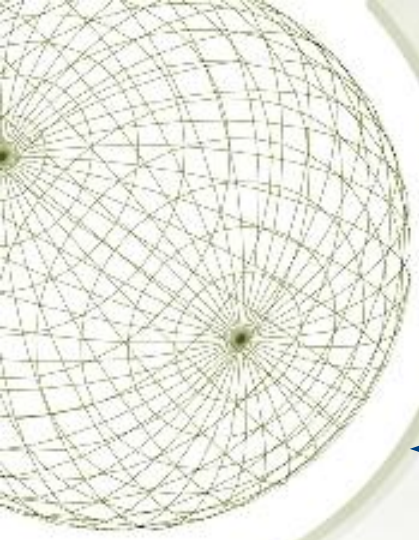




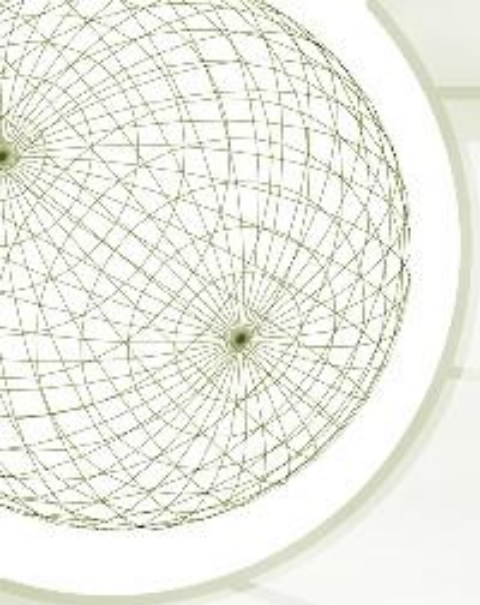
Mental Health & Substance Abuse Screening Tools in the Public Domain

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Why Use Screening Tools?

- ★ Better decisions
 - ★ Evidence-based
 - ★ Supplements clinical judgment
 - ★ More information to make decisions
 - ★ Documentation
- ★ Can help when sharing concerns with families
- ★ Boosts credibility of your referrals



Disclaimers

- ◆ Screening, not assessment -
no diagnosis
- ◆ Use
 - ◆ Competence
 - ◆ Professional development &
preparation
 - ◆ All necessary information
may not be available on-line



Center for Epidemiological Studies Depression Scale for Children

- ✦ Depression inventory for children & adolescents
- ✦ 20-item self-report
- ✦ Questions focus on feelings over the past week



Center for Epidemiological Studies Depression Scale for Children

- ◆ Responses on a 4-point scale
 - ◆ Not at all
 - ◆ A little
 - ◆ Some
 - ◆ A lot
- ◆ Maximum score is 60 with a cutoff score of 15



Center for Epidemiological Studies Depression Scale for Children

★ Sample items

- ★ I did not feel like eating, I wasn't very hungry.
- ★ I felt down and unhappy.
- ★ I was more quiet than usual.
- ★ I felt people didn't like me.
- ★ It was hard to get started doing things.



Center for Epidemiological Studies Depression Scale for Children

★ Evidence Base

- ★ Studied with ages 6 - 23
- ★ Support was obtained for the reliability & validity of the CES-DC as a measure of depressive symptoms, especially for girls & for children & adolescents aged 12-18 years

Fendrich, Weissman & Warner. American Journal of Epidemiology Vol. 131,
No. 3: 538-551



Pediatric Symptom Checklist

- ★ Checklist for children & adolescents to identify cognitive, emotional, & behavioral problems
- ★ 35-item self-screen
- ★ Parallel child & parent versions



Pediatric Symptom Checklist

◆ Responses

◆ Never

◆ Sometimes

◆ Often

◆ Scores range from 0-70



Pediatric Symptom Checklist

- ★ Youth checklist

- ★ 11 - 16 years

- ★ Cutoff score is 30

- ★ If 4 or more items left blank, response is not valid



Pediatric Symptom Checklist

◆ Parent Checklist

- ◆ Children ages 4 - 16 years

- ◆ Cutoff scores

 - ◆ 24 for ages 4-5 years

 - ◆ 28 for ages 6-16 years



Pediatric Symptom Checklist

★ Sample items

- ★ Complain of aches or pains
- ★ Act as if driven by motor
- ★ Feel hopeless
- ★ Fight with other children
- ★ Have trouble sleeping
- ★ Take unnecessary risks
- ★ Do not show feelings



