EBP Measures Manual

Last Revised: July 2020

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Overview

EBP Tracker and Provider Information Exchange (PIE) are online databases designed to collect process and outcome data for children's evidence-based behavioral health treatments. The Child Health and Development Institute (CHDI) contracted with KJMB Solutions, LLC to develop EBP Tracker through funding from the Connecticut Department of Children and Families (DCF). Currently, there are four EBPs included in EBP Tracker: Attachment, Regulation, and Competency (ARC), Bounce Back, Cognitive Behavioral Intervention for Trauma in Schools (CBITS), and Child and Parent Psychotherapy (CPP). In 2019, data for Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC), and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) were migrated from EBP Tracker into the PIE system. Each model has its own components and protocols, and EBP Tracker and PIE have modules customized to each of them. One of the primary purposes of these databases is to collect the model-required assessment information at specified intervals, calculate scores, and report out on the assessment information.

The purpose of this manual is to provide an overview of all of the assessment measures that are used in the six models and are built into EBP Tracker and PIE. The EBP Measures Grid on p. 3 shows which assessments are used with which treatment model as well as the assessment schedules for each. The sections that follow provide a brief overview of each of the measures including a description of what it measures, how it is administered, and how it is scored and interpreted. Where relevant, Reliable Change Index (RCI) values are provided. The RCI is the value which change scores must exceed in order for the change to be considered reliable and not due to chance.

The measures are organized into two categories: youth measures and caregiver-only measures. The youth measures are instruments that are intended to assess the child's symptoms or trauma history. These youth measures typically also completed by the caregiver or clinician, but they are focused on the child's condition. The caregiver-only measures are those that are only ever completed by a caregiver and are not focused on assessing the child.

EBP Assessment Measures

			TF-CBT			MATCH-ADTC			CBITS/Bounce Back			ARC/CPP		
Measures on Child	**Description**	**Reporter**	**Under 5**	**5 to 6**	**Older than 7**	**Under 5**	**5 to 6**	**Older than 7**	**Under 5**	**5 to 6**	**Older than 7**	**Under 5 y.o.**	**5-6 y.o.**	**Older than 7**
Trauma Exposure Checklist (TEC)														
	Trauma exposure	Child	-	-	-	-	-	-	X	X	X	-	-	-
Trauma History Screen (THS)														
	Trauma exposure, frequency, and associated distress	Youth	-	-	X	-	-	X	-	-	-	-	-	X
		Caregiver	X	X	X	X	X	X	-	-	-	X	X	X
Young Child PTSD Checklist														
	Posttraumatic stress disorder (PTSD) symptoms	Caregiver	X	X	-	X	X	-	X	X	-	X	X	-
Child Posttraumatic Stress Scale (CPSS-5)														
	Posttraumatic stress disorder (PTSD) symptoms	Youth	-	-	X	-	-	X	-	-	X	-	-	X
		Caregiver	-	-	X	-	-	X	-	-	X	-	-	X
Ohio Scales: Functioning														
	Functioning in a variety of areas of daily activity	Youth	-	-	X (11 and older)	-	-	X (11 and older)	-	-	X (11 and older)	-	-	X (11 and older)
		Caregiver	-	X	X	-	X	X	-	X	X	-	X	X
		Clinician	-	X	X	-	X	X	-	X	X	-	X	X
Ohio Scales: Problem Severity														
	Common problems reported by youth who receive behavioral health services	Youth	-	-	X (11 and older)	-	-	X (11 and older)	-	-	X (11 and older)	-	-	X (11 and older)
		Caregiver	-	X	X	-	X	X	-	X	X	-	X	X
		Clinician	-	X	X	-	X	X	-	X	X	-	Optional	Optional
Baby Pediatric Symptom Checklist (BPSC)														
	Social/emotional screening instrument	Caregiver	-	-	-	-	-	-	-	-	-	X (<18 mo.)	-	-
Preschool Pediatric Symptom Checklist (PPSC)														
	Social/emotional screening instrument	Caregiver	X	-	-	X	-	-	X	-	-	X (ARC only)	-	-
Short Moods and Feelings Questionnaire (SMFQ)														
	Depression symptoms	Child	-	-	Optional	-	-	Optional	-	-	Optional	-	-	Optional
		Parent	-	-	Optional	-	-	Optional	-	-	Optional	-	-	Optional
Patient-Reported Outcomes Measurement Information System (PROMIS)														
	Anxiety Symptoms	Child	-	-	Optional	-	-	Optional	-	-	-	-	-	-
		Caregiver	-	Optional	Optional	-	Optional	Optional	-	-	-	-	-	-
Top Problems Assessment (TPA)														
	Captures three top problem areas identified by child and caregiver	Child	-	-	-	X	X	X	-	-	-	-	-	-
		Parent	-	-	-	X	X	X	-	-	-	-	-	-
Clinical Global Impressions Scale (CGI)														
	Severity and improvement of all symptoms	Clinician	X	X	X	X	X	X	X	X	X	X	X	X
Caregiver Measures														
Center for Epidemiological Studies- Depression Scale Revised (CESD-R)														
	Caregiver's depression symptoms screen	Caregiver	X	X	Optional	X	X	Optional	X	X	Optional	X	X	X
Parenting Stress Scale (PSS)														
	Caregiver's stress related to parenting	Caregiver	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	X	X	X
PTSD Checklist 5 (PCL-5)														
	Caregiver's PTSD symptoms	Caregiver	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional	Optional
Satisfaction Measures														
Ohio Satisfaction Questionaire														
	Satisfaction with mental health services	Caregiver	X	X	X	X	X	X	X	X	X	-	-	-

