GAIN-SS

Global Appraisal of Individual Needs– Short Screener (GAIN-SS): Administration and Scoring Manual Version 2.0.3

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GAIN Short Screener (GAIN-SS) Administration and Scoring Manual

1. INTRODUCTION

1.1 Overview of the GAIN-SS

The 5-minute GAIN Short Screener (GAIN-SS) is designed primarily for three things. First, it serves as a screener in general populations to quickly and accurately identify clients (also known as patients, respondents, or research participants) whom the full 1.5 to 2-hour GAIN–Initial would identify as having one or more behavioral health disorders (e.g., internalizing or externalizing psychiatric disorders, substance use disorders, or crime or violence problems), which suggests the need for referral to some part of the behavioral health treatment system. Second, estimates of need from the GAIN-SS can be used as a common metric across multiple systems or remote staff (e.g., employee assistance program with multiple contractors) and as a denominator for quality assurance on the extent to which the rate of diagnoses/referrals are consistent with the estimated mix of problems from the GAIN-SS (discussed further on page 15). Such measures of quality assurance can be used for one-on-one supervision or performance-based contracting. Third, it serves as a periodic measure of behavioral health change over time.

The full GAIN-SS is reproduced on p. 23.

The GAIN-SS is designed for self- or staff administration with paper and pen or on the web. It can be easily converted to a scannable form or incorporated into existing instrument batteries or systems. Versions in different languages (such as Spanish) are also available. The GAIN-SS has been used on adolescents as young as 10; however, younger adolescent clients are likely to need more concepts explained to them, and the interview may take longer than average.

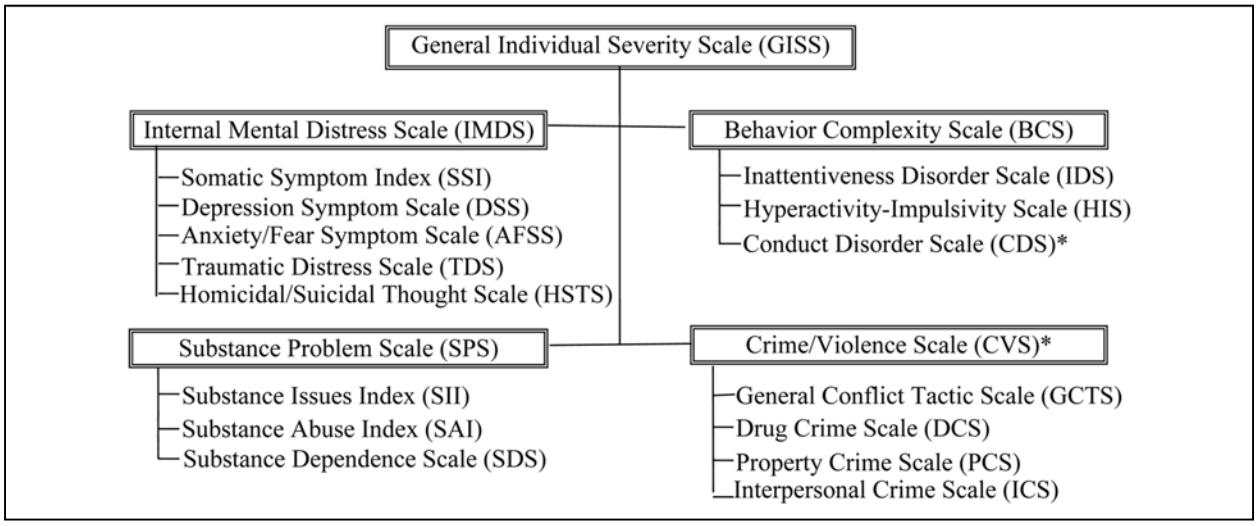
GAIN-SS responses are given in terms of the recency of the problem described in the questions: 3 = past month; 2 = 2 to 12 months ago; 1 = 1+ years ago; 0 = never. The number of past-month symptoms (number of 3s) is used as a measure of change; the number of past-year symptoms (number of 3s and 2s) is used to identify people likely to have a current diagnosis; and the number of lifetime symptoms (number of 3s, 2s, and 1s) is used as a covariate measure of lifetime severity. The recency measures can also be combined to create course specifiers (e.g., early remission means having a lifetime problem but not in the past month; sustained remission means having a lifetime problem but not in the past year).

An alternate past-year version of the GAIN-SS is also available at http://www.chestnut.org/LI/gain/GAIN_SS. The past-year version is simplified to ask about problems that have occurred only in the past 12 months, using a 0 = no and 1 = yes response set. The past-year version of the GAIN-SS can give only a past-year symptom count and is scored by counting the number of 1s, but it is otherwise parallel to the version of the GAIN-SS described in this manual. While the past-year version does have a slightly shorter administration time and is in use by some systems as the "minimum" required screener, it is generally not recommended for use because it lacks the ability to provide past-month symptom counts (measure of change) or lifetime symptom counts (as a covariate). The annual has the advantage of being easier for the client to answer.

1.2 Summary of Psychometrics

Dennis, Chan, and Funk (2006) found that for both adolescents and adults the 20-item Total Disorder Screener (TDScr) and its four 5-item subscreeners (internalizing disorders, externalizing disorders, substance disorders, and crime/violence) have good internal consistency (alpha of .96 on the total screener), were highly correlated (r = .84 to .94) with the 123-item GAIN Individual Severity Scale (GISS) and its four respective main scales (Internal Mental Distress Scale, Behavior Complexity Scale, Substance Problem Scale, Crime and Violence Scale) in the full GAIN-I. The TDScr and four subscreeners have excellent sensitivity (90% or more) for identifying people with a disorder and for correctly ruling out people who did not (92% or more). A confirmatory factor analysis of the structure of the GAIN-SS (Figure 1) shows that it is also consistent with the full GAIN model after allowing adolescent and adult path coefficients to vary and cross-loading paths between conduct disorder items with crime/violence items. The confirmatory factor analysis was slightly less accurate than the full-scale GAIN-I in terms of the confirmatory fit index (CFI; .87 for the GAIN-SS vs. .92 for the full GAIN, where as the CFI approaches 1 the model fits the data better) and slightly more precise in terms of the root mean square error of approximation (RMSEA; .05 for GAIN-SS vs. .06 for the full GAIN, where as the RMSEA goes down there is less unexplained variance). This suggests that each of the subscreeners has good discriminant validity and that the total structure is consistent with the model used with the full GAIN.

Figure 1. GAIN Model of Emotional, Behavioral, Substance, Crime, and Violence Problems



* Conduct disorder cross-loads with the Crime/Violence Scale in statistical versions of this model.
Dennis, Chan, and Funk (2006)

As reliable as the GAIN-SS is, it is still simply a self-reported screener and should supplement, not replace, the judgment of clinical line staff with urine test results, collateral reports, or other background information available to them. This is particularly important when screening in settings that involve incarceration, welfare investigations, or other situations where the fear of possible consequences or concerns about confidentiality may influence client answers and affect the validity of their responses.

Copies of the instruments, norms from clinical samples, and more detailed psychometrics are available at http://www.chestnut.org/LI/gain/GAIN_SS/index.html.

