

GAIN-SS

Global Appraisal of Individual Needs—
Short Screener (GAIN-SS):
Administration and Scoring Manual
for the GAIN-SS Version 2.0.1

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GAIN–Short Screener (GAIN-SS) Administration and Scoring Manual

1. INTRODUCTION

1.1 Overview of the GAIN-SS

The 3-to-5-minute GAIN-Short Screener (GAIN-SS) is designed primarily for 3 things: First, it serves as a screener in general populations to quickly and accurately identify clients (also known as patients, respondents, or research participants) whom the full 1.5 to 2-hour GAIN-Initial would identify as having 1 or more behavioral health disorders (e.g., internalizing or externalizing psychiatric disorders, substance use disorders, or crime/violence problems), which would suggest the need for referral to some part of the behavioral health treatment system. It also rules out those who would not be identified as having behavioral health disorders. Second, it serves as an easy-to-use quality assurance tool across diverse field-assessment systems for staff with minimal training or direct supervision. Third, it serves as a periodic measure of change over time in behavioral health. It is designed for self- or staff administration with paper and pen, on a computer, or on the web. It can be easily converted to a scannable form or incorporated into existing instrument batteries or systems. Versions in different languages (such as Spanish) are also available.

GAIN-SS responses are given in terms of the recency of the problem described in the questions: 3 = past month; 2 = 2 to 12 months ago; 1 = 1+ years ago; 0 = never. The number of past-month symptoms (number of 3s) is used as a measure of change; the number of past-year symptoms (number of 3s or 2s) is used to identify who is likely to have a current diagnosis; and the number of lifetime symptoms (number of 3s, 2s, or 1s) is used as a covariate measure of lifetime severity. The recency measures can also be combined to create course specifiers (e.g., early remission means having a lifetime problem but not in the past month; sustained remission means having a lifetime problem but not in the past year).

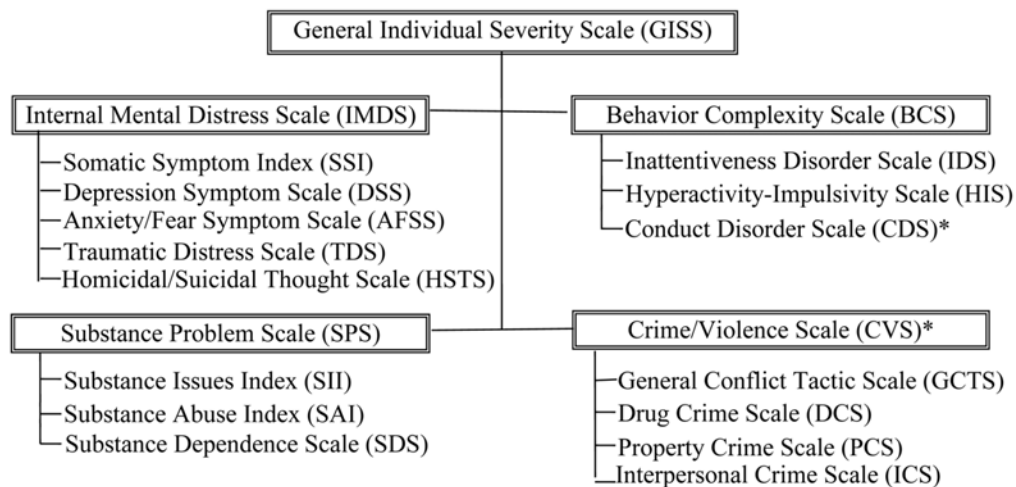
An alternate past-year version of the GAIN-SS is also available on the internet at http://www.chestnut.org/LI/gain/GAIN_SS. The past-year version is simplified to ask only about problems in the past 12 months using a 0 = no and 1 = yes response set. The past-year version of the GAIN-SS can give only a past-year symptom count and is scored by counting the number of 1s, but it is otherwise parallel to the version of the GAIN-SS described in this manual. While the past-year version does have a slightly shorter administration time and is in use by some systems as the “minimum” required screener, it is generally not recommended for use because it lacks the ability to provide past-month symptom counts (measure of change) or lifetime symptom counts (as a covariate). Spanish and other language versions are being made available via the website above as well.

1.2 Summary of Psychometrics

Dennis, Chan, and Funk (2006) found that for both adolescents and adults the 20-item total disorder screener (TDS_{cr}) and its 4 5-item sub-screeners (internalizing disorders, externalizing disorders, substance disorders, and crime/violence) have good internal consistency (alpha of .96

on the total screener), were highly correlated ($r = .84$ to $.94$) with the 123-item scales in the full GAIN-I, had excellent sensitivity (90% or more) for identifying people with a disorder, and excellent specificity (92% or more) for correctly ruling out people who did not have a disorder. A confirmatory factor analysis of the structure of the GAIN-SS (figure 1) shows that it is also consistent with the full GAIN model after allowing adolescent and adult path coefficients to vary and cross-loading paths between conduct disorder items with crime/violence items. The confirmatory factor analysis was slightly less accurate than the full-scale version in terms of the confirmatory fit index (CFI; $.87$ for the GAIN-SS vs. $.92$ for the full GAIN, where as the CFI approaches 1 the model fits the data better) and slightly more precise in terms of the root mean square error of approximation (RMSEA; $.05$ for GAIN-SS vs. $.06$ for the full GAIN, where as the RMSEA goes down there is less unexplained variance). This suggests that each of the sub-screeners has good discriminant validity and that the total structure is consistent with the model used with the full GAIN.

Figure 1. GAIN Model of Emotional, Behavioral, Substance, Crime, and Violence Problems



* Conduct disorder cross-loads with the Crime/Violence Scale in statistical versions of this model.

