inventory (MACI) is a brief adolescent personality inventory with a strong clinical focus that measures personality patterns as well as self-reported concerns and clinical symptoms. It is a self-report scale for youths ages 13-19 years and is written at the 6th grade reading level. The MACI includes 160 true-false items and takes approximately 25-30 minutes to complete.

The MACI test helps measure a number of factors closely associated with adolescents, including Sexual Discomfort, Substance Abuse Proneness, Suicidal Tendency and Eating Dysfunctions. The MACI is used to confirm diagnostic hypotheses, guide treatment planning, and measure progress. Scores include 12 Personality Patterns scales, 8 Expressed Concerns scales, 7 Clinical Syndromes scales, 3 Modifying Indices, 1 validity scale, and 36 Grossman Personality Facet Scales.

The Millon Pre-Adolescent Clinical Inventory (M-PACI) was developed to identify psychological problems in children ages 9–12 years. The M-PACI assessment provides an integrated view that synthesizes the child's emerging personality styles and clinical syndromes, helping clinicians detect early signs of DSM-IV Axis I and Axis II disorders. The M-PACI is a self-report questionnaire containing 97 true-false items that can be completed in approximately 15–20 minutes. It requires a 3rd grade reading level. Scores include 7 Personality Patterns, 7 Clinical Signs, 2 Response Validity Indicators.

Advantages

- Available in both English and Spanish.
- Relates directly to DSM-IV diagnostic categories.

Disadvantages

- Narrow age range.
- Limited reporters (youth only).
- There have been concerns about some psychometric properties.

Author and Publisher Information

Authors:

MACI: Theodore Millon, PhD, DSc, with Carrie Millon, PhD, Roger Davis, PhD and Seth Grossman, PsyD

M-PACI: Theodore Millon, PhD, DSc, Robert Tringone, PhD, Carrie Millon, PhD, and Seth Grossman, PsyD

Publisher: Pearson

<http://www.pearsonassessments.com>

Minnesota Multiphasic Personality Inventory-Adolescent

Description

The Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A) is an empirically based measure of adolescent psychopathology from ages 14 to 18 years. The MMPI-A is designed to efficiently and confidently assess mental health and behavioral problems in order to aid in problem identification, diagnosis, and treatment planning.

The MMPI-A is a self-report measure that contains 478 true-false items and can be completed in approximately 45-60 minutes. It requires a 6th grade reading level. Scores include 7 Validity Scales, 10 Clinical Scales, 31 Clinical Subscales, 15 Content Scales, 31 Content Component Subscales, 11 Supplementary Scales, and Various Special Indices.

Advantages

- Includes validity subscales to examine reporting biases.

Disadvantages

- Narrow age range.
- Limited reporters (youth only).
- Lengthy.

Author and Publisher Information

Authors: James N. Butcher and Carolyn L. Williams

Publisher: The University of Minnesota Press, through Pearson Assessment

<http://www.pearsonassessments.com>

Personality Assessment Inventory-Adolescent

Description

Personality Assessment Inventory – Adolescent (PAI-A) is an objective self-report test of personality designed to provide information on critical client variables in professional settings. It is based on the adult version of the PAI but was designed specifically for adolescents ages 12 to 18 years. The PAI is a self-report survey that is written at a 4th grade reading level and can be completed in approximately 30-45 minutes. The clinical constructs assessed by the PAI-A were selected on the basis of their importance for mental disorder and their significance in contemporary diagnostic practice. The PAI-A is composed of 264 items that comprise 22 scales: four Validity scales, 11 Clinical scales, five Treatment Consideration scales, and two Interpersonal scales.

Advantages

- Includes validity subscales to examine reporting biases.

Disadvantages

- Narrow age range.
- Limited reporters (youth only).

Author and Publisher Information:

Author: Leslie C. Morey, PhD

Publisher: Psychological Assessment Resources, Inc.

