Child and Adolescent Screening and Assessment Tools

Randall Stiles, PhD.

State of Nevada

Division of Child and Family Services

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

Child and Adolescent Screening and Assessment Tools – Part II

- This is the second of two webinars reviewing Child and Adolescent Screening and Assessment tools.
- ► Last week we reviewed the CBCL and related screenings (YSR, YSR, CBCL 1 ½-5, and CTRF 1 ½-5) as well as the CANS.
- The CANS requires training and certification, and I gave you the information to arrange that if you're interested.
- Today we'll cover the Child and Adolescent Services Intensity Instrument (CASII) and the Children's Uniform Mental Health Assessment (CUMHA).
- The CASII also has a more detailed training done by DCFS so if you decide you want to use the CASII you would go to the nvpartnership4training.com website to enroll.

Child and Adolescent Services Intensity Instrument (CASII): Rationale

- Objective (not standardized), quantifiable criteria for level of care placement, continued stay, and outcomes for children and adolescents with SED
- "Designed for clinicians with training and experience with children and adolescents".
- Designed as a clinical tool, not a checklist. Clinical judgment (including justification) determines final CASII level of care determination, not CASII score
- Applies to children ages 6 through 18 years; developmental status determines LOCUS/ CASII cut-off
- **ECSII** for 0-5 years

- No licensure or degree requirements to administer CASII. Each agency sets their own guidelines. DCFS has Bachelor's level PCWs doing the CASII.
- CASII score is irrelevant to placement decisions (CASII level is) but Medicaid still requires the score on their PARs; this should be changed.
- Developmentally delayed elementary age children may need ECSII instead of CASII and delayed young adults may need CASII instead of LOCUS

CASII: Evaluation Dimensions

- I. Risk of Harm
- **II. Functional Status**
- III. Co-Occurrence: Developmental, Medical, Substance Use and Psychiatric
- **IV. Recovery Environment**
 - Scale A: Environmental Stressors
 - Scale B: Environmental Supports
- V. Resiliency and/or Response to Services
- VI. Involvement in Services
 - Scale A: Child/Adolescent: Involvement in Services
 - Scale B: Parental/Primary Caretaker: Involvement in Services

CASII: Evaluation Dimensions

- Risk of Harm and Functional Status are the most objective, easy to score dimensions.
- Functional status is similar to CAFAS and score should be similar to CAFAS score
- Co-occurrence is unique and useful scale.
- Recovery environment does NOT rate the child, but the child's environment
- Resiliency rates PAST services
- Involvement in Services rates CURRENT services

CASII scoring

- Anchor points provide objective criteria.
- Clinical criteria can also be used with the following general guidelines to judge a client issue (from Ted Fallon, one of CASII authors):
 - Level 1: Not on your mind at this time.
 - Level 2: On your mind but no action needed at this time.
 - Level 3: On your mind and planning needed as soon as possible.
 - Level 4: Planning needed immediately.
 - Level 5: Imminent harm without immediate treatment

Dimension I RISK OF HARM

This dimension is the measurement of a child or adolescent's risk of **self-harm** and **harm to others** by various means and an assessment of his/her potential for being a **victim of physical or sexual abuse, neglect or violence**. May embody **unintentional harm** from distorted reality, inability to care for self, impaired judgment, or intoxication. Differentiates between **chronic or acute.**

Anchor point descriptions include examples, which can NOT be interpreted independent of the level of harm, e.g. fire setting and cruelty to animals may be rated at different levels depending on their severity.

Episodic = more than occasional, but less consistent than persistent.

Dimension II FUNCTIONAL STATUS

This dimension measures the impact of a child or adolescent's primary condition on his/her daily life. It is an assessment of the child's ability to function in all age appropriate roles: family member, friend and student. It is also a measure of the effect of the primary problem on such basic daily activities as eating, sleeping and personal hygiene.

Dimension III CO-OCCURRENCE

This dimension measures the co-existence of disorders across four domains: Developmental Disability, Medical, Substance Abuse, and Psychiatric. Remember, if the primary condition is a psychiatric condition, then any substance abuse problem, medical condition or developmental disability also present would be considered a comorbid condition. We IGNORE the psychiatric functioning on this dimension since we all are mental health agencies. We are rating developmental, medical and substance issues only.