As reliable as the GAIN-SS is, it is still just a self-reported screener and should supplement (not replace) the judgment of clinical line staff who may have urine test results, collateral reports, or other background information available to them. This is particularly important when screening in settings that involve jails, welfare investigations, or other situations where the fear of possible consequences or concerns about confidentiality may influence client answers or affect the validity of their responses.

Copies of the instruments, norms from clinical samples, and more detailed psychometrics are available at www.chestnut.org/LI/gain/GAIN_SS.

2. PLANNING GUIDELINES

2.1 Preparation

- Find a quiet, private space for the client to work on the assessment.
- Develop a short transitional statement to help initiate the assessment. Section 2.2 gives several examples for different types of situations where the GAIN-SS might be done.
- For the paper version of the assessment, make sure that the client has a pen, not pencil, available. (Pencil is not considered secure the way an ink pen is.) For computer administration, make sure that the client has a computer system set up for their use.
- Read the sample introduction on p. 8 as written, since paraphrasing can lead to mistakes and often ends up taking more time than simply reading the introduction as written. If the context of the interview is routinely different from the sample introduction, consider writing an alternative to be used consistently in your situation (or tailored to specific interviewing situations).
- If planning to have clients self-administer the GAIN-SS, be sure to ask them whether they would like to complete it themselves or whether they would like you to read the items to them and have them circle the responses themselves. Clients with reading difficulties will generally take advantage of the offer or might want only certain items read, so be ready to accommodate them. Also be sure to have a proctor or other staff member available who can answer questions and make sure that clients in a group focus on their own answers.
- If you are in a situation where people are cognitively impaired due to severe intoxication or other mental health issues, consider having copies available of the GAIN-I's Check for Cognitive Impairment screener to help staff members decide whether to proceed with the GAIN-SS. Copies of this measure and instructions for its use appear on p. 4 of this manual.
- Whether self- or interviewer-administered, use the sample introduction to establish individualized “anchors” with clients. Confusion about the recency of a problem is the single most common source of unreliable data, but it can be reduced easily by helping the client develop personal anchors for past-month and past-12-month time frames. Be sure to have a calendar available to help. As old calendars expire, they can be replaced by new calendars available for download from www.chestnut.org/LI/gain/GAIN_QxQ/Index.html#calendar.
- Review procedures for scoring (p. 10), and determine any specific referral codes that you want to use or types of referral comments that you want staff members to make.
- Set up procedures to check clients' self-completed GAIN-SS forms for missing or unclear data.

2.2 Examples of Transition Statements

Depending on the situation, the interviewer will often find it helpful to make a brief transitional statement to introduce the GAIN-SS to the client. There are many ways to do this, but the most common client concerns that should be addressed in the transition and introduction include:

- Why the interviewer needs to ask the questions.
- Whether the questions are asked of every client, or the basis for which the client is being asked the questions now.

- How private or confidential the responses are (particularly in criminal justice or employment settings).
- How the client's answers will be used.
- How long the assessment will take.

Below are some examples of short transitional statements:

- TREATMENT (INDIVIDUAL OR TELEPHONE): To help me get a better understanding of your problems, how they are related to each other, and what might help you the most, I would like to spend 3 to 5 minutes asking you 20 questions that are part of a short screener that we use with many of our clients. Your responses will be confidential and will be used to help you. If you have any questions or need any help, please let me know.
- TREATMENT (GROUP SETTING): To help us get a better understanding of your problems, how they are related to each other, and what might help you the most, we would like to spend 3 to 5 minutes asking you 20 questions that are part of a short screener that we use with many of our clients. Your responses will be confidential and will be used to help you. Please do not look at each other's forms. If anyone has any questions or needs any help, please let me know.
- RESEARCH/EVALUATION ONLY (INDIVIDUAL SETTING): To help us get a better understanding of your problems, how they are related to each other, and how you are doing over time, we would like to spend 3 to 5 minutes asking you 20 questions that are part of a short screener that we use with many of our clients. . Your responses will be confidential and will be used only to help you and to evaluate our program. If you have any questions or need any help, please let me know.
- RESEARCH/EVALUATION ONLY (GROUP SETTING): To help us get a better understanding of your problems, how they are related to each other, and how you are doing over time, we would like to spend 3 to 5 minutes asking you 20 questions that are part of a short screener that we use with many of our clients.. Your responses will be confidential and will be used only to help you and to evaluate our program. Please do not look at each other's forms. If anyone has any questions or needs any help, please let me know.

You also have to use common sense. If the client is too distraught, distracted, intoxicated, or otherwise impaired to do the assessment, it may make more sense to wait. You may know the client's degree of impairment before you start or it may become apparent as you attempt to do the interview. Sometimes it is difficult to know a client's level of impairment. . However, in order for the client's GAIN-SS responses (past month, 2-12 months ago, more than 12 months ago, never) to be valid, it is necessary that the client can place him- or herself in space and time. Section 2.3 describes how to use the GAIN's Cognitive Impairment Scale to help with this decision.

2.3 Optional Use of the GAIN's Cognitive Impairment Scale (CIS)

Prior to administering the GAIN, it is important to verify that the participant possesses the necessary cognitive and literacy skills to complete the assessment. Cognitive impairment may be the result of current intoxication or temporary or permanent mental or biological problems. Regardless of the cause, it is important and required by JCAHO (1995) to verify the participant's

ability to locate him/herself in place and time prior to an assessment. This can be done by directly observing participant performance on other tasks prior to the assessment or through some kind of mini-mental-status exam when it is unclear.

