



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

June 26, 2015

The Honorable Peter MacGregor, Chair
Senate Appropriations Subcommittee on DHS
Michigan State Senate
Lansing, Michigan 48933

The Honorable Earl Poleski, Chair
House Appropriations Subcommittee on DHS
Michigan House of Representatives
Lansing, Michigan 48933

Dear Senator MacGregor and Representative Poleski:

This report is provided pursuant to the Department of Human Services' (DHS) Fiscal Year 2015 Appropriations Act, PA 252 of 2014, Article X, Section 711. This section requires the department unless already provided in the previous fiscal year, to submit the behavioral health study of juvenile justice facilities operated or contracted for by the state not later than June 30 of the current fiscal year.

The attached report is the result of the behavioral health study conducted by the University of Michigan. Pages 8 and 9 provide responses to the required criteria of the study in Fiscal Year 2014 Appropriations Act, PA 59 of 2013, Article X, Section 711.

If you have any questions, please contact Dr. Herman McCall, director of Juvenile Justice Programs, at (517) 241-3294.

Sincerely,

A handwritten signature in blue ink, appearing to read "Nick Lyon".

Nick Lyon

Attachment: The Mental Health and Substance Abuse Status of Adolescents in Residential Placement

cc: Senate and House Appropriations Subcommittees on DHS
Senate and House Fiscal Agencies
Senate and House Policy Offices
State Budget Director

The Mental Health and Substance Abuse Status of Adolescents in Residential Placement

Principal Investigators

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Final Report Submitted November 2014
State of Michigan, Department of Human Services
235 S. Grand Avenue, Suite 1201, Lansing, MI 48933
AGREEMENT NO: ADMIN-14-99022

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Executive Summary

Background: The State of Michigan, via 2012 PA 200 sec. 1205, commissioned a study to review rehabilitative programming and residential placement of youth in the juvenile justice system to determine what changes, if any, may improve outcomes. Specifically the State of Michigan was interested in (1) the rates of mental health and substance use disorders associated with adolescents in Department of Human Services (DHS) supervised placements and (2) the mental health and substance abuse services associated with these adolescents. The information generated from the current study is designed to help Michigan DHS “assess the adequacy of juvenile justice assessment and treatment for emotional and addiction disorders; ascertain types or patterns of juvenile offenses and demographics that can and should be targeted for special preventive or rehabilitative measures. The executive summary highlights several of the main findings. The report also includes a “boilerplate summary” which captures the key findings as specified by the contract with DHS.

Methods and Sample Description: Participants in this study were youth residing in DHS supervised residential placements and their parents. Youth in this study (referred to as juvenile justice detainees or JJDs in the official study contract) were in placement as a result of a delinquent offense and limited or insufficient treatment options in their home community. The study consisted of three arms to collect the data necessary to determine the prevalence of mental health and substance use disorders among juvenile delinquents. The first arm was a parent interview to obtain initial consent and collect information (from the parent perspective) on the adolescent’s mental health, substance abuse and delinquent offending history. The second arm consisted of an on-site structured interview with the youth for whom parental and youth consent was obtained. The adolescent interview included an initial screen for acute mental health issues and a comprehensive diagnostic interview to assess for mental health and substance use disorders. The third arm was a thorough review of the individual case records maintained by the DHS caseworker.

Eighty-six juvenile detainees were interviewed. Youth were between the ages of 13 and 17 with a median age of 16. Eighty-eight percent were male, 39% identified as White, 27% as African American, 23% as multiracial, 5.5% as American Indian and 2.7% as Latino. Approximately 41% of youth were held back at least one grade, 78.1% experienced at least one out of school suspension and 62.5% experienced at least one expulsion from school. Also notable is the high prevalence of self-reported head injury (23.4%) and smoking (39.1%). On average, youth were 12.6 years of age at the time of their first arrest and had experienced more than five prior out of home placements. With regard to length of stay in residential care, youth were in placement approximately 11 months.

Mental Health and Substance Abuse Diagnoses: The findings indicate that approximately 75% of juvenile detainees met the diagnostic threshold for at least one mental health disorder. Mood disorders such as major depressive disorder and externalizing disorders such as conduct disorder were among the most prevalent. Approximately 30% of the youth interviewed met diagnostic criteria for a substance use disorder. Twenty five percent of youth met the diagnostic criteria for *both* a specific mental health disorder and a substance use disorder. Males in residential placement appear at higher risk of a substance use disorder, whereas female appear

at higher risk of an externalizing behavioral disorder. When comparing mental health and substance use disorders by race, youth self-identifying as “multiracial” (which represents 23% of the study sample) appear at a relatively high risk for anxiety disorders, externalizing disorders (approximately same risk as African American youth) and mood disorders. African American youth were associated with the lowest prevalence rates for a substance use disorder. More than 80% of the sample was taking at least one prescription medication. With regard to services, virtually all youth that need mental health services (as indicated by diagnostic criteria) receive mental health services. The findings are different with regard to substance use services – as less than 70% of youth identified with a substance use disorder report receiving services (of any kind) focused on substance use issues. The study was not able to capture anything specific to the frequency or quality of services. Overall, the findings reported from this study are consistent with much of the mental health and substance abuse literature focused on juvenile justice populations.

Conclusions and Recommendations: This study provides the basis for a number of policy and practice recommendations. The research process itself also yielded a number of other unanticipated but equally as important insights.

The following recommendations are therefore offered:

- The State in partnership with the residential providers must develop a mechanism to ensure working contact information for at least one parent or guardian. The researchers did not have any working contact information for 14% of the residential population. This is concerning as family contact and family engagement in treatment is critical to interrupting offending trajectories and improving the outcomes associated with adolescents in the juvenile justice system.
- A standardized set of assessments (across residential providers) must be developed to accurately and comprehensively identify youth at intake for mental health and substance abuse problems. This system would be relatively low cost to develop. A standardized assessment system would provide residential providers detailed information for treatment planning and would provide State administrators real time estimates of mental health and substance abuse needs at the population level. Such a system would also allow the State to compare outcomes for similar youth across different residential providers.
- The juvenile justice system needs improved information with regard to service delivery. Although it is important to know if youth are receiving mental health and substance abuse services in general, systems run more efficiently and more effectively when there is information specific to the types of services provided (i.e. quality) and the evidence base for such services.
- The juvenile justice system must collect longitudinal data (i.e. following individuals over time) for all youth assigned to a residential provider. Cross sectional data are useful in capturing a snapshot in time of the residential population. Unfortunately these data do not help system administrators and service providers understand youth outcomes over time. *How well are youth doing in residential care? How well are youth doing upon termination from residential care? How does the residential experience help prepare youth for the transition to adulthood? Which youth are mostly likely avoid subsequent contact with the justice system?* These questions are undoubtedly on the minds of

stakeholders with a shared interest in the juvenile justice population. Yet the answers to these questions require longitudinal data.

Boilerplate

The following items represent the seven questions put forth by the State of Michigan.

Please note: The reader is strongly encouraged to refer to the actual Results and Discussion section for further explication of the results. This will provide further context for understanding how percentages were calculated; percentages based on other measures and data sources; and their respective limitations.

(a) The proportion of juvenile justice detainees with a primary diagnosis of emotional disorder (74.4%, see Table 10), the percentage of those detainees considered to currently require mental health treatment (100% of those with a diagnosis require treatment), and the proportion of those detainees currently receiving mental health services (95%, see Figure 6), including a description and breakdown, encompassing, at a minimum, the categories of inpatient, residential, and outpatient care, of the type of mental health services provided to those detainees (see Figure 10).

(b) The proportion of juvenile justice detainees with a primary diagnosis of addiction disorder (29.5%, see Table 10), the percentage of those detainees considered to currently require substance abuse treatment (100% of those with a diagnosis require treatment), and the proportion of those detainees currently receiving substance abuse services (67%, see Figure 7), including a description and breakdown, encompassing, at a minimum, the categories of residential and outpatient care, of the type of substance abuse services provided to those detainees (see Figure 11).

(c) The proportion of juvenile justice detainees with a dual diagnosis of emotional disorder and addiction disorder (25%), the percentage of those detainees considered to currently require treatment for their condition (100% of those with dual diagnosis require treatment), and the proportion of those detainees currently receiving treatment for **both** disorder (16.4%), including a description and breakdown, encompassing, at a minimum, the categories of mental health inpatient, mental health residential, mental health outpatient, substance abuse residential, and substance abuse outpatient, of the type of treatment provided to those detainees.

(d) Data indicating whether juvenile justice detainees with a primary diagnosis of emotional disorder (27% ever hospitalized, see Figure 10), a primary diagnosis of addiction disorder (35% ever hospitalized, see Figure 11), and a dual diagnosis of emotional disorder and addiction disorder (50%) were previously hospitalized in a state psychiatric hospital for persons with mental illness. These data shall be broken down according to each of these 3 respective categories.

(e) Data indicating whether and with what frequency juvenile justice detainees with a primary diagnosis of emotional disorder (100% with at least one prior placement, see Table 13), a primary diagnosis of addiction disorder (100% with at least one prior placement, see Table 13), and a dual diagnosis of emotional disorder and addiction disorder have been detained previously (100% with at least one prior placement). These data shall be broken down according to each of these 3 respective categories.

(f) Data classifying the types of offenses historically committed by juvenile justice detainees with a primary diagnosis of emotional disorder, a primary diagnosis of addiction disorder, and a dual diagnosis of emotional disorder and addiction disorder. The most common single offense was

a probation violation (13.35%). Assault related offenses accounted for approximately 27% of all offenses and sex related offenses accounted for approximately 9% of all offenses (see Table 15). There were no differences with regard to the distribution of prior offenses by mental health and/or substance use diagnosis.

(g) Data indicating whether juvenile justice detainees have previously received services managed by a community mental health program or substance abuse coordinating agency. These data shall be broken down according to the respective categories of detainees with a primary diagnosis of emotional disorder (45.9% received services managed by a community mental health program or substance abuse coordinating agency), a primary diagnosis of addiction disorder (24.6% received services managed by a community mental health program or substance abuse coordinating agency), and a dual diagnosis of emotional disorder and addiction disorder (19.7% received services managed by a community mental health program or substance abuse coordinating agency),.

Background

The State of Michigan, via 2012 PA 200 sec. 1205, commissioned a study to review rehabilitative programming and residential placement of youth in the juvenile justice system to determine what changes, if any, may improve outcomes. Specifically the State of Michigan was interested in (1) the rates of emotional and addiction disorders associated with adolescents in DHS supervised placements and (2) the mental health and substance abuse services (both historic and current) associated with these adolescents. As noted in the original RFP, the information generated from the current study is designed to help Michigan DHS “assess the adequacy of juvenile justice assessment and treatment for emotional and addiction disorders; ascertain types or patterns of juvenile offenses and demographics that can and should be targeted for special preventive or rehabilitative measures.”

The contract with Michigan DHS included specific project tasks. They are as follows:

- (1) Prior to beginning the study, the Principal Investigators (PIs) must obtain the approval of the University of Michigan’s Institutional Review Board (IRB). The IRB submission and approval must be submitted to the Department of Human Services Juvenile Justice Mental Health Study Coordinator before any work begins or release of study population contact information to the Contractor. The PIs must also obtain parental or legal guardian informed consent for each juvenile justice detainee (JJD) using a written consent form approved by the IRB that contains the basic required elements of consent under Common Rule 28 CFR Part 46.116 & 46.117. Subsequent to parental consent, the PIs must obtain the assent of the JJD to participate on a written assent form containing the same basic elements as the informed consent form, but written at a level of understanding and reading ability for the JJD.
- (2) The PIs will conduct a case record review for each JJD to evaluate the current and previous information available to supplement the content of the diagnostic interview. The case record review information, in conjunction with the diagnostic interview and any other approved research techniques, will be used to help generate estimates of mental health disorders, addiction disorders, dual diagnosis and the provision of social services.
- (3) The Contractor will collect additional detailed information on each individual JJD from parent and adolescent interviews and assessments. The interviews will focus on the presence of mental health and substance abuse problems (associated with the individual JJD, not the parent), the provision of mental health and substance abuse services and the perception of barriers to service.
- (4) Estimates of mental health and substance abuse problems will be reported at the aggregate level (in summary tables). No individual assessments will be delivered to the State of Michigan.
- (5) The final report will include summary tables. The first summary table will report age, race, gender, age at first adjudication, age at first out-of-home placement, number of out-of-home placements, length of stay in current placement, total length of stay in out-of-home placements, most serious offense, list of prior diagnoses, current status with regard to psychotropic medications, age first prescribed psychotropic medication, list of services received and list of perceived barriers to services.

(6) The summary tables will report the number and percentage of JJDs with a primary diagnosis of emotional disorder. Of those with a mental health diagnosis, what percent are receiving or have received inpatient, residential or outpatient services? Of those with a mental health diagnosis, what is the median number of prior arrests? Prior offenses should be categorized using the DHS Juvenile Justice Field Services Manual Item JJ3 300 and specifically list offenses according to established classifications (i.e. class 1 to class 5 offenses). An identical summary table will be produced for JJDs associated with a diagnosed addiction disorder and for JJDs associated with a dual diagnosis. The PIs will identify any notable trends or patterns in these data.

(7) Summary tables will be generated by race and gender. The PIs will identify any notable trends or patterns in these data.

(8) The raw data will be stored, maintained and destroyed per the conditions established by the University of Michigan Institutional Review Board.

Residential Care, Mental Health and Substance Abuse in Juvenile Justice

Approximately 700,000 adolescents involved with the juvenile justice system are placed in juvenile detention facilities throughout the United States (Abram et al., 2004). An additional 80,000 adolescents involved with the juvenile justice system are placed in other residential settings (U.S. Department of Justice, 2013). The United States Department of Health and Human Services defines a residential care setting as a type of placement where children live when they are no longer able to reside with their birth families. This broad definition includes a range of facilities from small family-based foster homes to psychiatric hospitals, detention centers and large residential facilities. A more narrow definition and one more commonly used in juvenile justice research excludes foster family homes and concentrates on facilities that are supervised by unrelated adults working in shifts to provide 24-hour care to children. In theory, these congregate care facilities are characterized as environments that address the unique mental health, social and behavioral needs of maltreated children. Congregate care settings are viewed at the far end of the restrictiveness continuum and are often considered the placement of last resort. That is, children generally do not move to a residential placement until options within the home (e.g., in home probation) and within the community (e.g., outpatient services) have been exhausted. Residential placement is a frequent response to more serious offending behaviors. Unfortunately there is little empirical evidence to suggest that residential settings are more effective than other types of intervention and rehabilitative efforts. In part, the limits of residential placement may originate in the difficulties providers experience in completing comprehensive mental health and substance abuse assessments at intake and then matching individualized treatment plans to such assessments.

According to the National Center for Mental Health and Juvenile Justice, as many as 70% of youth in the juvenile justice system are associated with a mental health or substance abuse diagnosis, and close to 20% of youth are associated with a disorder so severe that it significantly interferes with the adolescent's ability to successfully transition to adulthood (Skowrya & Cocozza, 2006). Similar estimates are reported by researchers associated with the Northwestern Juvenile Project. In a study of approximately 1,800 adolescents in juvenile detentions, approximately two thirds of males and three quarters of females met

diagnostic criteria for one or more psychiatric disorders. Nearly 50% of males and females also met the criteria for a substance use disorder (Teplin, Abram, McClelland, Dulcan & Mericle, 2002).

Mental health and substance abuse problems are concerning for at least two reasons. The most immediate concern focuses on the ability of residential service providers to accurately assess and respond to (i.e. treat) the wide range of problems presented by youth at intake. There is some evidence to suggest that the match between individual youth needs and well targeted services is low. In a recent report by the MacArthur Foundation, approximately two thirds of juvenile offenders in residential settings with a mood or anxiety disorder did not report receiving mental health services. Similarly, more than 50% of juvenile offenders in residential care with a diagnosed substance use disorder did not report receiving drug and alcohol treatment (Models for Change, 2012). Thus, it is imperative that residential providers screen and assess every juvenile at intake so that treatment can be provided.

The second and perhaps more long-term concern is that mental health and substance abuse problems play a significant role in the risk of continued juvenile and adult offending. The Pathways to Desistance Study focused on 1,354 high-risk juvenile offenders from Maricopa County, AZ, and Philadelphia, PA. Researchers from Temple University and the University of Pittsburgh followed these youth for multiple years (conducting more than 20,000 interviews) to understand the trajectories of criminal careers. Although predicting future criminal behavior proved difficult, substance abuse emerged as an important factor. In a 2011 report issued by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) (Mulvey, 2011), substance use disorders exert a strong influence on continued offending. Adolescents involved with the juvenile justice system share many risk factors, including but not limited to mental health problems; developmental immaturity; antisocial peers; neglectful parents and growing up in poor, violent and disorganized neighborhoods. Despite these other major domains of risk, substance use disorders stand out as a significant, strong and unique predictor of future offending behaviors. This finding remains even after controlling for a wide range of criminogenic covariates. Similar findings are reported in studies of adolescent mental health and continued offending. In a matched control group design of approximately 99,000 juvenile offenders in South Carolina (Barrett, Katsiyannis, Zhang & Zhang, 2014), the presence of a diagnosed mental health problem—and specifically a diagnosis related to aggressive behavior—emerged as the strongest predictor of continued offending (i.e. recidivism).

The primary objective of this study was to determine the prevalence of mental health and substance use disorders among juvenile delinquents in the State of Michigan. The study also examined current and lifetime use of services for these problems. The hope is that this study can help inform juvenile justice policy and practice in the State of Michigan.

Methods

Overview

Participants in this study were youth residing in DHS supervised residential placements and their parents. Youth in this study (referred to as juvenile justice detainees or JJDs in the official study contract) were in placement as a result of some delinquent offense and limited or insufficient treatment options in their home community. The study consisted of three arms to collect the data necessary to determine the prevalence of mental health and substance use disorders among juvenile delinquents. The first arm was a parent interview to obtain initial consent and collect information (from the parent perspective) on the adolescent's mental health, substance abuse and delinquent offending history. The second arm consisted of an on-site structured interview with the youth for whom parental consent was obtained and to which the youth themselves assented. The youth interview was comprised of a comprehensive standardized clinical assessment. The third arm was a thorough review of the individual case records maintained by the DHS caseworker. This section provides an overview of each arm of the study, along with details of the IRB process and the measurement and analytic strategy.

Overview of Safety and Security

NIH Certificate of Confidentiality

All aspects of the study were approved by the University of Michigan institutional review board (IRB) and were considered before a full panel. Both children and prisoners are considered special classes of subjects, and research involving these groups requires additional levels of scrutiny for ethical methods and additional levels of security specific to data management. These measures—including the use of a National Institutes of Health Certificate of Confidentiality, electronic encryption and locked storage—are detailed here.

According to the National Institute of Health:

Certificates of Confidentiality are issued . . . to protect the privacy of research subjects by protecting investigators and institutions from being compelled to release information that could be used to identify subjects with a research project. Certificates of Confidentiality are issued to institutions or universities where the research is conducted. They allow the investigator and others who have access to research records to refuse to disclose identifying information in any civil, criminal, administrative, legislative, or other proceeding, whether at the federal, state, or local level. (National Institutes of Health , 2004)

These certificates thus provide a level of protection beyond that offered by an institutional review board, which can be of particular benefit when carrying out research with vulnerable populations such as those who are currently incarcerated.

The researchers for this project obtained a certificate of confidentiality from the National Institute of Health. As part of the study, youth were asked about past illegal activities. The potential existed for youth to self-report past illegal acts for which they had not been charged. For their protection, and to facilitate accurate data collection, the certificate was secured from NIH to shield research staff from having to testify to information disclosed during participant interviews. Youth were informed about the protections provided by the Certificate.

Data Security

Throughout the study (updated approximately monthly), the State Study Coordinator (appointed by the State of Michigan) provided the Principal Investigators with a master list of adolescent names, facility contact information (facility coordinator, phone number and address), parent names, parent phone numbers for phone interviews and parent addresses for mailing of the study informational sheet. The PIs then generated a unique ID for each youth and a corresponding link file which was stored in a password protected directory on a secure university server. The directory did not contain any other study files. Each ID number was 8 characters long and used 4 character groups: uppercase, lowercase, numeric and special characters. The process of randomly generating these IDs helped ensure that they did not contain an easily guessable string. Only members of the study team were able to access the ID link file.

Due to the vulnerability of this population, the sensitivity of the data collected and the multiple methods of collection, a number of data security measures were required. Immediately after data were acquired via paper and pencil, the documentation was placed into a legal size envelope and sealed. Both the clinical interviewer and the on-site facility coordinator signed the seal as a method to verify that no one had accessed the information during transport back to the University of Michigan School of Social Work (UM-SSW). Clinical interviewers returned the sealed envelopes to the UM-SSW within one business day and placed them in a locked cabinet in a locked office at the School of Social Work. The hard copy data remained in this locked cabinet inside the locked office until they were entered into a secure Access database on a secure university server. After the acceptance of the final report, the hard copy data will be shredded and placed in a recycle bin that is designated for sensitive university information.

The data captured via a computer assisted personal interviewing (CAPI) device—in this case a laptop computer—were immediately encrypted following collection. The clinical interviewers then transferred the encrypted file to a secure university server. The original data file was then erased from the laptop computer, after which a security program (Eraser) was used to permanently remove the original data file from the tablet computer. The selected program removes the original data by overwriting them multiple times with pseudo-random data. This pseudo-random generating mechanism does not use the data from the interview and is completely uncorrelated with any data collected in this study.

Finally, only staff members who have received IRB approval were provided access to any of the aforementioned data. All analysis of the data was conducted on a university-owned computer at the School of Social Work.

Recruitment Procedures

The institutional review board (IRB) at the University of Michigan has established guidelines on data collection with minors and with vulnerable populations. As the youth were in locked facilities, the consent procedures established for this study also fell under the category (and thus regulations) of “prisoner research.” The prisoner research designation has additional protections to ensure that participation in the study does not in any way impact their experiences (e.g., delivery of services, length of stay) in residential care.

The procedures to secure parental and youth consent follow:

The State Study Coordinator provided the UM-SSW with list containing parent contact information for each juvenile detainee in the state. The research staff mailed a letter to the homes of these parents notifying them that they and their child/dependent were eligible to participate in the study. The letter included information about the study (overview, purpose, contact information) and a copy of the consent form. The letter also noted that a research assistant from the UM-SSW would be calling them within a week to seek their consent for their own participation and that of their child/dependent, as well as to conduct an interview. The informational letter to the parent and the consent form is attached in Appendix X.

Study Arm 1: Parent Interview

Parents of the youth were contacted via telephone by a research assistant. The research assistant reviewed the mailed letter, read through the purpose and procedures of the study, reviewed the perceived risks and benefits for participation and answered any questions/concerns raised by the parent. If a parent consented (agreed to participate), a structured interview was conducted by trained graduate students (either immediately or at a scheduled time that is convenient for the parent) under the supervision of licensed MSW clinicians. The parent interview captured demographic data including age, race, gender, whether they were born in the United States, marital status, level of education, employment status and relation to the JJD. Parents were then asked to provide information on the JJD’s past utilization of mental health and substance use services as well as the past offense history of the JJD. Interview questions focused on age of onset for mental health- and substance use-related problems, type and frequency of service utilization, barriers to service utilization, use of medication by the JJD, parent perception of presence and severity of substance use problems and perceived likelihood of change on the part of the JJD. Offense-related questions included number of times the JJD has been arrested, age of first arrest, age at first out of home placement, number of out of home placements, duration of each and duration of current out of home placement.

The procedures were slightly different for wards of the State (i.e. parental rights terminated). For State wards, individual letters were sent to the director of the Michigan Children’s Institute, William Johnson, as he was identified by DHS as the individual responsible for the legal decisions associated with these youth. Mr. Johnson reviewed the requests and signed the individual consent forms. There were no parental interviews completed for current wards of the State.

Study Arm 2: Youth Interview

Thirty-nine residential facilities throughout the State of Michigan were initially identified by DHS to participate in the study. Seventeen of these residential facilities did not participate for the following reasons: 10 facilities did not have study-eligible youth; 2 facilities closed prior to data collection; 2 facilities had only a few study-eligible youth, but these youth were discharged prior to data collection; 1 facility only had one eligible youth, but the parent did not consent to participation and the final 2 facilities were unresponsive to our outreach efforts (phone and email). In total, we conducted interviews at 22 residential facilities.

Following parental or state administrative consent for the youth interview, research staff contacted each associated facility coordinator (identified by DHS) and scheduled the youth interviews. Youth assent was solicited at the time of the interview. The clinical interviewer made introductions and read through one of two IRB-approved scripts depending on whether the youth was a ward of the state. It is important to note that the adolescents and parents could refuse to participate in various parts of the study—that is, they did not have to agree to participate in everything. Parents could refuse to participate in the parent interview or refuse to give permission to be contacted again in the future, and we could still move forward with the youth interview (given their permission for this research task). The same is true for the adolescent interview: the adolescent could refuse future contact and yet still participate in the interview. Both parents and adolescents could also stop the interview at any point in time. The parent and adolescent were each compensated \$20.00 for their participation.

The clinical interviewers traveled to each facility to interview the adolescents on dates that were scheduled in advance with the On-site Facility Coordinator. The interviews were completed in a pre-determined private room with no facility staff present during the interview. Because youth in residential care often engage in individual meetings with caseworkers, lawyers, family and treatment staff, no special announcements were made to remove youth from group activities, in an effort to protect privacy.

The clinical interviewers carried a list of the adolescents' names and their respective case ID numbers, and the names of the youth to be interviewed were confirmed with the facility coordinator prior to the site visit. Once the clinical interviewers arrived at the site, the facility coordinator introduced the adolescent to the clinical interviewers. When the interviews were conducted, the clinical interviewers recorded the adolescent's Case ID number on a hard copy assessment tool and input the Case ID number into the computer assisted personal interviewing (CAPI) device. A \$20 gift card was given to the facility coordinator immediately following the interview and will be held until the youth is released from the residential program. Following all scheduled interviews, the document linking the names with case ID numbers was destroyed on site.

Measurement

Juveniles participating in the study were administered two assessment interviews: the Massachusetts Youth Screening Interview, 2nd edition (MAYSI-2), which was developed for use with juvenile justice populations (Grisso & Barnum, 2000), and the MINI International Neuropsychiatric Interview for Children and Adolescents (MINI-KID), an assessment shown

to be both valid and reliable for the diagnosis of psychiatric and substance use disorders in adolescents (Sheehan et al., 2010). A case record review was also conducted for each participant to supplement the content of the diagnostic interview. The specific measures that comprise the study are described below.

As a precautionary tool, the IRB required some type of risk assessment to help ensure that the youth could be safely interviewed. This study employed the Massachusetts Youth Screening Instrument - Version 2 (MAYSI-2) (Grisso et al, 2012). Thousands of juvenile detention sites in both the United States and internationally use the MAYSI-2 to screen for acute psychological issues during intake, with 44 U.S. states utilizing the assessment instrument at all of their juvenile detention facilities. The instrument has been shown to have an acceptable measure of reliability for all scales, with alpha coefficients ranging from .55 to .86 for boys and .73 and .87 for girls (Archer, Stredny, Mason & Arnau, 2004). The instrument itself is comprised of seven subscales used to help identify levels of symptoms.

Table 1. Summary of MAYSI subscales

Scale Name	# Items	Description
Alcohol/Drug Use	8	Frequency and pervasiveness of use of substances
Angry - Irritable	9	Feelings of preoccupying anger and irritability
Depressed - Anxious	9	Depressed and/or anxious feelings
Somatic Complaints	6	Bodily aches and pains often related to depressed feelings
Suicide Ideation	5	Thoughts and intentions about self harm, feeling hopeless
Thoughts Disturbance	5	Altered perceptions of reality, things not seeming "real"
Traumatic Experience	5	Self reported exposure to traumatic events

From this scale, two thresholds are commonly used: caution and warning. These thresholds are based on prior studies involving the juvenile justice population. The *caution threshold* indicates a potential for concern, although it is not a basis for terminating the interview. Rather, this is something that the interviewer considered throughout the interview as a precautionary indicator, and the interviewer would notify staff members if the youth falls into this range. The *warning threshold* indicates a heightened level of concern and requires the interviewer to do a more in-depth assessment to determine whether the youth is fit to complete the interview. Interviewers were instructed to use their clinical judgment as to whether the interview should be terminated. When interviews were terminated prematurely, the staff was immediately informed of the outcome of the risk assessment. The following matrix shows both the cautionary and warning thresholds, indicated by both blue and red, respectively.

Table 2. Caution and warning thresholds

Scale Name									
Alcohol/Drug Use	1	2	3	4	5	6	7	8	
Angry - Irritable	1	2	3	4	5	6	7	8	9
Depressed - Anxious	1	2	3	4	5	6	7	8	9
Somatic Complaints	1	2	3	4	5	6			
Suicide Ideation	1	2	3	4	5				
Thoughts Disturbance	1	2	3	4	5				

Mental Health and Substance Use Disorders

Using the MINI-KID, each participant was screened for substance use and mental health disorders according to the DSM-IV-TR. Case record review was used to determine type and frequency of current and past mental health and substance abuse treatment utilization, and use of any psychotropic medications.

The MINI-KID consists of 24 modules. From this overall set of modules, we used only the modules that were relevant to the current study. For example, we screened for all major mood disorders, anxiety disorders, externalizing behaviors (with the exception of Tourette's disorder), motor tic disorder, vocal tic disorder, separation anxiety disorder, eating disorders, and adjustment disorders. The following list of modules were included in the study.

- Current (last 2 weeks)-past-recurrent major depressive episode
- Current (last 2 weeks)-past-recurrent major depressive disorder (module A)
- Current (past month) suicidality (module B)
- Current (past year) dysthymia (module C)
- Current and past manic episode
- Current and past hypomanic episode
- Current and past bipolar I disorder
- Current and past bipolar II disorder
- Current and past bipolar disorder NOS (module D)
- Current (past month) and lifetime panic disorder (module E)
- Current agoraphobia (module F)
- Current (past month) generalized and non-generalized social phobia (module H)
- Current (past month) specific phobia (module I)
- Current (past month) obsessive compulsive disorder (module J)
- Current (past month) post-traumatic stress disorder (module K)
- Past 12 months alcohol dependence
- Past 12 months alcohol abuse (module L)
- Past 12 months substance dependence

- Past 12 months substance abuse (module M)
- Past 6 months ADHD combined
- Past 6 months ADHD inattentive
- Past 6 months ADHD hyperactive/impulsive (module O)
- Past 12 months conduct disorder (module P)
- Past 6 months oppositional defiant disorder (module Q)
- Lifetime and current psychotic disorders
- Lifetime and current mood disorder with psychotic features (module R)
- Current (past 6 months) generalized anxiety disorder (module U)

The MINI-KID was selected for its superior psychometrics and relatively short administration time. The MINI-KID has been shown to have substantial sensitivity (0.61–1.00) for 75% of the *DSM-IV* disorders assessed, excellent specificity (0.81–1.00) for 90% of disorders and substantial specificity (> 0.73) for the other two. The MINI-KID was also shown to be extremely reliable with interrater and test-retest kappas ranging from 0.64–1.00 for all disorders but dysthymia (Sheehan et al., 2010).

Services for Mental Health and Substance Use Disorders

Unlike the measurement of mental disorders, which has a long history of research to establish a strong foundation of both validity and reliability evidence, this is not the case with the measurement of services. The first challenge is defining what services are (and are not), and then trying to effectively communicate these concepts within a short period of time to elicit and accurate self-report. The assessment of services for youth was anticipated to be a primary challenge at the outset of the study. For example, simply being in *residential treatment* is considered a type of service, which raises obvious challenges for the youth to understand whether this treatment is for mental or substance-related problems. Moreover, the receipt of services established by self-report or case record extraction does not speak to the quality or quantity of these services.

To help overcome some of these fundamental challenges in the measurement of services, questions were adapted to be at a level that could be reasonably understood by each youth. In doing so, it was recognized at the outset that some precision was lost when using simplistic language. Thus, we relied on a set of service questions that were drawn from the National Survey on Drug Use and Health. These services-related questions are used among adolescents and adults, providing a justification for use in the current study. We sought to triangulate the youth responses by collecting similar information from parents and case records. It is important to emphasize that few studies are available to establish the validity and reliability of service-related questions among the juvenile justice population. Therefore, the reader is encouraged to remain cognizant of these limitations throughout the report. Further information and recommendations on service assessment are provided in the discussion of this report.

Study Arm 3: Case Record Extraction

A case record review (also commonly referred to as a case record extraction) was completed for each adolescent to evaluate the current and previous information available about the youth and

to supplement the content of the diagnostic interviews. Case record reviews were used to collect demographic information including age, race, ethnicity and gender. Records were also reviewed to obtain a number of variables related to criminal history including age at first arrest, prior history of offending, the number and length of out-of-home placements and receipt of services for mental health and substance-related problems.

Case record extraction was conducted within 14 days of the JJD's diagnostic interview. JJD records were made available at one of the State's juvenile facilities (Maxey), and trained research assistants conducted the extraction using programmed CAPI software with a corresponding pen and paper collection tool as backup. The case record extraction included information regarding health and mental health records, substance use disorder treatment records and legal records. We received permission to complete case file reviews for 86 youth. However, 4 files were not at the time record abstractions were performed. Thus the findings related to the case record data are associated with 82 youth records.

Consent and Inclusion Rate

The institutional review board required both parental and individual youth consent for participation in the study. The following flow chart displays the response rates across a variety of different categories. Initial estimates provided by DHS suggested that approximately 450 adolescents resided in DHS supervised residential care. The final official count provided by the DHS project director indicated 225 youth in DHS supervised residential placements. Our goal was to complete a parent and youth interview, as well as a case file extraction for all 225 individuals.

For a variety of reasons, detailed below, this was not possible. As can be seen in the following flow chart, we were unable to receive consent for 99 of the 225 individual youth. It is important to note that parents refusing to participate (n=17) only accounted for a small percent (17%) of the "no consent" category. A major issue was the lack of working contact phone numbers. Thirty-two youth (14% of the original population list) had no working contact information. It is important to note that our research staff made numerous attempts to secure working or new contact information from DHS and directly from the residential providers. Often times, this approach proved successful, but not with regard to these 32 youth.

