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How to Use the Child/Adolescent Psychiatry Screen (CAPS)

If you suspect your child has a mental health condition and are not sure what symptoms are most troublesome, the Child/Adolescent Psychiatry Screen can provide an initial indicator of areas for further investigation.

This is only a preliminary screening tool. Do not assume that a particular “score” means a child has a particular disorder; many people have symptoms like those described in this screening tool, but do not have a “disorder.” Diagnoses should be made only by a trained clinician after a thorough assessment. Symptoms suggestive of suicidal or harmful behaviors warrant immediate attention by a trained clinician.

1. **Answer all items in the checklist**, using the appropriate column to indicate the frequency of each symptom.
2. **Examine the columns to determine if certain clusters of items have more “Moderate” or “Severe” responses.** Don't panic: having a high (or low) number of moderate or severe responses in any section does NOT mean that your child has this disorder. It just means that these symptoms should be discussed with a trained clinician familiar with these disorders so that you can make sense of these symptoms (and determine the best course of action to address them).
3. **Symptoms have been arranged in the following sections/clusters to help identify areas for discussion with a trained clinician:**

| | |
|-------------|---|
| Items 1-7 | Anxiety |
| Item 8 | Panic Disorder |
| Item 9 | Phobia |
| Item 10-11 | Obsessive-Compulsive Disorder (OCD) |
| Item 12 | Post-Traumatic Stress (PTSD) |
| Item 13 | Generalized Anxiety Disorder |
| Item 14 | Enuresis (bed-wetting) / Encopresis (fecal soiling) |
| Items 15-16 | Tics (vocal and/or motor) |
| Items 17-31 | Attention Deficit/Hyperactivity Disorder (ADD/ADHD) |
| Items 32-38 | Mania/Bipolar Disorder |
| Items 39-46 | Depression |
| Items 47-49 | Substance Abuse / Dependence |
| Items 50-53 | Anorexia / Bulimia |
| Items 54-64 | Antisocial Disorder |
| Items 65-70 | Oppositional Defiant (ODD) Disorder |
| Items 71-72 | Hallucinations or Delusions |
| Items 73-74 | Learning Disability |
| Items 75-85 | Autistic Spectrum (including Asperger's) |

4. **Use the results for a focused conversation with your child's primary care clinician, mental health clinician, or with school staff about options to improve your child's mental health.** If particular sections receive mostly moderate and severe answers, show and describe these to your clinician. At that time, it may be useful to show and describe the “Past” column, since some symptoms tend to predict certain other symptoms or clarify other factors to consider.
5. **Consider obtaining additional screening tools and rating scales for more detailed assessment.** Many of these are described and/or accessible from www.schoolpsychiatry.org.

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BRIGHT FUTURES  **TOOL FOR PROFESSIONALS**

INSTRUCTIONS FOR USE

Center for Epidemiological Studies Depression Scale for Children (CES-DC)

The Center for Epidemiological Studies Depression Scale for Children (CES-DC) is a 20-item self-report depression inventory with possible scores ranging from 0 to 60. Each response to an item is scored as follows:

- 0 = “Not At All”
- 1 = “A Little”
- 2 = “Some”
- 3 = “A Lot”

However, items 4, 8, 12, and 16 are phrased positively, and thus are scored in the opposite order:

- 3 = “Not At All”
- 2 = “A Little”
- 1 = “Some”
- 0 = “A Lot”

Higher CES-DC scores indicate increasing levels of depression. Weissman et al. (1980), the developers of the CES-DC, have used the cutoff score of 15 as being suggestive of depressive symptoms in children and adolescents. That is, scores over 15 can be indicative of significant levels of depressive symptoms.

Remember that screening for depression can be complex and is only an initial step. Further evaluation is required for children and adolescents identified through a screening process. Further evaluation is also warranted for children or adolescents who exhibit depressive symptoms but who do not screen positive.

See also

Tool for Families: Symptoms of Depression in Adolescents, p. 126.

Tool for Families: Common Signs of Depression in Children and Adolescents, p. 147.

REFERENCES

- Weissman MM, Orvaschel H, Padian N. 1980. Children's symptom and social functioning self-report scales: Comparison of mothers' and children's reports. *Journal of Nervous Mental Disorders* 168(12):736–740.
- Faulstich ME, Carey MP, Ruggiero L, et al. 1986. Assessment of depression in childhood and adolescence: An evaluation of the Center for Epidemiological Studies Depression Scale for Children (CES-DC). *American Journal of Psychiatry* 143(8):1024–1027.

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BRIGHT FUTURES TOOL FOR PROFESSIONALS

Center for Epidemiological Studies Depression Scale for Children (CES-DC)

Number _____
Score _____

INSTRUCTIONS

Below is a list of the ways you might have felt or acted. Please check how *much* you have felt this way during the *past week*.

| DURING THE PAST WEEK | Not At All | A Little | Some | A Lot |
|--|------------|----------|-------|-------|
| 1. I was bothered by things that usually don't bother me. | | | | |
| 2. I did not feel like eating, I wasn't very hungry. | | | | |
| 3. I wasn't able to feel happy, even when my family or friends tried to help me feel better. | _____ | _____ | _____ | _____ |
| 4. I felt like I was just as good as other kids. | | | | |
| 5. I felt like I couldn't pay attention to what I was doing. | _____ | _____ | _____ | _____ |
| DURING THE PAST WEEK | Not At All | A Little | Some | A Lot |
| 6. I felt down and unhappy. | | | | |
| 7. I felt like I was too tired to do things. | | | | |
| 8. I felt like something good was going to happen. | _____ | _____ | _____ | _____ |
| 9. I felt like things I did before didn't work out right. | _____ | _____ | _____ | _____ |
| 10. I felt scared. | | | | |
| DURING THE PAST WEEK | Not At All | A Little | Some | A Lot |
| 11. I didn't sleep as well as I usually sleep. | | | | |
| 12. I was happy. | | | | |
| 13. I was more quiet than usual. | _____ | _____ | _____ | _____ |
| 14. I felt lonely, like I didn't have any friends. | _____ | _____ | _____ | _____ |
| 15. I felt like kids I know were not friendly or that they didn't want to be with me. | _____ | _____ | _____ | _____ |
| DURING THE PAST WEEK | Not At All | A Little | Some | A Lot |
| 16. I had a good time. | | | | |
| 17. I felt like crying. | | | | |
| 18. I felt sad. | _____ | _____ | _____ | _____ |
| 19. I felt people didn't like me. | | | | |
| 20. It was hard to get started doing things. | _____ | _____ | _____ | _____ |

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