



Published in final edited form as:

Cogn Behav Pract. 2015 February 1; 22(1): 5–19. doi:10.1016/j.cbpra.2014.02.002.

Free, brief, and validated: Standardized instruments for low-resource mental health settings

Rinad S. Beidas, PhD^{a,*}, Rebecca E. Stewart, PhD^a, Lucia Walsh, BS^a, Steven Lucas, MSEd^{a,b}, Margaret Mary Downey, BA^a, Kamilah Jackson, MD, MPH^c, Tara Fernandez^a, and David S. Mandell, ScD^a

^a Department of Psychiatry, University of Pennsylvania Perelman School of Medicine, 3535 Market Street, 3015, Philadelphia, PA 19104, USA

^b Graduate School of Education, University of Pennsylvania, Philadelphia, PA

^c Department of Behavioral Health and Intellectual Disability Services, Philadelphia, PA

Abstract

Evidence-based assessment has received little attention despite its critical importance to the evidence-based practice movement. Given the limited resources in the public sector, it is necessary for evidence-based assessment to utilize tools with established reliability and validity metrics that are free, easily accessible, and brief. We review tools that meet these criteria for youth and adult mental health for the most prevalent mental health disorders to provide a clinical guide and reference for the selection of assessment tools for public sector settings. We also discuss recommendations for how to move forward the evidence-based assessment agenda.

Keywords

evidence-based practice; evidence-based assessment; public sector

The thorniest challenge facing the mental health field is the dissemination and implementation (DI) of evidence-based practices (EBPs) in community settings (McHugh & Barlow, 2010). EBPs refer to “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (American Psychological Association, 2006, p. 1). Despite the proliferation of many EBPs for both children and adults suffering from psychosocial difficulties (Chambless & Hollon, 1998), these treatments are not widely available in community settings where the majority of individuals receive services (President's New Freedom Commission on Mental Health, 2003). Implementation science focuses on determining how to most effectively transmit knowledge about EBPs (i.e., dissemination) and how to use strategies that allow for increased adoption of such treatments (i.e., implementation; Lomas, 1993). The desired result of implementation science is to ensure that community clinicians are providing EBPs

* Corresponding author, 215-746-1759, rbeidas@upenn.edu.

¹ The Ohio Scales (Youth, Parent, and Clinician versions; Ogles, Melendez, Davis, & Lunnen, 2001) have a very nominal fee for clinicians not living in the state of Ohio.

to youth and adults with the ultimate goal of improved quality of care. One aspect to this pursuit that has to date received little attention is evidence-based assessment (EBA), a critical foundational component of EBPs (American Psychological Association, 2006; Hunsley & Mash, 2007).

The scope of EBA is twofold, encompassing both the process through which assessment is conducted, and the instruments utilized for evaluation (Hunsley & Mash, 2007). The scope of this review will focus on the latter (i.e., instruments used for evaluation). We first briefly highlight the importance of EBA in the context of EBP. Assessment is inherently a decision-making task fraught with the biases that plague clinical decision-making (Dawes, Faust, & Meehl, 1989; Garb, 1998). For example, clinicians are subject to cognitive heuristics and biases such as confirmatory bias (i.e., preferentially seeking evidence consistent with an initial conceptualization at the cost of considering emerging contradictory information; Garb, 2005). These biases may be more avoidable with a systematic and empirically-based, research-driven approach to assessment. The importance of an accurate diagnosis is an implicit prerequisite to the selection of EBPs, which are largely organized by specific disorders. Moreover, diagnostic categories are the common language through which we think about, question, and communicate about research findings and clinical problems. Without accurate assessments yielding accurate diagnoses, we may widen the research-practice communication gap (Jensen & Weisz, 2002). There is also some evidence that accurate diagnosis is associated with better treatment outcomes (Jensen-Doss & Weisz, 2008; Pogge et al., 2001). Finally, emerging evidence suggests that simply tracking progress during treatment and providing feedback to clinicians results in better treatment outcomes (Bickman, Kelley, Breda, Vides de Andrade, & Riemer, 2011; Lambert, Hansen, & Finch, 2001). Therefore, EBA is critical to any evidence-based treatment approach. Given the importance of EBA, to date, two special issues of peer-reviewed journals have focused on EBA in both adult and youth populations: see special issues of *Psychological Assessment* (Hunsley & Mash, 2005) and the *Journal of Clinical Child and Adolescent Psychology* (Mash & Hunsley, 2005). These special issues have resulted in recommendations on EBA for a variety of disorders, including youth and adult anxiety (Antony & Rowa, 2005; Silverman & Ollendick, 2005), adult depression (Joiner, Walker, Pettit, Perez, & Cukrowicz, 2005), youth disruptive behavior disorders (McMahon & Frick, 2005), and youth bipolar disorder (Youngstrom, Findling, Kogos-Youngstrom, & Calabrese, 2005).

Although these reviews have resulted in important recognition of the importance of EBA and preliminary guidelines, they have not always been as applicable to low resource mental health settings such as those in the public sector because they have featured resource-intensive ways to engage in EBA. In the pages that follow, we identify and address issues related to the use of standardized tools in low resource mental health settings. The challenge of identifying which standardized instruments to use in the public sector is complicated by the sheer volume of assessment methods and processes and the many purposes of assessment compared to treatment (Hunsley & Mash, 2005). Treatment providers in agencies in public settings must often contend with high workload, poor financial compensation, limited time, and intense demand for resources (Nunno, 2006). Assessments must not add unnecessarily to the paperwork burden for providers and agencies, lest the

cost, time, and resource requirements of EBA become barriers that outweigh the potential benefits (Bumbarger & Campbell, 2012). Given the known barriers to implementation of EBPs in community settings and our desire to increase EBA in the public sector, assessments must be brief, free or low cost, validated for use in multiple populations particularly ethnic minority and low socioeconomic status individuals, and straightforward and brief to administer, score and interpret (Jensen-Doss & Hawley, 2010). These recommendations are echoed by public health researchers who recommend that for standardized assessment instruments to be usable, they must be important to stakeholders in addition to researchers, low burden to administer, broadly applicable, sensitive to change, and represent constructs that are actionable (i.e., clinician or patient can do something about them; Glasgow & Riley, 2013).

Accordingly, the goal of this paper is to conduct a review of EBA instruments for the most prevalent mental health disorders in youths and adults that meet the criteria delineated above. We focus on instruments that can be used for screening (i.e., identifying those at risk for a disorder), diagnosis (i.e., identifying those who meet DSM criteria), and/or treatment monitoring and evaluation (i.e., evaluating the success of treatment or interim response to treatment (Hunsley & Mash, 2008). We hope this manuscript can serve as a clinical guide and reference for the selection of assessment instruments for low-resource mental health settings.

Methods

Search Methods

We searched PsycINFO, PubMed, and Google Scholar using this search term as our template: (“disorder name or type” or “mental health”) AND (instrument OR survey OR questionnaire OR measure OR assessment). For “disorder name or type”, we used the following terms: “trauma,” “trauma exposure,” “depression,” “anxiety,” “obsessive-compulsive disorder,” “panic,” “worry,” “generalized anxiety disorder,” “eating disorder,” “anorexia nervosa,” “bulimia nervosa,” “suicide,” “suicidality,” “self-injurious,” “schizophrenia,” “psychosis,” “personality disorders,” “borderline personality disorder,” “conduct disorder,” “oppositional defiant disorder,” “attention-deficit disorder,” “bipolar,” “mania,” “quality of life,” “functioning,” and “general functioning.” For disorders that could apply to both youth and adults (e.g., anxiety), we inserted “child,” “youth,” or “adolescent” in front of the disorder name or type when searching for youth-specific measures. We also searched for adolescent versions of all child and adult measures identified in our search. We employed a snowball sampling technique in which we searched the reference sections of located articles for potentially eligible measures. Also, due to its specific relevance, a textbook referencing EBA instruments was searched by hand for relevant measures (Hunsley & Mash, 2008). Finally, we reached out to experts to ensure that we did not miss any instruments. Specifically, the first author queried members of the Association for Behavioral and Cognitive Therapies (ABCT) via the ABCT members’ listserv and engaged in conversations with experts about measures they had used previously in studies. We also included measures we have used in previous studies in low-resource settings.

Inclusion and Exclusion Criteria

We utilized the following criteria when deciding whether or not to include measures: we required that the measures be free, easily accessible via the Internet or the author of the measure, brief (items < 50), have established reliability and validity, and be relevant for the most prevalent mental health disorders (e.g., anxiety, depression, trauma-associated disorders, oppositional behavior disorders; Kessler, Chiu, Demler, Merikangas, & Walters, 2005; Merikangas et al., 2010). We crafted these criteria based on a recent paper written by Glasgow & Riley (2013) encouraging the use of pragmatic measures. Specifically, Glasgow & Riley (2013) recommend that instruments be: important to stakeholders, low burden to administer, broadly applicable, sensitive to change, and measure actionable constructs. Our inclusion criteria map on these recommendations explicitly. The instruments we included are: (a) of importance for stakeholders in that they meet the needs for outcome assessment, a growing reality and requirement in many public systems, (b) are low burden to administer because they have fewer than 50 items, (c) are broadly applicable because they are appropriate for high prevalence conditions, (d) are sensitive to change when intended to be used as progress monitoring instruments, and (e) measure actionable constructs such as symptoms of a mental health disorder that are amenable to change through treatment.

See Figure 1 for the number of instruments that were identified, reviewed, included, and excluded. Two hundred and sixty four instruments (134 adult, 130 youth) were initially located: 25 adult and 54 youth instruments were excluded because they had a financial cost associated with them, 15 adult and nine youth instruments were excluded because they could not be accessed (e.g., only available through journal articles which required a library subscription), 18 adult and 12 youth instruments were excluded due to number of items (i.e., >50 items), 11 adult and 10 youth instruments were excluded due to inadequate psychometrics (e.g., no information provided on reliability and/or validity) and 36 adult and 25 youth instruments were excluded due to being too specific or pertaining to a low base rate disorder (e.g., an instrument to diagnose personality disorders in incarcerated adolescent males; an instrument to rate trichotillomania symptoms). In all, 49 instruments (29 adult, 20 youth) were included.

Instrument Classification

Given that instruments can serve multiple purposes (i.e., diagnosis, screening, and treatment monitoring/evaluation), we elected to classify the manner in which each instrument could be used. Instruments may be used for: (a) diagnosis: to determine “the nature and/or cause of the presenting problem”; (b) screening: to identify “those who are at risk...or who might be helped by further assessment or intervention”; and/or (c) treatment monitoring and evaluation: “track changes in symptoms and functioning” or determine “effectiveness...of the intervention.”(p. 6, Hunsley & Mash, 2008). An instrument could be designated as meeting all three criteria. We operationally defined instruments as appropriate for diagnosis if they were created to map on to DSM criteria. Sometimes, authors of instruments stated that it was explicitly not meant to be used for diagnosis (e.g., eating disorder instruments). However, to be consistent, we included any measure that mapped on to DSM criteria as meeting the “diagnosis” definition. Instruments met criteria for screening if the questions queried for symptoms of a mental health disorder or behavioral and/or emotional difficulties.

Finally, instruments were classified as treatment monitoring and evaluation instruments if they could be used for screening or diagnosis, and data were available on the instrument's sensitivity to change following psychotherapy or psychotropic medication.

Reliability and Validity

Because methods and metrics to assess validity were not consistent across measures (e.g., concurrent validity, convergent validity, divergent validity), it was not possible to apply a validity coding scheme across instruments. Therefore, Appendices A and B summarize any evidence of validity as presented in the original psychometric papers. For reliability data, specifically internal consistency, inter-rater reliability, and test-retest reliability, we considered adequate, good and excellent reliabilities based on the criteria set forth by Hunsley & Mash (2008). These criteria are reviewed in Table 1.

Results

Twenty-nine adult and 20 youth instruments were identified. All instruments are free¹, can be accessed through a website or by emailing the author, and contain less than 50 items. Additionally, all have reliability and validity information available. See Tables 2 and 3 for a list of all instruments and selected information (i.e., number of items, age range, sensitivity to change, reporter, and classification). More in-depth descriptions, including reliability and validity data, as available, are presented in the appendices (see Appendices A and B).

Anxiety

Fourteen instruments were identified (9 adult, 5 youth) that assessed symptoms of anxiety.

Adult—Adult instruments ranged in length from 7-24 items. The majority of the adult instruments (7) were disorder specific (e.g., assessing for Generalized Anxiety Disorder; Generalized Anxiety Disorder Screener (GAD-7; Spitzer, Kroenke, Williams, & Löwe, 2006)), although two instruments assessed general anxiety (The Clinically Useful Anxiety Outcome Scale (CUXOS; Zimmerman, Chelminski, Young, & Dalrymple, 2010); Hamilton Rating Scale for Anxiety (HAM-A; Hamilton, 1959)). All of the adult instruments could be used as screening and treatment monitoring/evaluation tools. Only three instruments could be used as diagnostic tools (GAD-7; Spitzer et al., 2006); Panic Disorder Severity Scale (PDSS; Shear et al., 1997); Social Phobia Inventory (SPIN; Connor et al., 2000)).

Youth—Youth instruments ranged in length from 10-47 items and were intended for administration with youths 6-19. The majority of the youth instruments (3) assessed general anxiety (Revised Children's Anxiety and Depression Scale Youth and Parent Versions (RCADS; Chorpita, Yim, Moffitt, Umemoto, & Francis, 2000); Screen for Child Anxiety Related Emotion Disorders (SCARED; Birmaher et al., 1997), Spence Children's Anxiety Scale (SCAS; Spence, 1998)), although two instruments were disorder specific (Children Yale-Brown Obsessive Compulsive Scale (CY-BOCS; Scahill et al., 1997); Penn State Worry Questionnaire for Children (PSWQ-C; Chorpita, Tracey, Brown, Collica, & Barlow, 1997)). All of the youth instruments could be used as screening tools. Only two instruments

could be used as diagnostic tools (RCADS; SCAS). Four instruments could be used for treatment monitoring/evaluation (CY-BOCS, RCADS, SCARED, SCAS).

Depression

Six instruments were identified (4 adult, 2 youth) that assessed symptoms of depression.