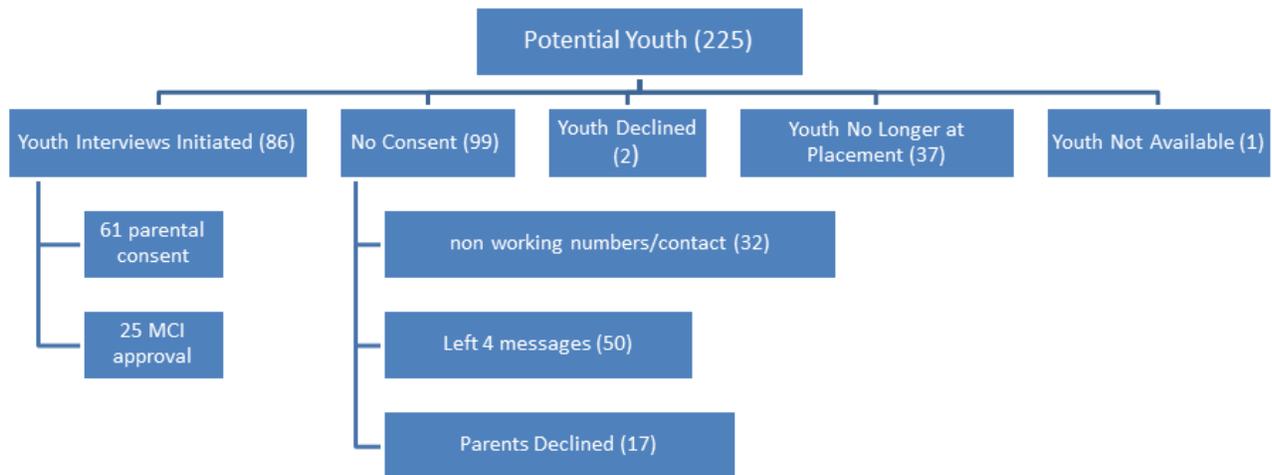
In addition to a lack of working phone numbers, an additional 37 youth (24% of the total population) were no longer in the facility by the time we contacted the parent. These youth were either relocated to another service provider or returned home. Finally 1 youth (1% of the total population) was "unavailable" (due to behavioral issues) at the time of our visit to the facility. Collectively, we lost 31% of the population due to lack of contact information for parents, youth no longer being in placement and youth unavailability for the interview. These issues decreased the population base count from 225 to 155 adolescents. That is, the maximum number of participants available for consent was 155, and this number serves as the denominator in calculating the rate of consent.

Youth were excluded from the study if they were under 13 years of age, given that the diagnostic assessment has not been validated for this population. Youth were also excluded if they were 18 years of age or if their 18th birthday would have been reached by the time of the youth interview.

Of these 155 youth, we secured 86 consents and initiated 86 interviews (56% of the total available youth population). Of these 86 consents, 25 (29%) were associated with state wards and were secured via the protocol established with the Michigan Children’s Institute. Two youth (1%) and 17 parents (11%) declined participation. Finally, 50 parents (35%) did not return the messages left by research assistants, and so we were unable to secure their consent. (We followed the rules established by the University IRB, which limited the number of messages we could leave for parents.)

It is also important to note that while we received consent and initiated interviews for 86 youth, we do not have complete clinical interviews for every youth that agreed to participate. As previously stated, some youth did not proceed with the clinical interview because they reached a critical threshold on the MAYSI. Youth were also permitted to skip questions at any point in time and for any reason. The interview was approximately 90 minutes in duration, and some youth were not able to complete all sections. However, the diagnostic interview, which was considered the foundation of the study, was administered immediately after the MAYSI assessment to capture the necessary data on mental health and substance use disorders. These factors explain the sample size differences across the various tables and figures.

Figure 1. Flow chart of study recruitment



Analytic Strategy

The primary analytic strategy involved the use of univariate and bivariate summary statistics. However, tests of statistical significance were not performed given the very large number of multiple comparisons being made. More specifically, from a statistical standpoint, each statistical test should be adjusted by the overall number of tests in order to minimize *Type II* errors. This study involved hundreds of comparisons, which would have made it impossible to detect levels of statistical significance. Instead, we worked to present many of the results graphically to help see the magnitude of difference, which is essential when interpreting data from this kind of study. The reader is encouraged to focus on percentages to best understand trends in the data and to be cautious of over-interpreting

differences without considering the *magnitude* of differences. This is important given the rapidly changing population of youth within the system and the inherent challenges associated with reliability in measurements. This issue will be given further consideration in the discussion section of the study.

Results

The following results are drawn from parent, adolescent and diagnostic interviews as well as case record extraction. While 86 juvenile justice detainees participated in the study, not all juveniles responded to all items. The data sources for each of the summary tables included below are noted for clarity.

Sample Description

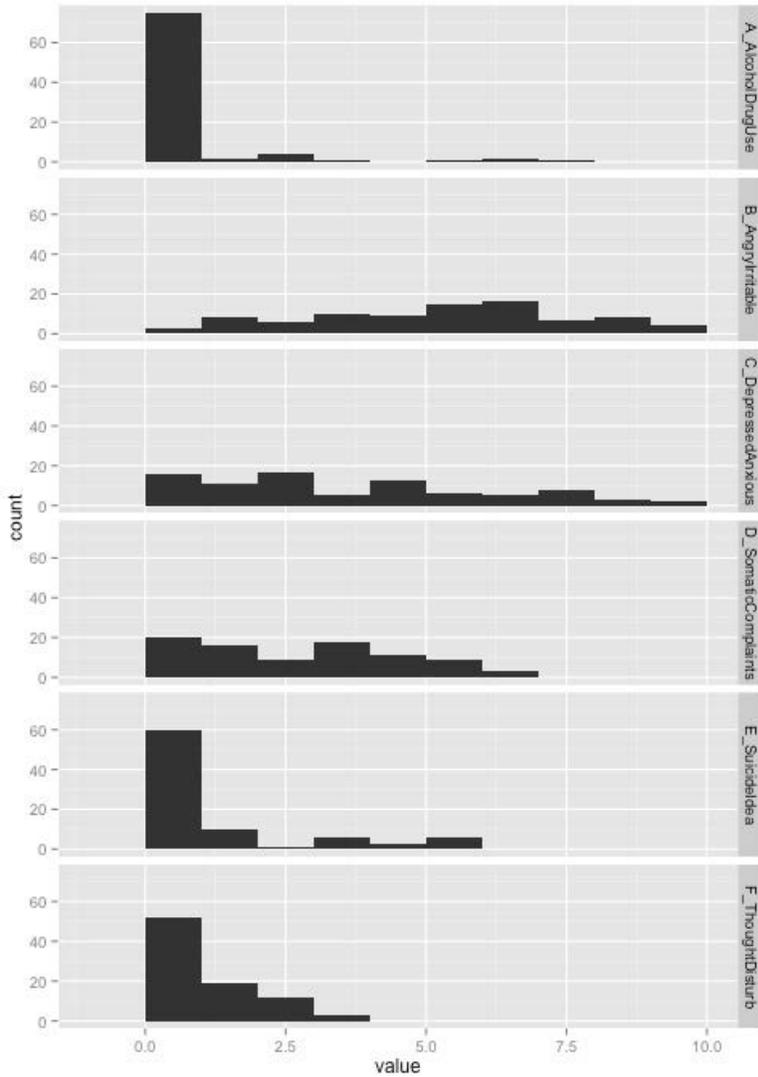
Juveniles in the study ranged in age from 13 to 17 with a median age of 16. Eighty-eight percent identified as male. The data on race indicate that youth of color made up a majority of the sample, with 27% identified as black, 23% as multiracial, 5.5% as American Indian and 2.7% as Latino. Thirty-nine percent of study participants identified as white. For comparative purposes, we created an “other” category by collapsing American Indians and Latinos.

Risk Assessment

As previously indicated, the MAYSI was used as the basis for helping establish potential risk. The resulting data are presented graphically below using a histogram for each subscale. The histograms show the frequencies of scores by youth.

The MAYSI data show that alcohol and drug related problems and symptoms were quite low based on this scale, although these results are not consistent with the high rates of substance-related problems identified in the full diagnostic assessment. The other subscales are within the expected ranges. Suicide ideation had a nearly bimodal distribution, with the majority of youth endorsing only one scale item, but 9 youth overall fell into the warning category. Seven of the 9 youth did not proceed with any further evaluation and were consequently excluded from this study due to high levels of suicidality, as it wasn't deemed safe for those youth to proceed with a comprehensive diagnostic evaluation for the purpose of research. Thus, these youth were excluded from all subsequent analyses because no further information was obtained. This necessarily results in an under-estimate of the actual percentages of disorders and service needs. The reader is encouraged to consider this point in all interpretations.

Figure 2. Summary of MAYSI subscale scores



Note: Data source = MAYSI.

A primary objective of the current study was to determine the prevalence of mental health and substance abuse disorders for DHS supervised adolescents in residential placement. Prevalence is defined as the proportion of a population who meet specific diagnostic criteria. The current report utilizes *estimated* prevalence, which is derived from taking measures from a sample of the population. In the context of the current study, we completed (at least in part) 86 clinical assessments taken from a population of 155 youth. Prevalence estimates can be reported as a rate (e.g., 50 per 1000), percentage (5%) or proportion (.05). The following summary tables display the percentages of youth with various mental health and substance abuse problems.

As an orientation to the data presented, we will walk the reader through Table 3 in detail. This table is based on the clinical interviews with youth. In this table, we have

provided an aggregated summary of each major class of disorders. The disorders contained in each class are as follows:

- Any Substance Use Disorder: Past 12 months alcohol dependence, alcohol abuse, substance dependence; substance abuse
- Any Mood Disorder: Current (last 2 weeks) and lifetime major depressive disorder; current (past month) suicidality (low, medium, and high levels); past-year dysthymia, current (last 2 weeks) and lifetime bipolar I or II, *not otherwise specified* (NOS) disorder
- Any Anxiety Disorder: Past month panic disorder, agoraphobia, generalized and non-generalized social phobia, specific phobia, obsessive compulsive disorder, post-traumatic stress disorder
- Any ADHD Disorder: Past 6 months ADHD combined, inattentive, hyperactive/impulsive
- Any Externalizing Disorder: Past 12 months conduct disorder; past 6 months oppositional defiant disorder
- Any Psychotic Disorder: Lifetime and current psychotic disorder or mood disorder with psychotic features

The first disorder listed is substance use. You will note that 23 youth (highlighted in yellow) meet the criteria for a substance use disorder. The overall percentages (listed in the second column) represent the percentage of all youth who meet the criteria for a substance use disorder ($23/78=29.5\%$) (also highlighted in yellow). The next row down is titled "Any Mood Disorder Diagnosis." Moving across the row, one will note that 40 youth (51.3%) meet the diagnostic criteria for a mood disorder (highlighted in blue). The last three columns (also highlighted in blue) display the number and percentages of youth with a mood disorder who also meet the criteria established for a substance use disorder. Fifteen youth meet the criteria for both a mood disorder and a substance use disorder. This represents 22% of the overall sample ($15/78=19.2\%$) and 37.5% of all youth who meet the criteria for a mood disorder ($15/40=37.5\%$). In summary, 51.3% of the sample meets the criteria for a mood disorder and 37.5% of these youth also meet the criteria for a substance use disorder. Externalizing disorders are the most common diagnostic criteria met by youth in residential placement (highlighted in burnt orange).

Table 3. Diagnostic summary of mental health and substance use disorders (SUD)

	Overall N	Overall %	SUD Yes (N)	SUD % overall sample	SUD % with MH disorder
Diagnostic Overview					
Any Substance Use Disorder Diagnosis	23	29.5	23	29.5	NA
Any Mood Disorder Diagnosis	40	51.3	15	19.2	37.5
Any Anxiety Disorder Diagnosis	34	43.6	15	19.2	44.1
Any ADHD Diagnosis	30	38.5	13	16.7	43.3
Any Externalizing Disorder Diagnosis	42	53.8	16	20.5	38.1
Any Psychotic Disorder Diagnosis	12	15.4	6	7.7	50.0

Note: Data source = youth interview. *Percentages based on a sample size of N = 78

Table 4 provides a disaggregated display of the diagnoses. All subsequent tables and figures in the report contain a potentially overwhelming amount of information. Therefore, we highlight one or two items in each table. These should not be interpreted as the only findings derived from the data, but rather as interesting findings.

In terms of specific mood disorders, a substantial proportion of youth report current major depressive episodes (16.2%) and lifetime major depressive episodes (33.8%). Approximately 10% of the youth meet the criteria for post-traumatic stress disorder, and 57.1% of these youth also meet the criteria for a substance use disorder. As indicated in the previous summary table, a high percentage of youth are associated with attention and externalizing behavioral problems such as attention deficit hyperactivity disorder (ADHD), conduct disorder and oppositional defiant disorder. As the table below illustrates, these youth are also likely to meet the diagnostic criteria for a substance use disorder.

Table 4. Prevalence of mental disorders with and without co-occurring substance use disorders (SUD)

Mood Disorders	Overall N	Overall %	SUD (N)	SUD % overall sample	SUD % with MH disorder
Major Depressive Episode - Current (Past 2 Weeks)	11	16.2	4	5.9	36.4
Major Depressive Episode - Past	17	25.0	4	5.9	23.5
Major Depressive Episode - Recurrent	12	17.6	6	8.8	50.0
Major Depressive Disorder - Current	6	8.8	3	4.4	50.0
Major Depressive Disorder - Lifetime	23	33.8	9	13.2	39.1
Bipolar Disorder I - Lifetime	16	23.5	7	10.3	43.8
Bipolar Disorder II - Lifetime	13	19.1	5	7.4	38.5
Bipolar Disorder I - Current	1	1.5	1	1.5	100.0
Bipolar Disorder II - Current	1	1.5	0	0.0	0.0

Dysthymia – Current	1	1.5	0	0.0	0.0
Manic Episode - Current	1	1.5	1	1.5	100.0
Manic Episode – Past	16	23.5	7	10.3	43.8
Hypomania – Current	1	1.5	0	0.0	0.0
Hypomania – Past	12	17.6	5	7.4	41.7
Suicidality - Current (Past Month) - Low	17	25.0	8	11.8	47.1
Suicidality - Current (Past Month) - Moderate	10	14.7	1	1.5	10.0
Suicidality - Current (Past Month) - High	11	16.2	3	4.4	27.3
Anxiety Disorders					
Panic Disorder - Current	2	2.9	0	0.0	0.0
Agoraphobia – Current	20	29.4	7	10.3	35.0
Panic Disorder, No Agoraphobia	0	0.0	0	0.0	
Panic Disorder with Agoraphobia	3	4.4	1	1.5	33.3
Generalized Anxiety Disorder - Current	2	2.9	0	0.0	0.0
Generalized Anxiety = Past 6 Months	10	14.7	3	4.4	30.0
Non-Generalized Anxiety Disorder - Current	4	5.9	3	4.4	75.0
Phobia – Current	5	7.4	3	4.4	60.0
Obsessive Compulsive Disorder - Current	10	14.7	5	7.4	50.0
Post-traumatic Stress Disorder - Current	7	10.3	4	5.9	57.1
Attention Deficit Disorders					
ADHD, Combined - Past 6 Months	15	22.1	6	8.8	40.0
ADHD, Inattentive - Past 6 Months	7	10.3	2	2.9	28.6
ADHD, Hyperactive/Impulsive - Past 6 Months	8	11.8	5	7.4	62.5
Externalizing Disorders					
Conduct Disorder - Past 12 Months	27	39.7	11	16.2	40.7
Oppositional Defiant Disorder - Past 6 Months	15	22.1	5	7.4	33.3
Psychotic Disorders					
Mood Disorder with Psychotic Features – Lifetime	6	8.8	4	5.9	66.7
Mood Disorder with Psychotic Features – Current	6	8.8	2	2.9	33.3
Psychotic Disorders - Lifetime	6	8.8	3	4.4	50.0
Psychotic Disorders - Current	6	8.8	3	4.4	50.0

Note: Data source = youth interview. *Percentages based on a sample size of N = 61 after excluding missing values. SUD = Substance Use Disorder

The following figures display the prevalence of the summary disorder categories by gender and race. Male adolescents in residential placement appear at higher risk of a substance use disorder, whereas female adolescents in residential placement appear at higher risk of an externalizing behavioral disorder.

Figure 3. Prevalence of summary disorder categories by gender



When comparing summary disorder categories across race (see Figure 4), youth self-identifying as “multi-racial” (which represents 23% of the study sample) appear at a relatively high risk for anxiety disorders, externalizing disorders (approximately same risk as African American youth) and mood disorders. African American youth are associated with the lowest prevalence rates for a substance use disorder. These differences are not overly surprising; although the rates of summary disorder categories are high, the patterns are quite similar to those reported in the general population.

Figure 4. Prevalence of summary disorder categories by race



As part of the clinical interview, youth were asked to report drug use within the previous 12 months. We would expect these reports to be low given that youth have been removed from their community network and have been living in a structured residential environment. Marijuana and narcotics (part of the opiate family and common in pain reduction/management) were the two most frequently noted drugs used within the past 12 months.

Table 5. Prevalence of past 12-month drug use by drug type

Past 12-month drug use	Overall N	Overall %
Stimulants	6	7.7
Cocaine	1	1.3
Narcotics	13	16.7
Hallucinogens	8	10.3
Inhalants	2	2.6
Marijuana	26	33.3
Tranquilizers	8	10.3
Miscellaneous	10	12.8

Note: Data source = youth interview.

The following tables display estimates of mental health diagnoses and prescribed medications for youth in residential placement based on a comprehensive review of the adolescents' case records. The findings related to mental health diagnoses are similar to those reported via the face to face clinical interviews, in that ADHD (48.8%), conduct disorder (30.5% total) and oppositional defiant disorder (30.5%) were the most frequently reported diagnoses in the case records.

Table 6. Summary of current mental health and substance use disorders observed in case records

Disorder	N	%
ADHD, Combined Type	9	11.0
ADHD, NOS	2	2.4
Adjustment Disorder	2	2.4
Alcohol Abuse	2	2.4
Antisocial Personality Prone	1	1.2
Anxiety Disorder	4	4.9
Anxiety Disorder, NOS	4	4.9
Asperger's Syndrome	6	7.3
Attention Deficit Disorder	8	9.8

Attention Deficit Hyperactivity Disorder	40	48.8
Autism	1	1.2
Bipolar Disorder	7	8.5
Bipolar Disorder I with psychotic features	2	2.4
Bipolar Disorder NOS	2	2.4
Bipolar Disorder Type I	1	1.2
Bipolar Disorder with depressive episodes	1	1.2
Borderline and histrionic personality traits	1	1.2
Borderline Intellectual Functioning	5	6.1
Brief Psychotic Disorder	1	1.2
Cannabis Abuse	8	9.8
Cannabis Use Disorder	3	3.7
Childhood Sexual Abuse	1	1.2
Cognitive Deficits	1	1.2
Conduct Disorder	21	25.6
Conduct Disorder, Adolescent Onset	4	4.9
Depression	7	8.5
Depressive Disorder NOS	6	7.3
Developmental Disorder	1	1.2
Disruptive Behavior Disorder	2	2.4
Dysthymia	1	1.2
Eating Disorder	1	1.2
Emotional Impairment	2	2.4
Encopresis	1	1.2
Generalized Anxiety Disorder	4	4.9
Hallucinogen Abuse	1	1.2
Impulse Control Disorder	3	3.7
Intermittent Explosive Disorder	3	3.7
Learning Disabilities	6	7.3
Major Depressive Disorder	1	1.2
Major Depressive Disorder – Recurrent	1	1.2
Major Depressive Disorder w Psych. Features	1	1.2
Major Depressive-Affective Disorder	1	1.2
Math Disorder	1	1.2
Mild Mental Retardation	1	1.2
Mixed Char. Disorder Traits, Narciss., Border., Anti-social	1	1.2
Mood Disorder NOS	18	22.0
Narcissistic and Anti-Social Traits	1	1.2

Neglect of Child	1	1.2
Neurobehavioral Disorder	1	1.2
Obsessive Compulsive Disorder	1	1.2
Oppositional Defiant Disorder	25	30.5
Organic Brain Syndrome	1	1.2
Panic Disorder with Agoraphobia	1	1.2
Parent-Child Relational Problems	2	2.4
Pervasive Development Disorder	2	2.4
Physical Abuse of Child	1	1.2
Poly Substance Abuse	3	3.7
Poly Substance Dependence	2	2.4
Post-Traumatic Stress Disorder	14	17.1
Reactive Attachment Disorder	9	11.0
Reading Disorder	1	1.2
Schizo-Affective Disorder	2	2.4
Schiz-neg traits w/ self defeat/aggress./sadistic feat.	1	1.2
Schizophrenia	1	1.2
Sexual Abuse of a Child	1	1.2
Thought Disorder	1	1.2
Tourettes Syndrome	1	1.2

Note: Data source = case record. *Percentages based on a sample size of N =82

Regarding medication, the case records indicate that 82.9% of youth are currently prescribed at least one medication. Fifty percent of the youth are currently prescribed 3 or more medications. The most commonly prescribed medications for youth in residential care displayed in Table 9) (are abilify (depression, bipolar), clonidine (ADHD), intuniv (ADHD), seroquel (bipolar, depression), trazodone (depression), vyvanse (ADHD) and zoloft (depression, anxiety). Table 9 is split by psychotropic and non-psychotropic medications.

Table 7. Summary of currently prescribed medications from case record extraction

	Count	Percentage
Adolescents Prescribed Drugs/Supplements	68	82.9

Note: Data source = case record. N=82

Table 8. Mean and median of drugs taken by each juvenile justice detainee

	Mean	Median	SD	Min	Max
Drugs prescribed per juvenile	3.0	3	2.1	0	8

Note: Data source = case record. SD = Standard deviation, Min = Minimum observed value, Max = Maximum observed value

Table 9. Summary of current prescription drugs

Drug Name	Juveniles Currently Receiving (N)	Juveniles Current Receiving (%)
Psychotropic Medication		
Abilify	13	15.9
Adderall	14	17
Celexa	1	1.2
Cleocin	1	1.2
Clonidine	13	15.9
Cogentin	2	2.4
Cymbalta	1	1.2
Depakote	5	6.1
Diphenhydramine	2	2.4
Effexor	1	1.2
Focalin	6	7.3
Geodon	2	2.4
Haldol	1	1.2
Intuniv	16	19.5
Invega	1	1.2

Kapvay	1	1.2
Keppra	1	1.2
Lamictal	4	4.9
Latuda	2	2.4
Lexapro	6	7.3
Lithium	7	8.5
Melatonin	8	9.8
Orap	1	1.2
Perphenazine	1	1.2
Polyethylene Glycol4	1	1.2
Prazosin	1	1.2
Pristiq Er	1	1.2
Propranolol	1	1.2
Prozac	10	12.2
Remeron	3	3.7
Risperidone	9	10.9
Ritalin	2	2.4
Seroquel	22	26.8
Strattera	1	1.2
Topamax	1	1.2
Trazodone	11	13.4
Tripleptal	2	2.4
Vyvanse	17	20.7
Wellbutrin	2	2.4
Zoloft	13	15.9
Zyprexa	7	8.5
Non Psychotropic Meds		
Lantus Insulin	1	1.2
Loratadine	1	1.2
Navalog Insulin	1	1.2
Polyethylene Glycol4	1	1.2
Prilosec	1	1.2
Proair HFA	1	1.2
Ranitidine	1	1.2
Singulair	3	3.7
Zantac	1	1.2
Zyrtec	3	3.7

Note: Data source = case record.

Summary of Service Utilization for Mental Health and Substance Use Disorders

The following figures were developed with the data collected from the case records. These figures focus on service utilization for mental health and substance use disorders. Figure 5 includes current services as noted in the case records. Not surprisingly, and reflective of the estimates of various diagnoses, virtually all youth are currently receiving some form of mental health treatment. The estimates from the case records also mirror the information gathered from youth with regard to the high prevalence of prescription medications. Approximately 40% of youth are currently receiving services for substance use/abuse.

Figure 5. Current and past service utilization for mental health and substance use needs based on case records

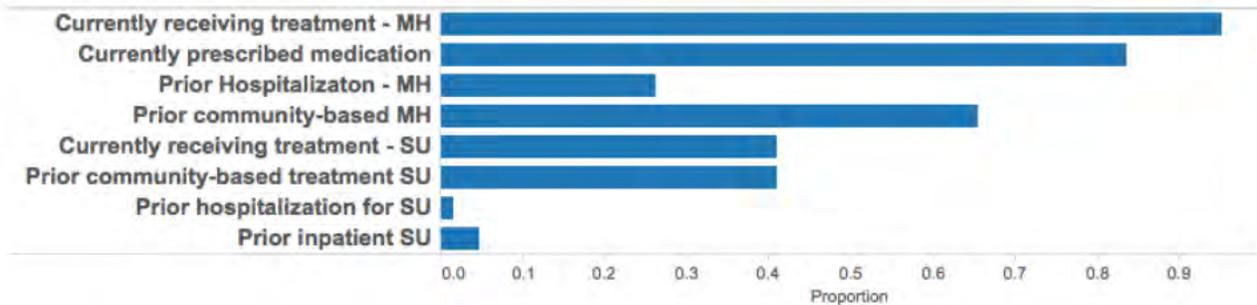


Table 10 provides a summary of the current mental health and substance use needs of the youth.

We defined a mental health service need based on a current diagnosis of any mental health diagnosis or medium or high levels of suicidality. This diagnostic formulation of mental health service need is used throughout the remainder of the report. Furthermore, the acronym SU refers to “substance use” throughout the remainder of this report.

Table 10. Number and percentage of juveniles with current mental health or substance use needs

	N	Percent
Current mental health needs	58	74.4
Current substance use needs	23	29.5

Note: Data source = youth interview. Percentages based on a sample size of N = 78 after excluding missing values.

Figure 6 displays service use (both current and historical/lifetime) by mental health need. In this figure, we compare service utilization by the presence or absence of a mental health service need. The blue bars represent the services received by youth with no known mental health problem (as indicated in case records). The orange bars represent the services received by youth with one or more mental health problems (and thus an assumed need for services). There doesn't appear to be much variation or differentiation between the two groups; virtually every youth is receiving mental health services, regardless of need. Similarly, the rates of prescription medication are high for both groups.

Figure 6. Mental health and substance use service utilization by mental health need based on case record

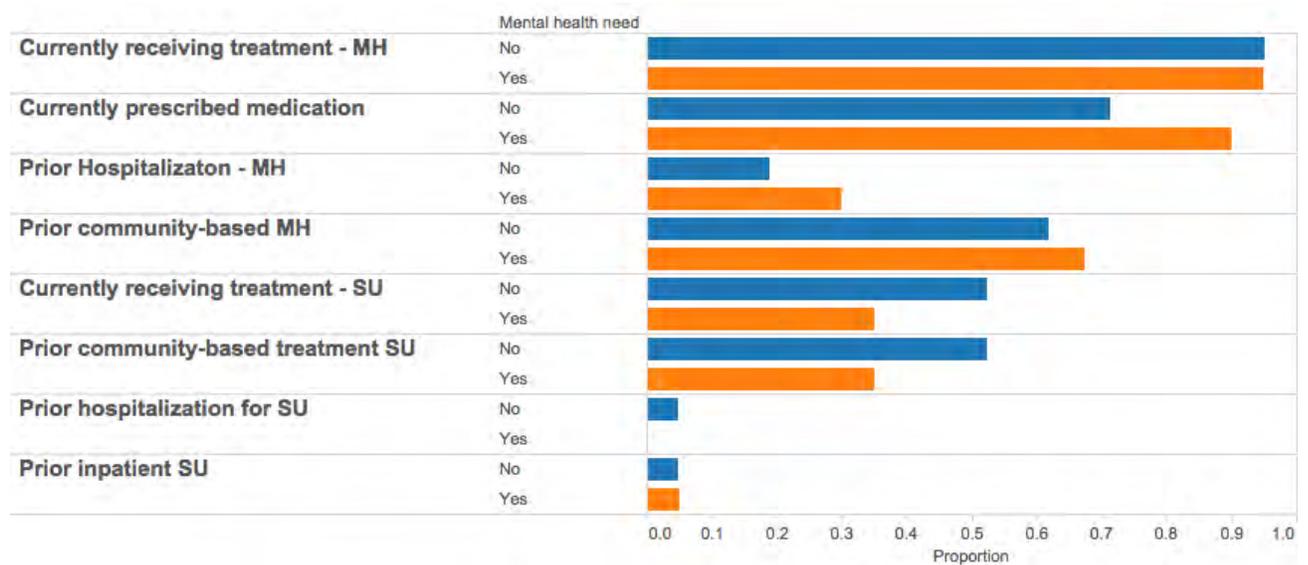


Figure 7 displays service use (both current and historical/lifetime) by current substance-related need, as defined by a past 12-month alcohol dependence, alcohol abuse, substance (i.e., drug) dependence and substance abuse. The maroon bars represent the services received by youth with no known mental health problems (as indicated in case records). The pea green bars represent the services by youth with a known substance use problem (and thus an assumed need for services). While there is not much variation or differentiation with regard to mental health services, there is variation with regard to substance abuse related services, indicating a better match between the need for substance use services and the receipt of these services. One might still argue that the match could be improved, as less than 70% of youth identified as having a substance use problem are currently receiving treatment, and approximately 35% of youth identified as not having a substance use problem are currently receiving (seemingly unnecessary) treatment. The need for substance use services seems to be unrelated to the receipt of mental health services (more than 90% receive these services in both groups) or receipt of prescription medication (more than 80% receive these services in both groups).

Figure 7. Mental health and substance use service utilization by substance-related need based on case record

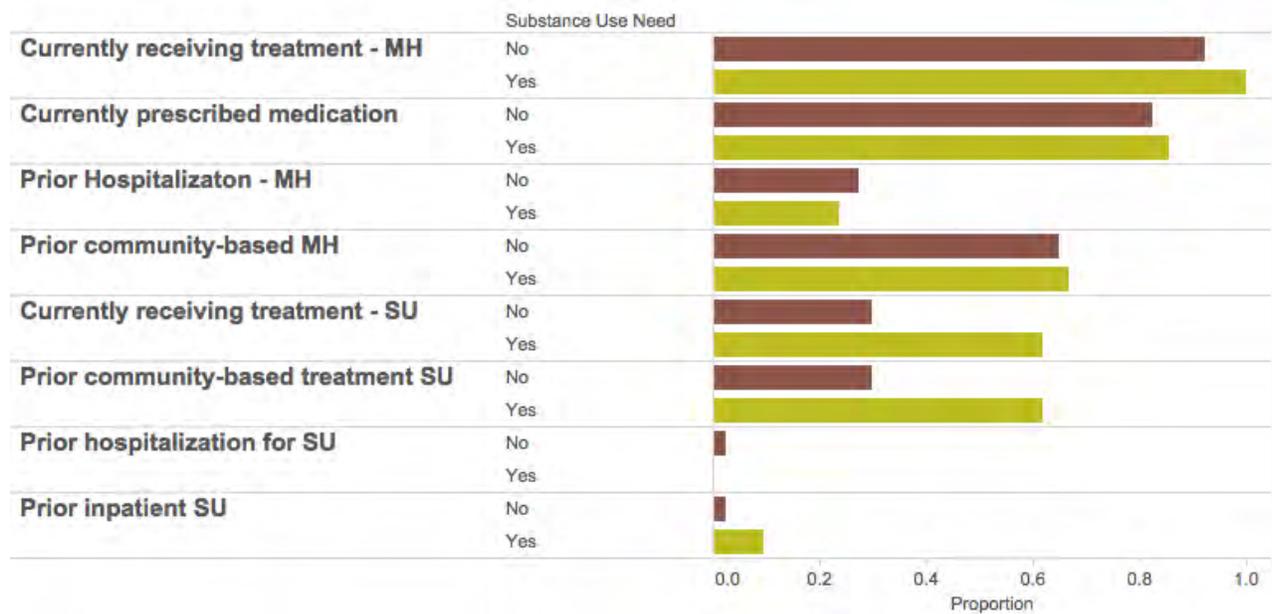


Figure 8 displays the receipt of mental health and substance abuse services by race. As a reminder, black, multiracial and white youth comprise approximately 90% of the study sample. The involvement with mental health services is quite similar across racial groups, and the similarities persist across both current and prior service categories. In contrast, African American youth more frequently report involvement with substance abuse services as compared with both multiracial and white youth. This pattern seems to be true for both current and prior service utilization. This finding is somewhat unexpected because African American youth were not more likely to meet the diagnostic criteria for a substance use disorder, so it is unusual that they would have more involvement with substance abuse services.

