
MENTAL HEALTH, SOCIAL- EMOTIONAL, AND BEHAVIORAL SCREENING AND EVALUATION COMPENDIUM (2ND ED)

Ohio Department of Education



Center for School-Based Mental Health Programs



Ohio Mental Health Network for School Success



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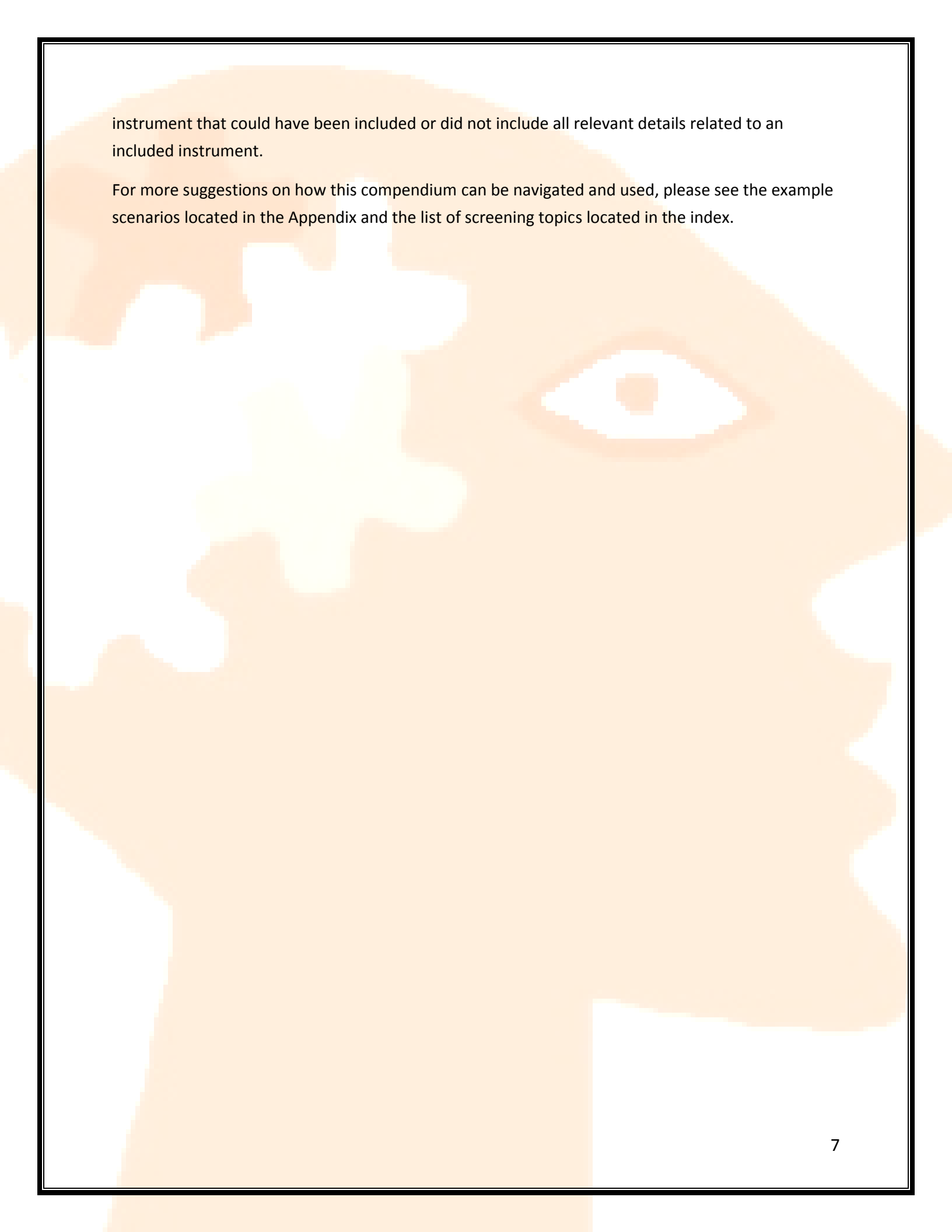
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Introduction to the Compendium

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, 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 both no-cost and at-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 Ohio Mental Health Network for School Success (OMHNSS) affiliates. After receiving additional instrument suggestions from multiple individuals, there were 51 *freely accessible no-cost* screening tools as well as 39 *at-cost* 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 or assets. 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. When consulting this or other resources, 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). Although we consulted multiple sources of information about each assessment, it is nonetheless possible we overlooked an



instrument that could have been included or did not include all relevant details related to an included instrument.

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

NO-COST INSTRUMENTS

Comparison of Select No-Cost Screening and Evaluation 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 8 th -9 th 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 6 th -12 th	Short Form: 40-items; Brief Form: 15-items	
Car, Relax, Alone, Forget, Friends, Trouble (CRAFT)	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)	Screeners 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)

Instrument	Author/Year	Description	Target Population	Length	Other
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	
Community and Youth Collaborative Institute – School Engagement Survey (CAYCI-SES)	Anderson-Butcher, Ambrose, Iachini, & Ball (2013)	Self-, teacher-, and parent-report instruments (four different measures) that examine school climate/experiences, academic supports, and community and family engagement.	Children, Adolescents, Teachers/Staff, & Parents	Total Items: Elementary - 78 Middle/High - 92 Teacher - 106 Parent - 63	Available in Spanish (via email) and easily adaptable.

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

Instrument	Author/Year	Description	Target Population	Length	Other
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: 3 rd -5 th graders GSHS 2.0: 6 th -12 th 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, and Discharge resources (HEADS-ED)	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

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	

Instrument	Author/Year	Description	Target Population	Length	Other
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)	Screeners 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	14-47-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

Instrument	Author/Year	Description	Target Population	Length	Other
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	2nd Edition (2011) available at-cost

Note: These instruments appeared to be cost free to obtain at the time of our initial research for this project; however, that could change so please check with the publisher or author to confirm.

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](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)

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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/ChildAdolescentPsychiatryScreenCAPS.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

Screenener 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

Description available at: <http://www.cincinnatichildrens.org/service/c/childhood-trust/events-survey/>

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). Also accessible by searching the Cincinnati Children's website.

<http://www.youthandfamilyservices.org/wp-content/uploads/2013/10/The-Childhood-Trust-Events-Survey-A-Long-form.pdf> (Child and Adolescent Long Form). Also available for download via Children's.

<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:

<http://www.childrenandwar.org/measures/children%E2%80%99s-revised-impact-of-event-scale-8-%E2%80%93-cries-8/>

Other

The CRIES is available in 24 additional languages at the above link.

A 13-item version of the CRIES exists in additional languages and in English and Dutch parent versions, but the Foundation recommends use of the CRIES-8 as a screening tool.

<http://www.childrenandwar.org/measures/children%E2%80%99s-revised-impact-of-event-scale-8-%E2%80%93-cries-8/ies13/>

Classroom Climate Scale

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

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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.excellenceforchildandandyouth.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:

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

http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/MentalHealth/Columbia/CIS-Y%20youth%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

Community and Youth Collaborative Institute – School Engagement Scale

(CAYCI-SES; Anderson-Butcher et al., 2013)

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Description

Four different scales (Elementary, Middle/High School, Parent/Caregiver, and Teachers/Staff) that indicate the experiences and needs within the school building in order to improve the overall setting. The student scales focus on academic and climate strengths/needs, whereas the staff scale focuses on their beliefs about the student population's needs, experiences, and families/communities. The parent scale gathers information about school and community support of their student's and family's needs.

Target Population

Students (elementary, middle, or high) and teachers/school staff

Informants

Students, Parents, or Teachers/School Staff

Logistics/Use

Each specific survey is worded differently based on the informant (including a developmentally appropriate option for elementary students), but all are in the form of Likert-based rating scales. The measures can be hand-scored or can be assessed by the CAYCI for a small fee. The survey is in the public domain and specific subscales/items can be selected or customized based on the school/community's needs. Directions for teachers to give student-informants are also included.

Elementary: 78-items; Middle/High: 92-items; Parent/Caregiver: 63-items; Teacher/School Staff: 106-items

Sample Technical Properties

Technical properties for each individual scale are provided at <http://cayci.osu.edu/surveys/overview-and-development/>. Scales were developed through pilot programs and overall results support initial support for the validity and reliability of each scale (Anderson-Butcher et al., 2013).

Cost and Availability

Free and available at:

<http://cayci.osu.edu/surveys/overview-and-development/>

The authors request that you email them for permission so they can track how the scales are used.

Other

These scales are also available in Spanish by email request.

The authors specifically recommend customizing these scales to the school's needs and properties. Therefore, the aforementioned number of items on each scale is considered an upper-limit and can be significantly reduced or altered.

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](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/Masseti_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.infant institute.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.earlywarningsystems.org/resources-tools/early-warning-system-high-school-tool> (High School Tool)

<http://www.earlywarningsystems.org/resources-tools/early-warning-system-middle-grades-tool> (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).

Rompel 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: <http://userpage.fu-berlin.de/~health/engscal.htm>

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](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](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.cqaimh.org/pdf/tool_phq9.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. Subscales include internalizing problems, conduct problems, and attention problems.

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.massgeneral.org/psychiatry/services/psc_forms.aspx. The above website includes the full 35-item and 17-item versions for both parent- and student-report.

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, Tomy 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.acqol.com.au/iwbg/wellbeing-index/pwi-a-english.pdf> (Adult Form)

PWI-SC: <http://www.acqol.com.au/iwbg/wellbeing-index/pwi-sc-english.pdf> (School Children)

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.emcdda.europa.eu/html.cfm/index4439EN.html>

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](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 from 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. There is also a short version that is 25-items, as well as the Penn State Worry Questionnaire for Children (PSWQ-C) that is 14-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 ($\alpha = .90$) 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 ($\alpha = .89$) 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\(USA\)](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:

<https://miblsi.org/evaluation/student-assessments/student-risk-screening-scale>

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://curry.virginia.edu/about/directory/robert-c.-pianta/measures>

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/parts-of-the-swyc/milestones>

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, KR₂₀ 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 (1st Edition) at:

<http://www.nichq.org/childrens-health/adhd/resources/vanderbilt-assessment-scales>

Note: The "Download Now" link includes both the Parent and Teacher forms, as well as Follow-Up forms for each. Please choose the form that suits your purposes.

Other

2nd Edition (2011) is available at-cost from the AAP Bookstore as a toolkit (<http://shop.aap.org/Caring-for-Children-with-ADHD-A-Resource-Toolkit-for-Clinicians/>) for \$94.95 (as of 6/6/2016).

