

PSC 35 (Avatar Desk Reference)

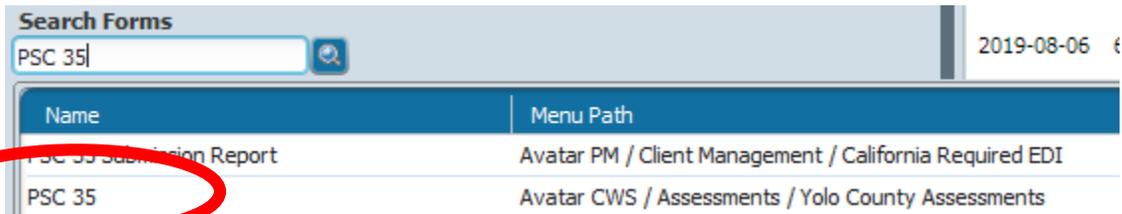
The purpose of this desk reference is to provide guidance in how to complete a PSC 35 (Psychiatric Symptoms Checklist) within the PSC 35 Form in Avatar.

Heads Up!

- 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



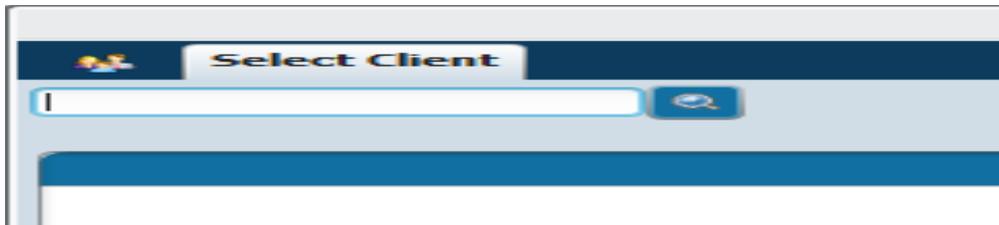
Name	Menu Path
PSC 35 Submission Report	Avatar PM / Client Management / California Required EDI
PSC 35	Avatar CWS / Assessments / Yolo County Assessments

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.



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

A screenshot of the "Pediatric Symptom Checklist (PSC)" form. The title is "PSC-35 Yolo County". Below the title, there is a paragraph explaining the PSC: "The The PSC consists of 35 items that are rated as 'Never,' 'Sometimes,' or 'Often' present and scored 0, 1, and 2, respectively. The total score is calculated by adding together the score for each of the 35 items." Another paragraph follows: "For children and adolescents ages 6 through 16, a cutoff score of 28 or higher indicates psychological impairment. For children ages 4 and 5, the PSC cutoff score is 24 or higher." At the bottom of the form, there is a field labeled "Assessment Date" which is circled in red. The field is empty and has a calendar icon to its right.

- Enter the “Assessment Type.”

Assessment Type

Initial Reassessment Discharge Administrative Close Urgent

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?”

Does client have a caregiver?

Yes No

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.

Please mark the option that best describes your child

1. Complains of aches and pains 1. Never 2. Sometimes 3. Often

2. Spends more time alone 1. Never 2. Sometimes 3. Often

3. Tires easily, has little energy 1. Never 2. Sometimes 3. Often

4. Fidgety, unable to sit still 1. Never 2. Sometimes 3. Often

5. Has trouble with teacher 1. Never 2. Sometimes 3. Often

5. Has trouble with teacher	<input type="radio"/> 1. Never	<input type="radio"/> 2. Sometimes	<input type="radio"/> 3. Often
6. Less interested in school	<input type="radio"/> 1. Never	<input type="radio"/> 2. Sometimes	<input type="radio"/> 3. Often
7. Acts as if driven by a motor	<input type="radio"/> 1. Never	<input type="radio"/> 2. Sometimes	<input type="radio"/> 3. Often
8. Daydreams too much	<input type="radio"/> 1. Never	<input type="radio"/> 2. Sometimes	<input type="radio"/> 3. Often
9. Distracted easily	<input type="radio"/> 1. Never	<input type="radio"/> 2. Sometimes	<input type="radio"/> 3. Often
10. Is afraid of new situations	<input type="radio"/> 1. Never	<input type="radio"/> 2. Sometimes	<input type="radio"/> 3. Often
11. Feels sad, unhappy	<input type="radio"/> 1. Never	<input type="radio"/> 2. Sometimes	<input type="radio"/> 3. Often
12. Is irritable, angry	<input type="radio"/> 1. Never	<input type="radio"/> 2. Sometimes	<input type="radio"/> 3. Often
13. Feels hopeless	<input type="radio"/> 1. Never	<input type="radio"/> 2. Sometimes	<input type="radio"/> 3. Often
14. Has trouble concentrating	<input type="radio"/> 1. Never	<input type="radio"/> 2. Sometimes	<input type="radio"/> 3. Often
15. Less interested in friends	<input type="radio"/> 1. Never	<input type="radio"/> 2. Sometimes	<input type="radio"/> 3. Often
16. Fights with other children	<input type="radio"/> 1. Never	<input type="radio"/> 2. Sometimes	<input type="radio"/> 3. Often
17. Absent from school	<input type="radio"/> 1. Never	<input type="radio"/> 2. Sometimes	<input type="radio"/> 3. Often
18. School grades dropping	<input type="radio"/> 1. Never	<input type="radio"/> 2. Sometimes	<input type="radio"/> 3. Often
19. Is down on him or herself	<input type="radio"/> 1. Never	<input type="radio"/> 2. Sometimes	<input type="radio"/> 3. Often
20. Visits the doctor with doctor finding nothing wrong	<input type="radio"/> 1. Never	<input type="radio"/> 2. Sometimes	<input type="radio"/> 3. Often

21. Has trouble sleeping

1. Never 2. Sometimes 3. Often

22. Worries a lot

1. Never 2. Sometimes 3. Often

23. Wants to be with you more than before

1. Never 2. Sometimes 3. Often

24. Feels he or she is bad

1. Never 2. Sometimes 3. Often

25. Takes unnecessary risks

1. Never 2. Sometimes 3. Often

26. Gets hurt frequently

1. Never 2. Sometimes 3. Often

27. Seems to be having less fun

1. Never 2. Sometimes 3. Often

28. Acts younger than children his or her age

1. Never 2. Sometimes 3. Often

29. Does not listen to rules

1. Never 2. Sometimes 3. Often

30. Does not show feelings

1. Never 2. Sometimes 3. Often

31. Does not understand other people's feelings

1. Never 2. Sometimes 3. Often

32. Teases others

1. Never 2. Sometimes 3. Often

33. Blames others for his or her troubles

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

1. Never 2. Sometimes 3. Often

- 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 impairment is present.

Total Score =

Client's Date of Birth

Psychological Impairment? 

No Yes

Psychological Impairment? 

No 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 behavioral problems for which she or he needs help? No Yes

Are there any services that you would like your child to receive for these problems? No Yes

If yes, what services?

- Click the 'Submit' button.

Chart PSC 35

- PSC-35
- Pediatric Symptom Checki...
- Determination
- Additional Questions

Submit