Figure 8. Mental health and substance use service utilization by race based on case record

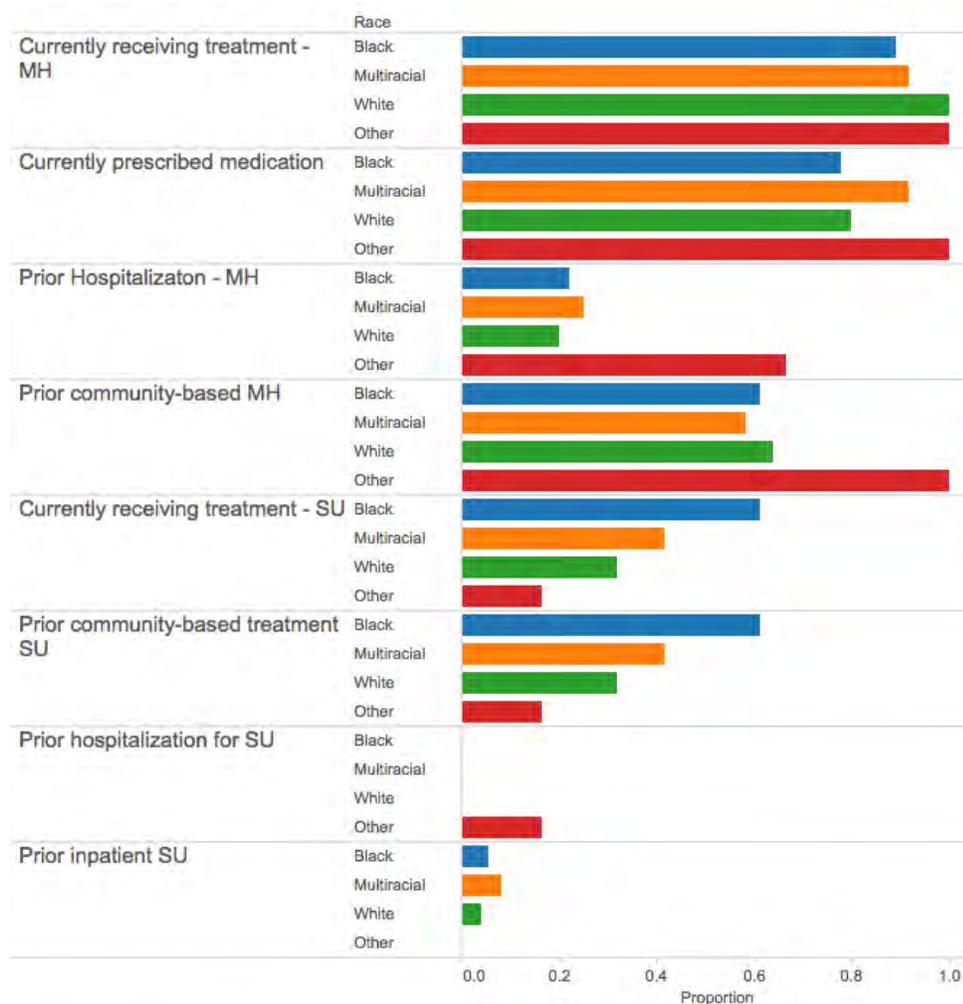


Figure 9 displays the lifetime and current use of services for youth in residential care. These data originate from the adolescent interview. Approximately 25% of all youth had experienced at least one hospitalization for mental health problems. Very few youth report a hospitalization related to substance use and very few youth report using internet or hotline support services. More than 20% of youth report participating in self-help groups (for both mental health and substance use issues). Most youth report participating in counseling/therapy. About 30% of youth report a need to see a mental health profession, and about 15% report a need related to substance use. Overall, approximately 80% of youth report that their needs are being met.

Figure 9. Mental health and substance use service utilization for overall sample as reported by juveniles

Overall

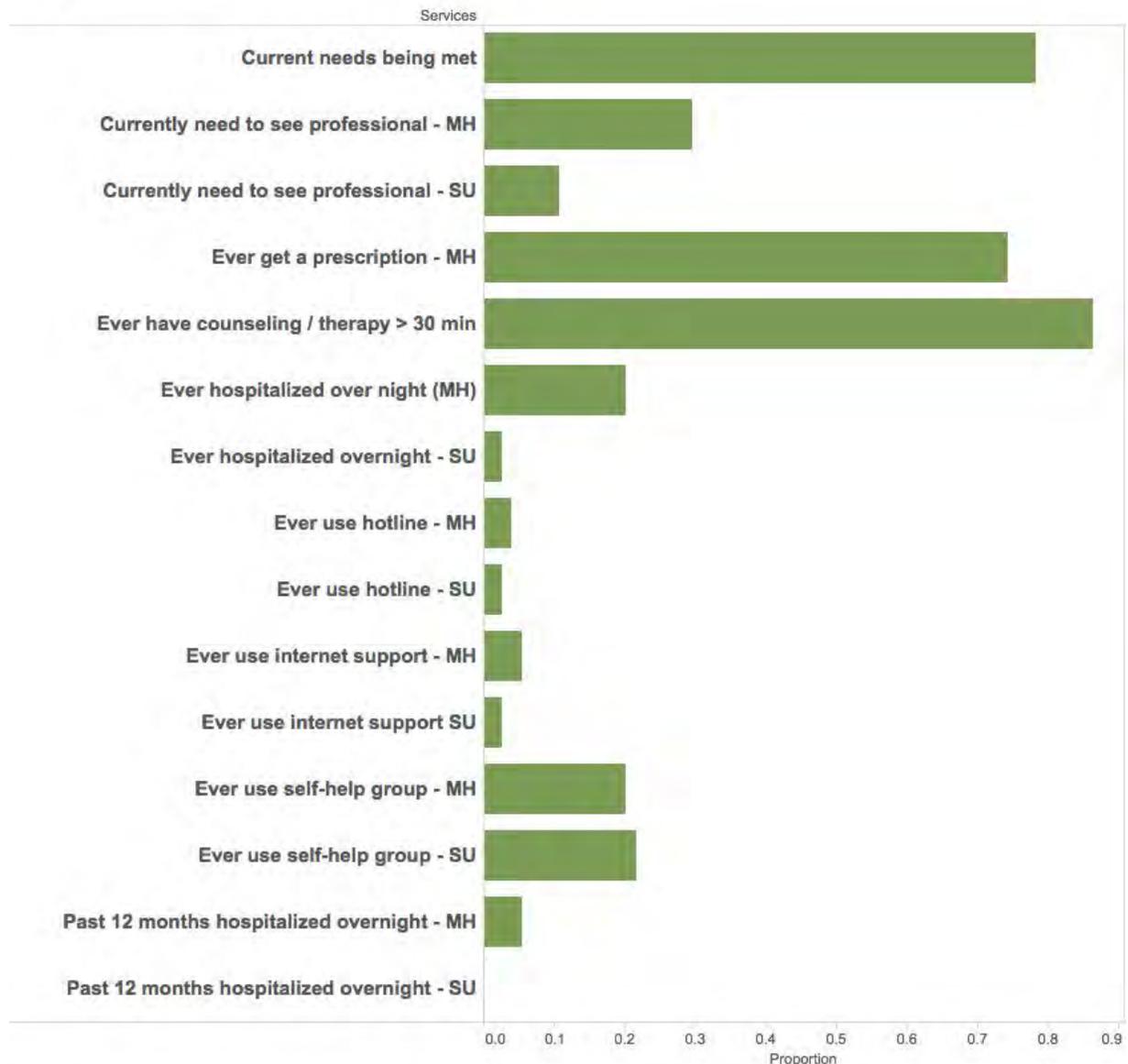


Figure 10 is similar to Figure 9, but Figure 10 compares the lifetime and current use of services for youth identified as having a mental health need, whereas Figure 9 does not make the mental health need distinction. These data originate from the adolescent interview. The patterns are quite similar, in that some youth experienced at least one night in a hospital for mental health problems, and the experience of hospitalization was more likely to be reported for youth identified with a mental health need. Adolescents without a mental health need also appear more likely to report that their needs are being met.

Figure 10. Mental health and substance use service utilization by mental health need as reported by juvenile

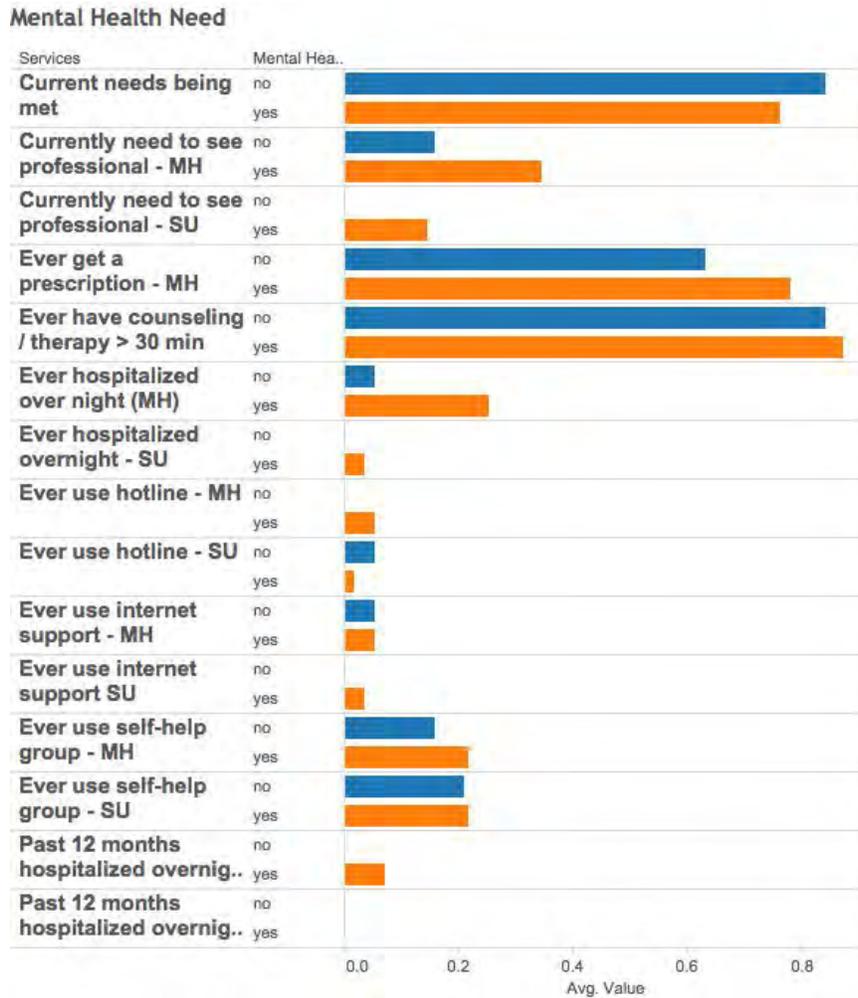


Figure 11 is similar to Figure 10, although this figure compares the lifetime and current use of services for youth identified as having a substance use need. Again, substance use need refers to youth diagnosed with a substance use disorder. Youth identified as having a substance use need seem to report higher rates of participation in self-help groups for substance abuse than those without a substance use need, but they show virtually no difference on other measures of substance use related services. Surprisingly there is no difference in their reported need to see a substance abuse professional or their perception that their current needs are being met, regardless of whether the youth demonstrated a substance use need or not.

Figure 11. Lifetime mental health and substance use service utilization by substance use service need

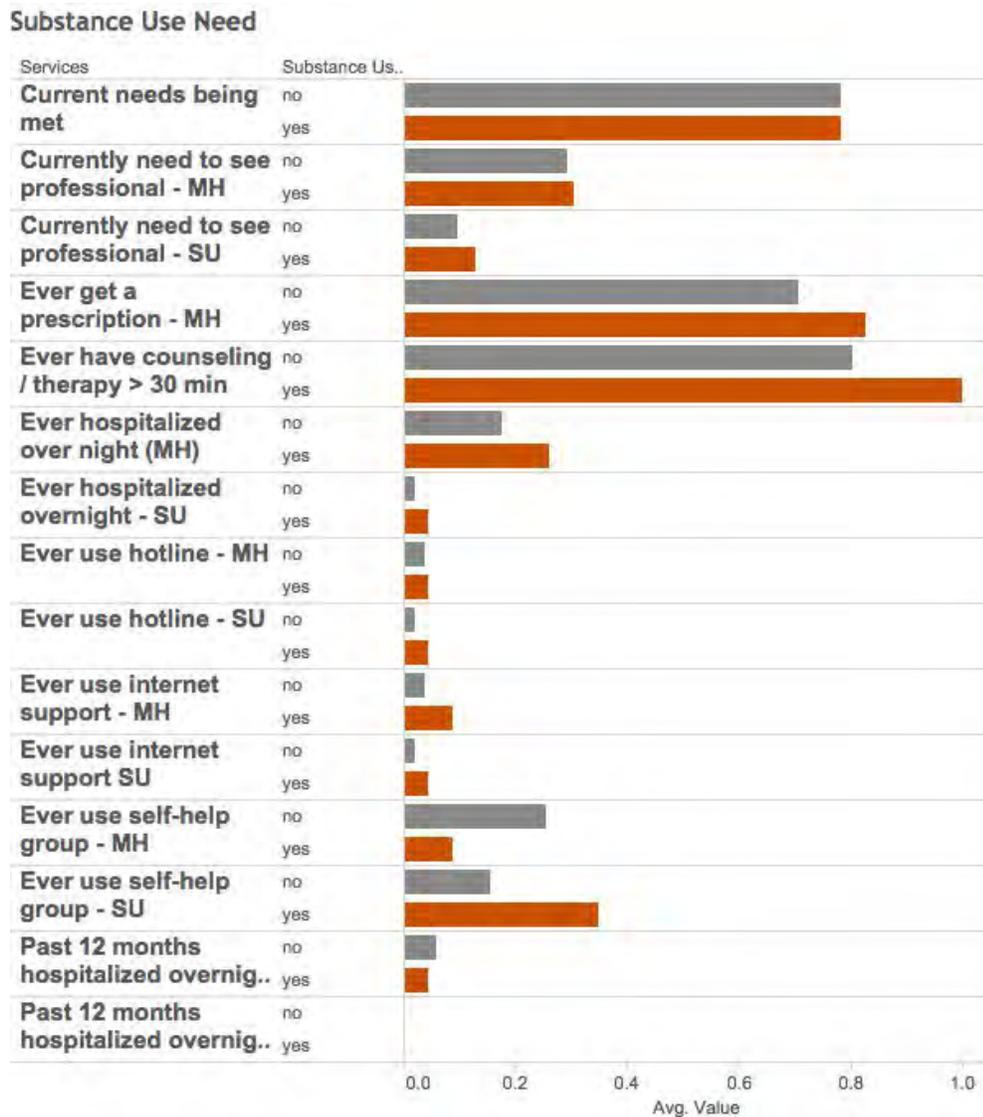


Figure 12 compares the lifetime prevalence of mental health and substance use service utilization of males and females. These data were captured as part of the adolescent interview. Overall, there are few noteworthy differences between males and females. Both report similar levels of hospitalization for either mental health or substance use issues. Males appear to report high levels of self-help group participation and the receipt of prescription medications.

Figure 12. Mental health and substance use service utilization and need by gender

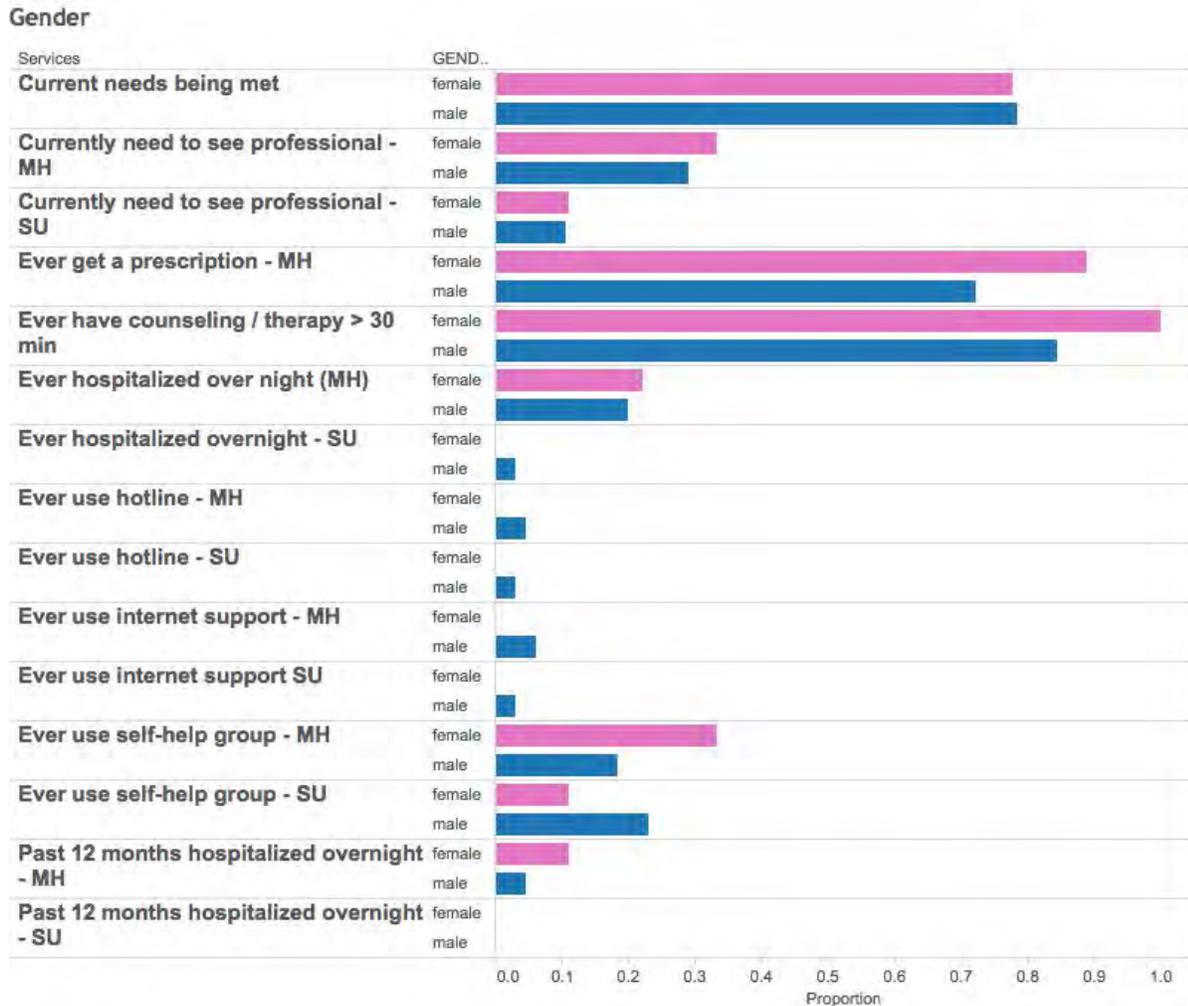


Figure 13 is similar to the data presented in Figure 11, although this figure compares the lifetime and current use of services by race. African American youth and those classified as “other” appear more likely to report a history of utilizing a self-help group for substance use and appear to report higher rates of needing to see a mental health professional. There does not appear to be much reported difference between races with regard to the perceptions of needs being met.

Figure 13. Mental health and substance use service utilization by race as reported by juveniles

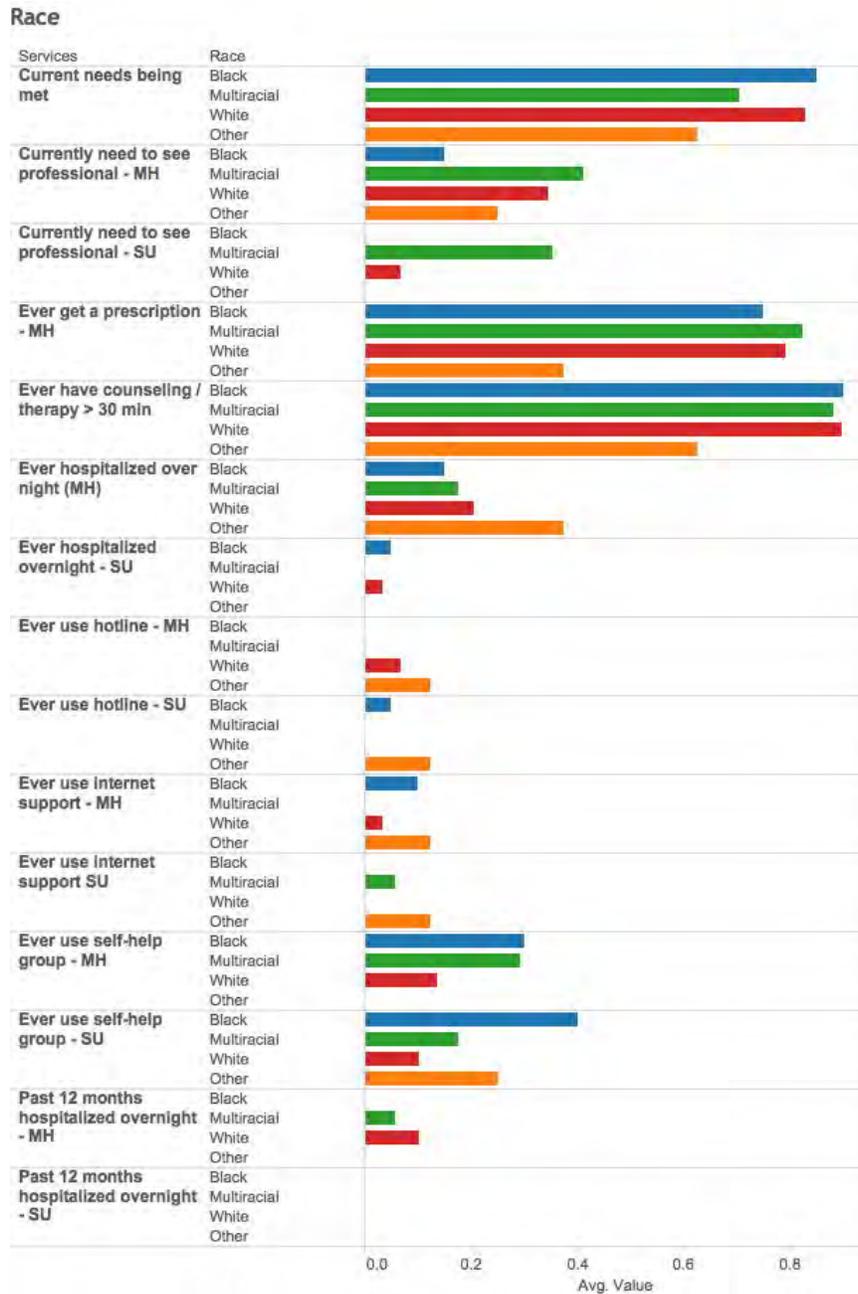


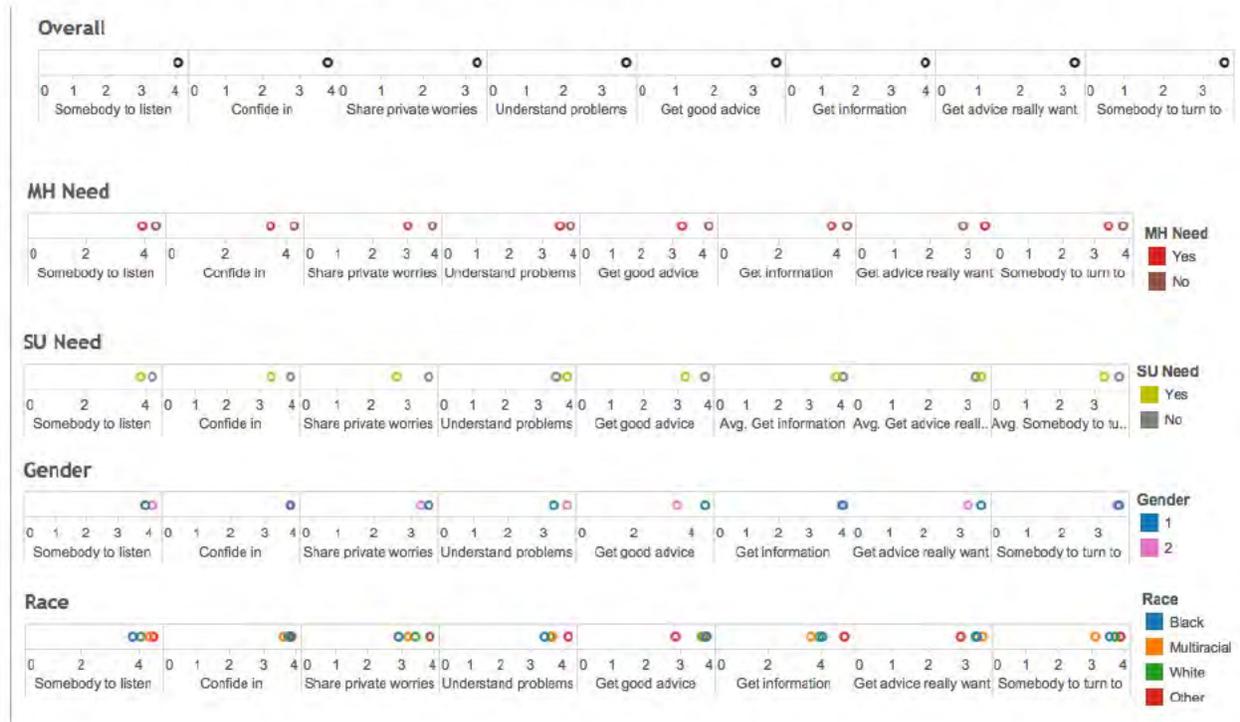
Table 11 displays the responses from the adolescents specific to their perceived levels of social support (see also Figure 14 for graphical summary of these results). Youth were asked a series of questions about social support and asked to respond on a five point Likert scale ranging from (1) *none of the time* to (5) *all of the time*. Table 11 displays the results (mean and standard deviation) for the overall sample, the youth identified as having a mental health need and the youth identified as having a substance use need. In general, there do not appear to be major differences based on the mental health or substance use status of youth. Most of the responses (or, more specifically, the average responses) are in the range of mid-three to four. This corresponds to a range from where the youth is neutral about the question to where the youth agrees with the question. Youth are most likely to agree with the question about having someone they can count on to listen when they need to talk. Youth are less likely to agree with the question about having someone with whom to share their most private worries and fears.

Table 11. Perceived social support for overall sample and by current mental health need and current substance use need

	Overall Mean (SD)	MH Need Mean	MH need SD	SUD Need mean	SUD Need SD
Have someone you can count on to listen to you when you need to talk?	4.1 (1.0)	3.9	1.1	3.8	1.0
Have someone to confide in or talk to about yourself or your problems?	3.7 (1.2)	3.5	1.2	3.3	1.4
Have someone to share your most private worries and fears with?	3.2 (1.5)	3.0	1.5	2.7	1.6
Have someone who understands your problems?	3.6 (1.4)	3.5	1.4	3.8	1.2
Have someone to give you good advice about a crisis?	3.6 (1.4)	3.3	1.4	3.2	1.5
Have someone to give you information to help you understand a situation?	4.0 (1.1)	3.8	1.3	3.8	1.1
Have someone whose advice you really want?	3.2 (1.4)	3.5	1.3	3.3	1.3
Have someone to turn to for suggestions about how to deal with a personal problem?	3.5 (1.3)	3.4	1.4	3.2	1.4

Note: Scales range from to (1= None of the Time, 5 = All of the Time), SD = standard deviation

Figure 14. Perceived social support for overall sample and by mental health need, substance use need, gender and race



The following information is taken from the parent interview about services and service barriers. Overall, 43.6% of parents reported a barrier to receiving services for their child. Most of the barriers seemed to focus on service quality (counselor not good at job, professionals not listening to parents, improper services and long waiting lists), but others reported a reluctance on the family side (didn't want to participate, mother didn't want child in services and child refusing to talk in sessions).

Table 12. Parents' explanation of barriers to mental health services for juveniles

Open Responses from Parents
Challenges getting him in hospital when in crisis
CMH-wouldn't support because child was not suicidal, took long time to receive services once initiated
Counselor was not doing a great job and was let go
Counselors believed nothing was wrong with youth
Custody/legal issues, mother and father motivation issues and also issues with neglect
Did not understand youth's issues (Autism); passing blame to parent
Didn't want to participate at first
Does not pick up on social cues, mom had to advocate for services, difficulty finding out exactly what was wrong with child
Doesn't like to open up to women
Doctor and psychiatrist not listening to parent

Facility not doing its job
Going to behavior classes but wasn't willing to cooperate, so sometimes he was able to participate and sometimes was not
Guardian did not agree with treatment options, state & community mental health made treatment choices
His mother was not getting him to the place, his appointments were not kept, when they weren't he would have to wait another month for an appointment
Mother did not want him seeking services
Multiple hospitalizations and disappointed in some of the services he has received
Not enough services in community, both Wayne and Lenawee counties
Not receiving proper services & resources at facility
Poor mental health services in the past
Problems with last agency due to poor/inadequate services
Refused to talk during sessions
Takes so long to get an appointment, takes several weeks/months to see a doctor
Trouble finding appropriate treatment

Note: Data source = parent interview

Summary of Residential Placement

Table 13 summarizes the history of substitute care placements (frequency and duration) and prior legal involvement. We report the findings overall (that is, for all youth) and also for youth with mental health needs and youth with substance use needs. There are no real differences with regard to age at first arrest, age at first placement or months in current placement (approximately 10.6 months). The youth with a substance use disorder appear to have experienced (on average) more prior placements (6.8) and have spent (on average) a bit more time in care (total of 36.7 months) as compared with youth in general (overall population).

Table 13. Summary of adolescent history and out-of-home placements based on case record review

	n	mean	median	sd	min	max
Age at First Arrest						
Overall	47	12.6	13	1.8	8	16
Youth w/ mental health needs	34	12.7	13	1.8	8	16
Youth w/ substance use needs	16	13.2	13	1.3	10	15
Age at First Out-of-Home Placement						
Overall	79	12.3	13	2.5	1	16
Youth w/ mental health needs	52	11.9	12	2.8	1	16

Youth w/ substance use needs	21	12.2	12	2.2	6	16
Total Number of Out-of-Home Placements						
Overall	81	5.4	4	4.1	2	21
Youth w/ mental health needs	52	6.1	5	4.3	2	21
Youth w/ substance use needs	21	6.8	5	4.5	3	16
Months in Current Placement						
Overall	80	10.9	9	5.9	3	38
Youth w/ mental health needs	51	12.1	10	6.2	5	38
Youth w/ substance use needs	21	10.6	9	3.8	5	18
Total Months in Out-of-Home Placements						
Overall	71	33.6	27	25.6	4	120
Youth w/ mental health needs	47	37.7	29	27.9	9	120
Youth w/ substance use needs	18	36.7	33	23.4	9	80

Table 14 displays the risk levels associated with youth in residential placements. The risk levels were retrieved from a review of each youth's case file. We did not find risk level data for 7 of the youth. High risk youth comprised the largest percentage of the population (41.3%), followed by moderate risk youth (36%). Interestingly, 22.7% of the sample was associated with low risk status. This percent could in fact be larger if some of those missing risk level data actually fell into the low risk group.

Table 14. Breakdown of current DHS-determined risk level

	Risk Level	N	% (overall)	% (adjusted to exclude cases without information in file)
1	Low	17	20.7	22.7
2	Moderate	27	32.9	36.0
3	High	31	37.8	41.3
4	Information Not Available In File	7	8.5	-

Note: Data source = case record.

Table 15 displays the overall number of offenses observed in the case records according to their offense code from the Juvenile Justice Field Services Manual. The percentages listed here represent each offense's share of total for the juveniles sampled. Juveniles could be associated with multiple offenses and even the same offense on multiple occasions. The most common single offense is a probation violation (13.35%). Assault related offenses (approximately 27% of all offenses) are highlighted in yellow and sex related offenses (approximately 9% of all offenses) are highlighted in blue.

Table 15. Summary of offenses by offense codes listed in DHS Juvenile Justice Field Services Manual Item JJ3 300

Offense Description	Offense Code	N	Percentage
Assault with intent to murder	100	3	0.79
Criminal sexual conduct, first degree	105	8	2.09
Robbery, armed	106	2	0.52
Assault with intent to do great bodily harm	155	3	0.79
Assault with intent to rob, unarmed	202	1	0.26
Criminal sexual conduct, second degree	204	9	2.36
Robbery, unarmed	206	3	0.79
Other felony offenses not listed	209	1	0.26
Criminal sexual conduct, third degree	210	7	1.83
Assault with dangerous weapon (felonious assault)	301	10	2.62
Break/enter with intent to commit felony/larceny	303	9	2.36
Break/enter vehicle to steal property/commit felony	307	4	1.05
Violation controlled substance act < 649 grams	309	4	1.05
Criminal sexual conduct, fourth degree	311	7	1.83
Larceny > \$1000	317	1	0.26
Larceny in a building	318	9	2.36
Larceny from a person	319	2	0.52
Malicious destruction of personal property > \$1000	320	10	2.62
Public official - attempt to obstruct duties	321	1	0.26
Receiving/concealing stolen property > \$1000	322	2	0.52
Carrying a concealed weapon	323	3	0.79
Felony firearm	324	2	0.52
Unlawfully driving away automobile	325	4	1.05
Other high misdemeanors & offenses designated felony	326	2	0.52
Retail fraud, first degree	328	1	0.26
Escapee	332	2	0.52
Gross indecency between males	333	1	0.26
Gross indecency between male & female	335	1	0.26
Motor vehicle - unlawful use	336	3	0.79
Home invasion, first-second-third degree	339	10	2.62

Child sexually abusive material - possession	340	2	0.52
Police officer - assaulting/resisting/obstructing	341	12	3.14
Animals - killing/torturing	343	1	0.26
Controlled substance - deliver/manufacture < 50 grams	345	2	0.52
Simple assault; assault and battery	402	45	11.78
Aggravated assault	403	8	2.09
Illegal entry (entry without owner's permission)	405	2	0.52
Disorderly person, disturbing peace	407	9	2.36
Indecent exposure	410	5	1.31
Larceny - all misdemeanor larceny offenses	412	9	2.36
Malicious destruction of property < \$1000	413	5	1.31
Receiving/concealing stolen property < \$1000	416	4	1.05
Trespassing	417	2	0.52
Other low misdemeanors or other offenses	420	8	2.09
Retail fraud, second degree	421	1	0.26
Minor in possession of a firearm	422	5	1.31
Domestic violence (90 day misdemeanor)	423	19	4.97
Domestic violence (2nd offense, 1 yr. misdemeanor)	424	2	0.52
Discharge of a gun in the city	425	1	0.26
Operating - no license/multiple licenses	426	3	0.79
Retail fraud, third degree	429	8	2.09
Operating - license suspended	430	2	0.52
Stalking	431	1	0.26
Incorrigible - home, school, placement	500	16	4.19
Truancy - home, school	501	8	2.09
Other status offenses	502	4	1.05
Alcohol - purchase/consumption/possession by minor	503	1	0.26
Tobacco - possession/use by minors	504	4	1.05
Violation of probation	505	51	13.35
Curfew violation	506	2	0.52
Violation of court order	507	5	1.31
Insufficient information to code	999	10	2.62

Note: Data source = case record.