Adult—Adult instruments ranged in length from 9-30 items. All of the adult instruments could be used as screening tools. Three instruments could be used as diagnostic tools and treatment monitoring/evaluation tools (The Clinically Useful Depression Outcome Scale (CUDOS, Zimmerman, Chelminski, McGlinchey, & Posternak, 2008); The Inventory of Depressive Symptoms/Quick Inventory of Depressive Symptoms (IDS/QIDS; Rush et al., 1986; Rush, Gullion, Basco, Jarrett, & Trivedi, 1996; Rush et al., 2003); Patient Health Questionnaire-9 (PHQ-9; Kroenke, Spitzer, & Williams, 2001)).

Youth—Youth instruments ranged in length from 18-20 items and were intended for administration in youths 6-23. All of the youth instruments could be used as screening tools. None were appropriate for diagnostic purposes. Only one tool could be used for treatment monitoring and evaluation (Center for Epidemiologic Studies Depression Scale for Children (CES-DC; Fendrich, Weissman, & Warner, 1990)).

Disruptive Behavior Disorders

One instrument was identified that assessed symptoms of disruptive behavior disorders.

Adult—Not applicable.

Youth—One 25-item instrument, the Child and Adolescent Disruptive Behavior Inventory-Parent & Teacher Version (CADBI; Burns, Taylor, & Rusby, 2001a; 2001b), was identified. This tool can be used as a screening and diagnostic tool, but not for treatment monitoring and evaluation.

Eating disorders

Four instruments were identified (2 adult, 2 youth) that assessed symptoms of eating disorders.

Adult—Adult instruments ranged in length from 5-22 items. Both adult instruments could be used as screening tools; only the Eating Disorder Diagnostic Scale (EDDS; Stice, Telch, & Rizvi, 2000) could be used as a diagnostic and treatment monitoring/evaluation tool.

Youth—Both youth instruments were 26 items and were intended for administration in youths 8-18. Both instruments could be used as screening tools. Neither was appropriate for diagnostic or treatment monitoring and evaluation.

Mania

Five instruments were identified (3 adult, 2 youth) that assessed symptoms of mania.

Adult—Adult instruments ranged in length from 5-11 items. All adult instruments could be used as screening and treatment monitoring/evaluation tools. None of the tools could be used for diagnostic purposes.

Youth—Youth instruments ranged from 11-21 items and were intended for administration in youths 5-17. Both youth instruments could be used as screening tools; only the Child Mania Rating Scale-Parent (CMRS-P; Pavuluri, Henry, Devineni, Carbray, & Birmaher, 2006) could be used for diagnostic and treatment monitoring/evaluation purposes.

Overall Mental Health

Nine instruments were identified (3 adult, 6 youth) that fell under the category of “overall mental health.”

Adult—Adult instruments ranged in length from 4-41 items. Two adult instruments could be used as screening tools (National Institutes of Health Patient Reported Outcomes Measurement Information System (PROMIS; NIH PROMIS, 2013); Patient Health Questionnaire (PHQ; Spitzer, Kroenke, & Williams, 1999)). The PHQ could also be used as a diagnostic tool. Two instruments could be used for treatment monitoring and evaluation (PHQ, Recovery Assessment Scale (RAS; Giffort, Schmook, Woody, Vollendorf, & Gervain, 1995)).

Youth—Youth instruments ranged from 11-48 items and were intended for administration in youths 3-18. Four of the instruments could be used as screening tools (Brief Problem Checklist (BPC; Chorpita et al., 2010), Peabody Treatment Progress Battery (PTPB; Bickman et al., 2010), Pediatric Symptom Checklist/Youth Report (PSC & Y-PSC; Jellinek et al., 1988), and the Strength and Difficulties Questionnaire (SDQ; Goodman, 1997)). None of the instruments were used as diagnostic tools. All instruments could be used for treatment monitoring and evaluation.

Personality Disorders

One measure was identified that assessed personality disorders in adults; no measures were identified for youths which is appropriate given that personality disorders are not diagnosed in those under 18 years.

Adult—The Borderline Evaluation of Severity over Time (BEST; Blum, Pfohl, St. John, Monahan, & Black, 2002) is a 15-item instrument that is a screening, diagnostic, and treatment monitoring/evaluation tool for borderline personality disorder. Tools for other personality disorders were not identified.

Youth—Not applicable.

Suicidality

Two adult instruments were identified that assessed suicidality; no child instruments were identified.

Adult—Adult instruments ranged in length from 4-20 items. All adult instruments could be used as screening tools. One instrument could be used for treatment monitoring and evaluation (The Suicide Behaviors Questionnaire-Revised (SBQ-R; Osman et al., 2001)).

Youth—We were not able to identify any measures that met our criteria.

Trauma

Seven instruments were identified (5 adult, 2 youth) that assessed symptoms of trauma.

Adult—Adult instruments ranged in length from 14-43 items. All adult instruments could be used as screening tools. None of the tools could be used for treatment monitoring and evaluation. Two instruments could be used for diagnostic purposes (Los Angeles Symptom Checklist (LASC; King, King, Leskin, & Foy, 1995); The Post-Traumatic Stress Disorder Checklist-Civilian Version (PCL-C; Weathers, Litz, Herman, Huska, & Keane, 1993)).

Youth—Youth instruments ranged from 21-24 items and were intended for administration in youths 2-18. Both youth instruments could be used as screening tools; only the Child PTSD Symptom Scale (CPSS; Foa, Johnson, Feeny, & Treadwell, 2001) could be used for diagnostic purposes. Both instruments could be used for treatment monitoring/evaluation purposes.

Discussion

As evidenced by this review, there are multiple assessment tools that fit the needs of clinicians in low-resource mental health settings; these measures are free, easily accessible via the Internet or email, brief, have established psychometric properties, and are relevant for the most prevalent mental health disorders. It is our hope that community clinicians will use this compendium to select the most appropriate measure for their general population and specific clients. We have identified 29 adult and 20 youth measures that can be used as part of an EBA toolkit for a heterogeneous group of clients. We also believe that this manuscript can provide a valuable resource for implementation scientists interested in promoting the use of feasible EBA in community settings.

This review also provides important insights about where assessment tools are most sorely needed. Whereas instruments to measure anxiety symptoms in adults and youths were well represented, instruments to assist in diagnosis and treatment monitoring for youth with depressive symptoms were sparse. Only one instrument for disruptive behavior disorders was identified, and this instrument can be used only for screening and/or diagnosis; not treatment monitoring/evaluation, suggesting a need for instrument development and validation. Diagnostic and treatment monitoring and evaluation instruments for youth with eating disorders were also unavailable. Of great concern, tools assessing suicidality in youths were unavailable. Diagnostic tools of overall mental health were missing for youth. With regard to adult instruments, a need for treatment monitoring and evaluation instruments for trauma were identified as a needed area, as well as instruments that assess for personality disorders other than borderline personality disorder.

Some have suggested that providing a laundry list of psychometrically validated measures is not likely to be effective in encouraging use of EBA on a wider scale (Kazdin, 2005). However, the provision of this list helps lay a foundation in moving the agenda forward for increasing the use of EBA (Jensen-Doss & Hawley, 2010) through the necessary first step of providing access. A few studies have queried mental health clinicians about their use of assessment tools, finding that the primary assessment method used in clinical practice is the unstructured clinical interview (Anderson & Paulosky, 2004). Clinicians report that barriers to the use of standardized tools are measure access, time demands, and ease of administration and scoring (Garland, Kruse, & Aarons, 2003; Hatfield & Ogles, 2007; Jensen-Doss & Hawley, 2010). These practical concerns are particularly pressing for fee-for-service clinicians in the public sector. It is our hope that the publication of this collection of measures increases the opportunity for clinicians to quickly access a list of available, free, standardized instruments from which to select a battery for screening, diagnosis, and treatment monitoring and evaluation. Moreover, in concert with sophisticated guidelines in the process of EBA (See Youngstrom, Coukas-Bradley, Calhoun, & Jensen-Doss, this issue), this list has the potential to make an impact on clinicians, clients, and policy-makers in the public sector wishing to integrate assessment and monitoring tools in their toolkit, as well as highlighting areas of need for future research.

There are a number of important clinical issues that must be considered within the context of EBA, including: How does a clinician decide which standardized tool to use? Should the tools be general to mental well-being or specific to the presenting problem or disorder? How should these tools inform the diagnostic process and treatment monitoring? Which informants should be included? When is the best time to administer such tools? We have not made recommendations about which measure a clinician should select for a particular presenting problem, in large part because such guidelines will be necessarily complex and are beyond the scope of this manuscript. Several manuscripts are dedicated to exploring these issues for particular disorders in the referenced special issues. Hunsley and Mash (2005) present key themes and considerations in the development of EBA guidelines, and yet suggest that there is still much work to do in delineating EBA guidelines. Making an exciting stride forward, Youngstrom and colleagues (this issue) make recommendations on a twelve-step approach, using evidence-based medicine principles, that can be applied to streamline the assessment process.

There is a general consensus that prior to treatment, clinicians should select broader assessment tools to cast a wide net regarding the presenting problem of a client, and then using more specific tools as the presenting problem becomes more clear (Hunsley & Mash, 2005). To monitor progress over time, specific tools can be used to track client improvement or deterioration. This also speaks to the issue of assessment over time. As Kazdin (2005) states, “ongoing, continuous assessment is needed during the course of treatment.” (p. 554). For example, in the case of a youth presenting for treatment; a general screener such as the BPC (Chorpita et al., 2010) can be administered. If particular elevations suggesting anxiety become apparent, then an anxiety specific standardized tool such as the SCARED can then be administered (Birmaher et al., 1997). Subsequently, this tool can be used on a regular basis (e.g., every 2 weeks) to monitor treatment progress. At the end of treatment, the BPC

and SCARED can be administered again to ensure that initial elevations are no longer present.

Beyond the question of which instrument to use and when to administer it, clinicians are confronted with the question of whom to ask to complete it (Achenbach, 2005). This topic has been explored in great depth in the youth assessment literature, but has received less recognition in the adult assessment literature, despite evidence that, similar to data in youths, there is low cross-informant (e.g., caregiver, spouses) agreement for adults (Achenbach, Krukowski, Dumenci, & Ivanova, 2005). Unfortunately, there is little guidance available to help clinicians decide how to weigh informant data in adults. In the youth assessment literature, a plethora of evidence suggests discrepancies among children, parents, and teachers when reporting on youths psychosocial difficulties (De Los Reyes & Kazdin, 2005). There are different methods to assess such divergence (see De Los Reyes & Kazdin, 2004). In the absence of EBA guidelines, clinicians are encouraged to use the “or rule.” If a youth or parent reports symptoms on a standardized tool, the clinician targets treatment towards those symptoms. The “or rule” increases sensitivity compared with the “and rule,” which requires that both the youth and parent report symptoms (Comer & Kendall, 2004).

There are also a number of ethical considerations to consider in the context of EBA. One important question is the appropriateness of standardized assessment tools for ethnic/racial minorities and the use of standardized rating scales to make diagnostic determinations. Many standardized assessment tools cited in this manuscript have not been tested in multiple ethnic/racial groups (Achenbach, 2005), and may not be equally valid in assessing psychopathology or diagnostic criteria. In the rare cases in which standardized tools have been compared across different cultures, similarities have been found in the prevalence and presentation of mental health difficulties (Ivanova et al., 2007; 2010). More research of this kind is needed given that many of the youth and adults seen in the public sector are ethnic and/or racial minorities. Another ethical issue concerns the use of rating scales as diagnostic tools. The gold-standard diagnostic process is the structured clinical interview (e.g., Structured Clinical Interview for DSM Disorders; SCID; First, Spitzer, Gibbon, & Williams, 1996). The standardized tools presented in this manuscript are not intended as diagnostic tools even if they map on to diagnostic criteria; they are all intended as screeners for potential disorders (sometimes necessitating further assessment) or symptom rating tools. However, the SCID and similar interviews are time-intensive, generally unbillable, and require intensive training for administration. Given these practical concerns, they are not feasible in the public sector. Clinicians in these settings need brief standardized tools that can be used as diagnostic aids (see Youngstrom et al., this issue). It is not clear from the literature how much EBA presently occurs in community mental health. Given the practical concerns, the answer is possibly very little. Although future research is necessary to examine this empirical question, it may be better overall for clinicians to be using some EBA tools rather than none at all, and this review will hopefully serve as a helpful resource.

There is a critical need to include EBA as part of the process of implementing EBP in community settings. Initial evaluation and ongoing progress monitoring are foundational components of the EBP process; both are expected and routine in other areas of healthcare (Goodman, McKay, & DePhilippis, in press). Use of standardized tools prior to treatment

initiation for screening and diagnostic purposes allows clinicians to target treatment and identify appropriate EBPs. The use of standardized tools to monitor and evaluate treatment and provide feedback over the course of treatment can result in improved outcomes in both youths (Bickman et al., 2011) and adults (Carlier et al., 2012; Lambert et al., 2001). Having inexpensive, brief and easily accessible screening and progress-monitor tools is an important first – but by no means the only necessary – step in increasing the use of EBA in community mental health settings.

Several exciting national initiatives will make it easier for clinicians to use standardized tools as part of ongoing practice. The National Institutes of Health (NIH) has developed PROMIS, a set of freely available validated measures of patient-reported health status for physical, mental, and social well-being (<http://www.nihpromise.org>). Although promising, more work must be conducted on the use of these measures in clinical populations (e.g., youth with anxiety and/or depression) given that they have been primarily used in pediatric populations (e.g., oncology). The National Cancer Institute has sponsored a separate, free repository of available standardized tools to assess various mental and physical conditions (<https://www.gem-beta.org/>). Further, the NIH now requires that articles published from NIH-funded research be freely available to the public, which increases the likelihood of any new measures created through public funding becoming available to practitioners and consumers.

In the following paragraphs, we suggest some important next steps to increase the extent to which EBA is used.

Develop guidelines

While assessment guidelines are available for some disorders, these guidelines often do not take into account the practical constraints facing clinicians working in low resource mental health settings. Guidelines are needed for general practice and for specific disorders, with consideration of the limited time and other resources available to community clinicians. Specifically, guidelines are needed to help guide clinicians through the decision making process of which instrument to use, when to use it (e.g., screening, diagnosis, treatment monitoring and evaluation), how often to administer (i.e., frequency), and how to integrate information across instruments in a clinically meaningful manner. For example, the work of Ebesutani and colleagues (2012) provides a significant step forward in developing a standardized assessment protocol that is of low burden to clinicians that can inform treatment need for youth in public sector settings. More work of this kind is needed.