2. PLANNING GUIDELINES

2.1 Preparation

- Find a quiet, private space for the client to work on the assessment.
- Develop a short transitional statement to help initiate the assessment. Section 2.2 gives examples of introductions for different types of interviewing situations.
- For the paper version of the assessment make sure that the client has a pen, not pencil, available. (Pencil is not considered secure.) For online administration make sure that a computer system is set up for the client's use.
- Read the introduction on p. 7 as written, since paraphrasing can lead to mistakes and often ends up taking more time than simply reading the introduction as written. If the context of the interview is routinely different from the introduction on p. 7, consider writing an alternative to be used consistently in your situation or tailored to specific interviewing situations.
- If planning to have clients self-administer the GAIN-SS, be sure to ask them whether they would like to complete it themselves or whether they would like you to read the items to them and have them circle the responses themselves. Clients with reading difficulties will generally take advantage of the offer or might want only certain items read, so be ready to accommodate them. Also be sure to have a proctor or other staff member available to answer questions and, if administering the GAIN-SS to a number of people simultaneously, ensure that clients in a group focus on their own answers.
- If you are in a situation where people are cognitively impaired due to severe intoxication or other mental health issues, consider having copies available of the GAIN Check for Cognitive Impairment screener to help staff members decide whether to proceed with the GAIN-SS. Instructions and a copy of this measure start on p. 4 of this manual.
- Whether self- or interviewer-administered, use the sample introduction to establish individualized "anchors" with clients. Confusion about the recency of a problem is the most common source of unreliable data, but validity can be improved by helping the client develop personal anchors for past-month and past-12-month time frames. Be sure to have a calendar available to help. As old calendars expire, they can be replaced by new calendars available for download from http://www.chestnut.org/LI/gain/GAIN_QxQ/index.html#CALENDAR. (Please see p. 7 for instructions on how to develop anchors.)
- Review procedures for scoring (p. 9), and determine any specific referral codes that you want to use or types of referral comments that you want staff members to make.
- Set up procedures to check clients' self-completed GAIN-SS forms for missing or unclear data.

2.2 Optional Use of the GAIN's Cognitive Impairment Scale (CIS)

Sometimes you may suspect that a client is experiencing some degree of cognitive impairment. Such impairment may be the result of current intoxication or temporary or permanent mental problems. You may know that the client is impaired before you start, or it may become apparent as you attempt to do the interview. If the client is too distraught, distracted, intoxicated, or otherwise impaired to do the assessment, it may make more sense to postpone the interview, since the client must be able to place themselves in space and time in order for their responses to be valid.

Prior to administering the GAIN-SS it is important to verify that the participant possesses the necessary cognitive and literacy skills to complete the assessment, and doing so is required by the Joint Commission on Accreditation of Healthcare Organizations (1995). This can be done by directly observing participant performance on other tasks prior to the assessment or through some kind of mini–mental-status exam when their mental status is unclear. Unfortunately, impairment is often a matter of degree, and it is not always clear when someone is too impaired to go through the interview process. For these situations interviewers have the option of using the GAIN's Cognitive Impairment Screener (CIS; Dennis et al., 2003), shown in figure 2. The CIS is a modified version of the 10-item Short Blessed Scale of Cognitive Impairment (Katzman, Fuld, Peck, Schechter, & Schimmel, 1983), which has been used extensively in research on substance abuse, homelessness, head injury, Alzheimer's, and other forms of cognitive impairment.

To administer the CIS, ask each question and then circle the code for the number of errors. Note that each error does not equal one point: for example, missing one number when counting backwards from 20 to 1 equals two points, and missing two numbers would equal 4 points.

As the number of errors go up it will likely be increasingly difficult to get reliable and valid answers from the client. In general, about 5% of a substance abuse treatment population will score 10 or higher (with 1-2% scoring 14 or more). In populations with head injury, Alzheimer's, or long-term forms of cognitive impairment, scores over 10 will generally exceed 80%. If the client's main problem is intoxication, distress, or another problem that appears to be transitory, it is probably better to reschedule the interview if possible. If you do decide to proceed in spite of a higher score, you should:

- Orally administer the GAIN.
- Assume that the interview will be more difficult or take longer.
- Be very careful to avoid overinterpreting the responses.
- Note the client's problems when reporting the results.

In general, if a person cannot remember any of the recall test (the John Brown phrase, item e), the interview will be very problematic, and alternative means of assessment should be considered (e.g., relying on collateral report, psychiatric referral). If the total score is more than 12, the person may be too impaired to continue. You will need to consult with your supervisor to determine whether to reschedule, assess in another way, or proceed with the understanding that the GAIN-SS's summary reports may not be as accurate.

During follow-up or a subsequent admission, it is not uncommon for higher-functioning people to recall the entire CIS. Usually this can be interpreted as a sign that there are few (if any) recall problems.

Figure 2. GAIN Cognitive Impairment Scale

Because we are going to ask you a lot of questions about when and how often things have happened, I need to start by getting a sense of how well your memory is working right now.

ERROR SCORES

a. What year is it now? _____
(Circle 4 for any error) 0 4

b. What month is it now? _____
(Circle 3 for any error) 0 3

Please repeat this phrase after me: John Brown, 42 Mark Street, Detroit.
(No score -- used for f below)

c. About what time is it? _____
(Circle 3 for any error) 0 3

d. Please count backwards from 20 to 1.
[20, 19, 18, 17, 16, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1]
(Circle 2 for one error, 4 for 2 or more errors) 0 2 4

e. Please say the days of the week in reverse order.
[Sat, Fri, Thurs, Wed, Tues, Mon, Sun]
(Circle 2 for one error, 4 for 2 or more errors) 0 2 4

f. Please repeat the phrase I asked you to repeat before.
[John/ Brown/ 42/ Mark Street/ Detroit]
(Circle 2 for each subsection of /text/ missed) 0 2 4 6 8 10

g. **(Add up scores from a through f and record)**: ..... |__|__|

(If total is greater than 10, the individual is experiencing some degree of cognitive impairment. You can attempt again later if intoxication is suspected, or proceed and take into account when making the interpretation.)

3. INSTRUCTIONS FOR GAIN-SS ADMINISTRATION

On the next page are simple instructions that can be used to train staff members to administer and score the GAIN-SS. The interviewer does not have to read these instructions to the client but should instead use them as training instructions on how to administer the interview.

The last two pages of this manual include tear-off instructions for self-administration, a sample introduction, and guidelines for establishing personalized anchors. These pages omit some staff-specific instructions and address the client as "you" for the purpose of client self-administration.

3.1 Instructions for Administration

To complete the form:

- Start at the top of the first page and enter the client's first name, middle initial, and last name in the designated fields.
- Enter the date in the space below the client's name. Be sure to use only numbers and the mm/dd/yyyy format—for instance, if the date is January 1st 2007, enter "01/01/2007."
- Read the introductory paragraph.
- Read the first item, document the response, and continue in order.
- Please read each item carefully to avoid any misunderstanding. Be sure to follow the dotted line to the response choices.
- Be sure to choose only one response. Make sure that the responses are marked clearly.
- If you have to make any corrections, be sure to cross out the original response and write the new response neatly.
- Ask the client to answer as accurately as possible. If the client has trouble remembering the last time something happened, ask for their best estimate.
- Note that the client can't answer a question with "Sometimes" or "Sort of" or "Maybe." If this happens, ask the client to choose the response that comes closest to how they feel.
- If the client really can't choose between responses, doesn't know the answer, or simply does not want to answer, leave the response blank. Those items will not be considered in the scoring.
- Don't forget to read the stem at the beginning of each section (e.g., "When was the last time…"). You should also repeat the stem before an item if you get interrupted and have to repeat or restart a question.
- Be sure to write neatly the response to for item 5 neatly (Do you have other significant psychological, behavioral, or personal problems that you want treatment for or help with?). Problems are considered significant when clients have them for two or more weeks, when the problems keep coming back, when they keep clients from meeting their responsibilities, or when they make clients feel like they can't go on. You can write "None" if applicable. Note that the numbers v1, v2, and v3 are used for data entry purposes; if you have a long response, it's okay to use all three lines for one answer. Also note that you don't have to provide three responses but can write as much or as little as you like. You can also use the margin or another sheet if you need more space.
- For item 6 fill in the client's gender: 1 for male, 2 for female, 99 for other. If other, use the line below the item to specify how the client identifies themselves (e.g., transgender male to female, female to male).
- For item 7 fill in the client's age as of the date of the interview.
- Tell the client to ask if they do not understand a question or word.
- If you are allowing the client to self-administer, ask them to please not write in the "For Staff Use Only" box.