<http://www3.parinc.com>

Resiliency Scales for Children & Adolescents

Description

The Resiliency Scales for Children & Adolescents measures personal attributes that are critical for resiliency among children and adolescents ages 9-18 years. The scales are composed of three stand-alone global scales of 20-24 questions each and ten subscales: Sense of Mastery Scale (optimism, self-efficacy, adaptability), Sense of Relatedness Scale (trust, support, comfort, tolerance), Emotional Reactivity Scale (sensitivity, recovery, impairment).

The Resiliency Scales may be administered by a variety of individuals under supervision of one responsible for the overall administration and interpretation of the inventories. The supervisor should be trained in clinical assessment procedures and knowledgeable about the appropriate uses and limitations of psychological tests with respect to reliability and validity. The person interpreting the scale should be trained in clinical assessment procedures.

Advantages

- Measures strengths in addition to problems or concerns.

Disadvantages

- Narrow age range.
- Limited reporters (youth only).
- Measures resiliency rather than mental health or social-emotional concerns/strengths.
- Supervision and interpretation requires clinical training and experience.

Author and Publisher Information

Author: Dr. Prince-Embury

Publisher: Pearson

<http://harcourtassessment.com>

Revised Behavior Problem Checklist-PAR Edition

Description

Revised Behavior Problem Checklist-PAR Edition (RBPC) is used to rate problem behaviors in children and adolescents ages 5-18 years. The RBPC contains 89 items and can be completed by a parent, teacher, or other observer in approximately 20 minutes. The six RBPC subscales measure Conduct Disorder, Socialized Aggression, Attention Problems-Immaturity, Anxiety-Withdrawal, Psychotic Behavior, and Motor Tension-Excess. The RBPC can be used to assess behavioral disorders or can also serve as an aid in clinical diagnosis.

Advantages

- Wide age range.
- Option for multiple reporters.

Disadvantages

- Does not include youth self-report for adolescents.

Author and Publisher Information

Authors: Herbert C. Quay, PhD, Donald R. Peterson, PhD

Publisher: Psychological Assessment Resources

<http://www3.parinc.com/>

Scale for Assessing Emotional Disturbance

Description

Scale for Assessing Emotional Disturbance (SAED) is useful in identifying students ages 5-18 years who may meet the criteria for the “emotional disturbance (ED)” category, selecting appropriate educational goals for an IEP, and periodically evaluating student progress toward desired outcomes. The SAED is based on the federal terminology and definition.

The SAED is completed by teachers, counselors, parents, and other individuals familiar with the child. It contains 52 items and takes approximately 10 minutes to complete.

The SAED measure the following domains: inability to learn, relationship problems, inappropriate behavior, unhappiness or depression, physical symptoms or fears, social maladjustment, and overall competence. The SAED also provides data for assessing a student’s competence and personal strengths.

Advantages

- Wide age range.
- Option for multiple reporters.
- Measures strengths in addition to problems or concerns.

Disadvantages

- Does not include youth self-report for adolescents.
- Primarily designed for the school environment.

Author and Publisher Information

Authors: Michael H. Epstein, EdD, Douglas Culliman
Publisher: Psychological Assessment Resources, Inc.
<http://www3.parinc.com>

Social Skills Rating System

Description

The Social Skills Rating System (SSRS) is a nationally standardized series of questionnaires that assesses social behavior for children 3 to 18 years of age. Ratings are completed by parents, teachers, and children/adolescents (grades 3-12). Each rating takes approximately 10 to 25 minutes to complete. Items are rated according to both perceived frequency and perceived importance. Scores include scales in social skills (cooperation, empathy, assertion, self-control, responsibility), problem behaviors (externalizing, internalizing, hyperactivity/impulsivity) and academic competence (math, cognition, motivation, parent support). Computerized scoring is available. There are three complementary versions of the SSRS: Preschool (from age 3), Elementary (Grades K-6), and Secondary (Grades 7-12). The SSRS is designed to support intervention planning. The Assessment-Intervention Record (AIR) helps to combine the perspectives of each rater on a single form.

Advantages

- Wide age range.
- Option for multiple reporters, including child/adolescent self-report.
- Available in both English and Spanish.
- Measures strengths in addition to problems or concerns.