For a short screener like the GAIN-SS, interviewers should first rely on common sense. If someone is clearly intoxicated, agitated, or cognitively impaired, it is likely to be difficult to get reliable and valid answers to the GAIN-SS and generally better to wait. Unfortunately, impairment is often a matter of degree, and it is not always clear in the field when someone is “too impaired.” For these situations, interviewers have the option of using the GAIN’s Cognitive Impairment Screener (CIS), shown in figure 2 (Dennis et al., 2003). The CIS is a modified version of the 10-item Short Blessed Scale of Cognitive Impairment (Katzman et al., 1983), which has been used extensively in research on substance abuse, homelessness, head injury, Alzheimer’s, and other forms of cognitive impairment.

To administer the CIS, ask each question and then circle the code for the number of errors. Note that each error does not equal 1 point. For each error, circle the next highest number. For example, missing 1 number when counting backwards from 20 to 1 would mean that you need to circle the code “2,” and missing 2 numbers would mean that you need to circle the code “4.”

As the number of errors go up, it will be increasingly difficult to get reliable and valid answers from the client. In general, about 5% of a substance abuse treatment population will score 10 or higher (with 1-2% scoring 14 or more). In populations with head injury, Alzheimer’s, or long-term forms of cognitive impairment, scores over 10 will generally exceed 80%. If the client’s main problem is intoxication, distress, or another problem that appear to be transitory, it is probably better to reschedule the interview if possible. If you do decide to proceed in spite of a higher score, you should:

- Orally administer the GAIN.
- Assume that the interview will more difficult or take longer.
- Be very careful to avoid over-interpreting the responses.
- Note the client’s problems when reporting the results

In general, if a person cannot remember any of the recall test (item e), the interview will be very problematic, and alternative means of assessment should be considered (e.g., relying on collateral report, psychiatric referral). If the points add up to more than 12, the person may be too impaired to continue. You will need to consult with your supervisor to determine whether to reschedule, assess in another way or proceed recognizing that the reports may not be as accurate.

During follow-up or a subsequent admission, it is not uncommon for some higher-functioning people to recall the whole test. Usually this can be interpreted as a sign that there are few (if any) recall problems.

Figure 2. GAIN Cognitive Impairment Scale

Because we are going to ask you a lot of questions about when and how often things have happened, I need to start by getting a sense of how well your memory is working right now.

<u>SCORES</u>		<u>ERROR</u>	
a.	What year is it now? _____ (Circle 4 for any error).....	0	4
b.	What month is it now? _____ (Circle 3 for any error).....	0	3
Please repeat this phrase after me: John Brown, 42 Mark Street, Detroit. (No score -- used for 1f below)			
c.	About what time is it? _____ (Circle 3 for any error).....	0	3
d.	Please count backwards from 20 to 1. [20, 19, 18, 17, 16, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1] (Circle 2 for one error, 4 for 2 or more errors).....	0	2 4
e.	Please say the days of the week in reverse order. [Sat, Fri, Thurs, Wed, Tues, Mon, Sun] (Circle 2 for one error, 4 for 2 or more errors).....	0	2 4
f.	Please repeat the phrase I asked you to repeat before. [John/ Brown/ 42/ Mark Street/ Detroit] (Circle 2 for each subsection of /text/ missed)	0	2 4 6 8 10
g.	(Add up scores from a through f and record):		

(If total is greater than 10, the individual is experiencing some degree of cognitive impairment. You can attempt again later if intoxication is suspected, or proceed and take into account when making the interpretation.)

3. INSTRUCTIONS FOR GAIN-SS ADMINISTRATION

On the next page are simple instructions that can be used to train staff members to administer and score the GAIN-SS. These instructions are written for staff administration, as opposed to self-administration. The interviewer does not have to read these instructions to the client but should instead use them as training instructions for how to administer the interview.

The last 2 pages of this manual include: tear-off instructions for self-administration, a sample introduction, and guidelines for establishing personalized anchors. These pages omit some staff-specific instructions and address the client as “you” for the purpose of client self-administration.

3.1 Instructions for Administration

To complete the form:

- Start at the top of the first page and enter the client’s first name, middle initial, and last name in the designated fields.
- Enter today’s date in the space below the client’s name. Be sure to use only numbers and the mm/dd/yyyy format—for instance, if today is January 1st 2007, enter “01/01/2007”.
- Read the introductory paragraph.
- Read and the first item, document the response, and continue in order.
- Please read each item carefully to avoid any misunderstanding. Be sure to follow the dotted line to the correct response choices.
- Be sure to choose only 1 response. Make sure that the responses are marked clearly. (On the computer version, make sure that you choose the correct response.)
- If you have to make any corrections, be sure to cross out the original response and write the new response neatly.
- Ask the client to answer as accurately as they can. If the client has trouble remembering the last time something happened, ask them to give their best estimate.
- Note that the client can’t answer a question with “Sometimes” or “Sort of” or “Maybe.” If this happens, ask the client to choose the response that comes closest to how he or she feels.
- If the client really can’t choose between the responses, doesn’t know the answer, or simply does not want to answer - leave the response blank. The items are not considered in the computer scoring.
- Don’t forget to read the stem at the beginning of each section (e.g., “When was the last time...”). You should also repeat it before an item if you get interrupted and have to repeat or restart a question.
- For item 5 on the second page (Do you have other significant psychological, behavioral, or personal problems that you want treatment for or help with?), be sure to write neatly. You can write “None” if applicable. Note that the numbers v1, v2, and v3 are used for data entry purposes—if you have a long response, it’s okay to use all 3 lines for 1 answer. You can also use the margin or another sheet if you need more space.
- For item 6, fill in the client’s gender: 1 for male, 2 for female, 99 for other. If “other,” use the line below the item to specify how the client identifies his or her self (e.g., transgender male to female, female to male).

- For item 7, fill in the client’s age as of the date that you are doing the assessment.
- Tell the client to feel free to ask if they do not understand a question or word.
- If you are allowing the client to self-administer, ask them to please not write in the “For Staff Use Only” box.
- Please check the form before the client leaves to make sure that everything is complete.