- Please check the form before the client leaves to make sure that all of the responses have been entered and everything is complete.

3.2 Introducing the GAIN-SS to the Client

Research suggests that the validity of clients' responses is improved if they understand the interview process and know how their information will be used (Boruch, Dennis, & Cecil, 1996). Therefore, it is important to cover this material when introducing the GAIN-SS to the client. The most common client concerns that should be addressed in the introduction include:

- The purpose of the questions.
- Whether the questions are asked of every client, or the basis for which the client is being asked the questions now.
- How private and confidential the responses are (particularly in criminal justice or employment settings).
- How the client's answers will be used.
- How long the assessment will take.

Below is a standard introduction:

> To help us get a better understanding of any problems you might have, how they are related to each other, and what kind of services might help you the most, I would like to spend about 5 minutes asking you 20 questions as part of a short screener that we use with many of our clients. Your answers are private and will be used only for your treatment and to help us evaluate our own services.
>
> If you are not sure about an answer, please give us your best guess. If you simply do not know the answer to a question, you can tell me and I'll enter "DK" for that item. You may also refuse to answer any question, and I'll enter "RF" for that item. Please ask if you do not understand a question or a word. At the end of the interview, I will check to make sure that everything is complete, and I'll answer any additional questions.
>
> Do you have any questions before we begin?

3.3 Developing Personalized Anchors

Research suggests that the biggest impediment to reliability in a self-reported assessment is confusion about the time period covered by the questions (Cottler, Robins, & Hezler, 1989; Gaskell, Wright, & O'Muircheartaigh, 2000; Sudman & Bradburn, 1973). The classical solutions to this problem are to clearly state the time period in the question and to identify personal "anchors" that relate to these time periods. Because the GAIN-SS relies on the client's perception of the recency of their problems, a script for developing personalized anchors (also incorporated into the script that appears on the last page of this manual as a tear-off sheet) is provided here. A current calendar appears at the end of this manual, and updated calendars are available at http://www.chestnut.org/LI/gain/GAIN_QxQ/index.html#CALENDAR.

The interviewer or other staff member should read the script below and follow the UPPERCASE instructions.

- Several questions will ask you about things that may have happened during the past month, 2 to 12 months ago, or more than 12 months ago. To help you remember these time periods, please look at this calendar. (GIVE CALENDAR TO CLIENT.)
  - Do you recall anything that was going on about (DATE 30 DAYS AGO)? (PROBE FOR SPECIFIC EVENT)
    - If the last time that something happened was since (NAME OF EVENT THAT WAS 30 DAYS AGO), please answer, "Past month."
  - Do you recall anything that was going on about (DATE 12 MONTHS AGO)? (PROBE FOR SPECIFIC EVENT)
    - If the last time that something happened was between (EVENT FROM 30 DAYS AGO) and (EVENT FROM 12 MONTHS AGO), please answer, "2 to 12 months ago."
    - If the last time something happened was before (EVENT 12 MONTHS AGO), please answer, "1+ years ago."
    - If something has never happened, please answer, "Never."

If the client is unable to recall any events for either of the above time periods, ask this:

- Do you remember any birthdays, holidays, sporting or other special events that happened around (DATE 30 DAYS/12 MONTHS AGO)? Did anything change in terms of where you were living, whom you were with, whether you were in treatment, work, school, or jail? Where were you living then? Were you in treatment, working, in school, or involved with the law then?
- *If the client still can't recall any events, use the 30-day/12-month target dates for the anchors.*

3.4 Completing the Staff Use Box

Figure 3 shows the "For Staff Use Only" box from the second page of the GAIN-SS. For items 8, 9, and 10 record the Site ID, Staff ID, and Client ID numbers and names according to project- or agency-specific protocol. Unless permitted at your site, it is best to use only a client ID and not a client name to help avoid accidental disclosure or breach of privacy. For item 11 record the mode of administration as either administered by project or agency staff, administered by someone else (e.g., another adult, staff from another agency), or self-administered (including online self-administration).

Item 12 is discussed further on page 9.

For item 13 check whether the client is being referred to mental health (MH), substance abuse (SA), anger management (ANG), or other services. Check all that apply.

Figure 3. Staff Use Box (Paper Version)

For Staff Use Only
8. Site ID: _____ Site Name v. _____
9. Staff ID: _____ Staff Name v. _____
10. Client ID: _____ Comment v. _____
11. Mode: 1) Administered by staff 2) Administered by other 3) Self-administered
12. Number of 2s and 3s: IDScr: ____ EDScr: ____ SDScr: ____ CVScr: ____ TDScr: ____
13. Referral: MH____ SA ____ ANG ____ Other ____ 14. Referral Code: _____
15. Referral comments:
v1. _____
v2. _____
v3.

For item 14 record the primary program code of the facility to which the client is being referred, using project- or agency-specific codes. These codes should be determined ahead of time by each local agency according to whatever organizing criteria they choose.

For item 15 please add any additional comments or recommendations that you want to appear in the Summary Report.

4. SCORING THE GAIN-SS (ITEM 12)

The client's past-year symptoms are scored in item 12. Count the number of 3s (past month) or 2s (2-12 months ago) to get the number of symptoms occurring in the past year:

- 1a to 1e for the Internalizing Disorder Screener (IDScr)
- 2a to 2e for the Externalizing Disorder Screener (EDScr)
- 3a to 3e for the Substance Disorder Screener (SDScr)
- 4a to 4e for the Crime/Violence Screener (CVScr)
- 1a to 4e or sum of above for the Total Disorder Screener (TDScr)

Be sure to count instead of sum the raw answers. For example, if the client's responses for the items in the Internalizing Disorder Screener were:

1a = 3 (past month)
1b = 2 (2-12 months ago)
1c = 3 (past month)
1d = 1 (more than 12 months ago)
1e = 0 (never)

—then the IDScr score would be 3, since 1a, 1b, and 1c reflect past-year symptoms. The past-month, past-year, and lifetime symptom counts can be hand-scored by using Table 1 below, in which each time frame is calculated separately; so the number of 3s is counted in the past-year total and the number of 3s and 2s are counted in the lifetime total.

