MENTAL HEALTH, SOCIAL-EMOTIONAL, AND BEHAVIORAL SCREENING AND EVALUATION COMPENDIUM

Center for School-Based Mental Health Programs

MIAMI UNIVERSITY
CENTER FOR SCHOOL-BASED MENTAL HEALTH PROGRAMS

Ohio Mental Health Network for School Success

OHIO Mental Health Network for School Success

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Introduction to the Compendium

Although up to 27% of youth experience externalizing behavior problems, depression, and anxiety, only one-sixth to one-third receive mental health treatment (see Weist et al., 2007). Considering that unaddressed mental health concerns can contribute to deleterious consequences, the New Freedom Commission on Mental Health (2003) identified mental health screening as one of six goals for transforming mental health care. Unfortunately, however, data suggest that only 2-3% of schools engage in mental health screening, and even those that do may not use the data to inform effective intervention (Vannest, 2012).

The purpose of this compendium is to provide a comprehensive source of information for practitioners engaged in mental health work about *freely accessible no-cost* mental health, social-emotional, and behavioral screening tools for children and adolescents. The initial list of tools was compiled through research database searches, internet searches, and input from field-based practitioners. After the initial list was drafted, it was sent to multiple individuals to review and add to, including Ohio Project AWARE staff and OMHNSS affiliates. After receiving additional instrument suggestions from multiple individuals, there were 50 screening tools on the final list for which we gathered information. It is important to note that some of the screening tools included in this compendium are intended to be used school-wide for population-based screening, whereas others are intended to be used to screen individual children/adolescents for specified risk factors. Further, we would like to note that including a screening tool in this compendium is not an endorsement of that tool for any specific purpose. We wanted to share a broad spectrum of tools with you, and in doing so, some are better than others at serving particular functions. Furthermore, several of these tools have not been studied in pediatric or inpatient settings rather than school-based settings. Finally, readers should consult with their state, district, and professional association guidelines, as well as instrument manual guidance, regarding procedures for screening consent, user qualifications, and interpretive guidelines.

We hope this will be a helpful resource to practitioners looking for screening tools; however, we also encourage individuals and schools utilizing this compendium to consult other sources for additional information when selecting the most appropriate screening tool(s) for their needs. Any potential screening instrument should be evaluated on a variety of dimensions, including: (1) its appropriateness for the intended use (e.g., content and population fit); (2) its technical adequacy (e.g., reliability and validity); and (3) its usability (e.g., ease of administration and acceptability) (Glover & Albers, 2007).

For more suggestions on how this compendium can be navigated and used, please see the example scenarios located in the Appendix (page 74) and the list of screening topics located in the index (page 77).

Comparison of Select Screening Tools

Instrument	Author/Year	Description	Target Population	Length	Other
A Safe Environment for Every Kid-Parent Questionnaire (SEEK-PQ)	Dubowitz et al. (2012)	Parent questionnaire that screens for parental behavior, hardships, and other psychosocial problems that could put their children at risk for maltreatment	0—5 years old	15-items	Available in English, Chinese, Spanish, & Vietnamese
Acceptance of Couple Violence	Foshee, Fothergill & Stuart (1992)	Brief assessment of attitudes towards, and acceptance of, dating violence	Originally for 8th-9th graders, but has been used with older adolescents	11-items	Spanish version available (but not through this compendium)
Brief Impairment Scale (BIS)	Bird, Canino, Davies, Ramirez, Chavez, Duarte & Shen (2005)	Assessment of interpersonal relations, school/work functioning, and self-care/self-fulfillment	Children & Adolescents	23-items; 3—5 minutes	
California School Climate and Safety Survey (CSCSS)	Furlong, Morrison & Boles (1991)	Student self-report assessment of school climate and safety issues	Grades 6th-12th	Short Form: 40-items; Brief Form: 15-items	
Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT)	Knight et al. (1999)	Screen for high risk alcohol and other substance use disorders	Children under 21 year olds; recommended for adolescents	4—9 items	

Center for Epidemiological Studies Depression Scale for Children (CES-DC)	Weissman, Orvaschel & Padian (1980)	Brief self-report screen for symptoms of depression in children and adolescents	6—17 year olds	20-items; 5 minutes	Modified version of the Center for Epidemiological Studies Depression Scale (CES) for use with children
Child/Adolescent Psychiatry Screen (CAPS)	Bostic (2004)	Screener for wide range of mental health issues (e.g., anxiety, OCD, PTSD, ADHD, eating and learning disorders, etc.)	3—21 year olds	85-items; 15—20 minutes	
Child and Youth Resilience Measure (CYRM)	Ungar & Liebenberg (2011; 2013)	Assesses individual or global resilience in youth and adults across cultures	5 years and older	28- items; 15 minutes 12- items; 10 minutes	Available in 7 languages
Childhood Severity of Psychiatric Illness (CSPI-3.1)	Praed Foundation (2002)	Screen for potential child crises, including risk behaviors, behavioral/emotional symptoms, functioning problems, juvenile justice status, child protection, and caregiver need/strengths	Children & Adolescents	34-items	
Childhood Trust Events Survey 2.0 (CTES 2.0)	Cincinnati Children's Hospital Medical Center (2006)	Parent and child self-report screener for traumatic experiences in childhood or adolescence	Children & Adolescents	26—30 items	Available in English & Spanish
Children's Eating Attitudes Test (ChEAT)	Maloney, McGuire, Daniels & Specker (1989)	Brief assessment of eating and dieting attitudes among children and adolescents.	8—14 years old	26-items	Available in other languages (but not through this compendium)
Children's Impact of Event Scale 8 (CRIES-8)	Children and War Foundation (1998)	Brief self-report screening tool for symptoms of post-traumatic stress disorder in children	8+ year olds	8-items	Available in 19 languages

Classroom Climate Scale	Multisite Violence Prevention Project (2004), modified from Vessels (1998)	Measurement of school climate	Students (11-14 years old) and Teachers	18-items	
Columbia Impairment Scale (CIS)	Bird, Shaffer, Fisher & Gould (1993)	Global measure of impairment across interpersonal relations, broad psychological domains, school/job functioning, and use of leisure time	Children & Adolescents	13-items; 3 minutes	
Columbia-Suicide Severity Rating Scale (C-SSRS)	The Research Foundation for Mental Hygiene, Inc. (2008)	Brief rating scale that measures for signs of suicidality in patients	Children, Adolescents, & Adults	6-items	
COPE Inventory	Carver, Scheier, & Weintraub (1989) Carver (1997)	Self-report instrument that indicates the coping strategies and styles of individuals	14 years and older	60-items; 15-20 minutes 28-items	Instrument can be translated to other languages. A Spanish version is readily available.
Depression, Anxiety, and Stress Scales (DASS)	Lovibond & Lovibond (1995)	Assesses negative emotions associated with depression, anxiety and stress	Adolescents and adults	47-items; 21-items	Available in 39 languages
Difficulties in Emotion Regulation Scale (DERS)	Gratz & Roemer (2004)	Assesses emotional dysregulation in children, adolescents and adults	11 years and older	36-items	Available in 8 languages
Disruptive Behavior Disorder Rating Scale (DBD)	Pelham, Evans, Gnagy, & Greenslade (1992)	DSM-IV based screening tool that identifies symptoms of attention-deficit/hyperactivity disorder (ADHD), conduct disorder, and oppositional defiant disorder in children	Children	45-items	

Early Childhood Screening Assessment (ECSA)	Gleason, Zeanah & Dickstein (2006)	Screen for emotional/behavioral development as well as maternal stress	1.5—5 year olds	40-items; 5—10 minutes	Available in English, Spanish, & Romanian
Early Screening Project (ESP)	Walker, Severson & Feil (1995)	Screening tool for adjustment problems and/or emotional and learning disorders in preschoolers	3—5 year olds	Stage 1 & 2: 1 hour Stage 3: 20 minutes	
Early Warning System (EWS)	Heppen, O'Cummings & Therriault (2008)	School-wide data collection and analysis tool that screens for students at risk of dropping out	11—18 year olds		Microsoft Excel-based tool
General Self-Efficacy Scale (GSE)	Schwarzer & Jerusalem (1995)	Assesses perceived self-efficacy in adolescents and adults	12 years and older	10-items; 6-item version also available	Available in 30 additional languages
Georgia Student Health Survey 2.0 (GSHS 2.0)	La Salle & Meyers (2014)	School-wide survey that measures for indicators of positive or negative school climate, especially issues related to student health and safety	GESCS: 3rd-5th graders GSHS 2.0: 6th-12th graders	11—121 items	
Guidelines for Adolescent Prevention Survey (GAPS)	American Medical Association (1997)	Rating scale to identify adolescents at risk for behavioral and lifestyle concerns	11—21 year olds	Parent Form: 15-items; Younger Adolescent Form: 72-items; Middle-Older Adolescent Form: 61-items	
Home, Education, Activities/peers, Drugs/alcohol, Suicidality, Emotions/behaviors,	Cappelli, Bragg, Cloutier, Doucet, Glennie, Gray, Jabbour, Lyons & Zemek (2011)	A quick mental health screening tool originally designed to be used in Emergency Departments	Adolescents	7-items	Longer, in-depth version available

and Discharge resources (HEADS-ED)					
Interpersonal Support Evaluation List (ISEL)	Cohen & Hoberman (1983)	Assessment of perceived social support	Adolescents and adults	12—48 items	Available in 8 additional languages
KINDL-Questionnaire (KINDL)	Ravens-Sieberer & Bullinger (1998)	Measurement of child and adolescent quality of life	4—17 years old	12—46 items; 5-15 minutes	Available in 27 languages. Disease specific modules are also available.
Kutcher Adolescent Depression Scale (KADS-6 & KADS-11)	Kutcher (2006)	Brief self-report form that screens for signs and degree of adolescent depression	12—17 year olds	6—16 items	
Mental Health Inventory (MHI)	Veit & Ware (1983)	Assesses psychological health of adolescents and adults over the past month	13 years and older	38-items; 5-10 minutes	Available in 14 different languages
Mental Health Screening Tool (MHST)	California Institute for Mental Health (2000)	Screen to determine need and urgency for full mental health assessment referral	MHST 0-5: 0—5 year olds; MHST: 5+ year olds	MHST 0-5: 4-items; MHST: 13-items	Originally developed for children in out-of-home placements, but can be used in other populations
Modified Overt Aggression Scale (MOAS)	Kay, Wolkenfeld & Murrill (1988)	Brief assessment of patients' verbal aggression, aggression against property, auto aggression, and physical aggression	Typically used with psychiatric populations or individuals with intellectual disabilities or autism spectrum disorders	4-items	

