# Child and Adolescent Screening and Assessment Tools

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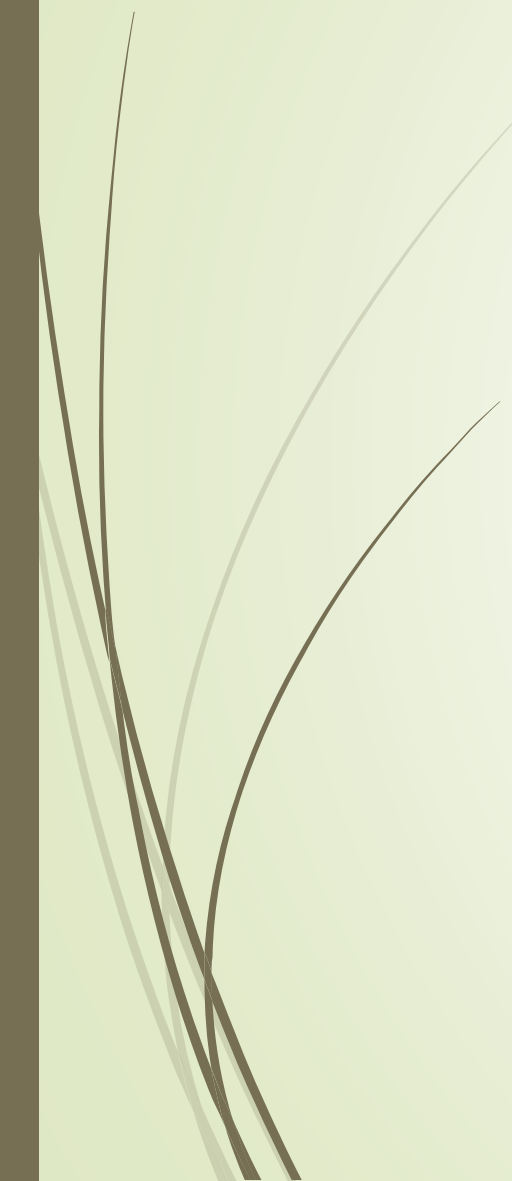
State of Nevada

Division of Child and Family Services

# Purpose of Training

- Review four child/adolescent screening/assessment tools:

  - Achenbach Child Behavior Checklist (CBCL)

  - Child and Adolescent Needs and Strengths (CANS)

  - Children's Uniform Mental Health Assessment (CUMHA)

  - Child and Adolescent Services Intensity Instrument (CASII)

# Questions to address

- How do I decide which tool to use?
- When do I administer the tool?
- How are they administered and scored?
- What do the scores tell me?

# Child Behavior Checklist (CBCL)

- The CBCL is one of a family of screening tools developed by Thomas M. Achenbach starting in the 1960's.

- Related forms include the Teacher's Report Form (TRF), and the Youth Self-Report (YSR)

- The CBCL and TRF can be used for children 6-18 years of age.  The YSR can be used with youth 11-18 years of age.

- Preschool versions include the Child Behavior Checklist for Ages 1 ½ - 5 and the Caregiver-Teacher Report Form for Ages 1 ½ -5.

- 3,500 research articles have studied the CBCL and related measures in 50 cultures.

# When to use the CBCL Administration of the CBCL

- The CBCL can be used as a general screening tool whenever there is a suspicion of an emotional or behavioral problem with a child 6-18 years of age.

- The CBCL must be completed by a parent/caretaker who knows the child's day-to-day functioning well.

- The CBCL form is self-explanatory and includes biographical and general functioning questions as well as 113 statements that are rated as not true ( score 0), somewhat/sometimes true (score 1), or very true/often true (score 2).

- Completion time is 15-20 minutes.

- Raters may take the form home to complete and return.

- The form is available in Spanish and over 50 other languages

# How is the CBCL scored?

- The CBCL is computer scored.  Forms and computer scoring materials are available at **aseba.org**

- The preschool version of the CBCL has a hand-scoring option

# What does the CBCL tell me?

- The CBCL generates 8 **Syndrome Scale Scores**:
  - Anxious/Depressed
  - Withdrawn/Depressed
  - Somatic Complaints
  - Social Problems
  - Thought Problems
  - Attention Problems
  - Rule-Breaking Behavior
  - Aggressive Behavior

# What does the CBCL tell me (cont.)?

- There are also three summary scores:
  - **Internalizing Problems** (summarizing the Anxious/Depressed, Withdrawn/Depressed, and Somatic Complaints scores)
  - **Externalizing Problems** (summarizing the Rule-Breaking Behavior and Aggressive Behavior scores)
  - **Total Problems** score (summarizing all 8 syndrome scale scores
- There is also an "Other Problems" list, which lists specific problems that may be of clinical interest based on individual questions (ex. Overeating, sleep problems)