Table 1. Scoring Template

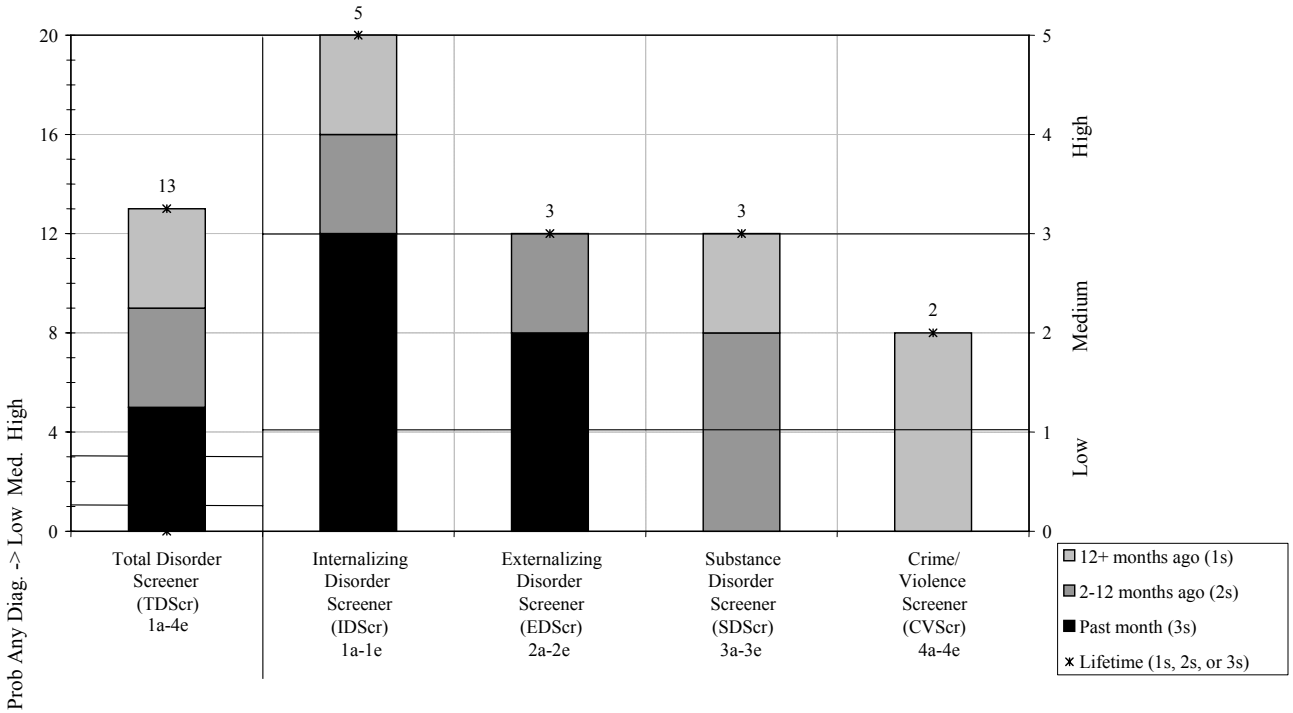
Screener	Items	Past month (3s)	Past year (3s, 2s)	Lifetime (1s, 2s, or 3s)
Internalizing Disorder Screener (IDScr)	1a-1e			
Externalizing Disorder Screener (EDScr)	2a-2e			
Substance Disorder Screener (SDScr)	3a-3e			
Crime/Violence Screener (CVScr)	4a-4e			
Total Disorder Screener	1a-4e			

Generally, the past-month count is used as a measure of change, the past-year count is used to screen for current disorders, and the lifetime measure is used as a covariate and to measure remission. The latter is done by identifying people with a lifetime problem who are in early remission (lifetime problems but no past-month problems) or sustained remission (lifetime problems but no past-year problems). When scoring by hand the past-year count is recorded in item 12 and is used to support screening and make an immediate decision in the field. All three counts can be used in narrative reports (see example below).

Remember that on the past-year version of the GAIN-SS the response set is only yes and no, so the measures described above don't apply.

Figure 4 shows an alternative way of looking at GAIN-SS scores in a graphic profile. In this example the number of 3s, 2,s and 1s are "stacked" with the lifetime total shown at the top of each column.

Figure 4. Example of GAIN-SS profile



Here the client has endorsed five past-month symptoms, four symptoms in the 2-12 month time frame, and four symptoms from more than 12 months ago. With nine total past-year symptoms, the left panel of figure 4 shows that the client is well into the "high" range on the Total Disorder Screener. The right panel breaks out the client's symptom pattern by subscreener. In this example the first three screeners show that the client has one or more past-year symptoms, and the fourth screener shows a lifetime history of problems. Internalizing problems are clearly more severe recently, followed by externalizing problems. While there is a history of substance problems, none have occurred in the past month. (Recall that on the past-year version of the GAIN-SS, all questions are coded as 0 = no and 1 = yes. When using the past-year version, count the number of 1s to get the scores for item 12.)

Below is an example of a paragraph describing the results that could be incorporated into a narrative report.

> *John Doe was evaluated in a phone interview on 12/15/2006 using the GAIN Short Screener. He endorsed 13 of the 20 lifetime symptoms, including 9 in the past year and 5 in the past month. During the past year he was in the high severity range for internalizing and externalizing disorders subscales and in the moderate range for substance use disorders. He also had a lifetime history of being in the high range on the substance disorder and crime/violence subscales. Given his self-reported problems, the evaluator talked to John about going to the Glen Elks Community Mental Health Center, helped him to schedule an appointment for next week, and provided a bus token and instructions on how to get there from his home.*

5. INTERPRETATION

5.1 Interpretation at the Individual Level

To screen for diagnoses it is recommended that the past-year total and four subscreeners be triaged into three groups based on the number of symptoms endorsed in the past year:

- **Low** (0): Unlikely to have a diagnosis or need services.
- **Moderate** (1 to 2): A possible diagnosis; the client is likely to benefit from a brief assessment and outpatient intervention.
- **High** (3+ on the total screener; 3 to 5 on the subscreeners): High probabilities of a diagnosis; the client is likely to need more formal assessment and intervention, either directly or through referral. (Consider residential treatment, particularly for higher scores).

In general it can be assumed that over half the people with a moderate score (1 or 2) and virtually all of those with a high score (3 to 20) on the Total Disorder Screener will have a diagnosis when given the full GAIN. Figures 5 and 6 show the distribution of TDScr scores by age within level of care for people who entered clinical programs. For adolescents, 84% of the outpatients and 96% of the residential clients scored in the high range (medians = 6 and 10.5 respectively). For adults, 70% of the outpatient and 95% of the residential clients scored in the high range (median of 4.5 and 8.5 respectively). While there is considerable overlap between problem severity in clients entering outpatient and residential treatment, residential clients' problem severity is

greater for both adolescents (figure 5, Cohen's $d = 0.75$) and adults (figure 6, Cohen's $d = 0.68$). It should be noted that a subset of people who come from controlled environments, are mandated to treatment by the courts, or are admitted for other reasons score 0 on the TDScr but are still admitted to clinical programs.