Mood and Feelings Questionnaire (MFQ & SMFQ)	Angold & Costello (1987)	Measure for DSM-III-R depression criteria in children and adolescents based on statements about their recent moods and actions	School age-children, adolescents & adults	13—34 items	
Patient Health Questionnaire (PHQ-9A & PHQ-2)	Johnson (2002) Kroenke, Spitzer & Williams (2003)	Quick patient survey that screens for signs of adolescent depression	Adolescents	2—13 items	Translations are available in many languages
Pediatric Symptom Checklist (PSC-35 & PSC-17)	Jellinek & Murphy (1988) Gardner & Kelleher (1999)	Brief screening tool for mental health disorders in children and adolescents	4—18 year olds	17—35 items; 5—10 minutes	PSC-35: available in 19 languages PSC-17: available in 4 languages
Personal Wellbeing Index (PWI)	Cummins & Lau (2002; 2005; 2006)	Assesses the quality of life of children, adolescents, and adults	Preschool and older	7-8 items	There is a French adult version as well as a version for those with intellectual disabilities
Problem Oriented Screening Instrument for Teenagers (POSIT)	Rahdert (1991)	Screener for 10 problem areas, including substance use, mental/physical health, family/peer relations, vocation, & special education	12—19 year olds	139-items; 20—25 minutes	Available in English & Spanish
Profile of Mood States-Adolescents (POMS-A)	Terry, Lane, Lane, & Keohane (1999)	Assesses distressed moods in adolescents	11—18 years	24-items	
Responses to Stress Questionnaire (RSQ)	Connor-Smith, Compas, Wadsworth, Thomsen, & Saltzman (2000)	Assesses how individuals cope with stress in specified domains	9 years and older	57-items	Certain versions are available in Spanish and Chinese
Revised Children's Anxiety and Depression Scale (RCADS)	Chorpita, Yim, Moffitt, Umemoto, & Francis (1998; 2003 for RCADS-P)	Assesses anxiety and depression according to DSM-IV criteria	Grades 3-12	47-items	Youth Version: available in 9 languages

					Parent version: available in 5 languages
Rosenberg Self- Esteem Scale (RSES)	Rosenberg (1965; 1989)	Assesses self-esteem in adolescents and adults	12 years and older	10-items; 1-2 minutes	Has been translated into many languages. Translations not available through this compendium.
Screen for Child Anxiety Related Disorders (SCARED)	Birmaher, Khetarpal, Cully, Brent & Mckenzie (1995)	DSM-IV based self-report screener for child anxiety related disorders, such as social/school phobias, and separation anxiety, panic and general anxiety disorders	8—18 year olds	41-items; 10 minutes	A 66-item version exists and measures specific phobias, obsessive-compulsive disorder, and post-traumatic stress disorder
ADAPTED-SAD PERSONS	Juhnke (1996)	Screen for suicide risk	Children & Adolescents	10-items	A score of 1-2 points suggests low risk, 3-5 points suggests moderate risk, and 7-10 points suggests high risk
SNAP-IV-C Rating Scale (SNAP-IV or SNAP-IV-R)	Swanson et al., 2001	DSM-IV based screening tool for attention and other mental disorders	6—18 years old	90-items; 10 minutes	Other versions of the SNAP-IV are available
Social, Academic, and Emotional Behavior Risk Screener (SAEBRS)	Kilgus, Chafouleas, Riley-Tillman & von der Embse (2013)	A short instrument that screens students for signs of emotional or behavioral problems and risks	5—18 year olds	19-items	Scores can be classified as “at-risk” or “not at-risk”
Strengths and Difficulties Questionnaire (SDQ)	Goodman (1997)	Screen for internalizing/externalizing problems and prosocial behavior	2—16 year olds	25-items	Available in over 50 languages

Student Risk Screening Scale (SRSS)	Drummond (1994)	Screening tool for signs of antisocial behavior in students	Students	10-15 minutes for class of 25 students	Can also be used as a tool for monitoring changes in student risk status over time
Student-Teacher Relationship Scale (STRS)	Pianta (1991)	Assesses the quality of individual student-teacher relationships	Teachers of kindergarteners to—3rd graders (3-12 years old)	15-items; 28-items	Dutch and Greek versions have been validated
Survey of Wellbeing of Young Children (SWYC)	Perrin & Sheldrick (2014)	Short screener that measures behavior, development, and family risk for young children	0—5 year olds	15 minutes	Scoring guides are available for individual scales within the SWYC
Vanderbilt ADHD Diagnostic Rating Scales (VDRS)	Wolraich (1996)	Screener for symptoms of ADHD and other attention/mood problems	6—12 years old	43—55 items	

A Safe Environment for Every Kid-Parent Questionnaire

(SEEK-PQ; Dubowitz et al., 2012)

Jump to: **Comparison Chart** or **Index**

Description

Parent self-report questionnaire that screens for parental behavior, hardships, and other psychosocial problems that could put their children at risk for maltreatment.

Target Population

Children ages 0-5 years old

Informants

Parent or Caregiver

Logistics/Use

Parents or caregivers fill out this form in the waiting room at their medical provider's office before their child's scheduled check-up.

15-items

Sample Technical Properties

In a summary of the research on the instrument, Dubowitz, Feigelman, Lane, and Kim (2009, p. 860) state that the instrument has "moderately good" sensitivity, selectivity, and predictive values.

Cost and Availability

Free and available at:
https://mmcp.dhmh.maryland.gov/epsdt/healthykids/Documents/Child%20Abuse%20Assessment%20(Seek%20Questionnaire).pdf

Other

Available in English, Chinese, Spanish and Vietnamese

Acceptance of Couple Violence
(Foshee, Fothergill & Stuart, 1992)

Jump to: **Comparison Chart** or **Index**

Description
Brief assessment of attitudes towards, and acceptance of, dating violence.

Target Population
Originally used for 8th-9th grade students, although has also been used with older adolescents.

Informants
Adolescents (self-report)

Logistics/Use
Three subscales are measured: (1) acceptance of male-to-female violence, (2) acceptance of female-to-male violence, and (3) acceptance of general dating violence.

11-items

Sample Technical Properties
Internal consistencies have been reported to range from 0.71-0.74 for the original English version and 0.76 for the Spanish version (see Clarey, Hokoda, & Ulloa, 2010).

Cost and Availability
Free and available at:
http://www.excellenceforchildandyouth.ca/sites/default/files/meas_attach/Acceptance_of_Couple_Violence.pdf

Other
Spanish version is available (but not through this compendium).

Brief Impairment Scale
(BIS; Bird, Canino, Davies, Ramirez, Chavez, Duarte & Shen, 2005)

Jump to: **Comparison Chart** or **Index**

Description
The BIS is an instrument assessing three domains: interpersonal relations, school/work functioning, and self-care/self-fulfillment.

Target Population
Children and Adolescents

Informants
Parent or caregiver

Logistics/Use
Clinicians conduct the interview with a parent or caregiver.

23-items
Completion Time: 3-5 minutes

Sample Technical Properties
Bird, Canino, Davies, Ramirez, Chavez, Duarte, & Shen (2005) found high internal consistency for the total scale (range = 0.81 to 0.88) although lower values emerged on the three subscales (range = 0.56 to 0.81). Overall test-retest reliability was moderate (ICC = 0.70) but test-retest reliability on the individual items ranged from slight agreement to substantial agreement. Convergent validity, concurrent validity, and face validity were found to be good. Bird et al. concluded that the BIS, "…is psychometrically sound, useful in assessments and as an outcome measure in clinical practice and research" (p. 699).

Cost and Availability
Free and available at:
http://www.heardalliance.org/wp-content/uploads/2011/04/Brief-Impairment-Scale-English.pdf

Other

California School Climate and Safety Survey
(CSCSS; Furlong, Morrison, & Boles, 1991)

Jump to: **Comparison Chart** or **Index**

Description

Student self-report assessment of school climate and safety issues.

Target Population

Students (Grades 6th-12th)

*10 years old at the youngest

Informants

Students (self-report)

Logistics/Use

CSCSS-SF (Short Form, 2005): 40-items

CSCSS-B (Brief Form, also known as CSCSS-PM for progress monitoring, 2013): 15-items
Brief/Progress Monitoring Form allows schools to gather data multiple times throughout the year in order to monitor changes.

Sample Technical Properties

CSCSS-SF: Regarding internal consistency for the short form, alpha coefficients for the four subscales range from 0.65—0.89 (see Furlong, 2012).

CSCSS-B/CSCSS-PM: Alpha coefficients for the brief/progress monitoring form have been found to range from 0.61-0.82 for the four subscales (see Furlong, 2012). Regarding test-retest stability for this form, 7-month stability coefficients range from 0.32—0.52 for the four scales (see Furlong, 2012).

Cost and Availability

Free and available at:
CSCSS-SF: **http://www.michaelfurlong.info/CSCSS/cscss-sf-sample.pdf** (Short Form)

CSCSS-B/CSCSS-PM: **http://www.michaelfurlong.info/CSCSS/cscss-danger-climate-and.pdf**
(Brief/Progress Monitoring Form)

Other

Car, Relax, Alone, Forget, Friends, Trouble
(CRAFFT; Knight et al., 1999)

Jump to: **Comparison Chart** or **Index**

Description

Tool used to screen children and adolescents for high risk of alcohol and other substance use disorders.

Target Population

Children under age 21 years old (Recommended for adolescents)

Informants

Clinician or Adolescent

Logistics/Use

Consists of three introductory questions and a series of six additional questions. If the adolescent answers "No" to all three introductory questions, only ask the first of the additional six questions. If the adolescent answers "Yes" to any of the introductory questions, ask all of the six additional questions.

Can be administered as a self-report survey or can be conducted as an interview by a clinician.

Sample Technical Properties

Knight, Sherritt, Shrier, Harris & Chang (2002) studied the validity of the CRAFFT among 534 adolescent clinic patients. The researchers found acceptable sensitivity and specificity for identifying any disorder (i.e., substance abuse or dependence) among all demographic groups. They also found acceptable internal consistency.

Cost and Availability

Free and available at:

http://www.ceasar-boston.org/CRAFFT/pdf/CRAFFT_English.pdf (Clinician Interview Form)

http://www.ceasar-boston.org/CRAFFT/pdf/CRAFFT_SA_English.pdf (Adolescent Survey Form)

Other

Center for Epidemiological Studies Depression Scale for Children

(CES-DC; Weissman, Orvaschel & Padian, 1980)

Jump to: **Comparison Chart** or **Index**

Description
Brief self-report form to screen for symptoms of depression in children and adolescents.

Target Population
Children & Adolescents (ages 6-17 years old)

Informants
Youth

Logistics/Use
20-items
Completion time: 5 minutes

Sample Technical Properties
Fendrich, Weissman, and Warner (1990) studied the CES-DC and found evidence of its reliability and validity for identifying symptoms of depression, particularly in girls and children ages 12-18. However, they also found it lacked diagnostic specificity, meaning that children with a variety of mental health diagnoses were observed to score high on the scale. Based on their analyses, they also concluded that an abbreviated scale using only 4 of the items may be a useful screener.

Cost and Availability
Free and available at:
http://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces_dc.pdf

Other
Modified version of the Center for Epidemiological Studies Depression Scale (CES) designed to be appropriate for use with children

Child/Adolescent Psychiatry Screen
(CAPS; Bostic, 2004)

Jump to: **Comparison Chart** or **Index**

Description

The CAPS is designed to be used as a screening tool to determine if a child may be showing signs or risks of a wide range of mental health issues. There are items examining symptoms related to anxiety, panic disorder, phobias, obsessive-compulsive disorder, post-traumatic stress, generalized anxiety disorder, enuresis (bed-wetting)/encopresis (fecal soiling), tics, attention deficit/hyperactivity disorder, mania/bipolar disorder, depression, substance abuse/dependence, anorexia, bulimia, antisocial disorder, oppositional defiant disorder, hallucinations/delusions, learning disability, and autistic spectrum.