EBT Assessments Quick Guide

This overview document is meant to help you find measures quickly and easily by domain.

Child Symptom Measures:

Trauma Exposure

- Trauma History Screen (THS)
- Trauma Exposure Checklist (TEC)

Trauma Symptoms

- Child Post-Traumatic Stress Scale (CPSS-5)
- Young Child PTSD checklist (YCPC)

Functioning/Problem Severity

- OHIO Scales: Functioning
- OHIO Scales: Problem Severity

Depression

- Short Moods and Feelings Questionnaire (SMFQ)

Anxiety

- PROMIS

Miscellaneous

- Baby Pediatric Symptom Checklist (BPSC)
- Clinical Global Impressions (CGI)
- OHIO Satisfaction
- Preschool Pediatric Symptom Checklist (PPSC)
- Top Problems Assessment (TPA)

Caregiver Symptom Measures:

Depression

- Center for Epidemiological Studies Depression Scale-Revised (CESD-R)

Stress

- Parenting Stress Scale (PSS)

Trauma Symptoms

- PTSD Checklist 5 (PCL-5)

Baby Pediatric Symptom Checklist (BPSC)

BPSC: Overview

The BPSC (Sheldrick et al., 2013) is a brief social/emotional screening for children under 18 months old.

BPSC: Administration

The BPSC is administered as an interview measure by a clinician or therapist to a parent or caregiver. The measure asks 12 questions about a child's behavior (e.g., Does your child have a hard time with change?). The questions cover three domains: irritability, inflexibility, and difficulty with routines. The instructions ask for parents to think about what they would expect for a child of the same age. For each question, the respondent chooses an answer from three options: not at all, somewhat, and very much.

Intended Age Range: The parent and clinician versions are completed on children 1 month to 17 months and 31 days.

BPSC: Scoring and Interpretation

The following values are assigned to the response options:

Not at all = 0 Somewhat = 1 Very much = 2

The score is calculating by summing the results (a missing item counts as zero). A score of 3 or greater on any subscale (irritability, inflexibility, difficulty with routines) indicates the child is "at risk" and needs further evaluation.

BPSC: Works Cited

Sheldrick, R. C., Henson, B. S., Neger, E. N., Merchant, S., Murphy, J. M., & Perrin, E. C. (2013). The baby pediatric symptom checklist: development and initial validation of a new social/emotional screening instrument for very young children. *Academic pediatrics*, *13*(1), 72-80.

Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)

CESD-R: Overview

The CESD-R (Eaton, Smith, Ybarra, Muntaner, & Tien, 2004) measures symptoms of depression in adults.

CESD-R: Administration

The CESD-R is administered as an interview measure by a clinician or therapist. Respondents are asked to indicate how often they experienced certain feelings or behaviors (e.g., My appetite was poor) in the past week or so. Items are answered on a 5-point scale:

0- Not at all or Less than 1 day
1- One to two days
2- Three to four days
3- 5 to 7 days
4- Nearly every day for 2 weeks

CESD-R: Scoring and Interpretation

The CESD-R responses are assigned values in order to calculate scores. The values correspond to the scale, but the top two responses ("5 to 7 days" and "Nearly every day for 2 weeks") are given the same value.

Response	Score Value
Not at all or Less than 1 day	0
One to two days	1
Three to four days	2
5 to 7 days	3
Nearly every day for 2 weeks	3

To calculate the Total CESD-R score, the responses to all 20 questions are summed together according to the values in the table above.

