

# CLINICAL UTILITY OF THE PEDIATRIC SYMPTOM CHECKLIST\*



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# OVERVIEW

- ❖ PSC overview
- ❖ Clinical utility of PSC
- ❖ Evaluating outcomes at the program and systemwide level



# PEDIATRIC SYMPTOM CHECKLIST

## TWO VERSIONS

- ❖ **PSC:** Parent/Caregiver report on youth who are ages 3-18
- ❖ **PSC-Y\*:** Youth Self-Report for ages 11-18

\*Not state-mandated

# ELEMENTS OF THE PSC

- ❖ Individual items – 35 items rated as:

<b>Never (0)</b>	<b>Sometimes (1)</b>	<b>Often (2)</b>
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- ❖ Subscale scores:

<b>Externalizing</b>	“Does not listen to rules”
<b>Internalizing</b>	“Feels sad, unhappy”
<b>Attention Problems</b>	“Has trouble concentrating”

- ❖ Total Scale Score

# PSC SUBSCALES AND CLINICAL CUTOFF SCORES

## ❖ Externalizing:

- Scores of 7 or higher may reflect significant problems with conduct

## ❖ Internalizing:

- Scores of 5 or higher are suggestive of significant impairments with anxiety and/or depression

## ❖ Attention Problems:

- Scores of 7 or higher are indicative of impairments in attention



# PSC TOTAL SCALE SCORE

- ❖ PSC Total Scale Score: Range = 0-70
  - If four or more items left blank = INVALID

## ❖ PSC (Parent/Caregiver Completed)

Ages 6-18	Ages 3-5
<ul style="list-style-type: none"><li>• Score of <u>28 or above</u> = indicates psychosocial impairment</li></ul>	<ul style="list-style-type: none"><li>• Score of <u>24 or above</u> = indicates psychosocial impairment</li><li>➤ IGNORE ITEMS 5, 6, 17, AND 18 FOR THIS AGE GROUP</li></ul>

## ❖ PSC-Y (Youth Self-Report)

- Score of 30 or above\* = indicates psychosocial impairment

# CLINICIAN ENGAGEMENT WITH THE PSC

- ❖ Track treatment progress
- ❖ Engage families in treatment
- ❖ Jointly identify treatment goals
- ❖ Identify clients' strengths and weaknesses



# TRAIN CLINICIANS WHO USE THE PSC TO:

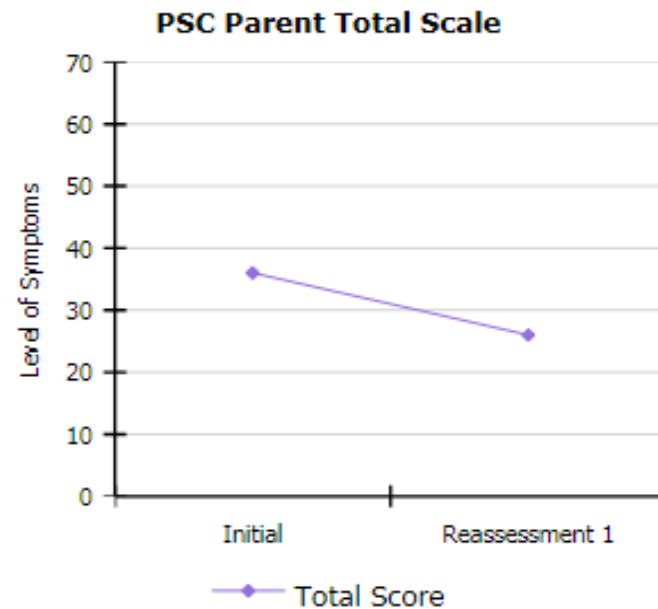
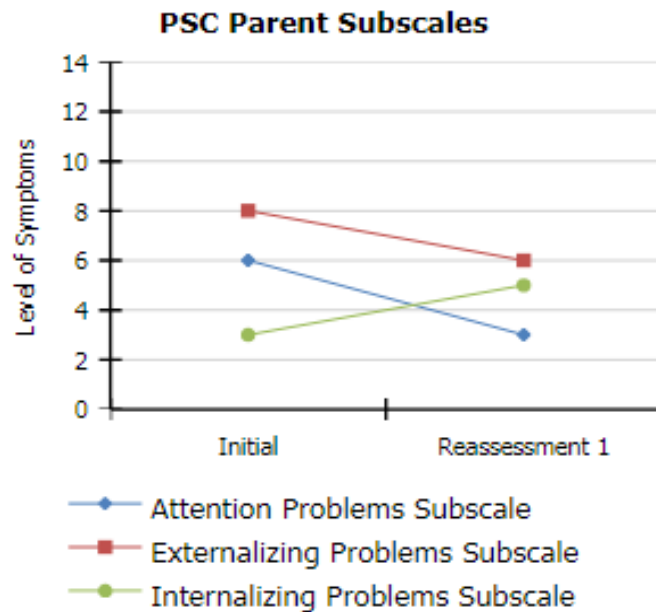
- ❖ Identify broad and specific treatment goals
- ❖ Identify appropriate interventions
- ❖ Track treatment progress