Target Population

Children and Adolescents (ages 3-21 years old)

Informants

Parent

Logistics/Use

Items are rated as not occurring, mild, moderate, or severe over the past 6 months (the respondent can also indicate if the behavior was problematic only prior to 6 months ago).

Any items that have clusters of "Moderate" or "Severe" should be discussed with a trained clinician. Elevated scores suggest further diagnostic assessment may be needed, although symptoms of suicidal or self-harm behaviors warrant immediate care.

85-items
Completion time: 15-20 minutes

Sample Technical Properties

No published data on the psychometrics of CAPS (Russell, Nair, Mammen & Shankar, 2012).

Cost and Availability

Free and available at:
http://www2.massgeneral.org/schoolpsychiatry/ChildAdolescentPscychiatryScreenCAPS.pdf

Other

Child and Youth Resilience Measure
(CYRM-28; Ungar & Liebenberg, 2011; 2013)

Jump to: **Comparison Chart** or **Index**

Description

Self-report instrument that measures individual or global resilience in youth and adults across cultures.

Target Population

Children, adolescents, and adults (ages 5 years and older)

Informants

Self-report or someone who knows the participant well

Logistics/Use

Items are rated on a 5-point Likert scale ranging from Not at All (1) to A Lot (5). This measure can be hand scored and interpreted without training. Higher scores suggest greater resilience factors.

CYRM-28: 28-items
Completion time: 15 minutes
Available in four versions: child (5-9 years); youth (10-23 years); adult (24years+); person most knowledgeable (someone who knows the participant well)

CYRM-12: 12-items
Completion time: 10 minutes

Sample Technical Properties

Liebenberg, Ungar and Van de Vijver (2012) report "the CYRM-28 as a reliable and valid self-report instrument" (p. 219).

Liebenberg, Ungar and LeBlance (2013) concluded that "results show sufficient content validity of the CYRM-12 to merit its use as a screener for resilience processes in the lives of adolescents" (p. 1).

Cost and Availability

Free and available at:
http://www.resilienceproject.org/research/resources/tools/33-the-child-and-youth-resilience-measure-cyrm
Note: you must request the instrument from the authors using the web address above or by emailing **rrc@dal.ca**

Other

Available in English, Spanish, Afrikaans, Albanian, Persian, Urdu, and Portuguese.

Childhood Severity of Psychiatric Illness
(CSPI-3.1; Praed Foundation, 2002)

Jump to: **Comparison Chart** or **Index**

Description

Tool to assess the needs of children experiencing a crisis and to inform intervention decisions regarding risk behaviors, behavioral/emotional symptoms, functioning problems, juvenile justice status, child protection, and caregiver needs/strengths.

Target Population

Children and Adolescents

Informants

Clinicians

Logistics/Use

Ratings should be based on the past 30 days.

Formal training is required prior to administration.

34-items

Sample Technical Properties

There is limited psychometric information available. However, Leon, Uziel-Miller, Lyons, and Tracy (1999) found that inter-rater reliability for the CSPI during a 3-hour training on its use/implementation ranged from .7 to .8 and remained .67 after the training.

Cost and Availability

Free and available at:
https://www.sasscares.org/CSPI3.1%20Manual%20Update%20June%202014%20Final.pdf

Other

Childhood Trust Events Survey 2.0
(CTES; Cincinnati Children's Hospital Medical Center, 2006)

Jump to: **Comparison Chart** or **Index**

Description
Screener for traumatic experiences in childhood or adolescence.

Target Population
Children and Adolescents

Informants
Children/Adolescents (child version) and Parent/Caregiver (caregiver version)

Logistics/Use
Short version: 26-items

Long version: 30-items

Items are answered in a yes/no format but there is space available to provide details about the adverse experiences.

Sample Technical Properties
This tool is designed to capture historical information about adversities experienced, rather than serve as a diagnostic tool (Holmes, Levy, Smith, Pinne & Neese, 2014). Therefore, no reliability or validity data could be found.

Cost and Availability
Free and available at:
http://drjenna.net/wp-content/uploads/2013/07/trauma_events_survey_for.pdf (Child and Adolescent Short Form--for those 8 years old and up)

http://www.youthandfamilyservices.org/wp-content/uploads/2013/10/The-Childhood-Trust-Events-Survey-A-Long-form.pdf (Child and Adolescent Long Form)

http://www.biomedcentral.com/content/supplementary/1471-2431-13-208-S1.pdf (Parent/Caregiver Short Form--for children under 8 years old)

Other
Available in English and Spanish.

Children's Eating Attitudes Test
(ChEAT; Maloney, McGuire, Daniels & Specker, 1989)

Jump to: **Comparison Chart** or **Index**

Description
Brief assessment of eating and dieting attitudes among children and adolescents. Items assess body/weight concern, dieting, food preoccupation, and oral control.

Target Population
Children and Adolescents (ages 8-14 years old)

Informants
Child/Adolescent (self-report)

Logistics/Use
Uses include screening for the need for further evaluation and assessing progress in during treatments.

26-items rated on a 6-point scale ranging from "Always" to "Never"

Sample Technical Properties
In a sample of 308 female middle school students, the instrument was found to have adequate internal reliability (Smolak & Levine, 1994). Smolak & Levine (1994) concluded that "the ChEAT emerged as a promising instrument for measuring disturbed eating attitudes and behaviors in middle school girls" (p. 275).

Cost and Availability
Free and available at:
http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/ChEAT.pdf

Other
Available in other languages (but not through this compendium).

Children's Impact of Event Scale 8
(CRIES-8; Children and War Foundation, 1998)

Jump to: **Comparison Chart** or **Index**

Description

Brief self-report screening tool for symptoms of post-traumatic stress disorder in children. This instrument is based on the CRIES-13, but does not include 5 items from that instrument intended to measure arousal.

Target Population

Children aged 8 years and above who are able to read independently

Informants

Child

Logistics/Use

May be administered in groups.
8-items

Sample Technical Properties

Perrin, Meiser-Stedman & Smith (2005) found that in both clinic and emergency room samples, sensitivity and specificity of the CRIES-8 were maximized at a cutoff score of 17, and 75-83% of the children across the two samples could be accurately identified at that same cutoff score. Furthermore, their analyses revealed that the CRIES-8, "…worked as efficiently as the CRIES-13…in correctly classifying children with and without PTSD" (p. 487).

Cost and Availability

Free and available at:
https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0CCUQFjAB&url=http%3A%2F%2Fwww.childrenandwar.org%2Fwp-content%2Fuploads%2F2009%2F03%2Fintrocries8.doc&ei=sYPwVIrMDMKuggSm_YLYDQ&usg=AFQjCNF5bMbbBJVPm4GmECWVhGt6RA7Mpg&sig2=INeijLslaaZGseNGqmoP4Q

Other

Available in 19 different languages from:
http://www.childrenandwar.org/measures/children%E2%80%99s-revised-impact-of-event-scale-8-%E2%80%93-cries-8/

Classroom Climate Scale
(developed by Vessels, 1998; modified by the Multisite Violence Prevention Project, 2004)

Jump to: **Comparison Chart** or **Index**

Description

Self-report instrument that measures school climate through assessing peer and student-teacher relationships, as well as awareness and reporting of violence in schools. It can also be used as a comparison tool between different populations (e.g., classes, schools, etc.).

Target Population

Children and adolescents in 6th-8th grade (ages 11 to 14 years old) and teachers

Informants

Self-report

Logistics/Use

Items are rated on a 4-point Likert scale from Strongly Disagree (1) to Strongly Agree (4). This measure can be hand scored and no training is needed for scoring or interpretation.

18-items

Sample Technical Properties

Miller-Johnson, Sullivan, Simon, and the Multisite Violence Prevention Project (2004) report good internal consistency, with a total score alpha coefficient of 0.77 for the student respondents and 0.85 for the teacher respondents.

Cost and Availability

Free and available at:
http://www.excellenceforchildandyouth.ca/sites/default/files/meas_attach/Classroom_Climate_Scale.pdf

Other

Columbia Impairment Scale
(CIS; Bird, Shaffer, Fisher & Gould, 1993)

Jump to: **Comparison Chart** or **Index**

Description

The CIS is an instrument designed to provide a global measure of impairment in children and adolescents across four major areas of functioning: interpersonal relations, broad psychopathological domains, functioning in one's job or schoolwork, and use of leisure time.

Target Population

Children and Adolescents

Informants

Parent or Youth

Logistics/Use

13-items

Completion time: approximately 3 minutes

Sample Technical Properties

Bird & Gould (1995, as cited in Essau, Muris, & Ederer, 2002, p.5) reported that the CIS has excellent psychometric properties for children ages 9 to 17 years old.

Bird et al. (1996, as cited in Essau et al., 2002, p. 5) found high internal consistency and test-retest reliability for the CIS, as well as reported that it correlated significantly with clinician's ratings based on the Children's Global Assessment Scale.

Cost and Availability

Free and available at:

https://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/MentalHealth/Columbia/CIS-Parent%20web%20system%20version%20w%20instructions_1.pdf (Parent Form)

https://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/MentalHealth/Columbia/CIS-Y%20-youth%20web%20system%20version%20w%20instructions_1.pdf (Youth Form)

Other

Columbia-Suicide Severity Rating Scale (C-SSRS; Research Foundation for Mental Hygiene, Inc., 2008)

Jump to: **Comparison Chart** or **Index**

Description

Brief rating scale that measures for signs of suicidality.

Target Population

Children, adolescents, and adults

Informants

Patient

Logistics/Use

Clinician conducts interview with patient, although no mental health training is required to administer it.

Sample Technical Properties

Posner et al. (2011) reported data from three multisite studies, revealing good convergent and divergent validity as well as high sensitivity and specificity for suicidal behavior. The internal consistency of the scale ranged from moderate to high. Overall, the authors concluded that the C-SSRS, "…is suitable for assessment of suicidal ideation and behavior in clinical and research settings" (p. 1266).

Cost and Availability

Free and available at:
http://www.integration.samhsa.gov/clinical-practice/Columbia_Suicide_Severity_Rating_Scale.pdf

Other

COPE Inventory

(COPE, Carver, Scheier, & Weintraub, 1989; Brief COPE, Carver, 1997)

Jump to: **Comparison Chart** or **Index**

Description

Self-report instrument that indicates the coping strategies and styles of individuals.

Target Population

Adolescents and adults (ages 14 years and older)

Informants

Self-report

Logistics/Use

Items are rated on a 4-point Likert scale from Usually don't do this at all (1) to I usually do this a lot (4). This measure can be hand scored and no specific training is needed for scoring.

COPE: 60-items
Completion time: 15-20 minutes
Brief COPE: 28-items

Sample Technical Properties

Carver, Scheier, and Weintraub (1989) reported convergent and discriminant validity, test-retest reliability, and sufficient Cronbach's alpha reliability coefficients for the COPE Inventory.