Disadvantages

- Measures social development rather than mental health.

Author and Publisher Information

Authors: F. M. Grisham and S. N. Elliott
Publisher: American Guidance Services, Inc.
(800) 328-2560
www.agsnet.com

Symptom Assessment-45 Questionnaire

Description

The Symptom Assessment-45 Questionnaire (SA-45) is a brief measure of psychiatric symptomatology for individuals 13 years and older. It includes 45 items, each rated on a 5-point level-of-severity scale, and takes approximately 10 minutes to complete. The SA-45 assesses the following mental health areas: anxiety, hostility, obsessive-compulsivity, phobic anxiety, somatization, depression, interpersonal sensitivity, paranoid ideation, psychoticism. The SA-45 provides an index of Global Severity and a Positive Symptom total score.

Advantages

Disadvantages

- Narrow age range.
- Limited reporters (youth only).

Author and Publisher Information

Author: Strategic Advantage, Inc.

Publisher: Psychological Assessment Resources, Inc.

<http://www3.parinc.com>



DISCUSSION AND RECOMMENDATIONS

This review identified and described a total of 95 tools for screening and/or assessing mental health and/or social emotional functioning among children and adolescents. The following discussion compares and contrasts the advantages and disadvantages of a select few tools that are expected to be the best options for the purposes of the intended screening and assessment project.

Several criteria were used for selection of the tools that were included in this discussion section. Tools were required to: be applicable to a wide age range of children and adolescents, measure clinically-relevant aspects of mental health, and be appropriate for use in social work and/or clinical practice. All of them also had to demonstrate acceptable validity and reliability. Any psychometric concerns are noted in this discussion, although the specifics of these psychometric properties are not discussed in this report. In addition, measures of functional impairment that did not also include an assessment of actual mental health problems (e.g. CAFAS, CGAS) are not discussed in this section. Options for multiple reporters was another important consideration. Whenever possible instruments that included multiple reporters were included. Tools in which parents were the only reporters were only retained for the youngest ages, because no other alternatives were available. In addition, all instruments designed for youth were required to include information gathered from the youth themselves.

I. Screening Tools

The review identified two overall methodologies that could be used for universal screenings. One option would be to conduct a brief screening that measures risk factors rather than specific child behaviors or characteristics, such as by using either the risk assessment tool or the MHST/MHST0-5. Either of these tools could be completed relatively quickly by the child welfare case worker during the intake process.

The other option would be to employ one of the rating scales or brief interviews. The best candidates for this are discussed below. They include those that also have accompanying assessment tools as well as those that are only designed for screening. These instruments are appropriate for young children from preschool or early school-age through adolescence. Screening tools for infants and toddlers are much more limited. As discussed in more detail below, most of the tools for this youngest age group are designed to screen for developmental delays rather than for mental health concerns, and all require parent-report.

Brief Risk Factor Screenings Completed by Intake Case Worker

This review identified two screening instruments that could be completed by child welfare case workers, with the information that they normally collect during the intake process.

The Mental Health Screening Tool (MHST) and the Mental Health Screening Tool (Child Birth to 5 Years) (MHST 0-5) are brief screening tools that are intended to be used primarily by non-mental health professionals to rapidly identify which children/youth should be referred for a mental health assessment. These tools contain four items (MHST 0-5) and 13 items (MHST), rated as present or absent. Risks include children's history (e.g. of severe abuse or extreme neglect), behavior (uncontrollable; put child at risk of switching living, child care, or preschool environments; risk to self or others, etc.) and mental state (appear disconnected, depressed, etc.). This tool may be particularly advantageous for the present project because it was developed for universal screenings within child welfare in California. However, studies on reliability, validity, and/or normative samples have not been reported.