Develop training protocols to increase expertise in EBA

Another largely ignored issue is the need for clinician training in the use of standardized tools. Without understanding how standardized tools can be useful clinically, they become another administrative burden with little clinical payoff (Garland et al., 2003). One of the largest challenges in the EBP movement has been training the existing workforce in treatments with which they have little familiarity (McHugh & Barlow, 2010). Such efforts to train clinicians in EBP to date have been largely disappointing (Beidas & Kendall, 2010). As efforts are made to improve trainings and understand how the public sector context impacts

clinician behavior (e.g., Beidas et al., 2013), an additional consideration will be the provision of training on how to administer standardized tools and use the data in meaningful ways (Kazdin, 2005). An exploration of implementation strategies (Powell et al., 2012) that increase the use of standardized tools is an important area of future research.

Develop a frequently updated databank of EBA

The status of standardized assessment tools is constantly in flux, with new tools created and old tools updated on a regular basis. Future efforts to document such tools in a web-based repository such as the American Psychological Association (APA) PracticeOUTCOMES website are ideal; however this service requires an APA membership. Other websites exist but none of them offer a comprehensive overview of screening, diagnostic, and treatment monitoring and evaluation instruments for youths and adults (e.g., <http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures>; <http://outcometracker.org>). A free website similar to this effort that provides an ongoing resource with updated standardized assessment tools by problem area would greatly move the EBA field forward.

Take advantage of new digital technologies

Most measures are administered using paper-and-pencil and require time to score and interpret. Current technology makes it easy to develop software that scores and provide interpretations for clinicians to reduce clinician burden and increase standardization of interpretation. As these technologies become less expensive, clinics could use tablet technology or kiosks to administer measures while clients wait for their appointments. This information then could be transmitted to the clinician in a seamless manner that greatly enhances the accessibility and uniformity of EBA. This may require negotiation with instrument developers as incorporation of instruments into digital data-collection systems may not be covered under usage terms.

Conclusion

This manuscript provides a clinical guide and reference for the selection of free, brief, and validated evidence-based assessment tools for public sector mental health settings. Relative to many other areas of health, mental health research has been greatly hampered by lack of consistent and universal measurement of presenting problems, progress over time, and outcomes. Even among highly trained professionals, there is a tremendous lack both of diagnostic agreement and concordance regarding treatment approach, especially among the clinically complex individuals presenting for treatment in the public sector. Successful implementation of EBA holds the potential to place the emphasis of our treatment and associated research on patient-centered outcomes. Standardized measurement is a necessary first step in comparative effectiveness research, a focus of the most recent National Institute of Mental Health Strategic Plan (United States Department of Health and Human Services, National Institutes of Health, 2008) and the recently created Patient Centered Outcomes Research Institute (PCORI). Applied to the population as a whole, implementation of EBA has the potential to provide a much better understanding of which treatments work for which patient, thereby reshaping the way care is provided in the public sector.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

References

- Achenbach, TM. Manual for the Child Behavior Checklist/4-18 and 1991 profile. Burlington. University of Vermont, Department of Psychiatry; VT: 1991a.
- Achenbach, TM. Manual for the Youth-Self Report and 1991 Profile. University of Vermont, Department of Psychiatry; Burlington, VT: 1991b.
- Achenbach TM. Advancing assessment of children and adolescents: Commentary on evidence-based assessment of child and adolescent disorders. *Journal of Clinical Child & Adolescent Psychology*. 2005; 34(3):541–547. doi: 10.1207/s15374424jccp3403_9. [PubMed: 16026217]
- Achenbach TM, Krukowski RA, Dumenci L, Ivanova MY. Assessment of adult psychopathology: Meta-analyses and implications of cross-informant correlations. *Psychological Bulletin*. 2005; 131(3):361–382. doi: 10.1037/0033-2909.131.3.361. [PubMed: 15869333]
- Achenbach, TM.; Rescorla, LA. Manual for the ASEBA School-Age Forms & Profiles. University of Vermont, Research Center for Children, Youth, & Families; Burlington, VT: 2001.
- Adler-Nevo G, Manassis K. An adaptation of prolonged exposure therapy for pediatric single incident trauma: A case series. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*. 2011; 20(2):127–133. [PubMed: 21541102]
- Altman EG, Hedeker DR, Janicak PG, Peterson JL, Davis JM. The Clinician-Administered Rating Scale for Mania (CARS-M): Development, reliability, and validity. *Biological Psychiatry*. 1994; 36(2):124–134. [PubMed: 7948445]
- Altman EG, Hedeker D, Peterson JL, Davis JM. The Altman Self-Rating Mania Scale. *Biological Psychiatry*. 1997; 42(10):948–955. doi: 10.1016/S0006-3223(96)00548-3. [PubMed: 9359982]
- Altman EG, Hedeker D, Peterson JL, Davis JM. A comparative evaluation of three self-rating scales for acute mania. *Biological Psychiatry*. 2001; 50(6):468–471. [PubMed: 11566165]
- American Psychological Association. Evidence-based practice in psychology. *American Psychology*. 2006; 61(4):271–285. doi: 10.1037/0003-066X.61.4.271.
- American Psychiatric Association. Diagnostic and Statistic Manual of Mental Disorders. 4th ed.. American Psychiatric Association; Washington, D.C.: 1994.
- American Psychiatric Association. Diagnostic and Statistic Manual of Mental Disorders. 4th ed., text rev.. American Psychiatric Association; Washington, D.C.: 2010.
- American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed.. American Psychiatric Publishing; Arlington, VA: 2013.
- Anderson DA, Paulosky CA. A survey of the use of assessment instruments by eating disorder professionals in clinical practice. *Eating and Weight Disorders*. 2004; 9(3):238–241. [PubMed: 15656022]
- Antony MM, Rowa K. Evidence-based assessment of anxiety disorders in adults. *Psychological Assessment*. 2005; 17(3):256–266. doi: 10.1037/1040-3590.17.3.256. [PubMed: 16262452]
- Axelson D, Birmaher BJ, Brent D, Wassick S, Hoover C, Bridge J, Ryan N. A preliminary study of the Kiddie Schedule for Affective Disorders and Schizophrenia for school-age children mania rating scale for children and adolescents. *Journal of Child and Adolescent Psychopharmacology*. 2003; 13(4):463–470.
- Baczowski BJ. A measure of interest to logotherapy researchers: Suicidal Behaviors Questionnaire-Revised. *International Forum for Logotherapy*. 2012; 35(1):41–42. Retrieved from <http://search.proquest.com/docview/1312430562?accountid=14707>.
- Baker SL, Heinrichs N, Kim HJ, Hofmann SG. The Liebowitz Social Anxiety Scale as a self-report instrument: A preliminary psychometric analysis. *Behaviour Research and Therapy*. 2002; 40(6): 701–715. doi: 10.1016/S0005-7967(01)00060-2. [PubMed: 12051488]

- Bagby RM, Ryder AG, Schuller DR, Marshall MB. The Hamilton Depression Rating Scale: Has the gold standard become a lead weight? *The American Journal of Psychiatry*. 2004; 161(12):2163–2177. doi: 10.1176/appi.ajp.161.12.2163. [PubMed: 15569884]
- Bech P. The Bech-Rafaelsen Mania Scale in clinical trials of therapies for bipolar disorder: A 20-year review of its use as an outcome measure. *CNS Drugs*. 2002; 16(1):47–63. doi: 10.2165/00023210-200216010-00004. [PubMed: 11772118]
- Bech P, Rafaelsen OJ, Kramp P, Bolwig TG. The Mania Rating Scale: Scale construction and inter-observer agreement. *Neuropharmacology*. 1978; 17(6):430–431. [PubMed: 673161]
- Beck AT, Epstein N, Brown G, Steer RA. An inventory for measuring clinical anxiety: Psychometric properties. *Journal of Consulting and Clinical Psychology*. 1988; 56(6):893–897. doi: 10.1037/0022-006X.56.6.893. [PubMed: 3204199]
- Beck AT, Kovacs M, Weissman A. Assessment of suicidal intention: The Scale for Suicide Ideation. *Journal of Consulting and Clinical Psychology*. 1979; 47(2):343. [PubMed: 469082]
- Beck AT, Ward CH, Mendelson M, Mock J, Erbaugh J. An inventory for measuring depression. *Archives of General Psychiatry*. 1961; 4:561–571. [PubMed: 13688369]
- Beidas RS, Aarons G, Barg F, Evans A, Hadley T, Hoagwood K, Mandell DS. Policy to implementation: Evidence-based practice in community mental health--Study protocol. *Implementation Science*. 2013; 8:38. doi: 10.1186/1748-5908-8-38. [PubMed: 23522556]
- Beidas RS, Kendall PC. Training therapists in evidence-based practice: A critical review of studies from a systems-contextual perspective. *Clinical Psychology: Science and Practice*. 2010; 17(1):1–30. doi: 10.1111/j.1468-2850.2009.01187.x. [PubMed: 20877441]
- Berkowitz S, Stover CS. Trauma History Questionnaire Parent and Child Version. Unpublished questionnaire. Yale Child Study Center Trauma Section. 2005
- Bickman L, Athay MM. Practical multi-informant measurement of youth mental health treatment progress [Special issue]. *Administration and Policy in Mental Health and Mental Health Services Research*. 2012; 39(1-2):1–145. [PubMed: 22407560]
- Bickman, L.; Athay, MM.; Riemer, M.; Lambert, EW.; Kelley, SD.; Breda, C.; Vides de Andrade, AR., editors. 2nd ed.. Vanderbilt University; Nashville, TN: 2010. *Manual of the Peabody Treatment Progress Battery*. Electronic version Retrieved from: <http://peabody.vanderbilt.edu/ptpb/>
- Bickman L, Kelley SD, Breda C, Vides de Andrade AR, Riemer M. Effects of routine feedback to clinicians on mental health outcomes of youths: Results of a randomized trial. *Psychiatric Services*. 2011; 62(12):1423–1429. doi:10.1176/appi.ps.00205201. [PubMed: 22193788]
- Birleson P. The validity of depressive disorder in childhood and the development of a self-rating scale: A research report. *Journal of Child Psychology and Psychiatry*. 1981; 22:68–73.
- Birleson P, Hudson I, Buchanan DG, Wolff S. Clinical evaluation of a self-rating scale for depressive disorder in childhood. *Journal of Child Psychology and Psychiatry*. 1987; 28(1):43–60. [PubMed: 3558538]
- Birmaher B, Brent DA, Chiappetta L, Bridge J, Monga S, Baugher M. Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders(SCARED): A replication study. *Journal of the American Academy of Child & Adolescent Psychiatry*. 1999; 38(10):1230–1236. doi: 10.1097/00004583-199910000-00011. [PubMed: 10517055]
- Birmaher B, Khetarpal S, Brent D, Cully M, Balach L, Kaufman J, Neer SM. The Screen for Child Anxiety Related Emotional Disorders (SCARED): Scale construction and psychometric characteristics. *Journal of the American Academy of Child & Adolescent Psychiatry*. 1997; 36(4): 545–553. [PubMed: 9100430]
- Blake DD, Weathers FW, Nagy LM, Kaloupek DG, Gusman FD, Charney DS, Keane TM. The development of a Clinician-Administered PTSD Scale. *Journal of Traumatic Stress*. 1995; 8(1): 75–90. [PubMed: 7712061]
- Blum N, Pfohl B, St. John D, Monahan P, Black DW. STEPPS: A cognitive-behavioral systems-based group treatment for outpatients with borderline personality disorder--A preliminary report. *Comprehensive Psychiatry*. 2002; 43(4):301–310. doi: 10.1053/comp.2002.33497. [PubMed: 12107867]

- Bollinger AR, Cuevas CA, Vielhauer MJ, Morgan EE, Keane TM. The operating characteristics of the PTSD Checklist in detecting PTSD in HIV+ substance abusers. *Journal of Psychological Trauma*. 2008; 7(4):213–234. doi: 10.1080/19322880802384251.
- Boysan M, Keskin S, Besiroglu L. Assessment of hierarchical factor structure, reliability and validity of Penn State Worry Questionnaire Turkish version. *Klinik Psikofarmakoloji Bulteni-Bulletin of Clinical Psychopharmacology*. 2008; 18(3):174–182.
- Bright Futures: Tool for Professionals. Instructions for use. Center for Epidemiological Studies Depression Scale for Children (CES-DC); 2013. Retrieved from http://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces_dc.pdf
- Broderick JE, DeWitt EM, Rothrock N, Crane PK, Forrest CB. Advances in patient reported outcomes: The NIH PROMIS measures. *Generating Evidence & Methods to Improve Patient Outcomes*. 2013; 1(1):12. doi: 10.13063/2327-9214.1015.
- Buhr K, Dugas MJ. The Intolerance of Uncertainty Scale: Psychometric properties of the English version. *Behaviour Research and Therapy*. 2002; 40(8):931–945. doi: 10.1016/S0005-7967(01)00092-4. [PubMed: 12186356]
- Bumbarger BK, Campbell EM. A state agency-university partnership for translational research and the dissemination of evidence-based prevention and intervention. *Administration and Policy in Mental Health and Mental Health Services Research*. 2012; 39(4):268–277. doi: 10.1007/s10488-011-0372-x. [PubMed: 21901440]
- Burns GL, Boe B, Walsh JA, Sommers-Flanagan R, Teegarden LA. A confirmatory factor analysis on the DSM-IV ADHD and ODD symptoms: What is the best model for the organization of these symptoms? *Journal of Abnormal Psychology*. 2001; 29:339–349.
- Burns, GL.; Taylor, TK.; Rusby, JC. Child and Adolescent Disruptive Behavior Inventory 2.3: Parent version. Washington State University, Department of Psychology; Pullman: 2001a.
- Burns, GL.; Taylor, TK.; Rusby, JC. Child and Adolescent Disruptive Behavior Inventory 2.3: Teacher Version. Washington State University, Department of Psychology; Pullman: 2001b.
- Calderoni ME, Alderman EM, Silver EJ, Bauman LJ. The mental health impact of 9/11 on inner-city high school students 20 miles north of ground zero. *Journal of Adolescent Health*. 2006; 39(1):57–65. doi: 10.1016/j.jadohealth.2005.08.012. [PubMed: 16781962]
- Campbell KA, Rohlman DS, Storzbach D, Binder LM, Anger WK, Kovera CA, Grossmann SJ. Test-retest reliability of psychological and neurobehavioral tests self-administered by computer. *Assessment*. 1999; 6(1):21–32. [PubMed: 9971880]
- Carlier IV, Meuldijk D, Van Vliet IM, Van Fenema E, Van der Wee NJ, Zitman FG. Routine outcome monitoring and feedback on physical or mental health status: Evidence and theory. *Journal of Evaluation in Clinical Practice*. 2012; 18(1):104–110. doi: 10.1111/j.1365-2753.2010.01543.x. [PubMed: 20846319]
- Carlson EB, Smith SR, Palmieri PA, Dalenberg C, Ruzek JI, Kimerling R, Spain DA. Development and validation of a brief self-report measure of trauma exposure: The Trauma History Screen. *Psychological Assessment*. 2011; 23(2):463–477. doi: 10.1037/a0022294. [PubMed: 21517189]
- Center for School Mental Health. Summary of free assessment measures. 2012. Retrieved from <http://csmh.umaryland.edu/Resources/ClinicianTools/Summmary%20of%20Free%20Assessment%20Measures%2012.12.12.pdf>
- Center for Suicide Risk Assessment. About the C-SSRS: Clinical practice. 2013. Retrieved from http://www.cssrs.columbia.edu/clinical_practice.html
- Chambless DL, Hollon SD. Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology*. 1998; 66(1):7–18.
- Chorpita BF, Moffitt CE, Gray J. Psychometric properties of the Revised Child Anxiety and Depression Scale in a clinical sample. *Behaviour Research and Therapy*. 2005; 43:309–322. doi: 10.1016/j.brat.2004.02.004. [PubMed: 15680928]
- Chorpita BF, Reise S, Weisz JR, Grubbs K, Becker KD, Krull JL, Research Network on Youth Mental Health. Evaluation of the Brief Problem Checklist: Child and caregiver interviews to measure clinical progress. *Journal of Consulting and Clinical Psychology*. 2010; 78(4):526–536. doi: 10.1037/a0019602. [PubMed: 20658809]