# What does the CBCL tell me (cont.)?

- There are 6 **DSM-Oriented Scales** scores which are consistent with specific DSM-5 diagnoses:
  - Depressive Problems
  - Anxiety Problems
  - Somatic Problems
  - Attention Deficit
  - Oppositional Defiant Problems
  - Conduct Problems

# What does the CBCL tell me (cont.)?

- There are 3 **Competence Scale Scores** which rate general functioning in these areas:
  - Activities
  - Social
  - School

# What does the CBCL tell me (cont.)?

- There are three **2007 Scale Scores:**
  - Sluggish Cognitive Tempo (e.g. daydreaming, confusion)
  - Obsessive-Compulsive Problems
  - Stress Problems

- Finally, there is a **Critical Items** list that identifies specific items which may be of immediate clinical interest (harms self, hears things, sets fires)

# What does the CBCL tell me (cont.)?

- Each scale score is interpreted based on the T Score and Percentile score

  - Percentile scores **below the 95th percentile** (approximate t score of 65 and below) are considered to be in the **normal range**.

  - Percentile scores **between the 95th and the 98th percentile** (approximate t scores of 65 to70) are considered to be in the **borderline range**.

  - Percentile scores **above the 98th percentile** (approximate t score of 70 and ) are considered to be in the **clinical range**.

- These guidelines are flexible based on the severity of the problem. Since CBCL responses are based on frequency (not true, somewhat/sometimes true, and very often/often true) rather than severity, problem scores approaching clinical significance should be further investigated for severity to determine service needs.

# CBCL-related measures

- The **Youth Self-Report (YSR)** is used for youth 11-18 years of age. On this measure the Youth rate their own behavior. Questions are similar to the CBCL. Clinical scales are the same as the CBCL except that the 2007 Scales add PTSD and Positive Qualities scales

# CBCL-related measures

- The **Teacher Report Form (TRF)** is also used for 6-18 year-old children but is completed by teachers. The questions are similar, with added academic questions. Clinical scales are identical except that the Competence Scales are replaced by **Adaptive Functioning Scales,** and include:

  - **Academic Performance**

  - **Working Hard**

  - **Behaving**

  - **Learning**

  - **Happy**

# CBCL-related measures (Cont.)

- The **Child Behavior Checklist for Ages 1 ½ - 5** includes 100 preschool-relevant questions as well as a **Language Development Survey for Ages 18-35 months** that assesses language skills through general caretaker questions and a word list for caregivers to score the child's vocabulary.

- **Syndrome Scale Scores** include the following scales:
  - Emotionally Reactive
  - Anxious/Depressed
  - Somatic Complaints
  - Withdrawn
  - Sleep Problems
  - Attention Problems
  - Aggressive Behavior

# CBCL-related measures (Cont.)

- The **Child Behavior Checklist for Ages 1 ½ - 5** also has different **DSM-Oriented Scales,** including**:**
  - Affective Problems
  - Anxiety Problems
  - Pervasive Developmental Problems
  - Attention-Deficit Hyperactivity Problems
  - Oppositional Defiant Problems

- There is a **Language Development Survey** that includes two scales:
  - Average Length of Phrases
  - Vocabulary Score

# CBCL-related measures (Cont.)

- There is a **Caregiver-Teacher Report Form for Ages 1 ½ - 5** that has the same scales as the **Child Behavior Checklist for Ages 1 ½ - 5** except for the language development scales.

- **Multiple CBCL-related scales** can be collected on the same child to confirm and/or clarify results.

- Using multiple CBCL-related scales has two major advantages:

  - If **results are similar** across raters, results have greater reliability.

  - If **results differ** across raters, there may either be different perceptions of the same behavior among raters OR the child's behavior may differ in different situations and/or with different people, which is valuable clinical information that effects treatment planning

# Nevada - Child and Adolescent Needs and Strengths (NV-CANS)

- The NV-CANS is the Nevada version of the CANS, developed in early 2016 in a workshop facilitated by John Lyons, the primary developer of the CANS.

- Each organization using the CANS chooses which portion of CANS items to use to balance depth of assessment with ease of administration.

- Nevada CANS workshop participants included private and public administrators, clinical managers and direct service providers.

- Initial training in the NV-CANS took place in December 2016 and rollout of the tool is in process.

- The NV-CANS is now used instead of the CAFAS in State of Nevada agencies

- The NV-CANS has a 0-6 year old version and a 7+ year old version.