Dimension IV RECOVERY ENVIRONMENT

This dimension is divided into 2 sub-scales: **Environmental Stress** and **Environmental Support**. An understanding of the strengths and weaknesses of the child or adolescent's family is essential to choosing an accurate rating in this dimension. It is also a measure of the neighborhood and community's role in either worsening or improving the child or adolescent's condition. Thus, high ratings on both these sub-scales (Extremely Stressful Environment and No Support in Environment) will have a major impact on both the composite score and the actual services chosen.

Recovery Environment

- Stressful Elements:
 - Interpersonal conflicts
 - Trauma
 - Life transitions
 - Losses
 - Worries related to health/safety
 - Difficulty maintaining role responsibilities
 - Based on client and family's perception of stress in the environment.

Recovery Environment

- Reminder...this dimension rates the child's environment, NOT the child's behavior.
- The anchor points are almost irrelevant here because the rating is based on the family and child's PERCEPTION of stress/support, not the situations described in the anchor points.

Recovery Environment: Environmental Support

- Supportive Elements:
 - Stable, supportive relationships w/ family
 - Adequate housing
 - Adequate material resources
 - Stable, supportive relationships with friends, employers, teachers, clergy, professionals, and other community members
 - Based on client's perception of support

Recovery Environment: Environmental Support

This is based on the CHILD'S perception, not the caretakers. This is one reason why a CASII cannot be done without seeing the child.

Dimension V: RESILIENCY AND/OR RESPONSE TO SERVICES

Resiliency refers to a child or adolescent's innate or constitutional emotional strength, as well as the capacity for successful adaptation (Rutter, 1990). The concept of resiliency is familiar to clinicians who treat children or adolescents who have the most severe disorders and/or survive the most traumatic life circumstances, yet who either maintain high functioning and developmental progress, or use treatment for a rapid return to that state. This dimension also measures the extent to which the child or adolescent and his/her family have responded favorably to past treatment.

Dimension VI INVOLVEMENT IN SERVICES Scale A - Child/Adolescent Scale B - Parents/Primary Caretaker

This dimension is divided into two sub-scales to allow for measurement of both the child or adolescent's and his/her family's acceptance and engagement. Clearly, the child or adolescent's treatment benefits when the family is proactively and positively engaged, and conversely, treatment suffers when the family is disinterested, disruptive or openly hostile toward the process. Only the highest sub-scale score (the sub-scale indicating the most significant challenge to treatment) is used in calculating the composite score.

Involvement in Services Themes

- Therapeutic Relationship
- Defining the Problem
- Accepting Responsibility
- Involvement in treatment

CASII Scoring

- Review Introductory Paragraph for each dimension.
- Select the highest level in each dimension where at least ONE of the anchor point applies.
- If no anchor point applies, pick the CLOSEST fit, or write in your own description under "other".
- If confusion between two levels, choose the HIGHER level.
- Base ratings on face to face interview with child/adolescent and all other available clinical information, including caretakers and records.
- Scores are based on the child's status at the TIME OF ADMINISTRATION.

CASII Scoring (cont.)

- Use total CASII score and clinical judgment to determine level of service intensity. Discrepancies between CASII derived level of care and actual level of care must include written clinical justification.
- Do not "inflate" CASII score to justify a level of care. Use written clinical justification if CASII derived level of care does not meet child's clinical needs.
- If multiple agencies serving a child conduct CASII assessments with inconsistent results, use the CFT as an opportunity to share information to determine a level of service intensity that includes all information known about the child by CFT members

CASII: Level of Care Transitions

- Child may make transition to another level of care after an adequate period of stabilization and based on the family's and treatment team's clinical judgment.
- If a child's CASII score decreases in the course of treatment, this indicates treatment is working and may not signify the need for immediate changes in services. It may be desirable for a youth to be continued at a higher level of care to preclude relapse and unnecessary disruption of care and to achieve lasting stability.

Child and Adolescent Mental Health Assessment (CUMHA)

- The CUMHA was constructed about 10 years ago here in Nevada by a committee comprised of public and private providers.
- The purpose was to standardize assessment to support seamless transitions between services in the Nevada system of care.
- Nevada agencies agreed to use the CUMHA to reduce the number of interviews for families seeking multiple services.
- There was a revision in 2015 when the DSM-5 was published to:
 - Update the diagnosis module from DSM-IV to DSM-5
 - Reduce redundant questions across modules.
 - Add a symptom checklist to strengthen the clinical summary and diagnosis section. The APA cross-cutting measures were chosen to do this.