The risk assessment approach is similar to the MHST in that The Risk Assessment approach to mental health screening was developed in a research project to measure the presence of 21 family risks associated with child/adolescent mental health in a child welfare population. Child welfare workers indicate whether each risk was present during the investigation. Risks are grouped into four categories: child and caregiver characteristics, family characteristics, characteristics of the current maltreatment, and maltreatment history. One limitation of this instrument is that it may be biased toward over-identification, but the chances of under-identification of children needing further assessment and/or treatment is low. This tool was validated with a stratified sample of children and adolescents from child welfare, in order to obtain a relevant sample that demonstrate sufficient numbers of clinical symptoms and maltreatment for validation of the instrument. This tool was validated on children ages 2 to 14 years. Although it is anticipated to apply to all children, this has not yet been tested.

In sum, both the MHST/MHST 0-5 and the risk assessment tool developed by McCrae and Barth

(2008) were developed specifically for the child welfare setting, and employ a risk assessment approach to screening for mental health problems. This approach is convenient and may offer a promising new alternative to rating scales and interviews. However, it has not yet been well researched. The MHST/MHST 0-5 is advantageous for the present project, because it was designed specifically for child welfare agencies in California, is extremely short and easy to complete, and was designed for children of all ages. However, the McCrae and Barth risk tool has been more extensively validated and is more comprehensive.

Traditional Screening Tools

Options for more traditional screening tools include both those that include optional corresponding assessment tools and those that do not. Of those that serve the dual purposes of screening and assessment, the most promising for the present project are anticipated to be the ASEBA, the BASC-2/BEES, the DISC/DPS, and the PIC-2/PIY. The most promising option for a screening tool that does not include a companion assessment tool is likely the family of Symptom Inventories-4. However, none of these aforementioned screening tools are appropriate for use with infants and toddlers. Reasonable alternatives for these youngest children (ASQ-SE, BABES) are also discussed below.

One of the unique aspects of the Achenbach System of Empirically Based Assessments (ASEBA) is that it uses one instrument for both screening and assessment. Raw scores are computed to t-scores, which have cut offs for the number and severity of symptoms that are clinically relevant. Scores from the DSM-IV oriented scales can also be used to assess various aspects of mental health. This could be seen as either an advantage or a disadvantage. On the one hand, it would be convenient for child welfare agencies to use one tool for both screening and assessment of all children over 1 ½ years of age. Options for both parent and teacher reports from this young age is also advantageous; youth self-reports start at age 11. The ASEBA instruments have been very well researched, exhibit acceptable psychometric properties, and are used extensively in research and applied settings. On the other hand, the ASEBA is lengthy for a screening tool but is short for an assessment tool. It may be more efficient and/or effective to use a briefer screening tool and a more thorough assessment tool rather than using one instrument to serve both purposes. Another limitation of the ASEBA is its exclusive focus on problems; some of the other screening tools also measure children's strengths, and use them to guide intervention planning.

The Behavior Assessment System for Children-2 (BASC-2), and the Behavioral and Emotional Screening System for Children-2 (BEES) are part of a comprehensive system that offers one instrument for screening (BEES) and another for assessment (BASC-2). The BEES identifies behavioral and emotional strengths and weaknesses in internalizing, externalizing, school problems and adaptive skills. The BASC-2 assesses similar strengths and weaknesses in more detail. It identifies clinical mental health diagnoses and also highlights strengths such as leadership and social skills. The BASC-2 and BEES have several important advantages for the present purpose of universal screenings within child welfare agencies in CA. They are appropriate for children as young as 2 years of age (BASC-2; BEES starts at 3 years). In addition, the youth self-reports start at age 6 and age 8 for the BASC-2 and the BEES, respectively, which is several years earlier than the youth reports for the ASEBA or the DISC/

DPS. In addition, the BASC-2 and the BESS can be completed by teachers, child care providers, or other caregivers; they do not require parents to contribute ratings, although parent ratings would be helpful and are encouraged.

BASC-2/BESS scores also include validity subscales so that the quality of responses for each individual can be examined (e.g. for reporting biases). Another important advantage of the BASC-2/BESS is their inclusion of strengths as well as weaknesses. In addition, these tools are part of a comprehensive screening and assessment system that also includes an optional parent-child relationship questionnaire, an optional structured developmental history form for parents to complete, a student observation form for the teacher to complete in the classroom, and a variety of forms for providing parents, teachers, and others with feedback regarding BASC-2 results (for groups or individuals). These may be helpful resources for child welfare workers. The BASC-2 demonstrates acceptable psychometric properties. The only caveat is that the internal reliabilities for some of the subscales are a little bit low, while those for the composites are within acceptable to high ranges (Tan, 2007). The BESS is new and was developed based on the BASC-2, with a normative sample based on the population of the United States Census from 2001, although detailed information about the psychometric properties are not yet published.