AT-COST INSTRUMENTS

Comparison of Select At-Cost Screening and Evaluation Tools

Instrument	Author/Year	Description	Target Population	Length	Relative Cost*	Other
Adaptive Behavior Assessment System-Second Edition (ABAS-II)	Harrison & Oakland (2003)	Complete assessment of adaptive behavior in terms of three domains (social, practical, and conceptual) as well as 10 DSM-IV-specified adaptive skills.	Birth—89 years	15—20 minutes	\$250.00	Spanish and software versions available. Can be found in OCALI lending library.
Ages & Stages Questionnaire: Social Emotional-Second Edition (ASQ:SE-2)	Squires, Bricker, & Twombly (2015)	Assessment of possible social and emotional problems in young children.	1 month—6 years	30 items; 10—15 minutes	\$275.00	Spanish versions available.
Battelle Developmental Inventory-Second Edition (BDI-20)	Newborg (2004)	Comprehensive assessment of developmental milestones according to five domains: motor, cognitive, personal-social,	Birth—7 years, 11 months	Screener: 10—30 minutes Complete: 60—90 minutes	Screener: \$250.45 Complete: \$1,333.30	Spanish and electronic versions available.

		communication, and adaptive ability.				
Bayley Scales for Infant Development-Third Edition (Bayley-III)	Bayley (2005)	Comprehensive assessment of infant and child development that screens for possible delays in five domains: adaptive behavior, social-emotional, language, cognitive, and motor development.	1—42 months	<p>Screeners: 15 – 25 minutes</p> <p>Complete: 30—90 minutes</p>	<p>Screeners: \$236.00</p> <p>Complete: \$1,050.00</p>	Software versions available.
Behavior Assessment System for Children-Third Edition (BASC-3)	Reynolds & Kamphaus (2015)	A collection of five rating scales in which teachers, parents, and youth assess the youth's behavioral and emotional patterns for signs of adaptive and problem behaviors.	2—25 years	105—175 items; 10—30 minutes	\$321.00-\$614.00	Spanish, web-based, and software-based versions available.
Behavior Rating Profile (BRP-2)	Brown & Hammill (1990)	A set of six assessments that measures the problem behaviors of children and adolescents in different environments.	6—18 years	20 minutes	\$244.00	-

Instrument	Author/Year	Description	Target Population	Length	Relative Cost*	Other
Behavioral and Emotional Screening System for Children-Third Edition (BASC-3 BESS)	Kamphaus & Reynolds (2015)	A comprehensive screening system designed to assess behavioral and emotional issues.	Preschool—12 th Grade	25—30 items; 5—10 minutes	Preschool: \$170.00 Child/Adolescent: \$198.00	Spanish and software versions available. Can be found in the OCALI lending library.
Brief Problem Monitor (BPM)	Achenbach (2011)	Brief progress assessment of child functioning and response to intervention in terms of four scales: attention, internalizing, externalizing, and total problems.	6—18 years	18—19 items; 1—2 minutes	\$230.00	-
Brief Screen for Adolescent Depression (BSAD)	Screening for Mental Health, Inc. (2009)	Brief questionnaire that screens for signs of depression in adolescents and identifies those in need of additional evaluation.	14—18 years	7 items	\$50.00	Part of the SOS High School Suicide Prevention Program.
Brief Symptom Inventory (BSI)	Derogatis (1993)	Assessment of psychological issues used in clinical settings to inform staff during patient intake.	13+ years	Short: 18 items; 4 minutes Complete: 53 items; 8—10 minutes	Short: \$48.00 Complete: \$69.50	Spanish, French, web-based, and software-based versions available.

Brigance Inventory of Early Development III (IED-III)	Curriculum Associates, LLC (2013)	Assessment that measures development of infants and children through five domains: physical, language, literacy, math/science, daily living, and social-emotional development.	Birth—7 years	30-60 minutes	\$349.00	Can be found in the OCALI lending library.
Caregiver-Teacher Report Form (C-TRF)	Achenbach (2000)	Rating scale and short-answer questionnaire that assesses preschool children for five problems domains: attention deficit/hyperactivity, autism spectrum, anxiety, depressive, and oppositional defiant problems.	1½—5 years	99 items	Report Forms: \$30.00 Hand-scoring profile: \$30.00	Often used in combination with the Child Behavior Checklist (CBCL). Computer-based version available.
Child Behavior Checklist (CBCL)	Achenbach (2000)	Assessment tool that screens for possible behavior and emotional problems in children and adolescents.	1½—18 years	113+ items	Checklists: \$30.00 Hand-scoring profile: \$30.00	-
Children's Interview for Psychiatric Syndromes (ChIPS)	Weller, Weller, Fristad, & Rooney (1999)	DSM-IV criteria-based interview that assesses children and adolescents for potential mental health & behavioral problems/disorders.	Children and Adolescents	-	\$89.00	Discounted prices available for APA members.

Instrument	Author/Year	Description	Target Population	Length	Relative Cost*	Other
Conners Parent Teacher Rating Scale—Third Edition (Conners 3)	Conners (2008)	Comprehensive assessment of ADHD and other comorbid disorders, such as conduct and oppositional defiant disorders.	6—18 years	Short version: 41-45 items; 10 minutes Full-length version: 110-115 items; 20 minutes	\$279.00	Spanish and computer-based versions available.
Devereux Early Childhood Assessment (DECA)	LeBuffe & Naglieri (1999)	Ongoing assessments that measure social and emotional development, screen for risks, and provide strategies for promoting resilience.	1 month—5 years	33—62 items	\$125.95--\$209.95	Spanish and web-based versions available.
Devereux Student Strengths Assessment (DESSA)	LeBuffe, Shapiro, & Naglieri (2009)	Ongoing behavior rating scales that assess social and emotional competencies in school age children.	Kindergarten—8 th grade	32—72 items Mini: 8-items	\$110-\$120	Web-based versions available.
Eyberg Child Behavior Inventory & Sutter-Eyberg Student Behavior Inventory-Revised (ECBI & SESBI-R)	Eyberg (1999)	A behavior rating scale made up of two combined instruments that screens for possible conduct problems in children and adolescents.	2—16 years	10 minutes	\$220.00	Spanish versions available.

Infant-Toddler Developmental Assessment (IDA-2)	Provence, Erikson, Vater, Pruett, Rosinia, & Palmeri (2016)	Six-phase procedure that assesses risk of developmental problems in infants and young children.	Birth—3 years	Varies	\$559.00	Spanish version available.
Infant-Toddler Social Emotional Assessment (ITSEA & BITSEA)	Carter & Briggs-Gowan (2006)	Instrument that assess social-emotional development and behaviors in young children through four domains: externalizing behavior, internalizing behavior, dysregulation, and competence.	1—3 years	ITSEA: 166 items; 25—30 minutes BITSEA: 42 items; 7—10 minutes	\$122.00-\$286.00	Spanish versions available.
Learning Accomplishment Profile System (LAP System)	CHTOP, Inc. (1972 & 1975)	Comprehensive screening and assessment of child development that is used to inform future learning activities and interventions.	Birth—6 years	<i>LAP-D Screens</i> : 16 items; 12—15 minutes <i>Early LAP, LAP-3, & LAP-D</i> : 226—414 items each; 60—90 minutes each	\$349.95--\$799.95	Spanish and software versions available.
Manifestation of Symptomatology Scale (MOSS)	Mogge (1999)	Assessment of emotional and behavioral concerns often used with adolescents in the juvenile justice system as an intake tool.	11—18 years	124 items; 15—20 minutes	\$118.00	Computer-based versions available.

Instrument	Author/Year	Description	Target Population	Length	Relative Cost*	Other
Massachusetts Youth Screening Instrument—Version 2 (MAYSI-2)	Grisso & Barnum (2000)	Brief inventory that screens for potential mental health problems in juvenile adolescents.	Youth in the Juvenile Justice System; 12—17 years	52 items; 10—15 minutes	\$125.00	Available in Arabic, Catalan, Dutch, French, German, Italian, Portuguese, Russian, and Spanish, as well as in software format.
Parents' Evaluation of Developmental Status (PEDS & PEDS-DM)	Glascoc (1998)	A brief assessment of parental concerns about a child's potential for developmental, behavioral or mental health problems or disabilities.	Birth—8 years	6—10 items; 2 minutes	PEDS: \$42.00 PEDS-DM: \$299.00	Online versions available. Can be located in the OCALI lending library.
Preschool and Kindergarten Behavior Scales—Second Edition (PKBS-2)	Merrell (2003)	Brief rating scale that assesses problems with behavior or social skills in young children.	3—6 years	76 items; 12 minutes	\$133.00	Spanish versions available.
Preschool Behavior Questionnaire (PBQ)	Behar (1974)	A screening instrument for emotional problems in preschoolers.	3—6 years	30 items	\$35.00	Available in Spanish. Modified from the Children's Behavior Questionnaire (Rutter, 1967).
Problem Behavior Inventory Symptom	Silverton (1991)	Brief patient intake form that helps guide diagnostic interviews.	Adolescents and Adults	10—15 minutes	\$52.50	-

Screening Form (PBI)						
Problem Experiences Checklist—Adolescent Version	Silverton (1991)	Patient intake form that helps guide the clinical interview by gathering information on the difficulties that the patient is currently struggling with.	Adolescents	10—15 minutes	\$35.50	-
Questions About Behavioral Function (QABF)	Matson & Vollmer, 1995	Behavioral checklist that examines functions of maladaptive behavior.	9+ years	25 items	\$275.00	Spanish and Turkish available.
Resiliency Scales for Children and Adolescents (RSCA)	Prince-Embury (2006)	Brief assessment that measures resiliency in children and adolescents through the profiling of personal attributes—including strengths and vulnerabilities.	9—18 years	60—72 items; 15 minutes	\$125.75	-
School Motivation and Learning Strategies Inventory (SMALSI)	Stroud & Reynolds (2006)	Assessment of learning strategies, academic motivation, and study habits through the measurement of 10 related areas.	8—18 years	147—170 items; 20—30 minutes	\$295.00	Danish, Japanese, and Romanian as well as software versions available. Can be located in the OCALI lending library.

Instrument	Author/Year	Description	Target Population	Length	Relative Cost*	Other
School Social Behavior Scales—Second Edition and Home & Community Social Behavior Scales (SSBS-2 & HCSBS)	Merrell (2008) Merrell & Caldarella (2008)	Two brief rating scales that assess the social-emotional development—including strengths and risk behaviors—of children and adolescents in the school and home contexts.	Kindergarten—12 th grade	128 items; 20 minutes	User's Guide: \$49.95 for each Rating Forms: \$39.95	Spanish versions available.
Social Emotional Assets & Resilience Scales (SEARS)	Merrell (2011)	Brief strengths-based assessment of the social-emotional development of children and adolescents in terms of four domains: self-regulation, empathy, responsibility, and social competence.	5—18 years	12—41 items; 20 minutes	\$318.00	Spanish versions and computer-based scoring available.
Social-Emotional Dimension Scale—Second Edition (SEDS-2)	Hutton & Roberts (2004)	Comprehensive assessment or optional screening instrument that uses a behavior rating scale to identify children and adolescents at-risk for problem behaviors, as well as	6—18 years	15 items (screener); 74 items (full); 15-30 minutes	\$178.00	-

		determine eligibility for special education.				
Social Skills Improvement System Rating Scales (SSIS)	Gresham & Elliott (2008)	Comprehensive assessment of child and adolescent social skills, academic competence, and problem behaviors.	3—18 years	10—25 minutes	\$365.15	Spanish versions and software-based scoring available. Can be located in the OCALI lending library.
Symptom Checklist-90-Revised (SCL-90-R)	Derogatis (1994)	Clinical assessment of psychological problems and symptoms of psychopathology at patient intake and during patient treatment.	13+ years	90 items; 12—15 minutes	\$127.75	Software-based and Spanish versions available.
Systematic Screening for Behavior Disorders—2nd Edition (SSBD)	Walker & Severson (2014)	School-based universal screening of students at risk for externalizing and internalizing behavior problems and identification of students in need of tier 2 and 3 supports.	Kindergarten—9 th grade	1 hour	\$550.00 per school for a 12 month subscription; Kit: \$225.00 Screening Packet: \$10.00	Part of the SIMS system.
Vineland Social-Emotional Early Childhood Scales (Vineland SEEC)	Sparrow, Balla, & Cicchetti (1998)	Brief assessment of social-emotional development in infants and children using three scales: interpersonal	Birth—5 years, 11 months	15—25 minutes	\$108.00	Software-based versions available. Can be located in the OCALI lending library.

		relationships, play/leisure time, and coping skills.				
Youth Self-Report (YSR)	Achenbach (2001)	Assessment of problem behaviors in terms of internalizing and externalizing behavior.	11—18 years	112+ items	Self-Report pack: \$30.00 Hand-Scoring Profile: \$30.00	Spanish and software-based versions available. The YSR is a parallel form to the Child Behavior Checklist and Teacher Report Form.