Calculation	Range	Cut-off
Sum of all questions	0-60	16 or higher indicates depressive symptoms

RCI Values: Full RCI is 9 and Partial RCI is 5

CESD-R: Works Cited

Eaton, W. W., Smith, C., Ybarra, M., Muntaner, C., Tien, A. (2004). Center for Epidemiologic Studies Depression Scale: Review and revisions (CESD and CESD-R). In. M.E. Maruish (Ed.). *The use of psychological testing for treatment planning and outcomes assessment* (3rd ed.), *Instruments for adults*, pp.363-377. Mahwah, NJ: Lawrence Erlbaum

Child PTSD Symptom Scale 5 (CPSS 5)

CPSS: Overview

The CPSS (Foa et al., 2018) is a 20-item instrument used to measure post-traumatic stress disorder severity in children. The version used in EBP Tracker is comprised of the 20 symptom items from the full measure. There are two versions in EBP Tracker: a child version and caregiver version.

CPSS: Administration

The CPSS is administered as an interview measure by a clinician or therapist. Respondents are presented with problems that children sometimes experience after experiencing an upsetting event. For each problem, the respondent is asked to describe how often that problem has bothered the child ***in the last month***. Each of the items is answered on a 5-point scale:

0- Not at all
1- Once a week or less/a little
2- 2 to 3 times a week/somewhat
3- 4-5 times a week/a lot
4- 6 or more times a week/almost always

Intended Age Range: 8 to 18 year olds

CPSS: Scoring and Interpretation

The CPSS produces an overall PTSD total score ranging from 0-80. A score of 31 or higher indicates a likely diagnosis of PTSD (Foa et al., 2018). A score of 21 is used as the clinical cutoff when deciding appropriateness for trauma-focused treatment.

Scale	Calculation	Range	Cut-off
PTSD Total	Sum of all items	0-80	21-30 high PTSD symptoms 31+ likely PTSD diagnosis
Intrusion	Sum of items 1-5	0-20	N/A
Avoidance	Sum of items 6-7	0-8	N/A
Cognition & Mood	Sum of items 8-14	0-28	N/A
Arousal	Sum of items 15-20	024	N/A

Full RCI Value: 15 for Caregiver and Child versions
Partial RCI Value: 8 for Caregiver and Child versions

CPSS: Works Cited

Foa, E. B., Asnaani, A., Zang, Y., Capaldi, S., & Yeh, R. (2018). Psychometrics of the Child PTSD Symptom Scale for DSM-5 for Trauma-exposed Children and Adolescents. 47(1), 38-46.

Clinical Global Impressions Scale (CGI)

CGI: Overview

The CGI scale (Guy, 1976) is a two-question instrument used to measure severity of symptoms (CGI-Severity) and degree of improvement in symptoms (CGI – Improvement).

CGI: Administration

The CGI is intended to provide an overall, big picture assessment of the client based on the clinician's clinical judgment. The clinician should review all of the information that is available to them when making the assessment, including history, symptoms, and behavior.

The CGI-S is rated based on observed/reported behavior and function in the last seven days, and the CGI-I is rated based on a comparison of the client's condition at baseline and their condition over the last seven days. It is important to note that scoring is only a guideline; clinicians should use their clinical judgment and use the rating scale as a suggestion. Additionally, the rating should not incorporate side effects from medications.

CGI-Severity (CGI-S) Guidelines	
1	Normal – Not at all ill, symptoms of disorder not present past seven days
2	Borderline mentally ill-subtle or suspected pathology
3	Mildly ill-clearly established symptoms with minimal, if any, distress or difficulty in social and occupational function
4	Moderately ill-overt symptoms causing noticeable, but modest, functional impairment or distress; symptom level may warrant medication
5	Markedly ill-intrusive symptoms that distinctly impair social/occupational function or cause intrusive levels of distress
6	Severely ill-disruptive pathology, behavior, and function are frequently influenced by symptoms, may require assistance from others
7	Among the most extremely ill patients
Adapted from Kay SR. Positive and negative symptoms in schizophrenia: Assessment and research. Clin. Exp. Psychiatry Monograph No 5. Brunner/Mazel, 1991.	

CGI-Improvement (CGI-I) Guidelines	
1	Very much improved-nearly all better, good level of functioning; minimal symptoms; represents a very substantial change
2	Much improved-notably better with significant reduction of symptoms; increase in the level of functioning, but some symptoms remain
3	Minimally improved-slightly better with little or no clinically meaningful reduction in symptoms. Represents very little change in basic clinical status, level of care, or functional capacity
4	No change-symptoms remain essentially unchanged
5	Minimally worse-slightly worse but may not be clinically meaningful; may represent very little change in basic clinical status or functional capacity
6	Much worse-clinically significant increase in symptoms and diminished functioning

7	Very much worse-severe exacerbation of symptoms and loss of functioning

Adapted from Spearing MK, Post, RM. Leverich GS, et al Modification of the Clinical Global Impressions (CGI) Scale for use in bipolar illness (BP): the CGI-BP. Psychiatry Res 1997; 73(3): 159-71.