Supplemental Analyses

For this study, we included a number of other measures beyond the contracted information needs of the State. Provided below (Table 16) are a few items that were particularly interesting and represent some future analytic possibilities. For example, the school to prison pipeline has gained national attention over the last few years. For this reason, we included several items related to school and school discipline. As represented in the table, 40.6% of youth were held back at least one grade, 78.1% have experienced at least one out of school suspension and 62.5% have experienced at least one expulsion from school. Also notable is the high prevalence of self-reported head injury (23.4%) and smoking (39.1%).

Table 16. Lifetime history of head injury, tobacco use and school related problems

Measure	Overall (N = 61)	Overall %
Currently in school?	59	92.2
Ever repeated a grade or been held back a grade?	26	40.6
Ever received an out-of-school suspension from school?	50	78.1
Ever been expelled from school?	40	62.5
Ever had a head injury where you were knocked out for 10+ minutes?	15	23.4
Ever a period in your life lasting at least two months when you smoked at least once per week?	25	39.1

Discussion

Summary of Findings

The purpose of this study was to calculate the rates of mental health and substance use disorders associated with adolescents in Department of Human Services (DHS) supervised placements and to better understand the match between individual youth needs and the provision of services.

Summary of Disorders: Nearly three quarters of the youth were identified as having a mental health disorder and one third of the youth were identified as having a substance use disorder. Moreover, approximately 10% of the sample reported such high levels suicidality (as rated on the MAYSI-2) that they were unable to participate in the larger clinical assessment. Because the investigative team was not able to collect additional data on these youth, we are not able to confidently make adjustments in the results that are reported. It is important, therefore, to note that the prevalence of disorders, service needs and service utilization are likely to be underestimated.

Summary of Services: One important factor to keep in mind in the interpretation of all service-related results is the inherent challenge with measurement. More specifically, the measurement of services was based on self-reports and case records. With respect to self-reports, the validity and reliability of these data necessarily require that youth have a clear understanding of each question that was asked. For comparative purposes, the interpretation of these questions must be equivalent across the entire sample. Moreover, the questions also require accuracy in recall. Unlike the research on diagnostic instrumentation, we are not aware of any research that examines the validity and reliability of service-related self-reports among the juvenile justice program. Furthermore, a general absence of this type of research exists for other populations. Therefore, the reader is strongly encouraged to keep this limitation in mind as it relates to all self-report measures.

With respect to case records, entirely different measurement challenges exist. More specifically, the investigative team performing case record abstractions used a standardized method for extracting data and maintained regular communication to ensure that a similar understanding of all definitions was applied. Reliability analyses during the training period suggested high levels of agreement across raters. However, the case records were very heterogeneous in terms of the overall amount of information and how information was provided by different service entities (e.g., legal, mental health, substance abuse, health, child welfare). Needless to say, the extracted data reflect only what was recorded and observed in the case records. The investigative team could not determine whether information was missing or outdated. For example, the team culled the most recent reports on what medications were provided at the residential facilities. However, it is not uncommon that medications are changed, and it is unknown whether the case records that were reviewed are accurate.

As with all other service-related studies, the interpretation of these findings must be made cautiously. The reader is encouraged to focus more on patterns and trends in the data, focusing on magnitude of differences—that is, what are the most striking differences—as opposed to comparing specific values.

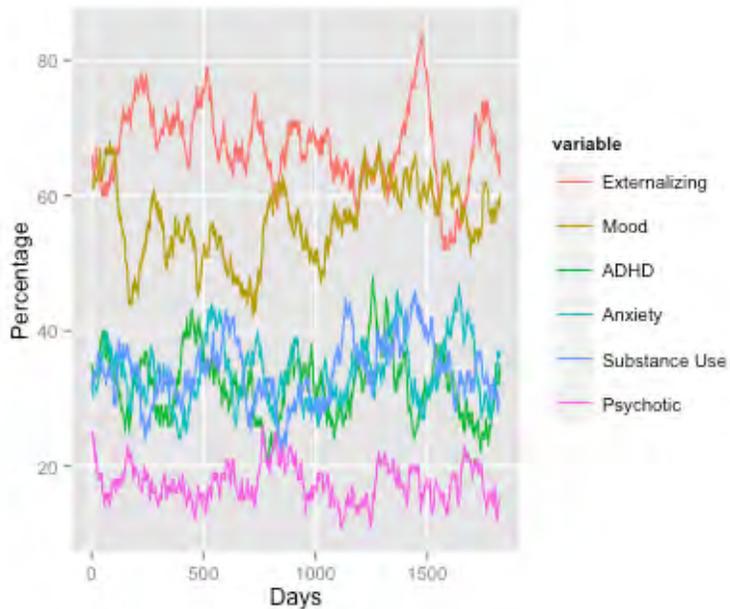
Methodological Consideration

Generalizability

When interpreting prevalence estimates in this study, it is very important to keep in mind that the estimates represent a cross-sectional snapshot of a dynamic population. More specifically, the prevalence estimate of any given disorder will exhibit variability over time, given that youth are continually entering and leaving the residential system. This creates challenges in generalizing these findings to the full population at future points in time. We attempt to show this variability through computer simulation procedures. We describe the procedure below and present the full computer code in Appendix C of this report.

To begin, let's assume that the estimates in the current study were perfectly measured and precisely match the population. This would mean that every youth entering the residential care system would have a 30% chance of having a substance use disorder; 51% would have a mood disorder; 44%, an anxiety disorder; and so on. We can use simulation procedures to recreate this population and observe the variability over time.

The following figure is a line graph that shows variability over time using the prevalence estimates derived from the current study. That is, a theoretical population was created based on these prevalence estimates. Random draws were then taken from this theoretical population to mimic youth in residential treatment. The simulation began with 100 randomly generated samples drawn (with replacement) from this theoretical population. For each subsequent time point, the last sample was dropped from the data (reflecting a discharge), and a new sample was drawn (reflecting an admission). This process was repeated over 1,825 time points to reflect a five-year period. This simulation clearly shows the inherent variability of the prevalence estimates over time without any changes to the underlying theoretical population estimate. In fact, at numerous times throughout the simulation period, some disorders show very notable spikes and drops in prevalence.



The following boxplots help describe the variability. More specifically, prevalence estimates for each day and for each disorder over the entirety of the simulation period were aggregated. The middle line represents the median percentage observed in the simulations, which is equivalent to the prevalence estimates reported for the current study. The boxes contain the middle 50% of observed estimates throughout the simulation procedure. The lines extending from these middle boxes represent 1.5 times the inter-quartile range, and the values beyond these lines are considered extreme outliers. The range of values contained in this box plots represent plausible estimates based on an assumption that the disorders were perfectly measured.



From these figures, one can clearly see that the prevalence estimate for any given disorder can show considerable variability over time, even in absence of actual changes in the population. In fact, these fluctuations are likely to be under-estimated to a certain degree, given that the simulation is based on fairly strong and untenable assumptions. One assumption is that the actual prevalence estimates remained fixed over the entire simulation period. The study *Monitoring the Future* consistently reveals changes in the patterns of substance use among the youth population, which certainly leads to different rates of substance use disorders.

Sample Size

An important factor to consider in the interpretation of any study results is the sample size. The aim of this study was to complete a full census or population survey. However, this was not possible due to a variety of challenges that occurred during recruitment—most notably, making contact with parents to obtain consent. Despite this challenge, the resultant sample size produced data on over 50% of the population. The actual sample size is only a rough estimate because the overall population can fluctuate on a day-to-day basis. From a statistical standpoint, the final sample size prevents the opportunity to conduct advanced statistical procedures. However, given the overall coverage of the study population, the resultant sample size is sufficient for the analyses performed and reported. In short, we believe the current sample reflects the larger population of youth in residential care.

Implications for Practice and Policy

This study provides the basis for a number of important practice and policy implications. The research process itself also yielded a number of other unanticipated but equally important insights. And, like most research, this study helps to answer a number of important questions and to highlight many other things we don't know. Thus, we are drawing on both data and other experiences in the research process in formulating our recommendations. The recommendations are not presented in a priority order.

Understanding and Delivery of Evidence-Based Practices

While this study helped determine the extent to which youth had unmet mental health needs, it is important to emphasize that the actual type and quality of services is largely unknown. This was not a focus of the study, and we don't have any evidence from this survey to comment on quality issues. However, evidence suggests that many persons with mental health and substance use disorders (or both) do not receive services that are concordant with the best available evidence (cite). Thus, understanding the quality of services provided is a critical step toward ensuring and improving the system of care for this at-risk population.

Real-Time Data

The current study was formulated using traditional epidemiologic survey methodologies. The survey results are always retrospective and fail to address the immediate needs of the youth being served. Many of the youth who were interviewed in this study have been subsequently released and presumably replaced by other youth who may have an entirely different diagnostic profile and set of service needs. Real-time data are necessary to determine the exact profiles of youth.

Ten years ago, collecting real-time data would have been cost prohibitive from a technological standpoint. However, within the past few years, many important advances have occurred in data warehousing and management that make this an economically viable option. For example, the current study utilized a standardized diagnostic assessment tool supplemented by a wide range of other measures. The interviews were conducted with tablet computers by MSW-level practitioners who visited each facility. We envision and strongly recommend a model where facilities administer these assessments to every youth (approximately 90 minutes) upon admission to the facility. The data would then be warehoused on a secure system, where they would be automatically updated in real time and available on a dashboard display. A dashboard display is “a visual display of the most important information needed to achieve one or more objectives that has been consolidated on a single computer screen so it can be monitored at a glance” (Few, 2010, p. 26).

A set of different dashboards could be developed to meet various information needs. For example, each residential facility could have a complete profile of all the disorders and needs of the youth that are being served. Administrators at the State could have another dashboard (available at their own computer terminal) that allows for data to be aggregated across the facilities. This type of system could easily allow reports to be run at any level—that is, from an individual profile to aggregation among certain regions to aggregation across the entire state. The ultimate objective is to obtain, analyze and report back useful information in real time. We encourage the State of Michigan to think about their ideal information needs without considering any technological constraints. With rapidly emerging technologies and the falling costs to implement and maintain such systems, it is often the case that a solution can be found.

Family Contact, Family Involvement and the Risk of Continued Offending

The inability to contact families was identified as a major area of concern from the outset. In approximately 20% of the cases, neither the State nor the facility was able to provide a working contact number for a parent/legal guardian.

Maintaining current contact information is a very clear challenge, given the broader economic climate and mobility of families. Youth associated with the juvenile justice system often come from fragile economic backgrounds characterized by high rates of residential mobility, making it quite difficult for systems to secure and continually update a working line of communication. Despite these challenges, family contact is critical for at least two reasons. First, the lack of contact information makes it impossible to involvement family members in services/treatment. Second, and perhaps most importantly, family involvement is instrumental in decreasing the risk of continued offending. Healthy development is dependent upon parents and other socializing agents making consistent investments in the care, education and supervision of children. Consistent investments instill a sense of attachment and commitment that tie adolescents to family members and conventional role models. The empirical evidence indicates that these investments and social bonds prevent the development of delinquent behaviors and interrupt the continuation of delinquent behaviors. This is a long standing and well documented finding. Approximately three decades ago, Loeber and Stouthamer-Loeber (1986) reported that parental involvement was one of the strongest predictors of juvenile conduct problems and delinquency, *even stronger than* parental criminality, marital relations, parental discipline and parental absence. Similar findings are reported in more recent studies. In a meta-analysis of 161 published and unpublished studies,

parenting behaviors and family involvement emerged as the strongest predictor of juvenile delinquency (Hoeve et al. 2009).

Closer to home, the relative importance of family involvement was demonstrated in a longitudinal study of adjudicated delinquents leaving residential care in the State of Michigan. Ryan and Yang (2005) analyzed more than 11,000 family contact logs associated with a single residential provider. The contact logs captured not only the frequency of contact but also the type of contact (e.g., family counseling on the residential campus, in-home family counseling, campus visits initiated by family members, home visits initiated by the family service worker, home visits initiated by the family, home visits initiated by the student, overnight campus visits and overnight home visits). Recidivism was measured using arrest data provided by the Michigan Department of State Police. These data included offense date, offense type, and disposition. Two findings are relevant to the current report. First, the family contact logs maintained by the residential provider indicated very low rates of face-to-face family contact. That fact, combined with the lack of working contact numbers, indicates that families are unlikely to be regularly involved with treatment planning and treatment activities. Second, and central to the argument for involvement, family contact matters. Families' visits to the residential facility and family contact initiated by the worker in the family home significantly reduced the likelihood of continued offending. This findings speaks to the power of family involvement and highlights the importance of securing and maintaining working contact information for parents/guardians.

Given these findings, residential facilities might explore for maintaining current contact information. If a data system as previously described were developed, such a system could help monitor and provide alerts when parent contact information has not been updated for a given period of time. These are some preliminary ideas that could serve as a basis for solving this very discrete, yet critical problem.

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Appendix A: Measurement Instruments

Parent Interview

Section A Demographics:

First I would like to ask you some question about you

1. Please indicate what gender you identify as:

<input type="checkbox"/> (1) Male
<input type="checkbox"/> (2) Female
<input type="checkbox"/> (3) Another Gender <input type="checkbox"/> (7) Don't Know
<input type="checkbox"/> (9) Refused
1) If other gender, please describe. _____

2. How old are you? _____

3. Were you born in the United States?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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4. Which category best describes your racial background?

<input type="checkbox"/> (1) African American/ Black –Not Hispanic/Latino	<input type="checkbox"/> (2) African American/ Black – Hispanic/Latino	<input type="checkbox"/> (3) Asian/ Asian American
<input type="checkbox"/> (4) Asian Pacific Islander/ Native Hawaiian	<input type="checkbox"/> (5) American Indian/ Native American/Alaskan Native	<input type="checkbox"/> (6) Caucasian/ White- Not Hispanic/Latino
<input type="checkbox"/> (7) Caucasian/ White- Hispanic/Latino <input type="checkbox"/> (98) Don't Know	<input type="checkbox"/> (8) Biracial/ Multiracial <input type="checkbox"/> (99) Refused	<input type="checkbox"/> (9) Other Race
4) Other race _____ _____		

5. What is your current marital status?

<input type="checkbox"/> (1) Single	<input type="checkbox"/> (2) Married	<input type="checkbox"/> (3) Domestic Partner
<input type="checkbox"/> (4) Separated/ Divorced	<input type="checkbox"/> (5) Widow/Widower	
<input type="checkbox"/> (98) Don't know	<input type="checkbox"/> (99) Refused	

6. How far did you go in school?

<input type="checkbox"/> (1) Did Not Complete Elementary School	<input type="checkbox"/> (2) Completed Elementary School	<input type="checkbox"/> (3) Completed Middle School	<input type="checkbox"/> (4) Completed High School or has a GED
<input type="checkbox"/> (5) Has Completed Some College	<input type="checkbox"/> (6) Has an Associate's Degree	<input type="checkbox"/> (7) Has a Bachelor's Degree	<input type="checkbox"/> (8) Has a Master's or Professional Graduate Degree
<input type="checkbox"/> (9) Has a PhD. Or Doctorate	<input type="checkbox"/> (98) Don't know	<input type="checkbox"/> (99) Refused	

7. In the past 12 months, have you worked outside the home?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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8. Were you employed full time at your last job?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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9. Are you receiving public assistance, such as welfare?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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10. What is your relationship to the child?

<input type="checkbox"/> (1) Parent <input type="checkbox"/> (6) Sibling	<input type="checkbox"/> (2) Step Parent <input type="checkbox"/> (7) Other relationship	<input type="checkbox"/> (3) Grand Parent <input type="checkbox"/> (98) Don't Know	<input type="checkbox"/> (4) Foster Parent <input type="checkbox"/> (99) Refused	<input type="checkbox"/> (5) Aunt/Uncle
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10). Other relationship: _____

Section B Mental Health and Substance Use Disorder Services:

Now I would like to ask you questions about any mental health and/or substance use disorder services your child may need or is currently receiving

11. Has your child ever experienced mental health problems or problems with emotions?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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11a. At what age did your child begin to experience mental health problems or problems with emotions? _____

12. Is your child currently receiving services or assistance for mental health problems or problems with emotions?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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If yes, please describe

13. Has your child ever experienced problems, barriers, or challenges in getting help for mental health problems or problems with emotions?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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If yes, please describe them

16. Has your child ever been hospitalized overnight for mental health problems or problems with emotions?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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16a. If yes, how many times?

16b. How old was your child when it first happened? _____

17. Has your child ever attended a program in the community for mental health problems or problems with emotions?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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17. How many different community programs did your child attend? _____

19. Does your child have any prior documented diagnosis of emotional disorder(s) and/or drug or alcohol problems?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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If yes what was your child's diagnosis?

20. Does your child currently receive medication for mental health problems or emotions? If yes, please list them.

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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Medication 1: _____ Medication 2: _____ Medication 3: _____
Medication 4: _____ Medication 5: _____

21. How old was your child when they were first prescribed medication(s)? _____

22. Has your child ever had problems with drugs or alcohol? (if no, skip to Offense, question 24)?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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22a. At what age did your child first begin having problems with drugs or alcohol? _____

23. Do you think your child currently has a problem with drugs or alcohol? (if no, skip to 23c)

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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23a. Please tell me how much you agree with the following statement: My child is ready to change their drug and/or alcohol use.

<input type="checkbox"/> (1) Strongly Disagree	<input type="checkbox"/> (2) Disagree	<input type="checkbox"/> (3) Somewhat Agree	<input type="checkbox"/> (4) Agree	<input type="checkbox"/> (5) Strongly Agree
<input type="checkbox"/> (98) Don't know	<input type="checkbox"/> (99) Refused			

23b. Is your child currently receiving help for problems with drugs or alcohol?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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23b. If yes, please describe. _____

23c. Has your child ever experienced problems, barriers, or challenges in getting help for drug or alcohol problems?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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23c. If yes, please describe them. _____

23d. Has your child ever been hospitalized overnight due to alcohol or drug use?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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23d. If yes, how many times? _____

23e. Has your child ever attended an in-patient program for alcohol or drug problems??

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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23e. If yes, how many times? _____

23f. Has your child ever attended an outpatient program for alcohol or drug problems??

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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23f. If yes, how many times? _____

Section C Offense History:

We are almost done, this is our last section. Now I am going to be asking you about your child's offense history

24. How many times has your child been arrested? _____

25. How old was your child when he/she was first arrested? _____

26. How old was your child when they were in their first out-of-home placement? _____

27. How many of out-of-home placements has your child been in? If more than one skip to question 29 _____

28. How long has your child been in this out-of-home placement? (in months) _____

29. How long was your child in each of their previous out-of-home placements?

29a. Age outhome 1: _____

29a. Months outhome 1: _____

29b. Age outhome 2: _____

29b. Months outhome 2: _____

29c. Age outhome 3: _____

29c. Months outhome 3: _____

29d. Age outhome 4: _____

29d. Months outhome 4: _____

29e. Age outhome 5: _____

29e. Months outhome 5: _____

Case record extraction worksheet

The following questions are to be completed with the information collected from the Juvenile Justice Detainee (JJD) case file.

HEALTH & MENTAL HEALTH

1) Is the JJD currently receiving services or assistance for mental health problems or problems with emotions?

Yes No

If yes, please select from the following:

- Inpatient / hospitalization
(means to provide treatment for an individual as an inpatient in a Hospital or facility for at least one night)
- Residential
(means an individual receives treatment at least 24 hours a day while residing in a state or licensed facility for the care or treatment of a serious mental illness, serious emotional disturbance, or developmental disability.)
- Outpatient
(means an individual receives treatment for mental health problems while living and functioning daily in the community, not in a state or licensed facility.)
- Other _____

Data Obtained From: _____ Date of Form: _____

2) Has the adolescent ever been hospitalized overnight in a psychiatric hospital mental health problems or problems with emotions? (*Psychiatric hospital: an inpatient program operated by the department for the treatment of individuals with serious mental illness or serious emotional disturbance*)

Yes No

Data Obtained From: _____ Date of Form: _____

3) Has the adolescent ever been hospitalized in a residential mental health treatment facility?

Yes No

Data Obtained From: _____ Date of Form: _____

4) Has the adolescent ever attended a program in the community for mental health problems or problems with emotions?

Yes No

Data Obtained From: _____ Date of Form: _____

5) Does the adolescent have a prior documented diagnosis of emotional disorder(s) and/or drug or alcohol problems?

Yes

No

If yes what is the adolescent's diagnosis?

Axis I: _____

Axis II. _____

Data Obtained From: _____ Date of Form: _____

6) Does the adolescent currently receive medication for mental health problems or emotions? If yes, please list them.

Medication 1: _____

Medication 2: _____

Medication 3: _____

Medication 4: _____

Medication 5: _____

Medication 6: _____

Medication 7: _____

Data Obtained From: _____ Date of Form: _____

7) How old was the adolescent when they were first prescribed medication(s)? _____

Data Obtained From: _____ Date of Form: _____

SUBSTANCE USE DISORDER

8) Does the youth have a history of using and/or abusing drugs or alcohol?

Yes

No

Data Obtained From: _____ Date of Form: _____

9) Is the adolescent currently receiving help for problems with drugs or alcohol?

Yes

No

N/A

Data Obtained From: _____ Date of Form: _____

10) Is the adolescent currently receiving services for substance abuse treatment?

Data Obtained From: _____ Date of Form: _____

16) Age at first arrest: _____

Data Obtained From: _____ Date of Form: _____

17) How old was the adolescent when they were in their first out-of-home placement?

_____ Data Obtained From: _____ Date of Form: _____

18) How many out-of-home placements has the adolescent been in? _____

Data Obtained From: _____ Date of Form: _____

19) Length of stay in current placement (in months): _____

Data Obtained From: _____ Date of Form: _____

20) Total length of stay in out-of-home placements (months?): _____

Data Obtained From: _____ Date of Form: _____

21) Current determined DHS risk-level: _____

Data Obtained From: _____ Date of Form: _____

Adolescent interview questionnaire

Part 1: Youth Characteristics

1. How old are you? _____

2. Which category best describes your racial background?

<input type="checkbox"/> (1) African American/ Black –Not Hispanic/Latino	<input type="checkbox"/> (2) African American/ Black –Hispanic/Latino	<input type="checkbox"/> (3) Asian/ Asian American
<input type="checkbox"/> (4) Asian Pacific Islander/ Native Hawaiian	<input type="checkbox"/> (5) American Indian/ Native American/Alaskan Native	<input type="checkbox"/> (6) Caucasian/ White- Not Hispanic/Latino
<input type="checkbox"/> (7) Caucasian/ White- Hispanic/Latino	<input type="checkbox"/> (8) Biracial/ Multiracial	<input type="checkbox"/> (9) Other Race
<input type="checkbox"/> (98) Don't know		
<input type="checkbox"/> (99) Refused		

3. What is the highest grade of school you completed? _____

4. Are you currently in school?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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5. Do you have children of your own?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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5a) If Yes, how many children do you have? _____

5b) Where are they living? _____

5c) How often do you see your child(ren)? _____

6. Have you ever had a head injury in which you were knocked out for 10 minutes or more? (If no, don't know or refused skip to question 7)

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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6a) If Yes, how many times? _____

6b) How old were you when this first occurred? _____

6c) What type of medical treatment did you receive when this first occurred?

6d) How old were you when this last occurred? _____

6e) What type of medical treatment did you receive when this last occurred? _____

6f) Any lifetime receipt of medical treatment for head injury?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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7. Was there ever a period in your life lasting at least two months when you smoked at least once per week?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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8. Think about the past 12 months. About how many days out of the last 365 did you smoke at least one cigarette, cigar, or pipe? _____ (Number of days)

9. On the days you smoked in the past 12 months, about how many cigarettes did you usually have per day? _____

10. On the days you smoked in the past 12 months, about how many cigars did you usually have per day? _____

11. On the days you smoked in the past 12 months, about how many times did you usually smoke a pipe per day? _____

12. How soon after you wake up do you smoke your first cigarette, cigar, or pipe?

<input type="checkbox"/> (1) Within 5 minutes after waking	<input type="checkbox"/> (2) Within 6 to 30 minutes	<input type="checkbox"/> (3) Within 31 to 60 minutes	<input type="checkbox"/> (4) More than one hour after waking.
<input type="checkbox"/> (5) Don't know	<input type="checkbox"/> (6) Refused		

Part 3a: Impulsivity (Barratt v.11)

13. I do things without thinking.

<input type="checkbox"/> (1) Rarely/Never	<input type="checkbox"/> (2) Occasionally	<input type="checkbox"/> (3) Often	<input type="checkbox"/> (4) Almost always/always
<input type="checkbox"/> (5) Don't know	<input type="checkbox"/> (6) Refused		

14. I make up my mind quickly.

<input type="checkbox"/> (1) Rarely/Never	<input type="checkbox"/> (2) Occasionally	<input type="checkbox"/> (3) Often	<input type="checkbox"/> (4) Almost always/always
<input type="checkbox"/> (5) Don't know	<input type="checkbox"/> (6) Refused		

15. I am happy-go-lucky.

<input type="checkbox"/> (1) Rarely/Never	<input type="checkbox"/> (2) Occasionally	<input type="checkbox"/> (3) Often	<input type="checkbox"/> (4) Almost always/always
<input type="checkbox"/> (5) Don't know	<input type="checkbox"/> (6) Refused		

16. I act "on impulse."

<input type="checkbox"/> (1) Rarely/Never	<input type="checkbox"/> (2) Occasionally	<input type="checkbox"/> (3) Often	<input type="checkbox"/> (4) Almost always/always
<input type="checkbox"/> (5) Don't know	<input type="checkbox"/> (6) Refused		

17. I act on the spur of the moment.

<input type="checkbox"/> (1) Rarely/Never	<input type="checkbox"/> (2) Occasionally	<input type="checkbox"/> (3) Often	<input type="checkbox"/> (4) Almost always/always
<input type="checkbox"/> (5) Don't know	<input type="checkbox"/> (6) Refused		

18. I buy things on impulse.

<input type="checkbox"/> (1) Rarely/Never	<input type="checkbox"/> (2) Occasionally	<input type="checkbox"/> (3) Often	<input type="checkbox"/> (4) Almost always/always
<input type="checkbox"/> (5) Don't know	<input type="checkbox"/> (6) Refused		

19. I spend or charge more than I earn.

<input type="checkbox"/> (1) Rarely/Never	<input type="checkbox"/> (2) Occasionally	<input type="checkbox"/> (3) Often	<input type="checkbox"/> (4) Almost always/always
<input type="checkbox"/> (5) Don't know	<input type="checkbox"/> (6) Refused		

20. I change jobs.

<input type="checkbox"/> (1) Rarely/Never	<input type="checkbox"/> (2) Occasionally	<input type="checkbox"/> (3) Often	<input type="checkbox"/> (4) Almost always/always
<input type="checkbox"/> (5) Don't know	<input type="checkbox"/> (6) Refused		

21. I change residences.

<input type="checkbox"/> (1) Rarely/Never	<input type="checkbox"/> (2) Occasionally	<input type="checkbox"/> (3) Often	<input type="checkbox"/> (4)Almost always/always
<input type="checkbox"/> (5) Don't know	<input type="checkbox"/> (6) Refused		

22. I can only think about one thing at a time.

<input type="checkbox"/> (1) Rarely/Never	<input type="checkbox"/> (2) Occasionally	<input type="checkbox"/> (3) Often	<input type="checkbox"/> (4)Almost always/always
<input type="checkbox"/> (5) Don't know	<input type="checkbox"/> (6) Refused		

23. I am future oriented.

<input type="checkbox"/> (1) Rarely/Never	<input type="checkbox"/> (2) Occasionally	<input type="checkbox"/> (3) Often	<input type="checkbox"/> (4)Almost always/always
<input type="checkbox"/> (5) Don't know	<input type="checkbox"/> (6) Refused		

24. I plan tasks carefully.

<input type="checkbox"/> (1) Rarely/Never	<input type="checkbox"/> (2) Occasionally	<input type="checkbox"/> (3) Often	<input type="checkbox"/> (4)Almost always/always
<input type="checkbox"/> (5) Don't know	<input type="checkbox"/> (6) Refused		

25. I plan trips well ahead of time.

<input type="checkbox"/> (1) Rarely/Never	<input type="checkbox"/> (2) Occasionally	<input type="checkbox"/> (3) Often	<input type="checkbox"/> (4)Almost always/always
<input type="checkbox"/> (5) Don't know	<input type="checkbox"/> (6) Refused		

26. I am self controlled.

<input type="checkbox"/> (1) Rarely/Never	<input type="checkbox"/> (2) Occasionally	<input type="checkbox"/> (3) Often	<input type="checkbox"/> (4)Almost always/always
<input type="checkbox"/> (5) Don't know	<input type="checkbox"/> (6) Refused		

27. I am a careful thinker.

<input type="checkbox"/> (1) Rarely/Never	<input type="checkbox"/> (2) Occasionally	<input type="checkbox"/> (3) Often	<input type="checkbox"/> (4)Almost always/always
<input type="checkbox"/> (5) Don't know	<input type="checkbox"/> (6) Refused		

28. I plan for job security.

<input type="checkbox"/> (1) Rarely/Never	<input type="checkbox"/> (2) Occasionally	<input type="checkbox"/> (3) Often	<input type="checkbox"/> (4) Almost always/always
<input type="checkbox"/> (5) Don't know	<input type="checkbox"/> (6) Refused		

29. I say things without thinking.

<input type="checkbox"/> (1) Rarely/Never	<input type="checkbox"/> (2) Occasionally	<input type="checkbox"/> (3) Often	<input type="checkbox"/> (4) Almost always/always
<input type="checkbox"/> (5) Don't know	<input type="checkbox"/> (6) Refused		

Part 4a: Mental Health and substance use disorder

30. Have you ever been hospitalized overnight for mental health problems or problems with emotions?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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30a. If yes, how many times? _____

30b. How old were you when it first happened? _____

31. In the past 12 months, have you ever been hospitalized overnight for mental health problems or problems with emotions?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
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32) Have you ever been hospitalized overnight due to alcohol or drug use?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

32a) If yes, how many times? _____

32b) How old were you when it first happened? _____

33. In the past 12 months, have you ever been admitted overnight to receive help for problems with your use of alcohol or drugs?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

34. Did you ever use an internet support group or chat room to get help for problems with your emotions or nerves?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

35. Did you ever use an internet support group or chat room to get help for problems with your use of alcohol or drugs?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

36. Did you ever in your life go to a self-help group for help with your emotions or nerves?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

37. Did you ever in your life go to a self-help group for help with your use of alcohol or drugs?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

38. Did you ever use a hotline for problems with your emotions or nerves?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

39. Did you ever use a hotline for problems with your use of alcohol, or drugs?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

40. Did you ever in your life have a session of psychological counseling or therapy that lasted 30 minutes or longer with any type of professional?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

41. Did you ever get a prescription or medicine for your emotions or nerves, or for your use of alcohol or drugs?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

Part 4b: Mental Health and substance use disorder

42. Did you ever in your lifetime go see any of the professional on this list for problems with your emotion or nerves? (Record all mentions)

- Psychiatrist
- Family doctor
- Any other medical doctor
- Psychologist
- Social worker
- Counselor

- Any other mental health professional, such as a psychotherapist or mental health nurse
- A nurse, occupational therapist, or other health professional
- A religious or spiritual advisor like a minister, priest or rabbi
- Any other healer, like an herbalist, chiropractor, or spiritualist
- A teacher or school counselor
- Don't know
- Refused

43. Did you ever in your lifetime go see any of the professional on this list for problems with your use of alcohol or drugs? (Record all mentions)

- Psychiatrist
- Family doctor
- Any other medical doctor
- Psychologist
- Social worker
- Counselor
- Any other mental health professional, such as a psychotherapist or mental health nurse
- A nurse, occupational therapist, or other health professional
- A religious or spiritual advisor like a minister, priest or rabbi
- Any other healer, like an herbalist, chiropractor, or spiritualist
- A teacher or school counselor
- Don't know
- Refused

44. Are you currently seeing any of the professionals on this list for problems with your emotion or nerves? (Record all mentions)

- Psychiatrist
- Family doctor
- Any other medical doctor
- Psychologist
- Social worker
- Counselor
- Any other mental health professional, such as a psychotherapist or mental health nurse
- A nurse, occupational therapist, or other health professional
- A religious or spiritual advisor like a minister, priest or rabbi
- Any other healer, like an herbalist, chiropractor, or spiritualist
- A teacher or school counselor
- Don't know
- Refused

45. Are you currently seeing any of the professionals on this list for problems with your use of alcohol or drugs? (Record all mentions)

- Psychiatrist
- Family doctor
- Any other medical doctor
- Psychologist
- Social worker
- Counselor
- Any other mental health professional, such as a psychotherapist or mental health nurse
- A nurse, occupational therapist, or other health professional
- A religious or spiritual advisor like a minister, priest or rabbi
- Any other healer, like an herbalist, chiropractor, or spiritualist
- A teacher or school counselor
- Don't know
- Refused

46. Do you think you currently need to see a professional for problems with your emotions or nerves?

<input type="checkbox"/> (1) No, not at all	<input type="checkbox"/> (2) Yes, very much	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
---	---	---	--------------------------------------

47. Do you think you currently need to see a professional for problems with your use of alcohol or drugs?

<input type="checkbox"/> (1) No, not at all	<input type="checkbox"/> (2) Yes, very much	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
---	---	---	--------------------------------------

Part 5: Future Orientation

48. I usually expect the best.

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

49. I am not that concerned about things ahead of me.

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

50. The future seems very unclear and uncertain to me.

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

51. I expect more good things to happen to me than bad.

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

52. If something can go wrong for me, it will.

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

53. I rarely count on good things to happen to me.

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

54. I hardly ever expect things to go my way.

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

55. I have been thinking a lot about what I am going to do in the future.

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

56. I think about the future only to a very small extent.

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

57. I am always optimistic or hopeful about my future.

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

58. It's no use worrying about the future, because what will be will be.

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

Part 6: Social/ family networks

59. How often do you talk on the phone or get together with relatives who do not live with you?

<input type="checkbox"/> (1) Most every date	<input type="checkbox"/> (2) A few times a week	<input type="checkbox"/> (3) A few times a month	<input type="checkbox"/> (4) About once a month	<input type="checkbox"/> (5) Less than once a month
<input type="checkbox"/> (6) Don't know	<input type="checkbox"/> (7) Refused			