Below is more information on introducing the GAIN-SS to the client, developing personalized anchors, and scoring.

3.2 Introduction

Research suggests that the validity of clients’ answers is improved if clients understand the interview process and know how their information will be used (Boruch, Dennis, & Cecil, 1996). Therefore, it is important to cover this material when introducing the GAIN-SS to the client. Below is a sample script. For ease of use, a copy of this introduction also appears on the tear-off sheet at the back of the manual.

The interviewer or other staff member should read the following script.

- This instrument is designed to find out how you’re doing in terms of your mental health and behavior. It takes about 5 minutes to answer.
- The information is private. It will be used only for your treatment and to help us evaluate our own services.
- If you are not sure about an answer, please give us your best guess.
- If you simply do not know the answer to a question, you can tell me and I’ll enter “DK” for that item. You may also refuse to answer any question, and I’ll enter “RF” for that item.
- Please ask if you do not understand a question or a word.
- At the end of the interview, I will check to make sure that everything is complete, and I’ll answer any additional questions.
- Do you have any questions before we begin?

3.3 Developing Personalized Anchors

Research suggests that the biggest problem for reliability is confusion about the time period covered by the questions (Cottler, Robins, & Hezler, 1989; Gaskell, Wright, & O’Muircheartaigh, 2000; Sudman & Bradburn, 1973). The classical solutions to this are 1) to clearly state the time period in the question and 2) to identify personal “anchors” that relate to these time periods. Because time periods are built into the GAIN-SS response set (e.g., past month, 2-12 months ago, more than a year ago or never), below is a script for developing personalized anchors. This is also incorporated into the script on the tear-off sheet at the back of the manual. A current calendar appears at the end of this manual, and updated calendars are available at http://www.chestnut.org/LI/gain/GAIN_QxQ/index.html#CALENDAR.

The interviewer or other staff member should read the script below and follow the UPPERCASE instructions.

- Several questions will ask you about things that may have happened during the past month, 2 to 12 months ago, or more than 12 months ago. To help you remember these time periods, please look at this calendar. (GIVE CALENDAR TO CLIENT.)
 - Do you recall anything that was going on about (DATE 30 DAYS AGO)? (PROBE FOR SPECIFIC EVENT)
 - If the last time that something happened was since (NAME OF EVENT THAT WAS 30 DAYS AGO), please answer, “Past month.”
 - Do you recall anything that was going on about (DATE 12 MONTHS AGO)? (PROBE FOR SPECIFIC EVENT)
 - If the last time that something happened was between (EVENT FROM 30 DAYS AGO) and (EVENT FROM 12 MONTHS AGO), please answer, “2 to 12 months ago.”
 - If the last time something happened was before (EVENT 12 MONTHS AGO), please answer, “1+ years ago.”
 - If something has never happened, please answer, “Never.”

If the client is unable to recall any events for either of the above time periods, ask this:

- Do you remember any birthdays, holidays, sporting or other special events that happened around (DATE 30 DAYS/12 MONTHS AGO)? Did anything change in terms of where you were living, who you were with, whether you were in treatment, work, school, or jail? Where were you living then? Were you in treatment, working, in school, or involved with the law then?
- *If the client still can't recall any events, use the 30-day/12-month target dates for the anchors.*

3.4 Completing the Staff Use Box

Figure 3 (on the next page) shows the “For Staff Use Only” box from the second page of the GAIN-SS. For items 8, 9, and 10, record the Site, Staff, and Client ID numbers and names according to project- or agency-specific protocol. Unless permitted at your site, it is best to use only a client ID and not a client name to help avoid accidental disclosure or breach of privacy. For item 11 record the mode of administration as either administered by project/agency staff, administered by someone else (e.g., another adult, staff from another agency), or self-administered (including online self-administration).

Item 12 is discussed further on page 10.

For item 13, check whether the client is being referred to mental health (MH), substance abuse (SA), anger management (ANG), or other services. Check all that apply.

Figure 3. Staff Use box

For Staff Use Only	
8. Site ID: _____	Site Name v. _____
9. Staff ID: _____	Staff Name v. _____
10. Client ID: _____	Comment v. _____
11. Mode: 1-Administered by staff 2-Administered by other 3-Self Administered	
12. Number of 2&3s: IDScr:___ EDScr:___ SDScr:___ CVScr:___ TDScr:___	
13. Referral: MH__ SA __ ANG __ Other __	
14. Referral Code: _____	
15. Referral Comments:	
v1. _____	
v2. _____	
v3. _____	

For item 14, record the primary program code of the place where the client is being referred, using project/agency-specific codes (which would have been defined in advance).

For item 15, please add any additional comments or recommendations that you want to appear in the report or file.

4. SCORING THE GAIN-SS (ITEM 12)

Item 12 is for field scoring past-year symptoms. Count the number of 3s (past month) or 2s (2-12 months ago) to get the number of symptoms occurring in the past year:

- 1a to 1e for the Internalizing Disorder Screener (IDScr)
- 2a to 2e for the Externalizing Disorder Screener (EDScr)
- 3a to 3e for the Substance Disorder Screener (SDScr)
- 4a to 4e for the Crime/Violence Screener (CVScr)
- 1a to 4e or sum of above for the Total Disorder Screener (TDScr)

Be sure to “count” instead of “sum” the raw answers. For example, if these were the client’s responses for the items in the Internalizing Disorder Screener:

- 1a = 3 (past month)
- 1b = 2 (2-12 months ago)
- 1c = 3 (past month)
- 1d = 1 (more than 12 months ago)
- 1e = 0 (never)