Child and Adolescent Mental Health Assessment (CUMHA)

- The CUMHA provides comprehensive psychosocial information that can assist in completing the CANS.
- It is completed at intake and is required by Medicaid to be updated annually.

CUMHA modules and sections

- There are fourteen sections of the CUMA organized into four modules.
 - Module 1: Presenting Concerns
 - Reason for Seeking Services
 - Module 2: Current Situation
 - Safety Concerns
 - Family Information
 - Module 3: History
 - Child's Developmental History
 - Trauma History
 - Medical History
 - Substance Abuse
 - Child's Sexual History
 - Child's Legal History
 - Child's Educational History and Current Status

CUMHA modules and sections (cont.)

- Module 4: Mental Health Assessment
 - Current Mental Status
 - Diagnoses
 - Summary and Recommendations

CUMHA Module 1: Presenting Concerns

- Module 1 assesses the reason for services, from the point of view of the parent, child and/or referral sources
- Level 1 Cross-cutting measures are given to the family before the CUMHA assessment session and results are reviewed in the CUMHA session. Any significant symptoms identified on the level 1 measures should be further assessed using level 2 measures.
- All Cross cutting measures are available to copy at www.psychiatry.org/dsm5

Cross-cutting measures

- Level 1 Cross-cutting Symptom Measures:
 - Contain symptoms relevant to most psychiatric disorders (hence "cross-cutting").
 - Self-administered by adults and children 11+ years.
 - Screen for symptoms, not necessarily for diagnoses.
 - Scoring information is provided.
 - APA encourages use for assessment and tracking treatment progress. May be reproduced by clinicians for use with their patients. Available on <u>www.psychiatry.org/dsm5</u>



DSM-5 Parent/Guardian-Rated Level 1 Cross-Cutting Symptom Measure—Child Age 6-17

Child's Name:	Age:	Sex: Male Female	Date:
Relationship with the child:			
	olow ack about t		our child Ear oach

Instructions (to the parent or guardian of child): The questions below ask about things that might have bothered your child. For each question, circle the number that best describes how much (or how often) your child has been bothered by each problem during the past TWO (2) WEEKS.

| None | Slight | Mild | Moderate | Severe | Highest |

			None Not at	Slight Rare, less	Mild Several	Moderate More than	Severe Nearly	Highest Domain
.			all	than a day		half the	every	Score
		ing the past TWO (2) WEEKS, how much (or how often) has your child	_	or two	_	days	day	(clinician)
-	1.	Complained of stomachaches, headaches, or other aches and pains?	0	1	2	3	4	
_	2.	Said he/she was worried about his/her health or about getting sick?	0	1	2	3	4	
II.	3.	Had problems sleeping—that is, trouble falling asleep, staying asleep, or waking up too early?	0	1	2	3	4	
III.	4.	Had problems paying attention when he/she was in class or doing his/her homework or reading a book or playing a game?	o	1	2	3	4	
IV.	5.	Had less fun doing things than he/she used to?	0	0 1 2		3	4	
	6.	Seemed sad or depressed for several hours?	0	1	2	3	4	
v. &	7.	Seemed more irritated or easily annoyed than usual?	0	1	2	3	4	
VI.	8.	Seemed angry or lost his/her temper?	0	1	2	3	4	
VII.	9.	Started lots more projects than usual or did more risky things than usual?	0	1	2	3	4	
	10.	Slept less than usual for him/her, but still had lots of energy?	0	1	2	3	4	
VIII.	11.	Said he/she felt nervous, anxious, or scared?	0	1	2	3	4	
	12.	Not been able to stop worrying?	0	1	2	3	4	
	13.	Said he/she couldn't do things he/she wanted to or should have done, because they made him/her feel nervous?	0	1	2	3	4	
IX.	14.	Said that he/she heard voices—when there was no one there—speaking about him/her or telling him/her what to do or saying bad things to him/her?	0	0 1 2		3	4	
	15.	Said that he/she had a vision when he/she was completely awake—that is, saw something or someone that no one else could see?	0	1	2	3	4	
х.	16.	Said that he/she had thoughts that kept coming into his/her mind that he/she would do something bad or that something bad would happen to him/her or to someone else?	o	1	2	3	4	
	17.	Said he/she felt the need to check on certain things over and over again, like whether a door was locked or whether the stove was turned off?	0	1	2	3	4	
	18.	Seemed to worry a lot about things he/she touched being dirty or having germs or being poisoned?	o	1	2	3	4	
	19.	Said that he/she had to do things in a certain way, like counting or saying special things out loud, in order to keep something bad from happening?	0	1	2	3	4	
	In th	e past TWO (2) WEEKS, has your child						
XI.	20.	Had an alcoholic beverage (beer, wine, liquor, etc.)?		Yes 🗆	No	□ Don't	Know	
	21.	Smoked a cigarette, a cigar, or pipe, or used snuff or chewing tobacco?		Yes 🗆	No	□ Don't	Know	
	22.	Used drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)?		Yes 🗆	No	□ Don't	Know	
	23.	Used any medicine without a doctor's prescription (e.g., painkillers [like Vicodin], stimulants [like Ritalin or Adderall], sedatives or tranquilizers [like sleeping pills or Valium], or steroids)?	0	Yes 🗆	No	□ Don't	Know	
XII.	24.	In the past TWO (2) WEEKS, has he/she talked about wanting to kill himself/herself or about wanting to commit suicide?		Yes 🗆	No	□ Don't	Know	
	25.	Has he/she EVER tried to kill himself/herself?		Yes 🗆	No	☐ Don't	Know	