The Diagnostic Interview Schedule for Children Version IV (DISC-IV) and the Diagnostic Interview Schedule for Children Predictive Scales (DPS) offer one instrument for brief screening (DPS) and another for more in-depth assessment and/or screening (DISC-IV). The DISC can be used for diagnostic assessment, as an aid for clinical assessment, as well as for mental health screenings and research studies. An advantage of the DISC-IV/DPS is that, like the BASC-2/BESS, scores also include validity subscales so that the quality of responses for each individual can be examined (e.g. for reporting biases). The range of children and youth that can be examined through the DISC-IV/DPS is somewhat more limited than through either the ASEBA or the BASC-2/BESS. The DISC-IV can be used for children as young as 6 years (parent-report); youth self-reports begin at age 8 and 9 for the DPS and the DISC-IV, respectively.

Another potentially important limitation with respect to the current project is that there are no options for teacher or child care provider reporting; the only informant for children younger than 8/9 years of age is the parent. Additionally, the DISC-IV must be administered in an interview format, with either a trained interviewer or a computer. This requires increased time and training, and may not be as convenient as rating scales. The DISC-IV/DPS are also limited in that they do not measure strengths or positive qualities. Most psychometric properties for the DISC-IV are acceptable, although a few of the test-retest reliabilities for individual disorders are low, as are a few of the validity (sensitivity) estimates for predicting disorders, especially for the youth report version when used without the accompanying parent report version (Shaffer, 2000).

The Personality Inventory for Children-2nd edition (PIC-2; parent-report) the Personality Inventory for Youth (PIY; youth report), and the Student Behavior Survey (SBS; teacher report) were designed to evaluate psychopathology and emotional/behavioral problems in children and adolescents ages 5 to 19 years. They each include a brief version for screening and a longer version for full assessment. Areas assessed include behavior, psychological, social and family adjustment, cognitive development (not included in screenings), and school behaviors. One

strength of the PIC-2/PIY/SBS is that, like the BASC-2/BESS and the DISC-IV/DPS, scores also include validity subscales so that the quality of responses for each individual can be examined (e.g. for reporting biases). Also like the BASC-2/BESS, one advantage of the PIC-2/SBS/PIY is the option for teacher report, which makes it possible to screen children without parent reports. However, the SBS does not include a full length version comparable to the PIC-2 and the PIY.

A limitation of the PIC-2/PIY/SBS tools, similar to the DISC-IV/DPS, is that the range of children and youth that can be examined through the PIC-2/PIY/SBS is somewhat more limited than through either the ASEBA or the BASC-2/BESS. The PIC-2 and the SBS start at 5 years; youth self-reports (PIY) begin at age 9. The PIC-2/PIY/SBS are also limited in that they do not measure strengths or positive qualities. Both demonstrate acceptable psychometric properties.

The group of Symptom Inventories (Child Symptom Inventory – 4, Early Childhood Inventory-4, Adolescent Symptom Inventory- 4, and Youth's Inventory-4) is collectively used to screen children and adolescents ages 3 through 18 years for symptoms of common childhood psychiatric disorders, based on DSM-IV diagnostic criteria. These inventories are primarily used as screening tools and do not have an accompanying assessment tool. An advantages of these inventories is that they do not require parent report; the inventories can be completed by a parent and/or teacher. They are also appropriate for children as young as 3 years of age; youth self report starts at 12 years of age. Most psychometric properties have been found to be acceptable, although a couple of reliability estimates for individual subscales are low to moderate. The Symptom Inventories are further limited, in comparison to the BASC-2/BESS, in that they do not measure positive qualities, and do not include validity scales for examining reporter biases.