Pediatric Symptom Checklist

★ Evidence Base

- ★ Studied with middle school students
- ★ Positive screening on the parent PSC was significantly associated with:
 - ★ independent ratings by the students' guidance counselor & teachers of the need for regular counseling
 - ★ any academic failure during the next 2 years
 - ★ PSCs completed by the students about themselves

Murphy, Jellinek & Milinsky. *Journal of Pediatric Psychology* 14(4) pp. 629-639, 1989



Pediatric Symptom Checklist

★ Evidence Base

- ★ Most students who screened positive on the parent PSC were found to have significant problems
- ★ The PSC also identified a group of students whose difficulties were previously unknown to school personnel


Murphy, Jellinek & Milinsky. *Journal of Pediatric Psychology*
14(4) pp. 629-639, 1989



Pediatric Symptom Checklist


★ PSC Website maintained by
Massachusetts General Hospital

http://www2.massgeneral.org/allpsych/psc/psc_home.htm



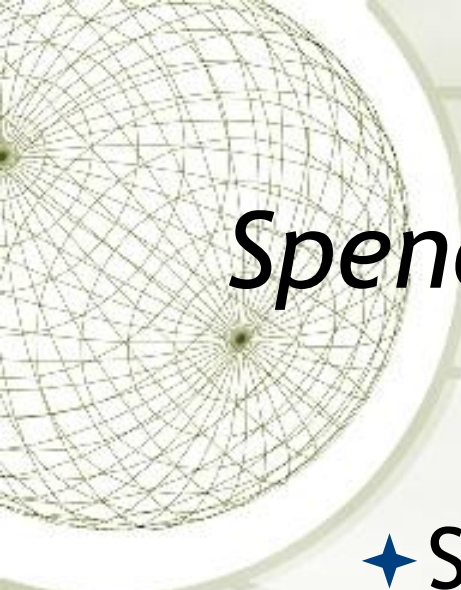
Spence Children's Anxiety Scale

- ★ Scale is designed to parallel the 6 domains of anxiety from DSM
 - ★ Generalized anxiety
 - ★ Panic/agoraphobia
 - ★ Social phobia
 - ★ Separation anxiety
 - ★ Obsessive/compulsive disorder
 - ★ Physical injury fears




Spence Children's Anxiety Scale

- ★ Self-administered tool
- ★ 44 items + narrative response
- ★ 4-point scale
 - ✦ Never
 - ✦ Sometimes
 - ✦ Often
 - ✦ Always



Spence Children's Anxiety Scale

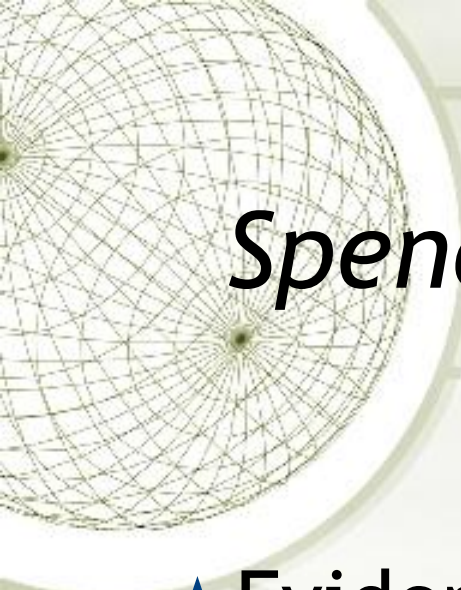
- ◆ School-age & preschool children
- ◆ 3 Versions that are parallel
 - ◆ Children
 - ◆ Parent for child
 - ◆ Parent for pre-school child
 - ◆ Pre-school scale asks about traumatic events



Spence Children's Anxiety Scale

★ Sample items

- ★ I worry about things
- ★ I feel scared when I have to take a test
- ★ I worry that something awful will happen to someone in my family
- ★ I am scared of being in high places or lifts
- ★ I get bothered by bad or silly thoughts or pictures in my mind
- ★ I have to do some things in just the right way to stop bad things happening