- Chorpita BF, Tracey SA, Brown TA, Collica TJ, Barlow DH. Assessment of worry in children and adolescents: An adaptation of the Penn State Worry Questionnaire. *Behaviour Research and Therapy*. 1997; 35(6):569–581. doi: 10.1016/S0005-7967(96)00116-7. [PubMed: 9159982]
- Chorpita BF, Yim L, Moffitt C, Umemoto LA, Francis SE. Assessment of symptoms of DSM-IV anxiety and depression in children: A revised child anxiety and depression scale. *Behaviour Research and Therapy*. 2000; 38(8):835–855. doi: 10.1016/S0005-7967(99)00130-8. [PubMed: 10937431]
- Cole DA. Hopelessness, social desirability, depression, and parasuicide in two college student samples. *Journal of Consulting and Clinical Psychology*. 1988; 56(1):131–136. [PubMed: 3346438]
- Collaborative Research Team to Study Psychosocial Issues in Bipolar Disorder. Assessment and Rating Scales: Young Mania Rating Scale (YMRS). 2013. Retrieved from: <http://www.crestbd.ca/wp-content/uploads/YMRS.pdf>
- Comer JS, Kendall PC. A symptom-level examination of parent-child agreement in the diagnosis of anxious youths. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2004; 43(7): 878–886. doi: 10.1097/01.chi.0000125092.35109.c5. [PubMed: 15213589]
- Connor KM, Davidson JRT, Churchill LE, Sherwood A, Foa E, Weisler RH. Psychometric properties of the Social Phobia Inventory (SPIN). New self-rating scale. *The British Journal of Psychiatry*. 2000; 176:379–386. doi: 10.1192/bjp.176.4.379. [PubMed: 10827888]
- Connor KM, Kobak KA, Churchill LE, Katzelnick D, Davidson JR. Mini-SPIN: A brief screening assessment for generalized social anxiety disorder. *Depression and Anxiety*. 2001; 14(2):137–140. doi: 10.1002/da.1055. [PubMed: 11668666]
- Cooper J. The Leyton obsessional inventory. *Psychological Medicine*. 1970; 1(1):48–64. [PubMed: 5526113]
- Corrigan PW, Giffort D, Rashid F, Leary M, Okeke I. Recovery as a psychological construct. *Community Mental Health Journal*. 1999; 35(3):231–239. doi: 10.1023/A:1018741302682. [PubMed: 10401893]
- Cotton CR, Peters DK, Range LM. Psychometric properties of the Suicidal Behaviors Questionnaire. *Death Studies*. 1995; 19(4):391–397. [PubMed: 10160549]
- Cox BJ, Ross L, Swinson RP, Drenfeld DM. A comparison of social phobia outcome measures in cognitive behavioral group therapy. *Behavior Modification*. 1998; 22:285–297. [PubMed: 9670801]
- Creamer M, Bell R, Failla S. Psychometric properties of the Impact of Event Scale - Revised. *Behaviour Research and Therapy*. 2003; 41(12):1489–1496. doi: 10.1016/j.brat.2003.07.010. [PubMed: 14705607]
- Crittendon J, Hopko DR. Assessing worry in older and younger adults: Psychometric properties of an abbreviated Penn State Worry Questionnaire (PSWQ-A). *Journal of Anxiety Disorders*. 2006; 20(8):1036–1054. doi: 10.1016/j.janxdis.2005.11.006. [PubMed: 16387472]
- Cusin, C.; Yang, H.; Yeung, A.; Fava, M. Rating scales for depression.. In: Baer, L.; Blaid, MA., editors. *Handbook of clinical rating scales and assessment in psychiatry and mental health*. Humana Press; Totowa, NJ: 2010. p. 7-35.
- Daig I, Herschbach P, Lehmann A, Knoll N, Decker O. Gender and age differences in domain-specific life satisfaction and the impact of depressive and anxiety symptoms: A general population survey from Germany. *Quality of Life Research*. 2009; 18(6):669–678. doi:<http://dx.doi.org/10.1007/s11136-009-9481-3>. [PubMed: 19430928]
- Davidson JR, Potts NL, Richichi EA, Ford SM, Krishnan KR, Smith RD, Wilson W. The Brief Social Phobia Scale. *The Journal of Clinical Psychiatry*. 1991; 52(Suppl):48–51. [PubMed: 1757457]
- Dawes RM, Faust D, Meehl PE. Clinical versus actuarial judgment. *Science*. 1989; 243(4899):1668–1674. [PubMed: 2648573]
- De Los Reyes A, Kazdin AE. Measuring informant discrepancies in clinical child research. *Psychological Assessment*. 2004; 16(3):330–334. doi: 10.1037/1040-3590.16.3.330. [PubMed: 15456389]

- De Los Reyes A, Kazdin AE. Informant discrepancies in the assessment of childhood psychopathology: A critical review, theoretical framework, and recommendations for further study. *Psychological Bulletin*. 2005; 131(4):485–509. doi: 10.1037/0033-2909.131.4.483.
- DelBello MP, Chang K, Welge JA, Adler CM, Rana M, Howe M, Strakowski SM. A double-blind, placebo-controlled pilot study of quetiapine for depressed adolescents with bipolar disorder. *Bipolar Disorders*. 2009; 11(5):483–493. doi: 10.1111/j.1399-5618.2009.00728.x. [PubMed: 19624387]
- Derogatis LR, Lipman RS, Rickels K, Uhlenhuth EH, Covi L. The Hopkins Symptom Checklist (HSCL). A measure of primary symptom dimensions. *Modern Problems of Pharmacopsychiatry*. 1974; 7(0):79–110. [PubMed: 4607278]
- Di Nardo, PA.; Brown, TA.; Barlow, DH. *Anxiety Disorders Interview Schedule for DSM-IV: Lifetime Version (ADIS-IV)*. Psychological Corporation; San Antonio, TX: 1994.
- Dugas, MS.; Freeston, MH.; Lachance, S.; Provencher, M.; Ladouceur, R. Poster presented at the world congress of behavioral and cognitive therapies. Copenhagen, Denmark: 1995. Worry and Anxiety Questionnaire: Initial validation in non clinical and clinical samples..
- Dugas MJ, Freeston MH, Provencher MD, Lachance S, Ladouceur R, Gosselin P. Worry and Anxiety Questionnaire. *Journal de Thérapie Comportementale et Cognitive*. 2001; 11(1):31–36.
- Dugas MJ, Ladouceur R, Léger E, Freeston MH, Langolis F, Provencher MD, Boisvert JM. Group cognitive-behavioral therapy for generalized anxiety disorder: Treatment outcome and long-term follow-up. *Journal of Consulting and Clinical Psychology*. 2003; 71(4):821–825. doi: 10.1037/0022-006X.71.4.821. [PubMed: 12924687]
- Ebesutani C, Bernstein A, Nakamura BJ, Chorpita BF, Weisz JR. A psychometric analysis of the revised child anxiety and depression scale--Parent version in a clinical sample. *Journal of Abnormal Child Psychology*. 2010; 38(2):249–260. doi: 10.1007/s10802-009-9363-8. [PubMed: 19830545]
- Ebesutani C, Bernstein A, Chorpita BF, Weisz JR. A transportable assessment protocol for prescribing youth psychosocial treatments in real-world settings: Reducing assessment burden via self-report scales. *Psychological Assessment*. 2012; 24(1):141–155. doi: 10.1037/a0025176. [PubMed: 21859220]
- Elkins RM, Pincus DB, Comer JS. A psychometric evaluation of the Panic Disorder Severity Scale for Children and Adolescents. *Psychological Assessment*. Dec 2.2013 advance online publication. doi: 10.1037/a0035283.
- Eyberg SM, Ross AW. Assessment of child behavior problems: The validation of a new inventory. *Journal of Clinical Child Psychology*. 1978; 7(2):113–116.
- Fairbum, CG.; Cooper, Z. The Eating Disorder Examination.. In: Fairbum, CG., editor. *Binge eating: Nature, assessment, and treatment*. Guilford Press; New York: 1993. p. 317-360.
- Farrand P, Woodford J. Measurement of individualised quality of life amongst young people with indicated personality disorder during emerging adulthood using the SEIQoL-DW. *Quality of Life Research*. 2013; 22(4):829–838. doi: 10.1007/s11136-012-0210-y. [PubMed: 22661108]
- Fendrich M, Weissman MM, Warner V. Screening for depressive disorder in children and adolescents: Validating the Center for Epidemiologic Studies Depression Scale for Children. *American Journal of Epidemiology*. 1990; 131(3):538–551. [PubMed: 2301363]
- First, M.; Spitzer, R.; Gibbon, M.; Williams, J. *Structured Clinical Interview for DSMIV Axis I Disorders, Clinician Version (SCID-CV)*. American Psychiatric Press, Inc.; Washington, D.C.: 1996.
- Foa EB, Johnson KM, Feeny NC, Treadwell KR. The Child PTSD Symptom Scale: A preliminary examination of its psychometric properties. *Journal of Clinical Child & Adolescent Psychology*. 2001; 30(3):376–384.
- Ford JD, Racusin R, Ellis CG, Daviss WB, Reiser J, Fleischer A, Thomas J. Child maltreatment, other trauma exposure and posttraumatic symptomatology among children with oppositional defiant and attention deficit hyperactivity disorders. *Child Maltreatment*. 2000; 5(3):205–217. Retrieved from <http://search.proquest.com/docview/619464325?accountid=14707>. [PubMed: 11232267]

- Foy DW, Wood JL, King DW, King LA, Resnick HS. Los Angeles Symptom Checklist: Psychometric evidence with an adolescent sample. *Assessment*. 1997; 4(4):377–384. doi: 10.1177/107319119700400408.
- Fredrick CJ, Pynoos RS, Nader K. Childhood Posttraumatic Stress Reaction Index. Copyrighted Instrument. 1992
- Garb, HN. Studying the clinician: Judgement research and psychological assessment. American Psychological Association; Washington, DC: 1998.
- Garb HN. Clinical judgement and decision making. *Annual Review of Clinical Psychology*. 2005; 1:67–89. doi: 10.1146/annurev.clinpsy.1.102803.143810.
- Garcia-Campayo J, Zamorano E, Ruiz MA, Pardo A, Perez-Paramo M, Lopez-Gomez V, Rejas J. Cultural adaptation into Spanish of the Generalized Anxiety Disorder-7 (GAD-7) scale as a screening tool. *Health and Quality of Life Outcomes*. 2010; 8:8. doi: 10.1186/1477-7525-8-8. [PubMed: 20089179]
- Garland AF, Kruse M, Aarons GA. Clinicians and outcome measurement: What's the use? *Journal of Behavioral Health Services & Research*. 2003; 30(4):393–405. [PubMed: 14593663]
- Garner, DM. Eating Attitudes Test (EAT-26): Scoring and interpretation. 2010. Retrieved from <http://www.eat-26.com/Docs/EAT-26IntpretScoring-Test-3-20-10.pdf>
- Garner DM, Olmsted MP, Bohr Y, Garfinkel PE. The Eating Attitudes Test: Psychometric features and clinical correlates. *Psychological Medicine*. 1982; 12(4):871–878. [PubMed: 6961471]
- George, D.; Mallery, P. SPSS for windows step by step: A simple guide and reference 12.0 update. 15th ed.. Pearson Education New Zealand; Auckland, New Zealand: 2005.
- Giffort, D.; Schmook, A.; Woody, C.; Vollendorf, C.; Gervain, M. Recovery Assessment Scale. Illinois Department of Mental Health; Chicago, IL: 1995.
- Glasgow RE, Riley WT. Pragmatic measures: What they are and why we need them. *American Journal of Preventative Medicine*. 2013; 45(2):237–243. doi: 10.1016/j.amepre.2013.03.010.
- Goodman R. The Strengths and Difficulties Questionnaire: A research note. *Journal of Child Psychology and Psychiatry*. 1997; 38:581–586. [PubMed: 9255702]
- Goodman R. Psychometric properties of the Strengths and Difficulties Questionnaire. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2001; 40(11):1337–1345. doi: 10.1097/00004583-200111000-00015. [PubMed: 11699809]
- Goodman, R. What is the SDQ?. 2012. Retrieved from <http://www.sdqinfo.org/a0.html>
- Goodman J, McKay J, DePhillippis D. Progress monitoring in mental health and addiction treatment: A means of improving care. *Professional Psychology: Research and Practice*. in press.
- Goodman WK, Price LH, Rasmussen SA, Mazure C, Fleischmann RL, Hill CL, Charney DS. The Yale-Brown Obsessive Compulsive Scale. I. Development, use, and reliability. *Archives of General Psychiatry*. 1989; 46(11):1006–1011. doi: 10.1001/archpsyc.1989.01810110048007. [PubMed: 2684084]
- Gosselin P, Dugas MJ, Ladouceur R, Freeston MH. Evaluation of worry: Validation of a French translation of the Penn State Worry Questionnaire. *L'Encéphale*. 2001; 27(5):475–484.
- Gracious, BL.; Holmes, WD.; Ruppert, N.; Burke, KC.; Hurt, J. Mania Rating Scale reliability in children and adolescents.. Presented at the First Annual International Conference on Bipolar Disorders; Pittsburgh. 1994.
- Gracious BL, Youngstrom EA, Findling RL, Calabrese JR. Discriminative validity of a parent version of the Young Mania Rating Scale. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2002; 41(11):1350–1359. doi: 10.1097/00004583-200211000-00017. [PubMed: 12410078]
- Green, B. Trauma History Questionnaire.. In: Stamm, BH., editor. Measurement of stress, trauma, and adaptation. Sidran Press; Lutherville, MD: 1996. p. 366-369.
- Greenhill LL, Pine D, March J, Birmaher B, Riddle M. Assessment issues in treatment research of pediatric anxiety disorders: What is working, what is not working, what is missing, and what needs improvement. *Psychopharmacology Bulletin*. 1998; 34(2):155–164. [PubMed: 9640993]
- Hamilton M. The assessment of anxiety states by rating. *British Journal of Medical Psychology*. 1959; 32(1):50–55. doi: 10.1111/j.2044-8341.1959.tb00467.x.