Intended Age Range: All ages

CGI: Works Cited

Guy W (ed). ECDEU Assessment Manual for Psychopharmacology. Rockville, MD: US Department of Health, Education, and Welfare Public Health Service Alcohol, Drug Abuse, and Mental Health Administration, 1976.

Kay SR. Positive and negative symptoms in schizophrenia: Assessment and research. Clin Exp Psychiatry Monograph No 5. Brunner/Mazel, 1991.

Spearing MK, Post, RM. Leverich GS, et al Modification of the Clinical Global Impressions (CGI) Scale for use in bipolar illness (BP): the CGI-BP. Psychiatry Res 1997; 73(3): 159-71.

Ohio Satisfaction Scale

Ohio Satisfaction Scale: Overview

The Ohio Satisfaction Scale (Ogles, Melendez, Davis, & Lunnen, 2001) is a brief self-report measure of satisfaction with behavioral health services received and inclusion in treatment planning. There are two versions of the Ohio Satisfaction Scale; a youth and caregiver version.

YSS-F: Administration

The Ohio Satisfaction Scale is completed by the respondent in pencil and paper format. The 4 items are answered on a 6-point scale. The 6 point scale changes depending on the question asked. In each question, response "1" is the most satisfied/included and response "6" is the least.

Intended Age Range: The Caregiver version is completed for all children 0-18 receiving behavioral health services; the youth version is completed with children 12 to 18.

Ohio Satisfaction Scale: Scoring and Interpretation

The four items of the scale can be totaled for a satisfaction scale score. On this scale, a lower total score means more satisfaction.

Ohio Satisfaction Scale: Works Cited

Ogles, B. M., Melendez, M. S., Davis, D. C., & Lunnen, K. M. (2001). The Ohio Scales: Practical Outcome Assessment. *Journal of Child and Family Studies, 10,* 199-212.

Texas Department of Mental Health and Mental Retardation. (2003). Validation and norms for the Ohio Scales among children served by the Texas Department of Mental Health and Mental Retardation. http;//www.dshs.state.tx.us/mhprograms.RDMCAtrag.shtm

Ohio Scales for Youth: Functioning Scale

Ohio- Functioning: Overview

The Ohio Scales for Youth (Ogles, Melendez, Davis, & Lunnen, 2001) are used to assess outcome for youth who are receiving mental health services. The 20-item Youth Functioning scale measures the degree to which a child's problems affect their day-to-day activities. There are three versions for use with different reporters: child, parent, and clinician.

Ohio- Functioning: Administration

The Ohio- Youth Functioning scale is a pencil and paper measure completed by the respondent. Respondents are presented with daily activities (e.g., getting along with family) and are asked to rate the degree to which the child's problems currently affects their functioning in that activity. Each of the items is answered on a 5-point scale:

0- Extreme trouble
1- Quite a few troubles
2- Some trouble
3- OK
4- Doing well

Intended Age Range: The parent and clinician versions are completed on children age 5 to 18; the youth version is completed with children 12 to 18.

Ohio- Functioning: Scoring and Interpretation

To get a measure of overall severity, the scores for the 20 items are added together. This produces a score that can range from 0- 80 where ***lower*** scores reflect greater impairment. Interpretations and cut-offs for impairment (TX DMHMR) are provided below

Score	Interpretations
0-44	Critical impairment
45-52	Borderline impairment
53 and above	No indicated impairment

Full RCI Value: 8 on all three versions (TX DMHMR)
Partial RCI Value: 4 on all three versions (TX DMHMR)

Ohio- Problem Severity: Works Cited

Ogles, B. M., Melendez, M. S., Davis, D. C., & Lunnen, K. M. (2001). The Ohio Scales: Practical Outcome Assessment. *Journal of Child and Family Studies, 10,* 199-212.

Texas Department of Mental Health and Mental Retardation. (2003). Validation and norms for the Ohio Scales among children served by the Texas Department of Mental Health and Mental Retardation. http;//www.dshs.state.tx.us/mhprograms.RDMCAtrag.shtm

Ohio Scales for Youth: Problem Severity Scale

Ohio- Problem Severity: Overview

The Ohio Scales for Youth (Ogles, Melendez, Davis, & Lunnen, 2001) are used to assess outcome for youth who are receiving mental health services. The 20-item Youth Problem Severity scale measures the degree of problems a child is currently experiencing. There are three versions for use with different reporters: child, parent, and clinician.