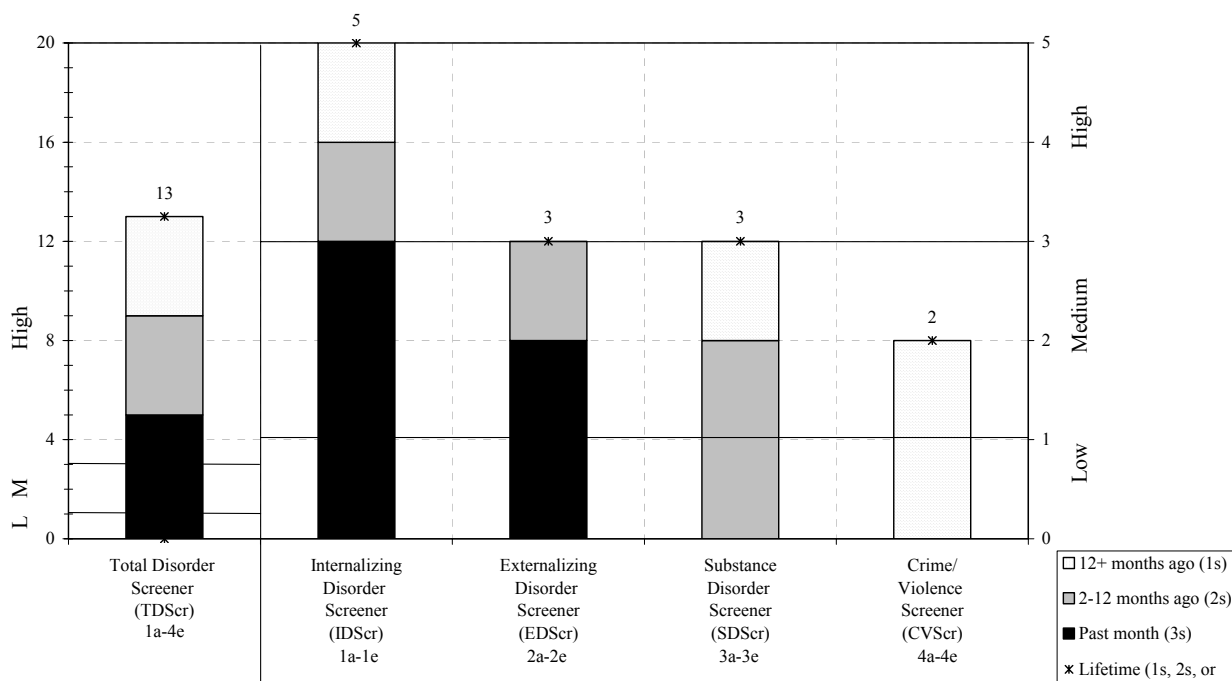
Then the IDScr score would be 3, since 1a, 1b, and 1c reflect past-year symptoms. The past-month, past-year, and lifetime symptom counts can be hand-scored by using table 1 below, which gives a scoring template where each timeframe is calculated separately. Thus the number of 3s is counted in the past-year total and the number of 3s and 2s are counted in the lifetime total.

Table 1. Scoring Template				
Screeners	Items	Past month (3s)	Past year (3s, 2s)	Lifetime (1s, 2s, or 3s)
Internalizing Disorder Screener (IDScr)	1a-1e			
Externalizing Disorder Screener (EDScr)	2a-2e			
Substance Disorder Screener (SDScr)	3a-3e			
Crime/Violence Screener (CVScr)	4a-4e			
Total Disorder Screener	1a-4e			

In general, the past-month count is used as a measure of change; the past-year count is used to screen for current disorders; and the lifetime measure is used as a covariate and to measure remission. The latter is done by identifying people with a lifetime problem who are in early remission (lifetime problems but no past-month problems) or sustained remission (lifetime problems but no past-year problems). When scoring by hand, the past-year count is recorded in item 12 and is used to support screening and make an immediate decision in the field. All 3 counts can be used in narrative reports (see example below). Remember that on the past-year version of the GAIN-SS the response set is only yes or no, so the measures described above don't apply.

Figure 4 shows an alternative way of looking at GAIN-SS scores in a graphic profile. Here the number of 3s, 2s and 1s are "stacked" with the lifetime total shown at the top.

Figure 4. Illustration of GAIN-SS profile



In this example the client has endorsed 5 past-month symptoms, 4 symptoms in the 2-12 month timeframe, and 4 symptoms from more than 12 months ago. With 9 total past-year symptoms,

the left panel of the figure shows that the client is well into the “high” range on the Total Disorder Screener. The right panel breaks out the client’s symptom pattern by sub-screener. The client in this example has 1 or more past-year symptoms in the first 3 screeners and a lifetime history of problems in the fourth. Internalizing problems are clearly more severe recently, followed by externalizing problems. While there is a history of substance problems, none have occurred in the past month. (Recall that on the past-year version of the GAIN-SS, all questions are coded as 0 = no and 1 = yes. When using the past-year version, count the number of 1s to get the scores for item 12.)

Below is an example of a paragraph describing the results that could be incorporated into a narrative report.

John Doe was evaluated in a phone interview on 12/15/2006 using the GAIN-Short Screener. He endorsed 13 of the 20 lifetime symptoms, including 9 in the past year and 5 in the past month. During the past year he was in the high severity range on internalizing and externalizing disorders subscales and in the moderate range for substance use disorders. He also had a lifetime history of being in the high range on the substance disorder and crime/violence subscales. Given his self-reported problems, the evaluator talked to John about going to the Glen Elks Community Mental Health Center, helped him to schedule an appointment for next week, and provided a bus token and instructions on how to get there from his home.

