PSC 35 (Avatar Desk Reference)

The purpose of this desk reference is to provide guidance in how to complete a PSC 35 (Psychiatric Symptoms Checklist) within the PSC 35 Form in Avatar.

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•	If you need to deselect an option, please place cursor in field that needs to be deselected and use the F5 button on your keyboard.

Menu Path

Avatar CWS > Assessments > Yolo County Assessments > PSC 35 or you can enter "PSC 35" under Search Forms



Details

- The PSC 35 is a psychosocial screening tool required by the state.
- Parents/caregivers will complete a manual version of the PSC 35 for their children/youth ages 3 up to 18.
- Assigned staff will input the parent/caregiver scores into the Avatar form.
- The PSC 35 is to be completed at the beginning of treatment, every 6 months following the first administration and at the end of treatment.

Steps

- Open the PSC 35 form.
- Enter the client name (Name is in the format "Last Name, First name" or you can enter the Medical Record Number (MR#) if known.



Select the appropriate episode. REMINDER: the episode cannot be an Access episode.

A Hone I yolo T					Pefeoras Lack Sop Out Switch Help 🔀
TESTCLIENT, YOLO (00001136) M, S2, 05%/57 Hb 5 11°, Wb 182 lb, BMI: 35.4		fy: - Publica P DX F:	1	ocebon: - Hin, Pract.: - Hin, Pract.: -	🛦 Aleges (N
(SI Assessment # 👔					
Name VOLOTESTOLIDAT TR: 11136 Sec: Viae Date of Battle 15305/1967					
spende	Rogan		521		nd
.11	CHHSA FSP (FRISOD)		8)0008		
Ð	HIGAMICPISCOE		07/01/2018		
3	1 HHEAMH EPISODE		07/12/2017		04/30/2518
2	TURING POINT #SP		1//01/202		G/G/207

Enter the "Assessment Date" - Enter the date that the parent/caregiver filled out the PSC 35 (note: all red fields are mandatory entries)



Enter the "Assessment Type."

Assessment	: Туре			
	Reassessment	Oischarge	O Administrative Close	OUrgent

Definitions:

- Initial client is entering the mental health system (new clients or those who have been previously discharged).
- Reassessment every 6 months until discharge.
- Discharge client is leaving the mental health system.
- Administrative Close informing the system that the client has stopped treatment or left the system and won't be receiving any further assessments.
- Urgent performed for special, rare cases identified as urgent by mental health practitioners (i.e. client experiencing crisis).
- > Enter the answer to "Does client have a caregiver?"



Note: Examples of a 'no' answer could be an emancipated teen filling out the assessment on themselves or a social worker filling it out for their client.

Enter scores of the 35 items related to symptomology as reported by parent/caregiver.

1. Complains of aches and nains	*Please mark the option that best describes your child*		
1. Never	O 2. Sometimes	🔾 3. Often	
-2. Spends more time alone 1. Never	O 2. Sometimes	🔾 3. Often	
-3. Tires easily, has little energy	O 2. Sometimes	🔾 3. Often	
-4. Fidgety, unable to sit still 1. Never	O 2. Sometimes	🔾 3. Often	
5. Has trouble with teacher	O 2. Sometimes	🔾 3. Often	

5. Has trouble with teacher 1. Never 2. Sometimes 3. Often 6. Less interested in school 1. Never 2. Sometimes 3. Often 7. Acts as if driven by a motor 1. Never 2. Sometimes 3. Often 7. Acts as if driven by a motor 1. Never 2. Sometimes 3. Often 8. Daydreams too much 1. Never 2. Sometimes 3. Often 9. Distracted easily 1. Never 2. Sometimes 3. Often 10. Is afraid of new stuations 1. Never 2. Sometimes 3. Often 11. Feels sad, unhappy 1. Never 2. Sometimes 3. Often 11. Feels sad, unhappy 1. Never 2. Sometimes 3. Often 12. Is initable, angry 1. Never 2. Sometimes 3. Often 13. Feels hopeless 1. Never 2. Sometimes 3. Often 14. Has trouble concentrating 1. Never 2. Sometimes 3. Often 15. Less interested in friends 1. Never 2. Sometimes 3. Often 15. Less interested in friends 1. Never 2. Sometimes 3. Often 16. Fights with other children 1. Never 2. Sometime			
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-21. Has trouble sleeping		
🔵 1. Never	🔵 2. Sometimes	🔾 3. Often
22 Werden alleh		
22. Worries a lot	2 Sometimes	3 Offen
	2. Sometimes	0 s. ortan
23. Wants to be with you more than before		
0 1. Never	2. Sometimes	O 3. Often
_24. Eeels he or she is had		
0 1. Never	2. Sometimes	🔾 3. Often
25. Takes unnecessary risks		
0 1. Never	2. Sometimes	0 3. Often
~26. Gets hurt frequently		
🔵 1. Never	🔵 2. Sometimes	🔵 3. Often
27. Complete he having loss from		
1 Never	2 Sometimes	0 3 Offen
	0 2. Sometimes	0.5.0141
28. Acts younger than children his or her age—		
0 1. Never	2. Sometimes	O 3. Often
-29. Does not listen to rules		
0 1. Never	2. Sometimes	🔾 3. Often
-30. Does not show feelings	0.2. Server Kreene	0.0.00
0 1. Never	U 2. Sometimes	0 3. Orten
-31. Does not understand other people's feelings		
🔵 1. Never	2. Sometimes	🔾 3. Often
32 Teaces others		
1. Never	2. Sometimes	3. Often
	0.0	0 1 1 1
33. Blames others for his or her troubles		
0 1. Never	2. Sometimes	◯ 3. Often
-34. Takes things that do not belong to him or her		
🗌 1. Never	2. Sometimes	🔵 3. Often
35. Refuses to share	O 2 Compliance	0.2.00
1. Never	2, sometimes	0 5. Orten

Determination section – The score and the Client's Date of Birth are automatically populated. Select Yes or No on the "Psychological Impairment" question.

▼ Determination	
Using the scoring guide determine whether im	ipairment is present.
Total Score =	
Client's Date of Birth	Psychological Impairment?
05/06/1967 TY	O No O Yes



Clicking on the lightbulb will provide guidance on how to answer the question. This lightbulb says:

Using the total score and the client's age determine if psychological impairment is present. Ages 4-5: A total score of 24 or higher indicates psychological impairment. Ages 6-16: A total score of 28 or higher indicates psychological impairment.

Additional Questions – Enter the answers from the PSC 35 filled out by the parent/caregiver.

 Additional Questions 		
Please answer the following to the	best of your ability.	
-Does your child have any emotional or	ehavioral problems for which she or he needs help?	
🖲 No	🔾 Yes	
-Are there any services that you would No	ke your child to receive for these problems? Yes	
f yes, what services?		

Click the 'Submit' button.

