Decision Tree for Adjunctive Measures

Please use the following to guide you through using adjunctive measures to facilitate your clinical work. While none of the following measures are *required*, please consider using them to facilitate understanding the extent of prior experiences/symptomatology as well as to guide diagnosis, further investigation, and clinical intervention

If During Intake/Clinical Interview the Patient (or Parent/Guardian) Endorses…

-Prior use of substances (e.g., alcohol, marijuana)

-Consider administering the BSTAD/S2BI (adolescent/child) to screen for substance use disorder

-Loss of memory throughout the day which you or those around you (e.g., family or friends) find bothersome*

OR

Hearing things that others cannot hear*

***Must occur outside of using alcohol or substances and be exclusive of psychotic symptoms**

-Consider administering the A-DES (adolescent/child) to further assess dissociative symptomatology

-Developmental Delays with no prior testing *(adolescent/child only)****

-Consider administering the AQ-10 (child or adolescent version based on age) to the parent/guardian to further assess the potential presence of Autism Spectrum Disorder

-Difficulties with School *or* Attentional/Hyperactivity Behaviors during Session

-Consider administering the VADPRS (adolescent/child; completed by parent/guardian) to assess for potential Attention-deficit/Hyperactivity Disorder

-If the individual has never received formal testing and appears to significantly struggle academically or have a mismatch in presentation with academic performance, consider a subsequent referral (e.g., school psychologist, neuropsychological evaluation)

-Any concerns regarding disordered eating (e.g., patient endorses binge/restrictive eating, significantly underweight per BMI)

-Consider administering the SCOFF (adolescent/child and adult) to assess for a potential eating disorder

-Difficulties with sleep *or* sleep-related symptoms on another measure (e.g., PHQ-9, PCL)

-Consider administering the ISI (adolescent/child and adult) to assess for potential insomnia (which may be independent or secondary to comorbid psychiatric diagnoses)