

KSADS-COMP Pilot Initiative Webinar



Center for Workforce
Excellence in EBPs

Powered by NYU McSilver

Agenda



Center for Workforce
Excellence in EBPs

Powered by NYU McSilver

Agenda for Webinar

- Intro/Welcome (OMH & CWE)
- What is KSADS-COMP?
- Pilot Review: Timeframe (CWE)
- How to participate (CWE)
- Q&A



Center for Workforce
Excellence in EBPs

Powered by NYU McSilver

Intro/Welcome (OMH & CWE)



Center for Workforce
Excellence in EBPs

Powered by NYU McSilver

What is KSADS-COMP?



Center for Workforce
Excellence in EBPs

Powered by NYU McSilver



KSAIDS-COM

DEMONSTRATION

Joan Kaufman, PhD

*The gold standard in child and adolescent psychiatric
diagnoses*

DISCLOSURES

- Consultant on multiple industry-sponsored pharmaceutical pediatric psychiatric clinical trials
- Co-owner, KSADS-COMP, INC.

DIAGNOSES MATTER

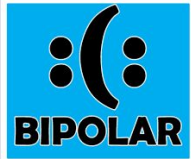
The same symptom (e.g., inattention) can be associated with multiple diagnoses with different recommended treatments.



Stimulant treatment, parent training, teacher consultation, social skills



Antidepressants, Cognitive Behavior Therapy, Interpersonal Psychotherapy, Behavioral Activation



Mood stabilizer, Multifamily Psychoeducation Group



Trauma-focused therapy, safety planning

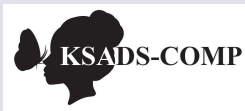
1997 PAPER-AND-PENCIL KSADS BLUEPRINT

FOR KSADS-COMP: KSADS BACKGROUND

- 1997 DSM-IV version – Modified format; screen interview and supplements; over 10,000 citations
- Translated in over 30 languages
- Used in pediatric clinical trials studying treatments for: schizophrenia, bipolar disorder, major depression, attention deficit hyperactivity disorder, oppositional defiant disorder, anxiety disorders, posttraumatic stress disorder, and others
- Used as validation instrument in large-scale epidemiological studies of youth (e.g., National Comorbidity Study: Adolescents)
- Used in numerous studies examining longitudinal course, clinical, neurobiological, and genetic correlates of child psychiatric disorders.

LIMITATIONS: PAPER-AND-PENCIL KSADS

- 215 pages long - A lot to xerox!
- Administration time to interview the parent and child on average 3 or more hours; more time than typically feasible in routine practice
- Unique rating criteria for every symptom requiring extensive training for its use and the establishment of inter-rater reliability
- Errors selecting supplements for completion and tallying symptoms for diagnoses common
- No data capture features



THREE KSADS-COMP CHILD PSYCHIATRIC DIAGNOSTIC TOOLS:

- Clinician-administered
KSADS-COMP
- Caregiver self-administered
KSADS-COMP
- Youth self-administered
KSADS-COMP with videoclips
to facilitate use

Available Languages: English,
Spanish, Dutch, Danish, Korean

Under Development: French, German, Japanese



ADVANTAGES: WEB-BASED KSADS-COMP

- Automated scoring and diagnostic algorithms
- Instrument generates categorical diagnoses and dimensional ratings
- Automated data capture features, instantaneous symptom level reports and diagnostic reports – with EHR compatible reports now under development
- Self-report versions of the KSADS-COMP can be completed in-person or remotely. Ideal for evaluating patients on long waiting lists – comprehensive data collected and reports generated with minimal clinician time and effort to assist with triage and treatment planning
- Clinician-administered version streamlined to optimize use in non-research clinical settings

DIAGNOSES ASSESSED WITH THE KSADS-COMP

Mood Disorders (MDD, persistent depression, mania, hypomania, cyclothymia, bipolar disorders, and disruptive mood dysregulation disorder), **Psychotic Disorders** (schizoaffective disorders, schizophrenia, schizophreniform disorder, brief psychotic disorder), **Anxiety Disorders** (panic disorder, agoraphobia, separation anxiety disorder, simple phobia, social anxiety disorder, selective mutism, generalized anxiety disorder, obsessive-compulsive disorder), **Neurodevelopmental Disorders** (ADHD, autism spectrum disorder, transient tic disorder, Tourette's disorder, chronic motor or vocal tic disorder), **Behavioral Disorders** (conduct disorder, ODD), **Eating and Elimination Disorders** (enuresis, encopresis, anorexia nervosa, bulimia, binge eating disorder), **Trauma- or Stressor-Related Disorders** (PTSD, adjustment disorders), and **Alcohol Use and Substance Use Disorders** as well as numerous **Other Specified Diagnoses** when full criteria for these diagnoses are not met.