*Note: The relative cost of an instrument is an approximate cost obtained in the summer of 2016. Costs will vary by supplier, time, and ordering option.

Adaptive Behavior Assessment System®-Second Edition (ABAS-II; Harrison & Oakland, 2003)

Jump to: [Comparison Chart](#) or [Index](#)

Description

Complete assessment of adaptive behavior in terms of three composite domains (social, practical, and conceptual) and 10 adaptive skill areas (e.g., communication, functional academics, leisure, self-care).

Target Population

Infants, Children, Adolescents, and Adults (birth to 89 years)

Informants

Parents, Teachers/Day Care Workers, or Adults (can be self-report)

Logistics/Use

There are five forms used for different age groups and raters: (1) *Parent Form*: birth to 5 years old, (2) *Parent Form*: 5 to 21 years old, (3) *Teacher/Day Care Form*: 2 to 5 years old, (4) *Teacher Form*: 5 to 21 years old, and (5) *Adult Form*: 16 to 89 years old

Completion time: 15-20 minutes per form

Items are responded to on a 4-point Likert-type scale, and standard scores are provided for the overall General Adaptive Composite (GAC) as well as the three composite domains and 10 skill area domains.

*Pearson Qualification Level B required—see website for details

Sample Technical Properties

Rust and Wallace (2004) report that reliability studies conducted during standardization revealed high internal consistency and test-retest reliability (with most coefficients at or above 0.90). Factor analysis results also support the structure of the instrument, and intercorrelational data (between the GAC, domains, and skills) support the instrument's construct validity (Rust & Wallace, 2004).

Based on their assessment review, Richardson and Burns (2005) concluded that, "The GAC is adequately reliable to make eligibility and entitlement decisions, and domain scores are stable enough for clinical and intervention utility. Skill area scores should be interpreted cautiously" (p. 34).

Cost and Availability

ABAS-II Examination Kit: \$250.00 as of 6/6/2016, available at:

<http://www.pearsonclinical.com/psychology/products/10000449/adaptive-behavior-assessment-system-second-edition-abas-second-edition.html#tab-pricing>

Other

Spanish and software versions available.

Note: As of June 2016, this instrument is available from the Ohio Center for Autism and Low Incidence (OCALI) lending library:

http://library.ocali.org/4DACTION/web_Gen_2002_ShowWebDetails/002847/Lang=En/BookBag=T7G7L5610PA2D1666

Ages & Stages Questionnaire: Social Emotional™--Second Edition

(ASQ:SE-2; Squires, Bricker, & Twombly, 2015)

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

Description

Assessment of possible social and emotional problems in young children, including difficulties with self-regulation, communication, affect, interpersonal interaction, compliance, autonomy, and adaptive behaviors.

Target Population

Infants and Children (1 month-6 year olds)

Informants

Parent or guardian

Logistics/Use

There are nine different age-appropriate questionnaires. These include questionnaires for infants and children that are 2, 6, 12, 18, 24, 30, 36, 48, and 60 months old.

Approximately 30-items per questionnaire.

Completion time: 10-15 minutes

Scoring time: 1-3 minutes

Must be scored by a professional (i.e. educators, pediatricians, child specialists, etc.).

Sample Technical Properties

According to the publisher (Brookes Publishing Co., Inc., n.d.-a), the ASQ:SE-2 has been studied with over 14,000 diverse children and has been found to have test-retest reliability of 89%, internal consistency of 84%, and validity of 83%. The publisher also reports overall sensitivity of 81% and specificity of 83%, with variation depending on age (Brookes Publishing Co., Inc., n.d.-b).

Cost and Availability

Starter Kit: \$275.00 as of 6/6/2016, available at <http://products.brookespublishing.com/ASQSE2-English-Starter-Kit-P852.aspx>

Other

Available in Spanish

Other ordering options available.

Battelle Developmental Inventory™—Second Edition (BDI-2; Newborg, 2004)

Jump to: [Comparison Chart](#) or [Index](#)

Description

Comprehensive assessment of developmental milestones according to five domains: motor, cognitive, personal-social, communication, and adaptive ability.

Target Population

Infants and Children (age 0 to 7 years, 11 months)

Informants

Infant & Youth (observation and play-based activities)
Parent, teacher, or caregiver (interview component)

Logistics/Use

Completion time:

Complete BDI-2: 60-90 minutes

Screening Test: 10-30 minutes

Sample Technical Properties

Complete BDI-2: Newborg (2004) reported that reliabilities for the BDI-2 meet or exceed traditional standards for excellence at the subdomain, domain and full test composite levels.” Full validity and reliability information on the BDI-2 can be found in the Examiner’s Manual.

Screening test: In a sample of 104 young children (ages 7-83 months), the Battelle Developmental Inventory Screening Test (BDIST) showed moderate sensitivity and specificity (Glascoe & Byrne, 1993). The overall specificity was slightly below the typically desired rate of 90%, but almost three fourths of children with normal development were correctly identified by this test. Sensitivity was most questionable below age 2, exemplary specificity was observed with children aged 2 to 4, and poor specificity was observed in children age 4 or older, for which a more stringent cut off of 2.0 standard deviations is recommended (Glascoe & Byrne, 1993). Practitioners may also need to be aware of the potential “birthday effects” as a result of children with recent birthdays (<1 month) being compared to superior older children. With these potential cautions in mind, this test appears “helpful in early detection” and the “high levels of sensitivity in the receptive language subtest suggest that it could be used alone for routine prescreening” (Glascoe & Byrne, 1993, p. 279).

Cost and Availability

BDI-2 Complete Kit with Manipulatives: \$1,333.30 as of 6/6/2016

BDI-2 Screening Kit: \$250.45 as of 6/6/2016

Both available at <http://www.riversidepublishing.com/products/bdi2/pricing.html>

Other

Available in Spanish and electronic versions. Other ordering options available.

Bayley Scales for Infant Development®—Third Edition (Bayley-III; Bayley, 2005)

Jump to: [Comparison Chart](#) or [Index](#)

Description

Comprehensive assessment of infant and child development that screens for possible delays in five domains: adaptive behavior, social-emotional, language, cognitive, and motor development.

Target Population

Infants and Children (ages 1 to 42 months old)

Informants

Youth & Parents

Logistics/Use

Completion time:

Complete Bayley-III: 30-90 minutes, depending on the age of the child

Bayley-III Screening Test – 15 – 25 minutes

Assessment includes both child interaction and parental questionnaires. Screening Kit includes select items from full Bayley-III battery.

*Must be a trained professional to administer, score, and interpret this assessment (Pearson Qualification Level C for complete and Level B for screening test—see website for details)

Sample Technical Properties

In a sample of 48 children, Connolly, McClune, & Gatlin (2012) found evidence of concurrent validity for the Bayley-III. Furthermore, in a review of the psychometric evidence for the Bayley-III, Albers and Grieve (2007) concluded that, "...all of the psychometric properties meet minimal criteria, with the majority of scores being strong" (p. 188).

Cost and Availability

Bayley-III Complete Kit: \$1,050.00 as of 6/6/2016

Bayley-III Screening Test Kit: \$236.00 as of 6/6/2016

Both available at: <http://www.pearsonclinical.com/childhood/products/10000123/bayley-scales-of-infant-and-toddler-development-third-edition-bayley-iii.html>

Other

Available in software format. Other ordering options available.

Behavior Assessment System for Children—Third Edition (BASC-3; Kamphaus & Reynolds, 2015)

Jump to: [Comparison Chart](#) or [Index](#)

Description

A comprehensive set of rating scales in which teachers, parents, and youth assess the youth's behavioral and emotional patterns for signs of adaptive and problem behaviors.

Target Population

TRS and PRS: children, adolescents, and young adults (ages 2-21:11 years old)

SRP: children, adolescents, and young adults (ages 6 through college age)

Informants

Youth (self-report), Parents, and Teachers

Logistics/Use

Includes: Teacher Rating Scales (TRS), Parent Rating Scales (PRS), Self-Report of Personality (SRP), Student Observation System (SOS), and Structured Developmental History (SDH)

TRS: Completion time: 10-20 minutes; 105-165 items

PRS: Completion time: 10-20 minutes; 139-175 items

SRP: Completion time: approximately 30 minutes

*Pearson Qualification Level B required to purchase—see website for details

Sample Technical Properties

BASC-3 norms are based on a large, representative sample based on characteristics of the current U.S. Census population and also include norms based on sex, as well as ADHD and General Clinical norms, all presented by age level (Reynolds, 2015). Items were selected using SEM analyses in English and Spanish, and results indicate acceptable reliability of primary scales:

TRS Reliabilities (α): P = .86, C = .89, A = .90

PRS Reliabilities (α): P = .84, C = .86, A = .89

SRP Reliabilities (α): C = .81, A = .84, College = .85

Additional validity and reliability information is provided in the BASC-3 manual.

Cost and Availability

A wide variety of purchasing options exist for the BASC-3, including the BASC-3 Q-global Comprehensive Kit (\$321.00), the Starter Kit with 1-year Q-global Online scoring subscription (\$582.00), and the BASC-3 Hand Scored Starter Set (\$614.00). All prices are updated as of 6/6/2016, and these and other options are available at:

<http://www.pearsonclinical.com/education/products/100001402/behavior-assessment-system-for-children-third-edition-basc-3.html#tab-pricing>

Other

Available in Spanish (child and adolescent forms only). Other administration options (e.g., web-based, software-based) and ordering options available.

Behavior Rating Profile (BRP-2; Brown & Hammill, 1990)

Jump to: [Comparison Chart](#) or [Index](#)

Description

A set of six assessments that uses parent, teacher, and self-reports to measure the problem behaviors of children and adolescents in different environments (i.e., school, home, and interpersonal relationships) to screen for possible behavioral, personal, emotional, or social adjustment issues.

Target Population

Children and Adolescents (ages 6-18)

Informants

Student, Parent, & Teacher

Logistics/Use

Completion time: 20 minutes

Sample Technical Properties

The test publisher reports that internal consistency reliability of the BRP-2 components has been generally found to exceed .80 (ProEd, n.d.). In a review of the instrument, Allen (1995) reported that the BRP-2 is norm-referenced using large samples, has adequate internal consistency, and has adequate test-retest reliability for the teacher and parent forms in grades 3-12 and for the teacher form in grades 1-2. Overall, Allen (1995) concluded that the BRP-2 is easy and inexpensive, yet criticized the negative item wording and failure to operationally define terms.

Cost and Availability

Complete Kit: \$244.00 as of 6/6/2016, available at
<http://www.proedinc.com/customer/ProductView.aspx?ID=1678>

Other

Other ordering options available.

BASC™-3 Behavioral and Emotional Screening System (BASC-3 BESS; Kamphaus & Reynolds, 2015)

Jump to: [Comparison Chart](#) or [Index](#)

Description

A comprehensive universal screening system designed to assess behavioral and emotional strengths and weaknesses, such as externalizing behavior, adaptive ability, and school difficulties.

