

TABLE 27.2. Systems Consultation for Disaster Prevention and Intervention (continued)

- xvi. Parent support, school personnel support, direct services, screening, and providing an atmosphere of understanding and support may also be needed
- c. School Personnel
 - i. Teachers and school personnel will need to meet separately for support, debriefing, and education about dealing with the crisis with the children
 - ii. Education about PTSD symptoms in children and adults and when professional help is needed, and stress relief
 - iii. Education about maintaining an atmosphere of familiarity and routine for students
- d. Parents
 - i. Group meetings with parents may be indicated
 - ii. Review of event, support, brief didactics, question-and-answer, and advice on how to help themselves and child cope with disaster—when to seek professional help
- e. Media
 - i. May be key to effective crisis response
 - ii. May add to disruption by secondary trauma of graphic coverage, etc.
 - iii. Interface with media and parents about how to monitor, limit, or support exposure to media coverage
 - iv. Positive use of media for education about potential psychological response and community resources and assistance
- f. Recovery Environment
 - i. The reaction of the greater community may enhance or disrupt recovery (secondary or "process trauma")

SUMMARY

The child and adolescent psychiatrist may serve a number of roles within the overall health and mental health service delivery system. Consultation to systems in which children and youth receive services is one of the ways to make a significant and positive impact. Seminars, readings, and active learning with a more experienced child and adolescent psychiatrist are all ways to gain and improve consultation skills.

Essentials of the Child and Adolescent Psychiatric Evaluation/Report

1. Identifying information
 - a. Age, sex, grade in school, with whom the child lives
 - b. Referral source
 - c. Sources of information (parents, teachers, pediatrician, child, etc.)
 - d. Chief complaint or reason for referral (the chief complaint may differ between parent and child)
2. History of present illness
 - a. Difficulties that prompted the evaluation
 - b. Context in which problems occur
 - c. Review of psychiatric symptoms
3. Past psychiatric history (THOMAS)
 - a. Treatment (Hospitalizations, residential or day treatments, Outpatient)
 - b. Medications—History and present psychotropic medication use
 - c. Attempts at Suicide or self-injurious behaviors
4. Medical history (MIDAS)
 - a. Current Medications
 - b. Medical Illnesses
 - c. Primary care Doctor
 - d. Allergies
 - e. Surgeries
5. Developmental and social history
 - a. Pregnancy (including any medications, substances, major illness, or complications), delivery, and early infancy including temperament
 - b. Developmental milestones and toilet training
 - c. Educational history from preschool on (including any special services or special education)
 - d. Social history (peer relationships, activities, sexual behavior, etc.)
 - e. Electronics (use of Internet, video games, TV, movies—how much, what type; for older children/adolescents ask about any Internet sites of which their parents would not approve)

- f. Cultural context (migration history, ethnic identifications, religious affiliations, etc.)
 - g. Trauma history (physical or sexual abuse, neglect, witnessing violence) and level of psychosocial adversity
 - h. Substance use
 - i. Legal history and risk-taking behaviors
 - j. Sexual behavior
 - k. Child and family strengths and weaknesses
6. Family history
 - a. Family constellation/genogram
 - b. Parental employment
 - c. Psychiatric, learning, legal, substance abuse, or medical difficulties of genetically related family members
 7. Mental status examination
 - a. Appearance and behavior: grooming, dress, dysmorphia, injuries, eye contact
 - b. Ability to cooperate/social relatedness
 - c. Speech and language: fluency, volume, rate, and language skills
 - d. Motor function: activity level, attention, impulsivity, coordination, tics
 - e. Mood and affect: neurovegetative symptoms, manic symptoms, range of affect
 - f. Thought process and content: psychotic symptoms (hallucinations, delusions, thought disorder)
 - g. Anxiety: fears and phobias, obsessions or compulsions, posttraumatic anxiety
 - h. Conduct symptoms: oppositionality, aggression (verbal or physical)
 - i. History of trauma
 - j. Assessment of risk: suicidal or self-abusive thoughts/behaviors, thoughts or plans to harm others, sexual behaviors, Internet usage, legal issues, cigarettes, substance or alcohol usage
 - k. Cognitive functioning: clinical estimate of cognitive skills and development
 - l. Insight and judgment
 8. Clinical formulation (including strengths and prognosis)
 9. Diagnosis (DSM-IV-TR)
 10. Treatment recommendations