5. INTERPRETATION

5.1 Interpretation at the Individual Level

To screen for diagnoses it is recommended that the past-year total and 4 sub-screeners be triaged into 3 groups based on the number of symptoms endorsed in the past year:

- **Low (0):** Unlikely to have a diagnosis or need services.
- **Moderate (1 to 2):** A possible diagnosis; the person is likely to benefit from a brief assessment and intervention.
- **High (3 to 20 on the total screener; 3 to 5 on the sub-screeners):** High probabilities of a diagnosis; the person is likely to need more formal assessment and intervention (either directly or through referral).

In general, it can be assumed that someone with a high score (3 to 20) on the Total Disorder Screener (TDS_{cr}) will probably have a diagnosis when given the full GAIN. We also recommend using scores in the moderate/high range (1 to 5) on the 4 sub-screeners to identify the specific kinds of behavioral health services (e.g., mental health, substance use, work or school programs, welfare programs, justice programs) that are needed:

- **Moderate/high scores on the Internalizing Disorder Screener (1+ on IDS_{cr})** suggest the need for mental health treatment related to somatic complaints, depression, anxiety, trauma, suicide, and, at extreme levels, more serious mental illness (e.g., bipolar, schizoaffective, schizophrenia). If confirmed by a clinician, typical treatments often

include a combination of counseling (e.g., Cognitive Behavioral Treatment (CBT), desensitization) and medication.

- **Moderate/high scores on the Externalizing Disorder Screener (1+ on EDSer)** suggest the need for mental health treatment related to attention deficits, hyperactivity, impulsivity, conduct problems, and, in rarer cases, for gambling or other impulse control disorders. These rates are highest among adolescents but still common in about 1 in 5 adults in substance abuse treatment. If confirmed by a clinician, typical treatments often include a combination of counseling (e.g., CBT, contingency management (CM), Dialectical Behavior Therapy (DBT), Multi-Systemic Therapy (MST)), increased structure in the environment, contingency management, and medications.
- **Moderate/high scores on the Substance Disorder Screener (1+ on SDSer)** suggest the need for substance abuse, dependence, and substance use disorder treatment and, in more extreme cases, the need for detoxification or maintenance services. If confirmed by a clinician, typical treatments often include a combination of counseling (e.g., CBT, Motivational Interviewing (MI), CM, Community Reinforcement, Functional Family Therapy) and medications for the management of withdrawal, maintenance, and craving reduction.
- **Moderate/high scores on the Crime/Violence Screener (CVSer)** suggest the need for help with interpersonal violence, drug-related crimes, property crimes, and, in more extreme cases, interpersonal/violent crimes. If confirmed by a clinician, typical treatments include a combination of counseling (e.g., Anger Replacement Therapy (ART), CBT, MI, CM, Cognitive Restructuring; MST) and medications to control impulsive violence and co-occurring problems.

As noted earlier, Dennis and colleagues (2006) found that the 20-item TDSer was correlated .94 with the 123-item General Individual Severity Scale (GISS) in the full GAIN and that people with a high score (3 or more) on the TDSer were very likely to have 1 or more diagnoses (90% sensitivity) on the full GAIN. Conversely, those who scored below 3 were very unlikely to have any diagnoses on the full GAIN (90% specificity). Dennis et al. found that the sub-screener were correlated .85 or higher with their longer counterparts in the full GAIN and that the moderate/high range had 90% sensitivity to detect diagnoses in each area and 70% specificity. Once the score reached the high range for a given sub-screener, specificity also reached 90%. Clinicians, however, are still encouraged to combine the GAIN-SS with other information (e.g., from a parent, spouse, probation officer, supervisor, or medical or other records) or to override the GAIN-SS triage on individual cases where they suspect other problems.

5.2 Interpretation as a Measure of Change

The past-month symptom count in the TDSer (0-20) or any of the 4 sub-screener (0-5) can also be used as a simple measure of change after intervals of a month or more. This can be used at the individual level to chart the progress of a single client or at the group level as an outcome measure by plotting the measure over time. The current and long-term (past-year of lifetime measures) can also be used create trajectories and predict risk.

Consider an example where 2 people both had 4 past-month symptoms. One person has 4 lifetime symptoms, and the other has 12 lifetime symptoms. The person with 4 lifetime

symptoms is likely to improve more than the one with 12 lifetime symptoms because the latter is at a higher risk of relapse for problems that may not be currently present. Conversely, of 2 people with 12 lifetime symptoms, one that currently is down to 4 past-month symptoms has a better trajectory than one who still has 8 past-month symptoms.

You may also want to examine the extent to which a person with a problem in a given area goes into remission:

- **High severity in early remission:** 3 or more lifetime problems (3s, 2s, or 1s) and 0 past-month problems (no 3s).
- **High severity in sustained remission:** 3 or more lifetime problems (3s, 2s, or 1s) and 0 past-year problems (no 3s or 2s)

5.3 Interpretation for Quality Assurance and Program Planning

Because of its efficiency and ease of implementation (minimal training and 2 pages per administration), the GAIN-SS has the potential to help with policy and program planning. This is important because of the rising number of federal, state, and local initiatives that mandate or encourage standardized screening across a wide range of systems. These include school, workplace, welfare, and justice systems, many of which are increasingly interested in early identification and intervention related to behavioral health issues. The GAIN-SS can be used as a simple form of needs assessment to help guide program development/planning and decisions about the purchase of further training or technical assistance. Managers can compare staff or sites on the extent to which expected diagnoses/referrals turn into actual cases.

While there will probably be some overruling by clinicians, on average a clinician's diagnosis should be similar to the results of the GAIN-SS. If one clinician consistently over- or under-diagnoses relative to other clinicians in the same context, it may be an important topic for clinical supervision. Conversely, if several clinicians in the same context are routinely overriding a GAIN-SS decision rule, it may suggest the need for a customized rule in the GAIN-SS or to systemically collect other information on which this group of clinicians is reliably basing their decisions. For program evaluation, the GAIN-SS can also be used to evaluate/manage penetration and referral rates and as a measure of change over time.