Figure 5. Total Disorder Screener for Adolescents

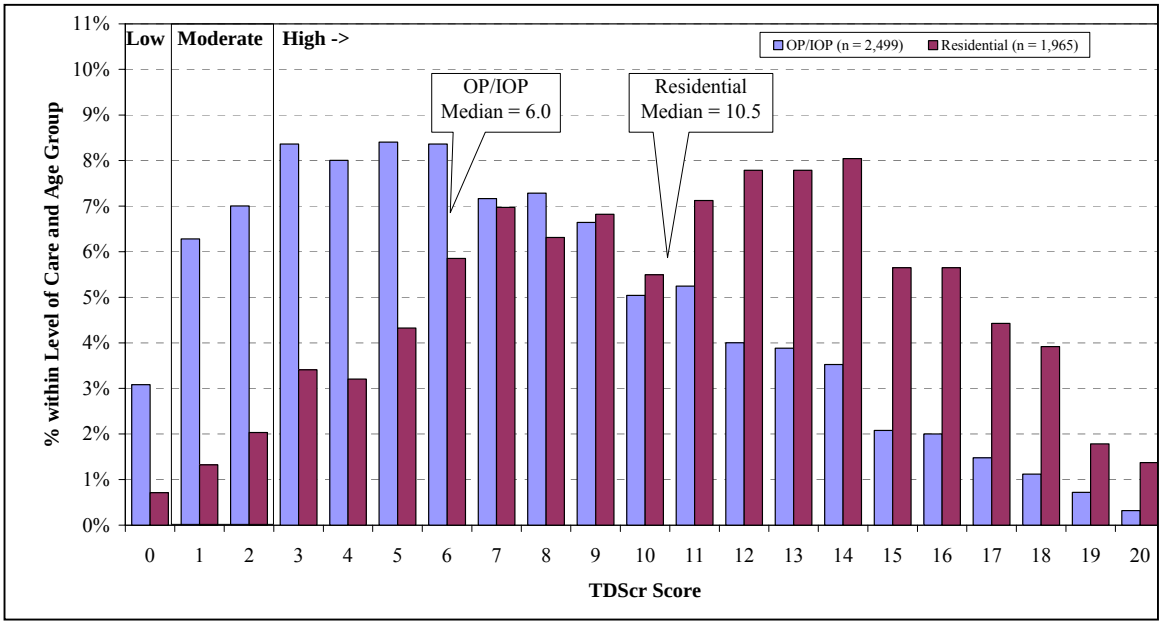
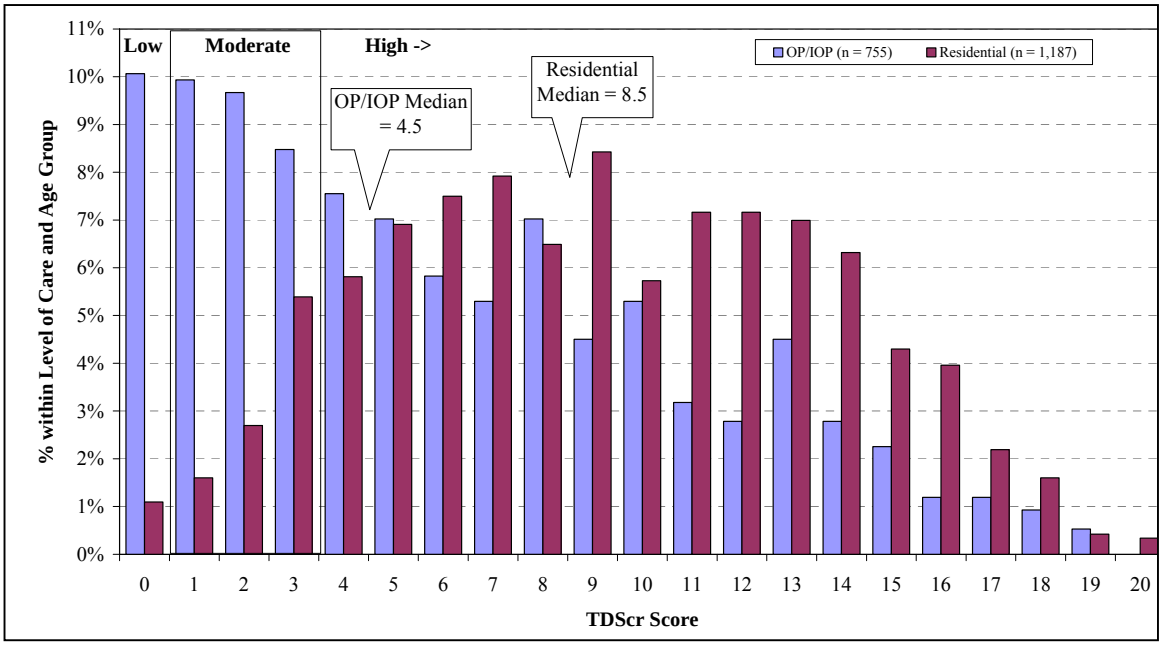


Figure 6. Total Disorder Screener for Adults



We also recommend using scores in the moderate/high range (1 to 5) on the four subscreeners to identify the specific kinds of behavioral health services (e.g., mental health, substance use, work or school programs, welfare programs, justice programs) that are needed:

- **Moderate/high scores on the Internalizing Disorder Screener (1+ on IDScr)** suggest the need for mental health treatment related to somatic complaints, depression, anxiety, trauma, suicide, and, at extreme levels, more serious mental illness (e.g., bipolar, schizoaffective, schizophrenia). If confirmed by a clinician, typical treatments often include a combination of counseling (e.g., cognitive behavioral therapy [CBT], desensitization) and medication.
- **Moderate/high scores on the Externalizing Disorder Screener (1+ on EDScr)** suggest the need for mental health treatment related to attention deficits, hyperactivity, impulsivity, conduct problems, and, in rarer cases, for gambling or other impulse control disorders. These rates are highest among adolescents but still common in about one in five adults in substance abuse treatment. If confirmed by a clinician, typical treatments often include a combination of counseling (e.g., CBT, contingency management [CM], dialectical behavior therapy [DBT], multisystemic therapy [MST]), increased structure in the environment, contingency management, and medications.
- **Moderate/high scores on the Substance Disorder Screener (1+ on SDScr**) suggest the need for substance abuse, dependence, and substance use disorder treatment and, in more extreme cases, the need for detoxification or maintenance services. If confirmed by a clinician, typical treatments often include a combination of counseling (e.g., CBT, CM, motivational interviewing [MI], community reinforcement approach [CRA], functional family therapy [FFT]) and medications for the management of withdrawal, maintenance, and craving reduction.
- **Moderate/high scores on the Crime/Violence Screener (1+ CVScr)** suggest the need for help with interpersonal violence, drug-related crimes, property crimes, and, in more extreme cases, interpersonal/violent crimes. If confirmed by a clinician, typical treatments include a combination of counseling (e.g., anger replacement therapy [APT], cognitive restructuring [CR], CBT, MI, CM, MST,) and medications to control impulsive violence and co-occurring problems.

As noted earlier, Dennis and colleagues (2006) found that the 20-item TDScr was correlated .94 with the 123-item General Individual Severity Scale (GISS) in the full GAIN and that people with a high score (3 or more) on the TDScr were likely to have one or more diagnoses (90% sensitivity) when assessed with the full GAIN. Conversely, those who scored below 3 were unlikely to have any diagnoses when assessed with the full GAIN (90% specificity). Dennis et al. found that the subscreeners were correlated .85 or higher with their longer counterparts in the full GAIN, and the moderate/high range had 90% sensitivity to detect diagnoses in each area and 70% specificity. Once the score reached the high range for a particular subscreener, specificity also reached 90%. Clinicians, however, are still encouraged to combine the GAIN-SS with other information (e.g., from a parent, spouse, probation officer, supervisor, or medical or other records) or to override the GAIN-SS triage on individual cases where they suspect other problems.

5.2 Interpretation as a Measure of Change

The past-month symptom count in the TDScr or any of the four subscreeners can also be used as a simple measure of change after intervals of a month or more. This can be used at the individual level to chart the progress of a single client or at the group level as an outcome measure by plotting the measure over time. The current (past year) and long-term (lifetime) measures can also be used to create trajectories and predict risk.

Consider an example where two people both had 4 past-month symptoms. One person has 4 lifetime symptoms, and the other has 12 lifetime symptoms. The person with 4 lifetime symptoms is likely to improve more than the person with 12 lifetime symptoms because the latter is at a higher risk of relapse for problems that may not be currently present. Conversely, of two people with 12 lifetime symptoms, one who currently is down to 4 past-month symptoms has a better trajectory than one who still has 8 past-month symptoms.

You may also want to examine the extent to which a person with a problem in a given area goes into remission:

- **High severity in early remission**: three or more lifetime problems (3s, 2s, or 1s) and no past-month problems (no 3s).
- **High severity in sustained remission**: three or more lifetime problems (3s, 2s, or 1s) and no past-year problems (no 3s or 2s)

5.3 Interpretation for Quality Assurance and Program Planning

Because of its efficiency and ease of implementation (minimal training and two pages per administration), the GAIN-SS has the potential to help with policy and program planning. This is important because of the rising number of federal, state, and local initiatives that mandate or at least encourage standardized screening across a wide range of systems. These include school, workplace, welfare, and justice systems, many of which are increasingly interested in early identification and intervention related to behavioral health issues. The GAIN-SS can be used as a simple form of needs assessment to help guide program development and planning and decisions about the purchase of further training or technical assistance. Managers can compare staff members or sites on the extent to which expected diagnoses and referrals turn into actual cases.

While there will probably be some overruling by clinicians, on average a clinician's diagnosis should be similar to the results of the GAIN-SS. If one clinician consistently over- or underdiagnoses relative to other clinicians in the same context, it may be an important topic for clinical supervision. Conversely, if several clinicians in the same context are routinely overriding a GAIN-SS decision rule, it may suggest the need for a customized rule in the GAIN-SS or to systemically collect other information on which this group of clinicians is reliably basing their decisions. For program evaluation the GAIN-SS can also be used to evaluate and manage penetration and referral rates and as a measure of change over time.