Psychiatric Review of Symptoms

- Developmental delay: _____
- Social relatedness: _____
- Learning issues: _____
- Enuresis/encopresis: _____
- Tics: _____
- Substance use: _____
- Safety to self and others: _____
- Depression
- Symptoms (5/9, 2 weeks): ___ depressed mood
___ sleep disorder ___ interest deficit ___ guilt
___ energy deficit ___ concentration deficit
___ appetite disorder ___ psychomotor retardation/agitation
___ suicidality
- Mania
- Symptoms (3+ for 1 week or severe):
___ distractibility ___ indiscretion
___ grandiosity ___ flight of ideas
___ activity increase ___ sleep deficit
___ talkativeness
- Psychosis/schizophrenia
- Symptoms (2/5, 1 month): ___ delusions
___ hallucinations ___ disorganized speech
___ disorganized/catatonic behavior
___ negative symptoms
 - Prodrome/residual (1/2, 6 months):
___ negative symptoms
___ 2 positive symptoms
- Anxiety
- Separation anxiety (3+ for 4 weeks):
___ distress/separated ___ worry/attachment figure
___ worry about separation ___ school refusal
___ fear of being alone ___ fear of sleeping away
___ nightmares ___ physical complaints
 - GAD (3/6, 6 months): ___ restless ___ fatigue
___ conscious ___ irritable ___ muscle tension
___ insomnia
 - Panic (4/13, recurrence + 1 month of worry):
___ shortness of breath ___ faint ___ palpitations
___ trembling ___ sweating ___ choking ___ nauseous
___ depersonalization/derealization ___ numbness/tingling

- ___ chest pain ___ fear of dying ___ fear of losing sanity
___ chills/hot
 - OCD: ___ obsessions ___ compulsions ___ interfere/time
consuming (not conscious)
 - PTSD (1 month):
Re-experience (1/5): ___ memories ___ dreams ___ flashbacks
___ distress/re-exposure ___ physiologic reactivity/re-exposure
Avoidance (3/7): ___ thoughts/feelings ___ activities/situations
___ amnesia ___ less interest ___ estrangement ___ restricted
affect ___ thought of no future
Arousal (2/5): ___ sleep ___ irritability ___ consciousness
___ hypervigilant ___ startle
 - Social phobia (3/3): ___ fear/social ___ exposure/panic
___ avoid/social
- Attention deficit hyperactivity disorder
- Inattentive (6/9):
___ careless mistakes ___ attention difficulty
___ listening problem ___ loses things ___ fails to finish
___ organization problem ___ reluctant/mental effort
___ forgetful ___ easily distracted
 - Hyperactive/impulsive (6/9):
___ restless/runs ___ unable to wait
___ not play quietly ___ on the go ___ fidgets
___ answers blurted ___ doesn't stay in seat
___ talks excessively ___ interrupts
- Behavior disorder
- Oppositional defiant (4/8 last 6 months):
___ resentful ___ easily annoyed
___ argues/adults ___ loses temper
___ blames others ___ annoys deliberately
___ defies rules ___ spiteful
 - Conduct disorder (3/15 past year + 1 past 6 months):
___ bullying ___ animal cruelty ___ destroying property
___ force sex ___ cruel ___ using weapon ___ set fires
___ break-ins ___ school refusal ___ everyday lying
___ stealing/confronting ___ stealing/not confronting
___ fighting ___ outlate ___ run away from home
- Eating disorder
- Anorexia (4/4): ___ refuse/maintain weight
___ fear of fat ___ body distortion ___ amenorrhea
 - Bulimia (5/5): ___ binge eating ___ lack/control
___ inappropriate weight/loss behavior
___ >2 times/week for 3 months
___ self-evaluation of body shape

1d

Abnormal Involuntary Movement Scale (AIMS)

Directions for administration: Ask patient to remove shoes and socks.