60. How much can you rely on relatives who do not live with you for help if you have a serious problem?

<input type="checkbox"/> (1) A lot	<input type="checkbox"/> (2) Some	<input type="checkbox"/> (3) A little	<input type="checkbox"/> (4) Not at all
<input type="checkbox"/> (5) Don't know	<input type="checkbox"/> (6) Refused		

61. How much can you open up to relatives who do not live with you if you need to talk about your worries?

<input type="checkbox"/> (1) A lot	<input type="checkbox"/> (2) Some	<input type="checkbox"/> (3) A little	<input type="checkbox"/> (4) Not at all
<input type="checkbox"/> (5) Don't know	<input type="checkbox"/> (6) Refused		

62. How often do your relatives make too many demands on you?

<input type="checkbox"/> (1) Often	<input type="checkbox"/> (2) Sometimes	<input type="checkbox"/> (3) Rarely	<input type="checkbox"/> (4) never
<input type="checkbox"/> (5) Don't know	<input type="checkbox"/> (6) Refused		

63. How often do your relatives argue with you?

<input type="checkbox"/> (1) Often	<input type="checkbox"/> (2) Sometimes	<input type="checkbox"/> (3) Rarely	<input type="checkbox"/> (4) never
<input type="checkbox"/> (5) Don't know	<input type="checkbox"/> (6) Refused		

64. Do you have someone you can count on to listen to you when you need to talk?

<input type="checkbox"/> (1) None of the time	<input type="checkbox"/> (2) A little of the time	<input type="checkbox"/> (3) Some of the time	<input type="checkbox"/> (4) Most of the time
<input type="checkbox"/> (5) All of the time	<input type="checkbox"/> (6) Don't know	<input type="checkbox"/> (7) Refused	

65. Do you have someone to confide in or talk to about yourself or your problems?

<input type="checkbox"/> (1) None of the time	<input type="checkbox"/> (2) A little of the time	<input type="checkbox"/> (3) Some of the time	<input type="checkbox"/> (4) Most of the time
<input type="checkbox"/> (5) All of the time	<input type="checkbox"/> (6) Don't know	<input type="checkbox"/> (7) Refused	

66. Do you have someone to share your most private worries and fears with?

<input type="checkbox"/> (1) None of the time	<input type="checkbox"/> (2) A little of the time	<input type="checkbox"/> (3) Some of the time	<input type="checkbox"/> (4) Most of the time
<input type="checkbox"/> (5) All of the time	<input type="checkbox"/> (6) Don't know	<input type="checkbox"/> (7) Refused	

67. Do you have someone who understands your problems?

<input type="checkbox"/> (1) None of the time	<input type="checkbox"/> (2) A little of the time	<input type="checkbox"/> (3) Some of the time	<input type="checkbox"/> (4) Most of the time
<input type="checkbox"/> (5) All of the time	<input type="checkbox"/> (6) Don't know	<input type="checkbox"/> (7) Refused	

68. Do you have someone to give you good advice about a crisis?

<input type="checkbox"/> (1) None of the time	<input type="checkbox"/> (2) A little of the time	<input type="checkbox"/> (3) Some of the time	<input type="checkbox"/> (4) Most of the time
<input type="checkbox"/> (5) All of the time	<input type="checkbox"/> (6) Don't know	<input type="checkbox"/> (7) Refused	

69. Do you have someone to give you information to help you understand a situation?

<input type="checkbox"/> (1) None of the	<input type="checkbox"/> (2) A little of the	<input type="checkbox"/> (3) Some of the	<input type="checkbox"/> (4) Most of the
--	--	--	--

time	time	time	time
<input type="checkbox"/> (5) All of the time	<input type="checkbox"/> (6) Don't know	<input type="checkbox"/> (7) Refused	

70. Do you have someone whose advice you really want?

<input type="checkbox"/> (1) None of the time	<input type="checkbox"/> (2) A little of the time	<input type="checkbox"/> (3) Some of the time	<input type="checkbox"/> (4) Most of the time
<input type="checkbox"/> (5) All of the time	<input type="checkbox"/> (6) Don't know	<input type="checkbox"/> (7) Refused	

71. Do you have someone to turn to for suggestions about how to deal with a personal problem?

<input type="checkbox"/> (1) None of the time	<input type="checkbox"/> (2) A little of the time	<input type="checkbox"/> (3) Some of the time	<input type="checkbox"/> (4) Most of the time
<input type="checkbox"/> (5) All of the time	<input type="checkbox"/> (6) Don't know	<input type="checkbox"/> (7) Refused	

Part 7: Placement

72. How long it will take you to complete the program?

73. What you are working on here?

74. Are your treatment needs being met?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

Part 8: Education

75. How many times during this school year have you skipped school for a full day without an excuse? _____

76. Have you ever repeated a grade or been held back a grade?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

77. Which grade(s) have you repeated?

<input type="checkbox"/> (1) First	<input type="checkbox"/> (2) Second	<input type="checkbox"/> (3) Third	<input type="checkbox"/> (4) Fourth
<input type="checkbox"/> (5) Fifth	<input type="checkbox"/> (6) Sixth	<input type="checkbox"/> (7) Seventh	<input type="checkbox"/> (8) Eighth

<input type="checkbox"/> (9) Ninth	<input type="checkbox"/> (10) Tenth	<input type="checkbox"/> (11) Eleventh	<input type="checkbox"/> (12) Twelfth
<input type="checkbox"/> (13) Don't know	<input type="checkbox"/> (14) Not Applicable	<input type="checkbox"/> (15) Refused	<input type="checkbox"/>

78. Have you ever received an out-of-school suspension from school?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

79. Have you ever been expelled from school?

<input type="checkbox"/> (1) Yes	<input type="checkbox"/> (2) No	<input type="checkbox"/> (3) Don't know	<input type="checkbox"/> (4) Refused
----------------------------------	---------------------------------	---	--------------------------------------

80. When you were last in school (outside of residential placement), what was your grade in mathematics?

<input type="checkbox"/> (1) A	<input type="checkbox"/> (2) B	<input type="checkbox"/> (3) C	<input type="checkbox"/> (4) D or lower
<input type="checkbox"/> (5) Didn't take this subject	<input type="checkbox"/> (6) Took the subject, but it wasn't graded this way	<input type="checkbox"/> (7) Don't know	<input type="checkbox"/> (8) Refused

81. When you were last in school (outside of residential placement), how often have you had trouble getting along with teachers?

<input type="checkbox"/> (1) Never	<input type="checkbox"/> (2) Just a few times	<input type="checkbox"/> (3) About once a week	<input type="checkbox"/> (4) Almost everyday
<input type="checkbox"/> (5) Everyday	<input type="checkbox"/> (6) Don't know	<input type="checkbox"/> (7) Refused	

82. When you were last in school (outside of residential placement), how often have you had trouble paying attention in school?

<input type="checkbox"/> (1) Never	<input type="checkbox"/> (2) Just a few times	<input type="checkbox"/> (3) About once a week	<input type="checkbox"/> (4) Almost everyday
<input type="checkbox"/> (5) Everyday	<input type="checkbox"/> (6) Don't know	<input type="checkbox"/> (7) Refused	

83. When you were last in school (outside of residential placement), how often have you had trouble getting your homework done?

<input type="checkbox"/> (1) Never	<input type="checkbox"/> (2) Just a few times	<input type="checkbox"/> (3) About once a week	<input type="checkbox"/> (4) Almost everyday
------------------------------------	---	--	--

<input type="checkbox"/> (5) Everyday	<input type="checkbox"/> (6) Don't know	<input type="checkbox"/> (7) Refused	
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84. When you were last in school (outside of residential placement), how often have you had trouble getting along with other students?

<input type="checkbox"/> (1) Never	<input type="checkbox"/> (2) Just a few times	<input type="checkbox"/> (3) About once a week	<input type="checkbox"/> (4) Almost everyday
<input type="checkbox"/> (5) Everyday	<input type="checkbox"/> (6) Don't know	<input type="checkbox"/> (7) Refused	

How much do you agree or disagree with the following statements?

85. The teachers at your last school treat students fairly.

<input type="checkbox"/> (1) Strongly disagree	<input type="checkbox"/> (2) Disagree	<input type="checkbox"/> (3) Neither agree nor disagree	<input type="checkbox"/> (4) Agree
<input type="checkbox"/> (5) Strongly agree	<input type="checkbox"/> (6) Don't know	<input type="checkbox"/> (7) Refused	

86. You felt safe in that school.

<input type="checkbox"/> (1) Strongly disagree	<input type="checkbox"/> (2) Disagree	<input type="checkbox"/> (3) Neither agree nor disagree	<input type="checkbox"/> (4) Agree
<input type="checkbox"/> (5) Strongly agree	<input type="checkbox"/> (6) Don't know	<input type="checkbox"/> (7) Refused	

M.I.N.I. KID

MINI INTERNATIONAL NEUROPSYCHIATRIC INTERVIEW For Children and Adolescents

English Version 6.0

DSM-IV

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DISCLAIMER

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Case ID Number: _____

Interviewer Initials: _____

	MODULES	TIME FRAME	MEETS CRITERIA	DSM-IV	ICD-10	
A	MAJOR DEPRESSIVE EPISODE	Current (Past 2 weeks)	<input type="checkbox"/>			
		Past	<input type="checkbox"/>			
		Recurrent	<input type="checkbox"/>			
	MAJOR DEPRESSIVE DISORDER	Current (Past 2 weeks)	<input type="checkbox"/>	296.20-296.26 Single	F32.x	<input type="checkbox"/>
		Past	<input type="checkbox"/>	296.20-296.26 Single	F33.x	<input type="checkbox"/>
		Recurrent	<input type="checkbox"/>	296.30-296.36 Recurrent	F33.x	<input type="checkbox"/>
B	SUICIDALITY	Current (Past Month)	<input type="checkbox"/>	N/A	N/A	
		<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High				
C	DYSTHYMIA	Current (Past 1 year)	<input type="checkbox"/>	300.4	F34.1	<input type="checkbox"/>
D	MANIC EPISODE	Current	<input type="checkbox"/>			
		Past	<input type="checkbox"/>			
	HYPOMANIC EPISODE	Current	<input type="checkbox"/>			
		Past	<input type="checkbox"/>	<input type="checkbox"/> Not Explored		
	BIPOLAR I DISORDER	Current	<input type="checkbox"/>	296.0x-296.6x	F30.x- F31.9	<input type="checkbox"/>
		Past	<input type="checkbox"/>	296.0x-296.6x	F30.x- F31.9	<input type="checkbox"/>
	BIPOLAR II DISORDER	Current	<input type="checkbox"/>	296.89	F31.8	<input type="checkbox"/>
		Past	<input type="checkbox"/>	296.89	F31.8	<input type="checkbox"/>
	BIPOLAR DISORDER NOS	Current	<input type="checkbox"/>	296.80	F31.9	<input type="checkbox"/>
		Past	<input type="checkbox"/>	296.80	F31.9	<input type="checkbox"/>
E	PANIC DISORDER	Current (Past Month)	<input type="checkbox"/>	300.01/300.21	F40.01-F41.0	<input type="checkbox"/>
		Lifetime	<input type="checkbox"/>	300.01/300.21	F40.01-F41.0	<input type="checkbox"/>
F	AGORAPHOBIA	Current	<input type="checkbox"/>	300.22	F40.00	<input type="checkbox"/>
G	SEPARATION ANXIETY DISORDER	Current (Past Month)	<input type="checkbox"/>	309.21	F93.0	<input type="checkbox"/>
H	SOCIAL PHOBIA (Social Anxiety Disorder)	Current (Past Month)				
		Generalized	<input type="checkbox"/>	300.23	F40.1	<input type="checkbox"/>
		Non-Generalized	<input type="checkbox"/>	300.23	F40.1	<input type="checkbox"/>
I	SPECIFIC PHOBIA	Current (Past Month)	<input type="checkbox"/>	300.29	N/A	<input type="checkbox"/>
J	OBSESSIVE COMPULSIVE DISORDER	Current (Past Month)	<input type="checkbox"/>	300.3	F42.8	<input type="checkbox"/>
K	POST TRAUMATIC STRESS DISORDER	Current (Past Month)	<input type="checkbox"/>	309.81	F43.1	<input type="checkbox"/>
L	ALCOHOL DEPENDENCE	Past 12 Months	<input type="checkbox"/>	303.9	F10.2x	<input type="checkbox"/>
L	ALCOHOL ABUSE	Past 12 Months	<input type="checkbox"/>	305.00	F10.1	<input type="checkbox"/>
M	SUBSTANCE DEPENDENCE (Non-alcohol)	Past 12 Months	<input type="checkbox"/>	304.00-.90/305.20-.90	F11.2X-F19.2X	<input type="checkbox"/>
M	SUBSTANCE ABUSE (Non-alcohol)	Past 12 Months	<input type="checkbox"/>	304.00-.90/305.20-.90	F11.1-F19.1	<input type="checkbox"/>

N	TOURETTE'S DISORDER	Current	<input type="checkbox"/>	307.23	F95.2	<input type="checkbox"/>
	MOTOR TIC DISORDER	Current	<input type="checkbox"/>	307.22	F95.1	<input type="checkbox"/>
	VOCAL TIC DISORDER	Current	<input type="checkbox"/>	307.22	F95.1	<input type="checkbox"/>
	TRANSIENT TIC DISORDER	Current	<input type="checkbox"/>	307.21	F95.0	<input type="checkbox"/>
O	ADHD COMBINED	Past 6 Months	<input type="checkbox"/>	314.01	F90.0	<input type="checkbox"/>
	ADHD INATTENTIVE	Past 6 Months	<input type="checkbox"/>	314.00	F98.8	<input type="checkbox"/>
	ADHD HYPERACTIVE/IMPULSIVE	Past 6 Months	<input type="checkbox"/>	314.01	F90.0	<input type="checkbox"/>
P	CONDUCT DISORDER	Past 12 Months	<input type="checkbox"/>	312.8	F91.x	<input type="checkbox"/>
Q	OPPOSITIONAL DEFIANT DISORDER	Past 6 Months	<input type="checkbox"/>	313.81	F91.3	<input type="checkbox"/>
R	PSYCHOTIC DISORDERS	Lifetime	<input type="checkbox"/>	295.10-295.90/297.1/ Current	F20.xx-F29	<input type="checkbox"/>
			<input type="checkbox"/>	297.3/293.81/293.82/ 293.89/298.8/298.9	F20.xx-F29	<input type="checkbox"/>
	MOOD DISORDER WITH PSYCHOTIC FEATURES	Lifetime	<input type="checkbox"/>	296.24/296.04-296.94	F30.2/F31.2/F31.5/ F31.65/F32.3/F33.3	<input type="checkbox"/>
		Current	<input type="checkbox"/>	296.24/296.04-296.94	F30.2/F31.2/F31.5/ F31.65/F32.3/F33.3	<input type="checkbox"/>
S	ANOREXIA NERVOSA	Current (Past 3 Months)	<input type="checkbox"/>	307.1	F50.0	<input type="checkbox"/>
T	BULIMIA NERVOSA	Current (Past 3 Months)	<input type="checkbox"/>	307.51	F50.2	<input type="checkbox"/>
	ANOREXIA NERVOSA, BINGE EATING/PURGING TYPE	Current	<input type="checkbox"/>	307.1	F50.0	<input type="checkbox"/>
U	GENERALIZED ANXIETY DISORDER	Current (Past 6 Months)	<input type="checkbox"/>	300.02	F41.1	<input type="checkbox"/>
V	ADJUSTMENT DISORDERS	Current	<input type="checkbox"/>	309.24/309.28 309.3/309.4	F43.xx	<input type="checkbox"/>
W	MEDICAL, ORGANIC, DRUG CAUSE RULED OUT		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Uncertain			
X	PERVASIVE DEVELOPMENTAL DISORDER	Current	<input type="checkbox"/>	299.00/299.10/299.80	F84.0/.2/.3/.5/.9	<input type="checkbox"/>

PRIMARY DISORDER

IDENTIFY THE PRIMARY DIAGNOSIS BY CHECKING THE APPROPRIATE CHECK BOX.

Which problem troubles him/her the most or dominates the others or came first in the natural history? 

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INTERVIEWER INSTRUCTIONS

INTRODUCING THE INTERVIEW

The nature and purpose of the interview should be explained to the child or adolescent prior to the interview. A sample introduction is provided below:

"I'm going to ask you a lot of questions about yourself. This is so that I can get to know more about you and figure out how to help you. Most of the questions can be answered either 'yes' or 'no'. If you don't understand a word or a question, ask me, and I'll explain it. If you are not sure how to answer a question, don't guess - just tell me you are not sure. Some of the questions may seem weird to you, but try to answer them anyway. It is important that you answer the questions as honestly as you can so that I can help you. Do you have any questions before we start?"

For children under 13, we recommend interviewing the parent and the child together. Questions should be directed to the child, but the parent should be encouraged to interject if s/he feels that the child's answers are unclear or inaccurate. The interviewer makes the final decision based on his/her best clinical judgment, whether the child's answers meet the diagnostic criterion in question. With children you will need to use more examples than with adolescents and adults.

GENERAL FORMAT:

The MINI Kid is divided into **modules** identified by letters, each corresponding to a diagnostic category.

- At the beginning of each diagnostic module (except for psychotic disorders module), screening question(s) corresponding to the main criteria of the disorder are presented in a **gray box**.
- At the end of each module, diagnostic box(es) permit the clinician to indicate whether diagnostic criteria are met.

CONVENTIONS:

Sentences written in «normal font» should be read exactly as written to the patient in order to standardize the assessment of diagnostic criteria.

Sentences written in «CAPITALS» should not be read to the patient. They are instructions for the interviewer to assist in the scoring of the diagnostic algorithms.

Sentences written in «bold» indicate the time frame being investigated. The interviewer should read them as often as necessary. Only symptoms occurring during the time frame indicated should be considered in scoring the responses.

Answers with an arrow above them (➡) indicate that one of the criteria necessary for the diagnosis(es) is not met. In this case, the interviewer should go to the end of the module and circle «**NO**» in all the diagnostic boxes and move to the next module.

When terms are separated by a *slash (/)* the interviewer should read only those symptoms known to be present in the patient.

Phrases in (parentheses) are clinical examples of the symptom. These may be read to the patient to clarify the question.

FORMAT OF THE INTERVIEW

The interview questions are designed to elicit specific diagnostic criteria. The questions should be read verbatim. If the child or adolescent does not understand a particular word or concept, you may explain what it means or give examples that capture its essence. If a child or adolescent is unsure if s/he has a particular symptom, you may ask him/her provide an explanation or example to determine if it matches the criterion being investigated. If an interview item has more than 1 question, the interviewer should pause between questions to allow the child or adolescent time to respond.

Questions about the duration of symptoms are included for diagnoses when the time frame of symptoms is a critical element. Because children may have difficulty estimating time, you may assist them by helping them connect times to significant events in their lives. For example, the starting point for "past year" might relate to a birthday, the end or beginning of a school year, a particular holiday or another annual event.

RATING INSTRUCTIONS:

All questions must be rated. The rating is done at the right of each question by circling either Yes or No. Clinical judgment by the rater should be used in coding the responses. The rater should ask for examples when necessary, to ensure accurate coding. The child or adolescent should be encouraged to ask for clarification on any question that is not absolutely clear.

The clinician should take each dimension of the question into account (for example, time frame, frequency, severity, and/or alternatives).

Symptoms better accounted for by an organic cause or by the use of alcohol or drugs should not be coded positive in the MINI KID.

For any questions, suggestions, training, or information about updates of the M.I.N.I. KID, please contact:

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A. MAJOR DEPRESSIVE EPISODE

(➡ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

At any time in your life:			
A1	a Did you feel sad or depressed? Felt down or empty? Felt grouchy or annoyed? Did you feel this way most of the time, for at least 2 weeks? IF YES TO ANY, CONTINUE. IF NO TO ALL, CODE NO TO A1a AND A1b.	NO	YES
	b For the past 2 weeks, did you feel this way, most of the day, nearly every day?	NO	YES
At any time in your life:			
A2	a Were you bored a lot or much less interested in things (Like playing your favorite games)? Have you felt that you couldn't enjoy things? Did you feel this way most of the time, for at least 2 weeks? IF YES TO ANY, CONTINUE. IF NO TO ALL, CODE NO TO A2a AND A2b.	NO	YES
	b For the past 2 weeks, did you feel this way, most of the day, nearly every day?	NO	YES
	IS A1a OR A2b CODED YES?	➡ NO	YES

A3 IF **A1b** OR **A2b** = **YES**: EXPLORE THE **CURRENT** AND THE MOST SYMPTOMATIC **PAST** EPISODE, OTHERWISE
 IF **A1b** AND **A2b** = **NO**: EXPLORE ONLY THE MOST SYMPTOMATIC **PAST** EPISODE

	Past 2 Weeks		Past Episode	
In the past two weeks, when you felt depressed / grouchy / uninterested: a Were you less hungry or more hungry most days? Did you lose or gain weight without trying? [i.e., by ± 5% of body weight in the past month]? IF YES TO EITHER, CODE YES	NO	YES	NO	YES
b Did you have trouble sleeping almost every night (“trouble sleeping” means trouble falling asleep, waking up in the middle of the night, waking up too early or sleeping too much)?	NO	YES	NO	YES
c Did you talk or move slower than usual? Were you fidgety, restless or couldn't sit still almost every day? IF YES TO EITHER, CODE YES	NO	YES	NO	YES
d Did you feel tired most of the time?	NO	YES	NO	YES
e Did you feel bad about yourself most of the time? Did you feel guilty most of the time? IF YES TO EITHER, CODE YES IF YES, ASK FOR EXAMPLES. THE EXAMPLES ARE CONSISTENT WITH A DELUSIONAL IDEA. Current Episode <input type="checkbox"/> No <input type="checkbox"/> Yes Past Episode <input type="checkbox"/> No <input type="checkbox"/> Yes	NO	YES	NO	YES
f Did you have trouble concentrating or did you have trouble making up your mind? IF YES TO EITHER, CODE YES	NO	YES	NO	YES

g Did you feel so bad that you wished that you were dead?
 Did you think about hurting yourself? Did you have thoughts of death?
 Did you think about killing yourself?
 IF **YES** TO ANY, CODE **YES**

NO	YES	NO	YES
----	-----	----	-----

A4 Did these sad, depressed feelings cause a lot of problems at home?
 At school? With friends? With other people?
 Or in some other important way?

NO	YES	NO	YES
----	-----	----	-----

A5 In between your times of depression, were you free of depression
 for of at least 2 months?

NO	YES
----	-----

ARE **5** OR MORE ANSWERS (**A1-A3**) CODED **YES** AND IS **A4** CODED YES
 FOR THAT TIME FRAME?

SPECIFY IF THE EPISODE IS CURRENT AND / OR PAST.

IF **A5** IS CODED **YES**, CODE **YES** FOR RECURRENT.

NO	YES
MAJOR DEPRESSIVE EPISODE	
CURRENT	<input type="checkbox"/>
PAST	<input type="checkbox"/>
RECURRENT	<input type="checkbox"/>

A6 a How many episodes of depression did you have in your lifetime? _____

Between each episode there must be at least 2 months without any significant depression.

B. SUICIDALITY

Points

In the past month did you:

- | | | | | |
|-----|--|----|-----|---|
| B1 | Have any accident? This includes taking too much of your medication accidentally.
IF NO TO B1, SKIP TO B2; IF YES, ASK B1a: | NO | YES | 0 |
| B1a | Plan or intend to hurt yourself in any accident either actively or passively
(e.g. by not avoiding a risk)?
IF NO TO B1a, SKIP TO B2; IF YES, ASK B1b: | NO | YES | 0 |
| B1b | Intend to die as a result of any accident? | NO | YES | 0 |
| B2 | Feel hopeless? | NO | YES | 1 |
| B3 | Think that you would be better off dead or wish you were dead? | NO | YES | 1 |
| B4 | Think about hurting or injuring yourself or have mental
images of harming yourself, with at least a slight intent to die? | NO | YES | 4 |
| B5 | Think about killing yourself? | NO | YES | 6 |

IF NO TO B5, SKIP TO B7. OTHERWISE ASK:

Frequency

Intensity

Occasionally	<input type="checkbox"/>	Mild	<input type="checkbox"/>
Often	<input type="checkbox"/>	Moderate	<input type="checkbox"/>
Very often	<input type="checkbox"/>	Severe	<input type="checkbox"/>

- | | | | | |
|----------------------------|---|----|-----|----|
| B6 | Have difficulty restraining yourself or holding back from acting on these impulses? | NO | YES | 8 |
| B7 | Have a method or a way to kill yourself in your mind (e.g. how)? | NO | YES | 8 |
| B8 | Have plan to kill yourself in your mind (e.g. when or where)? | NO | YES | 8 |
| B9 | Intend to act on thoughts of killing yourself? | NO | YES | 8 |
| B10 | Intend to die as a result of trying to kill yourself? | NO | YES | 8 |
| B11 | Do things to prepare or to get ready to kill yourself?
This includes times when you were going to kill yourself, but were
interrupted or stopped yourself, before hurting yourself. | NO | YES | 9 |
| IF NO TO B11, SKIP TO B12. | | | | |
| B11a | Do things to get ready to kill yourself,
but did not start to kill yourself? | NO | YES | |
| B11b | Start to try to kill yourself, but then stop yourself before
you hurt yourself (aborted attempt)? | NO | YES | |
| B11c | Start to try to kill yourself, but then someone or something stopped you before
you hurt yourself (interrupted attempt)? | NO | YES | |
| B12 | Injure yourself on purpose without intending to kill yourself? | NO | YES | 4 |
| B13 | Attempt suicide (try to kill yourself)?
A suicide attempt means you did something where you could possibly be injured, | NO | YES | 10 |

with at least at least a slight intent to die.

IF NO, SKIP TO B14:

Hope to be rescued / survive

Expected / intended to die

In your lifetime:

- | | | | | |
|-----|--|----|-----|---|
| B14 | a) Did you ever feel so bad that you wished you were dead or felt like killing yourself? | NO | YES | 4 |
| | b) Did you ever do things to prepare or to get ready to kill yourself? | NO | YES | 4 |
| | c) Did you ever try to kill yourself?
How many times? _____ | NO | YES | 4 |

“A suicide attempt is any self-injurious behavior, with at least some intent (> 0) to die as a result or if intent can be inferred, e.g. if it is clearly not an accident or the individual thinks the act could be lethal, even though denying intent.”
(C-CASA definition). Posner K et al. Am J Psychiatry 164:7, July 2007.

IS AT LEAST 1 OF THE ABOVE (EXCEPT B1) CODED YES?

IF YES, ADD THE TOTAL POINTS FOR THE ANSWERS (B1-B14)

CHECKED 'YES' AND SPECIFY THE SUICIDALITY SCORE AS INDICATED IN THE BOX:

MAKE ADDITIONAL COMMENTS ABOUT YOUR ASSESSMENT OF THIS PATIENT'S
CURRENT AND NEAR FUTURE SUICIDALITY IN THE SPACE BELOW:

NO	YES
SUICIDALITY CURRENT	
1-8 points	Low <input type="checkbox"/>
9-16 points	Moderate <input type="checkbox"/>
≥ 17 points	High <input type="checkbox"/>

C. DYSTHYMIA

(➔ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE **NO**, AND MOVE TO THE NEXT MODULE)

IF PATIENT'S SYMPTOMS MEET CRITERIA FOR MAJOR DEPRESSIVE EPISODE IN THE PAST YEAR, DO NOT EXPLORE THIS MODULE.

C1	Have you felt sad or depressed, or felt down or empty, or felt grouchy or annoyed, most of the time, for the past year?	➔ NO	YES
----	---	---------	-----

C2	In the past year , have you felt OK for two months or more in a row? <small>OK MEANS NOT ALWAYS BEING GROUCHY OR FREE OF DEPRESSION.</small>	NO	➔ YES
----	--	----	----------

C3	During the past year , most of the time:		
	a Were you less hungry than you used to be? Were you more hungry than you used to be? <small>IF YES TO EITHER, CODE YES</small>	NO	YES
	b Did you have trouble sleeping (“trouble sleeping” means trouble falling asleep, waking up in the middle of the night, waking up too early or sleeping too much)?	NO	YES
	c Did you feel more tired than you used to?	NO	YES
	d Did you feel less confident of yourself? Did you feel bad about yourself? <small>IF YES TO EITHER, CODE YES</small>	NO	YES
	e Did you have trouble paying attention? Did you have trouble making up your mind? <small>IF YES TO EITHER, CODE YES</small>	NO	YES
	f Did you feel that things would never get better?	NO	YES
	ARE 2 OR MORE C3 ITEMS CODED YES?	➔ NO	YES

C4	Did these feelings of being depressed / grouchy / uninterested upset you a lot? Did they cause you problems at home? At school? With friends? <small>IF YES TO ANY, CODE YES</small>		
----	--	--	--

NO	YES
DYSTHYMIA CURRENT	

D. MANIC AND HYPOMANIC EPISODES

(➡ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** TO THE RELEVANT TIME FRAME IN THE DIAGNOSTIC BOXES AND THEN MOVE TO THE NEXT MODULE)

Do you have anyone in your family who had manic depressive illness or bipolar disorder or a family member who had mood swings treated with a medication like lithium, sodium valproate (Depakote or Valproate), lamotrigine (Lamictal)? NO YES
 THIS QUESTION IS NOT A CRITERION FOR BIPOLAR DISORDER BUT IS ASKED TO INCREASE THE CLINICIAN'S VIGILANCE ABOUT RISK FOR BIPOLAR DISORDER.

IF YES, PLEASE SPECIFY WHO: _____

D1 a Has there **ever** been a time when you were so happy that you felt 'up' or 'high' or 'hyper'? NO YES
 By 'up' or 'high' or 'hyper' I mean feeling really good; full of energy; needing less sleep; having racing thoughts or being full of ideas.

DO NOT CONSIDER TIMES WHEN THE PATIENT WAS INTOXICATED ON DRUGS OR ALCOHOL OR DURING SITUATIONS THAT NORMALLY OVER STIMULATE AND MAKE CHILDREN VERY EXCITED LIKE CHRISTMAS, BIRTHDAYS, ETC.

IF PATIENT IS PUZZLED OR UNCLEAR ABOUT WHAT YOU MEAN BY 'UP' OR 'HIGH' OR 'HYPER' CLARIFY AS FOLLOWS: By 'up' or 'high' or 'hyper' I mean: having elated mood; increased energy; needing less sleep; having rapid thoughts; being full of ideas; having an increase in productivity, motivation, creativity or impulsive behavior; phoning or working excessively or spending more money.

IF NO TO ALL, CODE NO TO **D1b**: IF YES TO ANY, ASK:

b Are you currently feeling 'up' or 'high' or 'hyper' or full of energy? NO YES

D2 a Has there **ever** been a time when you were so grouchy or annoyed for several days, that you yelled or started fights with people outside your family? Have you or others noticed that you have been more grouchy than other kids, even when you thought you were right to act this way? NO YES

DO NOT CONSIDER TIMES WHEN THE PATIENT WAS INTOXICATED ON DRUGS OR ALCOHOL.

IF NO TO ALL, CODE NO TO **D2b**: IF YES TO ANY, ASK:

b Are you currently feeling grouchy or annoyed most of the time? NO YES

IS **D1a** or **D2a** CODED YES? ➡
NO YES

D3 IF **D1b** OR **D2b** = YES: EXPLORE THE CURRENT AND THE MOST SYMPTOMATIC PAST EPISODE, OTHERWISE IF **D1b** AND **D2b** = NO: EXPLORE ONLY THE MOST SYMPTOMATIC PAST EPISODE

During the times when you felt high, full of energy, or irritable did you:

	Current Episode		Past Episode	
a Feel that you could do things others couldn't do? Feel that you are a very important person?	NO	YES	NO	YES

IF YES TO EITHER, CODE YES. IF YES, ASK FOR EXAMPLES.

THE EXAMPLES ARE CONSISTENT WITH A DELUSIONAL IDEA

Current Episode No Yes
 Past Episode No Yes

		<u>Current Episode</u>		<u>Past Episode</u>	
b	Need less sleep (Did you feel rested after only a few hours of sleep)?	NO	YES	NO	YES
c	Talk too much without stopping? Talk so fast that people couldn't understand or follow what you were saying?	NO	YES	NO	YES
d	Have racing thoughts or too many thoughts switching quickly?	NO	YES	NO	YES
e	Get distracted very easily by little things?	NO	YES	NO	YES
f	Get much more involved in things than others or much more fidgety or restless?	NO	YES	NO	YES
g	Want to do fun things even if you could get hurt doing them? Want to do things even though it could get you into trouble? (Like staying out late, skipping school, driving dangerously or spending too much money)?	NO	YES	NO	YES
IF YES TO ANY, CODE YES					
D3 SUMMARY:	WHEN RATING CURRENT EPISODE: IF D1b IS NO, ARE 4 OR MORE D3 ANSWERS CODED YES? IF D 1b IS YES, ARE 3 OR MORE D3 ANSWERS CODED YES?	NO	YES	NO	YES
WHEN RATING PAST EPISODE: IF D1a IS NO, ARE 4 OR MORE D3 ANSWERS CODED YES? IF D1a IS YES, ARE 3 OR MORE D3 ANSWERS CODED YES?					
CODE YES ONLY IF THE ABOVE 3 OR 4 SYMPTOMS OCCURRED DURING THE SAME TIME PERIOD.					
RULE: ELATION/EXPANSIVENESS REQUIRES ONLY THREE D3 SYMPTOMS, WHILE IRRITABLE MOOD ALONE REQUIRES 4 OF THE D3 SYMPTOMS.					
D4	What is the longest time these symptoms lasted?				
	a) 3 days or less		<input type="checkbox"/>		<input type="checkbox"/>
	b) 4 to 6 days		<input type="checkbox"/>		<input type="checkbox"/>
	c) 7 days or more		<input type="checkbox"/>		<input type="checkbox"/>
D5	Were you put in the hospital for these problems?	NO	YES	NO	YES
IF YES, CIRCLE YES IN MANIC EPISODE FOR THAT TIME FRAME AND GO TO D7.					
D6	Did these symptoms cause a lot of problems at home? At school? With friends? With other people? Or in some other important way? IF YES TO ANY, CODE YES	NO	YES	NO	YES

ARE **D3** SUMMARY AND **D5** AND **D6** CODED **YES**?