5.4 Evaluation of Penetration and Referral Rates

Many stakeholders (which may include funders; employers; managed care third-party administrators; agencies spread out over several programs, sites, or subcontractors; multisite evaluators; or individual clinicians) want to know how well programs and staff members are identifying client problems and making appropriate referrals. A clinician in any given case may override the GAIN-SS triage, but at the group level the GAIN-SS should provide a relatively good estimate of the approximate number of people who should be diagnosed and referred in each of the four screening areas.

By dividing the actual diagnoses, referrals, or services provided by the number predicted, you can get a rate that is adjusted to the case mix of a given program, site, or clinician. For example, consider two programs that each diagnose 10 out of 30 (33%) of their cases with internalizing disorders. The two programs look the same in terms of the raw number of diagnoses (10) and raw referral rate (10/30 = 33%). However, if their predicted number of diagnoses (based on IDScr of 1+ out of 5 symptoms) was 15 and 5 respectively, then their rate of actual/expected diagnoses would be very different: 10/15 = 67% vs. 10/5 = 200%. This suggests that the former may be underdiagnosing and that the latter may be overdiagnosing internalizing disorders. Note, however, that just as you should consider other information (collateral reports, treatment records, etc.) for individual clients, you should also consider all plausible explanations for diagnostic trends at the program level. In short, the GAIN-SS gives you an objective guidepost to compare performance and track it over time.

6. GAIN-SS ONLINE

6.1 Introduction and Logging In

We have developed a simple Active Server Page (ASP) web-based application for use with the GAIN Short Screener, available to anyone with a GAIN license who would like to host it on their website (ASP, Microsoft IIS, and SQL Server Express required). For a demonstration see http://www.gaincc.org/gain_ss/index.asp; contact ABSSupport@chestnut.org for technical information on hosting it. Staff members can use this application to orally administer the GAIN-SS and review and edit assessments as well as view the reports, and participants can use it for self-administration as well. For further questions about this application, please contact GAINInfo@chestnut.org.

To start using the GAIN-SS application demo, go to http://www.gaincc.org/gain_ss/index.asp. A login screen will appear, similar to the one shown below. To start the demonstration, log on using the ID “GAINSS” and password “testme” and click the Login button.

Figure 7. Log-in Screen

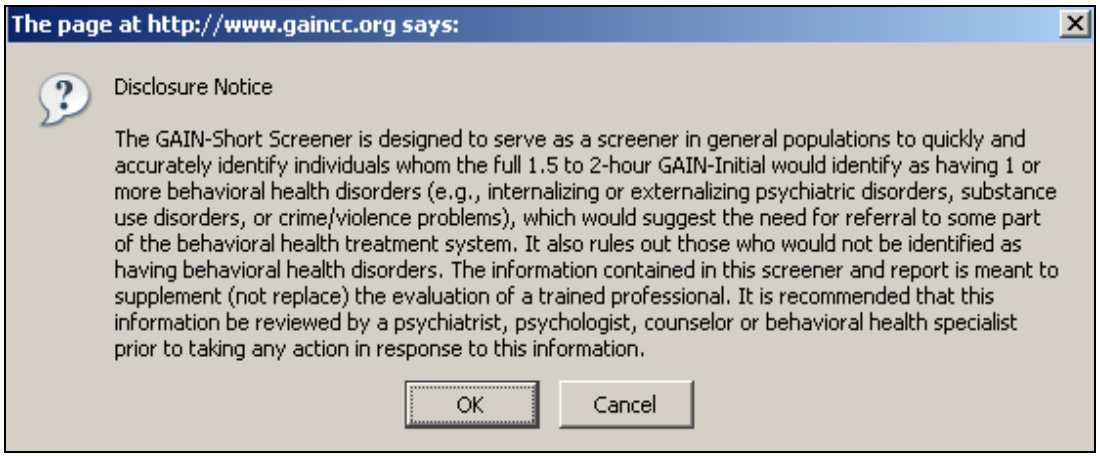
After clicking the Login button, a disclaimer will appear. Read through this screen and then click OK to move on to the administration module. (Note: If you enter an incorrect ID or password you will get a message reading, "SORRY, YOU HAVE ENTERED AN INVALID LOGON ID OR PASSWORD." By clicking Attempt New Logon you will be taken back to the login screen.)

Once you have logged in, you will see three links: the "Self-administration of GAIN Short Screener," "Staff Administration of GAIN Short Screener," and "View/Edit a previously entered GAIN Short Screener." The administration module looks nearly identical to the paper version of the GAIN-SS (see p. 23).

6.2 Self-Administration of the Online GAIN-SS

After clicking on the self-administration link, a disclosure notice pops up that acts as a short introduction and informs the participant of the purpose of the GAIN-SS. Once the participant clicks OK, the administration begins.

Figure 8. Disclosure Notice



Instructions for the client:

- Start at the top of the first page and enter your first name, middle initial, and last name in the designated fields. The program will fill in the date field for you.
- Read the introductory paragraph.
- Read the first item, select a response, and move to the next question. Note: you can tab to the next item and use either arrow keys or a mouse click to choose a response.

- Please read each item carefully to avoid any misunderstanding.
- If you have to make any corrections, simply choose the new response.
- Answer as accurately as you can. If you have trouble remembering the last time something happened, use your best estimate.
- Note that you can't answer a question with "sometimes" or "sort of" or "maybe." Choose the response that comes closest to how you feel. If you really can't choose between the responses or don't know the answer, leave the response blank.
- For item 5 (Do you have other significant psychological, behavioral, or personal problems that you want treatment for or help with?) you can enter "None" if applicable. Problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on. Note that the numbers v1, v2, and v3 are used for data entry purposes; if you have a long response, it's okay to use all three lines for one answer. Also note that you don't have to provide three responses but can write as much or as little as you like.
- For item 6 fill in your gender: 1 for male, 2 for female, 99 for other. If other, use the line below the item to specify how you identify yourself.
- For item 7 fill in your age as of the date that you are doing the assessment.
- Please feel free to ask if you do not understand a question or word.
- When you are done, please tell the staff that you have finished. We will check it together to make sure that everything is complete, and we will answer any additional questions that you might have.

Note that there is no staff use box on the self-administered GAIN-SS. Staff members would collect client information after self-administration if there were a need for follow-up and referral.

6.3 Staff Administration of the Online GAIN-SS

This link will allow staff members to administer the assessment to the client. This screen is very similar to the Self-Administration screen with the exception that it includes administrative questions for staff use only.

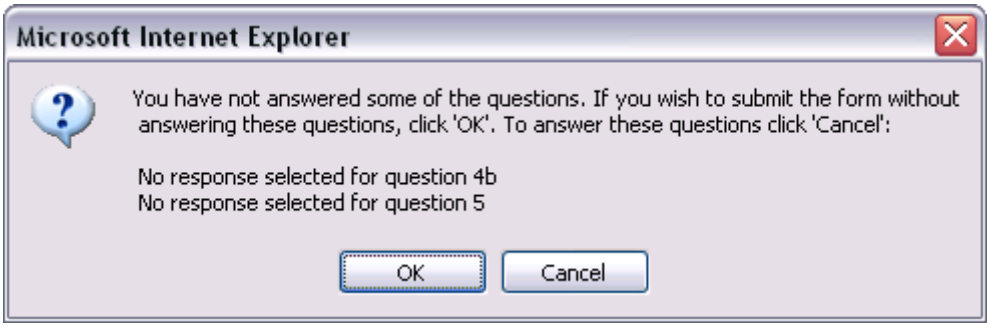
Instructions for administration:

- Start at the top and enter the client's first name, middle initial, and last name in the designated fields.
- The program automatically fills in the date field with the current date.
- Read the introductory paragraph.
- Read the first item, select a response, and move to the next question. Note: you can tab to the next item and use either arrow keys or a mouse click to choose a response.
- If you have to make any corrections, simply choose the new response.
- If the client really can't choose between the responses, doesn't know the answer, or simply does not want to answer, then leave the response blank. The skipped items are not considered in the scoring.
- For item 5 (Do you have other significant psychological, behavioral, or personal problems that you want treatment for or help with?), you can enter "None" if applicable. Note that the

numbers v1, v2, and v3 are used for data entry purposes—if you have a long response, it's okay to use all 3 lines for 1 answer. Also note that you don't have to provide three responses but can write as much or as little as you like.