Ohio- Problem Severity: Administration

The Ohio- Youth Problem Severity scale is a pencil and paper measure completed by the respondent. Respondents are presented with problems (e.g., arguing with others) and are asked to rate the degree to which the child has experienced them in **the past 30 days**. Each of the items is answered on a 6-point scale:

0- Not at all
1- Once or twice
2- Several times
3- Often
4- Most of the time
5- All of the time

Intended Age Range: The caregiver and clinician versions are completed on children age 5 to 18. The youth version is completed with children 11 to 18.

Ohio- Problem Severity: Scoring and Interpretation

To get a measure of overall severity, the scores for the 20 items are added together. This produces a score that can range from 0-100 where higher scores reflect greater impairment. Since the original publication of the scales, research conducted by the Texas Department of Mental Health and Mental Retardation has established scoring guidelines and cut-offs (2003). These are the cut-offs currently endorsed by the original developers of the scale. They are presented in the table below.

Score	Interpretations
0-16	No indicated impairment
17-24	Borderline impairment
25 and above	Critical impairment

Full RCI Value: 10 for all versions
Partial RCI Value: 5 for all versions

The Problem Severity scale also produces two subscales: externalizing and internalizing problems. These subscales use a subset of the original 20 items and are calculated by summing the items as indicated in the table below. There are no established and validated cut-offs for these subscales. However, CHDI has created

estimates to help guide interpretation; the table below provides these suggested values that indicate impairment.

Subscale	Items	Cut-offs
Externalizing	1-6, 10, 11	0-7: No indicated impairment 8-11: Borderline impairment 12 and above: Critical impairment
Internalizing	12-20	

Ohio- Problem Severity: Works Cited

Ogles, B. M., Melendez, M. S., Davis, D. C., & Lunnen, K. M. (2001). The Ohio Scales: Practical Outcome Assessment. *Journal of Child and Family Studies, 10,* 199-212.

Texas Department of Mental Health and Mental Retardation. (2003). Validation and norms for the Ohio Scales among children served by the Texas Department of Mental Health and Mental Retardation. http://www.dshs.state.tx.us/mhprograms.RDMCAtrag.shtm

Parental Stress Scale (PSS)

PSS: Overview

The PSS (Berry & Jones, 1995) is a self-report measure of parental stress.

PSS: Administration

The PSS is administered as an interview measure by a clinician or therapist. The measure asks about the respondent's feelings and perceptions about the experience of being a parent. There are 18 statements (e.g., I enjoy spending time with my children). For each statement the parent rates there agreement on a 5-point scale from strongly disagree to strongly agree.

PSS: Scoring and Interpretation

Each response value gets the following values:

Strongly disagree = 1
Disagree = 2
Undecided = 3
Agree = 4
Strongly Agree = 5

Items 1, 2, 5, 6, 7, 8, 17, and 18 are reverse-scored**

The sum of the 18 items produces a total score. There are no specified cut-offs for the score. However, RCI values are included below.

Full RCI Value: 11 for Caregiver
Partial RCI Value: 6 for Caregiver

PSS: Works Cited

Berry, J. O., & Jones, W. H. (1995). The parental stress scale: Initial psychometric evidence. *Journal of Social and Personal Relationships*, *12*(3), 463-472.

Patient-Reported Outcomes Measurement Information System (PROMIS) Pediatric Anxiety Scale - Short Form

PROMIS: Overview

The PROMIS Pediatric Anxiety Scale - Short Form (Varni et al., 2014) is an 8-item measure of anxiety in children. There are two versions: a child self-report and a caregiver report. The two versions are similar, though the language of some items is altered to reflect the different respondents.

PROMIS: Administration

The PROMIS is administered as a paper measure by a clinician or therapist. Respondents are presented with ways the child may have been feeling or acting recently. For each item, the respondent is asked to describe how often the child has felt or acted ***in the last seven days***. Each item is answered on a 5-point scale (Never, Almost Never, Sometimes, Often, Almost Always) with instructions: "Please respond to each question or statement by marking one box per row".

Intended Age Range for child version: The child version can be completed with children 8 and older. The caregiver version can be completed with children 5 and older.

PROMIS: Scoring and Interpretation

The 8-items of the PROMIS are scored as follows:

1=Never, 2=Almost Never, 3=Sometimes, 4=Often, 5=Almost Always

Scores can be totaled. Thresholds are below. Thresholds should only be calculated if all items in the measure are completed. The child report and the caregiver report both have cut-offs and are interpreted.