Target Population

Children and Adolescents (preschool-12th grade)

Informants

Youth (self-report; 8-18:11), Parent, and/or Teacher (3-18:11)

Logistics/Use

Teacher form (two levels): Preschool (age 3-5) and Child/Adolescent (K-12)

Parent form (two levels): Preschool (age 3-5) and Child/Adolescent (K-12)

Student self-report form: Child/Adolescent (Grades 3-12)

Each form: 25-30 items; 5-10 minutes, no formal training for raters

*Pearson Qualification Level B required for purchase—see website for details.

Sample Technical Properties

Normed on a representative sample that matches U.S. Census population characteristics, in conjunction with the development of the BASC-3 (Kamphaus, 2015). Data on the previous version of the BESS indicated that the TRS-P had high internal consistency and inter-rater reliability, as well as high predictive and concurrent validity estimates in expected directions (Greer, DiStefano, Liu, & Cain, 2015). A factor analysis of the BASC-2 BESS (previous version) found “the internal consistency estimates for each [parent form] subscale are: Externalizing Problems, $\alpha = .84$; Internalizing Problems, $\alpha = .82$; Adaptive Skills, $\alpha = .90$; and Inattention, $\alpha = .78$ ” (Dowdy, Chin, Twyford, & Dever, 2011, p.276). More information may be available in the BESS manual.

Cost and Availability

BASC-3 BESS Preschool Kit with Unlimited Use Scoring: \$170.00 as of 6/6/2016

BASC-3 BESS Child/Adolescent Kit with Unlimited Use Scoring: \$198.00 as of 6/6/2016, both available at:

<http://www.pearsonclinical.com/education/products/100001482/basc3-behavioral-and-emotional-screening-system--basc-3-bess.html>

Other

Available in Spanish and software versions. Other ordering options available.

Brief Problem Monitor™ (BPM; Achenbach, 2011)

Jump to: [Comparison Chart](#) or [Index](#)

Description

Brief progress assessment of child functioning and response to intervention in terms of four scales: attention, internalizing, externalizing, and total problems.

Target Population

Children and Adolescents (ages 6—18 years)

Informants

BPM-P: Parents

BPM-T: Teacher

BPM-Y: 11—18 year old youths

Logistics/Use

All relevant informants complete the BPM. All versions may be self-administered or administered by interview. Scores are entered into BPM software program for each rating period. Rater comments can be stored into the software.

18—19 items; 1—2 minutes

Sample Technical Properties

Test-retest reliabilities were found to range from $r = .81$ to $r = .85$ for the four scales on the parent version, from $r = .86$ to $r = .93$ for the four scales on the teacher version, and from $r = .77$ to $r = .88$ for the four scales on the youth version (Achenbach, McConaughy, Ivanova, & Rescorla, 2011). Internal consistencies, as measured by Chronbach's alpha, were found to range from .80 to .92 for the four scales on the parent version, from .80 to .90 for the four scales on the teacher version, and from .74 to .86 for the four scales on the youth version (Achenbach et al., 2011). Cross-informant correlations ranged from $r = .18$ (correlation between teachers and youth on the Internalizing scale) to $r = .42$ (correlation between parents and youth on the Total and Externalizing scales; Achenbach et al., 2011). As evidence of criterion-related validity, all scale scores were found to be significantly higher in a sample of children referred for mental health services than demographically comparable non-referred children (Achenbach et al., 2011).

Cost and Availability

BPM Starter Kit: \$230.00 as of 6/6/2016, available at: <http://store.aseba.org/BPM-Starter-Kit/productinfo/133/>

Other

Other ordering options available.

The BPM has parallel items to the CBCL, TRF, and YSR that allow users to link initial assessments to BPM scores.

Brief Screen for Adolescent Depression (BSAD; Screening for Mental Health, Inc., 2009)

Jump to: [Comparison Chart](#) or [Index](#)

Description

Brief questionnaire that screens for signs of depression in adolescents and identifies those in need of additional evaluation.

Target Population

Adolescents (high school age – 14-18 years old)

Informants

Adolescent (self-report) and Parents

Logistics/Use

7-items

Sample Technical Properties

We were unable to locate psychometric data on the BSAD.

Cost and Availability

100-pack Student Screening Form: \$50.00 as of 6/6/16, available at:

<http://shop.mentalhealthscreening.org/products/brief-screening-for-adolescent-depression-bsad-student-screening-form-100-pack>

100-pack Parent Screening Form: \$50.00 as of 6/6/2016, available at:

<http://shop.mentalhealthscreening.org/products/brief-screening-for-adolescent-depression-bsad-parent-screening-form-100-pack>

Other

The BSAD is a part of the SOS High School Suicide® Prevention Program.

Brief Symptom Inventory® (BSI; Derogatis, 1993)

Jump to: [Comparison Chart](#) or [Index](#)

Description

Assessment of psychological issues used in clinical settings to inform staff during patient intake. Symptom scales measure anxiety, depression, hostility, interpersonal sensitivity, obsessive-compulsiveness, paranoid ideation, phobic anxiety, psychoticism, and somatization. Short form (published in 2001) includes somatization, depression, and anxiety symptom scales and a Global Severity Index.

Target Population

Adolescents & Adults (age 13+ years for complete and 18+ years for short form)

Informants

Patient

Logistics/Use

Short: 18-items; Completion time: 4 minutes

Complete: 53-items; Completion time: 8-10 minutes

*Pearson Qualification Level B required—see website for details

Sample Technical Properties

In a sample of 501 psychiatric patients, Boulet and Boss (1991) found “limited convergent validity and a poor discriminant validity for the instrument” and concluded that “the BSI may hold some promise as a general indicator of psychopathology but further research is need to justify its use as a clinical psychiatric screening tool” (p. 433).

Cost and Availability

BSI Q-global Web-based Interpretive Report Starter Kit: \$69.50 as of 6/6/2016, available at:

<http://www.pearsonclinical.com/psychology/products/100000450/brief-symptom-inventory-bsi.html>

Short form: BSI-18 Q-global Profile Report Starter Kit: \$48.00 as of 6/6/2016, available at:

<http://www.pearsonclinical.com/psychology/products/100000638/brief-symptom-inventory-18-bsi18.html#tab-pricing>

Other

Available in Spanish and French. Administration and scoring options include: Q-global Web-based, Q Local

Original version of the BSI was developed in 1975 by Derogatis.

Software-based, manual scoring, and mail-in scoring. Other ordering options are available.

Brigance® Inventory of Early Development III (IED-III; Curriculum Associates, LLC, 2013)

Jump to: [Comparison Chart](#) or [Index](#)

Description

Assessment that measures development of infants and children through six domains: physical, language, literacy, math/science, daily living, and social-emotional development.

Target Population

Infants and Children (birth-7 years)

*Note: IED III – birth through developmental age 7; IED III Standardized – birth through chronological age 7

Informants

Teacher

Logistics/Use

Two different forms:

IED III (criterion-referenced) and IED III Standardized (norm-referenced)

Administration time varies (depending on age and selected areas), but averages 30-60 minutes for full battery (Curriculum Associates, 2013).

Sample Technical Properties

IED III: not included on website

IED III Standardized: http://www.curriculumassociates.com/lp/brigance-ied-iii-infographic.aspx#.VR1Lc_nF-So (for more information see the instrument's Standardization and Validation Manual)

Cost and Availability

IED III: Classroom Kit: \$349.00 as of 6/6/2016

IED III Standardized: Standardized Kit: \$349.00 as of 6/6/2016

Both available at <http://www.curriculumassociates.com/products/detail.aspx?Title=BrigSE-IED3-sum#ordernow>

Other

Other ordering options available.

Note: As of June 2016, this instrument is available from the Ohio Center for Autism and Low Incidence (OCALI) lending library:

http://library.ocali.org/4DACTION/web_Gen_2002_ShowWebDetails/003246/Lang=En/BookBag=T7G5N71105602B331

Caregiver-Teacher Report Form© (C-TRF; Achenbach, 2000)

Jump to: [Comparison Chart](#) or [Index](#)

Description

Rating scale and short-answer questionnaire that assesses preschool children across five problem domains (i.e. Affective Problems, Anxiety Problems, Pervasive Developmental Problems, Attention Deficit/Hyperactivity Problems, and Oppositional Defiant Problems) and 6 syndromes (i.e. Emotionally Reactive, Anxious/Depressed, Somatic Complaints, Withdrawn, Attention Problems, and Aggressive Behavior).

Target Population

Preschoolers (ages 1½-5 years old)

Informants

Caregiver or Teacher

Logistics/Use

99-items (and some descriptions)

Sample Technical Properties

In a sample of 1,050 German children (3-6 years old), Denner and Schmeck (2005) found the internal consistencies for the C-TRF ranged from .58 to .94.

Ivanova and colleagues (2011) examined whether C-TRF ratings of a broad range of emotional, behavioral, and social problems in 14 different societies were consistent with ratings in the United States, essentially determining whether this model is generalizable across different ethnic and cultural groups. Their results indicated that the C-TRF findings generally were consistent with the U.S. sample and support the use of the C-TRF with diverse backgrounds, as the C-TRF syndromes generally capture patterns of problem behaviors, though their results include potential model-differences to consider depending on the society being examined (Ivanova et al., 2011, p. 99). Further, initial studies demonstrate adequate technical data. Specifically, test-retest reliability was found to be .84, and inter-rater reliability was found to be .66 (Achenbach, 1997).

Cost and Availability

Caregiver-Teacher Report Form (50 pack): \$30.00 as of 6/6/2016

C-TRF Hand-Scoring Profile (50 pack): \$30.00 as of 6/6/2016,

Both available at:

<http://store.aseba.org/Caregiver-Teacher-Report-Form-I-5/products/23/2/0>

Other

Often used in combination with the Child Behavior Checklist (CBCL). Also available as a computer version. Other ordering options available.

Child Behavior Checklist© (CBCL; Achenbach, 2000)

Jump to: [Comparison Chart](#) or [Index](#)

Description

Assessment tool that screens for possible behavior and emotional problems in children and adolescents across 6 problem domains (i.e. attention deficit/hyperactivity, anxiety problems, somatic problems, affective problems, conduct problems, and oppositional defiant problems) and 8 syndromes (i.e. anxious/depressed, depressed, somatic complaints, social problems, thought problems, attention problems, rule-breaking behavior, and aggressive behavior).

Target Population

CBCL/1½-5: Preschoolers (ages 1½-5 years old)
CBCL/6-18: Children and adolescents (ages 6-18 years old)

Informants

Parents

Logistics/Use

CBCL/1½-5: over 100 items (and some short-answer descriptions)
CBCL/6-18: 7 sections, over 113 items (and some short-answer descriptions)

Sample Technical Properties

In a clinical sample of 673 children, Nakamura, Ebesutani, Bernstein, and Chorpita (2009) found, “strong evidence for the reliability, as well as convergent and discriminative validity, of these scales” (p. 178).

Cost and Availability

Child Behavior Checklist for Ages 1½-5 (50 pack) : \$30.00 as of 6/6/2016
CBCL/1½-5 Hand-Scoring Profile (50 pack): \$30.00 as of 6/6/2016, both available at:

<http://store.aseba.org/Child-Behavior-Checklist-I-5/products/22/2/0>

Child Behavior Checklist for Ages 6-18 (50 pack) : \$30.00 as of 6/6/2016

CBCL/6-18 Hand-Scoring Profile (for Boys or Girls) (50 pack): \$30.00 as of 6/6/2016, both available at:

<http://store.aseba.org/Child-Behavior-Checklist-6-18/products/19/2/0>

Other

Other formats and ordering options available.