Copyright © 2013 American Psychiatric Association. All Rights Reserved. This material can be reproduced without permission by researchers and by clinicians for use with their patients.

DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Child Age 11–17

Name:	Age:	Sex: Male Female	Date:
Instructions: The questions below ask about things tha	et might have be	thered you For each question	circle the number that best

Instructions: The questions below ask about things that might have bothered you. For each question, circle the number that best describes how much (or how often) you have been bothered by each problem during the past TWO (2) WEEKS.

During the past TWO (2) WEEKS, how much (or how often) have you				None Not at all	Slight Rare, less	Mild Several	Moderate More than	Severe Nearly	Highest Domain
1. 1. Been bothered by stomachaches, headaches, or other aches and pains? 0					than a day		half the	every	
2. Worried about your health or about getting sick? 0								_	(clinician)
1. 3.	I.							-	
11		2.	Worried about your health or about getting sick?	0	1	2	3	4	
4 doing homework or reading a book or playing a game?	п.	3.		o	1	2	3	4	
6. Felt sad or depressed for several hours? 7. Felt more irritated or easily annoyed than usual? 8. Felt angry or lost your temper? 9. Started lots more projects than usual or done more risky things than usual? 9. Started lots more projects than usual or done more risky things than usual? 10. Slept less than usual but still had a lot of energy? 10. Slept less than usual but still had a lot of energy? 11. Pelt nervous, anxious, or scared? 12. Not been able to do things you wanted to or should have done, because they made you feel nervous? 13. Not been able to do things you wanted to or should have done, because they made you feel nervous? 14. Had visions when you were completely awake—that is, seen something or someone that no one else could see? 15. Had thoughts that kept coming into your mind that you would do someone than no one else could see? 16. Had thoughts that kept coming into your mind that you would do someone than no one else could see? 17. Felt the need to check on certain things over and over again, like whether a door was locked or whether the stove was turned off? 18. Worried a lot about things you touched being dirty or having germs or being one someone. The property of things, to keep something bad from happening? 19. Felt you had to do things in a certain way, like counting or saying special on the past TWO (2) WEEKS, have you 11. Had an alcoholic beverage (beer, wine, liquor, etc.)? 21. Smoked a cigarette, a cigar, or pipe, or used snuff or chewing tobacco? 22. Smoked a cigarette, a cigar, or pipe, or used snuff or chewing tobacco? 23. Mad enable in the last 2 weeks, have you thought about killing yourself or committing or Yes	III.	4.		О	1	2	3	4	
V. V. V. V. Relt more irritated or easily annoyed than usual?	IV.	5.	Had less fun doing things than you used to?	0	1	2	3	4	
VII. 2. Felt angry or lost your temper? 0 1 2 3 4		6.	Felt sad or depressed for several hours?	0	1	2	3	4	
VII. 9. Started lots more projects than usual or done more risky things than usual? 0	V. &	7.	Felt more irritated or easily annoyed than usual?	0	1	2	3	4	
10. Slept less than usual but still had a lot of energy? 11. Felt nervous, anxious, or scared? 12. Not been able to stop worrying? 13. Not been able to do things you wanted to or should have done, because they made you feel nervous? 14. Heard voices—when there was no one there—speaking about you or telling you what to do or saying bad things to you? 15. Had visions when you were completely awake—that is, seen something or someone that no one else could see? 16. Something bad or that something bad would happen to you or to someone else? 17. Felt the need to check on certain things over and over again, like whether a los or sow a locked or whether the stove was turned off? 18. Worried a lot about things you touched being dirty or having germs or being poisoned? 19. Felt you had to do things in a certain way, like counting or saying special things, to keep something bad from happening? 10. Had an alcoholic beverage (beer, wine, liquor, etc.)? 21. Smoked a cigarette, a cigar, or pipe, or used snuff or chewing tobacco? 22. Smoked a cigarette, a cigar, or pipe, or used snuff or chewing tobacco? 23. Made and conditions and control or crack, club drugs (like Ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)? 24. Used drugs like marijuana, cocaine or crack, club drugs (like Ecstasy), adderall), seataives or tranquilizers (like vicodin), stimulants (like Ritalin or Adderall), seataives or tranquilizers (like vicodin), stimulants (like Ritalin or Steroids)? 25. In the last 2 weeks, have you thought about killing yourself or committing Yes No	VI.	8.	Felt angry or lost your temper?	0	1	2	3	4	
VIII. 11. Felt nervous, anxious, or scared? 0 1 2 3 4	VII.	9.	Started lots more projects than usual or done more risky things than usual?	0	1	2	3	4	