1. Ask patient to remove anything in his/her mouth.
2. Ask if there is anything wrong with his/her teeth. Dentures?
3. Ask patient if he/she notices any movements in mouth, face, hands, or feet. Ask if it bothers him/her or interferes with activities.
4. Have patient sit in firm, armless chair with both hands on knees, legs slightly apart, feet flat on floor. (Look at entire body for movements in this position.)
5. Ask patient to lean forward and let arms dangle. Look for movements.
6. Ask patient to open mouth. Observe for tongue movements. Repeat.
7. Ask patient to protrude tongue. Observe for tongue movements. Repeat.
8. Ask patient to tap thumb with each finger as rapidly as possible for 10–15 seconds first with right hand, then left. (Observe facial and leg movements.)
9. Flex and extend patient's right and left arms. (Note rigidity.)
10. Ask patient to stand up. (Observe body in profile.)
11. Ask patient to extend both arms outstretched in front with palms down. (Observe trunk, legs, and mouth.)
12. Have patient walk, turn, and come back. (Observe hands and gait.) Repeat.

RATINGS:

Facial and Oral Movements

1. Muscles of facial expression (e.g., movement of forehead, eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing)
None 1 2 3 4 5 Severe
2. Lips and perioral area (e.g., puckering, pouting, smacking)
None 1 2 3 4 5 Severe
3. Jaws (e.g., biting, clenching, chewing, mouth opening, lateral movement)
None 1 2 3 4 5 Severe

4. Tongue (rate only increase in movement in and out of mouth)
None 1 2 3 4 5 Severe

Extremity Movements

5. Upper (arms, wrist, hands, fingers). Include choreic movements (i.e., rapid, objectively purposeless, irregular, spontaneous), athetoid movements (i.e., slow, irregular, complex, serpentine). Do NOT include tremor.
None 1 2 3 4 5 Severe
6. Lower (legs, knees, ankles, toes) (e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot).
None 1 2 3 4 5 Severe

Trunk Movements

7. Neck, shoulders, hips (e.g., rocking, twisting, squirming, pelvic gyrations)
None 1 2 3 4 5 Severe

Global Judgments

8. Severity of abnormal movements:
None 1 2 3 4 5 Severe
9. Incapacitation due to abnormal movements:
None 1 2 3 4 5 Severe
10. Patient's awareness of abnormal movements:
No awareness 1 2 3 4 5 Aware/
Severe distress
11. Current problem with teeth (or dentures)?
1. No 2. Yes
12. Does patient wear dentures?
1. No 2. Yes

Test for tardive dyskinesia induced by antipsychotic medication.
Adapted from Department of Health and Human Services: Public Health Service, NIMH Treatment Strategies in Schizophrenia Study, ADM-117, 1985. (public domain)
<http://www.mhsp.org/library/pdfFiles/abnormalinvoluntarymovementscale.pdf>

The Simpson-Angus Scale (SAS)

1. Gait: Examine patient walking—his gait, swing of his arms, general posture.
 0. Normal
 1. Diminution of arm swing when walking
 2. Diminution of swing and rigidity in arms
 3. Stiff gait and arms held rigidly before the abdomen
 4. Shuffling gait with propulsion and retropulsion
2. Arm dropping: Patient and examiner raise arms to shoulder height and then let drop.
 0. Normal free fall with loud slap and rebound
 1. Fall slowed slightly—less audible slap and little rebound
 2. Fall slowed, no rebound
 3. Marked slowing; no slap
 4. Arms fall with resistance (as if through glue)
3. Shoulder shaking: Examiner bends arm at right angle, takes patient's left elbow in one hand, left hand in the other, and rotates arm and humerus. Repeats with right hand.
 0. Normal
 1. Slight stiffness and resistance
 2. Moderate stiffness and resistance
 3. Marked rigidity—difficulty with passive movement
 4. Extreme stiffness and almost frozen shoulder
4. Elbow rigidity: Passively bend and flex elbow while observing and palpating biceps.
 0. Normal
 1. Slight stiffness and resistance
 2. Moderate stiffness and rigidity
 3. Marked rigidity—difficult with passive movement
 4. Extreme stiffness and almost frozen elbow
5. Wrist rigidity: Examiner holds wrist in one hand and fingers in the other and passively bends and flexes wrist.
 0. Normal
 1. Slight stiffness and resistance
 2. Moderate stiffness and resistance
 3. Marked rigidity—difficulty with passive movement
 4. Extreme stiffness and almost frozen wrist
6. Leg pendulousness: Patient sits on exam table and legs swing freely. Examiner raises the leg and lets fall.
 0. Legs swing freely
 1. Slight diminution of leg swing