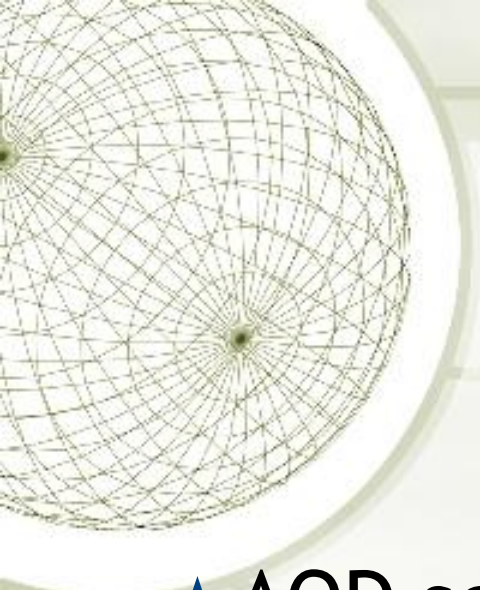


Spence Children's Anxiety Scale

◆ Evidence Base

- ◆ Studied with German primary school students
- ◆ High internal consistency
- ◆ Validity supported

Essau, Muris & Ederer. *Journal of Behavior Therapy & Experimental Psychiatry*, Vol. 33, Issue #1, March 2002, Pages 1-18



CRAFFT

- ★ AOD screening tool
- ★ Acronym comes from the 6 questions that make up the instrument
- ★ Appropriate for use with children & adolescents



CRAFFT

★ 6 yes/no questions

- ★ Have you ever ridden in a **C**ar driven by someone (including yourself) who was “high” or had been using alcohol or other drugs?
- ★ Do you ever use alcohol or drugs to **R**elax, feel better about yourself, or fit in?
- ★ Do you ever use alcohol/drugs while you are by yourself, **A**lone?



CRAFFT

★ 6 questions

- ★ Do you ever **F**orget things you did while using alcohol or drugs?
- ★ Do your **F**amily or **F**riends ever tell you that you should cut down on your drinking or drug use?
- ★ Have you gotten into **T**rouble while you were using alcohol or drugs?



CRAFFT

★ Evidence Base

- ★ Studied adolescents 14 - 18 years
- ★ Conclusion: The CRAFFT test is a valid means of screening adolescents for substance-related problems & disorders, which may be common in some general clinic populations

Knight, Sherritt, Shrier, & Harris. Archives of Pediatric & Adolescent Medicine, 2002 June;156(6):607-14



CAGE Questionnaire

- ★ Alcohol screening tool
- ★ Acronym comes from the 4 yes/no questions
- ★ Two or more affirmative responses are significant
- ★ For adolescents 16 & older & adults



CAGE Questionnaire

1. Have you ever felt you should **C**ut down on your drinking?
2. Have people **A**nnoyed you by criticizing your drinking?
3. Have you ever felt **G**uilty about your drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**E**ye opener)?




CAGE Questionnaire

- ◆ Evidence Base

- ◆ Conclusions


- ◆ 25 years after the CAGE questions were published in *JAMA*, they have been validated in numerous studies as a good, quick primary indicator of the need for further investigation

O'Brien. *Journal of the American Medical Association*.
2008;300(17):2054-2056.




Global Appraiser of Individual Needs - Short Screener

- ★ Cooperative effort of DPI, DHS & WFT
- ★ Evidence-based tool to screen adolescents
- ★ Covers AOD, externalizing & internalizing disorders, attention deficits & criminal behavior
- ★ Available to use on-line at no cost
- ★ Designed to be administered by pupil services professionals following webcast training



Global Appraiser of Individual Needs - Short Screener


- ★ A 3- to 5-minute screener
- ★ Used in general populations to identify clients with behavioral health disorders
- ★ Easy for use by staff with minimal training or direct supervision
- ★ Provides a measure of change
- ★ Designed for self- or staff-administration, with paper & pen, computer, or on the web
- ★ Spanish version available



Global Appraiser of Individual Needs - Short Screener


◆ 4 areas

- ◆ Internalizing Disorders
- ◆ Externalizing Disorders
- ◆ Substance Disorders
- ◆ Crime/Violence Disorders