Children's Interview for Psychiatric Syndromes (P-ChIPS or ChIPS; Weller, Weller, Fristad, & Rooney, 1999)

Jump to: [Comparison Chart](#) or [Index](#)

Description

DSM-IV criteria-based interview that assesses children and adolescents for potential mental health and behavioral problems and disorders, including: stress and anxiety disorders, mood disorders, eating disorders, phobias, substance abuse, conduct disorder, schizophrenia, elimination disorders, attention-deficit/hyperactivity disorder and others.

Target Population

Children and Adolescents (ages 6-18)

Informants

Child/Adolescent or Parent

Logistics/Use

Interview with clinician or parent-report versions.

ChIPS: child/adolescent interview

P-ChIPS: parent-report on child

Sample Technical Properties

In an analysis of five different studies on ChIPS and P-ChIPS, overall sensitivity was 0.66 for ChIPS and 0.93 for P-ChIPS. The overall specificity for ChIPS was 0.88 and 0.78 for P-ChIPS. The overall positive predictive value and negative predictive value for ChIPS were 0.36 and 0.96, in contrast to 0.44 and 0.96 for P-ChIPS (Weller, Weller, Fristad, Rooney, & Schecter, 2000, p. 82).

Cost and Availability

\$89.00 as of 6/6/2016, available at https://www.appi.org/chips-childrens_interview_for_psychiatric_syndromes

Other

Discounted prices available for APA members. Other ordering options available.

Conners Parent Teacher Rating Scale—Third Edition™ (Conners 3; Conners, 2008)

Jump to: [Comparison Chart](#) or [Index](#)

Description

Comprehensive assessment of ADHD and other comorbid disorders, such as conduct and oppositional defiant disorders.

Target Population

Children and Adolescents (ages 6-18 years old)

Informants

Youth (self-report), Parent, or Teachers

Logistics/Use

3 versions (youth, parent, teacher) with full length and shortened versions

Youth self-report age requirement: 8 years or older

Full length: 110-115 items; 20 minutes

Shortened version: 41-45 items; 10 minutes

Content scales: Inattention, Hyperactivity/Impulsivity, Learning Problems/Executive Functioning, Aggression, Peer Relations, and Family Relations

DSM-IV-TR symptom scales: ADHD Inattentive, ADHD Hyperactive-Impulsive, ADHD Combined, Conduct Disorder, and Oppositional Defiant Disorder

*Pearson Qualification Level B required—see website for details

Sample Technical Properties

Kao and Thomas (2010) summarized the Conners-3 technical properties in their review of the instrument.

They reported internal consistency values that ranged from a Chronbach's alpha of .85 to .94 for the parent, youth, and teacher versions on the Content and Symptoms scales (Kao & Thomas, 2010). Test-retest correlation coefficients were also reported to range from .85 to .94, and moderate to strong levels of inter-rater reliability have also been documented (Kao & Thomas, 2010). Tests of discriminative validity have revealed that the Conners-3 accurately discriminates between clinical and non-clinical populations, and scale scores were correlated with scores from similar scales in other measures of child psychopathology (Kao & Thomas, 2010).

Cost and Availability

Conners 3 Short Form User's Kit: \$279.00 as of 6/6/2016, available at

<http://www.pearsonclinical.com/psychology/products/100000523/conners-3rd-edition-conners-3.html#tab-pricing>

Other

Available in software, online, hand-scored (manual), and Spanish forms. Other ordering options available.

Devereux Early Childhood Assessment© (DECA-I/T, DECA-P2 & DECA-C; LeBuffe & Naglieri, 1999)

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

Description

Ongoing assessments that measure social and emotional development, screen for risks, and provide strategies for promoting resilience.

Target Population

DECA-Infant/Toddler: 1-36 months

DECA-Preschool 2nd Edition: 3-5 years

DECA-Clinical: 2-5 year olds with social and emotional problems or behavioral concerns

Informants

Parents or Teachers

Logistics/Use

DECA-Infant/Toddler: 33-36 items

DECA-Preschool 2nd Edition: 38 items

DECA-Clinical: 62 items; 15 minutes

*Professional training needed to score and interpret results.

Sample Technical Properties

Jaberg, Dixon, & Weis (2009) found evidence indicating adequate psychometric data in the DECA including internal consistency (.71 to .95) and parent-teacher interrater reliability (.20 to .38) consistent with DECA developer data in a middle-class sample. Lien & Carson (2009) also found that in a Head Start sample, internal consistencies were comparable (.71 to .91). Lastly, Crane et al. (2011) found that both English and Spanish forms of the DECA were reliable in a sample of impoverished, ethnically diverse students.

Cost and Availability

DECA-I/T Kit: \$199.95 as of 6/6/2016, available at:

<https://www.kaplanco.com/store/trans/productDetailForm.asp?CatID=17|EA1000|0&PID=16139>

DECA-P2: \$209.95 as of 6/6/2016, available at:

<https://www.kaplanco.com/store/trans/productDetailForm.asp?CatID=17|EA1000|0&PID=29026>

DECA-C Kit: \$125.95 as of 6/6/2016, available at:

<https://www.kaplanco.com/product/98817/devereux-early-childhood-assessment-deca-c-clinical-kit?c=17%7CEA1000>

Other

DECA-Infant/Toddler: Spanish and web-based versions available

DECA-Preschool 2nd Edition: Spanish and web-based versions available

DECA-Clinical: web-based version available

Other ordering options available

Devereux Student Strengths Assessment© (DESSA & DESSA-Mini; LeBuffe, Shapiro, & Naglieri, 2009)

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

Description

Ongoing behavior rating scales that assess social and emotional competencies in school age children.

Target Population

Children and adolescents (kindergarten-8th grade)

Informants

Parents, Teachers, or School/Child-Serving Staff

Logistics/Use

DESSA: 72 items

DESSA-Mini: 4 forms—8 items each

Sample Technical Properties

Nickerson & Fishman (2009) assessed validity of the DESSA in a sample of 227 raters and found evidence for convergent and divergent validity in DESSA composite and subscale scores with other standardized, psychometrically sound instruments measuring similar constructs (BASC-2; BERS-2) and also found acceptable consistency among raters (parents and teachers). Naglieri, LeBuffe, & Shapiro (2011) found that the DESSA-mini also had excellent reliability and validity when compared to the DESSA and “is a viable tool for universal screening of social-emotional competencies related to resilience” (p. 660).

Cost and Availability

DESSA Kit: \$120 as of 6/6/2016, available at:

<http://appersonel.azurewebsites.net/product/dessa-assessment-kit/>

DESSA-Mini Kit: \$110 as of 6/6/2016, available at:

<http://appersonel.azurewebsites.net/product/dessa-mini-assessment-kit/>

Other

Web-based versions and other ordering options available.

Eyberg Child Behavior Inventory™ & Sutter-Eyberg Student Behavior Inventory-Revised™ (ECBI & SESBI-R; Eyberg, 1999)

Jump to: [Comparison Chart](#) or [Index](#)

Description

A behavior rating scale made up of two combined instruments that screens for possible conduct problems in children and adolescents.

Target Population

Children and adolescents (ages 2-16 years old)

Informants

ECBI: Parents
SESBI-R: Teacher

Logistics/Use

Completion time: 10 minutes (5 minutes to administer, 5 minutes to score)
Suitable for telephone or group administration.

*Par Inc. Qualification Level B required—see website for details.

Sample Technical Properties

Robinson, Eyberg, and Ross (1980) found high internal consistency and one-week test-retest stability on the ECBI. Boggs, Eyberg, and Reynolds (1990) found concurrent validity of the ECBI with the Child Behavior Checklist (CBCL), and Aragona and Eyberg (1981) found discriminant validity on the ECBI between neglectful and behavior problem reports as compared to a control group, including observations. Eyberg and Robinson (1983) found evidence indicating reliability and validity for use of the scale with adolescents, including internal consistency coefficients of .98 for both Intensity and Problem Scores as well as high split-half correlations ($r > .90$) for each. Finally, in a sample of 32 children, test-retest reliability was also found to be .75 (Funderburk et al., 2003).

In a study of 123 children (ages 3-6 years old; 74 nonreferred, 49 referred), Querido and Eyberg (2003) found that the SESBI-R “demonstrated satisfactory internal consistency, test-retest stability, and inter-teacher agreement,” as well as “evidence of convergent, discriminant, incremental, and discriminative validity” (p. 1).

Cost and Availability

Introductory Kit: \$220.00 as of 6/6/2016, available at:

<http://www4.parinc.com/products/Product.aspx?ProductID=ECBI#>

Other

Also available in Spanish. Other ordering options available.

Infant-Toddler Developmental Assessment-2™ (IDA-2; Provence, Erikson, Vater, Pruett, Rosinia, & Palmeri, 2016)

Jump to: [Comparison Chart](#) or [Index](#)

Description

Six-phase procedure that assesses risk of developmental problems in infants and young children. Development is measured through eight areas: gross motor, fine motor, relationship to inanimate objects, language/communication, self-help, relationships to persons, emotions and feeling states, and coping behavior. These eight areas create the criterion-referenced Provence Birth-to-Three Developmental Profile.

Target Population

Infants and Children (birth-3 years old)

Informants

Parents & Primary Care Providers

Logistics/Use

Administration time varies.

Includes six phases: (1) referral & pre-interview data gathering, (2) initial parent interview, (3) health review, (4) developmental observation and assessment, (5) integration and synthesis, and (6) share findings, completion, and report.

*Tool must be administered and interpreted by a trained professional.

Sample Technical Properties

The authors (Provence et al., 2016) report that the reliability coefficients for the Provence Profile domain scores are $>.90$ for ages 1 to 18 months and $>.78$ for 19 to 20 months. Inter-rater reliabilities range from $.91$ to $.95$ for seven domains and $.81$ for the other domain. No outside reviews of the IDA-2 are available at this time, but additional psychometric data may be available in the Administration Manual.

Cost and Availability

IDA-2 Complete Kit with Manipulatives and Carrying Case: \$559.00 as of 6/6/2016, available at <http://www.proedinc.com/customer/productView.aspx?ID=7885>

Other

Also available in Spanish. Other ordering options available.

Infant-Toddler Social Emotional Assessment™ (ITSEA & BITSEA; Carter & Briggs-Gowan, 2006)

Jump to: [Comparison Chart](#) or [Index](#)

Description

Instrument that assess social-emotional development and behaviors in young children through four domains: externalizing behavior, internalizing behavior, dysregulation, and competence.

Target Population

Children (ages 12-36 months old)

Informants

Parents

Logistics/Use

ITSEA Completion Time: 25-30 minutes; 166-items

*Pearson Qualification Level C required—see website for details
(Brief) BITSEA Completion Time: 7-10 minutes; 42-items

*Pearson Qualification Level B required—see website for details

Sample Technical Properties

ITSEA: In a sample of 93 families, test-retest coefficients for the domains after 44 days were between 0.82 and 0.90, whereas coefficients for the scales ranged from 0.69 to 0.85 (Carter, Briggs-Gowan, Jones, & Little, 2003). The study also concluded that “associations between the ITSEA and independent evaluator ratings and parental ratings...support the validity of the instrument” (Carter et al., 2003, p. 495).