2. Moderate resistance to swing
 3. Marked resistance and damping of swing
 4. Complete absence of swing
7. Head dropping: Examiner has patient lie on exam table—lifts head up slightly and then drops.
 0. Head falls completely and quickly
 1. Slightly slowed fall of head and less thump
 2. Moderate slowing of head drop
 3. Head falls stiffly and slowly
 4. Head does not reach the examining table
 8. Glabella tap: Patient told to open eyes wide and not blink. Glabella is tapped and number of successive blinks counted.
 0. 0–5 blinks
 1. 6–10 blinks
 2. 11–15 blinks
 3. 16–20 blinks
 4. 21+ blinks
 9. Tremor: Patient observed walking normally.
 0. Normal
 1. Mild finger tremor
 2. Tremor of hand or arm occurring spasmodically
 3. Persistent tremor of one or more limbs
 4. Whole body tremor
 10. Salivation: Patient is observed while talking and then asked to raise his tongue.
 0. Normal
 1. Excess salivation with some pooling
 2. Excess salivation and may interfere with talking
 3. Speaking with difficulty because of excess salivation
 4. Frank drooling

Test for extrapyramidal side effects of antipsychotic medication.

Adapted from Simpson GN, Angus JWS. A rating scale for extrapyramidal side effects. *Acta Psychiatrica Scand* 1970;212(suppl. 44):11–19.

BROADBAND SCALES

Scale	Reporter	Age of Youth	Items	Supplier
Semistructured				
Diagnostic Scales				
Diagnostic Interview for Children (DISC 2.3)	Youth	9-17	Interview	a
Schizophrenia Affective Disorders (K-SADS)	Parent	6-17	Interview	b
	Parent	9-17	Interview	b
	Parent	6-17	Interview	b
Checklists				
Child Behavior Checklist (CBCL)				
Teacher Report Form (TRF)	Teacher/parent	6-16	120	c
Caregiver Report Form (C-CRF)	Parent/teacher	1.5-5	102	c
Youth Self-report (YSR)	Youth	11-18	105	c
Behavior Assessment Scale for Children (BASC-2)	Parent (preschool latency, adolesc)	2.0-18	134-160	d
	Teacher		139	d
	Youth		65	d
Swanson, Nolan, Pelham-IV (SNAP-IV)	Parent or self-report	5-11	90	e
Brief Psychiatric Rating Scale for Children (BPRS-C)	Parent/teacher	6-16	21	f
	teacher			

(a) DISC 2.3 Development Group, Columbia University: disc@childpsych.columbia.edu
 (b) K-SADS, Western Psychiatric Institute and Clinic: www.wpic.pitt.edu/ksads
 (c) ASEBA: www.aseba.org
 (d) AGS Publishing: www.agsnet.com
 (e) Swanson, Nolan, and Pelham-IV: www.adhd.net (public domain)
 (f) Psychopharmacol Bull 1985;21(4):753-770. (public domain)

EXTERNALIZING DISORDERS

Scale	Reporter	Age of Youth	Items	Supplier
ADHD				
Conners Rating Scales, Revised (CRS-R)				
	Parent	8-18	80	a
	Teacher self-report	3-18	59	a
	Youth self-report	5-11	87	a
	Parent or teacher	5-11	31	b
Behavioral Disorders				
Swanson, Nolan, Pelham-IV (SNAP-IV-Brief)	Parent or teacher	5-11	31	b
Eyberg Child Behavior Inventory (ECBI)	Parent	2-16	36	c
Sutter-Eyberg Student Behavior Inventory (SESBIR)	Teacher	2-16	38	c
Children's Aggression Scale	Parent	6-16	32	c
Overt Aggression Scale (OAS)	Parent	5-16	16	d
Young Mania Rating Scale (YMRS)	Clinician	11-18	11	e
Nisonger Child Behavior Rating Form (CBRF)	Adolescent	12-18	11	f
	Parent/teacher	5-15	66	g

(a) Conners rating scale: www.rhhs.com
 (b) Swanson, Nolan, and Pelham-IV: www.adhd.net (public domain)
 (c) Eyberg SM, Pincus D: www.pamc.com
 (d) Halperin JM, McKay KE, Newcorn JH: Development, reliability, and validity of the Children's Aggression Scale—Parent Version. *J Am Acad Child Adolesc Psychiatry* 2002;41(3):245-252.
 (e) Vidofsky SC, Silver JM, Jackson W, Endicott J, Williams D: The overt aggression scale for the objective rating of verbal and physical aggression. *Am J Psychiatry* 1986;143(1):35-39.
 (f) Young RC, Biggs JT, Ziegler VE, et al. A rating scale for mania: reliability, validity and sensitivity. *Br J Psychiatry* 1978;133:429-435.
 (g) Aman MG, Tasse MJ, Rojan J, Hammer D, The Nisonger CBRF: a child behavior rating form for children with developmental disabilities. *Research in Developmental Disabilities* 1996;17:41-57.