OR

ARE **D3** SUMMARY AND **D4c** AND **D6** CODED **YES** AND IS **D5** CODED **NO**?

SPECIFY IF THE EPISODE IS CURRENT AND / OR PAST.

NO	YES
MANIC EPISODE	
CURRENT	<input type="checkbox"/>
PAST	<input type="checkbox"/>

Is **D3** SUMMARY CODED **YES** AND ARE **D5** AND **D6** CODED **NO** AND IS EITHER **D4b** OR **D4c** CODED **YES**?

OR

ARE **D3** SUMMARY AND **D4b** AND **D6** CODED **YES** AND IS **D5** CODED **NO**?

SPECIFY IF THE EPISODE IS CURRENT AND / OR PAST.

IF **YES** TO CURRENT MANIC EPISODE, THEN CODE CURRENT HYPOMANIC EPISODE AS **NO**.

IF **YES** TO PAST MANIC EPISODE, THEN CODE PAST HYPOMANIC EPISODE AS **NOT EXPLORED**.

HYPOMANIC EPISODE	
CURRENT	<input type="checkbox"/> NO <input type="checkbox"/> YES
PAST	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NOT EXPLORED

ARE **D3** SUMMARY AND **D4a** CODED **YES** AND IS **D5** CODED **NO**?

SPECIFY IF THE EPISODE IS CURRENT AND / OR PAST.

IF **YES** TO CURRENT MANIC EPISODE OR HYPOMANIC EPISODE, THEN CODE CURRENT HYPOMANIC SYMPTOMS AS **NO**.

IF **YES** TO PAST MANIC EPISODE OR YES TO PAST HYPOMANIC EPISODE, THEN CODE PAST HYPOMANIC SYMPTOMS AS **NOT EXPLORED**.

HYPOMANIC SYMPTOMS

CURRENT	<input type="checkbox"/> NO <input type="checkbox"/> YES
PAST	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NOT EXPLORED

- D7 a) IF MANIC EPISODE IS POSITIVE FOR EITHER CURRENT OR PAST ASK:
Did you have 2 or more of these (manic) episodes lasting 7 days or more (**D4c**) in your lifetime (including the current episode if present)?
- b) IF MANIC OR HYPOMANIC EPISODE IS POSITIVE FOR EITHER CURRENT OR PAST ASK:
Did you have 2 or more of these (hypomanic) episodes lasting just 4 to 6 days (**D4b**) in your lifetime (including the current episode)?
- c) IF THE PAST "HYPOMANIC SYMPTOMS" CATEGORY IS CODED POSITIVE ASK:
Did you have (hypomanic) symptoms like these lasting only 1 to 3 days (**D4a**), 2 or more times in your lifetime, (including the current episode if present)?

NO YES

NO YES

NO YES

E. PANIC DISORDER

(➡ MEANS : CIRCLE NO IN E5, E6 AND E7 SUMMARY AND SKIP TO F1)

- | | | | | |
|----|--|---|----|-----|
| E1 | <p>a Have you ever been really frightened or nervous for no reason; or have you ever been really frightened or nervous in a situation where most kids would not feel that way?
IF YES TO EITHER, CODE YES. IF NO TO ALL CODE NO.</p> | ➡ | NO | YES |
| | <p>b Did this happen more than one time?</p> | ➡ | NO | YES |
| | <p>c Did this nervous feeling increase quickly over the first few minutes?</p> | ➡ | NO | YES |

- | | | | | |
|----|--|---|----|-----|
| E2 | <p>Has this ever happened when you didn't expect it?</p> | ➡ | NO | YES |
|----|--|---|----|-----|

- | | | | | |
|----|---|--|----|-----|
| E3 | <p>a After this happened, were you afraid it would happen again or that something bad would happen as a result of these attacks? Did you change what you did because of these attacks? (e.g., going out only with someone, not wanting to leave your house, going to the doctor more frequently)?</p> | | NO | YES |
| | <p>b Did you have these worries for a month or more?</p> | | NO | YES |

E3 SUMMARY: IF YES TO BOTH E3a AND E3b QUESTIONS, CODE YES		NO	YES
--	--	----	-----

- | | | | | |
|----|--|--|----|-----|
| E4 | <p>Think about the time you were the most frightened or nervous for no good reason:</p> | | | |
| | <p>a Did your heart beat fast or loud?</p> | | NO | YES |
| | <p>b Did you sweat? Did your hands sweat a lot?
IF YES TO EITHER, CODE YES</p> | | NO | YES |
| | <p>c Did your hands or body shake?</p> | | NO | YES |
| | <p>d Did you have trouble breathing?</p> | | NO | YES |
| | <p>e Did you feel like you were choking? Did you feel you couldn't swallow?
IF YES TO EITHER, CODE YES</p> | | NO | YES |
| | <p>f Did you have pain or pressure in your chest?</p> | | NO | YES |
| | <p>g Did you feel like throwing up? Did you have an upset stomach?
Did you have diarrhea?
IF YES TO ANY, CODE YES</p> | | NO | YES |
| | <p>h Did you feel dizzy or faint?</p> | | NO | YES |
| | <p>i Did things around you feel strange or like they weren't real? Did you feel or see things as if they were far away? Did you feel outside of or cut off from your body?
IF YES TO ANY, CODE YES</p> | | NO | YES |

j	Were you afraid that you were losing control of yourself? Were you afraid that you were going crazy? IF YES TO EITHER, CODE YES	NO	YES
k	Were you afraid that you were dying?	NO	YES
l	Did parts of your body tingle or go numb?	NO	YES
m	Did you feel hot or cold?	NO	YES
E5	ARE BOTH E3 SUMMARY , AND 4 OR MORE E4 ANSWERS , CODED YES? IF YES TO E5, SKIP TO E7	NO	YES <small>PANIC DISORDER LIFETIME</small>
E6	IF E5=NO , ARE ANY E4 QUESTIONS CODED YES? THEN SKIP TO F1 .	NO	YES <small>LIMITED SYMPTOM ATTACKS LIFETIME</small>
E7	a. In the past month , did you have these problems more than one time? IF NO, CIRCLE NO TO E7 SUMMARY AND MOVE TO F1. For the past month:	NO	YES
	b. Did you worry that it would happen again?	NO	YES
	c. Did you worry that something bad would happen because of the attack?	NO	YES
	d. Did anything change for you because of the attack? (e.g., going out only with someone, not wanting to leave your house, going to the doctor more frequently)?	NO	YES
	E7 SUMMARY: IF YES TO E7b or E7c or E7d, CODE YES	NO	YES <small>PANIC DISORDER CURRENT</small>

F. AGORAPHOBIA

F1	Do you feel anxious, scared, or uneasy in places or situations where you might become really frightened; like being in a crowd, standing in a line (queue), when you are all alone, or when crossing a bridge, or traveling in a bus, train or car? IF YES TO ANY, CODE YES	NO	YES
----	--	----	-----

IF F1 = NO, CIRCLE NO IN F2.

F2	Are you so afraid of these things that you try to stay away from them? Or you can only do them if someone is with you? Or you do them, but it's really hard for you? IF YES TO ANY, CODE YES	NO	YES
----	---	----	-----

**AGORAPHOBIA
CURRENT**

IS F2 (CURRENT AGORAPHOBIA) CODED NO

AND

IS E7 (CURRENT PANIC DISORDER) CODED YES?

NO	YES
PANIC DISORDER without Agoraphobia CURRENT	

IS F2 (CURRENT AGORAPHOBIA) CODED YES

AND

IS E7 (CURRENT PANIC DISORDER) CODED YES?

NO	YES
PANIC DISORDER with Agoraphobia CURRENT	

IS F2 (CURRENT AGORAPHOBIA) CODED YES

AND

IS E5 (PANIC DISORDER LIFETIME) CODED NO?

NO	YES
AGORAPHOBIA, CURRENT without history of Panic Disorder	

G. SEPARATION ANXIETY DISORDER

(➔ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE **NO** AND MOVE TO THE NEXT MODULE)

G1	<p>a In the past month, have you been really afraid about being away from someone close to you; or have you been really afraid that you would lose somebody you are close to ? (Like getting lost from your parents or having something bad happen to them) IF YES TO EITHER, CODE YES</p> <p>b Who are you afraid of losing or being away from _____ ?</p>	➔	NO YES
----	--	---	-----------

G2	<p>a Did you get upset a lot when you were away from _____ ? Did you get upset a lot when you <u>thought</u> you would be away from _____ ? IF YES TO EITHER, CODE YES</p> <p>b Did you get really worried that you would lose _____ ? Did you get really worried that something bad would happen to _____ ? (like having a car accident or dying). IF YES TO EITHER, CODE YES</p> <p>c Did you get really worried that you would be separated from _____ ? (Like getting lost or being kidnapped?)</p> <p>d Did you refuse to go to school or other places because you were afraid to be away from _____ ?</p> <p>e Did you get really afraid being at home if _____ wasn't there?</p> <p>f Did you not want to go to sleep unless _____ was there?</p> <p>g Did you have nightmares about being away from _____ ? Did this happen more than once? IF NO TO EITHER, CODE NO</p> <p>h Did you feel sick a lot (like headaches, stomach aches, nausea or vomiting, heart beating fast or feeling dizzy) when you were away from _____ ? Did you feel sick a lot when you <u>thought</u> you were going to be away from _____ ? IF YES TO EITHER, CODE YES</p>	NO	YES
----	--	----	-----

G2 SUMMARY: ARE AT LEAST 3 OF G2a-h CODED YES?

G3	Did this last for at least 4 weeks?	➔	NO YES
G4	Did your fears of being away from _____ really bother you a lot? Cause you a lot of problems at home? At school? With friends? In any other way? IF YES TO EITHER, CODE YES	➔	NO YES

ARE **G1**, **G2 SUMMARY**, **G3** AND **G4** CODED **YES**?

NO		YES
SEPARATION ANXIETY DISORDER		

H. SOCIAL PHOBIA (Social Anxiety Disorder)

(➔ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE **NO** AND MOVE TO THE NEXT MODULE)

H1	<p>In the past month, were you afraid or embarrassed when others your age were watching you? Were you afraid of being teased? Like talking in front of the class? Or eating or writing in front of others? IF YES TO ANY, CODE YES</p>	➔ NO	YES
----	---	---------	-----

H2	Are you more afraid of these things than other kids your age?	➔ NO	YES
----	---	---------	-----

H3	Are you so afraid of these things that you try to stay away from them? Or you can only do them if someone is with you? Or you do them but it's really hard for you?	➔ NO	YES
----	---	---------	-----

H4	Do these social fears have a big effect on your life? Do they cause problems when you interact with others or in your relationships? Do they cause a lot of problems at school or at work? Do they cause you to feel upset and want to be alone? IF YES TO ANY, CODE YES	➔ NO	YES
----	---	---------	-----

H5	Did this social fear / social anxiety last at least 6 months?
----	---

SUBTYPES

Do you fear and avoid 4 or more social situations?

If YES Generalized social phobia (social anxiety disorder)

If NO Non-generalized social phobia (social anxiety disorder)

NOTE TO INTERVIEWER: PLEASE ASSESS WHETHER THE SUBJECT'S FEARS ARE RESTRICTED TO NON-GENERALIZED ("ONLY 1 OR SEVERAL") SOCIAL SITUATIONS OR EXTEND TO GENERALIZED ("MOST") SOCIAL SITUATIONS. "MOST" SOCIAL SITUATIONS IS USUALLY OPERATIONALIZED TO MEAN 4 OR MORE SOCIAL SITUATIONS, ALTHOUGH THE DSM-IV DOES NOT EXPLICITLY STATE THIS.

EXAMPLES OF SUCH SOCIAL SITUATIONSTYPICALLY INCLUDE INITIATING OR MAINTAINING A CONVERSATION, PARTICIPATING IN SMALL GROUPS, DATING, SPEAKING TO AUTHORITY FIGURES, ATTENDING PARTIES, PUBLIC SPEAKING, EATING IN FRONT OF OTHERS, URINATING IN A PUBLIC WASHROOM, ETC.

NO	YES
 SOCIAL PHOBIA <i>(Social Anxiety Disorder)</i> CURRENT	
GENERALIZED	<input type="checkbox"/>
NON-GENERALIZED	<input type="checkbox"/>

I. SPECIFIC PHOBIA

(➔ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE **NO** AND MOVE TO THE NEXT MODULE)

11	In the past month , have you been really afraid of something like: snakes or bugs? Dogs or other animals? High places? Storms? The dark? Or seeing blood or needles?	➔ NO	YES
12	List any specific phobia(s): _____		

13 Are you more afraid of _____ than other kids your age are? ➔ NO YES

14 Are you so afraid of _____ that you try to stay away from it / them? Or you can only be around it / them if someone is with you? Or can you be around it / them but it's really hard for you? ➔ NO YES
IF YES TO ANY, CODE YES

15 Does this fear really bother you a lot? Does it cause you problems at home or at school? Does it keep you from doing things you want to do? NO YES
IF YES TO ANY, CODE YES

IS 15 CODED YES?

NO	YES
SPECIFIC PHOBIA CURRENT	

J. OBSESSIVE COMPULSIVE DISORDER

(➡ MEANS : GO TO THE DIAGNOSTIC BOX, CIRCLE **NO** AND MOVE TO THE NEXT MODULE)

J1	<p>In the past month, have you been bothered by bad things that come into your mind that you couldn't get rid of? Like bad thoughts or urges? Or nasty pictures? For example, did you think about hurting somebody even though it disturbs or distresses you? Were you afraid you or someone would get hurt because of some little thing you did or didn't do? Did you worry a lot about having dirt or germs on you? Did you worry a lot that you would give someone else germs or make them sick somehow? Or were you afraid that you would do something really shocking?</p>	NO	YES
----	--	----	-----

↓
SKIP TO J4

IF **YES** TO ANY, CODE **YES**

DO NOT INCLUDE SIMPLY EXCESSIVE WORRIES ABOUT REAL LIFE PROBLEMS.
DO NOT INCLUDE OBSESSIONS DIRECTLY RELATED TO EATING DISORDERS,
SEXUAL BEHAVIOR, OR ALCOHOL OR DRUG ABUSE BECAUSE THE PATIENT MAY
DERIVE PLEASURE FROM THE ACTIVITY AND MAY WANT TO RESIST IT ONLY
BECAUSE OF ITS NEGATIVE CONSEQUENCES

J2	<p>Did they keep coming back into your mind even when you tried to ignore or get rid of them?</p>	NO	YES
----	---	----	-----

↓
SKIP TO J4

J3	<p>Do you think that these things come from your own mind and that they are not from outside of your head?</p>	NO	YES
----	--	----	-----

obsessions

J4	<p>In the past month, did you do something over and over without being able to stop doing it, like washing over and over? Straightening things up over and over? Counting something or checking on something over and over? Saying or doing something over and over?</p>	NO	YES
----	---	----	-----

compulsions

IF **YES** TO ANY, CODE **YES**

IS **J3** OR **J4** CODED **YES**?

➡
NO YES

J5	<p>Did you have these thoughts or rituals we just spoke about, more than other kids your age?</p>	NO	YES
----	---	----	-----

➡
NO YES

J6	<p>Did these thoughts or actions cause you to miss out on things at home? At school? With friends? Did they cause a lot of problems with other people? Did these things take more than one hour a day?</p>		
----	--	--	--

IF **YES** TO ANY, CODE **YES**

NO	YES
O.C.D.	
CURRENT	

K. POSTTRAUMATIC STRESS DISORDER

(➡ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

K1	Has anything really awful ever happened to you? Like being in a flood, tornado or earthquake? Like being in a fire or a really bad accident? Like seeing someone being killed or badly hurt. Have you ever been attacked by someone?	➡ NO	YES
K2	Did you respond with intense fear, or feel helpless or upset?	➡ NO	YES
K3	In the past month , has this awful thing come back to you in some way? Like dreaming about it or having a strong memory of it or feeling it in your body?	➡ NO	YES

K4	In the past month:		
	a Have you tried not to think about or talk about this awful thing?	NO	YES
	b Have you tried to stay away from things that might remind you of it?	NO	YES
	c Have you had trouble remembering some important part of what happened?	NO	YES
	d Have you been much less interested in your hobbies or your friends?	NO	YES
	e Have you felt cut off from other people?	NO	YES
	f Have you noticed that your feelings are less than before?	NO	YES
	g Have you felt that your life will be shortened or that you will die sooner than other people?	NO	YES
	SUMMARY OF K4: ARE 3 OR MORE K4 ANSWERS CODED YES?	➡ NO	YES

K5	In the past month:		
	a Have you had trouble sleeping?	NO	YES
	b Have you been moody or angry for no reason?	NO	YES
	c Have you had trouble paying attention?	NO	YES
	d Were you nervous or watching out in case something bad might happen?	NO	YES
	e Would you jump when you heard noises? Or when you saw something out of the corner of your eye? IF YES TO EITHER, CODE YES	NO	YES
	SUMMARY OF K5: ARE 2 OR MORE K5 ANSWERS CODED YES?	➡ NO	YES

K6 **In the past month**, have these problems upset you a lot? Have they caused you to have problems at school? At home? With your friends?

IF YES TO ANY, CODE YES

NO	YES
<i>PTSD</i>	
CURRENT	

L. ALCOHOL DEPENDENCE / ABUSE

(➡ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

L1	<p>In the past year, have you had 3 or more drinks of alcohol in a day? At those times, did you have 3 or more drinks in 3 hours? Did you do this 3 or more times in the past year? IF NO TO ANY, CODE NO</p>	➡ NO	YES
----	---	---------	-----

- L2 In the past year:**
- | | | | |
|---|--|----|-----|
| a | Did you need to drink a lot more alcohol to get the same feeling you got when you first started drinking? | NO | YES |
| b | Whenever you cut down on drinking or stopped drinking, did your hands shake? Did you sweat? Did you feel nervous or like you couldn't sit still? Did you ever drink to keep from getting those problems? Did you drink again to keep from getting a hangover?
IF YES TO ANY, CODE YES | NO | YES |
| c | When you drank alcohol, did you end up drinking more than you had planned to? | NO | YES |
| d | Have you tried to cut down or stop drinking alcohol but were not able to? | NO | YES |
| e | On days when you drank, did you spend more than three hours doing it? Count the time it took you to get the alcohol, drink it, and get over it. | NO | YES |
| f | Did you spend less time on other things because of your drinking (Like school, hobbies, or being with friends)? | NO | YES |
| g | Did your drinking cause problems with your health or your mind? Did you keep on drinking even though you knew that it caused these problems? | NO | YES |

ARE 3 OR MORE L2 ANSWERS CODED **YES**?

* IF YES, SKIP L3 QUESTIONS, CIRCLE N/A IN THE ABUSE BOX AND MOVE TO THE NEXT DISORDER. DEPENDENCE PREEMPTS ABUSE.

NO	YES*
ALCOHOL DEPENDENCE CURRENT	

In the past year:

- | | | | |
|----|---|----|-----|
| L3 | <p>a Were you drunk or hung-over more than once when you had something important to do, like schoolwork or responsibilities at home? Did this cause any problems?
CODE YES ONLY IF THIS CAUSED PROBLEMS</p> <p>b Were you drunk more than once while doing something risky (Like riding a bike, driving a car or boat, or using machines)?</p> <p>c Did you have legal problems more than once because of your drinking (Like getting arrested or stopped by the police)?</p> <p>d Did you keep drinking even if your drinking caused problems with your family or with other people?
IF YES TO EITHER, CODE YES</p> | NO | YES |
|----|---|----|-----|

ARE 1 OR MORE OF L3 ANSWERS CODED YES?

NO N/A YES

**ALCOHOL ABUSE
CURRENT**

M. SUBSTANCE DEPENDENCE / ABUSE (NON-ALCOHOL)

(➔ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

- | | | ➔
NO | YES |
|----|---|---|-----|
| M1 | a | Now I am going to read you a list of street drugs or medicines. Stop me if, in the past year , you have taken any of them more than one time to get high? To feel better or to change your mood? | |

CIRCLE EACH DRUG TAKEN:

Stimulants: amphetamines, "speed", crystal meth, "crank", "rush", Dexadrine, Ritalin, diet pills.

Cocaine: snorting, IV, freebase, crack, "speedball".

Narcotics: heroin, morphine, Dilaudid, opium, Demerol, methadone, Darvon, codeine, Percodan, Vicodin, OxyContin.

Hallucinogens: LSD ("acid"), mescaline, peyote, PCP ("angel dust", "Peace Pill"), psilocybin, STP, "mushrooms", "ecstasy", MDA, MDMA or ketamine, ("Special K").

Inhalants: "glue", ethyl chloride, "rush", nitrous oxide ("laughing gas"), amyl or butyl nitrate ("poppers").

Marijuana: hashish ("hash"), THC, "pot", "grass", "weed", "reefer".

Tranquilizers: Quaalude, Seconal ("reds"), Valium, Xanax, Librium, Ativan, Dalmane,

Halcion, barbiturates, Miltown, GHB, Roofinol, "Roofies".

Miscellaneous: Steroids, non-prescription sleep or diet pills. Cough medicine? Any others?

Specify MOST USED Drug(s): _____

WHICH DRUG(S) CAUSE THE BIGGEST PROBLEMS?: _____

FIRST EXPLORE THE DRUG CAUSING THE BIGGEST PROBLEMS AND THE ONE MOST LIKELY TO MEET DEPENDENCE / ABUSE CRITERIA.

IF PATIENT'S SYMPTOMS MEET CRITERIA FOR ABUSE /DEPENDENCE, SKIP TO NEXT MODULE. IF NOT, EXPLORE THE NEXT MOST PROBLEMATIC DRUG.

- | | | | |
|----|---|--|--------|
| M2 | | Think about your use of (NAME OF DRUG/DRUG CLASS SELECTED) over the past year: | |
| | a | Did you need to take a lot more of the drug to get the same feeling you got when you first started taking it? | NO YES |
| | b | Whenever you cut down or stopped using the drug(s), did your body feel bad or did you go into withdrawal? ("Withdrawal" might mean feeling sick, achy, shaking, running a temperature, feeling weak, having an upset stomach or diarrhea, sweating, feeling your heart pounding, trouble sleeping, feeling nervous, moody or like you can't sit still.) Did you use the drug(s) again to keep from getting sick or to feel better?
IF YES TO EITHER, CODE YES | NO YES |
| | c | When you used (NAME THE DRUG/DRUG CLASS SELECTED), did you end up taking more than you had planned to? | NO YES |
| | d | Have you tried to cut down or stop taking (NAME THE DRUG/DRUG CLASS SELECTED)? Did you find out that you couldn't do it?
IF NO TO EITHER, CODE NO | NO YES |

- e On days when you took (NAME THE DRUG/DRUG CLASS SELECTED), did you spend more than three hours doing it? Count the time it took you to get (NAME THE DRUG/DRUG CLASS SELECTED), use it and get over it. NO YES
- f Did you spend less time on other things because of your use of (NAME THE DRUG/DRUG CLASS SELECTED)? Like school, hobbies or being with friends? NO YES
- g Did your use of (NAME OF DRUG/DRUG CLASS SELECTED) cause problems with your health or your mind? Did you keep on using (NAME THE DRUG) even though you knew it caused problems? NO YES

ARE 3 OR MORE M2 ANSWERS CODED YES?

SPECIFY DRUG(S): _____

* IF YES, SKIP M3 QUESTIONS, CIRCLE N/A IN ABUSE BOX AND MOVE TO THE NEXT DISORDER. DEPENDENCE PREEMPTS ABUSE.

NO	YES*
SUBSTANCE DEPENDENCE CURRENT	

Think about your use of (NAME THE DRUG/DRUG CLASS SELECTED) over the past year:

In the past year:

- M3 a Were you high or hung-over from the drug(s) more than once, when you had something important to do? Like schoolwork or responsibilities at home? Did this happen more than one time? Did this cause any problems?
CODE YES ONLY IF THIS CAUSED PROBLEMS NO YES
- b Have you been high from the drug(s) more than once while doing something risky (Like riding a bike, driving a car or boat, or using machines)? NO YES
- c Did you have legal problems because of your use of the (NAME THE DRUG/DRUG CLASS SELECTED) more than once? (Like getting arrested or stopped by the police)? NO YES
- d Did you keep using the (NAME THE DRUG/DRUG CLASS SELECTED) even though it caused problems with your family or with other people?
IF YES TO EITHER, CODE YES NO YES

ARE 1 OR MORE M3 ANSWERS CODED YES?

SPECIFY DRUG(S): _____

NO	N/A	YES
SUBSTANCE ABUSE CURRENT		

N. TIC DISORDERS

(➡ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

N1	a	In the past month did you have movements of your body called "Tics"? "Tics" are quick movements of some part of your body that are hard to control. A tic might be blinking your eyes over and over, twitches of your face, jerking your head, making a movement with your hand over and over, or squatting, or shrugging your shoulders over and over.	NO	YES
----	---	---	----	-----

	b	Have you ever had a tic that made you say something or make a sound over and over and was hard to stop? Like coughing or sniffing or clearing your throat over and over when you did not have a cold; or grunting or snorting or barking; having to say certain words over and over, having to say bad words, or having to repeat sounds you hear or words that other people say?	NO	YES
--	---	---	----	-----

IF BOTH **N1A** AND **N1B** ARE CODED **NO**,
CIRCLE **NO** IN ALL DIAGNOSTIC BOXES AND SKIP TO **O1**

N2	a	Did these "tics" happen many times a day?	NO	YES
	b	Did they happen nearly every day for at least 4 weeks?	NO	YES
	c	Did they happen for a year or more?	NO	YES ➡
	d	Did they ever go away completely for 3 months in a row during this time?	NO	YES

N3	Did these "tics" upset you a lot? Did they get in the way of school? Did they cause you problems at home? Did they cause you problems with friends? Did other kids pick on you because of your tics? IF YES TO ANY, CODE YES	➡ NO	YES
----	---	---------	-----

N4	Did the tics only occur when you are taking Ritalin, Adderal, Cylert, Dexedrine, Provigil, Concerta or other medications for ADHD ?	NO	➡ YES
----	---	----	----------

N5 a ARE **N1a**+ **N1b** + **N2a** + **N2c** AND **N3** CODED **YES**?

NO	YES
TOURETTE'S DISORDER, CURRENT	

N5 b ARE **N1a** + **N2a** + **N2c** + **N3** CODED **YES** AND IS **N1b** CODED **NO**?

NO	YES
MOTOR TIC DISORDER, CURRENT	

N5 c ARE **N1b + N2a + N2c + N3** CODED YES and is **N1a** coded **NO**?

NO **YES**

**VOCAL TIC DISORDER,
CURRENT**

N5 d ARE **N1 (a or b)** AND **N2a** AND **N2b** AND **N3** CODED **YES**, AND **N2c** CODED **NO**?

NO **YES**

**TRANSIENT TIC DISORDER,
CURRENT**

O. ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

(➔ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

SCREENING QUESTION FOR 3 DISORDERS (ADHD, CD, ODD)

O1	<p>Has anyone (teacher, baby sitter, friend or parent) ever complained about your behavior or performance in school?</p> <p>IF NO TO THIS QUESTION, ALSO CODE NO TO CONDUCT DISORDER AND OPPOSITIONAL DEFIANT DISORDER</p>	➔ NO	YES
----	--	---------	-----

In the past six months:

O2	<p>a Have you often not paid enough attention to details? Made careless mistakes in school?</p> <p>b Have you often had trouble keeping your attention focused when playing or doing schoolwork?</p> <p>c Have you often been told that you do not listen when others talk directly to you?</p> <p>d Have you often had trouble following through with what you were told to do (Like not following through on schoolwork or chores)? Did this happen even though you understood what you were supposed to do? Did this happen even though you weren't trying to be difficult? IF NO TO ANY, CODE NO</p> <p>e Have you often had a hard time getting organized?</p> <p>f Have you often tried to avoid things that make you concentrate or think hard (like schoolwork)? Do you hate or dislike things that make you concentrate or think hard? IF YES TO EITHER, CODE YES</p> <p>g Have you often lost or forgotten things you needed? Like homework assignments, pencils, or toys?</p> <p>h Do you often get distracted easily by little things (Like sounds or things outside the room)?</p> <p>i Do you often forget to do things you need to do every day (Like forget to comb your hair or brush your teeth)?</p> <p>O2 SUMMARY: ARE 6 OR MORE O2 ANSWERS CODED YES?</p>	NO	YES
----	---	----	-----

In the past six months:

O3	<p>a Did you often fidget with your hands or feet? Or did you squirm in your seat? IF YES TO EITHER, CODE YES</p> <p>b Did you often get out of your seat in class when you were not supposed to?</p>	NO	YES
----	---	----	-----

c	Have you often run around or climbed on things when you weren't supposed to? Did you want to run around or climb on things even though you didn't? IF YES TO EITHER, CODE YES	NO	YES
d	Have you often had a hard time playing quietly?	NO	YES
e	Were you always "on the go"?	NO	YES
f	Have you often talked too much?	NO	YES
g	Have you often blurted out answers before the person or teacher has finished the question?	NO	YES
h	Have you often had trouble waiting your turn?	NO	YES
i	Have you often interrupted other people? Like butting in when other people are talking or busy or when they are on the phone?	NO	YES
	O3 SUMMARY: ARE 6 OR MORE O3 ANSWERS CODED YES?	NO	YES
		➔	
O4	Did you have problems paying attention, being hyper, or impulsive before you were 7 years old?	NO	YES
		➔	
O5	Did these things cause problems at school? At home? With your family? With your friends? CODE YES IF TWO OR MORE ARE ENDORSED YES.	NO	YES

IS O2 SUMMARY & O3 SUMMARY CODED YES?

NO	YES
<i>Attention-Deficit/ Hyperactivity Disorder COMBINED</i>	

IS O2 SUMMARY CODED YES AND O3 SUMMARY CODED NO?

NO	YES
<i>Attention-Deficit/ Hyperactivity Disorder INATTENTIVE</i>	

IS O2 SUMMARY CODED NO AND O3 SUMMARY CODED YES?

NO	YES
<i>Attention-Deficit/ Hyperactivity Disorder HYPERACTIVE /IMPULSIVE</i>	

P. CONDUCT DISORDER

(➡ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

SCREENING QUESTION

P1 IF QUESTION O1 IN ADHD IS ANSWERED NO, CODE NO TO CONDUCT DISORDER

IF O1 WAS NOT ASKED ALREADY, ASK THE QUESTION BELOW

(Has anyone (teacher, baby sitter, friend, parent) ever complained about your behavior or performance in school?)



NO YES

P2 **In the past year:**

- | | | |
|---|----|-----|
| a Have you bullied or threatened other people (excluding siblings)? | NO | YES |
| b Have you started fights with others (excluding siblings)? | NO | YES |
| c Have you used a weapon to hurt someone? Like a knife, gun, bat, or other object? | NO | YES |
| d Have you hurt someone (physically) on purpose (excluding siblings)? | NO | YES |
| e Have you hurt animals on purpose? | NO | YES |
| f Have you stolen things using force? Like robbing someone using a weapon or grabbing something from someone like purse snatching? | NO | YES |
| g Have you forced anyone to have sex with you? | NO | YES |
| h Have you started fires on purpose in order to cause damage? | NO | YES |
| i Have you destroyed things that belonged to other people on purpose? | NO | YES |
| j Have you broken into someone's house or car? | NO | YES |
| k Have you lied many times in order to get things from people or to get out of things? Tricked other people into doing what you wanted?
IF YES TO EITHER, CODE YES | NO | YES |
| l Have you stolen things that were worth money (Like shoplifting or forging a check)? | NO | YES |
| m Have you often stayed out a lot later than your parents let you?
Did this start before you were 13 years old?
IF NO TO EITHER, CODE NO | NO | YES |
| n Have you run away from home two times or more? | NO | YES |
| o Have you skipped school often? Did this start before you were 13 years old?
IF NO TO EITHER, CODE NO | NO | YES |



P2 SUMMARY: ARE 3 OR MORE P2 ANSWERS CODED YES WITH AT LEAST ONE PRESENT IN THE PAST 6 MONTHS?

NO YES

P3 Did these behaviors cause big problems at school? At home?
With your family? Or with your friends?

IF YES TO ANY, CODE YES

NO

YES

***CONDUCT DISORDER
CURRENT***

Q. OPPOSITIONAL DEFIANT DISORDER

(➔ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE NO IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

ATTENTION: IF CODED POSITIVE FOR CONDUCT DISORDER, CIRCLE NO IN DIAGNOSTIC BOX AND MOVE TO THE NEXT MODULE.

SCREENING QUESTION

Q1 IF QUESTION Q1 IN ADHD IS ANSWERED NO, CODE NO TO OPPOSITIONAL DEFIANT DISORDER

IF Q1 WAS NOT ASKED ALREADY, ASK THE QUESTION BELOW

(Has anyone (teacher, baby sitter, friend, parent) ever complained about your behavior or performance in school?) ➔ NO YES

Q2 **In the past six months:**

a Have you often lost your temper? NO YES

b Have you often argued with adults? NO YES

c Have you often refused to do what adults tell you to do? Refused to follow rules? NO YES
IF YES TO EITHER, CODE YES

d Have you often annoyed people on purpose? NO YES

e Have you often blamed other people for your mistakes or for your bad behavior? NO YES

f Have you often been "touchy" or easily annoyed by other people? NO YES

g Have you often been angry and resentful toward others? NO YES

h Have you often been "spiteful" or quick to "pay back" somebody who treats you wrong? NO YES

Q2 SUMMARY: ARE 4 OR MORE OF Q2 ANSWERS CODED YES? ➔ NO YES

Q3 Did these behaviors cause problems at school? At home? With your family? Or with your friends? ➔ NO YES
IF YES TO ANY, CODE YES

ARE Q2 SUMMARY & Q3 CODED YES?