Global Appraiser of Individual Needs - Short Screener

- ★ Scores - 4 domains & total
 - ★ Low (0): Unlikely to have a diagnosis or need services
 - ★ Moderate (1 to 2): A possible diagnosis
 - ★ High (3 to 20 on the total screener; 3 to 5 on the sub-screeners): High probabilities of a diagnosis




Global Appraiser of Individual Needs - Short Screener

- ★ Moderate/high scores on the Internalizing Disorder Screener suggest mental health treatment related to somatic complaints, depression, anxiety, trauma, suicide & serious mental illness




Global Appraiser of Individual Needs - Short Screener

- ★ Moderate/high scores on the Externalizing Disorder Screener suggest mental health treatment related to attention deficits, hyperactivity, impulsivity, conduct problems & gambling




Global Appraiser of Individual Needs - Short Screener

- ★ Moderate/high scores on the Substance Disorder Screener suggest the need for substance abuse, dependence, & use disorder treatment



Global Appraiser of Individual Needs - Short Screener

- ★ Moderate/high scores on the Crime/Violence Screener suggest the need for help with interpersonal violence, drug-related crimes, property crimes interpersonal/violent crimes




Global Appraiser of Individual Needs - Short Screener

★ Evidence Base


- ★ good internal consistency
- ★ excellent sensitivity
- ★ good discriminant validity
- ★ reliable

Dennis, Chan, & Funk. *The American Journal on Addictions*, 15(supplement 1), 80-91, 2008.



Global Appraiser of Individual Needs - Short Screener

- ✦ Webcast available 24/7 at <http://media2.wi.gov/DPI/Viewer/?peid=c89b8bde-f715-4e90-ab0b-228515c53e83>
- ✦ GAIN-SS & related documents available at <http://www.dpi.gov/sspw/pupilsvcsgainss.html>
- ✦ Online GAINS-SS available at <http://www.wifamilyties.org/>
- ✦ Chestnut Health Systems <http://www.chestnut.org/LI/gain/index.html#Summary%20Description>



Global Appraiser of Individual Needs - Short Screener

- ✦ Technical assistance on the GAIN-SS
Susan Endres, Project Fresh Light Coordinator
Department of Health Services
susan.endres@dhs.wi.gov or (608) 266-2476
- ✦ Accessing the GAIN-SS on-line
Hugh Davis, Executive Director
Wisconsin Family Ties
hugh@wifamilyties.org or (608) 267-6888
- ✦ Privacy & school policy questions
Nic Dibble, Consultant, School Social Work Services
Department of Public Instruction
nic.dibble@dpi.wi.gov or (608) 266-0963



Child & Adolescent Needs & Strengths

- ★ Comprehensive, 41-item assessment of psychological & social factors
- ★ Use with children & adolescents with mental, emotional or behavioral problems
- ★ Examines both needs & strengths
- ★ Can assess student/family or services, e.g., wrap-around
- ★ Used in more than half of states



Child & Adolescent Needs & Strengths

★ Problem Presentation Domain

- ★ Psychosis
- ★ Attention deficit & impulse control
- ★ Depression & anxiety
- ★ Oppositional behavior
- ★ Antisocial behavior
- ★ Substance abuse
- ★ Adjustment to trauma
- ★ Attachment
- ★ Situational consistency of problems
- ★ Temporal consistency of problems



Child & Adolescent Needs & Strengths

★ Risk Behaviors Domain

- ★ Danger to self
- ★ Danger to others
- ★ Runaway
- ★ Sexually abusive behavior
- ★ Social behavior
- ★ Crime & delinquency



Child & Adolescent Needs & Strengths

★ Functioning domain

- ★ Intellectual & developmental
- ★ Physical & medical
- ★ School achievement
- ★ School behavior
- ★ School attendance
- ★ Sexual development



Child & Adolescent Needs & Strengths

- ★ Care & Intensity Organization domain
 - ★ Monitoring
 - ★ Treatment
 - ★ Transportation
 - ★ Service permanence



Child & Adolescent Needs & Strengths

★ Family & Caregiver Needs & Strengths

- ★ Physical
- ★ Supervision
- ★ Involvement with care
- ★ Knowledge
- ★ Organization
- ★ Residential stability
- ★ Resources
- ★ Safety