SCALES ASSESSING OTHER DISORDERS

Scale	Reporter	Age of Youth	Items	Supplier
Eating Disorder SCOFF	Youth self-report	12-18	5	a
Obsessive-compulsive Disorder (Y-BOCS)	Clinician admin	6-18	69	b
Tic Disorders	Clinician rated	all	5 scales	c
Autism Diagnostic Observations Schedule	Clinician rating of child	all	3 domains	d
Autism Diagnostic Interview (ADI-R)	Clinician interview of parent	all	3 domains	e
Schizophrenia	Youth self-report	12-adult	30	f
Positive and Negative Syndrome Scale for Schizophrenia (PANSS)	Youth self-report	all	16	g
Substance Abuse Disorder	Self/Family	all	16	h
Substance Abuse Screening Inventory (SASSIA2)	Youth self-report	12-18	20	i
Personal Experience Screening Questionnaire (PESQ)	Youth self-report	12-18	40	j
Adolescent Diagnostic Interview (ADI)	Clinician interview	12-18	213	k
Trauma Symptom Checklist for Children (TSCC)	Clinician/parent	8 to 16 yr	22	l
Children's Post-Traumatic Stress-Reaction Index (CPT-SRI)	Clinician/Youth self-report	9-14	20	l

(Continued)

INTERNALIZING DISORDERS

Scale	Reporter	Age of Youth	Items	Supplier
Beck Depression Inventory (BDI)	Parent	3-18	80	a
Beck Hopelessness Scale	Youth self-report	11-18	20	a
Children's Depression Inventory (CDI)	Youth self-report	7-18	27	b
Center for Epidemiologic Studies—Depression Scale for Children (CES-DC)	Youth/parent/teacher	6-18	20	c
Children's Depression Rating Scale (CDRS-R)	Youth/parent	6-12	60	d
Mood and Feelings Questionnaire (MFQ)	Youth interview	6-12	60	e
Screen for Child Anxiety and Related Emotional Disorders (SCARED)	Parent/youth	11+	34	e
Multidimensional Anxiety Scale for Children (MASC)	Parent/youth	11+	41	f
Children's Manifest Anxiety Scale (CMAS-R)	Youth/parent	6-18	39	b
Social Phobia Anxiety Inventory for Children (SPAI-C)	Youth self-report	8-18	37	g
Beck Depression Inventory (BDI)	Youth self-report	9-14	26	b

- (a) BDI: www.psychcorp.com
- (b) MultiHealth Systems: www.mhs.com
- (c) Radloff LS. The CES-D Scale: a self-report depression scale for research in the general population. *Applied Psychol Meas* 1:385-401. (public domain, NIH, Epidemiology Branch)
- (d) Poznanski EO, Freeman LN, Mokros HB, Children's depression rating scale—revised. *Psychopharmacol Bull* 1985;21(4):979-989. (public domain)
- (e) Angold A and Costello EJ. Developmental Epidemiology Program, Duke University, 1987.
- (f) Birmaher B, Khetarpal S, Brent D, et al. The Screen for Child Anxiety Related Emotional Disorders (SCARED): scale construction and psychometric characteristics. *J Am Acad Child Adolesc Psychiatry* 1997;36(4):545-553. (public domain)
- (g) Reynolds CR, Richmond BO. Psychological Assessment Resources, Inc: www3.parinc.com, accessed July 2006.