All items must be measured to produce a valid score		
Range Category	Report Score - only available for short version	
	Child Report - short version only	Caregiver Report - short version only
Normal Limits	0-15	0-13
Mild Symptoms	16-18	14-17
Moderate Symptoms	19-27	18-24
Severe Symptoms	28+	25+

Full RCI Value: 6 for Caregiver and 6 for Child versions
Partial RCI Value: 3 for Caregiver and 3 for Child versions

PROMIS: Works Cited

Liu, Y., Yuan, C., Wang, J., Shen, N., Shen, M., & Hinds, P. S. (2019). Chinese Version of Pediatric Patient-Reported Outcomes Measurement Information System Short Form Measures: Reliability, Validity, and Factorial Structure Assessment in Children With Cancer in China. *Cancer nursing*, *42*(6), 430–438. https://doi.org/10.1097/NCC.0000000000000633

PROMIS: Works Cited

PROMIS® Score Cut Points. (n.d.). Retrieved June 23, 2020, from https://www.healthmeasures.net/score-and-interpret/interpretscores/promis/promis-score-cut-points

PROMIS® Anxiety Scoring Manual. (n.d.). Retrieved June 23, 2020, from https://www.healthmeasures.net/promis-scoring-manuals

Varni, J. W., Magnus, B., Stucky, B. D., Liu, Y., Quinn, H., Thissen, D., Gross, H. E., Huang, I. C., & DeWalt, D. A. (2014). Psychometric properties of the PROMIS® pediatric scales: precision, stability, and comparison of different scoring and administration options. *Quality of life research: an international journal of quality of life aspects of treatment, care and rehabilitation*, *23*(4), 1233– 1243. https://doi.org/10.1007/s11136-013-0544-0

Preschool Pediatric Symptom Checklist (PPSC)

PPSC: Overview

The PPSC (Sheldrick et al., 2013) is a brief social/emotional screening for children between 18 months and 5 years old.

PPSC: Administration

The PPSC is administered as an interview measure by a clinician or therapist to a parent or caregiver. The measure asks 18 questions about a child's behavior (e.g., Does your child have trouble playing with other children?). The instructions ask for parents to think about what they would expect for a child of the same age. For each question, the respondent chooses an answer from three options: not at all, somewhat, and very much.

Intended Age Range: The parent and clinician versions are completed on children 18 months to 65 months and 31 days. (Note: For ARC, the PPSC is used for children 18 months through 5 years old).

PPSC: Scoring and Interpretation

The following values are assigned to the response options:

Not at all = 0 Somewhat = 1 Very much = 2

The score is calculating by summing the results (a missing item counts as zero). A score of 9 or greater on any subscale indicates the child is "at risk" and needs further evaluation.

PPSC: Works Cited

Sheldrick, R. C., Henson, B. S., Merchant, S., Neger, E. N., Murphy, J. M., & Perrin, E. C. (2012). The Preschool Pediatric Symptom Checklist (PPSC): development and initial validation of a new social/emotional screening instrument. *Academic pediatrics*, *12*(5), 456-467.

PTSD Checklist 5 (PCL-5)

PCL-5: Overview

The PCL-5 (Weathers et al., 1995) is a self-report measure of PTSD symptoms in adults.

PCL-5: Administration

The PCL-5 is administered as an interview measure by a clinician or therapist. The measure gives 20 potential problems and asks how much each has bothered the respondent in the past month (e.g., "Loss of interest in activities you used to enjoy?"). For each event, the respondent answers on a 5-point scale from "Not at all" to "Extremely".

Intended Age Range: The PCL-5 is for use with adults.

PCL-5: Scoring and Interpretation

To score the PCL-5, sum the items 1-20 according to the following values:

Not at all=0
A little bit=1
Moderately=2
Quite a bit=3
Extremely=4

Calculation	Range	Cut-off
Sum of all questions	0-80	33 or greater warrants follow-up

Full RCI Value: 10 for Caregiver
Partial RCI Value: 5 for Caregiver

PCL-5: Works Cited

Weathers, F.W., Litz, B.T., Keane, T.M., Palmieri, P.A., Marx, B.P., & Schnurr, P.P. (2013). The PTSD Checklist for DSM-5 (PCL-5). Scale available from the National Center for PTSD at www.ptsd.va.go

Short Mood and Feelings Questionnaire (SMFQ)

SMFQ: Overview

The SMFQ (Angold et al., 1995) is a 13-item measure of depression in children. There are two versions: a child self-report and a caregiver report. The two versions are largely similar, though the language of some items is altered to reflect the different respondents. The two versions are scored separately but the cut-offs and administration are considered jointly.