## PSC Parent

**Client ID:** 900000001  
**Client Name:** Client1, Test

**Unit:** 9000  
**CCBH Intake Date:** 9/18/2017



	<b>Initial</b>	<b>Reassessment</b>	<b>Discharge</b>
Attention Problems Subscale (0-10) <sup>a</sup>	6	3	
Internalizing Problems Subscale (0-10) <sup>b</sup>	3	5 (AT-RISK)	
Externalizing Problems Subscale (0-14) <sup>c</sup>	8 (AT-RISK)	6	
Total Score (0-70) <sup>d</sup>	36 (IMPAIRED)	26	

a. AT RISK - Children with scores of 7 or higher on this subscale usually have significant impairments in attention.




b. AT RISK - Children with scores of 5 or higher on this subscale usually have significant impairments with anxiety and/or depression.

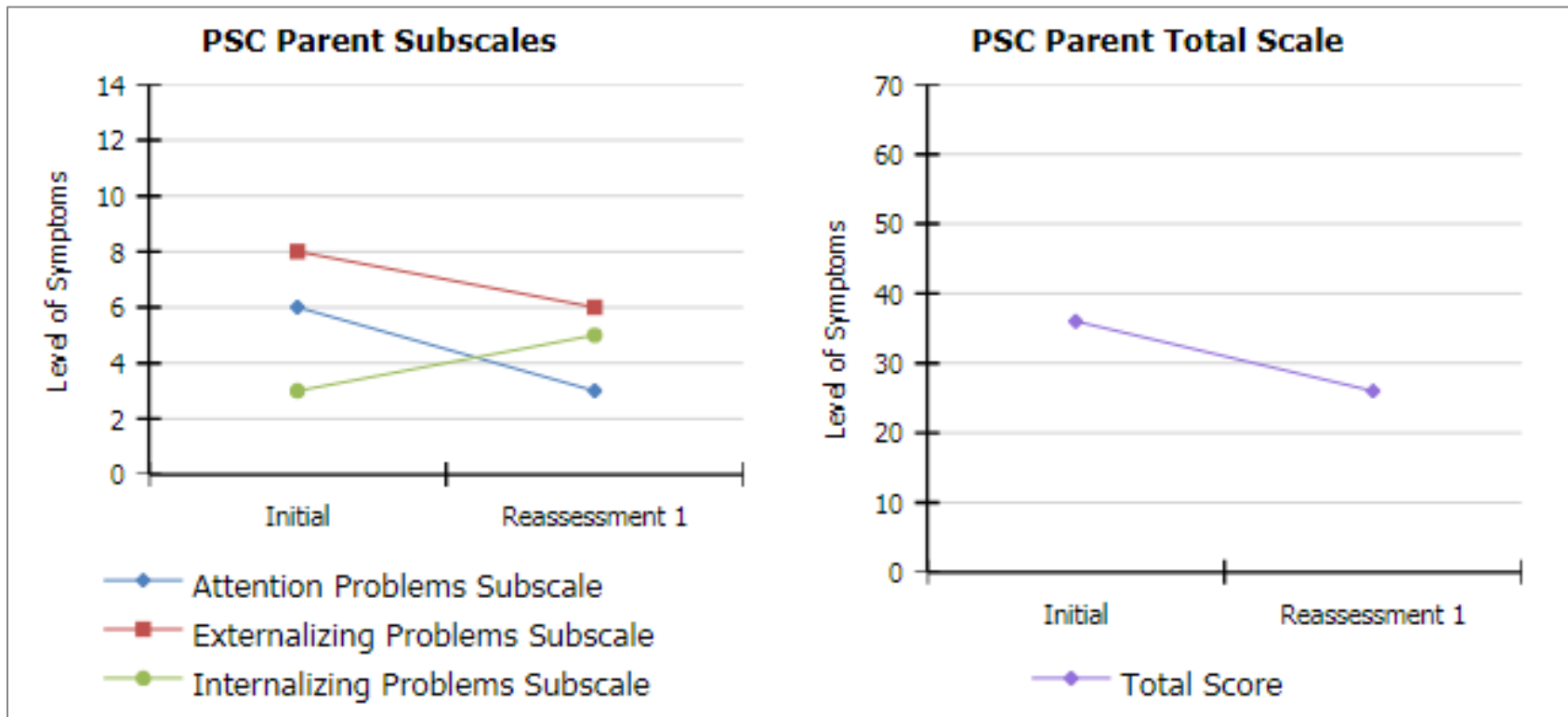
c. AT RISK - Children with scores of 7 or higher on this subscale usually have significant problems with conduct.