5.4 Evaluation of Penetration and Referral Rates

Many stakeholders want to know how well programs and staff members are identifying client problems and making appropriate referrals. These stakeholders may include funders; employers; managed care third-party administrators; agencies spread out over several programs, sites, or subcontractors; multisite evaluators; or individual clinicians. A clinician in any given case may override the GAIN-SS triage, but at the group level the GAIN-SS should provide a relatively good estimate of the approximate number of people who should be diagnosed and referred in each of the 4 screening areas.

By dividing the actual diagnoses, referrals or services provided by the number predicted, you can get a rate that is adjusted to the case mix of a given program, site, or clinician. For example, consider 2 programs that each diagnose 10 out of 30 (33%) of their cases with internalizing

disorders. The 2 programs look the same in terms of the raw number of diagnoses (10) and raw referral rate ($10/30 = 33\%$). However, if their predicted number of diagnoses (based on IDScr of 1+ out of 5 symptoms) was 15 and 5 respectively, then their rate of actual/expected diagnoses would be very different: $10/15 = 67\%$ vs. $10/5 = 200\%$. This suggests that the former may be under-diagnosing and that the latter may be over-diagnosing internalizing disorders. Note, however, that just as you should consider other information (collateral reports, treatment records, etc.) for individual clients, you should also consider all plausible explanations for diagnostic trends at the program level. In short, the GAIN-SS gives you an objective guidepost to compare performance and track it over time.

SOFTWARE

A free software module to support administering and interpreting the GAIN-SS on a stand-alone system or via the web will be available in late 2007 from www.chestnut.org/li/gain. For more information contact GAINInfo@chestnut.org.

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GLOSSARY

Assessment: The hard copy of the GAIN-SS; also another name for the interview process.

Client: The person answering the questions. Also referred to as the patient, respondent, or client.

Item: The individual questions on the GAIN-SS. For example, item 4a on the GAIN-SS is, “When was the last time you had a disagreement in which you pushed, grabbed, or shoved someone?”

Item number: The number of the section plus the letter at the beginning of each item. For instance, item 1a is, “When was the last time you had significant problems with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?”

Response choice: The possible answers for an item. On the recency version of the GAIN-SS the response choices are 3 = past month, 2 = 2 to 12 months ago, 1 = 1+ years ago, or 0 = never. On the past-year version of the GAIN-SS the response choices are simply 0 = no or 1 = yes.

Scales: The 4 different sets of questions. The scales are marked by initials in the left margin (IDScr, EDScr, SDScr, and CVScr).

Stem: The statement at the beginning of each set of questions that forms the start of each item. For instance, the stem at the beginning of section 1 on the GAIN-SS is, “When was the last time you had significant problems with....”

GAIN-SHORT SCREENER (GAIN-SS)

Version [GVER]: GSS 2.0.1

1. What is your name? a. _____ b. _____ c. _____
(First Name) (M.I.) (Last Name)

2. What is today's date (MM/DD/YYYY): _____ / _____ / _____

<p>The following questions are about common psychological, behavioral or personal problems. These problems are considered <u>significant</u> when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.</p> <p>After each of the following statements, please tell us the last time you had this problem, if ever, by responding (circling) in the past month (3), 2-12 months ago (2), 1 or more years ago (1), or never (0)</p>	Past month	2 to 12 Months Ago	1+ Years Ago	Never
	3	2	1	0

- IDSc r 1. When was the last time you had significant problems...
- a. with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?3 2 1 0
 - b. with sleeping, such as bad dreams, sleeping restlessly or falling asleep during the day?3 2 1 0
 - c. with feeling very anxious, nervous, tense, fearful, scared, panicked or like something bad was going to happen?3 2 1 0
 - d. when something reminded you of the past, and you became very distressed and upset?3 2 1 0
 - e. with thinking about ending your life or committing suicide?3 2 1 0

- EDSc r 2. When was the last time you did the following things two or more times?
- a. Lied or conned to get things you wanted or to avoid having to do something?3 2 1 0
 - b. Had a hard time paying attention at school, work or home?3 2 1 0
 - c. Had a hard time listening to instructions at school, work or home?3 2 1 0
 - d. Were a bully or threatened other people?3 2 1 0
 - e. Started fights with other people?3 2 1 0

- SDSc r 3. When was the last time...
- a. you used alcohol or drugs weekly?3 2 1 0
 - b. you spent a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high, sick)?3 2 1 0
 - c. you kept using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people? 3 2 1 0
 - d. your use of alcohol or drugs caused you to give up, reduce or have problems at important activities at work, school, home or social events?.. 3 2 1 0
 - e. you had withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or that you used any alcohol or drugs to stop being sick or avoid withdrawal problems?3 2 1 0

(Continued) After each of the following statements, please tell us the last time you had this problem, if ever, by responding (circling) in the past month (3), 2-12 months ago (2), 1 or more years ago (1), or never (0)	Past month	2 to 12 Months Ago	1+ Years Ago	Never
	3	2	1	0

- CVScr 4. When was the last time you...
- a. had a disagreement in which you pushed, grabbed, or shoved someone?3 2 1 0
 - b. took something from a store without paying for it?.....3 2 1 0
 - c. sold, distributed or helped to make illegal drugs?3 2 1 0
 - d. drove a vehicle while under the influence of alcohol or illegal drugs? 3 2 1 0
 - e. purposely damaged or destroyed property that did not belong to you?3 2 1 0
5. Do you have other significant psychological, behavioral or personal problems you want treatment for or help with? (if yes, please describe below) 1-Yes 0-No
- v1. _____
- v2. _____
- v3. _____
6. What is your gender? (if other, please describe below)1-Male 2-Female 99-Other
- v1. _____
7. How old are you today? |__|__| Years Old