12. Not been able to stop worrying? 13. Not been able to do things you wanted to or should have done, because they made you feel nervous? 14. Not been able to do things you wanted to or should have done, because to they made you feel nervous? 14. Heard voices—when there was no one there—speaking about you or telling you what to do or saying bad things to you? 15. Had visions when you were completely awake—that is, seen something or someone that no one else could see? 16. Had thoughts that kept coming into your mind that you would do something bad or that something bad would happen to you or to someone else? 17. Felt the need to check on certain things over and over again, like whether a door was locked or whether the stove was turned off? 18. Worried a lot about things you touched being dirty or having germs or being poisoned? 19. Felt you had to do things in a certain way, like counting or saying special 19. Felt you had to do things in a certain way, like counting or saying special 19. Felt you had to do things in a certain way, like counting or saying special 19. Felt you had to do things in a certain way, like counting or saying special 19. Felt you had to do things in a certain way, like counting or saying special 19. Felt you had to do things in a certain way, like counting or saying special 19. Felt you had to do things in a certain way, like counting or saying special 19. Felt you had to do things in a certain way, like counting or saying special 19. Felt you had to do things in a certain way, like counting or saying special 19. Felt you had to do things in a certain way, like counting or saying special 19. Felt you had to do things in a certain way, like counting or saying special 19. Felt you had to do things in a certain way, like counting or saying special 19. Felt you had to do things in a certain way, like counting or saying special 19. Felt you had to do things in a certain way, like counting or saying special 19. Felt you had to do things in a certai		10.	Slept less than usual but still had a lot of energy?	0	1	2	3	4	
12. Not been able to stop worrying? 13. Not been able to do things you wanted to or should have done, because 15. Not been able to do things you wanted to or should have done, because 15. Heard voices—when there was no one there—speaking about you or telling 16. Heard voices—when there was no one there—speaking about you or telling 17. Heard voices—when there was no one there—speaking about you or telling 18. Heard voices—when there was no one there—speaking about you or telling 18. Heard voices—when there was no one there—speaking about you or telling 18. Heard voices—when there was no one there—speaking about you or telling 18. Heard voices—when there was been pounded 18. Worried a lot about things you touched being dirty or having germs or being 18. Worried a lot about things you touched being dirty or having germs or being 18. Worried a lot about things you touched being dirty or having germs or being 18. Worried a lot about things you touched being dirty or having germs or being 18. Worried a lot about things you touched being dirty or having germs or being 18. Worried a lot about things you touched being dirty or having germs or being 18. Worried a lot about things you touched being dirty or having germs or being 18. Worried a lot about things you touched being dirty or having germs or being 18. Worried a lot about things you touched being dirty or having germs or being 18. Worried a lot about things you touched being dirty or having germs or being 18. Worried a lot about things you touched being dirty or having germs or being 18. Worried a lot about things you touched being dirty or having germs or being 18. Worried a lot about things you touched being dirty or having germs or being 18. Worried a lot about things you touched being dirty or having germs or being 18. Worried a lot about things you touched being dirty or having germs or being 18. Worried a lot about things you touched being dirty or having germs or being 18. Worried a lot about things yo	VIII.	11.	Felt nervous, anxious, or scared?	0	1	2	3	4	
13. they made you feel nervous? 14. Heard voices—when there was no one there—speaking about you or telling 14. you what to do or saying bad things to you? 15. Had visions when you were completely awake—that is, seen something or 15. 15. Someone that no one else could see? 16. Someone that no one else could see? 17. Had thoughts that kept coming into your mind that you would do 16. 16		12.		0	1	2	3	4	
14. you what to do or saying bad things to you? 15. Had visions when you were completely awake—that is, seen something or someone that no one else could see? X. Had thoughts that kept coming into your mind that you would do something bad or that something bad would happen to you or to someone else? 16. Had thoughts that kept coming into your mind that you would do something bad or that something bad would happen to you or to someone else? 17. Felt the need to check on certain things over and over again, like whether a door was locked or whether the stove was turned off? 18. Worried a lot about things you touched being dirty or having germs or being poisoned? 19. Felt you had to do things in a certain way, like counting or saying special things, to keep something bad from happening? XI. 20. Had an alcoholic beverage (beer, wine, liquor, etc.)? 21. Smoked a cigarette, a cigar, or pipe, or used snuff or chewing tobacco? 22. Had an alcoholic beverage (beer, wine, liquor, etc.)? 23. Week drugs like marijuana, cocaine or crack, club drugs (like Ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)? 24. Used any medicine without a doctor's prescription to get high or change the way you feel (e.g., painkillers [like Vicodin], stimulants [like Ritalin or Adderall], sedatives or tranquilizers [like sleeping pills or Valium], or steroids)? XII. 24. In the last 2 weeks, have you thought about killing yourself or committing		13.		o	1	2	3	4	
15. someone that no one else could see? X.	IX.	14.		0	1	2	3	4	