In a sample of 484 high school students, ages 14-18 years old, Phelps and Jarvis (1994) found high internal consistency reliability, and concluded that the instrument, "…has sufficient reliability for use with an adolescent population" (p. 368).

Cost and Availability

Free and available at:
COPE:
http://www.excellenceforchildandyouth.ca/sites/default/files/meas_attach/COPE_Inventory.pdf
Brief COPE:
http://www.excellenceforchildandyouth.ca/sites/default/files/meas_attach/Cope_Inventory_Brief.pdf

Other

Instrument may be translated to other languages. Spanish versions are available through this website:
http://www.psy.miami.edu/faculty/ccarver/sclCOPEF.html

Depression, Anxiety, and Stress Scales
(DASS; Lovibond & Lovibond, 1995)

Jump to: **Comparison Chart** or **Index**

Description

Self-report measure that assesses negative emotions associated with depression, anxiety and stress.

Target Population

Adolescents and adults (has also been used with caution in children ages 11 and up, but this is not recommended)

Informants

Child, Adolescent or Adult (Self report)

Logistics/Use

Items are rated on a 4 point Likert scale ranging from Did not apply to me at all (0) to Applied to me very much, or most of the time (3). Hand scored.

Long Form: 47-items
Short Form: 21-items

Interpretation requires training in psychology and assessment.

Sample Technical Properties

Antony, Bieling, Cox, Enns, & Swinson (1998) studied the DASS and DASS-21 psychometrics in clinical groups and a non-clinical sample of adults. They found concurrent validity and internal consistency on both measures ranged from acceptable to excellent, and the DASS distinguishes well between various emotions associated with depression, anxiety, and stress.

Patrick, Dyck, and Bramston (2010) studied the use of the DASS-21 with children and adolescents and found that rather than measuring three distinct constructs (i.e., depression, stress, and anxiety), the DASS-21 measured a unidimensional construct of general distress. In other words, the scale did not distinguish between anxiety, stress, and anxiety in their sample.

Cost and Availability

Free and available at:
http://www2.psy.unsw.edu.au/groups/dass/down.htm

Other

Available in 39 different languages: Arabic, Bangla, Chinese, Danish, Dutch, English, Filipino, Finnish, French (Canadian), German, Greek, Hebrew, Hindi, Hungarian, Icelandic, Indonesian, Italian, Japanese, Korean, Malaysian, Norwegian, Persian, Polish, Portuguese, Romanian, Russian, Serbian, Sinhala, Slovenian, Spanish, Swedish, Taiwanese, Tamil, Thai, Turkish, Urdu, Vietnamese.

Difficulties in Emotion Regulation Scale
(DERS; Gratz & Roemer, 2004)

Jump to: **Comparison Chart** or **Index**

Description

Self-report instrument for children, adolescents, and adults that measures levels of emotional dysregulation. This measure contains six subscales: non-acceptance of emotional responses, difficulty engaging in goal-directed behavior, impulse control difficulties, lack of emotional awareness, limited access to emotion regulation strategies, and lack of emotional clarity.

Target Population

Children, adolescents, and adults (ages 11 years and older)

Informants

Self-report

Logistics/Use

Items are rated on a 5-point Likert scale ranging from Almost Never (1) to 5 (Almost Always). Can be hand-scored and does not require any qualifications to interpret. Higher scores indicate increasing difficulty with regulating emotions.

36-items

Sample Technical Properties

Gratz and Roemer (2004) report "high internal consistency, good test-retest reliability, and adequate construct and predictive validity" (p. 41).

Cost and Availability

Free and available at:
http://www.excellenceforchildandyouth.ca/sites/default/files/meas_attach/Difficulties_in_Emotion_Regulation_Scale_(DERS).pdf

Other

Available in Chinese, Dutch, English, German, Italian, Portuguese, Spanish, and Turkish

Disruptive Behavior Disorder Rating Scale
(DBD; Pelham, Evans, Gnagy, & Greenslade, 1992)

Jump to: **Comparison Chart** or **Index**

Description

DSM-IV based screening tool that identifies symptoms of attention-deficit/hyperactivity disorder (ADHD), conduct disorder (CD), and oppositional defiant disorder (ODD) in children.

Target Population

Children

Informants

Parent or Teacher

Logistics/Use

45-items

Sample Technical Properties

Pelham, Gnagy, Greenslade, and Milich (1992) studied the functioning of the original DSM-III-R-based version of the DBD in a sample of 364 boys (ages 5-19 years) attending special education classes. Regarding internal consistency, coefficient alphas ranged from a low of .81 for the CD items to a high of .95 for the ADHD and ODD items. Notable overlap among the three disruptive behavior disorders was found. Several key symptoms of ADHD were found to have poor positive predictive validity.

Additional psychometric data were found in the following poster presentation:
http://ccf.buffalo.edu/posters/Massetti_Situational%20_Variability_AABT2003.pdf

Cost and Availability

Free and available at:
http://ccf.buffalo.edu/pdf/DBD_rating_scale.pdf

Other

Early Childhood Screening Assessment
(ECSA; Gleason, Zeanah & Dickstein, 2006)

Jump to: **Comparison Chart** or **Index**

Description
Instrument designed to screen for child emotional/behavioral development as well as maternal stress.

Target Population
Children age 18-60 months old

Informants
Parents or Child Care Provider

Logistics/Use
Answer the questions about your child as compared to other children of the same age.

There is one form for all age groups.

40-items
Completion time: 5-10 min

Sample Technical Properties
In a study of 309 mothers at two primary care clinics, Gleason, Zeanah & Dickstein (2010) found the internal consistency of the ECSA was 0.91. Test-retest reliability at 10 days was excellent (Spearman's rho = 0.81, $p \leq .01$). Based on their research, Gleason et al. (2010) concluded that, "The ECSA…demonstrates strong convergent validity, criterion validity, and test-retest reliability in the pediatric setting" (p.335).

Cost and Availability
Free and available at:
http://www.infantinstitute.org/wp-content/uploads/2013/07/ECSA-40-Child-Care1.pdf

Other
Available in English, Spanish and Romanian

Early Screening Project
(ESP; Walker, Severson & Feil, 1995)

Jump to: **Comparison Chart** or **Index**

Description

Screening tool for adjustment problems in preschoolers, specifically in the form of internalizing or externalizing behaviors. Also screens for other possible problems, such as emotional and learning disorders.

Target Population

Preschoolers (children ages 3-5 years old)

Informants

Stage 1 & 2: Teacher
Stage 3: Non-Teacher (Counselor, Psychologist, Special Consultant, or Others) Parent

Logistics/Use

Class-wide screening procedure. Consists of three stages:
Stage 1 & 2: total completion time for teacher rankings and ratings is about 1 hour
Stage 3: total completion time for observations is approximately 20 minutes (two 10 minute observations of free play), along with a parent questionnaire

Stages 1 & 2 are required. Stage 3 should be conducted only if more screening seems to be needed.

Sample Technical Properties

Feil, Walker, and Severson (1995) concluded that the ESP, "…provides reliable, cost-effective, and accurate screening of preschool-age children to facilitate early remediation of behavior problems" (p.194).

Cost and Availability

Free and available at:
http://esp.ori.org/materials.html
(Materials are free, but you must fill out an online form for the creators to send you them)

Other

Early Warning System
(EWS; Heppen, O'Cummings, & Therriault, 2008)

Jump to: **Comparison Chart** or **Index**

Description
School-wide data collection and analysis tool that screens for students at risk of dropping out.

Target Population
Middle and High School Students (Grades 6th-12th)

Informants
School Administrators and Teachers

Logistics/Use
High School Tool: Enter data concerning absences, course failures, GPA, and credit attainment for each student

Middle School Tool: Enter data concerning attendance, incoming indicators (locally determined/validated), exam indicators, English course failure, mathematics course failure, and behavior for each student

Sample Technical Properties
Research in two suburban schools revealed that, with the exception of attendance data, the indicators predicted drop-out in these settings (Johnson & Semmelroth, 2010). Of the individual indicators, GPA was found to be the strongest predictor across both schools.

Cost and Availability
Free and available at:
http://www.betterhighschools.org/contactinfo.aspx (High School Tool)

http://www.betterhighschools.org/Contactinfomgtool.aspx (Middle School Tool)

Note: materials are free, but user must fill out an online form in order to download them

Other
Microsoft Excel-based tool

General Self-Efficacy Scale
(GSE; Schwarzer & Jerusalem, 1995)

Jump to: **Comparison Chart** or **Index**

Description
Self-report instrument that assesses perceived self-efficacy in adults and adolescents.

Target Population
Adolescents and adults (ages 12 years and older)

Informants
Self-report

Logistics/Use
Items are rated on a 4-point Likert scale from Not at all true (1) to Exactly true (4). No training is required to score and interpret.

GSE: 10-items
GSE-6: 6-items (Note: this compendium does not have access to this version)

Sample Technical Properties
In a summary of the research on GSE, Scholz, Doña, Sud & Schwarzer (2002) report that, across studies, the GSE's internal consistency has ranged from .75-.91, and stability over time has ranged from .47-.75. Furthermore, Scholz et al. (2002) examined the GSE's psychometrics in their own sample of 25 countries and found that, "Internal consistencies, item-total correlations, factor loadings, and fit indices of the confirmatory factor analysis indicate that the GSE scale is reliable, homogeneous, and unidimensional across 25 nations" (p. 249).

Romppel et al. (2013) found the GSE-6 to be both reliable and valid. Cronbach's alpha was between .79 and .88 while the instrument remained stable over 12 (r=.50) and 28 (r=.60) months.

Cost and Availability
Free and available at:
GSE: **https://cyfernetsearch.org/sites/default/files/PsychometricsFiles/Schwarzer-General%20Self-Efficacy%20Scale%20%28Adolescents,%20Adults%29.pdf**

GSE-6: Items #2, 3, 5, 6, 7, and 10 from the GSE

Other
Available in 30 additional languages: Arabic, Armenian, Bulgarian, Chinese, Czech, Danish, Dutch, Estonian, French, German, Greek, Hebrew, Hindi, Hungarian, Indonesian, Italian, Japanese, Korean, Norwegian, Persian, Polish, Portuguese, Romanian, Russian, Slovakian, Slovenian, Spanish, Swedish, Turkish, and Urdu. Translated versions are available here: **http://userpage.fu-berlin.de/health/selfscal.htm**

Georgia Student Health Survey 2.0
(GSHS 2.0, La Salle & Meyers, 2014)

Jump to: **Comparison Chart** or **Index**

Description

School-wide survey that measures for indicators of positive or negative school climate, especially issues related to student health and safety.

Target Population

Georgia Elementary School Climate Survey: 3rd-5th grade students

Georgia Student Health Survey 2.0: 6th-12th grade students

Informants

Student

Logistics/Use

Schools or districts administer the survey to all students.
In Georgia, the survey is administered each year between October and February.

Sample Technical Properties

No published peer-reviewed data were found.

Watson (n.d.) noted that validity check items are included in the survey.

The Georgia Department of Education (n.d.) reported that the GSHS was "developed by many divisions within the [Georgia Department of Education]…in collaboration with the Georgia Department of Public Health and Georgia State University."