SMFQ: Administration

The SMFQ is administered as an interview measure by a clinician or therapist. Respondents are presented with ways the child may have been feeling or acting recently. For each item, the respondent is asked to describe how often the child has felt or acted that way ***in the last two weeks***. Each item is answered on a 3-point scale (True, Sometimes, Not True) with the following instructions:

> If a sentence was true about [you/your child] most of the time, check TRUE.
> If it was only sometimes true, check SOMETIMES.
> If a sentence was not true about [you/your child] check NOT TRUE.

Intended Age Range for child version: The child version can be completed with children 7 and older. The caregiver version can be completed on children 3 and older.

SMFQ: Scoring and Interpretation

The 13 items of the SMFQ are scored as follows:

True= 2 Sometimes= 1 Not True= 0

For each version, the scores for all 13 items are added together. The child report and the combined report both have cut-offs and are interpreted; the caregiver reports is not interpreted by itself and does not have its own cut-off.

Scale	Calculation	Range	Cut-off
Child Report	Sum of all items on child version	0-26	8 and higher indicates depressive symptoms
Caregiver Report	Sum of all items on caregiver version	0-26	Not interpreted in isolation
Combined Child and CG Report	Sum of all items across both versions	0-52	12 and higher indicates depressive symptoms

Full RCI Value: 6 for Caregiver and 7 for Child versions
Partial RCI Value: 3 for Caregiver and 4 for Child versions

SMFQ: Works Cited

Angold, A., Costello, E. J., Messer, S. C., Pickles, A., Winder, F., & Silver, D. (1995). Development of a short questionnaire for use in epidemiological studies of depression in children and adolescents. *International Journal of Methods in Psychiatric Research, 5,* 237-249.

Top Problems Assessment (TPA)

TPA: Overview

The TPA asks a child to self-report at least one and up to three "Top Problems" that he or she would like to work on in treatment. The caregiver also identifies at least one and up to three "Top Problems" for which their child needs help. Once identified at intake, these specific problems are frequently re-assessed.

TPA: Administration

After the caregiver and child each identify up to three Top Problems, each is asked to rate the severity of each Top Problem on a scale of 0 (not a problem) to 4 (a very big problem). Then, the child and caregiver are each asked to put the Top Problems they identified in rank order, from 1 (biggest problem) to 3 (least big problem). If two or more problems are given the same severity score (e.g., 4), the child or caregiver should be asked which they think is a priority for treatment.

At follow-up assessments, the child and caregiver are asked to re-rate the current severity of these Top Problems on the same 0 to 4 scale, based on their experiences in the past week. The same severity rating can be given to multiple Top Problems (i.e., Top Problem #1 and #2 can both be rated at a 3). While the severity rating of the Top Problems will likely change over time, the original rank order remains (i.e., Top Problem #1 at baseline remains Top Problem #1 at follow-up assessments, even if it is re-rated as less severe. This is primarily for purposes of analyses).

Intended Age Range: The TPA is used with youth aged 6-15

TPA: Scoring and Interpretation

There is not a scoring algorithm for the TPA. Rather, each problem is scored and considered on a frequent basis.

Trauma Exposure Checklist (TEC)

TEC: Overview

The TEC (adapted from Singer, Anglin, Song, & Lunghofer, 1995) is a self-report measure of a child's exposure to 17 potentially traumatic events.

TEC: Administration

The TEC is administered as an interview measure by a clinician or therapist. The measure asks about exposure to 17 different events (e.g., "Has anyone close to you died?"). For each event, the respondent answers yes or no. Respondents answer yes if the event has ever happened to him or her; there are no time frame restrictions on the events.

Intended Age Range: The parent and clinician versions are completed on children ages 5 to 18; the youth version is completed with children 12 to 18.

TEC: Scoring and Interpretation

The TEC produces a score of the total number of events to which a child was exposed by adding the number of events for which "yes" was endorsed. Scores can range from 0-17, with higher scores reflecting greater exposure. There are no established cut-off scores for the TEC.

TEC: Works Cited

Singer, M. I., Anglin, T. M., yu Song, L., & Lunghofer, L. (1995). Adolescents' exposure to violence and associated symptoms of psychological trauma. *Jama*, *273*(6), 477-482.

Trauma History Screen (THS)

THS: Overview

The THS (Lang & Franks, 2007) measures a child's exposure to 19 forms of potentially traumatic events and the associated level of distress for each. There are two versions: a youth self-report and a caregiver report. The measure was adapted from Traumatic Events Screening Inventory (Ippen et al., 2002) and the Trauma History Questionnaire (Berkowitz, Stover, & Marans, 2011).