16. something bad or that something bad would happen to you or to someone else? 17. Felt the need to check on certain things over and over again, like whether a door was locked or whether the stove was turned off? 18. Worried a lot about things you touched being dirty or having germs or being poisoned? 19. Felt you had to do things in a certain way, like counting or saying special things, to keep something bad from happening? In the past TWO (2) WEEKS, have you XI. 20. Had an alcoholic beverage (beer, wine, liquor, etc.)? 21. Smoked a cigarette, a cigar, or pipe, or used snuff or chewing tobacco? 22. hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)? 23. Used any medicine without a doctor's prescription to get high or change the way you feel (e.g., painkillers (like vicodin), stimulants [like Ritalin or Adderall], sedatives or tranquilizers [like sleeping pills or Valium], or steroids)? XII. 24. In the last 2 weeks, have you thought about killing yourself or committing		15.		o	1	2	3	4	
17. door was locked or whether the stove was turned off? 18. Worried a lot about things you touched being dirty or having germs or being poisoned? 19. Felt you had to do things in a certain way, like counting or saying special things, to keep something bad from happening? 19. In the past TWO (2) WEEKS, have you XI. 20. Had an alcoholic beverage (beer, wine, liquor, etc.)? 21. Smoked a cigarette, a cigar, or pipe, or used snuff or chewing tobacco? 22. Used drugs like marijuana, cocaine or crack, club drugs (like Ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)? 23. Adderall], sedatives or tranquilizers [like Vicodin], stimulants [like Ritalin or Adderall], sedatives or tranquilizers [like sleeping pills or Valium], or steroids)? XII. 24. In the last 2 weeks, have you thought about killing yourself or committing	X.	16.	something bad or that something bad would happen to you or to someone	o	1	2	3	4	
18. poisoned? 19. Felt you had to do things in a certain way, like counting or saying special things, to keep something bad from happening? 19. In the past TWO (2) WEEKS, have you 20. Had an alcoholic beverage (beer, wine, liquor, etc.)? 21. Smoked a cigarette, a cigar, or pipe, or used snuff or chewing tobacco? 22. Used drugs like marijuana, cocaine or crack, club drugs (like Ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)? 23. Used any medicine without a doctor's prescription to get high or change the way you feel (e.g., painkillers [like Vicodin], stimulants [like Ritalin or Adderall], sedatives or tranquilizers [like sleeping pills or Valium], or steroids)? 24. In the last 2 weeks, have you thought about killing yourself or committing		17.		0	1	2	3	4	
In the past TWO (2) WEEKS, have you XI. 20. Had an alcoholic beverage (beer, wine, liquor, etc.)? Used drugs like marijuana, cocaine or crack, club drugs (like Ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)? Used any medicine without a doctor's prescription to get high or change the way you feel (e.g., painkillers [like vicodin], stimulants [like Ritalin or Adderall], sedatives or tranquilizers [like sleeping pills or Valium], or steroids)? XII. 24. In the last 2 weeks, have you thought about killing yourself or committing		18.		0	1	2	3	4	
XII. 20. Had an alcoholic beverage (beer, wine, liquor, etc.)?		19.		o	1	2	3	4	
21. Smoked a cigarette, a cigar, or pipe, or used snuff or chewing tobacco? Used drugs like marijuana, cocaine or crack, club drugs (like Ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)? Used any medicine without a doctor's prescription to get high or change the way you feel (e.g., painkillers [like Vicodin], stimulants [like Ritalin or Adderall], sedatives or tranquilizers [like sleeping pills or Valium], or steroids)? XII. 24. In the last 2 weeks, have you thought about killing yourself or committing		In th	e past TWO (2) WEEKS, have you						
21. Smoked a cigarette, a cigar, or pipe, or used snuff or chewing tobacco? Used drugs like marijuana, cocaine or crack, club drugs (like Ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)? Used any medicine without a doctor's prescription to get high or change the way you feel (e.g., painkillers [like Vicodin], stimulants [like Ritalin or Adderall], sedatives or tranquilizers [like sleeping pills or Valium], or steroids)? XII. 24. In the last 2 weeks, have you thought about killing yourself or committing	XI.	20.	Had an alcoholic beverage (beer, wine, liquor, etc.)?		□ Yes	Т	r	No	
Used drugs like marijuana, cocaine or crack, club drugs (like Ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)? Used any medicine without a doctor's prescription to get high or change the way you feel (e.g., painkillers [like Vicodin], stimulants [like Ritalin or Adderall], sedatives or tranquilizers [like sleeping pills or Valium], or steroids)? XII. 24. In the last 2 weeks, have you thought about killing yourself or committing Yes No		21.			☐ Yes	$\neg \uparrow$	r	No	
Used any medicine without a doctor's prescription to get high or change the way you feel (e.g., painkillers [like Vicodin], stimulants [like Ritalin or Adderall], sedatives or tranquilizers [like sleeping pills or Valium], or steroids)? XII. 24. In the last 2 weeks, have you thought about killing yourself or committing		22.	hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or		□ Yes			No	
24. suicide?		23.	Used any medicine without a doctor's prescription to get high or change the way you feel (e.g., painkillers [like Vicodin], stimulants [like Ritalin or Adderall], sedatives or tranquilizers [like sleeping pills or Valium], or steroids)?	ı	□ Yes			No	
25. Have you EVER tried to kill yourself?	XII.	24.		ı	□ Yes		_ n	No	
		25.	Have you EVER tried to kill yourself?	- 1	□ Yes		r	Vo	