# NV-CANS

- The NV-CANS has four uses:
    - Assessing needs and strengths during the initial assessment process
    - Guiding treatment planning
    - Facilitating outcome measurement
    - Facilitating communication between service providers and continuity of care
- Assessment items are organized into 7 domains. The 0-6 and 7+ versions have the same domains but include some different items within each domain.
- Each item is rated on a 4-point scale or a yes/no scale
- Needs and strengths are generally rated based on the past 30 days
- Formal training and certification is required to administer the NV-CANS. Annual recertification is also required.  You may contact Katherine Mayhew at kmayhew@dcfs.nv.gov for training vouchers and access to the training website.  You must be a QMHA or QMHP level to qualify for training.
- The tool itself is open-domain that is free for anyone who is trained and certified.

# NV-CANS

- **NV-CANS Domains:**
  - Potentially Traumatic/Adverse Childhood Experiences
  - Behavioral/Emotional Needs
  - Life Functioning
  - Child/Youth Strengths
  - Cultural Factors
  - Risk Factors & Behaviors
  - Caregiver Resources & Needs

- Each Domain has 10-15 items.

# NV-CANS Administration and Scoring

The domains which assess needs are generally scored as follow:

| Rating | Level of Need | Appropriate Action |
|---|---|---|
| 0 | No evidence of need | No action needed |
| 1 | Significant history or possible need that is not interfering with functioning | Watchful waiting/prevention/additional assessment |
| 2 | Need interferes with functioning | Action/intervention required |
| 3 | Need is dangerous or disabling | Immediate action/Intensive action required |

# NV-CANS Administration and Scoring

The Child Strengths Domain is generally scored as follows:

| Rating | Level of Strength | Appropriate Action |
|---|---|---|
| 0 | Centerpiece strength | Central to planning |
| 1 | Strength present | Useful in planning |
| 2 | Identified strength | Build or develop strength |
| 3 | No strength identified | Strength creation or identification may be indicated |

# NV-CANS Administration and Scoring

- Each item has a general description of the item. For example, the description of the Depression item in the Behavioral/Emotional Needs Domain is:

**DEPRESSION**

Symptoms included in this item are irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation, interest or pleasure in daily activities. This dimension can be used to rate symptoms of the Depressive Disorders as specified in DSM-5.

# NV-CANS Administration and Scoring

- Each item also includes questions to consider. For the Depression item they are:

**Questions to Consider**

✦ Is youth concerned about possible depression or chronic low mood and irritability?

✦ Has she/he withdrawn from normal activities?

✦ Does the youth seem lonely or not interested in others?

# NV-CANS Administration and Scoring

- Finally, each item has unique scoring criteria corresponding to the general guidelines shown on the previous slide. The Depression item criteria are:

**0 -** No evidence of problems with depression.

**1- History or suspicion of depression or mild to moderate depression** associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to gross avoidance behavior.

**2 - Clear evidence of depression** associated with either depressed mood or significant irritability. Depression has interfered significantly in youth's ability to function in at least one life domain.

**3 - Clear evidence of disabling level of depression** that makes it virtually impossible for the youth to function in any life domain. This rating is given to a youth with a severe level of depression. This would include a youth who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be rated here. This level is used to indicate an extreme case of one of the disorders from the category listed above.

# NV-CANS Administration and Scoring

- NV-CANS domains and items can be administered in any order. A semi-structured interview style is recommended to achieve a conversational tone and increase rapport.

- Item scores are entered on the scoring sheet. Domain scores are calculated as follows:

  1. Average items within the following domains: Behavioral/Emotional Needs, Life Functioning, Youth Strengths, and Risk Factors & Behaviors.

  2. Multiply each average by 10.

  3. Possible scores will range from 0 to 30. If an item was not answered (marked N/A or left blank), do not include it in the average.

- The following domains are not scored: Potentially Traumatic/Adverse Childhood Experiences, Cultural Factors, Caregiver Resources & Needs, and all supplemental modules.

# NV-CANS Administration and Scoring

- Interpretation of results can be done item-by-item, considering any item rated at 2 or 3 as a need that may need to be included in treatment planning. Strength domain items rated at 0 or 1 can also be used in planning, to address needs through strengths.

- Comparing domain scores can help identify more general areas of needs.

# Review and Questions

- The CBCL family of measures are designed to identify specific problems to address in treatment as identified by those who know the child well, in a questionnaire format. They are used in initial assessment and can be administered multiple times to measure behavior change across time.

- The CBCL measures can identify problems quickly, giving insight into the different perspectives of a child's different caregivers as well as possible differences in a child behaviors across settings.

- The NV-CANS is a more comprehensive assessment tool designed to identify the needs and strengths of a child and their family across multiple domains and determine service needs in a system of care. It guides assessment of a child in the context of the child's family and culture.

- QUESTIONS?