SELF-ADMINISTERED KSADS-COMP

Same Components as the Paper-and Pencil KSADS:

1. Introductory Interview
2. Diagnostic Screening Interview
3. Diagnostic Supplements



INTRODUCTORY INTERVIEW: CONTENT

- Demographics
- Health History
- Prior Psychiatric Treatment
- Family History of Psychiatric Illness
- Adaptive Functioning (e.g., school, peers, activities)
- Additional Questions (e.g., guns in home; gender identity, sexual orientation)

Note: Health, prior psychiatric treatment, family history, and firearms information is only obtained from the parent

THE SCREEN INTERVIEW

- The Screen Interview surveys the primary symptoms of the different diagnoses assessed in the KSADS-COMP
- Two to four symptoms are surveyed in each diagnostic area
- Current symptoms are rated for severity over the *past two weeks* using a uniform 0-4 point dimensional scale
- The threshold required for a clinically significant response varies depending on the symptom being assessed

RATING CURRENT SYMPTOMS:

Irritability Item – Depression Section

In the past two weeks, how often has your child felt annoyed, irritable, or cranky, with the cranky feeling lasting most of the day?

- ☐ Not at all
- ☐ Rarely
- ☐ Several days
- ☒ More than half the days
- ☐ Nearly every day

Positive Threshold

More than half the days
Nearly every day

**Threshold
for clinical
significance
varies based
on the
symptom**

Role Obligations Item – Alcohol Use Disorders Section

In the last 2 weeks, how often have you gone to school or work after you had been drinking or when you were hung over?

- ☐ Not at all
- ☒ Rarely
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Positive Threshold

Rarely
Several days
More than half the days
Nearly every day

SUPPLEMENTS

- The skip out criteria in the Screen Interview specify which, if any, supplements will be administered
- The order for supplement administration is programmed automatically
- In general, the supplements are administered in the order that symptoms for the different diagnoses appeared (e.g., ADHD/MDD)
- When the time course of disorders overlap, supplements for disorders that may have influenced the course of other disorders are administered first (e.g. Substance Abuse/Mania)

SELF-ADMINISTERED KSADS-COMP

The self-administered KSADS-COMP was designed to *emulate the probing done by a trained clinician*. For example:

- If the child endorsed a history of bullying in the introductory interview, and paranoid thoughts that others are out to get him in the psychosis screen, a question would be asked to determine if the child feels it is just those who have been bullying him that are out to get him, or if the paranoid ideation is more pervasive. If it is just the youth that have been bullying him, the psychosis supplement is not administered.

SETTING PATIENT ID AND ACCESSING LINK FOR KSADS-COMP [GO TO WEBSITE](#)

- Click on Patient ID link to personalize label administration for your use. Then click Update & Close to save
- DO NOT USE NAMES, DOB, OR OTHER PHI

A screenshot of a web form titled "Patient Information". The form has a white background with a thin grey border. At the top right is a close button (X). The form contains several fields: "Patient ID" with the value "JK_DI_6.23.20" highlighted in yellow; "Additional Info" with an empty text box; "Teen Interview" with the value "Not started"; "Parent Interview" with the value "Not started"; and "Clinician Interview" with the value "Not started". At the bottom left is a blue button labeled "Update & Close", and at the bottom right is a white button labeled "Close".

Patient Information	
Patient ID	JK_DI_6.23.20
Additional Info	
Teen Interview	Not started
Parent Interview	Not started
Clinician Interview	Not started
<div>Update & Close Close</div>	

Sending Link for KSADS-COMP to be Completed Off-Site

Patient ID	Youth Interview	Parent Interview	Reports
UserFBSA016	Click here to start	Click here to start	Go to Reports



That will bring you to this screen:

Url address can be sent via email or text.