- Hamilton M. A rating scale for depression. *Journal of Neurology, Neurosurgery, and Psychiatry*. 1960; 23:56–62. doi: 10.1136/jnnp.23.1.56.
- Hamilton, M. Hamilton rating scale for Depression (Ham-D).. In: American Psychiatric Association. Rush, AJ., editor. *Handbook of psychiatric measures*. American Psychological Association; Washington, D.C.: 2000. p. 526-528.
- Hancock, N.; Bundy, A.; Honey, A.; Tamsett, S.; Helich, S. Sydney eScholarship Repository. University of Sydney; Sydney, Australia: 2013. *Recovery Assessment Scale: Domains and stages (RAS-DS)*..
- Hatfield DR, Ogles BM. Why some clinicians use outcome measures and others do not. *Administration and Policy in Mental Health and Mental Health Services Research*. 2007; 34(3): 283–291. doi: 10.1007/s10488-006-0110-y. [PubMed: 17211715]
- Hautala L, Junnila J, Helenius H, Väänänen A, Liuksila P, Rähkä H, Saarijärvi S. Adolescents with fluctuating symptoms of eating disorders: A 1-year prospective study. *Journal of Advanced Nursing*. 2008; 62(6):674–680. doi: 10.1111/j.1365-2648.2008.04697.x. [PubMed: 18503651]
- Heimberg RG, Horber KJ, Juster HR, Safren SA, Brown EJ, Schneier FR, Liebowitz MR. Psychometric properties of the Liebowitz Social Anxiety Scale. *Psychological Medicine*. 1999; 29:199–212. [PubMed: 10077308]
- Helmreich I, Wagner S, Mergl R, Allgaier AK, Hautzinger M, Henkel V, Tadić A. Sensitivity to changes during antidepressant treatment: A comparison of unidimensional subscales of the Inventory of Depressive Symptomatology (IDS-C) and the Hamilton Depression Rating Scale (HAM-D) in patients with mild major, minor, or subsyndromal depression. *European Archives of Psychiatry and Clinical Neuroscience*. 2011; 262(4):291–304. doi: 10.1007/s00406-011-0263-x. [PubMed: 21959915]
- Hill LS, Reid F, Morgan JF, Lacey JH. SCOFF, the development of an eating disorder screening questionnaire. *International Journal of Eating Disorders*. 2010; 43(4):344–351. doi: 10.1002/eat.20679. [PubMed: 19343793]
- Hofmann SG, Dibartolo PM. An instrument to assess self-statements during public speaking: Scale development and preliminary psychometric properties. *Behavior Therapy*. 2000; 31(3):499–515. [PubMed: 16763666]
- Hooper LM, Stockton P, Krupnick JL, Green BL. The development, use, and psychometric properties of the Trauma History Questionnaire. *Journal of Loss and Trauma*. 2011; 16(3):258–283. doi: 10.1080/15325024.2011.572035.
- Houck PR, Spiegel DA, Shear MK, Rucci P. Reliability of the self-report version of the panic disorder severity scale. *Depression and Anxiety*. 2002; 15(4):183–185. doi: 10.1002/da.10049. [PubMed: 12112724]
- Hudson JL, Rapee RM, Deveney C, Schniering CA, Lyneham HJ, Bovopoulos N. Cognitive-behavioral treatment versus an active control for children and adolescents with anxiety disorders: A randomized control trial. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2009; 48(5):533–544. doi: 10.1097/CHI.0b013e31819c2401. [PubMed: 19318990]
- Hunsley J, Mash E. Introduction to the special section on developing guidelines for the evidence-based assessment of adult disorders [Special Issue]. *Psychological Assessment*. 2005; 17(3):251–255. doi:10.1037/1040-3590.17.3.251. [PubMed: 16262451]
- Hunsley J, Mash EJ. Evidence-based assessment. *Annual Review of Clinical Psychology*. 2007; 3:29–51. doi: 10.1146/annurev.clinpsy.3.022806.091419.
- Hunsley, J.; Mash, EJ. *A guide to assessments that work*. 1st ed.. Oxford University Press; New York: 2008.
- IDS-QUIDS.org.. Inventory of Depressive Symptomatology (IDS) & Quick Inventory of Depressive Symptomatology (QIDS). 2013. Retrieved from <http://www.idsquids.org/index2.html#VALIDITY>
- International Society for Traumatic Stress Studies. *Assessing trauma: Child PTSD Symptom Scale*. 2013. Retrieved from <http://www.istss.org/ChildPTSDSymptomScale.htm>
- Ivanova MY, Achenbach TM, Rescorla LA, Dumenci L, Almqvist F, Bilenberg N, Verhulst FC. The generalizability of the Youth Self-Report syndrome structure in 23 societies. *Journal of Consulting and Clinical Psychology*. 2007; 75(5):729–738. doi: 10.1037/0022-006X.75.5.729. [PubMed: 17907855]

- Ivanova MY, Achenbach TM, Rescorla LA, Harder VS, Ang RP, Bilenberg N, Verhulst FC. Syndromes of preschool psychopathology reported by parents in 23 societies. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2010; 49(12):1215–1224. doi: 10.1016/j.jaac.2010.08.019. [PubMed: 21093771]
- Ivarsson T, Lidberg A, Gillberg C. The Birmaher Depression Self-Rating Scale (DSRS): Clinical evaluation in an adolescent inpatient population. *Journal of Affective Disorders*. 1994; 32(2): 115–125. [PubMed: 7829763]
- Jellinek MS, Murphy JM, Robinson J, Feins A, Lamb S, Fenton T. The Pediatric Symptom Checklist: Screening school-age children for psychological dysfunction. *Journal of Pediatrics*. 1988; 112(2): 201–209. doi: 10.1016/S0022-3476(88)80056-8. [PubMed: 3339501]
- Jensen-Doss A, Hawley KM. Understanding barriers to evidence-based assessment: Clinician attitudes toward standardized assessment tools. *Journal of Clinical Child & Adolescent Psychology*. 2010; 39(6):885–896. doi: 10.1080/15374416.2010.517169. [PubMed: 21058134]
- Jensen AL, Weisz JR. Assessing match and mismatch between practitioner-generated and standardized interview-generated diagnoses for clinic-referred children and adolescents. *Journal of Consulting and Clinical Psychology*. 2002; 70(1):158–168. doi: 10.1037//0022-006X.70.1.158. [PubMed: 11860042]
- Jensen-Doss A, Weisz JR. Diagnostic agreement predicts treatment process and outcomes in youth mental health clinics. *Journal of Consulting and Clinical Psychology*. 2008; 76(5):711–722. doi: 10.1037/0022-006X.76.5.711. [PubMed: 18837589]
- Johnson HS, Inderbitzen-Nolan HM, Anderson ER. The Social Phobia Inventory: Validity and reliability in an adolescent community sample. *Psychological Assessment*. 2006; 18:269–277. doi:10.1037/1040-3590183269. [PubMed: 16953730]
- Johnson JG, Harris ES, Spitzer RL, Williams JBW. The Patient Health Questionnaire for Adolescents: Validation of an instrument for the assessment of mental disorders among adolescent primary care patients. *Journal of Adolescent Health*. 2002; 30(3):196–204. doi:[http://dx.doi.org/10.1016/S1054-139X\(01\)00333-0](http://dx.doi.org/10.1016/S1054-139X(01)00333-0). [PubMed: 11869927]
- Joiner TE, Walker RL, Pettit JW, Perez M, Cukrowicz KC. Evidence-based assessment of depression in adults. *Psychological Assessment*. 2005; 17(3):267–277. doi: 10.1037/1040-3590.17.3.267. [PubMed: 16262453]
- Kazdin AE. Evidence-based assessment for children and adolescents: Issues in measurement development and clinical application. *Journal of Clinical Child & Adolescent Psychology*. 2005; 34(3):548–558. doi: 10.1207/s15374424jccp3403_10. [PubMed: 16026218]
- Keane TM, Caddell JM, Taylor KL. Mississippi Scale for Combat-Related Posttraumatic Stress Disorder: Three studies in reliability and validity. *Journal of Consulting and Clinical Psychology*. 1988; 56(1):85–90. doi: 10.1037/0022-006X.56.1.85. [PubMed: 3346454]
- Keller MB, Ryan ND, Strober M, Klein RG, Kutcher SP, Birmaher B, McCafferty JP. Efficacy of paroxetine in the treatment of adolescent major depression: A randomized, controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2001; 40(7):762–772. doi: 10.1097/00004583-200107000-00010. [PubMed: 11437014]
- Kertz S, Bigda-Peyton J, Bjorgvinsson T. Validity of the Generalized Anxiety Disorder-7 Scale in an acute psychiatric sample. *Clinical Psychology & Psychotherapy*. 2013; 20(5):456–464. doi: 10.1002/cpp.1802. [PubMed: 22593009]
- Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*. 2005; 62(6):617–627. doi: 10.1001/archpsyc.62.6.617. [PubMed: 15939839]
- King LA, King DW, Leskin G, Foy DW. The Los Angeles Symptom Checklist: A self-report measure of posttraumatic stress disorder. *Assessment*. 1995; 2(1):1–17. doi: 10.1177/1073191195002001001.
- Kovacs M. The Children's Depression Inventory (CDI). *Psychopharmacological Bulletin*. 1985; 21:995–998.
- Kroenke K S, Spitzer RL, Williams B. The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*. 2001; 16:606–613. doi: 10.1046/j.1525-1497.2001.016009606.x. [PubMed: 11556941]

- Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: Validity of a two-item depression screener. *Medical Care*. 2003; 41(11):1284–1292. doi: 10.1097/01.MLR.0000093487.78664.3C. [PubMed: 14583691]
- Kubany ES, Haynes SN, Leisen MB, Owens JA, Kaplan AS, Watson SB, Burns K. Development and preliminary validation of a brief broad-spectrum measure of trauma exposure: The Traumatic Life Events Questionnaire. *Psychological Assessment*. 2000; 12(2):210–224. doi: 10.1037/1040-3590.12.2.210. [PubMed: 10887767]
- Lambert MJ, Hansen N, Finch E. Patient-focused research: Using patient outcome data to enhance treatment effects. *Journal of Consulting and Clinical Psychology*. 2001; 69:159–172. [PubMed: 11393594]
- Liebowitz MR. Social phobia. *Modern Problems of Pharmacopsychiatry*. 1987; 22:141–173. [PubMed: 2885745]
- Lim YJ, Yu BH, Kim JH. Korean panic disorder severity scale: Construct validity by confirmatory factor analysis. *Depression and Anxiety*. 2007; 24(2):95–102. doi: 10.1002/da.20206. [PubMed: 16845647]
- Lomas J. Diffusion, dissemination, and implementation: Who should do what? *Annals of the New York Academy of Sciences*. 1993; 703:226–235. doi: 10.1111/j.1749-6632.1993.tb26351.x. [PubMed: 8192299]
- Los Angeles County Department of Mental Health. RCADS quick guide – Child. 2011. Retrieved from <http://lausdsmh.net/wp-content/uploads/2012/03/RCADS-Child-Quick-Guide1.pdf>
- Löwe B, Unützer J, Callahan CM, Perkins AJ, Kroenke K. Monitoring depression treatment outcomes with the Patient Health Questionnaire-9. *Medical Care*. 2004; 42(12):1194–1201. [PubMed: 15550799]
- Luck AJ, Morgan JF, Reid F, O'Brien A, Brunton J, Price C, Lacy JH. The SCOFF questionnaire and clinical interview for eating disorders in general practice: Comparative study. *British Medical Journal*. 2002; 325:755. doi: 10.1136/bmj.325.7367.755. [PubMed: 12364305]
- Maier W, Buller R, Philipp M, Heuser I. The Hamilton Anxiety Scale: Reliability, validity and sensitivity to change in anxiety and depressive disorders. *Journal of Affective Disorders*. 1988; 14(1):61–68. doi: 10.1016/0165-0327(88)90072-9. [PubMed: 2963053]
- Maloney MJ, McGuire JB, Daniels SR. Reliability testing of a children's version of the Eating Attitude Test. *Journal of the American Academy of Child & Adolescent Psychiatry*. 1988; 27(5):541–543. doi: 10.1097/00004583-198809000-00004. [PubMed: 3182615]
- March JS, Parker JD, Sullivan K, Stallings P, Conners CK. The Multidimensional Anxiety Scale for Children (MASC): Factor structure, reliability, and validity. *Journal of the American Academy of Child & Adolescent Psychiatry*. 1997; 36(4):554–565. doi: 10.1097/00004583-199704000-00019. [PubMed: 9100431]
- Marks IM, Mathews AM. Brief standard self-rating for phobic patients. *Behaviour Research and Therapy*. 1979; 17(3):263–267. doi: 0005-7967(79)90041-X.
- Mash E, Hunsley J. Evidence-based assessment of child and adolescent disorders: Issues and challenges [Special Issue]. *Journal of Clinical Child & Adolescent Psychology*. 2005; 34(3):1537–4416.
- Masia-Warner C, Storch EA, Pincus DB, Klein RG, Heimberg RG, Liebowitz MR. The Liebowitz Social Anxiety Scale for Children and Adolescents: An initial psychometric investigation. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2003; 42(9):1076–1084. [PubMed: 12960707]
- MassHealth. PSD-Pediatric Symptom Checklist, Y-PSC-Pediatric Symptom Checklist-Youth Report. 2013. Retrieved from <http://www.mass.gov/eohhs/gov/commissions-and-initiatives/cbhi/screening-for-behavioral-health-conditions/the-masshealth-approved-screening-tools/y-psc.html>
- Mathai J, Anderson P, Bourne A. Use of the Strengths and Difficulties Questionnaire as an outcome measure in a child and adolescent mental health service. *Australasian Psychiatry*. 2003; 11:334–337.
- Mattick RP, Clarke JC. Development and validation of measures of social phobia scrutiny fear and social interaction anxiety. *Behaviour Research and Therapy*. 1998; 36(4):455–470. doi: S0005-7967(97)10031-6. [PubMed: 9670605]