d. IMPAIRED - Children ages 6-18 with scores of 28 or higher and children ages 3-5 with scores of 24 or higher usually have psychological impairment.

# EVALUATING TREATMENT PROGRESS

## ❖ Examine the graph

<b>Do the lines go up?</b> 	Indicates an increase in symptoms
<b>Do the lines go down?</b> 	Suggests a reduction in symptoms
<b>Are the lines flat?</b> 	Indicates no change



# EVALUATING TREATMENT PROGRESS CONT.

- ❖ Have the at-risk/impairment categories changed?
- ❖ Does the client now fall in the not 'at-risk' or not 'impaired' range at follow-up?

	<b>Initial</b>	<b>Reassessment</b>	<b>Discharge</b>
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Externalizing Problems Subscale (0-14) <sup>c</sup>	8 (AT-RISK)	6	
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# PROGRAM & SYSTEM LEVEL OUTCOMES

- ❖ Published literature, statistical analysis, and developer guidelines were used to establish tracking outcomes
  - Outcomes
    - Amount of improvement
    - Reliable improvement
    - Clinically significant improvement

# PROGRAM LEVEL OUTCOMES

## AMOUNT OF IMPROVEMENT

- ❖ Calculated Cohen's d-effect size to determine:
  - No Improvement (i.e., 0 or 1-point reduction on the PSC Total Scale Score)
  - Small
  - Moderate
  - Large
  - Increase in Impairment

# PROGRAM/SYSTEM LEVEL OUTCOMES

## RELIABLE CHANGE

- ❖ “A change score of six or greater on the total score is considered a reliable change” (Murphy, et al., 2016)
- ❖ Example: What percentage of clients reported reliable change on the PSC at the end of treatment?
- ❖ Reported for each program and the entire system

# PROGRAM/SYSTEM LEVEL OUTCOMES

## CLINICALLY SIGNIFICANT CHANGE

- ❖ “A change score of six or greater on the total score is considered a reliable change, and changes this large that also involve a change from risk to non-risk (or vice versa) are considered to indicate clinically significant change” (Murphy, et al., 2016).
- ❖ Example: What percentage of clients reported clinically significant change on the PSC at the end of treatment?

# EXAMPLE OF SAN DIEGO SYSTEM-LEVEL DATA

**FY 2018-19**

N = 1,743 discharged clients with two timepoints of data

## ❖ **Amount of change**

- No change: 8%
- Small: 13%
- Medium: 15%
- Large: 40%
- Increase in impairment: 24%

## ❖ **Reliable Change: 51%**

- Context: 33% of Mass General clients reliably improved after 3 months of treatment (Murphy et al., 2015)



# EXAMPLE OF SAN DIEGO SYSTEM-LEVEL DATA

**FY 2018-19**

N = 1,743 discharged clients with two timepoints of data

## **Clinically Significant Improvement**

- ❖ N = 1,108 Discharged clients who started above the clinical cutpoint on at least one PSC Scale
- ❖ 58% of these clients had clinically significant improvement at the end of therapy
  - Context: 23% of Mass General parents reported clinically significant improvement at 3 months (Murphy et al., 2015).

# QUESTIONS / COMMENTS?

❖ More information can be found on the developers' website:

- <https://www.massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist/>

❖ PSC Clinician Training Powerpoint:

- <https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/CYFmHOMS-DES.aspx>