Copyright © 2013 American Psychiatric Association. All Rights Reserved.

This material can be reproduced without permission by researchers and by clinicians for use with their patients.

Cross-cutting measures

Level 2 Cross-Cutting Measures

- Completed when Level I measure indicates area of possible clinical importance (score of 2, 3 or 4).
- Provides more detailed questions regarding the symptom domain.
- Based on well-validated measures (e.g. SNAP-IV) of various symptom domains
- Scoring information is provided.



Child's Name:

LEVEL 2—Depression—Parent/Guardian of Child Age 6-17 *PROMIS Emotional Distress—Depression—Parent Item Bank

past SEVEN (7) days, my child said he/she						
past SEVEN (7) days, my child said he/she						Clinician Use
		p. 1 - 1 - 2				Item
	Never	Almost Never	Sometimes	Often	Almost Always	Score
Could not stop feeling sad.	0 1	□ 2	3	4	□ 5	
elt alone.	1	□ 2	3	4	□ 5	
elt like he/she couldn't do anything ight.	0 1	□ 2	3	4	□ 5	
elt lonely.	1	□ 2	□ 3	4	□ 5	
elt sad.	0 1	□ 2	3	4	□ 5	
elt unhappy.	□ 1	□ 2	□ 3	4	□ 5	
hought that his/her life was bad.	□ 1	□ 2	3	4	□ 5	
Didn't care about anything.	0 1	□ 2	3	4	□ 5	
elt stressed.	0 1	2	3	4	□ 5	
elt too sad to eat.	1	□ 2	3	4	□ s	
Wanted to be by himself/herself.	0 1	□ 2	□3	4	□ 5	
		•	•			
			8	Total/Partia	al Raw Score:	
	elt sad. elt unhappy. hought that his/her life was bad. idn't care about anything. elt stressed. elt too sad to eat.	elt sad.	elt sad. 1 2 elt unhappy. 1 2 hought that his/her life was bad. 1 2 idn't care about anything. 1 2 elt stressed. 1 2 elt too sad to eat.	elt sad. elt unhappy. lt	elt sad. 1	elt sad. 1