For Staff Use Only	
8. Site ID: _____	Site Name v. _____
9. Staff ID: _____	Staff Name v. _____
10. Client ID: _____	Comment v. _____
11. Mode: 1-Administered by staff 2-Administered by other 3-Self Administered	
12. Number of 2&3s: IDSScr:___ EDSer:___ SDSer:___ CVScr:___ TDScr:___	
13. Referral: MH__ SA __ ANG __ Other __ 14. Referral Code: _____	
15. Referral Comments:	
v1. _____	
v2. _____	
v3. _____	

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2006-2007 CALENDAR

January 2006 <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>S</th></tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	S	M	T	W	T	F	S	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					February 2006 <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>S</th></tr> </thead> <tbody> <tr><td></td><td></td><td></td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td></tr> <tr><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td></tr> <tr><td>26</td><td>27</td><td>28</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	S	M	T	W	T	F	S				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28					March 2006 <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>S</th></tr> </thead> <tbody> <tr><td></td><td></td><td></td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td></tr> <tr><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td></tr> <tr><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td></td></tr> </tbody> </table>	S	M	T	W	T	F	S				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31															
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TEAR-OFF INSTRUCTIONS FOR SELF-ADMINISTRATION

To complete the form:

- Start at the top of the first page and enter your first name, middle initial, and last name in the designated fields.
- Enter the date in the space below your name (be sure to use only numbers and the mm/dd/yyyy format—for instance, if today is January 1st 2006, enter “01/01/2006”).
- Read the introductory paragraph.
- Start with the first item and continue in order.
- Please read each item carefully to avoid any misunderstanding. Be sure to follow the dotted line to the correct response choices.
- Be sure to choose only 1 response. Make sure that your responses are marked clearly. (On the computer version, make sure that you choose the correct response.)
- If you have to make any corrections, be sure to cross out the original response and write the new response neatly.
- Answer as accurately as you can. If you have trouble remembering the last time something happened, use your very best estimate.
- Note that you can't answer a question with “Sometimes” or “Sort of” or “Maybe.” Choose the response that comes closest to how you feel. If you really can't choose between the responses or don't know the answer, write “DK” (for “don't know”) in the margin next to the item.
- While we encourage you to complete all the items, you can refuse any question that you feel uncomfortable answering. In that case we ask you to mark those items with “RF” for “refused.”
- It is important that you answer every question or write “DK” or “RF.” Otherwise, we will think that you just missed the answer by mistake and will ask you about it again.
- Don't forget to read the stem at the beginning of each section (e.g., “When was the last time...”). You should also repeat it before an item if you get interrupted and have to repeat or restart a question.
- For item 5 on the second page (Do you have other significant psychological, behavioral, or personal problems that you want treatment for or help with?), be sure to write neatly. You can write “None” if applicable. Note that the numbers v1, v2, and v3 are used for data entry purposes—if you have a long response, it's okay to use all 3 lines for 1 answer. You can also use the margin or another sheet if you need more space. Also note that you don't have to provide 3 responses but can write as much or as little as you like.
- For item 6, fill in your gender: 1 for male, 2 for female, 99 for other. If “other,” use the line below the item to specify how you identify yourself.
- For item 7, fill in your age as of the date that you are doing the assessment.
- Please feel free to ask if you do not understand a question or word. You can also put a question mark (?) next to something you don't understand and we can go over it when you are done.
- When you are done, please bring the form to me. We will check it together to make sure that everything is complete, and I will answer any additional questions.
- Please don't fill in the Staff Use Only box at the bottom of the second page. It will be used to record administrative information and should be completed only by staff.

TEAR-OFF SAMPLE INTRODUCTION

The interviewer or other staff member should read the following script.

- This instrument is designed to find out how you're doing in terms of your mental health and behavior. It takes about 5 minutes to answer.
- The information is private. It will be used only for your treatment and to help us evaluate our own services.
- If you are not sure about an answer, please give us your best guess.
- If you simply do not know the answer to a question, you can tell me and I'll enter "DK" for that item. You may also refuse to answer any question, and I'll enter "RF" for that item.
- Please ask if you do not understand a question or a word.
- At the end of the interview, I will check to make sure that everything is complete, and I'll answer any additional questions.
- Do you have any questions before we begin?

TEAR-OFF PERSONALIZING TIME ANCHORS

Several questions will ask you about things that may have happened during the past month, 2 to 12 months ago, or more than 12 months ago. To help you remember these time periods, please look at this calendar.

- Do you recall anything that was going on about (DATE 30 DAYS AGO)? (PROBE FOR SPECIFIC EVENT, SEE BELOW IF PROBLEMS.)
 - If the last time that something happened was since (NAME OF EVENT THAT WAS 30 DAYS AGO), please answer, "Past month."
- Do you recall anything that was going on about (DATE 12 MONTHS AGO)? (PROBE FOR SPECIFIC EVENT, SEE BELOW IF PROBLEMS.)
 - If the last time that something happened was between (EVENT FROM 30 DAYS AGO) and (EVENT FROM 12 MONTHS AGO), please answer, "2 to 12 months ago."
- If the last time something happened was before (EVENT 12 MONTHS AGO), please answer, "1+ years ago."
- If something has never happened, please answer, "Never."

If the client is unable to recall any events:

- Do you remember any birthdays, holidays, sporting or other special events that happened around (DATE 30 DAYS/12 MONTHS AGO)? Did anything change in terms of where you were living, who you were with, whether you were in treatment, work, school or jail? Where were you living then? Were you in treatment, working, in school, or involved with the law then?
 - *If the client still can't recall any events, use the 30-day/12-month target dates for the anchors.*