Cost and Availability

Free and available at:
http://www.gadoe.org/Curriculum-Instruction-and-Assessment/Curriculum-and-Instruction/GSHS-II/Documents/GSHS_Elementary.pdf (Georgia Elementary School Climate Survey)

http://www.gadoe.org/Curriculum-Instruction-and-Assessment/Curriculum-and-Instruction/GSHS-II/Documents/GSHS%202.0_GaDOE%20version.pdf (Georgia Student Health Survey 2.0)

Other

In Georgia, school climate data from this survey are used as a required part of their statewide accountability system.

Guidelines for Adolescent Prevention Survey
(GAPS; American Medical Association, 1997)

Jump to: **Comparison Chart** or **Index**

Description

Rating scale developed to help healthcare providers identify adolescents who are at-risk for behavioral and lifestyle concerns.

Target Population

Adolescents (ages 11-21 years old)

Informants

Parent and Adolescent

Logistics/Use

Both parents and adolescent should fill out the appropriate form separately and not share their answers with each other.

Parent Form: 15-items
Younger Adolescent Form: 72-items
Middle-Older Adolescent Form: 61-items

Sample Technical Properties

Could not find any published data on the psychometrics of GAPS.

Cost and Availability

Free and available at:
https://www.lakeviewhealth.org/upload/docs/SMG%20Gaps%20Parent%2009.pdf (Parent Form)

http://www.uvpediatrics.com/Docs/GAPS11-14Eng.pdf (Younger Adolescent Form: Ages 11-14)

http://www.uvpediatrics.com/Docs/GAPS15-21Eng.pdf (Middle-Older Adolescent Form: Ages 15-21)

Other

HEADS-ED
(Cappelli, Bragg, Cloutier, Doucet, Glennie, Gray, Jabbour, Lyons & Zemek, 2011)

Jump to: **Comparison Chart** or **Index**

Description

A quick mental health screening tool originally designed to be used in Emergency Departments.

HEADS-ED stands for Home, Education, Activities/peers, Drugs/alcohol, Suicidality, Emotions/behaviors, and Discharge resources.

Target Population

Adolescents

Informants

Patients (Adolescents)

Logistics/Use

HEADS-ED is an interview that should be conducted by the adolescent's clinician.

7-items

There is a longer, in-depth version called HEEADSSS 3.0 (Klein, Goldenring & Adelman, 2014) that clinician's may also choose to use.

Sample Technical Properties

In a study of Emergency Room patients, Cappelli et al. (2012) found evidence of inter-rater reliability (0.785, $p < .001$). In this study, the instrument was also found to correlate significantly with a depression inventory and a comprehensive mental health inventory. Finally, the HEADS-ED also predicted psychiatric consult and admission to inpatient psychiatry (sensitivity of 82%, specificity of 87%).

Cost and Availability

Free and available at:

HEADS-ED: **http://www.heads-ed.com/en/headsed/HEADSED_Tool_p3751.html** (online version) or **http://www.heads-ed.com/uploads/documents//HEADS_ED_Tool_CC_license_final.pdf** (PDF)

HEEADSSS 3.0 Interview Manual for Clinicians:
http://contemporarypediatrics.modernmedicine.com/sites/default/files/images/ContemporaryPediatrics/cntped0114_Feature%201%20Hi-Res.pdf

Other

Interpersonal Support Evaluation List
(ISEL; Cohen & Hoberman, 1983)

Jump to: **Comparison Chart** or **Index**

Description

Self-report instrument that measures perceived levels of social support. Specific subscales include tangible support, appraisal support, self-esteem support, and belonging support.

Target Population

Adolescents and adults

Informants

Self-report

Logistics/Use

These measures do not require training to score and interpret.

Three Versions: general population (40-items), college students (48-items), and brief version (12-items)
Scoring for the three versions can be found here: **http://www.psy.cmu.edu/~scohen/ISELscore.html** AND **http://www.psy.cmu.edu/~scohen/ISEL-Cscore.html** AND **http://www.psy.cmu.edu/~scohen/ISEL12score.html**

Sample Technical Properties

Cohen, Mermelstein, Kamarck, and Hoberman (1985) report that, "Adequate internal and test-retest reliabilities have been found for both student and general population scales and subscales in several samples." (p. 78).

12-item: Merz et al. (2014) examined the psychometrics properties of the ISEL-12 in a large Hispanic/Latino population. They found adequate internal consistency for both the English and Spanish language versions for the total score but not the subscale scores. They also documented convergent validity and concluded that the scale can be recommended for use with Hispanics/Latinos.

Cost and Availability

Free and available at:
General Population:
http://www.excellenceforchildandyouth.ca/sites/default/files/meas_attach/Interpersonal_Support_Evaluation_List_(ISEL).pdf
College Version: **http://www.psy.cmu.edu/~scohen/ISEL-college.html**
Brief Version: **http://www.psy.cmu.edu/~scohen/ISEL12.html**

Other

Available in 8 additional languages: European Spanish, Central & South American Spanish, Japanese, Polish, Swedish, Danish, Dutch, and Greek.
Translations can be found here: **http://www.psy.cmu.edu/~scohen/scales.html**

KINDL-Questionnaire

(KINDL; Ravens-Sieberer & Bullinger, 1998)

Jump to: **Comparison Chart** or **Index**

Description

Instrument that measures child and adolescent quality of life through six domains: physical well-being, emotional well-being, self-esteem, family, social contacts, and school.
This measure can be used as a screening tool.

Target Population

Children and adolescents (4 to 17 years old)

Informants

Children, Adolescents or Parents
*Younger children are interviewed, while older children and other informants complete self-reports

Logistics/Use

This measure can be hand scored and no training is needed for scoring or interpretation.

5 versions:
Completion time: 5-15 minutes
KiddyKINDL: Children ages 4-6 years old; 12-item interview
KiddyKINDL: Parents of 3-6 year olds; 46-items
KidKINDL: Children ages 7-13 years old; 24-items
Kid-KiddoKINDL: Parents of 7-17 year olds; 24-items
KiddoKINDL: Adolescents ages 14-17 years old; 24-items

Sample Technical Properties

Ravens-Sieberer and Bullinger (1998) report adequate internal consistency, with "all of the subscales reach[ing] an alpha coefficient of over 0.75" (p. 403). They also report evidence of convergent validity (Ravens-Sieberer and Bullinger, 1998).

Cost and Availability

Free and available at:
http://www.kindl.org/english/questionnaires/
KiddyKINDL (Children 4-6 years old)
KiddyKINDL (Parents of 3-6 year olds)
KidKINDL (Children 7-13 years old)
Kid-KiddoKINDL (Parents of 7-17 year olds)
KiddoKINDL (Adolescents ages 14-17 years old)

Other

There are disease specific modules available at: **http://www.kindl.org/english/questionnaires/**
Available in 27 different languages: Arabic, Chinese (Cantonese), Danish, Dutch, English, Finnish, French, German, Greek (+ Manual), Iranian (Persian), Italian, Japanese, Korean, Nepalese, Norwegian, Polish, Portuguese, Russian, Serbo-Croatian, Sinhala, Spanish, Spanish (Argentina), Spanish (Uruguay), Swedish, Taiwanese, Turkish, and Vietnamese
Translated versions can be found at: **http://www.kindl.org/english/language-versions/**

Kutcher Adolescent Depression Scale
(KADS-6 & KADS-11; Kutcher, 2006)

Jump to: **Comparison Chart** or **Index**

Description

Brief self-report form that screens for signs and degree of adolescent depression.

Target Population

Adolescents (ages 12-17 years old)

Informants

Adolescent

Logistics/Use

Three different versions of the KADS exist: a 16-item, an 11-item, and a 6-item form.

16-item version available in paper format only (not available through this compendium).

11-item version is best for monitoring effects of treatment over time.

6-item version is a brief screen.

Sample Technical Properties

LeBlanc, Almudevar, Brooks, & Kutcher (2002) examined the KADS-6 in a sample of 7th-12th grade students, finding that the KADS-6's diagnostic accuracy was at least as good as the Beck Depression Inventory and better than the full-length KADS. When using a cutoff score of 6, the KADS-6 had a sensitivity of 92% and specificity of 71%. The authors concluded that the KADS-6 may, "...prove to be an efficient and effective means of running out MDE (major depressive episodes) in adolescents" (p. 113).

Cost and Availability

Free and available at:

http://www.mdaap.org/Bi_Ped_KADS6.pdf (6-item)

http://teenmentalhealth.org/wp-content/uploads/2014/08/CAPN_11Item_KADS.pdf (11-item: scroll down to end of document to locate)

Other

Mental Health Inventory
(MHI; Veit & Ware, 1983)

Jump to: **Comparison Chart** or **Index**

Description
Self-report measure that assesses adolescent and adult mental health statuses over the past 30 days. Identifies levels of anxiety, depression, behavioral/emotional control, general positive affect, and emotional ties.

Target Population
Adolescents and adults (ages 13 years and older)

Informants
Self-report

Logistics/Use
Most items are scored on a 6-point Likert scale with anchors depending on the question. Items 9 and 28 use a 5-point Likert scale. This measure can be scored manually but should be interpreted by a mental health clinician.

38-items

Sample Technical Properties
Veit and Ware (1983) report that the measure has strong internal consistency but questionable test-retest reliability.

Cost and Availability
Free and available at:
http://www.excellenceforchildandyouth.ca/sites/default/files/meas_attach/Mental_Health_Inventory_(MHI).pdf

Other
Available in Arabic, Chinese, Croatian, English, Farsi, Filipino, Greek, Indonesian, Italian, Khmer, Samoan, Serbian, Spanish, and Vietnamese.

Mental Health Screening Tool
(MHST; California Institute for Mental Health, 2000)

Jump to: **Comparison Chart** or **Index**

Description

The MHST is an assessment used to quickly screen youth from birth to age 5 years old (MHST 0-5) and 5 years through adult (MHST) to determine whether a referral for a more complete mental health assessment is appropriate and to prioritize how urgent a referral is.

Target Population

MHST 0-5: Children (ages 0-5 years old)
MHST: Children, Adolescents & Adults (ages 5 years and older)

Informants

It was intended to be used primarily by non-mental health professionals that are in frequent contact with a child, although mental health professionals can also use it.

Logistics/Use

Items describe mental health risks and ask the informant to indicate "Yes," "No," or "Unknown" regarding whether the child demonstrates that risk.

MHST 0-5: 4-items
MHST 5-Adult: 13-items

Sample Technical Properties

Limited investigation of psychometric properties is available. The California Institute for Mental Health (n.d.) reported that six counties pre-tested the MHST and "…found that it can be completed quickly, is easy to use and is helpful. They reported that it accurately identified children and youth meeting medical necessity criteria who were in need of mental health services" (p. 1).

Sosna and Mastergeorge (2005) gave it a 0 out of 10 rating for psychometrics because no studies on reliability or validity were reported.

Cost and Availability

Free and available at:
http://www.cibhs.org/sites/main/files/file-attachments/screeningtool0-5_1.pdf (MHST 0-5)
http://www.cibhs.org/sites/main/files/file-attachments/screeningtool5-adult_1.pdf (MHST 5-Adult)

Other

Although the MHST was originally developed to screen children being considered for out-of-home placements, the California Institute of Mental Health (n.d.) said it can and has been used to identify need for mental health referral in other populations.