- Mazure CM, Halmi KA, Sunday SR, Romano SJ, Einhorn AM. Yale-Brown-Cornell Eating Disorder Scale: Development, use, reliability, and validity. *Journal of Psychiatric Research*. 1994; 28(5): 425–445. doi: 10.1016/0022-3956(94)90002-7. [PubMed: 7897615]
- McHugh RK, Barlow DH. The dissemination and implementation of evidence-based psychological treatments. A review of current efforts. *The American Psychologist*. 2010; 65(2):73–84. doi: 10.1037/a0018121. [PubMed: 20141263]
- McIntyre RS, Mancini DA, Srinivasan J, McCann S, Konarski JZ, Kennedy SH. The antidepressant effects of risperidone and olanzapine in bipolar disorder. *Canadian Journal of Clinical Pharmacology*. 2004; 11:218–226.
- McMahon RJ, Frick PJ. Evidence-based assessment of conduct problems in children and adolescents. *Journal of Clinical Child & Adolescent Psychology*. 2005; 34(3):477–505. doi: 10.1207/s15374424jccp3403_6. [PubMed: 16026215]
- Merikangas KR, He JP, Brody D, Fisher PW, Bourdon K, Koretz DS. Prevalence and treatment of mental disorders among US children in the 2001-2004 NHANES. *Pediatrics*. 2010; 125(1):75–81. doi: 10.1542/peds.2008-2598. [PubMed: 20008426]
- Meyer TJ, Miller ML, Metzger RL, Borkovec TD. Development and validation of the Penn State Worry Questionnaire. *Behaviour Research and Therapy*. 1990; 28(6):487–495. doi: 10.1016/0005-7967(90)90135-6. [PubMed: 2076086]
- Michelson L, Mavissakalian M. Temporal stability of self-report measures in agoraphobia research. *Behaviour Research and Therapy*. 1983; 21(6):695–698. doi: 10.1016/0005-7967(83)90089-X. [PubMed: 6661155]
- Miranda J, Chung JY, Green BL, Krupnick J, Siddique J, Revicki DA, Belin T. Treating depression in predominantly low-income young minority women: A randomized controlled trial. *JAMA*. 2003; 290(1):57–65. doi: 10.1001/jama.290.1.57. [PubMed: 12837712]
- Moberg PJ, Lazarus LW, Mesholam RI, Bilker W, Chuy IL, Neyman I, Markvart V. Comparison of the standard and structured interview guide for the Hamilton Depression Rating Scale in depressed geriatric inpatients. *The American Journal of Geriatric Psychiatry*. 2001; 9(1):35–40. [PubMed: 11156750]
- Monga S, Birmaher B, Chiappetta L, Brent D, Kaufman J, Bridge J, Cully M. Screen for Child Anxiety-Related Emotional Disorders (SCARED): Convergent and divergent validity. *Depression and Anxiety*. 2000; 12(2):85–91. [PubMed: 11091931]
- Monkul ES, Tural U, Onur E, Fidaner H, Alkin T, Shear MK. Panic Disorder Severity Scale: Reliability and validity of the Turkish version. *Depression and Anxiety*. 2004; 20(1):8–16. doi: 10.1002/da.20011. [PubMed: 15368591]
- Monson CM, Gradus JL, Young-Xu Y, Schnurr PP, Price JL, Schumm JA. Change in posttraumatic stress disorder symptoms: Do clinicians and patients agree? *Psychological Assessment*. 2008; 20(2):131–138. doi: 10.1037/1040-3590.20.2.131. [PubMed: 18557690]
- Montgomery SA, Asberg M. A new depression scale designed to be sensitive to change. *British Journal of Psychiatry*. 1979; 134:382–389. [PubMed: 444788]
- Morgan JF, Reid F, Lacey JH. The SCOFF questionnaire: Assessment of a new screening tool for eating disorders. *British Medical Journal*. 1999; 319(7223):1467–1468. [PubMed: 10582927]
- Motooka H, Tanaka-Matsumi J, Hayashi K. The reliability and validity of a Japanese version of the Penn State Worry Questionnaire (PSWQ): A self-report inventory of “worry”. *Japanese Journal of Counseling Science*. 2009; 42(3):247–255.
- Mueser KT, Rosenberg SD, Fox L, Salyers MP, Ford JD, Carty P. Psychometric evaluation of trauma and posttraumatic stress disorder assessments in persons with severe mental illness. *Psychological Assessment*. 2001; 13(1):110–117. doi: 10.1037/1040-3590.13.1.110. [PubMed: 11281032]
- Muris P, Mayer B, Bartelds E, Tierney S, Bogie N. The revised version of the Screen for Child Anxiety Related Emotional Disorders (SCARED-R): Treatment sensitivity in an early intervention trial for childhood anxiety disorders. *British Journal of Clinical Psychology*. 2001; 40(3):323–36. [PubMed: 11593959]
- Murphy JM, Jellinek MS. Screening for psychological dysfunction in economically disadvantaged and minority group children: Further validation of the Pediatric Symptom Checklist. *American Journal of Orthopsychiatry*. 1988; 58(3):450–456. [PubMed: 3407735]

- Murphy JM, Kamin H, Masek B, Vogeli C, Caggiano R, Sklar K, Jellinek MS. Using brief clinician and parent measures to track outcomes in outpatient child psychiatry: Longer term follow-up and comparative effectiveness. *Child and Adolescent Mental Health*. 2012; 17(4):222–230. doi: 10.1111/j.1475-3588.2011.00642.x.
- Nauta MH, Scholing A, Rapee RM, Abbott M, Spence SH, Waters A. A parent-report measure of children's anxiety: Psychometric properties and comparison with child-report in a clinic and normal sample. *Behaviour Research and Therapy*. 2004; 42(7):813–839. [PubMed: 15149901]
- NIH-PROMIS. PROMIS: Dynamic tools to measure health outcomes from the patient perspective. 2013. Retrieved from <http://nihpromis.org>
- Nunno M. The effects of the ARC organizational intervention on caseworker turnover, climate, and culture in children's services systems: Commentary. *Child Abuse and Neglect*. 2006; 30(8):849–854.
- Oei TP, Moylan A, Evans L. Validity and clinical utility of the Fear Questionnaire for anxiety-disorder patients. *Psychological Assessment*. 1991; 3(3):391–397. doi: 10.1037/1040-3590.3.3.391.
- Ogles B, Melendez G, Davis DC, Lunnen KM. The Ohio Scales: Practical outcome assessment. *Journal of Child and Family Studies*. 2001; 10(2):199–212. doi:10.1023/A:1016651508801.
- Orsillo, SM. Measures for acute stress disorder and posttraumatic stress disorder.. In: Antony, MM.; Orsillo, SM.; Roemer, L., editors. *Practitioner's guide to empirically based measures of anxiety*. Springer; New York: 2001. p. 255-307.
- Osman A, Bagge CL, Guitierrez PM, Konick LC, Kooper BA, Barrios FX. The Suicidal Behaviors Questionnaire-Revised (SBQ-R): Validation with clinical and non clinical samples. *Assessment*. 2001; 8(4):443–454. [PubMed: 11785588]
- Osman A, Barrios FX, Osman JR, Markway K. Further psychometric evaluation of the Fear Questionnaire: Responses of college-students. *Psychological Reports*. 1993; 73(3 Pt. 2):1259–1266. [PubMed: 8115580]
- Pavot W, Diener E. Review of the Satisfaction with Life Scale. *Psychological Assessment*. 1993; 5(2): 164–172.
- Pavuluri MN, Henry DB, Devineni B, Carbray JA, Birmaher B. Child Mania Rating Scale: Development, reliability, and validity. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2006; 45(5):550–560. doi: 10.1097/01.chi.0000205700.40700.50. [PubMed: 16601399]
- Perry L, Morgan J, Reid F, Brunton J, O'Brien A, Luck A, Lacey H. Screening for symptoms of eating disorders: Reliability of the SCOFF screening tool with written compared to oral delivery. *International Journal of Eating Disorders*. 2002; 32(4):466–472. doi: 10.1002/eat.10093. [PubMed: 12386911]
- Pestle SL, Chorpita BF, Schiffman J. Psychometric properties of the Penn State Worry Questionnaire for Children in a large clinical sample. *Journal of Clinical Child and Adolescent Psychology*. 2008; 37(2):465–471. doi: 10.1080/15374410801955896. [PubMed: 18470782]
- Pfohl B, Blum N, St John D, McCormick B, Allen J, Black DW. Reliability and validity of the Borderline Evaluation of Severity over Time (BEST): A self-rated scale to measure severity and change in persons with borderline personality disorder. *Journal of Personality Disorders*. 2009; 23(3):281–293. doi: 10.1521/pedi.2009.23.3.281 10.1521/pedi.2009.23.3.281. [PubMed: 19538082]
- PHQ Screeners. PHQ-9 and GAD-7 Instruction Manual. 2010. Retrieved from: <http://www.phqscreeners.com/instructions/instructions.pdf>
- Pogge DL, Wayland-Smith D, Zaccario M, Borgaro S, Stokes J, Harvey PD. Diagnosis of manic episodes in adolescent inpatients: Structured diagnostic procedures compared to clinical chart diagnoses. *Psychiatry Research*. 2001; 101(1):47–54. doi: 10.1016/S0165-1781(00)00248-1. [PubMed: 11223119]
- Posner K, Brown GK, Stanley B, Brent DA, Yershova KV, Oquendo MA, Mann JJ. The Columbia-Suicide Severity Rating Scale (C-SSRS): Initial validity and internal consistency findings from three multi-site studies with adolescents and adults. *American Journal of Psychiatry*. 2011; 168(12):1266–1277. doi: 10.1176/appi.ajp.2011.10111704. [PubMed: 22193671]

- Powell BJ, McMillen JC, Proctor EK, Carpenter CR, Griffey RT, Bunker AC, York JL. A compilation of strategies for implementing clinical innovations in health and mental health. *Medical Care Research and Review*. 2012; 69(2):123–157. doi: 10.1177/10775587114306901077558711430690. [PubMed: 22203646]
- President's New Freedom Commission on Mental Health. Report of the President's New Freedom Commission on Mental Health. Washington, DC.: 2003.
- Psych Congress Network. Hamilton Depression Rating Scale (HAM-D). 2013. Retrieved from: <http://www.psychcongress.com/saundras-corner/scales-screeners/depression/hamilton-depression-rating-scale-ham-d>
- Radloff LS. The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*. 1977; 1(3):385–401.
- Radloff LS. The use of the Center for Epidemiologic Studies Depression Scale in adolescents and young adults. *Journal of Youth and Adolescence*. 1991; 20(2):149–166. [PubMed: 24265004]
- Ranta K, Kaltiala-Heino R, Rantanen P, Marttunen M. The Mini-Social Phobia Inventory: Psychometric properties in an adolescent general population sample. *Comprehensive Psychiatry*. 2012; 53(5):630–637. doi: 10.1016/j.comppsy.2011.07.007. [PubMed: 21944882]
- Reynolds CR, Richmond BO. What I think and feel: A revised measure of children's manifest anxiety. *Journal of Abnormal Child Psychology*. 1978; 6(2):271–280. [PubMed: 670592]
- Riemer M, Athay MM, Bickman L, Breda C, Kelley SD, Vides de Andrade AR. The Peabody Treatment Progress Battery: History and methods for developing a comprehensive measurement battery for youth mental health. *Administration and Policy in Mental Health and Mental Health Services Research*. 2012; 39(1-2):3–12. doi: 10.1007/s10488-012-0404-1. [PubMed: 22421933]
- Riemer M, Kearns MA. Description and psychometric evaluation of the Youth Counseling Impact Scale. *Psychological Assessment*. 2010; 22(2):259–268. doi: 10.1037/a0018507. [PubMed: 20528053]
- Rush AJ, Giles DE, Schlessner MA, Fulton CL, Weissenburger J, Burns C. The Inventory for Depressive Symptomatology (IDS): Preliminary findings. *Psychiatry Research*. 1986; 18(1):65–87. [PubMed: 3737788]
- Rush AJ, Gullion CM, Basco MR, Jarrett RB, Trivedi MH. The Inventory of Depressive Symptomatology (IDS): Psychometric properties. *Psychological Medicine*. 1996; 26(3):477–486. [PubMed: 8733206]
- Rush AJ, Trivedi M, Carmody TJ, Biggs MM, Shores-Wilson K, Ibrahim H, Crismon ML. One-year clinical outcomes of depressed public sector outpatients: A benchmark for subsequent studies. *Biological Psychiatry*. 2004; 56(1):46–53. doi: 10.1016/j.biopsych.2004.04.005S0006322304004779. [PubMed: 15219472]
- Rush AJ, Trivedi MH, Ibrahim HM, Carmody TJ, Arnow B, Klein DN, Keller MB. The 16-Item Quick Inventory of Depressive Symptomatology (QIDS), Clinician rating (QIDS-C), and Self-Report (QIDS-SR): A psychometric evaluation in patients with chronic major depression. *Biological Psychiatry*. 2003; 54(5):573–583. doi: 10.1016/S0006-3223(02)01866-8. [PubMed: 12946886]
- Stable Resource Toolkit, SAMHSA. The Patient Health Questionnaire (PHQ-9)-Overview. 1999. Retrieved from: http://www.cqaimh.org/pdf/tool_phq9.pdf
- Saylor CF, Swenson CC, Reynolds SS, Taylor M. The Pediatric Emotional Distress Scale: A brief screening measure for young children exposed to traumatic events. *Journal of Clinical Child Psychology*. 1999; 28(1):70–81. [PubMed: 10070608]
- Scahill L, Riddle MA, McSwiggin-Hardin M, Ort SI, King RA, Goodman WK, Leckman JF. Children's Yale-Brown Obsessive Compulsive Scale: Reliability and validity. *Journal of the American Academy of Child & Adolescent Psychiatry*. 1997; 36(6):844–852. <http://dx.doi.org/10.1097/00004583-199706000-00023>. [PubMed: 9183141]
- Seligson JE, Huebner ES, Valois RF. Preliminary validation of the Brief Multidimensional Students' Life Satisfaction Scale (BMSLSS). *Social Indicators Research*. 2003; 61(2):121–145.
- Shachar I, Aderka IM, Gilboa-Schechtman E. The factor structure of the Liebowitz Social Anxiety Scale for children and adolescents: Development of a brief version. *Child Psychiatry and Human Development*. 2013 doi: 10.1007/s10578-013-0398-2.