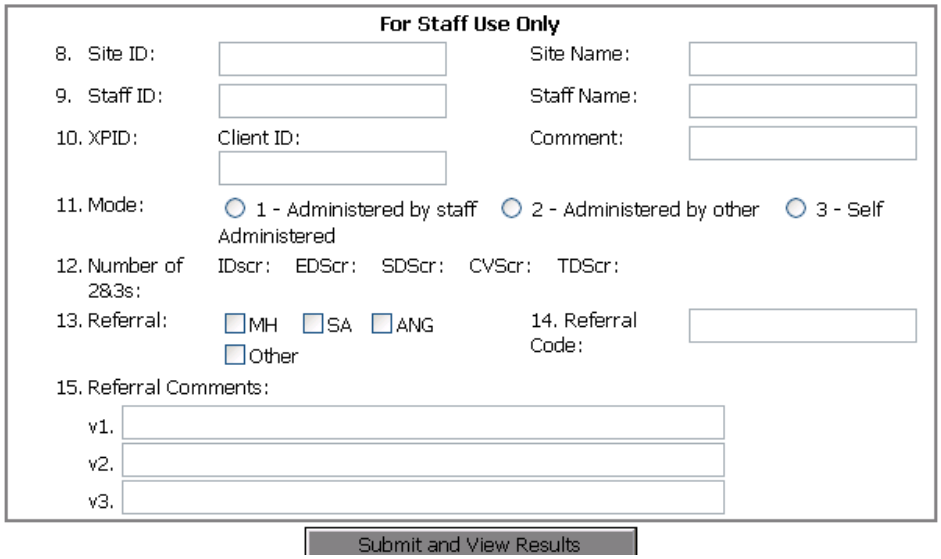
- For item 6 fill in the client's gender: 1 for male, 2 for female, 99 for other. If other, use the line below to specify how the client identifies their gender (e.g., transgender male to female, female to male).
- For item 7 fill in the client's age as of the date that you are doing the assessment.
- When you finish the interview, click the Submit and View Results button. If you have left some responses blank, you will receive a message showing those items (figure 9). If you click OK, the application will automatically generate the GAIN-SS Summary Report. If you click Cancel, the application will take you back to the administration module.

Figure 9. Sample Message Confirmation



The Staff Use box at the bottom of the staff-administered version of the GAIN-SS (figure 10) is identical to the paper copy. For information on how to complete this box, please refer to page 8 of this manual. (Note: the program assigns the client's identification automatically. This information is located in the upper left-hand corner of the report.)

Figure 10. Staff Use Box



There are several links in the upper and lower right corners of the Full Report page:

- Print: Prints the Summary Report on paper for your review.
- Manual: Opens up the GAIN-SS Administration and Scoring Manual in Adobe Acrobat.
- View Responses: Takes you back to the assessment, where you can see the client's responses.
- Full Report: Displays a custom-generated narrative report similar to the sample narrative shown on p. 11, breakdowns of the scores for each subscreener and a summary of those scores, and a scoring table similar to the one shown on p. 10.

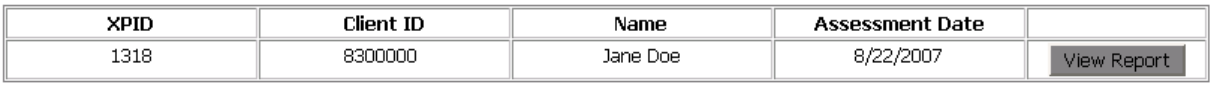
6.4 View and Edit a Previously Entered GAIN-SS

On this page staff members can view clients' reports and responses and edit existing assessments. Staff members can search assessments by XPID, Client ID, Site ID, name, or date range.

- Search by XPID, Client ID, or Site ID: click the drop-down arrow. You will see a list of assessments available. Select the number you want and then click the Submit button.
- Search by name or date range: enter the first name, last name, or date in the fields and click the Submit button.

After searching, the results screen (figure 11) will be displayed.

Figure 11. Search Results Screen



When you get the correct assessment, click "View Report" and the program will take you to it. Here you can edit an existing case or make corrections. When you have finished making changes, click Update on the bottom of the screen.

6.5 Implementing the GAIN Short Screener Application on Your Website

Sites will receive the ASP code, the database, and instructions on how to set up the GAIN-SS program. Sites will be responsible for modifying the links and implementing the code within their websites. Sites will also be responsible for ensuring that the administrative pages are secure and not accessible by the public. Sites without a log-in page of their own can modify the log-in page created and packaged as part of the GAIN Short Screener application. Any modifications made to the instrument are the responsibility of the site.

For more information regarding implementing the GAIN Short Screener application, please contact ABSSupport@chestnut.org.

6.6 The GAIN Short Screener and GAIN ABS

The GAIN-SS is also available as part of the web-based GAIN Assessment Building System (GAIN ABS), which requires purchase of a GAIN ABS account to access. The GAIN ABS version is very similar to the online demo, with a few important differences:

- The GAIN ABS version incorporates the option of anchoring the time frames. Like the online demo, the GAIN ABS version's anchors are 30 days and 12 months (as opposed to other versions' 90 days and 12 months).
- Built-in responses include don't know (DK) and refused (RF) options.
- A notes field is available alongside every item for the interviewer to make comments during the assessment.
- Five questions (one complete scale) appear on the screen at a time instead of the entire assessment in a scrolling window.

The interviewer can view the participant's complete responses at any time during the interview, and the full and summary reports can be generated at the end of the interview. For more information on the GAIN Short Screener assessment in GAIN ABS, please contact ABSSupport@chestnut.org or (309) 451-7777.

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GLOSSARY

Assessment: The hard copy of the GAIN-SS; also another name for the interview process.

Client: The person answering the questions. Also referred to as the patient, respondent, or client.

Item: The individual questions on the GAIN-SS. For example, item 4a on the GAIN-SS is, "When was the last time you had a disagreement in which you pushed, grabbed, or shoved someone?"

Item number: The number of the section plus the letter at the beginning of each item. For instance, item 1a is, "When was the last time you had significant problems with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?"

Response choice: The possible answers for an item. On the recency version of the GAIN-SS the response choices are 3 = past month, 2 = 2 to 12 months ago, 1 = 1+ years ago, or 0 = never. On the past-year version of the GAIN-SS the response choices are 0 = no or 1 = yes.

Scales: The four different sets of 5 questions on the GAIN-SS. The scales are marked by initials in the left margin (IDScr, EDScr, SDScr, and CVScr).

Stem: The statement at the beginning of each set of questions that forms the start of each item. For instance, the stem at the beginning of section 1 on the GAIN-SS is, "When was the last time you had significant problems with…."