Modified Overt Aggression Scale
(MOAS; Kay, Wolkenfeld & Murrill, 1988)

Jump to: **Comparison Chart** or **Index**

Description

Brief assessment of a patient's aggressive behaviors in regards to four categories: verbal aggression, aggression against property, auto aggression, and physical aggression.

Target Population

Typically used with psychiatric populations or individuals with intellectual disabilities or autism spectrum disorders.

Informants

Clinician

Logistics/Use

Should be administered individually.

Informants should be some type of medical provider, but there are no specific qualifications required.

Sample Technical Properties

Kay, Wolkenfeld, & Murrill (1998) studied the psychometrics of the MOAS in a psychiatric population and reported that the results supported the instrument's discriminative validity, internal consistency, interrater reliability, and retest reliability.

Cost and Availability

Free and available at:
https://depts.washington.edu/dbpeds/Screening%20Tools/Modified-Overt-Aggression-Scale-MOAS.pdf

Other

Mood and Feelings Questionnaire
(MFQ & SMFQ; Angold & Costello, 1987)

Jump to: **Comparison Chart** or **Index**

Description

Screening tool that measures for DSM-III-R depression criteria in children and adolescents based on statements about their recent moods and actions.

Target Population

School-age children and adolescents

Informants

Child or Parent

Logistics/Use

Four versions are available for child/adolescent populations: child self-report and parent report on child, each with a long and short version.

Short versions: 13-items

Long versions: 33-34 items

Sample Technical Properties

MFQ: In a study of the criterion validity of the MFQ child (MFQ-C) and MFQ parent (MFQ-P) long version, Daviss et al. (2006) found that, particularly when used in combination, these scales are valid in identifying major depressive episodes and other mood disorders in a population of demographically and clinically diverse youth.

Short MFQ (SMFQ): Using a sample of sixth grade students attending public middle schools, Rhew et al. (2010) studied the criterion validity of the SMFQ. They found that the combined child and parent score showed the highest diagnostic accuracy (AUC=0.86); accuracy for the child only (AUC = 0.73) and parent only (AUC = 0.74) scales were found to be lower (Rhew et al., 2010).

Using a sample of 7-11 year olds, Sharp, Goodyer, and Croudace (2006) found evidence of good internal consistency and a unidimensional continuum of depressive symptoms. They also found that, "…SMFQ items discriminated well at the more severe end of the depressive latent trait" (Sharp, Goodyer & Croudace, 2006, p. 379).

Cost and Availability

Free and available at:

http://devepi.duhs.duke.edu/instruments/MFQ%20Child%20Self-Report%20-%20Short.pdf (Child Self-Report Form-Short)

http://devepi.duhs.duke.edu/instruments/MFQ%20%20Child%20Self-Report%20-%20Long.pdf (Child Self-Report Form-Long)

http://devepi.duhs.duke.edu/instruments/MFQ%20Parent%20Report%20on%20Child%20-%20Short.pdf (Parent Report on Child Form-Short)

http://devepi.duhs.duke.edu/instruments/MFQ%20%20Parent%20Report%20on%20Child%20-%20Long.pdf (Parent Report on Child Form-Long)

Other

Additional information about the MFQ can be found here:

http://devepi.duhs.duke.edu/mfq.html

Patient Health Questionnaire
(PHQ-9A; Johnson, 2003 & PHQ-2; Kroenke, Spitzer, & Williams, 1999)

Jump to: **Comparison Chart** or **Index**

Description

A patient questionnaire that assesses for signs of adolescent depression. The PHQ-9A is a version of the adult PHQ that was modified for adolescents, and is designed to assess and monitor symptoms of depression. The PHQ-2 is the first two items of the PHQ, which can be used to screen for depression.

Target Population

Adolescents

Informants

Patient (Adolescent)

Logistics/Use

PHQ-2 uses the first two questions from PHQ-9 to screen for depression. If a patient screens positive with the PHQ-2 (score of 3 or higher), they should then be assessed with the PHQ-9.

PHQ-9A: 9-items, 4 additional items
PHQ-2: 2-items

Patients respond to items by indicating how often over the past two weeks they have been bothered by various problems. Patient should return completed form to clinician.

Sample Technical Properties

Richardson et al. (2010a) examined the technical properties of the PHQ-9A with 442 youth, ages 13-17, in a health-care delivery setting. They found that a PHQ-9 cutoff score of 11 was, "…optimal for maximizing sensitivity without loss of specificity [and] increasing PHQ-9 scores were correlated with increasing levels of functional impairment" (p. 1117). The authors concluded that the PHQ-9 is an excellent choice for providers wanting to implement depression screening in primary care settings.

In a similar study on the PHQ-2 with 499 adolescents, Richardson et al. (2010b) found an optimal cut-point of 3 on the PHQ-2 and good sensitivity/specificity for detecting major depression, concluding that it is "…promising as a first step for screening in adolescent primary care" (p. 1097).

Cost and Availability

Free and available at:
http://www.ncfhp.org/Data/Sites/1/phq-a.pdf (PHQ-9A)
http://www.cqaimh.org/pdf/tool_phq2.pdf (PHQ-2)

Other

Translations are available in many languages

Pediatric Symptom Checklist
(PSC-35; Jellinek & Murphy, 1988 & PSC-17; Gardner & Kelleher, 1999)

Jump to: **Comparison Chart** or **Index**

Description
Brief screening tool for mental health disorders in children and adolescents.

Target Population
Children and Adolescents (ages 4-18 years old)

Informants
Parents/Caregivers or Youth (age 11 years and older)

Logistics/Use
PSC-35: 35-items
PSC-17:17-items
Completion time: 5-10 minutes
Information on scoring/cutoffs can be found here:
http://www.massgeneral.org/psychiatry/services/psc_scoring.aspx
Children with an elevated score in the PSC should be referred to a qualified health or mental health professional for further evaluation

Sample Technical Properties
There are many studies that have examined the psychometric properties of the PSC-35 and PSC-17. As summarized by Reed-Knight, Hayutin, Lewis, and Blount (2011) good validity and reliability of the scale has been demonstrated across multiple pediatric outpatient populations.
Stoppelbein, Greening, Moll, Jordan, and Suozzi (2012) also summarized research on the PSC-17, reporting a range of .67 to .89 for its internal consistency and a significant correlation with other instruments assessing psychosocial impairment.

Additional information on the PSC technical properties can be found here:
http://www.massgeneral.org/psychiatry/services/psc_scoring.aspx

Cost and Availability
Free and available at:
http://www.wyomingpal.org/docs/Care_Guide/RatingScales/PSC-17_Rating_Scale.pdf (PSC-17)
http://www.brightfutures.org/mentalhealth/pdf/professionals/ped_sympton_chklst.pdf (PSC-35: Parent and Youth Report Included)

Other
PSC-35: available in 19 languages
PSC-17: available in 4 languages

Personal Wellbeing Index
(PWI-SC & PWI-PS, Cummins & Lau, 2005; PWI-A, International Wellbeing Group, 2013)

Jump to: **Comparison Chart** or **Index**

Description

Self-report measure that assesses well-being in 8 different areas, including religion/spirituality, community-connectedness, future security, safety, standard of living, achieving in life, health, and relationships.

Target Population

Children, adolescents, and adults

Informants

Self report

Logistics/Use

This measure can be administered either as a self-report or as an interview. Items are rated on an 11-point Likert scale ranging from Completely Dissatisfied (0) to Completely Satisfied (10). Scores can be calculated by hand. The interpretive manual is freely accessible.

This measure can be used as a full measure or can be broken down into the 8 domains.

PWI-A: Adult – 8-items (Satisfaction)
PWI-SC: School Children -7-items (Happiness)
PWI-PS: Preschool Children – 7-item

Sample Technical Properties

Using data from 351 Australian students ages 12-20, Tomyn and Cummins (2011) found that the PWI-SC is a reliable and valid instrument for assessing adolescent wellbeing.

Psychometric data on the PWI-A is summarized in the manual for that instruments (**http://www.acqol.com.au/iwbg/wellbeing-index/index.php**)

Minimal information could be found regarding the psychometrics of the PWI-PS.

Cost and Availability

Free and available at:
Information: **http://www.excellenceforchildandyouth.ca/resource-hub/measure-profile?id=407**
PWI-A: **http://www.deakin.edu.au/research/acqol/instruments/wellbeing-index/pwi-a-english.pdf** (Adult Form)
PWI-SC: **http://www.acqol.com.au/iwbg/wellbeing-index/pwi-sc-english.pdf** (School Children)
PWI-PS: **https://www.deakin.edu.au/research/acqol/instruments/wellbeing-index/pwi-ps-english.pdf** (Preschool Children Manual)

Other

A version for individuals with Intellectual Disabilities is also available.
Adult version available in French.
The PWI is part of a larger tool called the Australian Unity Wellbeing Index.

Problem Oriented Screening Instrument for Teenagers (POSIT; Rahdert, 1991)

Jump to: **Comparison Chart** or **Index**

Description

Brief tool used to screen for problems in adolescents and the potential need for services in 10 areas including substance use/abuse, mental and physical health, family and peer relations, vocation, and special education.

Target Population

Adolescents (ages 12-19 years old)

Informants

Any school, juvenile/family court, medical, psychiatric, alcohol/drug treatment personnel
No qualifications necessary.

Logistics/Use

139-items
Completion time: 20-25 minutes

10 "scales" or problem areas

Sample Technical Properties

According to Shrier, Harris, Kurland, & Knight (2003), the reliability and validity of the POSIT has been examined in several adolescent populations (e.g., high school students, youths in drug treatment programs, arrested youths). Shrier et al. (2003) state that, "The internal consistency reliability of the Substance Use/Abuse Scale is generally very good to excellent, ranging from 0.77 to 0.93, and the 1-week test-retest reliability in 1 study of well adolescent clinic patients was 0.77" (p. e700).

Cost and Availability

Free and available at:
http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0CCMQFjAA&url=http%3A%2F%2Fwww.nhtsa.gov%2FPeople%2Finjury%2Falcohol%2Fjuvenile%2Fposit.pdf&ei=7iVuVPivFoq6yQSn7oK4DA&usg=AFQjCNHf72ktIevWk6XFVvewqNuB9RGAYQ&sig2=ufVv8asMrHBngAPTPibMXQ&bvm=bv.80185997,bs.1,d.cGU

Other

Available in English and Spanish.

Profile of Mood States - Adolescent
(POMS-A; Terry, Lane, Lane, & Keohane, 1999)

Jump to: **Comparison Chart** or **Index**

Description

Self-report instrument that assesses adolescents for distressed moods and indicates those individuals who should seek a more extensive evaluation. There are six general mood states measured, including confusion, anger, depression, vigor, tension and fatigue.

Target Population

Children and adolescents (ages 11-18 years old)

Informants

Youth

Logistics/Use

Items are rated on a 5-point Likert scale ranging from Not at all (0) to Extremely (4).