BITSEA: In a study of 144 infants from low-income Hispanic families, Hungerford, Garcia, and Bagner (2015) found evidence of discriminative and predictive validity for the BITSEA. They also found that reliability for the problem scale was good (0.85), but that the reliability for the competence scale was low (0.57).

Cost and Availability

ITSEA & BITSEA Combo Kit: \$286.00 as of 6/6/2016

ITSEA Kit: \$192.00 as of 6/6/2016

Both available at: <http://www.pearsonclinical.com/childhood/products/100000652/infant-toddler-social-emotional-assessment-itsea.html>

BITSEA Kit: \$122.00 as of 6/6/2016, available at:

<http://www.pearsonclinical.com/childhood/products/100000150/brief-infant-toddler-social-emotional-assessment-bitsea.html>

Other

Also available in Spanish. Other ordering options available.

Learning Accomplishment Profile System™ (LAP System; CHTOP, Inc., 1972, 1975, 1992, & 2005)

Jump to: [Comparison Chart](#) or [Index](#)

Description

Comprehensive screening and assessment of child development that is used to inform future learning activities and interventions. Measured domains vary depending on which specific version of the LAP System that is being used (i.e. Early, LAP-3, LAP-D, LAP-D Screens), but all forms include cognitive, language, fine motor, and gross motor domains, with the LAP-3 and early-LAP also adding self-help and personal/social domains.

Target Population

Early LAP: birth-36 months

LAP-3: 36-72 months

LAP-D: 30-72 months

LAP-D Screens: 3-5 years

Informants

Child (observation)

Logistics/Use

Early LAP: 414 items; 60—90 minutes

LAP-3: 383 items; 90 minutes

LAP-D: 226 items; 60—90 minutes; diagnostic assessment

LAP-D Screens: 16 items; 12—15 minutes

Sample Technical Properties

Barnett, Faust, and Sarmir (1988) initially found evidence for convergent validity among the LAP-D and other similar scales, but did not find simultaneous discriminant validity. Thus, the authors recommend that this scale may be best used as an indicator of general development, but may lead to unstable practice decisions. Peisner-Feinberg and Hardin (2003) found that the Early LAP showed high internal consistency for total sample (.96 to .99) and for individual age groups (.84 - .98) as well as test-retest reliability (.96 to .99) and interrater reliability (.96 to .99). The publishers also reference a 2005 study examining the validity and reliability of the LAP-D, a 2003 study of the LAP-3, and validity and reliability of the LAP-D Screens. These reports are available in the technical manual but not accessible online, though the publisher website summarizes these results as having good reliability and validity characteristics.

Cost and Availability

Early LAP Kit: \$349.95 as of 6/6/2016

LAP-3 Kit: \$474.95 as of 6/6/2016

LAP-D 3rd Edition: \$799.95 as of 6/6/2016

LAP-D Screen Kits: \$349.95 as of 6/6/2016

All available from <https://www.kaplanco.com/shop/assessment-and-evaluation/learning-accomplishment-profile-lap>

Other

Early LAP, LAP-3, LAP-D: Software version available.

LAP-D Screens: Spanish and computer software versions available.

Manifestation of Symptomatology Scale™ (MOSS; Mogge, 1999)

Jump to: [Comparison Chart](#) or [Index](#)

Description

Assessment of emotional and behavioral concerns, designed specifically for adolescents who may lack the reading or attention skills typically required for such assessments. Often used with adolescents in the juvenile justice system as an intake tool. Assessment includes summary indexes of Affective State, Home, and Acting Out. It also includes the following content areas: sexual abuse, alcohol/drugs, suspiciousness, thought process, self-esteem, depression, anxiety, mother, father, home environment, impulsivity, school, and compliance.

Target Population

Adolescents (ages 11-18 years old)

Informants

Youth (self-report)

Logistics/Use

124 true/false items

Completion time: 15-20 minutes

*WPS Qualification Level C required—see the WPS Qualification Guidelines at http://www.wpspublish.com/store/Qualification_Guidelines%20V3.pdf for more information.

Sample Technical Properties

Sullivan, Moyer, and Gonzalez (2011) found that results from a sample of individuals (N=172) in a juvenile justice alternative education program were generally comparable to MOSS manual data, but suggest that reliability must be evaluated within the context of each sample and with other sources of information. The authors suggest that the Content scales should not be used for screening or any important decisions in these settings as they lack adequate internal consistency, but the Summary indexes appear to be adequate for screening purposes or important decisions when identifying students in need of services (p. 7).

Cost and Availability

MOSS Kit: \$118.00 as of 6/6/2016, available at:

<http://www.wpspublish.com/store/p/2868/manifestation-of-symptomatology-scale-moss#purchase-product>

Other

Available in software and manual forms. Other ordering options available.

Massachusetts Youth Screening Instrument – Version 2 (MAYSI-2; Grisso & Barnum, 2000)

Jump to: [Comparison Chart](#) or [Index](#)

Description

Brief inventory that screens for potential mental health problems in juvenile adolescents.

Target Population

Youth in juvenile justice systems (ages 12-17 years old)

Informants

Youth (self-report)

Logistics/Use

52-items; Yes/No response options;

Completion time: 10-15 minutes

Scoring time: 3 minutes

Sample Technical Properties

In a sample of 704 juvenile adolescents, Archer, Strendy, Mason, and Arnau (2004) documented alpha coefficients ranging from .65 on Traumatic Experiences to .87 on Alcohol/Drug Use and on Somatic Complaints, as well as test-retest correlations ranging from .60 on Suicide Ideation to .82 on Thought. According to the researchers, “These results show that these scales have the potential ability to effectively discriminate between youths who have a life history relevant to the measurement issues. However, no significant results were found for the Traumatic Experiences scale in regard to youths’ reports of physical or sexual abuse” (p.300).

Cost and Availability

MAYSI-2 (2006) User’s Manual & Technical Report: \$125.00 as of 6/6/2016, available at http://www.prpress.com/MAYSI-2-2006-Massachusetts-Youth-Screening-Instrument-Users-Manual-Technical-Report_p_170.html

Other

Available in Arabic, Catalan, Dutch, French, German, Italian, Portuguese, Russian, and Spanish, as well as in software form.

Other ordering options available.

*To use for unlimited cases, you must register your manual and facility with NYSAP through this link:

<http://www.nysap.us/MAYSIWAREg&Lic.html>

Parents' Evaluation of Developmental Status (PEDS & PEDS-DM; Glascoe, 1998)

Jump to: [Comparison Chart](#) or [Index](#)

Description

PEDS: A brief assessment of parental concerns about a child's potential for developmental, behavioral, or mental health problems or disabilities; also can be used as a surveillance tool

PEDS-Developmental Milestones (DM): Brief assessment of developmental status markers in children; can be used as a surveillance tool. Assessment measures fine/gross motor skills, expressive/receptive language, academics (for older children), social-emotional skills, and self-help. Supplemental screening for various concerns, such as ADHD and Autism, are included.

Target Population

Children ages 0-8 years old (7 years-11 months)

Informants

PEDS: Parents

PEDS-DM: Parents or Children

Logistics/Use

Two forms:

PEDS: 10-items; completion and scoring time: 2 minutes

Can be self-report or interview

PEDS-DM: 6-8-items per age/encounter; completion and scoring time: 3-5 minutes

Sample Technical Properties

PEDS: Limbos and Joyce (2011) found that the PEDS had moderate sensitivity (74%) but low specificity (64%), indicating that the PEDS can be supported as a tool for systematic developmental screening that has been validated previously, but other tools such as the Ages and Stages Questionnaire (ASQ) may be more accurate screeners (sensitivity 82%, specificity 78%).

PEDS-DM: Brothers, Glascoe, and Robertshaw (2008) found that the PEDS-DM showed sensitivity and specificity consistently above 70%, and also showed test-retest reliability above .98, interrater reliability from .82 to .96, and readability below a second grade level.

Cost and Availability

PEDS: PEDS Complete Set: \$42.00 as of 6/6/2016, available at <http://www.pedstestshop.com/product-category/peds-products/>

PEDS-DM: PEDS-DM for Pediatric and Public Health Encounters: \$299.00 as of 6/6/2016, available at <http://www.pedstestshop.com/product-category/peds-dm-packages/>

Other

PEDS: Available online (trial and purchasable versions); Can order paper copies online or through printable order form; Other ordering options available

PEDS-DM: Other ordering options available

Note: As of June 2016, this instrument is available from the Ohio Center for Autism and Low Incidence (OCALI) lending library:

http://library.ocali.org/4DACTION/web_Gen_2002_ShowWebDetails/003023/Lang=En/BookBag=T7G605QJ060KWJ061

Preschool and Kindergarten Behavior Scales-Second Edition (PKBS-2; Merrell, 2003)

Jump to: [Comparison Chart](#) or [Index](#)

Description

Brief rating scale that assesses problems with behavior or social skills in young children. Subscales include: social cooperation, social interaction, social independence, externalizing behavior and internalizing behavior.

Target Population

Children (ages 3-6 years old)

Informants

Parents or Teachers

Logistics/Use

76-items; 2 scales (Social Skills and Behavior Problems)
Completion time: 12 minutes

Sample Technical Properties

Fernández et al. (2010) found evidence that in their sample of Spanish preschool students across 27 schools (N=1509), the revised version of the scale (PKBS-2) retains much of the psychometric validity of the original version, with results that “indicate that the scale is an adequate instrument in measuring these variables], offering high validity and reliability” (p. 1242). Wang, Sandall, Davis, & Thomas (2011) also found that the scale has adequate internal consistency, construct validity, convergent validity, and criterion validity, but that the usefulness in judging progress in social skills or intervention outcomes over time may not be satisfactory. Wang et al. suggest using this measure with confidence for assessing social skills of high-functioning children with mild ASD characteristics, but using it with other measures (e.g. criterion-referenced) for progress monitoring. Finally, in a recent review, Cordier and colleagues (2015) found three of the social skills and behavior scales to have the strongest levels of psychometric evidence for at least seven of the properties that they reviewed.

Cost and Availability

PKBS-2 Complete Kit: \$133.00 as of 6/6/2016, available at
<http://www.proedinc.com/customer/productView.aspx?ID=2285>

Other

Available in Spanish. Other ordering options available.

Preschool Behavior Questionnaire (PBQ; Behar, 1974)

Jump to: [Comparison Chart](#) or [Index](#)

Description

A screening instrument for emotional problems in preschoolers.

Target Population

Preschoolers (ages 3-6 years old)

Informants

Parents, Teachers or Mental Health Professionals

Logistics/Use

30-items;

Can be administered and scored by teachers—guidelines for interpretation are available in the manual.

Sample Technical Properties

The PBQ was standardized on a sample of 496 students enrolled in typical preschools and 102 students enrolled in special education programs and found to have adequate criterion validity and high interrater and test-retest reliabilities. The three factor structure was found through a factor analysis and all three factors were found to be reliable and valid. These results were replicated in a second sample, which again supported the measure's valid and reliable use as a screening tool for preschoolers (Behar & Stringfield, 1974). A more recent evaluation of the PBQ (Funderburk, Eyberg, Rich, & Behar, 2003) found that when completed by parents and teachers, the PBQ had significant test-retest reliability, adequate internal consistency when completed by parents ($\alpha = .81$ for total scale, $.63 < \alpha < .74$ for the subscales), and concurrent and convergent validity compared to another measure for both parents and teachers. However, this study was conducted on a middle class sample with little psychopathology and behavior problems.