- Sharp LK, Lipsky MS. Screening for depression across the lifespan: A review of measures for use in primary care settings. *American Family Physician*. 2002; 66(6):1001–1008. [PubMed: 12358212]
- Shear MK, Brown TA, Barlow DH, Money R, Sholomskas DE, Woods SW, Papp LA. Multicenter collaborative Panic Disorder Severity Scale. *The American Journal of Psychiatry*. 1997; 154(11): 1571–1575. [PubMed: 9356566]
- Shear MK, Rucci P, Williams J, Frank E, Grochocinski V, Vander Bilt J, Wang T. Reliability and validity of the Panic Disorder Severity Scale: Replication and extension. *Journal of Psychiatric Research*. 2001; 35(5):293–296. doi: 10.1016/S0022-3956(01)00028-0. [PubMed: 11591432]
- Silverman, WK.; Albano, AM. *The Anxiety Disorders Interview Schedule for Children for DSM-IV: Child and Parent Version*. Psychological Corporation; San Antonio, TX: 1996.
- Silverman WK, Ollendick TH. Evidence-based assessment of anxiety and its disorders in children and adolescents. *Journal of Clinical Child & Adolescent Psychology*. 2005; 34(3):380–411. doi: 10.1207/s15374424jccp3403_2. [PubMed: 16026211]
- Smith P, Perrin S, Dyregrov A, Yule W. Principal components analysis of the Impact of Event Scale with children in war. *Personality and Individual Differences*. 2003; 34:315–322. doi:10.1016/S0191-8869(02)00047-8.
- Smolak L, Levine MP. Psychometric properties of the Children's Eating Attitudes Test. *International Journal of Eating Disorders*. 1994; 16(3):275–282. [PubMed: 7833961]
- Snyder CR, Hoza B, Pelham WE, Rapoff M, Ware L, Danovsky M, Stahl KJ. The development and validation of the Children's Hope Scale. *Journal of Pediatric Psychology*. 1997; 22(3):399–421.
- Spence SH. A measure of anxiety symptoms among children. *Behaviour Research and Therapy*. 1998; 36(5):545–566. doi: S0005-7967(98)00034-5. [PubMed: 9648330]
- Spence SH, Rapee R, McDonald C, Ingram M. The structure of anxiety symptoms among preschoolers. *Behaviour Research and Therapy*. 2001; 39:1293–1316. [PubMed: 11686265]
- Spence Children's Anxiety Scale Website. Overview: Use of the scale. 2013. Retrieved from: http://www.scaswebsite.com/index.php?p=1_12
- Spitzer RL, Kroenke K, Williams JB. Validation and utility of a self-report version of PRIME-MD: the PHQ primary care study. *JAMA*. 1999; 282(18):1737–1744. doi: 10.1001/jama.282.18.1737. [PubMed: 10568646]
- Spitzer RL, Kroenke K, Williams JB, Löwe B. A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine*. 2006; 166(10):1092–1097. doi: 10.1001/archinte.166.10.1092. [PubMed: 16717171]
- Spitzer, RL.; Williams, JB.; Gibbon, M.; First, MB. *Structured Clinical Interview for DSM-III-R (SCID)*. American Psychiatric Press; Washington, D.C.: 1990.
- Stice E, Fisher M, Martinez E. Eating Disorder Diagnostic Scale: Additional evidence of reliability and validity. *Psychological Assessment*. 2004; 16(1):60–71. doi: 10.1037/1040-3590.16.1.60. [PubMed: 15023093]
- Stice E, Hayward C, Cameron R, Killen JD, Taylor CB. Body image and eating related factors predict onset of depression in female adolescents: A longitudinal study. *Journal of Abnormal Psychology*. 2000; 109:438–444. [PubMed: 11016113]
- Stice E, Telch CF, Rizvi SL. Development and validation of the Eating Disorder Diagnostic Scale: A brief self-report measure of anorexia, bulimia, and binge-eating disorder. *Psychological Assessment*. 2000; 12(2):123–131. doi: 10.1037/1040-3590.12.2.123. [PubMed: 10887758]
- Stöber J, Bittencourt J. Weekly assessment of worry: An adaptation of the Penn State Worry Questionnaire for monitoring changes during treatment. *Behaviour Research and Therapy*. 1998; 36:645–656. [PubMed: 9648338]
- Storch EA, Murphy TK, Geffken GR, Soto O, Sajid M, Allen P, Goodman WK. Psychometric evaluation of the Children's Yale-Brown Obsessive-Compulsive Scale. *Psychiatry Research*. 2004; 129(1):91–98. doi: 10.1016/j.psychres.2004.06.009. [PubMed: 15572188]
- Strober M, DeAntonio M, Schmidt-Lackner S, Freeman R, Lampert C, Diamond J. Early childhood attention deficit hyperactivity disorder predicts poorer response to acute lithium therapy in adolescent mania. *Journal of Affective Disorders*. 1998; 51(2):145–151. Retrieved from <http://search.proquest.com/docview/619416075?accountid=14707>. [PubMed: 10743847]

- Stunkard AJ, Messick S. The three-factor eating questionnaire to measure dietary restraint, disinhibition, and hunger. *Journal of Psychosomatic Research*. 1985; 29(1):71–83. [PubMed: 3981480]
- Substance Abuse and Mental Health Services Administration. *Stable Resource Toolkit*. 1999. Retrieved from: http://www.integration.samhsa.gov/images/res/STABLE_toolkit.pdf
- Swenson CC, Brown EJ, Sheidow AJ. Medical, legal, and mental health service utilization by physically abused children and their caregivers. *Child Maltreatment*. 2003; 8(2):138–144. [PubMed: 12735716]
- Tangen Haug T, Blomhoff S, Hellstrom K, Holme I, Humble M, Petter Madsu H, Egil Wood J. Exposure therapy and sertraline in social phobia: I-year follow-up of a randomised controlled trial. *The British Journal of Psychiatry*. 2003; 182:312–318. doi: 10.1192/bjp.02.229. [PubMed: 12668406]
- Taylor TK, Burns GL, Rusby JC, Foster EM. Oppositional defiant disorders towards adults and oppositional defiant disorders towards peers: Initial evidence for two separate constructs. *Psychological Assessment*. 2006; 18(4):439–443. [PubMed: 17154765]
- The National Child Traumatic Stress Network. *Pediatric Emotional Distress Scale*. 2012. Retrieved from <http://www.nctsn.org/content/pediatric-emotional-distress-scale>
- Trivedi MH, Rush AJ, Ibrahim HM, Carmody TJ, Biggs MM, Suppes T, Kashner TM. The Inventory of Depressive Symptomatology, Clinician Rating (IDS-C) and Self-Report (IDS-SR), the Quick Inventory of Depressive Symptomatology, Clinician Rating (QIDS-C) and Self-Report (QIDS-SR) in public sector patients with mood disorders: A psychometric evaluation. *Psychological Medicine*. 2004; 34(1):73–82. [PubMed: 14971628]
- Trull TJ, Hillerbrand E. Psychometric properties and factor structure of the FearQuestionnaire phobia subscale items in two normative samples. *Journal of Psychopathology and Behavioral Assessment*. 1990; 12(4):285–297.
- United States Department of Health and Human Services, National Institutes of Health. *The National Institute of Mental Health Strategic Plan*. National Institutes of Health; Rockville, MD: 2008. (NIH Publication No. 08–6368 Retrieved from <http://www.nimh.nih.gov/about/>
- Verhulst, FC.; van der Ende, J. *Assessment Scales in Child and Adolescent Psychiatry*. Taylor & Francis; Boca Raton, FL: 2006.
- Wagnild GM, Young HM. Development and psychometric evaluation of the Resilience Scale. *Journal of Nursing Measurement*. 1993; 1(2):165–178. [PubMed: 7850498]
- Wang R, Su J, Bi X, Wei Y, Mo L, You Y. Application of the chinese Posttraumatic Stress Disorder Checklist to adolescent earthquake survivors in China. *Social Behavior and Personality*. 2012; 40(3):415–424. doi: 10.2224/sbp.2012.40.3.415.
- Ware JE Jr, Sherbourne CD. The MOS 36-item short-form health survey (SF-36). I. Conceptual framework and item selection. *Medical Care*. 1992; 30(6):473–483. [PubMed: 1593914]
- Watson, D.; Clark, AL. *The Mood and Anxiety Symptom Questionnaire (MASQ)*. Unpublished manuscript. University of Iowa, Department of Psychology; Iowa City, IA: 1991.
- Watson D, Friend R. Measurement of social-evaluative anxiety. *Journal of Consulting and Clinical Psychology*. 1969; 33(4):448–457. doi: 10.1037/h0027806.
- Weathers, FW.; Litz, BT.; Herman, DS.; Huska, JA.; Keane, TM. *The PTSD Checklist (PCL): Reliability, validity, and diagnostic utility.*. Paper presented at the 9th Annual Conference of the International Society for Traumatic Stress Studies; San Antonio, TX.: 1993.
- Weiss, DS.; Marmar, CR. *The Impact of Event Scale—Revised.*. In: Wilson, JPK.; Keane, TM., editors. *Assessing psychological trauma and PTSD: A handbook for practitioners*. Guilford Press; New York: 1997. p. 399-411.
- Weisz JR, Chorpita BF, Frye A, Ng MY, Lau N, Bearman SK, Hoagwood KE. Youth Top Problems: Using idiographic, consumer-guided assessment to identify treatment needs and to track change during psychotherapy. *Journal of Consulting and Clinical Psychology*. 2001; 79(3):369–380. doi: 10.1037/a0023307. [PubMed: 21500888]
- West AE, Ceilo CI, Henry DB, Pavuluri MN. Child Mania Rating Scale-Parent Version: A valid measure of symptom change due to pharmacotherapy. *Journal of Affective Disorders*. 2011; 128(1-2):112–119. doi: 10.1016/j.jad.2010.06.013. [PubMed: 20858565]

- Wilkins KC, Lang AJ, Norman SB. Synthesis of the psychometric properties of the PTSD checklist (PCL) military, civilian, and specific versions. *Depression and Anxiety*. 2011; 28(7):596–606. doi: 10.1002/da.20837. [PubMed: 21681864]
- Williams JBW. A structured interview guide for the Hamilton Depression Rating Scale. *Archives of General Psychiatry*. 1988; 45(8):742–747. doi:10.1001/archpsyc.1988.01800320058007. [PubMed: 3395203]
- Williamson DA, Prather RC, McKenzie SJ, Blouin DC. Behavioral assessment procedures can differentiate bulimia nervosa, compulsive overeater, obese, and normal. *Behavioral Assessment*. 1990; 12:239–252.
- Wilson KA, Hayward C. Unique contributions of anxiety sensitivity to avoidance: A prospective study in adolescents. *Behaviour Research and Therapy*. 2006; 44(4):601–609. doi: 10.1016/j.brat.2005.04.005. [PubMed: 16023074]
- Wittkamp KA, Naeije L, Schene AH, Huyser J, van Weert HC. Diagnostic accuracy of the mood module of the Patient Health Questionnaire: A systematic review. *General Hospital Psychiatry*. 2007; 29(5):388–395. doi: 10.1016/j.genhosppsy.2007.06.004. [PubMed: 17888804]
- Yamamoto I, Nakano Y, Watanabe N, Noda Y, Furukawa TA, Kanai T, Kamijima K. Cross-cultural evaluation of the Panic Disorder Severity Scale in Japan. *Depression and Anxiety*. 2004; 20(1): 17–22. doi: 10.1002/da.20029. [PubMed: 15368592]
- Xia L, Ding C. The relationship between interpersonal traits and posttraumatic stress disorder symptoms: Analyses from wenchuan earthquake adolescent survivors in China. *Journal of Traumatic Stress*. 2011; 24(4):487–490. doi: 10.1002/jts.20655. [PubMed: 21755544]
- Young RC, Biggs JT, Ziegler VE, Meyer DA. A rating scale for mania: Reliability, validity and sensitivity. *The British Journal of Psychiatry*. 1978; 133:429–435. [PubMed: 728692]
- Young, SL.; Bullock, WA. *The Mental Health Recovery Measure*. Department of Psychology, University of Toledo; Toledo, Ohio: 2003.
- Youngstrom EA, Findling RL, Youngstrom JK, Calabrese JR. Toward an evidence-based assessment of pediatric bipolar disorder. *Journal of Clinical Child & Adolescent Psychology*. 2005; 34(3): 433–448. doi: 10.1207/s15374424jccp3403_4. [PubMed: 16026213]
- Youngstrom EA, Choukas-Bradley S, Calhoun C, Jensen-Doss A. Clinical guide to the evidence-based medicine approach to diagnosis. *Cognitive and Behavioral Practice*. this issue.
- Zanarini MC. Zanarini Rating Scale for Borderline Personality Disorder (ZAN-BPD): A continuous measure of DSM-IV borderline psychopathology. *Journal of Personality Disorders*. 2003; 17(3): 233–242. [PubMed: 12839102]
- Zhong J, Wang C, Li J, Liu J. Penn State Worry Questionnaire: Structure and psychometric properties of the Chinese version. *Journal of Zhejiang University Science B*. 2009; 10(3):211–218. doi: 10.1631/jzus.B0820189. [PubMed: 19283876]
- Zimmerman M, Chelminski I, McGlinchey JB, Posternak MA. A clinically useful depression outcome scale. *Comprehensive Psychiatry*. 2008; 49(2):131–140. doi: 10.1016/j.comppsy.2007.10.006. [PubMed: 18243884]
- Zimmerman M, McGlinchey JB, Chelminski I. An inadequate community stand of care: Lack of measurement of outcome when treating depression in clinical practice. *Primary Psychiatry*. 2008; 13(6):67–75.
- Zimmerman M, Chelminski I, Young D, Dalrymple K. A clinically useful anxiety outcome scale. *The Journal of Clinical Psychiatry*. 2010; 71(5):534–542. doi:10.4088/JCP.09m05264blu. [PubMed: 20361914]