24-items

Sample Technical Properties

Terry, Lane, Lane, & Keohane (1999) report that the measure shows factorial and criterion validity, as well as strong internal consistency.

Cost and Availability

Free and available at:
http://www.excellenceforchildandyouth.ca/sites/default/files/meas_attach/Profile_of_Mood_States-Adolescents_(POMS-A).pdf

Other

Responses to Stress Questionnaire
(RSQ; Connor-Smith, Compas, Wadsworth, Thomsen, & Saltzman, 2000)

Jump to: **Comparison Chart** or **Index**

Description

Self-report measure that assesses how individuals cope with stress related to specified domains. The measure has been adapted to assess how individuals cope with problems ranging from physical health to violence and natural disasters.

Target Population

Children, adolescents, and adults (age 9 years and older)

Informants

Self-report

Logistics/Use

Items are rated on a 4-point Likert scale ranging from Not at all (1) to 4 (A lot). Can be hand-scored. Scorers can score each subscale individually and yield a total score from the measure.

57-items

Sample Technical Properties

Connors-Smith, Compas, Wadsworth, Thomsen, and Saltzman (2000) report strong internal consistency and adequate test-retest reliability. They also report evidence of discriminative and convergent validity, as well as "some support for the construct and criterion validity" (p. 988).

Cost and Availability

Free and available at:
http://vkc.mc.vanderbilt.edu/stressandcoping/rsq/

Other

Certain versions are available in Spanish, and Chinese.

Revised Children's Anxiety and Depression Scale (RCADS; Chorpita, Yim, Moffitt, Umemoto & Francis, 1998; 2003 for RCADS-P)

Jump to: **Comparison Chart** or **Index**

Description

Parent and child questionnaire that assesses symptoms of anxiety and depression according to the DSM-IV criteria. Subscales assess symptoms of separation anxiety, social phobia, generalized anxiety, panic disorder, obsessive compulsive disorder, and major depressive disorder.

Target Population

School aged children and adolescents form grades 3 to 12.

Informants

Parent/Caregiver (RCADS-P) or Child self-report

Logistics/Use

Items are rated on a 4 point Likert scale ranging from Never (0) to Always (3). Scores are converted to T-scores and scoring programs are located online at: **http://www.childfirst.ucla.edu/Resources.html**

47-items

Sample Technical Properties

Chorpita, Moffitt, & Gray (2005) report that the measure shows high internal consistency and that it has convergent and discriminative validity.

Cost and Availability

Free and available at:
http://www.childfirst.ucla.edu/Resources.html

Other

Available in English, Spanish, Chinese, Danish, Dutch, French, Korean, Polish (male and female), and Urdu for children. English, Spanish, Danish, Dutch, and Korean for parents.

Rosenberg Self-Esteem Scale
(RSES; Rosenberg, 1965; 1989)

Jump to: **Comparison Chart** or **Index**

Description
Adolescent and adult self-report instrument that measures self-esteem.

Target Population
Adolescents and adults (ages 12 years and older)

Informants
Self-report

Logistics/Use
Items are rated on a 4-point Likert scale from Strongly Agree (1) to Strongly Disagree (4). This measure does not require training to score and interpret.

10-items

Sample Technical Properties
In a sample from 53 nations, Schmitt and Allik (2005) found that the "mean reliability across all nations was substantial (alpha = .81)" (p. 629). They also reported evidence of construct and discriminant validity.

Cost and Availability
Free and available at:
http://fetzer.org/sites/default/files/images/stories/pdf/selfmeasures/Self_Measures_for_Self-Esteem_ROSENBERG_SELF-ESTEEM.pdf

Other
The RSES has been translated into many languages. However, this compendium does not have access to these versions. Please review the literature on RSES to find the scale you are looking for.

Screen for Child Anxiety Related Disorders (SCARED; Birmaher, Khetarpal, Cully, Brent & Mckenzie, 1995)

Jump to: **Comparison Chart** or **Index**

Description

DSM-IV based self-report screener for child anxiety related disorders, such as social/school phobias, separation anxiety, and panic and general anxiety disorders.

Target Population

Children (ages 8-18 years old)

Informants

Child or Parent

Logistics/Use

41-items

Completion time: 10 minutes

For children between 8 and 11 years old, it is recommended to have an adult/clinician available to answer questions.

Sample Technical Properties

In a study of 341 youths ages 9-18 , Birmaher et al. (1997) found that a 38-item SCARED had strong internal consistency (α = .90) and test-retest reliability (r = 0.86) for the total score; they also found evidence of discriminant validity.

Using a community sample of African American high school students, Boyd, Ginsburg, Lambert, Cooley & Campbell (2003) found good but somewhat lower internal consistency (α = .89) and test-retest reliability (r = 0.47) for the total score, and also found that the total score was positively correlated with other measures of anxiety and inattention.

Cost and Availability

Free and available at:

https://depts.washington.edu/dbpeds/Screening%20Tools/ScaredChild-final.pdf (Child Form)

https://depts.washington.edu/dbpeds/Screening%20Tools/ScaredParent-final.pdf (Parent Form)

Other

There is also a 66-item SCARED-R (Muris, Merckelbach, Schmidt, & Mayer, 1999) that includes additional scales with items related to specific phobias, obsessive-compulsive disorder, and post-traumatic stress disorder.

Adapted-SAD PERSONS
(Juhnke, 1996)

Jump to: **Comparison Chart** or **Index**

Description

Scale used to screen for suicide risk in children/adolescents.

ADAPTED-SAD PERSONS stands for Sex, Age, Depression or affective disorder, Previous attempt, Ethanol-drug abuse, Rational thinking loss, Social supports lacking, Organized plan, Negligent parenting, Significant family stressors, Suicidal modeling by parents or siblings, School problems.

Target Population

Children and Adolescents

Informants

Clinician may gather information from the child/adolescent and/or other sources of information to answer the items.

Logistics/Use

10-items (yes/no format)

Sample Technical Properties

No published data were found on the adapted (children/adolescent) version. A recent systematic review on the regular SAD PERSONS concluded that, "Available literature is of limited quality and quantity. Insufficient evidence exists to support SPS use in assessment or prediction of suicidal behavior" (Warden, Spiwak, Sareen & Bolton, 2014, p. 313).

Cost and Availability

Free and available at:
http://www.cscwv.org/pdf/suicideassessment.pdf

Other

A score of 1-2 points suggests low risk, 3-5 points suggests moderate risk, and 7-10 points suggests high risk.

SNAP-IV-C Rating Scale
(Swanson et al., 2001)

Jump to: **Comparison Chart** or **Index**

Description

Originating from the original SNAP (Swanson, Nolan, and Pelham) Questionnaire (1983), the SNAP-IV-C Rating Scale is a revised version that uses DSM-IV criteria to screen for attention and other mental disorders. The rating scale screens for signs of ADHD, oppositional defiant disorder, obsessive-compulsive disorder, conduct disorder, stereotypic movement disorder, Tourette's, intermittent explosive disorder, narcolepsy, major depressive episode, generalized anxiety disorder, dysthymic disorder, and manic episode.

Target Population

Children and Adolescents (ages 6-18 years old)

Informants

Parent/Caregiver or Teacher

Logistics/Use

90-items
Completion time: 10 minutes

Sample Technical Properties

Bussing et al. (2008) found acceptable internal consistency, item selection, and factor structure. Although results of the study suggest caution when using the SNAP-IV as a diagnostic tool, the authors concluded the instrument performed adequately as a screening measure.

Cost and Availability

Free and available at:
https://depts.washington.edu/dbpeds/Screening%20Tools/SNAP.pdf

Other

There are other versions of the SNAP-IV available (e.g., a shortened 26-item version).

Social, Academic, and Emotional Behavior Risk Screener (SAEBRS; Kilgus, Chafouleas, Riley-Tillman & von der Embse, 2013)

Jump to: **Comparison Chart** or **Index**

Description
A short instrument that screens students for signs of emotional or behavioral problems and risks.

Target Population
Grades K-12 (5-18 years old)

Informants
Teacher

Logistics/Use
This is a universal screener so it should be completed on each student in a classroom.

19-items: Total Behavior (19 items), Social Behavior (6 items), Academic Behavior (6 items), and Emotional Behavior (7 items)
Can be completed in 1-3 minutes per student.

Sample Technical Properties
Preliminary results demonstrate evidence of reliability and validity (e.g., Kilgus, Chafouleas, & Riley-Tillman, 2013). Sensitivity and specificity have also been found to be strong (Kilgus, Riley-Tillman, Chafouleas, Christ, & Welsh, 2014).

Cost and Availability
Free and available at:
http://ebi.missouri.edu/wp-content/uploads/2014/03/SAEBRS-Teacher-Rating-Scale-3.3.14.pdf
(Teacher Form)

Other
Scores can be classified as “at-risk” or “not at-risk.”

Strengths and Difficulties Questionnaire
(SDQ; Goodman, 1997)

Jump to: **Comparison Chart** or **Index**

Description

The SDQ is a brief rating scale used to screen for internalizing problems, externalizing problems, and prosocial behavior.

Target Population

Parent/Teacher Report: ages 2-16 years old
Self-Report: ages 11-16 years old

Informants

Parent, Teacher, or Youth depending on the form(s) used

Logistics/Use

There are teacher, parent, and adolescent forms available.

25-items

"Impact Supplements" and "Follow-up Questions" are also available from the link below. Impact supplements are extended versions of the SDQ. Follow-up questions are to be used after an intervention has taken place.

Sample Technical Properties

Goodman (2001, p. 1337) found that, "Reliability was generally satisfactory" as evidenced by internal consistency (mean: .73), cross-informant correlation (mean: 0.34), and test-retest reliability after 4-6 months (mean: 0.62).

Goodman, Ford, Corbin, & Meltzer (2004) found that when used by multiple informants, the SDQ has a specificity of 80% and a sensitivity of 85% in identifying individuals with psychiatric diagnoses.

Cost and Availability

Free and available at:
http://www.sdqinfo.com/py/sdqinfo/b3.py?language=Englishqz(USA)

Note: to download materials, please follow the link and select the form that matches the child/adolescent's age group and the informant (ex: P2-4 is the parent form for children ages 2-4 years old)

Other

Available in over 50 languages

Student Risk Screening Scale
(SRSS; Drummond, 1994)

Jump to: **Comparison Chart** or **Index**

Description

Screening tool for signs of antisocial and externalizing behavior in students. The SRSS is used class-wide; that is, teachers screen every student in their classroom.

Target Population

Students

Informants

Teacher

Logistics/Use

Teachers rate every student in their class at the same time. Screening should ideally take place three times a year (once in October, December and April/May).

7-items
Completion time: 10-15 minutes for classrooms of 25 students

A total score is derived, which places students into low, moderate, and high risk categories.

Sample Technical Properties

The SRSS has been shown to have excellent accuracy predicting externalizing and internalizing behavior problems (Lane et al., 2009). Specificity and sensitivity are excellent for externalizing behavior, and specificity is excellent for internalizing behaviors; however, sensitivity has been shown to be weaker for internalizing behaviors (Lane et al., 2009). Lane, Bruhn, Eisner, & Kalberg (2010) found strong internal consistency, test-retest stability, predictive validity, and social validity.