Cost and Availability

PBQ Kit: \$35.00 as of 6/6/2016, available at <http://www.lenorebehar.com/questionnaire.html>

Other

Available in Spanish; Ordering must be done via mail, phone, or email.

Modified from the Children's Behavior Questionnaire (Rutter, 1967)

Problem Behavior Inventory (PBI; Silverton, 1991)

Jump to: [Comparison Chart](#) or [Index](#)

Description

Brief patient intake form that helps guide diagnostic interviews. Symptom areas include: phobias, cognitive disorders, eating disorders, conduct problems, mood/anxiety disorders, substance abuse, post-traumatic stress, oppositional behavior, psychosis, attention-deficit hyperactivity, and many more.

Target Population

Adolescents and Adults

Informants

Youth (self-report)

Logistics/Use

Completion time: 10-15 minutes

*WPS Qualification Level C required—see the WPS Qualification Guidelines at http://www.wpspublish.com/store/Qualification_Guidelines%20V3.pdf for more information.

Sample Technical Properties

Psychometric data could not be found for this inventory.

Cost and Availability

Problem Behavior Inventory: Adolescent Symptom Screening Form Pack of 25: \$52.50 as of 6/6/2016, available at:

<http://www.wpspublish.com/store/p/2922/problem-behavior-inventory-symptom-screening-form>

Other

Problem Experiences Checklist™-Adolescent Version (Silverton, 1991)

Jump to: [Comparison Chart](#) or [Index](#)

Description

Patient intake form that helps guide the clinical interview by gathering information on the difficulties that the patient is currently struggling with. Checklist includes over 250 potential problems and life events.

Target Population

Adolescents

Informants

Youth (self-report)

Logistics/Use

Completion time: 10-15 minutes

*WPS Qualification Level B required— see the WPS Qualification Guidelines at http://www.wpspublish.com/store/Qualification_Guidelines%20V3.pdf for more information.

Sample Technical Properties

Psychometric data could not be found for this instrument. However, in a review of this instrument, Dr. Daniel (1995) concluded that as this checklist does not attempt to make any psychometric claims, it can be validly used as a “complement, rather than substitute for, more clinical assessment devices.” Dr. Sporakowski (1995) concluded similarly, that the checklist could be a valuable part of an intake screening, but users must create their own norms for any comparisons made.

Cost and Availability

Problem Experiences Checklist—Adult Version: \$35.50 as of 6/6/2016, available at:
<http://www.wpspublish.com/store/p/2923/problem-experiences-checklist>

Other

Questions About Behavioral Function (QABF; Matson & Vollmer, 1995)

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Description

The Questions About Behavioral Function (QABF) is a behavioral checklist that examines the functions of maladaptive behavior in individuals with disabilities. Behaviors are scored on five subscales: Attention, Escape, Nonsocial, Physical, and Tangible.

Target Population

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

Informants

Teacher- or caregiver-report

Logistics/Use

25-items

Items are rated on a 4-point Likert scale ranging from Never (0) to 3 (Often). Scorers can also choose a response indicating that the item does not apply to the behavior being rated. Responses can be hand-scored at the bottom of the rating sheet.

Sample Technical Properties

Matson, Bamburg, Cherry, & Paclawskyj (1999) found that the QABF was able to successfully identify functions for 84% of participants and allowed for more successful intervention when compared to control.

Paclawskyj, Matson, Rush, Smalls, and Vollmer (2000) found high test-retest reliability and total agreement, as well as acceptable inter-rater reliability for each subscale and the total score ($r = .79-.987$). The authors (2000) also found very high internal consistency for each subscale ($\alpha > .90$) and lower for the whole test ($\alpha = .601$), as expected with the 5 unrelated variables. A factor analysis also identified five factors (i.e. each subscale) as hypothesized and originally found in Matson's development work (Paclawskyj et al., 2000). A replication study (Shogren & Rojahn, 2003) also found good to excellent test-retest reliability, good internal consistency, and fair to good interrater reliability. Later work with a child sample ($N=91$) showed fair to good internal consistency and good convergent validity, but a high correlation between Escape and Tangible, indicating a potential difficulty with sensitivity in distinguishing between the two (Freeman, Walker, & Kaufman, 2007). Wallace, Vega, and Hernandez (2015) also developed a Spanish-language version that was internally consistent and able to identify the correct behavioral function (valid).

Cost and Availability

The complete kit (including manual and 50 measures with scoring) is available for \$275.00 from:
<http://www.disabilityconsultants.org/OrderForm.pdf>

Other

Versions available in Spanish and Turkish from the link above.

Resiliency Scales for Children and Adolescents™ (RSCA; Prince-Embury, 2006)

Jump to: [Comparison Chart](#) or [Index](#)

Description

Brief assessment that measures resiliency in children and adolescents through the profiling of personal attributes—including strengths and vulnerabilities. Profiles are created through the use of three scales (sense of mastery, sense of relatedness, and emotional reactivity) and ten subscales (optimism, self-efficacy, adaptability, trust, support, comfort, tolerance, sensitivity, recovery, and impairment).

Target Population

Children and Adolescents (ages 9-18 years old)

Informants

Youth

Logistics/Use

Three scales: 20-24 items each; 5 minutes each

Written at a third grade reading level.

*Pearson Qualification Level B required—see website for details

Sample Technical Properties

Prince-Embury (2010) examined the psychometric properties of the RSCA in both clinical child and clinical adolescent samples. They found that the RSCA has adequate levels of variability, an apparent normal distribution, and good-to-excellent internal consistency of global scales (.82 to .90 in child; >.90 in adolescent) and index scores (.86 to .91 in child; .94 to .96 in adolescent). These results support its use for examining normal development in both clinical and normative samples, though specific results of psychometric validity vary by scale, and not all subscales showed adequate internal consistency. Prince-Embury (2011) outlines how this tool can be used in a school setting for preventative screening using the index and global scales, and provides additional information about psychometric validity and reliability.

Cost and Availability

RSCA Complete Kit: \$125.75 as of 6/6/2016, available at:

<http://www.pearsonclinical.com/psychology/products/100000655/resiliency-scales-for-children-adolescents-a-profile-of-personal-strengths-rsca.html>

Other

Other ordering options available.

School Motivation and Learning Strategies Inventory™ (SMALSI; Stroud & Reynolds, 2006)

Jump to: [Comparison Chart](#) or [Index](#)

Description

Assessment of learning strategies, academic motivation, and study habits through the measurement of 10 related areas: test anxiety, study strategies, concentration/attention, note-taking and listening skills, academic motivation, reading/comprehension strategies, writing/research skills, time management, test-taking strategies, and organizational techniques.

Target Population

Children and Adolescents (ages 8-18 years old)

Informants

Youth (self-report)

Logistics/Use

Two forms:

Child Form: 147 items, for ages 8-12

Teen Form: 170 items, for ages 13-18

Completion time: 20-30 minutes

Can be administered individually or in groups.

*WPS Qualification Level B required— see the WPS Qualification Guidelines at

http://www.wpspublish.com/store/Qualification_Guidelines%20V3.pdf for more information.

Sample Technical Properties

This measure has reported good initial psychometric properties, including internal consistency (Cronbach's alpha ranging from .75 to .80) and moderate to high correlations with similar measures, showing acceptable concurrent validity (as outlined by Janzen, Cormier, Hetherington, Mrazik, & Mousavi, 2015). Jenzen et al. (2015) also found convergent evidence supporting these psychometric properties (internal consistency between .76 and .92) and relationship to achievement outcomes in a Canadian sample of 6th graders (N=404), but listed concerns with the model's overall poor fit and a few potential areas of modification in future revisions of the scale.

Cost and Availability

SMALSI Combined Child and Teen Kit (Ages 8 through 18 years): \$295.00 as of 6/6/2016, available at:

<http://www.wpspublish.com/store/p/2975/school-motivation-and-learning-strategies-inventory-smalsi>

Other

Danish, Japanese, and Romanian versions available. Software versions and other ordering options also available.

Note: As of June 2016, this instrument is available from the Ohio Center for Autism and Low Incidence (OCALI) lending library:

http://library.ocali.org/4DACTION/web_Gen_2002_ShowWebDetails/003579/Lang=En/BookBag=T7G7JCB10WZBFC470

School Social Behavior Scales – Second Edition and Home & Community Social Behavior Scales (SSBS-2; Merrell, 2008) (HCSBS; Merrell & Caldarella, 2008)

Jump to: [Comparison Chart](#) or [Index](#)

Description

Two brief rating scales that assess the social-emotional development—including strengths and risk behaviors—of children and adolescents in the school and home contexts.

Target Population

Children and Adolescents (Kindergarten-12th grade)

Informants

SSBS-2: Teacher or School Personnel

HCSBS: Parent or Family Member

Logistics/Use

SSBS-2: 64 items; 10 minutes; measures social competence and antisocial behavior

HCSBS: 64 items; 10 minutes

Scales can also be used to monitor progress.

*Scales should be scored and interpreted by a professional—see website (below) for details

Sample Technical Properties

Hill & Merrell (2004) stated that “psychometric properties of the SSBS-2 and the HCSBS are adequate to very strong, with internal consistency reliability coefficients in the .96 to .99 range for total scale scores, and test-retest and interrater reliability coefficients in the expected range. Numerous validity studies have shown both instruments to be very effective in differentiating groups of children and adolescents based on group membership” (p. 501). A systematic review conducted by Cordier and colleagues (2015) found that these two scales had the strongest level of psychometric evidence in the properties they appraised (internal consistency, reliability, measurement error, content validity, structural validity, hypothesis testing, cross-cultural validity and criterion validity) of thirteen social skills measures they reviewed. They recommended using these scales for the context in which they have been developed.

Cost and Availability

SSBS-2 User’s Guide: \$49.95; SSBS-2 Rating Form (25 pack): 39.95

HCSBS User’s guide: \$49.95; HCSBS Rating Form (25 pack): \$39.95

All prices as of 6/6/2016, available at:

<http://www.brookespublishing.com/resource-center/screening-and-assessment/ssbs-2-hcsbs/>

Other

Spanish versions of the HCSBS are available.

Social Emotional Assets and Resilience Scales™ (SEARS; Merrell, 2011)

Jump to: [Comparison Chart](#) or [Index](#)

Description

Brief strengths-based assessment of the social-emotional development of children and adolescents in terms of four domains: self-regulation, empathy, responsibility, and social competence.

Target Population

Children and Adolescents (5-18 years old)

Informants

SEARS-C: Children ages 8-12 years old (grades 3-6)

SEARS-A: Adolescents ages 13-18 (grades 7-12)

SEARS-T: Teacher

SEARS-P: Parent

Logistics/Use

SEARS-C: 35 items; self-report

SEARS-A: 35 items; self-report

SEARS-T: 41 items

SEARS-P: 39 items

Short forms (SEARS-SF) are also available: 12 items

Completion time: 20 minutes for administration, 20 minutes for scoring

Can be administered individually or in groups. Can also be used for progress monitoring.

*PAR Inc. Qualification Level B required—see website for details

Sample Technical Properties

SEARS-C & SEARS-A: A preliminary analysis conducted by Cohn, Merrell, Felver-Grant, Tom, and Endrulat (2009) found strong internal consistency and found the scale's factors to measure interpersonal skills, emotion regulation, empathy, perceptions of self, and social responsibility. However, this sample was not ethnically representative, found gender differences, and did not examine other types of reliability/validity.

SEARS-T: Merrell, Cohn, and Tom (2011) found that the SEARS-T showed strong internal consistency, convergent construct validity, and construct validity in a large, diverse sample of teachers (N=1673).