Screening tools for infants and toddlers are much more limited than those for older children and adolescents. Most of them (e.g. the Denver II, the Developmental Observation Checklist System, the Infant-Toddler Developmental Assessment, and Parents' evaluation of developmental status) are designed to screen for developmental delays rather than for mental health concerns, and have only a few questions about social-emotional functioning. They also require the involvement of the parent, either in self-report questionnaires or interviews. The best options for the current project are most likely the Ages and Stages Questionnaires-Social Emotional (ASQ-SE) and the Behavioral Assessment of Baby's Emotional and Social Style (BABES).

The Ages and Stages Questionnaires-Social Emotional (ASQ-SE) is a comprehensive screening tool for possible developmental delays in social-emotional functioning. Areas assessed include self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people. The advantages of the ASQ-SE over the BABES is that it is appropriate for children up to 5 years (60 months) of age, that it includes more areas of social-emotional development than does the BABES, and has more well-established psychometric properties.

The Behavioral Assessment of Baby's Emotional and Social Style (BABES) is a screening tool for social-emotional development for children ages 0 to 36 months of age. It consists of three scales: temperament, ability to self-soothe, and regulatory processes. The advantage of the BABES is that it is appropriate for infants, from birth. Unfortunately, psychometric data have not been reported.

II. Assessment Tools

Options for more thorough assessment tools include both those that include optional corresponding screening tools and those that do not. Of those that serve the dual purposes of screening and assessment, the most promising for the present project are anticipated to be the ASEBA, the BASC-2/BESS, the DISC/DPS, and the PIC-2/PIY. Each of these have been described in the section on *Screening Tools*. There are also several options for assessment tools that do not contain a companion screening tool. Most are interview-based tools (CAPA/PAPA, CAS, DICA-R, ISCA). One tool (CANS-MH) is an instrument completed by case workers based on several sources of information.

The Child and Adolescent Needs and Strengths Assessment-Mental Health (CANS-MH) is a functional assessment of both the child's and the caregiver's needs and strengths. Scoring is completed in such a way that it directly guides decision-making and service delivery at multiple levels. Sources of information generally include interviews with children and their families and discussion with or reports from physicians, courts and school representatives, as well as service contact or review of case files. One of the clear advantages of the CANS-MH is that it is appropriate for use with all ages of children, from birth through adolescence. It was also specifically designed for, and in collaboration with, child service systems, such as child welfare. Moreover, the CANS-MH does not require parent-report. Although some information may need to be gained from the parent, it would not be in the form of a structured interview or rating scale.

The CANS-MH can be administered by social workers and other child service case workers. The CANS-MH is similar in intent to the better known CAFAS¹, which is a somewhat older tool used to measure functional impairment in applied child service fields. Advantages of the CANS-MH over the CAFAS include actual assessment of mental health problems, measurement of strengths, and appropriateness for use with infants and toddlers. The CANS-MH is still relatively new, but it is being well tested, and results so far indicate acceptable psychometric properties. A potential limitation of the CANS-MH is that, like the CAFAS, it does not include a structure for obtaining much of the necessary information (e.g. knowledge of DSM-IV symptoms/diagnoses), such as through interviews with children, parents, and others. However, information collected through the tool that is selected for universal screenings (e.g. BASC-2/BESS, PIC-2/PIY/SBS, etc.) could likely be used to provide some this information.

The remainder of the assessment tools considered in this discussion are structured and semi-structured interviews. All include interviews for children/adolescents, as well as for parents. All except for the ISCA can be administered by trained interviewers; they do not require a clinician to conduct the interview.

The Child and Adolescent Psychiatric Assessment (CAPA) and the Preschool Age Psychiatric Assessment (PAPA) together offer diagnostic interviews for children ages 2 through 18 years. This is a unique advantage over the other interview-based assessments, which begin around school-age. Youth self-report (CAPA) begins at age 9 years. In addition, the CAPA/PAPA can be administered by trained interviewers; they do not require clinicians. One potential limitation is

¹ The CAFAS is not included in this discussion section because it does not actually measure child mental health.

that the CAPA was designed for children and adolescents ages 9-18 years while the PAPA was developed for children ages 2-5 years, leaving a gap from 6-8 years. While the authors suggest that the parent-report interview of the CAPA could be used for parents of younger children (e.g. ages 6-8 years) (Angold et al., 1995), it was not validated with this age group and psychometric properties for this age group have not been reported. Other psychometric properties are all within acceptable ranges.