Cost and Availability

Free and available at:
http://miblsi.cenmi.org/LinkClick.aspx?fileticket=3k1hUgxe6hM%3d&tabid=2135

Other

In addition to its use as a screening tool, the SRSS can also be used as a tool for monitoring changes in student risk status over time.

Student-Teacher Relationship Scale
(STRS; Pianta, 1991)

Jump to: **Comparison Chart** or **Index**

Description

Teacher self-report instrument that measures the relationship quality between the teacher and an individual student through assessing three domains: conflict, closeness and dependency.

Target Population

Teachers of kindergarteners to 3rd graders (ages 3-12 years old)

Informants

Teacher (self-report)

Logistics/Use

Items are rated on a 5-point Likert scale from Definitely does not apply (1) to Definitely applies (5). Training in psychometric instruments is needed for scoring and interpretation. School psychologists are the intended scorers.

Scoring guides can be found here: **http://curry.virginia.edu/about/directory/robert-c.-pianta/measures**

STRS: 28-items

STRS-SF (Short Form): 15-items

Sample Technical Properties

Pianta and Nimetz (1991) reported that "the total scale as well as subscales based on the factor analysis all had alpha reliabilities exceeding .60" (p. 379).

Cost and Availability

Free and available at:

STRS: **http://www.excellenceforchildandyouth.ca/sites/default/files/meas_attach/Student-Teacher_Relationship_Scale(STRS).pdf**

STRS-SF (Short Form): **http://curry.virginia.edu/uploads/resourceLibrary/STRS-SF.doc**

Other

Greek and Dutch versions have been validated.

*This compendium does not have access to these versions.

Survey of Wellbeing of Young Children
(SWYC; Perrin & Sheldrick, 2014)

Jump to: **Comparison Chart** or **Index**

Description

Short screener that measures behavior, development, and family risk for young children. The SWYC includes brief questionnaires to assess the following domains: (1) developmental domain (items assess developmental milestones and include autism screening), (2) social/emotional domain (includes two behavior questionnaires titled Baby Pediatric Symptoms Checklist and Preschool Pediatric Symptoms Checklist), and (3) family context (items assess family risk factors).

Target Population

Infants and children (ages 0-5 years old)

Informants

Parent

Logistics/Use

Completion time: approximately 15 minutes

There is a specific form for each age group.

Sample Technical Properties

Although we could not locate studies examining the psychometrics of the entire SWYC battery, there were studies examining several of the components within the SWYC. For example, Sheldrick et al. (2013) found that the Baby Pediatric Symptoms Checklist (BPSC) has adequate retest reliability and internal consistency across subscales, except for the "irritability" subscale's internal consistency in a replication sample. As another example, Sheldrick et al. (2012) studied the Preschool Pediatric Symptoms Checklist (PPSC) and discovered strong internal and retest reliability for the total score, also finding that the total score sensitivity and specificity are comparable to a similar but longer screener. Finally, they found that the PPSC total score identified children in the clinical range on a longer well-validated parent completed instrument.

Cost and Availability

Free and available at:
https://sites.google.com/site/swycscreen/swyc-filecabinet/All%20SWYC%20Forms%203-11-14.pdf?attredirects=0&d=1
Note: this document contains every form of the SWYC. Please only fill out the form for your child's age group.

Other

Scoring guides are available for individual scales within the SWYC.

Vanderbilt ADHD Diagnostic Rating Scales
(VDRS; Wolraich, 1996)

Jump to: **Comparison Chart** or **Index**

Description

Rating scale for symptoms of ADHD, including inattention and hyperactivity/impulsivity, as well as other attention and mood problems, such as anxiety, depression, and oppositional defiant and conduct disorders. Both parent and teacher rating scale forms are available.

Target Population

Children ages 6-12 years old

Informants

Parents or Teachers

Logistics/Use

Completed forms should be turned into a mental health professional.

Parent Form: 55-items
Teacher Form: 43-items

Sample Technical Properties

Using a sample of elementary and middle school-aged students, Bard, Wolraich, Neas, Doffing, and Beck (2013) found that the parent rating scale coefficient alpha values ranged from .91-.94, test-retest reliability was greater than .8 for all scale scores, sensitivity was .8, specificity was .75, positive predictive value was .19, and negative predictive value was .98 for ADHD. Wolraich, Bard, Neas, Doffing, and Beck (2013) found that the teacher rating scale had high convergent validity with the Strengths and Difficulties Questionnaire, KR_{20} coefficients ranged from .85-.94, sensitivity was .69, specificity was .84, positive predictive value was .32, and the negative predictive value was .96. In both studies, the authors concluded these findings supported the utility of the instruments.

Cost and Availability

Free and available at:
http://imaging.ubmmedica.com/all/editorial/psychiatrictimes/pdfs/clinical-scales-adhd-vadprs-form.pdf (Parent Form)

http://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/adhd.pdf (Teacher Form)

Other

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Appendix

The purpose of this appendix is to give our readers a better understanding of the different ways in which this compendium can be used. The following scenarios depict three different applications of the compendium, including universal screening, program evaluation, and individual screening. Please note that these scenarios are not exhaustive and that this compendium may be used by a wide range of people for a wide range of purposes.

Scenario 1: Universal Screening

Jefferson High School has seen a major increase in aggressive behavior and conduct problems this year. This increase has led to a negative school climate in which students feel unsafe, cannot concentrate in class, and are missing valuable instructional time due to high rates of exclusionary discipline. The principal of Jefferson High, Ms. Burnham, decides that the school must take action, and she establishes a team of school staff to plan for a systematic screening and intervention program.

The team begins by working to identify an instrument to screen students for antisocial and externalizing behaviors so that they can identify students who may be at-risk and intervene appropriately. Along with a few other resources, Ms. Burnham (as the leader of the team) refers to the Ohio Project AWARE Screening and Evaluation Compendium to look for a free and available instrument. Using the index, she finds four page numbers that correspond to four possible screeners that assess externalizing and antisocial behaviors. The first page number takes her to the Child/Adolescent Psychiatry Screen. She reads the description of the instrument and finds out that it measures for much more than just antisocial and conduct disorders. She then reads on and discovers that in order to use the screener, someone will have to administer it to every parent for 15-20 minutes. There is also no published data on the instrument. She decides against using this tool for these reasons and moves on to the next one, the Early Screening Project. Right away, Ms. Burnham sees that the instrument is intended for use with 3-5 year olds. She tries the third screener, the Strengths and Difficulties Questionnaire, and sees that it does not screen for antisocial behavior. Finally, she looks at the last option, the Student Risk Screening Scale (SRSS), and discovers that it screens for both antisocial and externalizing behavior, can be used class-wide, and only takes teachers about 10-15 minutes to evaluate a class of 25 students. Ms. Burnham presents this information to the team, and the team members think that the SRSS may be what the school needs; however, they verify its appropriateness by reading information on the SRSS website, consulting with colleagues who have used the instrument, and reading peer-reviewed research articles on the SRSS.

After confirming it is appropriate to use, the team works on a detailed plan for (a) implementation and administration (including obtaining appropriate parental consent), (b) using the data to inform evidence-based intervention, and (c) evaluating of the effectiveness of the tool for its intended purpose.

Scenario 2: Program Evaluation

Mr. Green is a school counselor at Rolling Hills Middle School and is about to begin implementing a small group intervention program for students with anxiety. Mr. Green is looking for a way to evaluate how effective the intervention is at improving students' anxiety. Mr. Green refers to the Project AWARE Screening and Evaluation Compendium and searches the index for anxiety-related screeners. He finds seven page numbers and finds the names of those seven screeners by using the table of contents. He briefly skims the description of each screener in the comparison chart and decides that the Mental Health Inventory (MHI) and Revised Children's Anxiety and Depression Scale (RCADS) hold the most potential. He reads the page descriptions of the MHI and the RCADS. He finds out that the RCADS is appropriate for the age of his students, can be used with parents and students, and comes with an online program that can convert the raw scores to t-scores. He reviews additional peer-reviewed research on the RCADS available through Google Scholar and verifies that it would be a reliable and valid instrument for this purpose and population. He obtains appropriate parental consent and student assent for conducting the assessment and the intervention group. He then uses the web-link provided in the compendium to access the user manual, assessment forms, and scoring program. After obtaining appropriate consent/assent, Mr. Green gives the assessment as a pre-test, again four weeks into the group, and again at the conclusion of the 8 week group.

Scenario 3: Individual Screening

Mrs. Smith is a school psychologist at Great Oaks Junior High. She attended a recent Intervention Assistance Team (IAT) meeting with the parents and teacher of a 6th grade boy named Daniel, who are concerned that his difficulties with inattention and hyperactivity are impacting him in the classroom. Most of the meeting was spent reviewing existing data, identifying goals, and planning preliminary intervention supports for Daniel that would be implemented in the classroom setting. The parents also mentioned that they recently talked to Daniel's pediatrician about whether he might have ADHD, and the pediatrician asked for additional information from the school regarding his symptoms before he made a definitive medical diagnosis or prescribed medication. The parents asked Mrs. Smith if she could conduct some initial assessment and write up a report that they could provide to the pediatrician. Mrs.

Smith made sure they understood the purposes of the assessment were to inform intervention and provide the pediatrician with data. She specifically noted that she would not be making a diagnosis or evaluating Daniel for special education eligibility (due to the team's prior consensus on this issue). After everything was made clear, she obtained appropriate consent.

Mrs. Smith has frequently used purchasable instruments to assess symptoms of ADHD, but she is now interested in exploring new options using the Project AWARE Screening and Evaluation Compendium in conjunction with other sources of information. She looks up the word 'Attention' in the index and finds four page numbers listed under 'Attention Deficit/Hyperactivity Disorder.' The first page number brings her to the Child/Adolescent Psychiatry Screen. She sees right away that the instrument screens for much more than attentional problems and decides that she would like to find a more targeted instrument. The next number leads her to the Disruptive Behavior Disorder Rating Scale. The instrument seems to have everything she needs, but she reads in the sample technical properties section that several key symptoms of ADHD were found to have poor positive predictive validity. She conducts more research on the instrument through library databases and decides against using the instrument. The next option is the SNAP-IV-C Rating Scale. The instrument is age-appropriate, more specific in scope, and has better sample technical properties, but it is 90-items long. Mrs. Smith decides to save this page and take a look at the last option, the Vanderbilt ADHD Diagnostic Rating Scale. She finds that this instrument is also age-appropriate, narrow in scope, and has promising sample technical properties. Better yet, the questionnaire is only 55-items long and is commonly understood in pediatric settings. Mrs. Smith conducts more research on the instrument and eventually decides that it is appropriate for use in this situation.

Mrs. Smith administers the Vanderbilt ADHD Diagnostic Rating Scale to Daniel's parents, teachers, and Daniel himself. Due to her professional training, she is able to interpret the scores. She informs the parents that although she is not making a diagnosis, results suggest that Daniels exhibits symptoms consistent with ADHD and therefore may warrant further diagnostic assessment and/or intervention. She writes up a report for the parents that describes the assessment findings, and the parents take it to the pediatrician as another source of information he can consider when assessing Daniel's functioning.

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