NO	YES
OPPOSITIONAL DEFIANT DISORDER CURRENT	

R. PSYCHOTIC DISORDERS AND MOOD DISORDERS WITH PSYCHOTIC FEATURES

ASK FOR AN EXAMPLE OF EACH QUESTION ANSWERED POSITIVELY. CODE YES ONLY IF THE EXAMPLES CLEARLY SHOW A DISTORTION OF THOUGHT OR OF PERCEPTION OR IF THEY ARE NOT CULTURALLY APPROPRIATE. BEFORE CODING, INVESTIGATE WHETHER DELUSIONS QUALIFY AS "BIZARRE".

DELUSIONS ARE "BIZARRE" IF: CLEARLY IMPLAUSIBLE, ABSURD, NOT UNDERSTANDABLE, AND CANNOT DERIVE FROM ORDINARY LIFE EXPERIENCE.

HALLUCINATIONS ARE SCORED "BIZARRE" IF: A VOICE COMMENTS ON THE PERSON'S THOUGHTS OR BEHAVIOR, OR WHEN TWO OR MORE VOICES ARE CONVERSING WITH EACH OTHER.

Now I am going to ask you about unusual experiences that some people have.

				BIZARRE	
R1	a	Have you ever believed that people were secretly watching you? Have you believed that someone was trying to get you, or hurt you? IF YES TO ANY, CODE YES NOTE: ASK FOR EXAMPLES TO RULE OUT ACTUAL STALKING	NO	YES	YES
	b	IF YES OR YES BIZARRE: Do you believe this now?	NO	YES	YES ↳R6
R2	a	Have you ever believed that someone was reading your mind or that someone could hear your thoughts? Or that you could actually read someone else's mind or hear what they were thinking? IF YES TO ANY, CODE YES	NO	YES	YES
	b	IF YES OR YES BIZARRE: Do you believe this now?	NO	YES	YES ↳R6
R3	a	Have you ever believed that someone or something put thoughts in your mind that were not your own? Have you believed that someone or something made you act in a way that was not your usual self? Have you ever felt that you were possessed? IF YES TO ANY, CODE YES NOTE: ASK FOR EXAMPLES AND DISCOUNT ANY THAT ARE NOT PSYCHOTIC	NO	YES	YES
	b	IF YES OR YES BIZARRE: Do you believe this now?	NO	YES	YES ↳R6
R4	a	Have you ever believed that you were being sent special messages through the TV, radio, internet, newspapers, books, magazines, or through your games or toys? Have you ever believed that a person you did not personally know was especially interested in you? IF YES TO ANY, CODE YES	NO	YES	YES
	b	IF YES OR YES BIZARRE: Do you believe this now?	NO	YES	YES ↳R6
R5	a	Have your family or friends ever thought that any of your beliefs were strange or weird? Please give me an example. INTERVIEWER: ONLY CODE YES IF THE EXAMPLES ARE CLEARLY DELUSIONAL AND ARE NOT EXPLORED IN QUESTIONS R1 TO R4, FOR EXAMPLE, SOMATIC OR RELIGIOUS DELUSIONS OR DELUSIONS OF GRANDIOSITY, JEALOUSY GUILT, RUIN OR DESTITUTION, ETC.	NO	YES	YES
	b	IF YES OR YES BIZARRE: Do they still think that your beliefs are strange?	NO	YES	YES

R12a ARE 1 OR MORE « b » QUESTIONS FROM R1b TO R7b CODED **YES OR YES BIZARRE** AND IS EITHER:

MAJOR DEPRESSIVE EPISODE, (CURRENT)
OR
MANIC OR HYPOMANIC EPISODE, (CURRENT) CODED **YES**?

IF THE ANSWER IS YES TO THIS DISORDER (LIFETIME OR CURRENT) , CIRCLE NO TO R13 AND R14 AND MOVE TO THE NEXT MODULE.

NO	YES
<i>MOOD DISORDER WITH PSYCHOTIC FEATURES</i>	
<i>CURRENT</i>	

R13 ARE 1 OR MORE « b » QUESTIONS FROM R1b TO R6b, CODED **YES BIZARRE**?

OR

ARE 2 OR MORE « b » QUESTIONS FROM R1b TO R10b, CODED **YES** (RATHER THAN **YES BIZARRE**)?

AND DID AT LEAST TWO OF THE PSYCHOTIC SYMPTOMS OCCUR DURING THE SAME 1 MONTH PERIOD?

NO	YES
<i>PSYCHOTIC DISORDER CURRENT</i>	

R14 IS **R13** CODED **YES**

OR

ARE 1 OR MORE « a » QUESTIONS FROM R1a TO R6a, CODED **YES BIZARRE**?

OR

ARE 2 OR MORE « a » QUESTIONS FROM R1a TO R7a, CODED **YES** (RATHER THAN **YES BIZARRE**)?

AND DID AT LEAST TWO OF THE PSYCHOTIC SYMPTOMS OCCUR DURING THE SAME 1 MONTH PERIOD?

NO	YES
<i>PSYCHOTIC DISORDER LIFETIME</i>	

S. ANOREXIA NERVOSA

(➡ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

S1	<p>a How tall are you?</p>	<input type="text"/> ft	<input type="text"/>	<input type="text"/> in.
		<input type="text"/>	<input type="text"/>	<input type="text"/> cm
	<p>b. What was your lowest weight in the past 3 months?</p>	<input type="text"/>	<input type="text"/>	<input type="text"/> lb
		<input type="text"/>	<input type="text"/>	<input type="text"/> kg
	<p>c IS PATIENT'S WEIGHT EQUAL TO OR BELOW THE THRESHOLD CORRESPONDING TO HIS / HER HEIGHT? (SEE TABLE BELOW) (THIS IS = A BMI OF $\leq 17.5 \text{ KG/M}^2$)</p>	NO	YES	
	<p>d Have you lost 5 lb or more (2.3 kg or more) in the last 3 months?</p>	NO	YES	
	<p>e If you are less than age 14, have you failed to gain any weight in the last 3 months? IF PATIENT IS 14 OR OLDER, CODE NO.</p>	NO	YES	
	<p>f Has anyone thought that you lost too much weight in the last 3 months?</p>	NO	YES	
	<p>IF YES TO S1c OR d OR e OR f, CODE YES, OTHERWISE CODE NO.</p>	➡		
		NO	YES	

In the past 3 months:

S2	<p>Have you been trying to keep yourself from gaining any weight?</p>	➡	NO	YES
S3	<p>Have you been very afraid of gaining weight? Have you been very afraid of getting too fat / big? IF YES TO EITHER, CODE YES</p>	➡	NO	YES
S4	<p>a Have you seen yourself as being too big / fat or that part of your body was too big / fat? IF YES TO EITHER, CODE YES</p>	NO	YES	
	<p>b Has your weight strongly affected how you feel about yourself? Has your body shape strongly affected how you feel about yourself? IF YES TO EITHER, CODE YES</p>	NO	YES	
	<p>c Did you think that your low weight was normal or overweight ?</p>	NO	YES	
	<p>ARE 1 OR MORE S4 ANSWERS CODED YES?</p>	➡	NO	YES
S6	<p>FOR POST PUBERTAL FEMALES ONLY: During the last 3 months, did you miss all your menstrual periods when they were expected to occur (when you were not pregnant)?</p>	➡	NO	YES

FOR GIRLS : ARE S5 AND S6 CODED YES?

FOR BOYS : IS S5 CODED YES?

<p>NO</p> <p>ANOREXIA NERVOSA</p> <p>CURRENT</p>	<p>YES</p>
---	-------------------

HEIGHT / WEIGHT TABLE CORRESPONDING TO A BMI THRESHOLD OF 17.5 KG/M²

Height/Weight														
ft/in	3'0	3'1	3'2	3'3	3'4	3'5	3'6	3'7	3'8	3'9	3'10	3'11	4'0	4'1
lb	32	34	36	38	40	42	44	46	48	50	53	55	57	60
cm	91	94	97	99	102	104	107	109	112	114	117	119	122	125
kg	15	15	16	17	18	19	20	21	22	23	24	25	26	27
<hr/>														
ft/in	4'2	4'3	4'4	4'5	4'6	4'7	4'8	4'9	4'10	4'11	5'0	5'1	5'2	5'3
lb	62	65	67	70	72	75	78	81	84	87	89	92	96	99
cm	127	130	132	135	137	140	142	145	147	150	152	155	158	160
kg	28	29	31	32	33	34	35	37	38	39	41	42	43	45
<hr/>														
ft/in	5'4	5'5	5'6	5'7	5'8	5'9	5'10	5'11	6'0	6'1	6'2	6'3		
lb	102	105	108	112	115	118	122	125	129	132	136	140		
cm	163	165	168	170	173	175	178	180	183	185	188	191		
kg	46	48	49	51	52	54	55	57	59	60	62	64		

The weight thresholds above are calculated using a body mass index (BMI) equal to or below 17.5 kg/m² for the patient's height. This is the threshold guideline below which a person is deemed underweight by the DSM-IV and the ICD-10 Diagnostic Criteria for Research for Anorexia Nervosa.

T. BULIMIA NERVOSA

(➡ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

In the past 3 months:		
T1	Did you have eating binges? An "eating binge" is when you eat a very large amount of food within two hours.	➡ NO YES
T2	Did you have eating binges two times a week or more?	➡ NO YES

T3 During an eating binge, did you feel that you couldn't control yourself? ➡
NO YES

T4 Did you do anything to keep from gaining weight? Like making yourself throw up or exercising very hard? Trying not to eat for the next day or more? Taking pills to make you have to go to the bathroom more? Or taking any other kinds of pills to try to keep from gaining weight?
IF **YES** TO ANY, CODE **YES** ➡
NO YES

T5 Does your weight strongly affect how you feel about yourself? Does your body shape strongly affect how you feel about yourself?
IF **YES** TO EITHER, CODE **YES** ➡
NO YES

T6 DO THE PATIENT'S SYMPTOMS MEET CRITERIA FOR ANOREXIA NERVOSA? NO YES
➡
SKIP to T8

T7 Do these binges occur only when you are under (_____ lb/kg)?
INTERVIEWER: WRITE IN THE ABOVE (), THE THRESHOLD WEIGHT FOR THIS PATIENT'S HEIGHT FROM THE HEIGHT/WEIGHT TABLE IN THE ANOREXIA NERVOSA MODULE NO YES

T8 IS **T5** CODED **YES** AND IS EITHER **T6** OR **T7** CODED **NO**? NO YES

BULIMIA NERVOSA
CURRENT

T9 IS **T7** CODED **YES**? NO YES

ANOREXIA NERVOSA
Binge Eating Type
CURRENT

U. GENERALIZED ANXIETY DISORDER

(➔ MEANS : GO TO END OF DISORDER, CIRCLE NO AND MOVE TO NEXT DISORDER)

U1	<p>a For the past six months, have you worried a lot or been nervous? Have you been worried or nervous about several things, (like school, your health, or something bad happening)? Have you been more worried than other kids your age? IF YES TO ANY, CODE YES</p>	➔ NO	YES
	<p>b Do you worry most days? IS THE PATIENT'S ANXIETY RESTRICTED EXCLUSIVELY TO, OR BETTER EXPLAINED BY, ANY DISORDER PRIOR TO THIS POINT?</p>	➔ NO NO	YES ➔ YES

U2	<p>Do you find it hard to stop worrying? Do the worries make it hard for you to pay attention to what you are doing? IF YES TO EITHER, CODE YES</p>	➔ NO	YES
----	---	---------	-----

U3 FOR THE FOLLOWING, CODE **NO** IF THE SYMPTOMS ARE
 CONFINED TO FEATURES OF ANY DISORDER EXPLORED
 PRIOR TO THIS POINT.

When you are worried, do you, most of the time:

a	Feel like you can't sit still?	NO	YES
b	Feel tense in your muscles?	NO	YES
c	Feel tired, weak or exhausted easily?	NO	YES
d	Have a hard time paying attention to what you are doing? Does your mind go blank?	NO	YES
e	Feel grouchy or annoyed?	NO	YES
f	Have trouble sleeping ("trouble sleeping" means trouble falling asleep, waking up in the middle of the night, waking up too early or sleeping too much)?	NO	YES
	ARE 1 OR MORE U3 ANSWERS CODED YES?	➔ NO	YES

U4 Do these worries or anxieties cause a lot of problems at school or with
 your friends or at home or at work or with other people?

NO	YES
GENERALIZED ANXIETY DISORDER	
CURRENT	

V. ADJUSTMENT DISORDERS

(➡ MEANS : GO TO THE DIAGNOSTIC BOXES, CIRCLE **NO** IN ALL DIAGNOSTIC BOXES, AND MOVE TO THE NEXT MODULE)

ONLY ASK THESE QUESTIONS IF THE PATIENT CODES **NO** TO ALL OTHER DISORDERS.

EVEN IF A LIFE STRESS IS PRESENT OR A STRESS PRECIPITATED THE PATIENT'S DISORDER, DO NOT USE AN ADJUSTMENT DISORDER DIAGNOSIS IF ANY OTHER PSYCHIATRIC DISORDER IS PRESENT. CIRCLE N/A IN DIAGNOSTIC BOX AND SKIP THE ADJUSTMENT DISORDER MODULE IF THE PATIENT'S SYMPTOMS MEET CRITERIA FOR ANOTHER SPECIFIC AXIS I DISORDER OR ARE MERELY AN EXACERBATION OF A PREEXISTING AXIS I OR II DISORDER.

- V1 Are you stressed out about something? Is this making you upset or making your behavior worse? ➡
NO YES
IF **NO** TO EITHER, CODE **NO**
- [Examples include anxiety/depression/physical complaints; misbehavior such as fighting, driving recklessly, skipping school, vandalism, violating the rights of others, or illegal activity].
- IDENTIFIED STRESSOR: _____
- DATE OF ONSET OF STRESSOR: _____
- V2 Did your upset/behavior problems start soon after the stress began? ➡
NO YES
[Within 3 months of the onset of the stressor]
- V3 a Are you more upset by this stress than other kids your age would be? ➡
NO YES
- b Do these stresses or upsets cause you problems in school? ➡
NO YES
Problems at home? Problems with your family or with your friends?
IF **YES** TO ANY, CODE **YES**
- V4 BEREAVEMENT IS PRESENT IF THESE EMOTIONAL/BEHAVIORAL SYMPTOMS ARE DUE ENTIRELY TO THE LOSS OF A LOVED ONE AND ARE SIMILAR IN SEVERITY, LEVEL OF IMPAIRMENT AND DURATION TO WHAT OTHERS WOULD SUFFER UNDER SIMILAR CIRCUMSTANCES MOST
- HAS BEREAVEMENT BEEN RULED OUT? ➡
NO YES
- V5 Have these problems gone on for 6 months or more after the stress stopped? ➡
NO YES
- WHICH OF THESE EMOTIONAL / BEHAVIORAL SUBTYPES IS THE **PREDOMINANT** CLUSTER? **Mark the predominant cluster**
- A With Depressed Mood (Depression, tearfulness or hopelessness) - 309.0
- B With Anxiety (Anxiety, nervousness, jitteriness, worry) - 309.24
- C With Mixed Anxiety and Depressed Mood (a combination of A and B) - 309.28
- D With Disturbance of Conduct - 309.3
Misbehavior (Like fighting, driving recklessly, skipping school, vandalism)
- E With Disturbance of Emotions (e.g. depression and/or anxiety) and Conduct - 309.4
- F Unspecified - 309.9

IF V1 AND V2 AND (V3a or V3b) ARE CODED YES, AND V5 IS CODED NO, THEN CODE THE DISORDER YES WITH THE PREDOMINANT SUBTYPE.

IF NO, CODE NO TO ADJUSTMENT DISORDER.

NO	N/A	YES
<i>Adjustment Disorder</i>		
<i>with _____</i>		
<i>(see above for subtypes)</i>		

W. RULE OUT MEDICAL, ORGANIC OR DRUG CAUSES FOR ALL DISORDERS

IF THE PATIENT CODES POSITIVE FOR ANY CURRENT DISORDER ASK:

Just before these symptoms began:

W1a Were you taking any drugs or medicines?

No Yes Uncertain

W1b Did you have any medical illness?

No Yes Uncertain

IN THE CLINICIAN'S JUDGMENT: ARE EITHER OF THESE LIKELY TO BE DIRECT CAUSES OF THE PATIENT'S DISORDER?
IF NECESSARY ASK ADDITIONAL OPEN-ENDED QUESTIONS.

W2 SUMMARY: HAS AN ORGANIC CAUSE BEEN RULED OUT?

No Yes Uncertain

X. PERVASIVE DEVELOPMENT DISORDER

X1	Since the age of 4, have you had difficulty making friends? Do you have problems because you keep to yourself? Is it because you are shy or because you don't fit in? IF YES TO ANY, CODE YES	NO	YES	UNSURE
X2	Are you fixated on routines and rituals or do you have interests that are special and interfere with other activities?	NO	YES	UNSURE
X3	Do other kids think you are weird or strange or awkward?	NO	YES	UNSURE
X4	Do you play mostly alone, rather than with other children?	NO	YES	UNSURE

X5 ARE ALL **X ANSWERS** CODED **YES**? IF SO, CODE YES.
 IF ANY X ANSWERS ARE CODED UNSURE, CODE UNSURE.
 OTHERWISE CODE NO.

NO UNSURE YES *

**PERVASIVE DEVELOPMENT
DISORDER**

CURRENT

* Pervasive Developmental Disorder is possible, but needs to be more thoroughly investigated by a board certified child psychiatrist. Based on the above responses, the diagnosis of PDD cannot be ruled out. The above screening is to rule out the diagnosis, rather than to rule it in.

THIS CONCLUDES THE INTERVIEW

Acknowledgments:
 We would like to thank Mary Newman, Berney Wilkinson, and Marie Salmon for their help and suggestions.
 We are grateful to Pauline Powers MD and Yvonne Bannon RN for their valuable assistance in improving the Anorexia Nervosa module.
 We are grateful to Michael Van Ameringen MD for his valuable assistance in improving the ADHD module.

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International Advisory Committee for MINI Kid version 2.0

Manuel Bouvard
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Stephan Renou
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Translations

English
Spanish
French
Hungarian
Turkish
German
Hebrew

M.I.N.I. KID 5

D. Sheehan, D. Shytle, K.Milo, J Janavs.
M. Soto, R Hidalgo
Y. Lecrubier, T. Hergueta
J. Balazs
A. Engeler
B. Plattner
D. Gothelf, A. Pardo

MOOD DISORDERS: DIAGNOSTIC ALGORITHM

Consult Modules: A Major Depressive Episode
 D (Hypo)manic Episode
 R Psychotic Disorders

MODULE R:

1a	IS R11b CODED YES?	NO	YES
1b	IS R12a CODED YES?	NO	YES

MODULES A and D:

		Current	Past
2	a CIRCLE YES IF A DELUSIONAL IDEA IS IDENTIFIED IN A3e	YES	YES
	b CIRCLE YES IF A DELUSIONAL IDEA IS IDENTIFIED IN D3a	YES	YES

c Is a Major Depressive Episode coded YES (current or past)?
and
 is Manic Episode coded NO (current and past)?
and
 is Hypomanic Episode coded NO (current and past)?
and
 is "Hypomanic Symptoms" coded NO (current and past)?

Specify:

- If the depressive episode is **current** or **past** or both
- **With Psychotic Features** Current: If 1b or 2a (current) = YES
 With Psychotic Features Past: If 1a or 2a (past) = YES

MAJOR DEPRESSIVE DISORDER

	current	past
MDD	<input type="checkbox"/>	<input type="checkbox"/>
With Psychotic Features		
Current	<input type="checkbox"/>	
Past		<input type="checkbox"/>

d Is a Manic Episode coded YES (current or past)?

Specify:

- If the Bipolar I Disorder is **current** or **past** or both
- With **Single Manic Episode**: If Manic episode (current or past) = YES
 and MDE (current and past) = NO
- **With Psychotic Features** Current: If 1b or 2a (current) or 2b (current)= YES
 With Psychotic Features Past: If 1a or 2a (past) or 2b (past) = YES
- If the **most recent mood** episode is manic, depressed, mixed or hypomanic or unspecified (all mutually exclusive)
- **Unspecified** if the Past Manic Episode is coded YES AND
 Current (D3 Summary AND D4a AND D6 AND W2) are coded YES

BIPOLAR I DISORDER

	current	past
Bipolar I Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Single Manic Episode	<input type="checkbox"/>	<input type="checkbox"/>
With Psychotic Features		
Current	<input type="checkbox"/>	
Past		<input type="checkbox"/>
Most Recent Episode		
Manic	<input type="checkbox"/>	
Depressed	<input type="checkbox"/>	
Mixed	<input type="checkbox"/>	
Hypomanic	<input type="checkbox"/>	
Unspecified	<input type="checkbox"/>	

- e Is Major Depressive Episode coded YES (current or past)
and
 Is Hypomanic Episode coded YES (current or past)
and
 Is Manic Episode coded NO (current and past)?

Specify:

- If the Bipolar Disorder is **current** or **past** or both
- If the most recent mood episode is **hypomanic** or **depressed** (mutually exclusive)

BIPOLAR II DISORDER		
	current	past
Bipolar II Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Most Recent Episode		
Hypomanic	<input type="checkbox"/>	
Depressed	<input type="checkbox"/>	

- f Is MDE coded NO (current and past)
and
 Is Manic Episode coded NO (current and past)
and
 Is D4b coded YES for the appropriate time frame
and
 Is D7b coded YES?

or

- Is Manic Episode coded NO (current and past)
and
 Is Hypomanic Episode coded NO (current and past)
and
 Is D4a coded YES for the appropriate time frame
and
 Is D7c coded YES?

Specify if the Bipolar Disorder NOS is **current** or **past** or both.

BIPOLAR DISORDER NOS		
	current	past
Bipolar Disorder NOS	<input type="checkbox"/>	<input type="checkbox"/>

MAYSI-2 Questionnaire

Instructions: These are some questions about things that sometimes happen to people. For each question please circle Y (yes) or N (no) to answer whether that question has been true for you IN THE PAST FEW (2-3) MONTHS.

	A	B	C	D	E	F	G
1. Have you had a lot of trouble falling asleep or staying asleep?							Y N
2. Have you lost your temper easily, or had a "short fuse"?		Y N					
3. Have nervous or worried feelings kept you from doing things you want to do?			Y N				
4. Have you had a lot of problems concentrating or paying attention?							Y N
5. Have you enjoyed fighting or been "turned on" by fighting?							Y N
6. Have you been easily upset?		Y N					
7. Have you thought a lot about getting back at someone you have been angry at?		Y N					
8. Have you been jumpy or hyper?		Y N					
9. Have you seen things other people say are not really there?						Y N	
10. Have you done anything you wish you hadn't, when you were drunk or high?	Y N						
11. Have you wished you were dead?					Y N		
12. Have you been daydreaming too much in school?							Y N
13. Have you had a too many bad moods?		Y N					
14. Have you had nightmares that are bad enough to make you afraid to go to sleep?			Y N				
15. Have you felt too tired to have a good time?							Y N
16. Have you felt like life was not worth living?					Y N		
17. Have you felt lonely too much of the time?			Y N				
18. Have you felt like hurting yourself?					Y N		
19. Have your parents or friends thought you drink too much?	Y N						
20. Have you heard voices other people can't hear?						Y N	
21. Has it seemed like some part of your body always hurts you?			Y N				
22. Have you felt like killing yourself?					Y N		
23. Have you gotten in trouble when you've been high or have been drinking?	Y N						
24. If yes, is this fighting?	Y N						
25. Have other people been able to control your brain or your thoughts?						Y N	
26. Have you had a bad feeling that things don't seem real, like you're in a dream?						Y N	
When you have felt nervous or anxious:							
27. have you felt shaky?				Y N			
28. has your heart beat very fast?				Y N			
29. have you felt short of breath?				Y N			
30. have your hands felt clammy?				Y N			
31. has your stomach been upset?				Y N			
32. Have you been able to make other people do things just by thinking about it?						Y N	
33. Have you used alcohol or drugs to help you feel better?	Y N						
34. Have you felt that you don't have fun with your friends anymore?			Y N				
35. Have you felt angry a lot?		Y N	Y N				
36. Have you felt like you don't want to go to school anymore?							Y N
37. Have you been drunk or high at school?	Y N						
38. Have you felt that you can't do anything right?							Y N
39. Have you gotten frustrated easily?		Y N					
40. Have you used alcohol and drugs at the same time?	Y N						
41. Has it been hard for you to feel close to people outside your family?			Y N				
42. When you have been mad, have you stayed mad for a long time?		Y N					
43. Have you had bad headaches?				Y N			
44. Have you hurt or broken something on purpose, just because you were mad?		Y N					
45. Have you been so drunk or high that you couldn't remember what happened?	Y N						
46. Have you given up hope for your life?			Y N		Y N		
47. Have you ever been raped, or been in danger of being raped?							Y N
48. Have you had a lot of bad thoughts or dreams about a bad or scary event that happened to you?			Y N				
Scale Total (Total "Yes" responses)							
	A	B	C	D	E	F	G

*Section G is not scored.

Appendix B: IRB Materials



1080 S. University Avenue
Ann Arbor, MI 48109

January 21, 2014

Nadine Rogers, Ph.D.
Scientific Review Officer
Office of Extramural Affairs
National Institute on Drug Abuse, NIH, DHHS
6001 Executive Blvd., Room 4229, MSC 9550
Bethesda, MD 20892-9550

Dear Dr. Rogers:

Please accept this letter as a formal application for a Certificate of Confidentiality for our research project entitled, "*Juvenile Justice Mental Health*," which will be conducted at the University of Michigan's School of Social Work. The following narrative and attached documents have been prepared in accordance with the application instructions provided by the Office of Extramural Research of the National Institutes of Health.

This institution agrees to use the Certificate of Confidentiality to protect against the compelled disclosure of personally identifiable information and to support and defend the authority of the Certificate against legal challenges.

The institution and personnel involved in the conduct of the research will comply with the applicable Federal regulation for the protection of human subjects or, if no such Federal regulation is otherwise applicable, they will comply with 45 CFR Part 46.

This Certificate of Confidentiality will not be represented as an endorsement of the project by the DHHS or NIH or used to coerce individuals to participate in the research project.

All subjects will be informed that a Certificate has been issued, and they will be given a description of the protection provided by the Certificate.

Any research participant entering the project after expiration or termination of the Certificate will be informed that the protection afforded by the Certificate does not apply to them.

1. Name and address of applicant research institution

Joseph Ryan, Ph.D.

University of Michigan, School of Social Work
1080 S. University Avenue
Ann Arbor, MI 48109

2. Site where the research will be conducted:

The research site will be the University of Michigan, School of Social Work.

Data will be collected from various residential facilities (see attached list). However, the function of these facilities is that of interaction – that is, we will be conducting structured diagnostic interviews of the youth who reside at these facilities.

3. Title of the research project:

Juvenile Justice Mental Health

4. Source and number of the supporting grant:

Grant agency: Michigan Department of Human Services
Grant number: Admin 14-99022
Project officer: Soleil A. Campbell, MSW
Phone: (517) 373-1570
E-mail: Campbells6@michigan.gov

5a-c. IRB

Please refer to attached IRB approval letter. The Federal Wide Assurance (FWA) number for the IRB is FWA00004969.

6. Key Personnel

Joseph P. Ryan
Associate Professor, Social Work, University of Michigan
Faculty Associate, Institute for Social Research (ISR)
Faculty Fellow, Children and Family Research Center, Univ. of Illinois
Address: 1080 S. University Avenue, Ann Arbor, MI 48109
Phone: (734) 763-6580
E-mail: joryan@umich.edu

Qualifications:
MSW, University of Michigan, 1996
Ph.D., School of Social Service Administration, University of Chicago, 2002

Dr. Ryan will help with all aspects of the mental health study, including IRB submission, hiring/training students, consents, coordinating on site clinical assessments, data analysis and report writing. Dr. Ryan brings 20 years of juvenile justice and child welfare practice and research experience to the project. Prior to doctoral studies, Dr. Ryan worked in a variety of juvenile justice facilities in the State of Michigan including Boyssville (now Holy Cross), Starr Commonwealth and Huron Services for Youth. He currently serves as the PI for

two Title IV-E waiver demonstrations (Illinois and Michigan). Dr. Ryan is also the PI on a statewide study (Michigan) of youth moving from child welfare to juvenile and adult corrections. These projects require an in-depth knowledge of social service agencies, the mental health and substance abuse literatures, expertise in all aspects of assessment evaluation design and the ability to communicate findings to a wide audience. Dr. Ryan has received funding from a variety of sources including the U.S. Department of Health and Human Services, Silberman Family Foundation, New York Community Trust, and the John D. and Catherine T. MacArthur Foundation. Dr. Ryan publishes regularly in the areas of juvenile delinquency, child maltreatment and substance abuse.

Brian E. Perron

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Research Scientist, Department of Veterans Affairs
Address: 1080 S. University Avenue, Ann Arbor, MI 48109
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Qualifications:

MSSW, University of Wisconsin - Madison, 1998
Ph.D., George Warren Brown School of Work, Washington University in St. Louis, 2007

Dr. Perron will participate in all aspects of this study. Dr. Perron has extensive experience conducting research on juvenile delinquents. He has received extensive grant support from the National Institutes of Health to examine mental health and substance use disorders and services among various at-risk populations. Dr. Perron served as a lead data analyst for a project that examined mental health and substance abuse problems among the entire population of juvenile delinquents residing in correctional facilities of the Missouri State Division of Youth Services. Dr. Perron is a recognized expert in measurement of services and disorders among persons with mental health and substance abuse problems. A number of important measurement challenges are likely to arise in the Michigan Juvenile Justice Mental Health Study. Solutions to these challenges are covered in his forthcoming book entitled Contemporary Issues in Measurement (Oxford University Press). Dr. Perron has taught doctoral-level courses in measurement and statistics, in addition to serving as an investigator and consultant on research initiatives funded by the State of Michigan, Department of Veterans Affairs, and the National Institutes of Health.

Clinical interviewers & graduate students- TBD

This project will also include three licensed clinicians (MSW's) to serve as clinical interviewers and at least three graduate students enrolled in the MSW program. The graduate students will conduct the telephone interviews (i.e., parent interviews) and case record reviews, under the training and supervision of the clinical interviewers. The clinical interviewers will conduct the structured diagnostic interviews with the youth, with the assistance of the graduate students. A licensed clinical interviewer will hold primary responsibilities and be

present for all youth interviews. Both the clinical interviewers and graduate students will have previous direct practice experience with adolescents.

7. Project Dates

February 1, 2014 to February 1, 2015

8. Project Aims and Research Methods

The primary objective of this study is to determine the prevalence of mental health and substance use disorders among detained juvenile delinquents in the State of Michigan. We will also examine lifetime and current use of services for these problems, in addition to examining their relationship with other clinical factors (e.g., personality characteristics such as impulsivity), psychosocial factors (e.g., social support), offense history (e.g., total amount of time in detention), and contextual factors (e.g., facility).

We utilize three different methods of data collection:

- 1) Telephone interviews with parents of detained youth (~ N = 450);

We intend to conduct telephone interviews with one parent of each detained youth. We are not selecting by gender. These will be structured telephone interviews to be conducted by trained graduate students under the supervision of licensed clinicians (MSW). A computer-assisted personal interviewing (CAPI) system will be used as part of the interview process, and all data will be stored in a password-protected directory on a secure university server.

- 2) Structured diagnostic interviews with detained youth (~ N = 450);

We intend to survey all youth age 13 to 17 who are currently detained in Michigan's Juvenile Justice System. The overall population is comprised primarily of males (~80%), and it is estimated that slightly over half of the youth are white (~60%). Licensed clinicians (MSW) will conduct the structured diagnostic interviews with the assistance of a trained graduate student. Interview data will be collected via paper-pencil and CAPI. Paper-pencil interview data will be stored in a locked file cabinet in a locked room in the UM-School of Social Work. This will be done within one business day following data collection. Electronic data will be stored in a password-protected directory on a secure university server.

- 3) Case record review of detained youth (~ N = 450).

Trained graduate students will conduct a structured case record review. Data will be entered into a database and stored in a password-protected directory on a secure university server.

9. Protection of subject identities

Telephone interviews, structured diagnostic (face-to-face) interviews, and case record reviews will be conducted in private rooms. No facility staff will be present. This study will not collect any information about protected health information, private personal information, or other sensitive information as outlined in the IRB-HSBS Data Management and Security Reference Sheet of the University of Michigan.

The Principal Investigators will generate a unique ID for each study participant. The ID link file will be stored in a password-protected directory on a secure university server. The directory will not contain any other study files. This ID number will be 8 characters long and use at least 3 out of 4 character groups (uppercase, lowercase, numeric, and special characters). The process of randomly generating these ID's will help ensure that it does not contain an easily guessable string.

Only the PIs of the study (Ryan and Perron) will have access to the ID link file. Study identifiers are being retained for five year for the purpose of future studies, but the identifiable link (file that has both unique case ID and youth name) will be stored in a separate secure server.

After data files are transferred to a separate secure server, the original data files on the laptop computers will be erased using a security program, Eraser. This program removes the original data by overwriting it multiple times with pseudo-random data. This pseudo-random generating mechanism does not use the data from the interview and is completely uncorrelated with any data collected in this study.

All hard copy data will remain in the locked cabinet and locked room until it is entered into a secured Access database on a secure university server. Then, the hard copy data will be shredded and placed in a recycle bin that is designated for sensitive university information. Only staff members who have received IRB approval will be provided access to these data. Data will be analyzed only on a university-owned computer at the School of Social Work.