The Child Assessment Schedule (CAS) is a structured diagnostic interview. One advantage of the CAS over most other interview-based assessments is that, like the DISC-IV, it is a structured interview. This reduces the time (45-60 min rather than 1-2 hours) and demands on the interviewer. Also, the structured format allows a computer program to match the CAS items to specific DSM diagnostic criteria. In addition, the CAS obtains information about life situations in addition to mental health. The CAS is limited in that it is not appropriate for children younger than 7 years of age. Psychometric properties of the CAS are acceptable.

The Diagnostic Interview for Children and Adolescent (DICA-R) is a semi-structured interview for assessing mental health among children (6-12 yrs) and adolescents (13-18 yrs). The DICA-R is lengthy; It takes approximately 1-2 hours to complete. Another limitation of the DICA-R is that there is some question over test-retest reliability. Other psychometric properties are all within acceptable ranges.

The Interview Schedule for Children and Adolescents (ISCA) is a semi-structured psychiatric interview that can be used with youths from age 8 to 17 years. One difference between the ISCA and the DICA-R, CAS, and the CAPA/PAPA is that the ISCA is a symptom-oriented interview rather than a diagnostic tool. This could be viewed as either an advantage or a limitation, depending on the intended use of the tool. ISCA demonstrates acceptable psychometric properties. One potential disadvantage of the ISCA is that it was designed to be administered by experienced, trained clinicians.

Summary and Recommendations

This discussion highlighted the advantages and disadvantages of the most promising screening and assessment tools, for the purposes of implementing universal screenings (with follow-up assessments) within child welfare agencies in Northern California. Most of these agencies serve rural areas, and are limited in terms of staff numbers, resources, and professional expertise, as well as in terms of parent involvement. These limitations were considered in developing the following recommendations:

Brief Risk Screening Tools. This review identified two screening instruments that could be completed by child welfare case workers, with the information that they normally collect during the intake process. Both were developed specifically for the child welfare setting, and employ a risk assessment approach to screening for mental health problems. This approach is convenient and appears to offer a promising new alternative to rating scales and interviews. However, it has not yet been well researched. Consequently, it is recommended that if child welfare agencies choose to utilize one of these risk factor tools they also consider including a more traditional

screening tool (e.g. BESS, PIC-2/PIY/SBS, or Symptom Inventories) as well, until either more research is available or the agencies determine that the risk factor tools are effectively meeting their screening needs. The MHST/MHST 0-5 may provide a better fit for the present purposes because it was designed specifically for child welfare agencies in California, is extremely short and easy to complete, and was developed for children of all ages.

Screening Tools. The best options for a traditional screening tool are probably the BESS, the PIC-2/PIY/SBS, and the Symptom Inventories. All of these tools collect information from three sources: parents, teachers, and youth. The BESS and the PIC-2/PIY/SBS also have the added advantages that they come with companion assessment tools, and include validity scales to check for response biases. The BESS also has three advantages over the PIC-2/PIY/SBS: it measures strengths in addition to weaknesses, it can be used for children as young as 3 years of age, and when combined with the BASC-2 it has both brief screening and full assessment versions for teachers whereas the SBS (teacher report) only has one version. As discussed earlier, tools for screening mental health and/or social-emotional functioning in children from birth through three years of age are much more limited. The most appropriate option for the present purposes is probably the ASQ-SE.