The parent or youth can complete the questions on their cell phone, an iPad, or laptop.

Please forward the following encrypted URL to the patient, if you want them to take the interview on a separate device or from their home.

<https://www.ksadslogin.net/login.aspx?guid=CF656349-B249-448F-AAD1-11CEB59D9C34>



OR

If you want the patient to take the interview on this device, click 'Do the interview now' button.

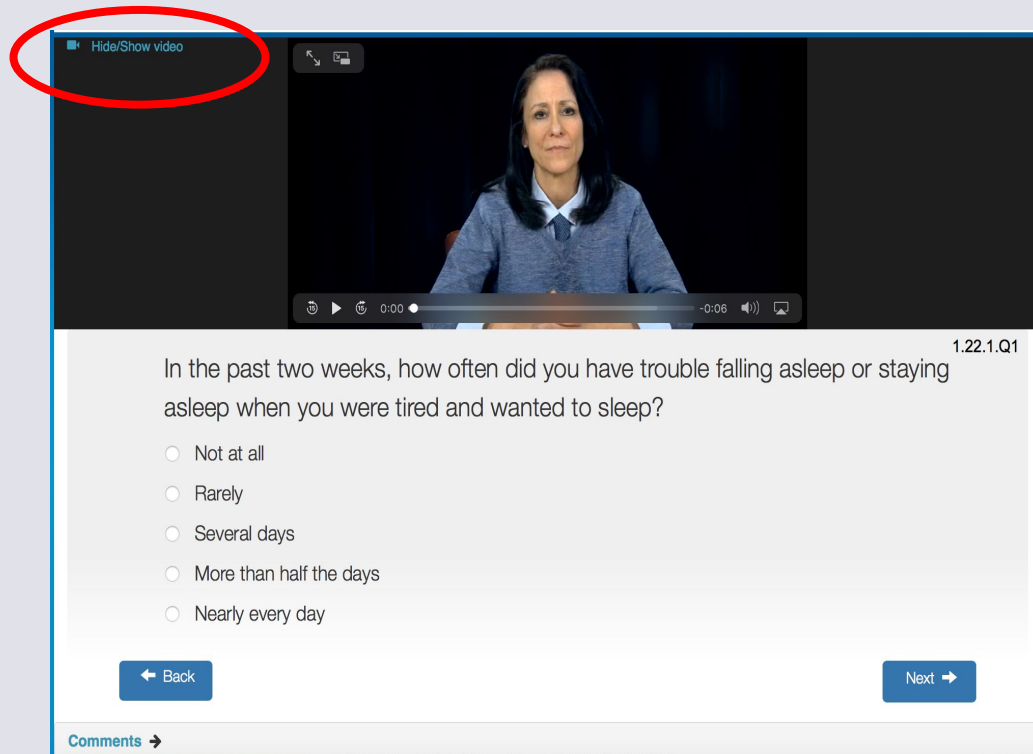
[← Go back / Pick another patient](#)

[Do the interview now →](#)



SELF-ADMINISTERED KSADS-COMP

Youth version with video clips



Hide/Show video

In the past two weeks, how often did you have trouble falling asleep or staying asleep when you were tired and wanted to sleep?

1.22.1.Q1

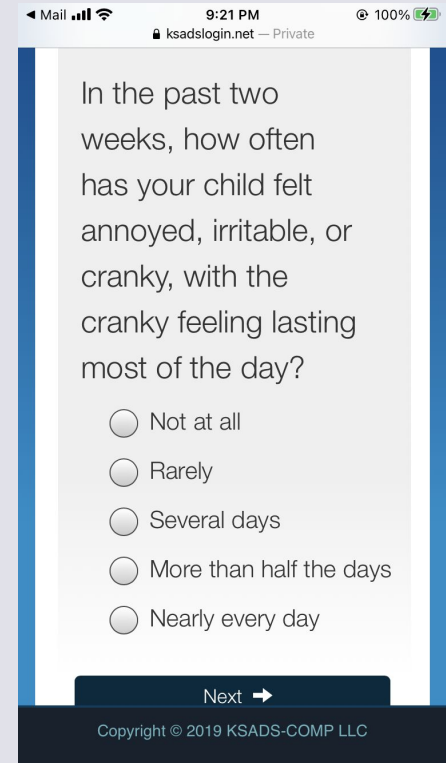
- ☐ Not at all
- ☐ Rarely
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

← Back

Next →

Comments →

iPhone – Parent Version



9:21 PM 100% ksadslogin.net — Private

In the past two weeks, how often has your child felt annoyed, irritable, or cranky, with the cranky feeling lasting most of the day?

