

MEASURE/SCALE	HOW TO SCORE & WHAT SCORES MEAN	SUGGESTED ACTION(S) TO TAKE
Pediatric Symptom Checklist (PSC) and Youth Report (Y-PSC) Home and School Impairment Scale		
<p><i>The Pediatric Symptom Checklist is a psychosocial screen designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible.</i></p> <p><i>The Home and School Impairment Scale is designed as a functional assessment.</i></p>	<p>PSC and Y-PSC: Add the total score for questions 1-35. Never = 0; Sometimes = 1; Often = 2</p> <p>Psychological impairment:</p> <ul style="list-style-type: none"> ▪ Ages 6-16: 28 or higher ▪ Ages 4-5: 24 or higher ▪ Y-PSC: 30 or higher <p>Ignore items left blank; with 4 or more blanks the questionnaire is considered invalid.</p>	<p>PSC and Y-PSC: A positive score on the PSC or Y-PSC suggests the need for further evaluation by a qualified health (e.g., MD, RN) or mental health professional.</p> <p>Two of three children who screen positive will be correctly identified as having moderate to serious impairment in psychological functioning. Negative screens are 95% accurate.</p> <p>Home/School Impairment: A score of 4 or 5 on any item suggests a functional impairment that should be assessed further.</p>

Vanderbilt ADHD Parent Rating Scale

<p><i>These scales should not be used alone to make a diagnosis. Clinicians must consider information from multiple sources. A child must meet DSM-IV criteria for a diagnosis of ADHD to be appropriate.</i></p>	Inattentive type	Questions 1-9: 6 or more positive symptoms (score 2 or 3) plus one or more positive scores (1 or 2) on any item in the performance section.	<p>To confirm a diagnosis, a child's behavior must:</p> <ul style="list-style-type: none"> ▪ Occur in more than one setting, such as home, school, and social situations ▪ Occur to a greater degree than in other children the same age ▪ Begin onset before the child reaches 7 years of age and continue on a regular basis for more than 6 months ▪ Significantly impair the child's academic and social functioning ▪ Not be better accounted for by another disorder 	
	Hyperactive type	Questions 10-18: 6 or more positive symptoms (score 2 or 3) plus one or more positive scores (1 or 2) on any item in the performance section.		
	Combined	Must meet criteria for both inattentive and hyperactive types.		
	Total symptom score	Calculate a total symptom score (add all answers for questions 1-18). Can be used to track progress over time.		
	Comorbidities			
<p>NOTE: You can access the NICHQ/AAP versions of the Vanderbilt tools (which are very similar), along with scoring instructions and other tools, on the NICHQ website at this url: http://www.nichq.org/NICHQ/Topics/ChronicConditions/ADHD/Tools/</p>	Oppositional Defiant Disorder (ODD)	Questions 19-26 4 or more positive symptoms (score 2 or 3)	Questions 19-28 3 or more positive symptoms (score 2 or 3)	<p>If child screens positive for comorbidities, confirm diagnosis based on results of other mental health screens and consultation with Mental Health Specialist. ADHD is a disorder of cognition and behavior. When mood/anxiety symptoms are severe, also consider mood and/or anxiety disorders, and screen and refer appropriately.</p>
	Conduct Disorder	Questions 27-40 3 or more positive symptoms (score 2 or 3)		
	Anxiety / Depression	Questions 41-47 3 or more positive symptoms (score 2 or 3)	Questions 29-35 3 or more positive symptoms (score 2/3)	
	Performance section	A score of 1 or 2 on any question in this section is positive. Positive performance scores can be used to target goals. Calculating an average performance score can help track progress.		