GAIN SHORT SCREENER (GAIN-SS) 2.0.3

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GAIN-Short Screener (GAIN-SS)
Version [GVER]: GAIN-SS 2.0.3

What is your name? a._____ b. ____ c. _____
(First name) (M.I.) (Last name)

What is today's date? (MM/DD/YYYY) ____/____/_____

The following questions are about common psychological, behavioral, and personal problems. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on. After each of the following questions, please tell us the last time that you had the problem, if ever, by answering, "In the past month" (3), "2-12 months ago" (2), "1 or more years ago" (1), or "Never" (0).	Past month	2 to 12 months ago	1+ years ago	Never
	3	2	1	0
IDScr 1. When was the last time that you had significant problems…				
a. with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	3	2	1	0
b. with sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day?	3	2	1	0
c. with feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen?	3	2	1	0
d. with becoming very distressed and upset when something reminded you of the past?	3	2	1	0
e. with thinking about ending your life or committing suicide?	3	2	1	0
EDScr 2. When was the last time that you did the following things two or more times?				
a. Lied or conned to get things you wanted or to avoid having to do something?	3	2	1	0
b. Had a hard time paying attention at school, work, or home?	3	2	1	0
c. Had a hard time listening to instructions at school, work, or home?	3	2	1	0
d. Were a bully or threatened other people?	3	2	1	0
e. Started physical fights with other people?	3	2	1	0
SDScr 3. When was the last time that…				
a. you used alcohol or other drugs weekly or more often?	3	2	1	0
b. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or feeling the effects of alcohol or other drugs?	3	2	1	0
c. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	3	2	1	0
d. your use of alcohol or other drugs caused you to give up, reduce or have problems at important activities at work, school, home, or social events?	3	2	1	0
e. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or that you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?	3	2	1	0

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(Continued) After each of the following questions, please tell us the last time that you had the problem, if ever, by answering, "In the past month" (3), "2-12 months ago" (2), "1 or more years ago" (1), or "Never" (0).	Past month	2 to 12 months ago	1+ years ago	Never
	3	2	1	0

CVScr

4. When was the last time that you…

a. had a disagreement in which you pushed, grabbed, or shoved someone?	3	2	1	0
b. took something from a store without paying for it?	3	2	1	0
c. sold, distributed, or helped to make illegal drugs?	3	2	1	0
d. drove a vehicle while under the influence of alcohol or illegal drugs?	3	2	1	0
e. purposely damaged or destroyed property that did not belong to you?	3	2	1	0

5. Do you have other significant psychological, behavioral, or personal problems that you want treatment for or help with? (If yes, please describe below) ..... Yes 1 No 0

v1. _____

v2. _____

v3. _____

6. What is your gender? (If other, please describe below) ……1-Male 2-Female 99-Other

v1. _____

7. How old are you today? |__|__| years

For Staff Use Only

8. Site ID: _____ Site Name v. _____
9. Staff ID: _____ Staff Name v. _____
10. Client ID: _____ Comment v. _____
11. Mode: 1) Administered by staff 2) Administered by other 3) Self-administered
12. Number of 2s and 3s: IDSscr: ____ EDScr: ____ SDScr: ____ CVScr: ____ TDScr: ____
13. Referral: MH____ SA ____ ANG ____ Other ____ 14. Referral Code: _____
15. Referral comments:

v1. _____

v2. _____

v3.

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2007-2008 CALENDAR

January 2007

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February 2007

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

March 2007

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April 2007

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2007

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June 2007

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July 2007

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August 2007

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2008-2009 CALENDAR

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June 2009

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November 2009

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2009-2010 CALENDAR

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February 2009

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March 2009

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November 2009

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February 2010

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April 2010

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August 2010

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September 2010

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December 2010

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Tear-off Instructions for Self-Administration

To complete the form:

- Start at the top of the first page and enter your first name, middle initial, and last name in the designated fields.
- Enter the date in the space below your name (be sure to use only numbers and the mm/dd/yyyy format—for instance, if today is January 1st 2006, enter "01/01/2006").
- Read the introductory paragraph.
- Start with the first item and continue in order.
- Please read each item carefully to avoid any misunderstanding. Be sure to follow the dotted line to the correct response choices.
- Be sure to choose only 1 response. Make sure that your responses are marked clearly. (On the online version, make sure that you choose the correct response.)
- If you have to make any corrections, be sure to cross out the original response and write the new response neatly.
- Answer as accurately as you can. If you have trouble remembering the last time something happened, use your very best estimate.
- Note that you can't answer a question with "Sometimes" or "Sort of" or "Maybe." Choose the response that comes closest to how you feel. If you really can't choose between the responses or don't know the answer, write "DK" (for "don't know") in the margin next to the item.
- While we encourage you to complete all the items, you can refuse any question that you feel uncomfortable answering. In that case we ask you to mark those items with "RF" for "refused."
- It is important that you answer every question or write "DK" or "RF." Otherwise, we will think that you just missed the answer by mistake and will ask you about it again.
- Don't forget to read the stem at the beginning of each section (e.g., "When was the last time…"). You should also repeat it before an item if you get interrupted and have to repeat or restart a question.
- For item 5 on the second page (Do you have other significant psychological, behavioral, or personal problems that you want treatment for or help with?), be sure to write neatly. You can write "None" if applicable. Note that the numbers v1, v2, and v3 are used for data entry purposes—if you have a long response, it's okay to use all 3 lines for 1 answer. You can also use the margin or another sheet if you need more space. Also note that you don't have to provide 3 responses but can write as much or as little as you like.
- For item 6, fill in your gender: 1 for male, 2 for female, 99 for other. If "other," use the line below the item to specify how you identify yourself.
- For item 7, fill in your age as of the date that you are doing the assessment.
- Please feel free to ask if you do not understand a question or word. You can also put a question mark (?) next to something you don't understand and we can go over it when you are done.
- When you are done, please bring the form to me. We will check it together to make sure that everything is complete, and I will answer any additional questions.
- Please don't fill in the Staff Use Only box at the bottom of the second page. It will be used to record administrative information and should be completed only by staff.

TEAR-OFF SAMPLE INTRODUCTION

The interviewer or other staff member should read the following script.

To help us get a better understanding of any problems you might have, how they are related to each other, and what kind of services might help you the most, I would like to spend about 5 minutes asking you 20 questions as part of a short screener that we use with many of our clients. Your answers are private and will be used only for your treatment and to help us evaluate our own services.

If you are not sure about an answer, please give us your best guess. If you simply do not know the answer to a question, you can tell me and I'll enter "DK" for that item. You may also refuse to answer any question, and I'll enter "RF" for that item. Please ask if you do not understand a question or a word. At the end of the interview, I will check to make sure that everything is complete, and I'll answer any additional questions.

Do you have any questions before we begin?

TEAR-OFF PERSONALIZING TIME ANCHORS

Several questions will ask you about things that may have happened during the past month, 2 to12 months ago, or more than 12 months ago. To help you remember these time periods, please look at this calendar.

- Do you recall anything that was going on about (DATE 30 DAYS AGO)? (PROBE FOR SPECIFIC EVENT, SEE BELOW IF PROBLEMS.)
    - If the last time that something happened was since (NAME OF EVENT THAT WAS 30 DAYS AGO), please answer, "Past month."
- Do you recall anything that was going on about (DATE 12 MONTHS AGO)? (PROBE FOR SPECIFIC EVENT, SEE BELOW IF PROBLEMS.)
    - If the last time that something happened was between (EVENT FROM 30 DAYS AGO) and (EVENT FROM 12 MONTHS AGO), please answer, "2 to12 months ago."
- If the last time something happened was before (EVENT 12 MONTHS AGO), please answer, "1+ years ago."
- If something has never happened, please answer, "Never."

If the client is unable to recall any events:

- Do you remember any birthdays, holidays, sporting or other special events that happened around (DATE 30 DAYS/12 MONTHS AGO)? Did anything change in terms of where you were living, who you were with, whether you were in treatment, work, school or jail? Where were you living then? Were you in treatment, working, in school, or involved with the law then?
    - *If the client still can't recall any events, use the 30-day/12-month target dates for the anchors.*