- ☐ Not at all
- ☐ Rarely
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Next →

Copyright © 2019 KSADS-COMP LLC

KSADS-COMP REPORTS

- Symptom Response/Comments – This report contains the responses to all items administered, plus all comments/notes
- Diagnosis Report – List of diagnoses and symptoms
- All data captured and readily downloadable

Generalized Anxiety Disorder
Generalized Anxiety Disorder –Present (F41.1)
Excessive worries more days than not, Present
Excessive worries across breadth of domains, Present (how I look, how I did on a test, if people like me, the future, the past,)
Worry associated with defined symptom(s), Present (I feel restless, I feel easily tired, I have difficulty concentrating, I have difficulty falling asleep, I have difficulty staying asleep,)
Difficulty controlling worries, Present
Impairment in functioning due to worries, Present
Clinically significant distress due to worries, Present
Worrying has lasted at least 6 months, Present

E-HEALTH RECORD COMPATIBLE REPORTS

- Text reports can be customized to meet local charting requirements
- Text can be modified and finalized by clinician
- Sample report

DRAFT: MODIFIABLE MENTAL HEALTH CLINIC REPORT

Black text to be derived and automatically imported into the electronic medical record from parent self-administered KSADS-COMP. Information in red and other text as desired to be added by clinician.

Identifying Information/Reason for Referral: The client is a 15-year-old Hispanic youth, who was born a biological male, but identifies as non-binary. They live with their biological mother and stepfather in **LOCATION TO BE ADDED**. The client's biological father passed away when they were twelve. The client first received outpatient mental health treatment beginning at age six, has received psychotherapy and medication management in the past, but is not currently prescribed any psychotropic medication. The client was referred for this evaluation due to **INFORMATION TO BE ADDED BY CLINICIAN**.

Current School/School Functioning: The client is enrolled in a private school, **SCHOOL NAME TO BE ADDED BY CLINICIAN**, and is in the 10th grade. In the recent past, there has been a significant drop in the client's grades. They are currently failing academically. The client does not receive any specialized services at school and has had no detentions or suspensions in the past year.

Extracurricular: The client is involved in theatre at school and participates in dance outside of school.

Developmental History: The client was born full-term, and their developmental milestones were reportedly within normal limits.

Medical Health Problems/Medications: The client has been diagnosed with asthma and is currently prescribed **MEDICATION TO BE ADDED BY CLINICIAN** for this condition.

Mental Health Treatment History: As noted in the identifying information section, the client first received outpatient mental health treatment beginning at age six, has received psychotherapy and medication management in the past, but is not currently prescribed any psychotropic medication. **INFORMATION ON REASON FOR PAST TREATMENT AND NATURE OF PAST TREATMENT CAN BE ADDED BY CLINICIAN.**

COMPONENTS: CLINICIAN-ADMINISTERED KSADS-COMP

1. Self-Administered Pre-Interview
2. Introductory Interview
3. Diagnostic Screening Interview
4. Diagnostic Supplements



[Go to website](#)

SENDING PRE-INTERVIEW LINK

Patient ID	Pre-Interview Teen	Pre-Interview Parent	Teen Interview	Parent Interview	Consensus Interview	Reports
JK_DI_6.23.20	Click here to start	Click here to start	Click here to start	Click here to start	Not started	Go to Reports



Please forward the following encrypted URL to the patient, if you want them to take the interview on a separate device or from their home

<https://www.nimhksads.net/login.aspx?guid=9BB437C2-D4E3-4A8F-842F-69810F38969F>

Email the url

OR

If you want the patient to take the interview on this device, click on the following button