THS: Administration

The THS is administered as an interview measure by a clinician or therapist. The measure asks about exposure to 19 different events (e.g., Have you ever been in or seen a very bad accident?). Respondent answers each item on 5-point scale: never, once, 2-3 times, 4-10 times, and 10+ times.

For each item that has happened at least once, two additional questions are asked:

- The worst time this happened, how much did affect you?
- How much does this still affect you?

Both of these follow-up questions are answered on a 5-point scale:

1- Not at all 2- A little bit 3- Moderately 4- Quite a bit 5- Extremely

After answering questions on all of the 19 items, respondent are asked which of the items currently bothers him or her the most. It is then recorded how long ago this event happened.

Intended Age Range: The child and caregiver versions are intended for children 2 to 18

THS: Scoring and Interpretation

The THS is used to calculate the total number of events to which a child was exposed. This is done by adding the number of events reported to have happened at least once. This produces a score that can range from 0-19. There are no established scoring cut-off scores for the THS.

THS: Works Cited

Berkowitz, S. J., Stover, C. S., & Marans, S. R. (2011). The child and family traumatic stress intervention: Secondary prevention for youth at risk of developing PTSD. *Journal of Child Psychology and Psychiatry*, *52*(6), 676-685.

Ippen, C. G., Ford, J., Racusin, R., Acker, M., Bosquet, M., Rogers, K., Ellis, C., Schiffman, J., Ribbe, D., Cone, P., Lukovitz, M., & Edwards, J. (2002). *Traumatic Events Screening Inventory – Parent Report Revised.*

Lang, J.M., & Franks, R. (2007). *Trauma History Screen.* Connecticut Center for Effective Practice, Child Health and Development Institute. Unpublished instrument.

Young Child PTSD Checklist (YCPC)

YCPC: Overview

The YCPC (Scheeringa, 2010) is an instrument used to measure post-traumatic stress disorder symptom severity in young children.

YCPC: Administration

The YCPC is administered as an interview measure by a clinician or therapist to the caregiver of a young child. Respondents are presented with symptoms that children might exhibit after experiencing an upsetting event. For each problem, the respondent is asked to describe how often that problem has bothered the child ***in the last two weeks***. Each of the items is answered on a 4-point scale:

0- Not at all
1- Once a week or less/Once in awhile
2- 2 to 4 times a week/Half the time
3- 5 or more times a week/Almost always
4- Everyday

Intended Age Range: Parents of children 1 to 6 years old

YCPC: Scoring and Interpretation

The YCPC produces an overall symptom as well as three subscales: re-experiencing, avoidance, and arousal. There is also a functional impairment scale. The table below provides more information on the calculation of these scores.

Scale	Calculation (Sum of items)	Clinical Attention	Probable Diagnosis
PTSD Total	1-24	12	26
Re-experiencing	1-7	4	8
Avoidance & Numbing	8-14	2	4
Increased Arousal	15-19	4	10
Functional Impairment	25-30	2	4

Full RCI Value: 18 for Caregiver
Partial RCI Value: 9 for Caregiver

YCPC: Works Cited

Scheeringa M. S. (2010). Young child PTSD checklist. New Orleans, LA: Tulane University.

Reliable Change Index Value Calculations

Reliable change index (RCI) values were proposed by Jacobson and Traux (1991) as a way to identify when a change in scores is likely not due to chance. The value for a given instrument is calculated based on the standard deviation and reliability of the measure. Change scores are then calculated and when the change exceeds the RCI value, it is considered to be reliable and significant. When values exceed half of the RCI value, but do not meet the RCI value, that is considered partial RCI.

A review of available literature was conducted for the assessments included in this manual, which are used in EBP Tracker. If articles did not include an explicit RCI value, one was calculated using the equation proposed by Jacobson and Traux (1991) with the appropriate values indicated in the research. Values used in the calculation were drawn from literature on the assessment unless noted otherwise. The following table includes a summary of the appropriate RCI values for the assessments.

	Measure	Full RCI	Partial RCI
Child Assessments	CPSS IV	11	6
	CPSS V	15	8
	PROMIS	6	3
	SMFQ	7	4
	UCLA	16	9
Ohio Scales	Ohio Problem Severity* *(Child, Caregiver, & Worker versions)*	10	5
	Ohio Functioning *(Child, Caregiver, & Worker versions)*	8	4
Caregiver Assessments	CESD-R	9	5
	CPSS IV	10	5
	CPSS V	15	8
	PCL-5	10	5
	PROMIS	6	3
	PSS	11	6
	SMFQ	6	3
	UCLA	11	6
	YCPC	18	9