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Patient Health Questionnaire PHQ-9 (children 12 and older)														
<p>Depression</p> <p><i>The PHQ-9 is validated for diagnosis and tracking symptoms over time. While not yet formally validated for adolescents, national experts have experience suggesting that the tool can be used with children 12 and older.</i></p> <p>SUICIDE RISK ASSESSMENT: "SAD PERSONS" + Family History</p> <ul style="list-style-type: none"> ▪ Sex (females attempt more, males complete) ▪ Age (over 16) ▪ Depression (and conduct disorder/aggressive outbursts) ▪ Previous attempts ▪ Ethanol abuse (or other substances) ▪ Rational thinking lost ▪ Social supports lacking ▪ Organized plan ▪ No significant other ▪ Sickness/stressors ▪ First-degree relative <p>State-wide crisis number: 1-888-568-1112.</p> <p><small>*Modified with permission of authors.</small></p>	<p>Depression Screening: A score of 2 or 3 on Question 1 and/or 2 is positive.</p> <p>Positive screen: complete the PHQ-9, add the score, and see the guide below.</p> <p>Negative screen: consider other diagnoses.</p> <p>Question A assesses functional impairment; a score of at least "somewhat difficult" is positive.</p> <table border="1" data-bbox="391 533 1008 1073"> <thead> <tr> <th>PHQ-9 scores</th> <th>Symptoms*</th> <th>Treatment Recommendations</th> </tr> </thead> <tbody> <tr> <td>10-14</td> <td>MILD</td> <td>Supportive management: Frequent visits and/or phone follow-up, active listening and reflection, restoration of hope, problem solving, coping skills, and strategies for maintaining participation in treatment.</td> </tr> <tr> <td>15-19</td> <td>MODERATE</td> <td>Active treatment: Consider psychotherapy as first choice of treatment along with supportive management. Currently, SSRIs are the medication of choice if needed. Referral to care management recommended.</td> </tr> <tr> <td>≥ 20</td> <td>SEVERE</td> <td>Active treatment: Medication and psychotherapy along with supportive management. Adolescents with severe symptoms should have a consultation with a psychiatrist.</td> </tr> </tbody> </table> <p>Question 9: Assesses suicidal ideation. A score of 1 or more is positive.</p> <p>Ways to Prevent Suicide in Depressed Adolescents</p> <ol style="list-style-type: none"> 1. Encourage adolescents and parents to make their homes safe. In teens ages 10-19, the most common method of suicide is by firearm, followed closely by suffocation and poisoning. Remove all guns, weapons, ropes, cords, sharp knives, alcohol and other drugs, and poisons from the house. 2. Ask about suicide. Providers and parents should ask regularly about thoughts of suicide. Providers should remind parents that making these inquiries will not promote the idea of suicide. 3. Watch for suicidal behavior. Behaviors to watch for include: <ul style="list-style-type: none"> ▪ Expressing self-destructive thoughts ▪ Drawing morbid or death-related pictures ▪ Reading books, listening to music, playing video games, visiting Internet sites, or watching television programs that center around death ▪ Giving away possessions 4. Watch for signs of drinking or other substance use. If a child has depression, feels suicidal, and uses alcohol or other substances, this person is more likely to take his or her life. Parents are usually unaware of their child's drinking/substance use. 5. Develop a suicide emergency plan. Work with the patient and parent(s) to decide how to proceed if a child feels suicidal. It is important to develop a specific plan and provide adolescents with accurate names, phone numbers, and addresses of suicide resources and supports. 	PHQ-9 scores	Symptoms*	Treatment Recommendations	10-14	MILD	Supportive management: Frequent visits and/or phone follow-up, active listening and reflection, restoration of hope, problem solving, coping skills, and strategies for maintaining participation in treatment.	15-19	MODERATE	Active treatment: Consider psychotherapy as first choice of treatment along with supportive management. Currently, SSRIs are the medication of choice if needed. Referral to care management recommended.	≥ 20	SEVERE	Active treatment: Medication and psychotherapy along with supportive management. Adolescents with severe symptoms should have a consultation with a psychiatrist.	<p>For all children/adolescents with depression diagnoses:</p> <ul style="list-style-type: none"> ▪ Provide patient and family education. Include school and peers with consent. ▪ Set self-management goals including regular exercise and leisure activities. ▪ Discuss treatment(s): psychotherapy, medication, care management, & (for moderate to severe depression) psychiatric consultation. <p>If positive, do Suicide Risk Assessment.</p>
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CRAFFT (children 13 and older)														
<p>Substance Abuse Screening:</p> <p><i>Car, Relax, Alone, Forget, Friends, Trouble</i></p>	<p>This tool works better with a clinician asking the questions rather than as a self-report form.</p> <p>One "yes" answer suggests further assessment for alcohol or drug abuse.</p>	<p>The CRAFFT is not diagnostic. It is a screening tool to help identify potential areas that may need further assessment by a medical or mental health professional.</p>												