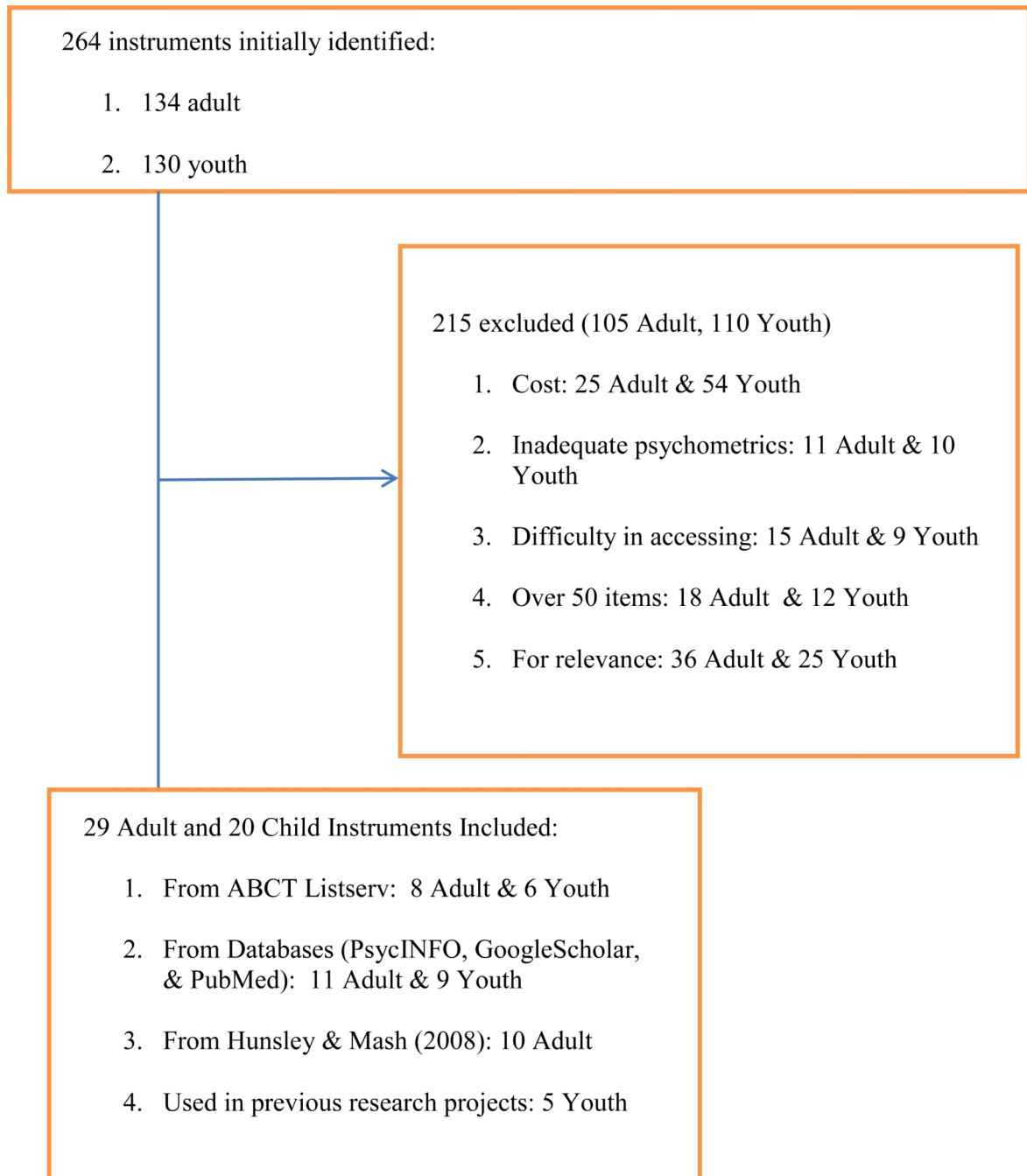


Figure 1.

Table 1

Criteria at a Glance: Reproduced from Hunsley & Mash (2005)

Criteria	Preponderance of evidence indicates:
Internal Consistency	
Adequate	α values of .70-.79
Good	α values of .80-.89
Excellent	α values .90
Inter-rater reliability	
Adequate	k values of .60-.74, or Pearson correlation or intraclass correlation values of .70-.79
Good	k values of .75-.84, or Pearson correlation or intraclass correlation values of .80-.89
Excellent	k values .85, or Pearson correlation or intraclass correlation values .90
Test-retest reliability	
Adequate	test-retest correlations of at least .70 over a period of several days to several weeks
Good	test-retest correlations of at least .70 over a period of several months
Excellent	test-retest correlations of at least .70 over a period of a year or longer

Table 2

Adult Instruments

Adult Instruments	Measure	Where to obtain	Number of Items	Ages	Reporter	Sensitive to change	Screening	Diagnosis	Tx Monitoring & Evaluation
Anxiety									
	The Clinically Useful Anxiety Outcome Scale (CUXOS)	http://www.outcometracker.org	2Q	18+	S	X	X		X
	Generalized Anxiety Disorder Screener (GAD-7)	http://www.phqscreeners.com	7	18+	S	X	X	X	X
	Hamilton Rating Scale for Anxiety (HAM-A)	http://www.outcometracker.org	15	18+	C	X	X		X
	Liebowitz Social Anxiety Scale Clinician-Report (LSAS-CR)	http://healthnet.umassmed.edu/mhealth/LiebowitzSocialAnxietyScale.pdf	24	18+	S and C	X	X		X
	Liebowitz Social Anxiety Scale Self-Report (LSAS-SR)	http://asp.cumc.columbia.edu/SAD/							
	Panic Disorder Severity Scale (PDSS)	http://www.outcometracker.org	7	18+	C	X	X	X	X
	Fear Questionnaire (FQ)	http://www.outcometracker.org	24	18+	S	X			X
	Penn State Worry Questionnaire (PSWQ)	http://www.outcometracker.org	16	18+	S	X	X		X
	Social Phobia Inventory (SPIN)	http://www.psychtoolkit.com	17	18+	S	X	X		X
	Worry and Anxiety Questionnaire (WAQ)	http://www.psychology.concor.dia.ca/fac/dugas/downloads/en/WAQ.pdf	11	18+	S	X	X	X	X
Depression									
	The Clinically Useful Depression Outcome Scale (CUDOS)	http://www.outcometracker.org	18	18+	S	X	X	X	X
	Hamilton Rating Scale for Depression (HAM-D)	http://www.outcometracker.org	17	18+	C		X		
	The Inventory of Depressive Symptoms and the Quick Inventory of Depressive Symptoms (IDS and QIDS)	http://www.ids-qids.org	30 16	18+	S and C	X	X	X	X
	Patient Health Questionnaire-9 (PHQ-9)	http://www.phqscreeners.com/	9	18+	S	X	X	X	X
Eating Disorders									
	Eating Disorder Diagnostic Scale (EDDS)	http://homepage.psy.utexas.edu/homepage/group/sticelab/scales/#edds	22	18+	S	X	X	X	X
	Sick, Control, One, Fat, Food Screening Tool (SCOFF)	http://www.marquette.edu/coun_seling/documents/AQuickAssessmentforEatingConcerns.pdf	5	18+	S		X		
Mania									
	Altman Self-Rating Mania Scale (ASRM)	http://www.cqainh.org/pdf/tool_asrm.pdf	5	18+	S	X	X		X
	Bech-Rafaelson Mania Scale (MAS)	http://opape.com/images/pdfs/MRS.pdf	11	18+	C	X	X		X
	Young Mania Rating Scale (YMRS)	http://def.psychiatry.ufl.edu/files/2011/05/Young-Mania-Rating-Scale-Measure-with-background.pdf	11	18+	C	X	X		X
Overall Mental Health									

Adult Instruments									
Measure	Where to obtain	Number of Items	Ages	Reporter	Sensitive to change	Screening	Diagnosis	Tx Monitoring & Evaluation	
National Institutes of Health Patient Reported Outcomes Measurement Information System (PROMIS)	https://www.assessmentcenter.net/promisforms.aspx	4-30	18+	S		X			
Patient Health Questionnaires (PHQ)	http://www.phqscreener.com/	11	18+	S	X	X	X	X	
Recovery Assessment Scale (RAS)	http://www.power2u.org/downloads/pn-55.pdf	41	18+	S and C	X			X	
Personality Disorders									
Borderline Evaluation of Severity over Time (BEST)	http://psychiatry.ucsd.edu/bord_elineServices.html	15	18+	S	X	X	X	X	
Suicidality									
Columbia-Suicide Severity Rating Scale (C-SSRS)	http://www.cssrs.columbia.edu	20	18+	C	X	X	NA*	X	
The Suicide Behaviors Questionnaire - Revised (SBQ-R)	http://www.integration.samhsa.gov/images/res/SBQ.pdf	4	18+	S		X	NA*		
Trauma									
Impact of Event Scale-Revised (IES-R)	daniel.weiss@ucsf.edu	22	18+	S		X			
Los Angeles Symptom Checklist (LASC)	dfooy@pepperdine.edu	43	18+	S		X	X		
The Post-Traumatic Stress Disorder Checklist - Civilian Version (PCL-C)	http://www.ptsd.va.gov	17	18+	S		X	X		
The Trauma History Screen (THS)	http://www.istss.org/AssessmentResources/5347.htm	14	18+	S		X			
The Trauma History Questionnaire (THQ)	http://ctc.georgetown.edu/toolkit/	24	18+	S and C		X			

Note.

S = self, C = clinician, * = not a diagnosable disorder; cannot be a diagnostic tool.

Table 3

Youth Instruments

Measure	Where to obtain	Number of Items	Ages	Reporter	Sensitive to Change	Screening	Diagnosis	Tx Monitoring & Evaluation
Anxiety								
Children Yale-Brown Obsessive Compulsive Scale (CY-BOCS)	http://icahn.mssm.edu/research/centers/center-of-excellence-for-ocd/rating-scales	10	6-17	P	X	X		X
Penn State Worry Questionnaire for Children (PSWQ-C)	http://www.childfirst.ucla.edu/Resources.html	16	7-17	S		X		
Revised Children's Anxiety and Depression Scale Youth and Parent Versions (RCADS/RCADS-P)	http://www.childfirst.ucla.edu/Resources.html	47	6-18	S and P	X	X	X	X
Screen for Child Anxiety Related Emotion Disorders (SCARED)	http://psychiatry.pitt.edu/sites/default/files/Documents/assessments/SCARED%20Child.pdf	41	6-18	S and P	X	X		X
Spence Children's Anxiety Scale (SCAS)	http://www.scaswebsite.com	44	7-19	S and P	X	X	X	X
Depression								
Center for Epidemiologic Studies Depression Scale for Children (CES-DC)	http://www.brid2hifutures.org/2/mentalhealth/pdf/professionals/bridges/cesdc.pdf	20	6-23	S	X	X		X
Depression Self Rating Scale for Children (DSRSC)	http://www.scalesandmeasures.net/files/files/Birtleson%20Self-Rating%20Scale%20for%20Child%20Depressive%20Disorder.pdf	18	8-14	S		X		
Disruptive Behavior								
Child and Adolescent Disruptive Behavior Inventory-Parent & Teacher Version (CADBI)	http://measures.earlyadolescence.org/measures/view/40/	25	Not specific	P and T		X	X	
Eating Disorder								
Child Eating Attitudes Test (ChEAT)	http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/ChEAT.pdf	26	8-13	S		X		
Eating Attitudes Test-26 (EAT-26)	http://eat-26.com	26	16-18	S and C		X		
Mania								

Youth Instruments									
Measure	Where to obtain	Number of Items	Ages	Reporter	Sensitive to Change	Screening	Diagnosis	Tx Monitoring & Evaluation	
Parent Version-Young Mania Rating Scale (P-YMRS)	http://def.psycheiatry.ufl.edu/files/2011/05/Youna-Mania-Ratina-Scale-Measure-with-background.pdf	11	5-17	C		X			
Child Mania Rating Scale - Parent (CMRS-P)	http://www.dbsalliance.org/pdf/ChildManiaSurvey.pdf	21	5-17	P	X	X	X	X	
Overall Mental Health									
Brief Problem Checklist (BPC)	http://www.childfirst.ucla.edu/Resources.html	12	7-13	S and P	X	X		X	
The Ohio Scale-Youth, Parent, and Clinician versions	benoales@bvu.edu	48	5-18	S, P, and C	X			X	
Peabody Treatment Progress Battery (PTPB)	http://peabody.vanderbilt.edu/research/center-evaluation-proaram-improvement-cepi/rea/pipb_2nd_ed_download.php	11	11-18	S, P, and C	X	X		X	
Pediatric Symptom Checklist and Pediatric Symptom Checklist-Youth Report (PSC & Y-PSC)	http://www.massgeneral.org/psychiatry/services/pschome.aspx	35	3-18	S and P	X	X		X	
Strength and Difficulties Questionnaire (SDQ)	http://www.sdqinfo.org/a0.html	25	3-16	S, P, and C	X	X		X	
Youth Top Problems (TP)	http://www.wih.harvard.edu/~iweisz/pdfs/2011c.pdf	3	7-13	S, P, and C	X			X	
Trauma									
Child PTSD Symptom Scale (CPSS)	foa@mail.med.upenn.edu	24	8-18	S or C	X	X	X	X	
Pediatric Emotional Distress Scale (PEDS)	conway.saylor@citadel.edu	21	2-10	P	X	X		X	

Note.

S = self, C = clinician, P = parent, T=teacher