Assessment Tools. An important consideration in the selection of an assessment tool is the format (interview or rating scale). Some experts favor interviews, in that they provide an opportunity to reduce unwanted sources of error that might arise from respondent lack of interest or motivation and problems with reading or following instructions (see Edelbrock & Costello, 1988). However, interviews are more time intensive and are often less convenient for respondents. Interviewers must undergo substantial training, and spend a considerable amount of time in order to obtain information from both parents and youth (e.g. 3 hours). In addition, none of the interviews were designed to collect information from teachers whereas rating scales such as the BASC-2, the SBS, and the Symptom Inventories have specific versions designed for teachers. The BASC-2 and the PIC-2/PIY/SBS also have accompanying screening tools, as well as validity scales which are added advantages. These relative advantages and disadvantages must be weighed in determining the best assessment tool for the purposes of the present project.

Only the BASC-2 (rating scale) and the CAPA/PAPA (interview) are appropriate for preschool aged children; both start at 2 years of age. No assessment tools were identified by this review for children younger than 2 years of age, other than the DC 0-3, which a clinician handbook rather than an assessment instrument. For this reason the CAPA/PAPA is probably the most flexible option for an interview-based tool is likely also the best option for an interview-based assessment tool. This advantage is particularly important considering that no other interview-based assessment tools are applicable to children younger than school-age.

Similarly, the BASC-2 would likely be the most advantageous option for a rating scale-type assessment tool. In addition to being appropriate for children as young as 2 years of age, the BASC-2 has advantages over the PIC-2/PIY/SBS and other rating scales because it includes strengths in addition to limitations, and has a full version scale for teachers to contribute their own ratings.

Children younger than 2 years of age would probably need to be referred to a mental health professional for a full evaluation, using the DC 0-3R clinical handbook.

Finally, the Child and Adolescent Needs and Strengths Assessment-Mental Health (CANS-MH) could be used as a functional assessment of both the child's and the caregiver's needs and strengths to summarize results of the mental health assessment and guide intervention planning. One of the clear advantages of the CANS-MH is that it is appropriate for use with all ages of children, from birth through adolescence. It was also specifically designed for, and in collaboration with, child service systems, such as child welfare. A limitation of the CANS-MH is that it does not include a structure for obtaining much of the necessary information (e.g. knowledge of DSM-IV symptoms/diagnoses). This information must be gathered from other sources; however, information collected through the tool that is selected for universal screenings or follow-up assessment (e.g. BASC-2/BEES) could likely be used to provide much of this information. Thus, it is not recommended that the CANS-MH is used as the only mental health assessment tool, unless child welfare agencies are confident that they could obtain all of the necessary information from valid sources.

Combining Screenings and Assessment. Table 1 presents two options for combining various screening and assessment tools together into a comprehensive set of instruments. Other options and combinations are of course possible. These two were included as examples of how screening and assessment tools may be combined to provide a comprehensive screening and assessment protocol.

Table 4. Examples of Options for Combining Screening and Assessment Instruments.

	Instrument	Age Range	Reporters	Completion Time
Option A				
Brief Risk Screening (optional)	MHST/ MHST 0-5	0-18 yrs	Case Worker	10 min
Screening	BESS	3-18yrs	Parent Teacher Youth (8+ yrs)	5-10 min per rater
	ASQ-SE	0-6 yrs (use for 0-2 yrs)	Parent	10-15 min
Assessment	BASC-2	2-18 yrs	Parent Teacher Youth (6+ yrs)	parent/teacher: 10-20 min youth: 20-30 min
	Referral to Clinician	0-2 yrs		
Functional Impairment (optional)	CANS	0-18 yrs	Case Worker	10 min
	Instrument	Age Range	Reporters	Completion Time
Option B				
Brief Risk Screening (optional)	MHST/ MHST 0-5	0-18 yrs	Case Worker	10 min
Screening	Symptom Inventories-4	2-18 yrs	Parent Teacher Youth (12+ yrs)	10 min
	ASQ-SE	0-6 yrs (use for 0-2 yrs)	Parent	10-15 min
Assessment	CAPA/ PAPA	2-18 yrs	Parent Youth (9+ yrs)	1 ½ hours
	Referral to Clinician	0-2 yrs		
Functional Impairment (optional)	CANS	0-18 yrs	10 min	Case Worker



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