The individual facilities where the interviews will be conducted will not be provided with any data specific to their youth and in fact will have no access to any individual level data (identified or de-identified). The Michigan Department of Human Services state will not receive any individual level reports/data. The Michigan Department of Human Services will receive only aggregate level reports; primarily diagnoses listed overall and by race, gender and age. There will be no way to link any of the data we provide to the state back to any individual youth or individual facility.

10. Rationale for a Certificate of Confidentiality:

Youth in this study are detained in the State of Michigan's juvenile justice system. As part of this study, we will be asking the youth about past illegal behaviors. It is possible that the youth have not already been charged for some of the illegal behaviors that they self-report. Thus, for their protection, we are seeking a Certificate of Confidentiality.

11. Informed consent forms, as approved by the IRB:

See attached copy of informed consent forms.

12. Research not funded by NIH in which drug will be administered ... :

Not applicable. This research will not administer any drugs.

13. All research in which a controlled rug or drugs will be administered ... :

Not applicable. This research will not administer any drugs.

14. If the research project is testing for reportable communicable diseases ... :

Not applicable.



Signature of Principal Investigator

Signature of Institutional Official

James Ashton-Miller, Ph.D.
Albert Schultz College Research Professor
& Distinguished Research Scientist;
Associate Vice President – Research Policy
and Compliance, OVPR.
Name and Title of Institutional Official

3208 GGB
2350 Hayward
Ann Arbor, MI 48109-2125
Address of Institutional Official



THE UNIVERSITY OF MICHIGAN

BEHAVIORAL SCIENCES INSTITUTIONAL REVIEW BOARD
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PHONE: 734 936-0933 FAX: 734 998-9171
E-MAIL: irbhsbs@umich.edu WEBSITE: www.irb.research.umich.edu

January 21, 2014

Dr. Joseph Ryan
School of Social Work
University of Michigan
SSWB 3834
Ann Arbor, MI 48109-1106

Dear Dr. Ryan:

The study, *Juvenile Justice Mental Health* (HUM00081222), was issued a contingent approval on November 26, 2013 at a convened meeting of the Health Sciences and Behavioral Sciences Institutional Review Board at the University of Michigan. As of January 14, 2014, all contingencies have been met except to obtain a Certificate of Confidentiality (CoC).

The full board review of your protocol included review and approval of the following documents:

Recruitment

Final Adolescent Script v.1
Final Parent Information Letter v.1
Final Parent Phone Script v.1

Informed Consent and Assent

Clean Parent Form v.1
Final Non-Ward Youth Assent Form v.1
Final Ward Youth Assent Form v. 1

After you have submitted the documentation confirming that a CoC has been issued for this study, a letter will be sent to you acknowledging full approval for the research. When full approval is issued, this information will be added to the header of the recruitment and consent documents.

Sincerely,

Mary E. Ramirez
Assistant Director
Health Sciences and Behavioral Sciences Institutional Review Board
University of Michigan



Adolescent Assent

Study of Mental Health and Substance Abuse in Juvenile Justice

The University of Michigan's School of Social Work is doing research about the mental health and substance abuse needs of youth in the juvenile justice system. We are doing this because in 2012 the State of Michigan passed a law that requires the Department of Human Services (DHS) to understand the mental health and substance abuse needs of youth living in juvenile justice placements, like the one we are in today. Our work focuses on understanding how common these problems are in juvenile justice placements and to understand if additional services are needed for youth in placement.

The purpose of the study is to find out how many adolescents in the juvenile justice system have mental health needs or substance abuse problems. The findings from this study will help the State of Michigan better serve youth in residential placements. To accomplish this goal we would like to interview all adolescents (between the age of 13 and 17) in residential placements throughout the State of Michigan and review case files to understand service needs. Our interviews and case file reviews will focus on mental health, substance abuse, social support, service needs, barriers to service access and education. At the University of Michigan we will use the information to understand the potential difficulties adolescents in the juvenile justice system may experience as they begin the transition to adulthood.

The case file is the paper file that is put together by caseworkers and other professionals. The case file is located in the administrative office and includes information on court and service history. You can either agree to participate or decline to participate in any or all parts of this study. The following is a description of each part.

Adolescent Interview: The adolescent interview is completed in person and will take approximately 90 minutes to complete. This interview will focus on identifying mental health and substance abuse problems and on the need (from your perspective) for mental health and substance abuse services. The interview will be completed by a trained graduate student in Social Work at the University of Michigan and a licensed clinical social worker. Your participation is completely voluntary. Your decision to participate will have no bearing on your current placement, court case or services you receive. You will receive a \$20 gift Visa gift card for participating in the interview. This gift card will be held in the administrative office until you are released from residential care. You are free to stop the interview at any point in time. You are free to skip any questions you do not wish to answer and you can stop at any time. Your answers will not be shared with your caseworker, the judge or anyone here at the residential placement. Even though DHS has given us permission to talk, you can still refuse to participate in the interview.

Case File Review: A graduate student from the University of Michigan's School of Social work will complete a case file review. We are interested in completing a review of the paper file to better understand the types of services that you have received over the years. Our goal for the case file review is to document how well or how poorly the State of Michigan is meeting the service need of adolescents in the juvenile justice system. The case file review will take approximately 2 hours to complete.

How will the information be used? We will use the information gathered from the interview and case file review in the number of different ways to improve the juvenile justice system. We will provide the State of Michigan with reports on the various mental health and substance abuse issues reported by youth in residential placements. We will also provide the State of Michigan a report on the services youth report needing – or services that youth report would be most helpful. The reports we provide to the State will not include your name or other identifying information. It will simply include your responses to the questions discussed. None of the information will be provided to the staff at the residential facility. All of the data collected will be held at the University of Michigan for a period of five years. In the future, we may contact you again. We will use the information collected to understand the difficulties that adolescents in the juvenile justice may face that transition to adulthood. Specifically, in the future we will be interested in whether or not mental health and substance abuse problems and services help explain how successfully youth can make the transition to adulthood. For example, one question we might be interested in answering is when adolescents get the services they need, are they less likely to stay involved with the justice system? We will retain your information for future studies and may contact you in the future about being interviewed again – with your permission of course.

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. We can use this Certificate even under subpoena to legally refuse to disclose information that may identify you in any legal proceedings. It is important to note that our interviewers are mandated reporters. If you disclose that you are currently being harmed in any way, the interviewer is required to report that information to DHS. Additionally, if you disclose that you may hurt yourself, we are required to report that information to the placement administrator. Finally, you should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research.

Potential Benefits and Risks of Participation: The main benefit of this study is improving the mental health and substance abuse services in Michigan's juvenile justice system. DHS will use this information to improve juvenile justice prevention and treatment programs for young people like yourself. A potential risk of this study is that it might cause some emotional distress or discomfort. Questions asked in the interview may be upsetting or stressful to you. To minimize this risk, you can skip any question you don't feel like answering. We are also trained to help if you show signs of emotional discomfort. You are free to take breaks, walk around the room and even stop the interview at

any point in time. If you should get extremely upset we will stop the interview and have someone from the facility help you. With regard to the case file review, your name will not be attached to any of the information gathered from the file and no one from the State will be able to read the information. Your answers to the interview will remain confidential. There will be no identifying information shared with the State. You can participate in the interview and not in the case file review, if you so choose.

Contact Information: If you have any questions about your rights as a research participant, or wish to obtain information, ask questions or discuss concerns about this study with someone other than the researchers, please contact the University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board, East Liberty, Suite 202, Ann Arbor, MI 48104-2210, (734) 936-0933, toll free at (866) 936-0933, irbhsbs@umich.edu.

We want to be sure all questions are answered. You can talk directly with the project director, Joe Ryan, at the University of Michigan, School of Social Work, 1080 S. University Ave, Ann Arbor, MI 48109, email joryan@umich.edu or phone (734) 763-6580

Do you have any questions? Do you wish to participate in this study? Do you wish to participate in the interview today? Do you give us permission to access the information in your case file? Do you give us permission to contact you again the future?



Adolescent Assent

Study of Mental Health and Substance Abuse in Juvenile Justice

The University of Michigan's School of Social Work is doing research about the mental health and substance abuse needs of youth in the juvenile justice system. We are doing this because in 2012 the State of Michigan passed a law that requires the Department of Human Services (DHS) to understand the mental health and substance abuse needs of youth living in juvenile justice placements, like the one we are in today. Our work focuses on understanding how common these problems are in juvenile justice placements and to understand if additional services are needed for youth in placement.

The purpose of the study is to find out how many adolescents in the juvenile justice system have mental health needs or substance abuse problems. The findings from this study will help the State of Michigan better serve youth in residential placements. To accomplish this goal we would like to interview all adolescents (between the age of 13 and 17) in residential placements throughout the State of Michigan and review case files to understand service needs. Our interviews and case file reviews will focus on mental health, substance abuse, social support, service needs, barriers to service access and education. At the University of Michigan we will use the information to understand the potential difficulties adolescents in the juvenile justice system may experience as they begin the transition to adulthood.

The case file is the paper file that is put together by caseworkers and other professionals. The case file is located in the administrative office and includes information on court and service history. You can either agree to participate or decline to participate in any or all parts of this study. The following is a description of each part.

Adolescent Interview: The adolescent interview is completed in person and will take approximately 90 minutes to complete. This interview will focus on identifying mental health and substance abuse problems and on the need (from your perspective) for mental health and substance abuse services. The interview will be completed by a trained graduate student in Social Work at the University of Michigan and a licensed clinical social worker. Your participation is completely voluntary. Your decision to participate will have no bearing on your current placement, court case or services you receive. You will receive a \$20 gift Visa gift card for participating in the interview. This gift card will be held in the administrative office until you are released from residential care. You are free to stop the interview at any point in time. You are free to skip any questions you do not wish to answer and you can stop at any time. Your answers will not be shared with your parent, your caseworker, the judge or anyone here at the residential placement. Even though your parent has given us permission to talk, you can still refuse to participate in the interview.

Case File Review: A graduate student from the University of Michigan's School of Social work will complete a case file review. We are interested in completing a review of the paper file to better understand the types of services that you have received over the years. Our goal for the case file review is to document how well or how poorly the State of Michigan is meeting the service need of adolescents in the juvenile justice system. The case file review will take approximately 2 hours to complete.

Parent Interview: The parent interview is completed over the phone and takes approximately 30 minutes to complete. The parent interview focuses on the mental health and substance abuse services that your parent thought you needed – and whether you received such services or not.

How will the information be used? We will use the information gathered from the interview and case file review in the number of different ways to improve the juvenile justice system. We will provide the State of Michigan with reports on the various mental health and substance abuse issues reported by youth in residential placements. We will also provide the State of Michigan a report on the services youth and parents report needing – or services that youth report would be most helpful. The reports we provide to the State will not include your name or other identifying information. It will simply include your responses to the questions discussed. None of the information will be provided to the staff at the residential facility. All of the data collected will be held at the University of Michigan for a period of five years. In the future, we may contact you again. We will use the information collected to understand the difficulties that adolescents in the juvenile justice may face that transition to adulthood. Specifically, in the future we will be interested in whether or not mental health and substance abuse problems and services help explain how successfully youth can make the transition to adulthood. For example, one question we might be interested in answering is when adolescents get the services they need, are they less likely to stay involved with the justice system? We will retain your information for future studies and may contact you in the future about being interviewed again – with your permission of course.

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. We can use this Certificate even under subpoena to legally refuse to disclose information that may identify you in any legal proceedings. It is important to note that our interviewers are mandated reporters. If you disclose that you are currently being harmed in any way, the interviewer is required to report that information to DHS. Additionally, if you disclose that you may hurt yourself, we are required to report that information to the placement administrator. Finally, you should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research.

Potential Benefits and Risks of Participation: The main benefit of this study is improving the mental health and substance abuse services in Michigan's juvenile justice system. DHS will use this information to improve juvenile justice prevention and treatment programs for young people like yourself. A potential risk of this study is that it might cause some emotional distress or discomfort. Questions asked in the interview may be upsetting or stressful to you. To minimize this risk, you can skip any question you don't feel like answering. We are also trained to help if you show signs of emotional discomfort. You are free to take breaks, walk around the room and even stop the interview at any point in time. If you should get extremely upset we will stop the interview and have someone from the facility help you. With regard to the case file review, your name will not be attached to any of the information gathered from the file and no one from the State will be able to read the information. Your answers to the interview will remain confidential. There will be no identifying information shared with the State. You can participate in the interview and not in the case file review, if you so choose.

Contact Information: If you have any questions about your rights as a research participant, or wish to obtain information, ask questions or discuss concerns about this study with someone other than the researchers, please contact the University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board, East Liberty, Suite 202, Ann Arbor, MI 48104-2210, (734) 936-0933, toll free at (866) 936-0933, irbhsbs@umich.edu.

We want to be sure all questions are answered. You can talk directly with the project director, Joe Ryan, at the University of Michigan, School of Social Work, 1080 S. University Ave, Ann Arbor, MI 48109, email joryan@umich.edu or phone (734) 763-6580

Do you have any questions? Do you wish to participate in this study? Do you wish to participate in the interview today? Do you give us permission to access the information in your case file? Do you give us permission to contact you again in the future?

Interview Script

At the beginning of the Adolescent Interview:

Note: The interview room will be private. No residential staff are permitted in the room during the interview. If you are not given a private room – please contact **INSERT NAME AND PHONE NUMBER OF FACILITY COORDINATOR** – as we have worked closely with this person and they are familiar with the interview protocol.

Begin Adolescent Interview

“I’m **NAME OF STUDENT INTERVIEWER**” and I am here on behalf of the University of Michigan School of Social Work. We are interested in talking with you about the social service needs of youth in Michigan. We are particularly interested in issues related to your mental health and substance abuse and whether you are receiving the services you feel are most needed. We talked with **NAME OF MOTHER OR FATHER OR DHS** and received their permission to talk with you today.

This is a voluntary interview and you do not have to participate. It will take approximately 90 minutes to complete. You will receive a \$20 Visa card for participating. The card will be held by the facility staff until you leave. Before you decide and before I start the interview, I need to let you know a few things.

You do not have to answer any questions that you do not want to answer. Your participation is voluntary and will have no impact on your current case or placement. You can decide to stop at any time.

The interview will focus on your mental health and substance abuse needs, if any, and the mental health and substance abuse services you have received to date. The information from this interview will be used to improve Michigan’s juvenile justice system.

Do you have any questions?

Are you interested in participating?

Note: if the youth indicates they are not interested in participating, thank them for their time. If the youth indicates they are interested in participating, move to the adolescent assent document.



Parent Form

Study of Mental Health and Substance Abuse in Juvenile Justice

The University of Michigan's School of Social Work is doing research about the mental health and substance abuse needs of youth in the juvenile justice system. We are doing this because in 2012 the State of Michigan passed Public Act 200. Public Act 200 requires the Department of Human Services (DHS) to understand the mental health and substance abuse needs of youth living in juvenile justice placements. Of course all youth in DHS placements do not have mental health or substance abuse problems. Our work focuses on understanding how common these problems are in juvenile justice placements and to understand if additional services are needed for youth in placement.

The purpose of the study is to find out how many adolescents in the juvenile justice system have mental health needs or substance abuse problems. The findings from this study will help the State of Michigan better serve youth in residential placements. To accomplish this goal we will interview all adolescents (between the age of 13 and 17) in residential placements throughout the State of Michigan, interview at least one parent and review case files to understand service needs. We are not interviewing youth that waiting for placement in an adult facility. Our interviews and case file reviews will focus on mental health, substance abuse, social support, service needs, barriers to service access and education. We will work with the Department of Human Services and specifically use the information collected in this study to improve the juvenile justice system in Michigan.

There are three parts to the study: (1) the parent interview, (2) the adolescent interview and (3) the case file reviews. The case file is the paper file that is put together by caseworkers and other professionals. The case file is located in the administrative office and includes information on court and service history. You can either agree to participate or decline to participate in any or all parts of this study. The following is a description of each part.

Parent Interview: The parent interview with you will be completed over the phone and will take approximately 30 minutes to complete. The parent interview will focus on the mental health and substance abuse services that your child needed, received or did not receive. We are also interested in your opinions on court ordered services and whether or not these services seem to help. The interview will be completed by a graduate student in Social Work at the University of Michigan. Your participation is completely voluntary and your decision to participate will have nothing to do with your child's case or placement. We understand your time is valuable. You will receive a \$20 Visa gift card

that can be used any place credit cards are accepted. You are free to stop the interview at any point in time. You are also free to skip any questions you do not wish to answer.

Adolescent Interview: The adolescent interview will be completed in person and will take approximately 90 minutes to complete. The adolescent interview will focus on identifying mental health and substance abuse problems and on the need (from your child's perspective) for mental health and substance abuse services. The interview will be completed by a trained graduate student in Social Work at the University of Michigan and a licensed clinical social worker. Your child's participation is completely voluntary and their decision to participate will have no bearing on the child's placement, court case or treatment they receive at the facility. Your child will also receive a \$20 gift Visa gift card for participating in the adolescent interview. This gift card will be held in the administrative office until your child is released by the residential placement. Your child is free to stop the interview at any point in time. Your child is also free to skip any questions they do not wish to answer. In addition to your decision on your child's participation, we will also ask your child in person if they are willing to participate in the interview. Your child will not read the responses you provide in your interview. And you will not have access to the responses provided in your child's interview. The interview with your child will focus on mental health, emotional well-being, substance abuse, social support, thoughts about the future and education. It is important to note that although you may give us permission to talk with your child, they can still refuse to participate.

Case File Review: A graduate student from the University of Michigan's School of Social work will complete a case file review. The case file is a paper file that is put together by caseworkers. It includes information about service, court and placement histories. We are interested in completing a review of the paper file to better understand the types of services that your child has received over the years. Our goal for the case file review is to document how well or how poorly the State of Michigan is meeting the service need of adolescents in the juvenile justice system. The case file review will take approximately 2 hours to complete.

How will the information be used? We will use the information gathered from the parent, child and case file review in the number of different ways to improve services to your child specifically and for improvements to the juvenile justice system overall. We will provide the State of Michigan with reports on the various mental health and substance abuse issues reported by youth in residential placements. We will also provide the State of Michigan a report on the services youth and parents report needing – or services that youth report would be most helpful. The reports we provide to the State will not include your name or other identifying information. It will simply include your responses and your child's responses to the questions discussed. None of the information will be provided to the staff at the residential facilities. All of the data collected will be held at the University of Michigan for a period of five years. In the future, we may contact your child again. We will use the information collected to understand the difficulties that adolescents in the juvenile justice may face that transition to adulthood. Specifically, in the future we will be interested in whether or not mental health and substance abuse

problems and services help explain how successfully youth can make the transition to adulthood. For example, one question we might be interested in answering is when adolescents get the services they need, are they less likely to stay involved with the justice system?

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. We can use this Certificate to legally refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, for example, if there is a court subpoena. You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. The interviewer will follow all the rules and regulations regarding mandated reporting. The obligation for mandated reporting will not be superseded by the Certificate of Confidentiality. Thus, any form of abuse or neglect will be mandated and not be considered confidential information that is protected by the Certificate of Confidentiality.

It is important to note that our clinical interviewers (the graduate students and licensed social workers) are mandated reporters. If your child discloses that she/he is currently being harmed in any way in the juvenile justice placement, the interviewer is required to report that information to DHS. Additionally, if your child discloses that she/he may hurt herself/himself, or hurt someone else; the interviewer is required to report that information to the placement administrator. We will of course discuss these safety and reporting precautions with your child at the time of their interview as well.

Potential Benefits and Risks of Participation: The main potential benefit associated with this study is improving the mental health and substance abuse services in Michigan's juvenile justice system. DHS will use this information to improve juvenile justice prevention and treatment programs. A potential risk of this study is that it might cause some psychological distress or discomfort. Questions asked in the interview may be upsetting or stressful to you or to your child. To minimize this potential risk, any question can be skipped in the interviews. Our interviewers are also trained to help if your child shows signs of emotional discomfort. Our trained interviewers will permit the youth to take breaks, walk around the room and even stop the interview at any point in time. The interviewers are clinical students and licensed professionals, so they will be appropriately responsive in terms of minor emotional discomfort. If the youth reports or indicates or displays a more serious response (harm to self/others) the interview will be terminated and we will communicate the concerns to the facility coordinator. All facilities have clinical staff. Our responsibility will be to report the immediate needs to the on site coordinator. From there, the facilities will follow their own protocols (noted in service contracts with DHS) in terms of responding to immediate threats of harm. With regard to the parent interview, if you express distress or communicate in a manner that is perceived as being in a state of distress, we will stop the interview. You will still receive the full research incentive for participation in the interview, even if the full interview was not completed.

Your answers to the interview will remain confidential. There will be no identifying information shared with the State. That is, nothing we give the state will mention your name or your child's name.

Contact Information: If you have any questions about your or your child's rights as a research participant, or wish to obtain information, ask questions or discuss concerns about this study with someone other than the researchers, please contact the University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board, East Liberty, Suite 202, Ann Arbor, MI 48104-2210, (734) 936-0933, toll free at (866) 936-0933, irbhsbs@umich.edu.

You will receive a copy of this document for your records. Please let us know if you have any additional questions. We want to be sure all questions are answered. You can talk directly with the project director, Joe Ryan, at the University of Michigan, School of Social Work, 1080 S. University Ave, Ann Arbor, MI 48109, email joryan@umich.edu or phone (734) 763-6580

There are three sections to consider signing. One for the parent interview, one for the adolescent interview and one for the case file reviews. Again, your participation in this study is completely voluntary. Your child can choose not to be part of the study, even if you agree, and can refuse to answer an interview question or stop participating at any time.

I agree to participate in the study (parent interview)

Printed Name _____

Signature _____ Date _____

I give permission for my child to participate in the study (adolescent interview)

Child's Name _____

Parent Signature _____ Date _____

I give permission for the case file review

Printed Name _____

Parent Signature _____ Date _____

I give permission to be contacted in the future

Printed Name _____

Parent Signature _____ Date _____

Interview Script

At the beginning of the Parent Interview (Phone Call to Parent):

Note to Clinical Interviewer: The parent already received an informational letter about the project. It is possible however that some parents discarded this letter or did not review the letter in great detail. It is also possible that some parents are unable to read. For these reasons, you will start by providing a brief overview of the project – walk the parent through the consent form – and then proceed (or not) with the phone interview.

Begin Parent Phone Interview

Hello, I am **NAME OF CLINICAL INTERVIEWER**” and I am calling on behalf of the University of Michigan School of Social Work. Hopefully you received a letter describing a study we are conducting for Michigan’s Department of Human Services that focuses on the mental health and substance abuse needs of youth in the juvenile justice system. We are contacting you because your child **INSERT NAME OF CHILD HERE** is in **INSERT NAME OF FACILITY HERE**.

Did you receive the informational letter that was mailed to your house from the University of Michigan?

The purpose of the study is to understand the mental health and substance abuse needs of youth in Michigan’s juvenile justice system. We are particularly interested in whether or not the youth are getting the right services to meet their needs. The findings from this study will help the State of Michigan better serve youth in residential placements. To accomplish this goal we will interview children in residential placements throughout the State of Michigan, interview at least one parent and review case file to understand service needs. The case file is the paper file that is put together by caseworkers and other professionals. The case file is located in the administrative office and includes information on court and service history. We will use the case file to supplement what we receive the interviews.

Participation in this study is completely voluntary. There are no penalties to you, your child, your child’s case with the court or their placement whether you participate or not. Our conversation will take approximately 30 minutes to complete. You will receive a \$20 Visa gift card that can be used wherever credit cards are accepted. Your child will also receive a \$20 gift card that they can use once they leave the residential facility. Before you decide – I need to let you know a few things.

You do not have to answer any questions that you do not want to answer. You can also decide to stop the interview at any time.

Regarding confidentiality and questions about how the information will be used – we will use the information gathered from these interviews in the number of different ways to improve the juvenile justice system overall. Your answers to the interview will remain confidential. We will provide the State of Michigan with reports on the various mental health and substance abuse issues reported by youth in residential placements. We will also provide the State of Michigan a report on the services youth in the juvenile justice system report needing – or services that youth report would be most helpful. We will provide the Department of Human Services with summary reports from our interviews. The summary reports will not include your name or other identifying information. It will simply include your responses to the questions we discuss today. None of the information we discuss will be shared with the facility staff.

We can schedule the interview for a time that is most convenient for your schedule. We can schedule the interview for mornings, afternoons, evening and even on the weekend. Whatever is best for you.

Do you have any questions? Are you willing to participate?

Enclosed with the informational letter we mailed – was another piece of paper that reads “parent form, study of mental health and substance abuse in juvenile justice” at the top. This piece of paper describes the study – just as we were just discussing – and then provides a space for your signature. We can read through this – and then you can make a decision about whether to participate. You can decide to participate either verbally over the phone or by signing and returning the form in the stamped envelope addressed to the School of Social Work at the University of Michigan. If you decide for us to record your answer verbally, you can either discard or retain the consent form we mailed to your house.

Interviewer Reads through the Consent Document

Appendix C: Simulation Study Code

Simulation of Prevalence Estimates Over Time

Brian Perron

November 27, 2014

```
library(ggplot2)
library(reshape2)
set.seed(1223)

disorderEstimates <- list(
  sud = c(rep(1, 34), rep(0, 66)),
  mood = c(rep(1, 58), rep(0, 42)),
  anxiety = c(rep(1, 34), rep(0, 66)),
  adhd = c(rep(1, 30), rep(0, 70)),
  ext = c(rep(1, 68), rep(0, 32)),
  psych = c(rep(1, 18), rep(0, 82)))

calendarSim <- function(disorder){
  time <- c(1:1825)
  calendar <- data.frame(matrix(NA, nrow=100, ncol=1825))
  calendar[,1] <- sample(disorder, 100, replace =TRUE)
  for(i in 2:1825){
    calendar[,i] <- c(sample(disorder, 1, replace=TRUE),
                      calendar[-(100), i-1])}
  census.count <- unlist(lapply(calendar, sum))
  x.out <- data.frame(cbind(census.count, time))
}

df <- lapply(disorderEstimates, calendarSim)

# Extract each dataframe
sud.df <- df[['sud']]
psych.df <- df[['psych']]
mood.df <- df[['mood']]
anxiety.df <- df[['anxiety']]
adhd.df <- df[['adhd']]
ext.df <- df[['ext']]

time <- c(1:1825)
df <- data.frame(cbind(time, sud.df$census.count, psych.df$census.count,
  mood.df$census.count, anxiety.df$census.count, adhd.df$census.count,
  ext.df$census.count))

names(df) <- c("time", "Substance Use", "Psychotic", "Mood", "Anxiety",
  "ADHD", "Externalizing")

df.long <- melt(df, id.vars = "time")
df.long$variable <- factor(df.long$variable,
  levels = rev(df.long$variable[order(df.long$value)]), ordered = TRUE)

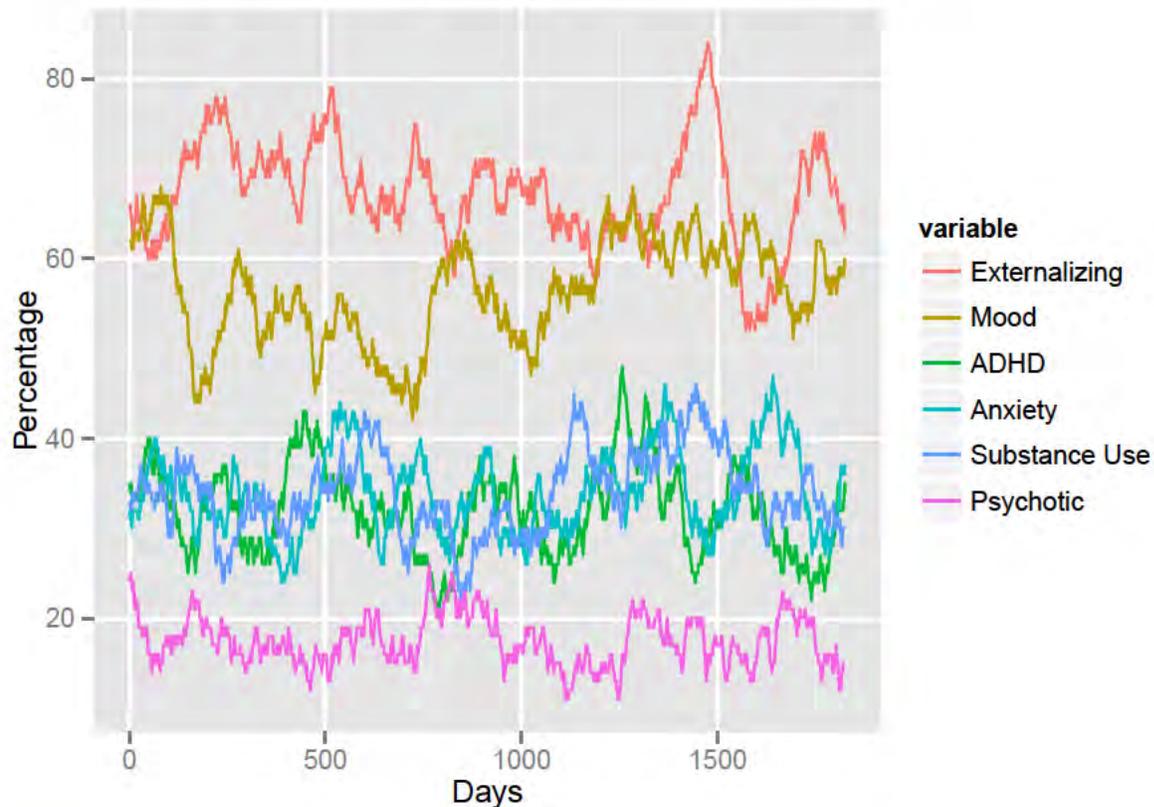
## Warning in `levels<-`(`*tmp*`, value = if (nl == nL) as.character(labels)
```

```
## else paste0(labels, : duplicated levels in factors are deprecated
```

```
ggplot(df.long, aes(time, value, colour=variable)) +  
  geom_line() +  
  ylab("Percentage") +  
  xlab("Days")
```

```
## Warning in `levels<-`(`*tmp*`, value = if (nl == nL) as.character(labels)  
## else paste0(labels, : duplicated levels in factors are deprecated
```

```
## Warning in `levels<-`(`*tmp*`, value = if (nl == nL) as.character(labels)  
## else paste0(labels, : duplicated levels in factors are deprecated
```



```
ggplot(df.long, aes(df.long$variable, df.long$value, colour=variable)) +  
  geom_boxplot() + ylab("Percentage") + xlab("") + theme(axis.text.x = element_text(angle = 70, hjust
```

```
## Warning in `levels<-`(`*tmp*`, value = if (nl == nL) as.character(labels)  
## else paste0(labels, : duplicated levels in factors are deprecated
```

```
## Warning in `levels<-`(`*tmp*`, value = if (nl == nL) as.character(labels)  
## else paste0(labels, : duplicated levels in factors are deprecated
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```

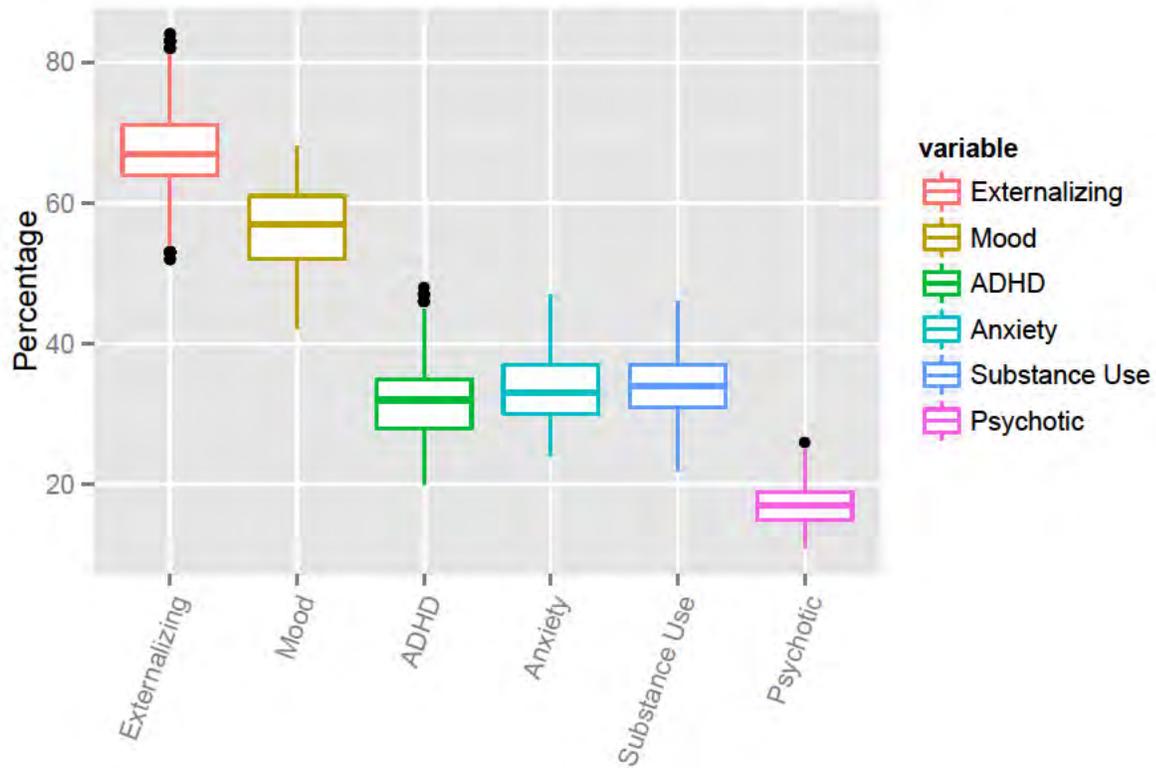
```
## Warning in `levels<-`(`*tmp*`, value = if (nl == nL) as.character(labels)
## else paste0(labels, : duplicated levels in factors are deprecated
```

```
## Warning in `levels<-`(`*tmp*`, value = if (nl == nL) as.character(labels)
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