SEARS-P: Merrell, Felver-Gant, and Tom (2010) found that the SEARS-P also showed strong internal consistency reliability and strong interrater reliability among pairs of parents, and also established convergent construct validity and further strengthened construct validity.

Cost and Availability

SEARS Long Form/Short Form Introductory Kit: \$318.00 as of 6/6/2016, available at:

<http://www4.parinc.com/Products/Product.aspx?ProductID=SEARS#Items>

Other

Spanish version of the SEARS-P, computer-based scoring systems and other ordering options available.

Social-Emotional Dimension Scale—Second Edition (SEDS-2; Hutton & Roberts, 2004)

Jump to: [Comparison Chart](#) or [Index](#)

Description

Comprehensive assessment or optional screening instrument that uses a behavior rating scale to identify children and adolescents at-risk for problem behaviors, as well as inform decisions about eligibility for special education.

Target Population

Children and Adolescents (ages 6-18 years old)

Informants

Teacher or School Personnel

Logistics/Use

Comprehensive Form: 74 items; 20-30 minutes
Screener Form: 15 items

Sample Technical Properties

A review of the SEDS-2 by Shriver (2005) stated that the standardization sample (N=1700) found gender but not age differences, thus recommending use of the gender norms provided by the authors. This sample also underrepresented certain ethnic populations. The coefficient alpha reliability for the screener form is .88 for both male and female students and is also reliable (high .80s and .90s) for the comprehensive form subscales. The test-retest reliability of the SEDS-2 was high for both screener and comprehensive. Interrater reliability was also good for the screener (.91) and comprehensive (.95). Validity evidence is not provided for content validity of the screener. The Screener's relationship to the comprehensive form (Social-Emotional Disturbance Score) was assessed and found sensitivity was .80, specificity was .99, and positive predictive value was .95. This overall score was less able to predict if a student was to eventually need a behavior management plan (sensitivity 1.00 but specificity .56), and thus must be part of a comprehensive assessment. The reviewer recommends the CBCL and BASC over this measure, as they are more established.

Cost and Availability

SEDS-2 Kit: \$178.00 as of 6/6/2016, available at:
<http://www.proedinc.com/customer/productView.aspx?ID=1809>

Other

Other ordering options available.

Social Skills Improvement System Rating Scales™ (SSIS; Gresham & Elliott, 2008)

Jump to: [Comparison Chart](#) or [Index](#)

Description

Comprehensive assessment of child and adolescent social skills, academic competence, and problem behaviors. Measures include: self-control, communication, cooperation, engagement, assertion, empathy, responsibility, bullying, externalizing/internalizing behavior, Autism spectrum, hyperactivity/inattention, math/reading achievement, and motivation to learn.

Target Population

Children and Adolescents (ages 3-18 years old)

Informants

Youth (self-report), Parent and Teacher

Logistics/Use

Completion time: 10-25 minutes

Can be administered individually or in small groups.

*Pearson Qualification Level B required—see website for details

Sample Technical Properties

Crosby (2011) found that this assessment had high median alpha values for reliability on the scales and subscales within, as well as satisfactory test-retest reliability, in all forms of this assessment (parent, teacher, student). Interrater reliability indicated that most subscale coefficients for parent and teacher forms were in the upper .50s to .60s. Results of other studies also support concurrent validity of the SSIS and it is recommended by Crosby as an “excellent tool for eliciting information on social skills functioning and problem behaviors” as part of an assessment battery with utility for a multi-tiered system of intervention (as mentioned in Crosby, 2011, p. 294-296). Gresham, Elliott, Vance, and Cook (2011) also report high internal consistency estimates and moderately high validity indices for total scores for both social skills and problem behavior scales.

Cost and Availability

Hand-Scored Starter Sets—English/Spanish: \$365.15 as of 6/6/2016, available at

<http://www.pearsonclinical.com/education/products/100000322/social-skills-improvement-system-ssis-rating-scales.html>

Other

Note: the SSIS is a replacement for the Social Skills Rating System (SSRS). Parent and student forms available in Spanish. Software-based scoring system and other ordering options available.

Note: As of June 2016, this instrument is available from the Ohio Center for Autism and Low Incidence (OCALI) lending library:

http://library.ocali.org/4DACTION/web_Gen_2002_ShowWebDetails/003062/Lang=En/BookBag=T7G7K9AJ0BE67F896

Symptom Checklist-90-Revised® (SCL-90-R; Derogatis, 1994)

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Description

Clinical assessment of psychological problems and symptoms of psychopathology at patient intake and during patient treatment. Nine symptom dimensions are measured and include: somatization, psychoticism, obsessive-compulsive, paranoid ideation, interpersonal sensitivity, phobic anxiety, depression, hostility, and anxiety.

Target Population

Adolescents (ages 13 years and older)

Informants

Adolescents (self-report)

Logistics/Use

90 items; 12-15 minutes; 6th grade reading level

Can be used to monitor progress.

*Pearson Qualification Level B required—see website for details

Sample Technical Properties

The SCL-90-R is a very frequently used instrument that shows satisfactory internal consistency and test-retest results, but potentially questionable factor-structures (Prinz, Nutzinger, Schulz, Petermann, Braukhaus, & Andreas, 2013). This instrument has been validated and modified for use in many different countries and situations (e.g. German: Schmitz, Hartkamp, Kiuse, Franke, Reister, & Tress, 2000; Italian: Prunas, Sarno, Preti, Madeddu, Perugini, 2012), and the general conclusion discussed is that results of the clinical profile may be unstable and not valid for clinical use or as a screener, but use of the instrument is acceptable and useful as a general indicator of distress and psychopathological symptoms or as a measure of change over time (Schmitz et al., 2000). Prinz and colleagues (2013) also found evidence that short versions of the scale (e.g. BSI, SCL-27) may have more valid psychometric data than the original form.

Cost and Availability

SCL-90-R Hand-Scoring Starter Kit: \$127.75 as of 6/6/2016, available at:

<http://www.pearsonclinical.com/psychology/products/10000645/symptom-checklist-90-revised-scl-90-r.html#tab-pricing>

Other

Software-based and Spanish versions available. Other ordering options available.

Systematic Screening for Behavior Disorders—2nd Edition (SSBD; Walker & Severson, 2014)

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Description

School-based universal screening of students at risk for externalizing and internalizing behavior problems and identification of students in need of tier 2 and 3 supports.

Target Population

Children and Adolescents (kindergarten through 9th grade)

Informants

Teachers

Logistics/Use

Online screening system with automated reporting. SSBD is administered in groups (i.e., classrooms) and used to monitor progress.

2 Stages: (1) universal screening; (2) critical events checklist

Screening time for one classroom: 1 hour

Sample Technical Properties

Walker, Severson, and Feil (2014) include an extensive amount of literature supporting the reliability and validity of the SSBD in their technical manual, including research conducted by the authors as well as outside researchers, all of which indicates adequate psychometric qualities for use in schools.

“This Technical Manual has described the research and development process the SSBD authors and their colleagues conducted to establish the psychometric integrity, efficacy and social validity of the SSBD procedure and the instruments comprising each of its screening stages. The resulting outcomes of this five-year development and testing process are impressive in establishing the SSBD's accuracy, validity and reliability” (Walker et al., 2014, p. 71).

Cost and Availability

SSBD 2nd Edition: \$550.00 per school for 12-month subscription

SSBD Portfolio (Guide, Technical Manual, ten Grade 1-9 and two PreK-K classroom packets): \$225.00

SSBD Classroom Screening Packet: \$10.00

All prices as of 6/6/16 and available at: <https://pacificnwpublish.com/products/SSBD-Online.html>

Other

Part of the Screening, Identification, and Monitoring System (SIMS).

Vineland Social-Emotional Early Childhood Scales (Vineland SEEC; Sparrow, Balla, & Cicchetti, 1998)

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Description

Brief assessment of social-emotional development in infants and children using three scales: interpersonal relationships, play/leisure time, and coping skills. Assessment outcomes can be used to guide interventions and monitor progress.

Target Population

Infants and Children (birth-5 years and 11 months)

Informants

Parent or Caregiver (Interview)

Logistics/Use

Completion time: 15-25 minutes
Can be used to monitor progress.

*Pearson Qualification Level B required—see website for details

Sample Technical Properties

In a systematic review of the instrument, Gokiert and colleagues (2014) reported internal consistencies ranging from .80-.93, test-retest reliabilities ranging from .71-.79, inter-rater reliabilities ranging from .47-.60, and convergent validities ranging from .63-.65. Inter-rater and convergent validity did not meet the authors' criteria; test-retest reliability partially met their criterion; and internal consistency reliability as well as three types of validity (content, criterion, and construct) did meet their criterion (Gokiert et al., 2014).

Cost and Availability

Vineland SEEC Kit: \$108.00 as of 6/6/2016, available at:

<http://www.pearsonclinical.com/psychology/products/100000283/vineland-social-emotional-early-childhood-scales-vineland-seec.html#tab-pricing>

Other

Software-based versions and other ordering options available.

Note: As of June 2016, this instrument is available from the Ohio Center for Autism and Low Incidence (OCALI) lending library:

http://library.ocali.org/4DACTION/web_Gen_2002_ShowWebDetails/003067/Lang=En/BookBag=T7G7L3GJ09U5BA681

Youth Self-Report© (YSR; Achenbach, 2001)

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Description

Assessment of problem behaviors in terms of internalizing and externalizing behavior. Contains both syndrome and DSM-oriented subscales, including those such as: obsessive-compulsive problems, stress problems, social problems, depressive problems, anxiety problems, somatic problems, attention deficit/hyperactivity problems, oppositional defiant problems, and conduct problems.

Target Population

Adolescents (11—18 years)

Informants

Youth

Logistics/Use

112+ items

Can be administered through interviewing. Profile is required for hand-scoring.

Sample Technical Properties

The YSR has been found to have substantial internal consistency (>.81 for US samples), test-retest reliability, and long-term stability in both US and other societies (e.g. Hong Kong). Studies have also found that the YSR has supported content validity, criterion-related validity, and construct validity in both American and other samples (Achenbach et al., 2008).

Cost and Availability

Youth Self Report (50 pack): \$30.00 as of 6/6/2016, available at: http://store.aseba.org/YOUTH-SELF-REPORT_11-18/productinfo/501/

YSR Hand-Scoring Profile (50 pack): \$30.00 as of 6/6/2016, available at: <http://store.aseba.org/YSR-HANDSCORING-PROFILE/productinfo/502/>

Other

Spanish and software-based versions are available, as well as other ordering options. The YSR is a parallel form to the Child Behavior Checklist and Teacher Report Form.

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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 Project AWARE Ohio 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 Ohio 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 Ohio Screening and Evaluation Compendium in conjunction with other sources of information. She looks up the word 'Attention' in the index and finds several 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. Mrs. Smith decides to look at two other options, the Vanderbilt ADHD Diagnostic Rating Scale and the Conners- 3™. She finds that both instruments are also age-appropriate, relatively narrow in scope, have promising sample technical properties, and have versions with a reasonable number of items. However, Mrs. Smith really appreciates how the Conners allows her to gather information from a variety of sources as it has three different versions for the student, parent, and teacher to complete. Thus, Mrs. Smith conducts more research on the Conners psychometric properties and eventually decides that it is appropriate for use in this situation based.

Mrs. Smith administers the Conners- 3™ 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 implications for instruction and intervention in the school setting, 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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