Child & Adolescent Needs & Strengths

★ Strengths domain

- ★ Family
- ★ Interpersonal
- ★ Relationship permanence
- ★ Education
- ★ Vocational
- ★ Well-being
- ★ Spiritual & religious
- ★ Talents & interests
- ★ Inclusion



Child & Adolescent Needs & Strengths

★ Evidence Base

- ★ reliable measure of clinical & psychosocial needs & strengths
- ★ clinical & research utility
- ★ can be used reliably to assess the type & severity of problem presentation, risk behaviors, functioning, care intensity & organization, caregiver capacity & strengths among children with protective & mental health needs

Anderson, Lyons, Giles, Price & Estle. *Journal of Child & Family Studies*, Vol. 12, #3, September 2003, 279-289.



Child & Adolescent Needs & Strengths

◆ Evidence Base

- ◆ Valid measure with adjudicated youth

Dilley, Weiner, Lyons, & Martinovich. ERIC #: ED495282 - The Validity of the Child & Adolescent Needs & Strengths Assessment



Disruptive Behavior Rating Scale

- ★ Parent & teacher scales
- ★ 45-items, self-administered
- ★ Limited availability of scoring & administration information
- ★ Examines behaviors in 3 areas
 - ★ ADHD
 - ★ ODD
 - ★ CD



Disruptive Behavior Rating Scale

★ Evidence Base - Parent version

- ★ excellent internal consistency & test-retest reliability on three subscales (Oppositional, Distractible, & Impulsive-Hyperactive) but only marginal reliability on the Antisocial Conduct subscale

Erford. ERIC #EJ524483 - Reliability and Validity of Mother Responses to the Disruptive Behavior Rating Scale--Parent Version (DBRS-P)



How to improve referral success rates

- ★ Identify & contact area MH/AOD assessment professionals
 - ★ Referral procedures
 - ★ Release forms
 - ★ Assessment professionals' expertise
 - ★ Mental health
 - ★ AOD
 - ★ Ongoing communication following assessment



How to improve referral success rates

- ★ **DHS Project Fresh Light Treatment Directory**

<http://www.projectfreshlight.org/treatment-directory.pdf>

- ★ **Wisconsin Mental Health & Substance Abuse Services Directories**

http://dhs.wisconsin.gov/bqaconsumer/aoda_mh/AODAmhDirs.htm



How to improve referral success rates

- ★ Tailor referrals to individual student & family circumstances
 - ★ Check emergency medical card for insurance provider
 - ★ Research coverage with family
 - ★ Provide specific name(s) & contact info
 - ★ Offer to make call for appointment



How to improve referral success rates

- ★ Tailor referrals to individual student & family circumstances
 - ★ Communicate level of urgency to assessment professional
 - ★ Prepare family & student for next steps
 - ★ Ask family to sign release form



How to improve referral success rates

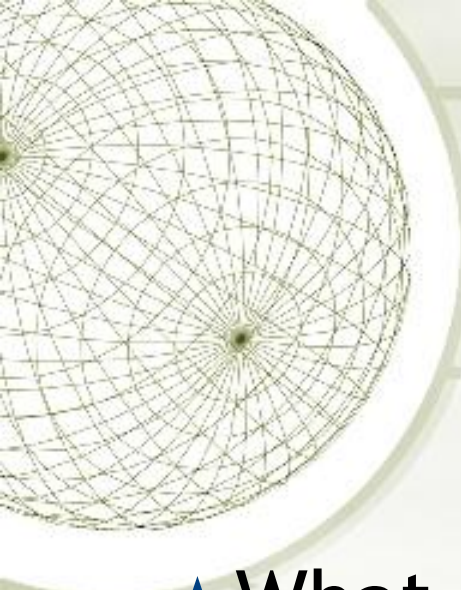
◆ Insurance

- ◆ Mental health parity

 - ◆ Federal mandate

- ◆ BadgerCare+

<http://dhs.wisconsin.gov/badgercareplus/>



Let's hear from you

- ★ What screening tools do you use for mental health & AOD concerns?
- ★ What strategies do you use to improve the success rate of referrals?