SCALES ASSESSING FUNCTIONAL IMPAIRMENT

Scale	Reporter	Age of Youth	Items	Supplier
Vineland Adaptive Behavior Scale (VABS-II)	Clinical interview of parent	0-18	287	a
Columbia Impairment Scale (CIS)	Lay interview of parent	7-9	13	b
Children's Global Assessment Scale (CGAS)	Clinician or parent interview	4-16	1	c
Child and Adolescent Functional Assessment Scale (CAFAS)	Clinician	5-16	164	d
Clinical Global Impressions (CGI)	Clinician	any age	7	d

(a) Sparrow SS, Cicchetti DV, Balla DA: www.agnsnet.com
 (b) Bird HR. The assessment of functional impairment. In: Shaffer D, Lucas CP, Richters JE, eds. *Diagnostic assessment in child and adolescent psychopathology*. New York: Guilford Press, 209-229. (public domain)
 (c) Hodges K. Functional Assessment Systems: www.cafas.com
 (d) CGI. *Psychopharm Bull* 1985;21(4):839. (public domain)

SCALES ASSESSING OTHER DISORDERS

(a) Morgan JF, Reid F, Lacey JH. The SCOFF questionnaire: assessment of a new screening tool for eating disorders. <i>BMJ</i> 1999;319:1467-1468. (public domain)
(b) Goodman WR, Price LH, Rasmussen SA, et al. The Yale-Brown Obsessive Compulsive Scale. <i>Arch Gen Psychiatry</i> 1989;46:1006-1011. (public domain)
(c) Leckman JF, Riddle MA, Hardin MT, Ort SI, et al. The Yale Global Tic Severity Scale: initial testing of a clinician-rated scale of tic severity. <i>J Am Acad Child Adolesc Psychiatry</i> 1989;28:566-573.
(d) Lord C, Rutter M, Goode S, et al. Autism diagnostic observation schedule: a standardized observation of communicative and social behavior. <i>J Autism Dev Disord</i> 1989;19:185-212. www.wpspublish.com
(e) Lord C, Rutter M, LeCouteur A. Autism Diagnostic Interview-Revised: a revised version of a diagnostic interview for caregivers of individuals with possible pervasive developmental disorders. <i>J Autism Dev Disord</i> 1994;24:659-685. www.wpspublish.com
(f) Kay SR, Fiszbein A, Opler LA. The positive and negative syndrome scale (PANSS) for schizophrenia. <i>Schizophr Bull</i> 1987;13:261-276.
(g) Perkins DO, Leserman J, Jarskog LF, et al. Characterizing and dating the onset of symptoms in psychotic illness: the Symptom Onset in Schizophrenia (SOS) inventory. <i>Schizophr Res</i> 2000;44:1-10.
(h) www.sassl.com
(i) Winters K. <i>Manual for the Personal Experience Screening Questionnaire (PESQ)</i> . Los Angeles: Western Psychological Services, 1991.
(j) Winters K, Henly G. <i>Adolescent Interview (ADI) Manual</i> . Los Angeles: Western Psychological Services, 1993.
(k) Trauma Symptom Checklist—Psychological Assessment Resources: www.parinc.com
(l) Pynoos RS: rpynoos@pnh.medsch.ucla.edu
(m) Pfeffer CR: cpfeffer@med.cornell.edu
(n) Shaffer D, Scott M, Wilcox MA: www.teenscreen.org
(o) Gutierrez PM, Osman A, Kopper BA, Barros FX. Why young people do not kill themselves: the reasons for living inventory for adolescents. <i>J Clin Child Psychol</i> 2000;29:177-187.

Scale	Reporter	Age of Youth	Items	Supplier
Child and Adolescent Suicide Potential Index (CASPI)	Youth self-report	9-18	36	m
Columbia Suicide Screen (CSS)	Youth self-report	12-18	8	n
Reasons for Living Inventory for Adolescents (RFLA)	Youth self-report	12-18	12	o

SCALES ASSESSING OTHER DISORDERS (continued)