Click here to do the interview now

Cancel

PARENT PRE-INTERVIEW REPORT

QuestionID	SequenceID	QuestionText	Value	Comments
95	1.1.1.Q1	Now I'd like to ask you some questions about your child's mood. In the past two weeks, how often has your child felt sad, down, or depressed, with the down feeling lasting most of the day?	Nearly every day	
97	1.1.2.Q1	In the past two weeks, how often has your child felt annoyed, irritable, or cranky, with the cranky feeling lasting most of the day?	Nearly every day	
99	1.1.3.Q1	In the past 2 weeks, how often has your child felt bored, or like nothing was fun, for most of the day?	Rarely	
104	1.1.3.Q3d	You said that in the past two weeks for most of the day your child felt sad and irritable. When did this begin?	Month:March / Year:2019	
116	1.2.1.Q1	In the past two weeks, how often, without using drugs, did your child feel like they were high or super happy for no particular reason, with the over the top good feeling lasting four or more hours?	Several days	
118	1.2.2.Q1	In the past two weeks, how often has your child lost his or her temper and done any of the following things: yelled at someone, thrown or broken something, or hit, pushed or kicked someone?	Nearly every day	

INTRODUCTORY INTERVIEW: CONTENT

- Demographics
- Health History
- Prior Psychiatric Treatment
- Family History of Psychiatric Illness
- Adaptive Functioning (e.g., school, peers, activities)
- Additional Questions (e.g., guns in home; gender identity, sexual orientation)

Note: Health, prior psychiatric treatment, family history, and firearms information is only obtained from the parent

KSADS-COMP DASHBOARD

Module Selection

Screener

Mood Disorder	Psychosis	Panic Disorder	Agoraphobia
Separation Anxiety	Social Anxiety Disorder	Specific Phobia	Generalized Anxiety Disorder
Obsessive Compulsive Disorder	Enuresis and Encopresis	Eating Disorders	Attention Deficit Hyperactivity Disorder
Oppositional Defiant Disorder	Conduct Disorder	Tic Disorders	Alcohol Use Disorder
Drug Use Disorders	Post-Traumatic Stress Disorder	Sleep Problems	Suicidality
Homicidality	Selective Mutism		

Supplement

Mood Disorders	SUICIDALITY
----------------	-------------

Legend. This screenshot shows the dashboard of the KSADS-COMP clinician-administered interview. The dashboard appears once the introductory interview is completed. All the screen interview modules are depicted on the top two-thirds, and a sample of activated supplements are depicted below.

SCREENSHOT CURRENT SYMPTOM

Teen Response	Pre-Interview Parent Response
Nearly every day	Nearly every day
Comment:	Comment:

1.1.2.Q1

In the past two weeks, how often has your child felt annoyed, irritable, or cranky, with the cranky feeling lasting most of the day?

- ☐ Not at all
- ☐ Rarely
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day

Next →

Positive Threshold

More than half the days
Nearly every day

Comments →



Note: Pre-interview parent and teen responses appear on screen, along with scoring criteria. Comments can be added on each screen and reviewed in symptom/comments report.

[Go to website](#)



Feel free to email me if you have additional administration questions at: joan.kaufman@ksads-comp.com.



Center for Workforce
Excellence in EBPs
Powered by NYU McSilver



Pilot Review: Timeframe



Center for Workforce
Excellence in EBPs

Powered by NYU McSilver

Pilot Review: Timeframe

2023:

November: Webinar & Application Available

Dec: Applications Due by December 20th

2024:

January: Application review & notification

February: Learning collab & kick-off

March: KSADS-COMP Training (overview, how to use it, how to interpret results),
KSADS-COMP Pilot begins

May: Mid-point LC

September: KSADS-COMP Pilot concludes

October: KSADS-COMP LC concludes

October - December: 3 month wind-down
(lessons learned & planning for next stage)

*Evaluation will be imbedded in LC

How to Participate



Center for Workforce
Excellence in EBPs

Powered by NYU McSilver

How to Participate (CWE)

- Eligibility: RTFs and State Operated In-Patient Psychiatric Centers serving children/youth
- Organizations must be in good standing with the NYS Office of Mental Health
- Selection may consider geographic diversity in final choices
- Application due at the latest by **December 20th** (first come first considered)

Q & A



Center for Workforce
Excellence in EBPs

Powered by NYU McSilver