©2008-2012 PROMIS Health Organization (PHO) and PROMIS Cooperative Group. This material can be reproduced without permission by clinicians for use with their patients. Any other use, including electronic use, requires written permission of the PHO.

Sex: ☐ Male ☐ Female

Date:

Cross-cutting measures

Disorder-Specific Severity Measures

- Once a disorder has been determined, severity measures can help assess severity initially and track frequency/intensity of individual symptoms during treatment.
- Can be used when client meets full diagnostic criteria or with "other specified" diagnoses.



Severity Measure for Depression—Child Age 11–17*

*PHQ-9 modified for Adolescents (PHQ-A)—Adapted

						Clinician Use
				x		Item score
		(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day	
1	Feeling down, depressed, irritable, or hopeless?			2000	1 12 1112	:
2.	Little interest or pleasure in doing things?				\$	
3.	Trouble falling asleep, staying asleep, or sleeping too much?					
4.	Poor appetite, weight loss, or overeating?					
5.	Feeling tired, or having little energy?					
6.	Feeling bad about yourself—or feeling that you are a failure, or that you have let yourself or your family down?					
7.	Trouble concentrating on things like school work, reading, or watching TV?					
8.	Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you were moving around a lot more than usual?					
9.	Thoughts that you would be better off dead, or of hurting yourself in some way?			5-1111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
		7.	Y	Total/Partia (if 1-2 items left	al Raw Score:	

CUMHA Module 2: Current Situation

- If there are safety concerns identified by the CUMHA section 2, further evaluation beyond the CUMHA questions and supervisor consultation is recommended to make a risk assessment.
- If the youth is currently in crisis, safety planning and/or hospitalization procedures are initiated.
- If there is no current crisis, continue with family information questions in Module 2.
- At the end of each Module there is a General Comments section to record significant information that may not be covered by the CUMHA questions.

CUMHA Modules 3 and 4: History and Mental Health Assessment

- In Module 3, complete all historical sections using the questions and checklists.
- In Module 4, conduct mental status evaluation and record preliminary diagnosis and SED determination. Medicaid currently considers a child with a CAFAS/PECFAS score of 40 and higher and with a DSM diagnosis as SED.
- The CANS may also be a Medicaid-approved functional assessment scale.

Children with a **Severe Emotional Disturbance (SED)** are persons age 4 to age 18 who currently or at anytime during the past year (continuous 12-month period) have a:

- a. Diagnosable mental, behavioral or diagnostic criteria that meet the coding and definition criteria specified in the DSM. This excludes substance abuse or addictive disorders, irreversible dementias, as well as mental retardation and V codes, unless they co-occur with another serious mental illness that meets DSM criteria that results in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities, and
- b. These disorders include any mental disorder (including those of biological etiology) listed in DSM or their ICD-9-CM equivalent (and subsequent revisions), with the exception of DSM "V" codes, substance use, and developmental disorders, which are excluded unless they co-occur with another diagnosable serious emotional disturbance. All of these disorders have episodic, recurrent, or persistent features; however they vary in terms of severity and disabling effects; and
- c. Have a functional impairment defined as difficulties that substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive, communicative or adaptive skills. Functional impairments of episodic, recurrent, and continuous duration are included unless they are temporary and expected responses to stressful events in the environment. Children who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are included in this definition.

CUMHA Modules 3 and 4: History and Mental Health Assessment (cont.)

- Summary and Recommendations section should include relevant information that led to the diagnosis.
- Family strengths should be included to assist in treatment plan formulation
- Family expectations for treatment come from a discussion of everyone's role in treatment and responsibilities to reach positive outcomes.
- Clinical recommendations should include treatment modalities and frequencies.
- Discharge plan should include levels of improvement that will prompt discharge.