2b

Commonly Used Tests: Assessment of Children and Youth

Test	Test Age Range	Supplier
Intelligence		
Stanford-Binet	2-23 yr	a
WPPSI-III	2:6-7:3 yr	b
WISC-IV	6-16:11 yr	b
WASI	6-89 yr	b
K-ABC-II	2:5-2:5 yr	c
Leiter	all ages	c
TONI	6-85 yr	c
Achievement		
KTEA	4:6-90 yr	d
WIAT	4-85 yr	b
Wide Range Achievement Test	5-85 yr	b, c
Adaptive		
AAMR	3-21 yr	c
Adaptive Behavior Assessment System-II	0-89 yr	d
Vineland Adaptive Behavior Scales-II	0-18:11 yr	d
Personality Self-Report		
Jesness Inventory Revised	8 yr and older	f
MMPI	14 yr and older	g
Personality Inventory For Youth	9-19 yr	b, c
Million Adolescent Clinical Inventory	13-19 yr	g
Projective		
Rorschach	5 yr and older	b, c, g
Thematic Apperception Test	4 yr and older	b, c, g
Neuropsychological		
NEPSY	3-12 yr	b, c
WRAML 2	5-90 yr	b, c

Scale	Reporter	Age of Youth	Items	Supplier
Family Environment Scale (FES)	Parent/youth	11-adult	90	a
Caregiver Strain Questionnaire (CSQ)	Parent	all ages	21	b
Family Adaptability and Cohesion Evaluation Scale (FACES-III)	Clinician	families	3 scales	c
Family Assessment Measure	Self	all	60	d
Parenting Stress Index	Youth/adult	10 to adult	50	e
Parenting Satisfaction Scale	Parent	0-12	101	e
	Parent	6-14	45	f

(a) Moos BS, Moos RH, MindGarden. info@mindgarden.com
 (b) Brannan AM, Heflinger CA, and Bickman L. The Caregiver Strain Questionnaire: measuring the impact on the family of living with a child with serious emotional problems. *J Emotional Behavioral Disorders* 1997;5(4):212-223.
 (c) Olson DH, Circumplex Model VII: Validation studies and FACES III. *Family Process* 1986;25:337-351.
 (d) Miller IW, Epstein NB, Baldwin LM, The McMaster Family Assessment Device. *J Marital Family Therapy* 1985;1(4):345-356.
 (e) Psychological Assessment Resources: www.parinc.com, accessed July 2006.
 (f) PsychCorp: www.harcourtasessment.com, accessed July 2006.

Test	Test Age Range	Supplier
Memory		
Rey-Osterrieth Complex Figure Test	5-94 yr	C
Wisconsin Card Sorting Test	6.5-89 yr	C

WPPSI, Wechsler Preschool and Primary Scale of Intelligence; WISC, Wechsler Intelligence Scale for Children; WASI, Wechsler Abbreviated Scale of Intelligence; K-ABC-II, Kaufman Assessment Battery for Children, second edition; Test of Nonverbal Intelligence (TONI); KTEA, Kaufman Test of Educational Achievement; WIAT, Wechsler Individual Achievement Test II; AAMR, Adaptive Behavior Scale; BASC-2, Behavior Assessment System for Children, second edition; MMP, Minnesota Multiphasic Personality Inventory; NEPSY, A Developmental Neuropsychological Assessment; WRAML 2, Wide Range Assessment of Memory and Learning, second edition.

Suppliers:

- (a) Riverside Publishing Company, www.riverpub.com
- (b) PsychCorp, www.harcourtassessment.com
- (c) Psychological Assessment Resources, www.parinc.com
- (d) AGS Publishing, www.agsnet.com
- (e) ASEBA Research Center, www.aseba.org
- (f) Multi Health Systems, www.mhs.com
- (g) Pearson Assessments, www.pearsonassessments.com

3a

DSM-IV-TR Mnemonics

- ADHD: Inattentive
Hyperactive-Impulsive
Oppositional defiant disorder
Conduct disorder
- Separation anxiety
PTSD
- Major depression
Manic episode
Schizophrenia
- Anorexia nervosa
- Bulimia nervosa
- Substance abuse
Alcoholism
- CALL FOR FEd** (6/9)
- RUNS FASTT** (6/9)
- REAL BADS** (4/8)
- BAD FOR A BUSINESS** (3/15)
past yr: 1 past mo)
- PUSH NAGS** (3/8)
- Rememberers (1) Atrocious (3)
Attacks (2)
- SIG E CAPS** (4/8)
- DIGFAST** (3/7)
- Delusions Herald Schizophrenic's
Bad News (2/5)
- Weight Fear Bothers Anorexics
(4/4)
- Bulimics Over-Consume Pastries
(4/4)
- Tempted With Cognac (3/7)
- CAGE** (2/4)

General

American Academy of Child and Adolescent Psychiatry
Facts for Families
www.aacap.org

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