


1

TABLE OF CONTENTS	
Overview KSADS-COMP Tools	Slide 3
Account set-up and login instructions	Slide 28
Self-Administered KSADS-COMP Instructions	Slide 34
Clinician-administered KSADS-COMP Instructions	Slide 41
Differential Diagnoses slides	Slide 50
Frequently asked Questions	Slide 54
References/Contact Information	Slide 58



2



Overview KSADS-COMP web-based assessment tools

- The KSADS-COMP web-based tools evaluate all the major DSM psychiatric disorders for children and adolescents, including anxiety, depression, ADHD, substance use, and more; assesses suicidality and homicidality; and collects information about relevant factors that put youth at risk (e.g., experiences of bullying, gender non-conformity, presence of guns in the home, and trauma history, including loss of a loved one due to COVID-19).
- Instantaneous item response and diagnostic reports are available for review by clinicians, researchers, and other appropriate personnel.



3

TENET # 1: 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



4

TENET # 2:

UNDERSTANDING THE CONTEXT OF THE CHILD'S LIFE IS ESSENTIAL FOR DIAGNOSES AND TREATMENT PLANNING



5

1997 PAPER-AND-PENCIL KSADS BLUEPRINT FOR KSADS-COMP: KSADS BACKGROUND

- KSADS=Kiddie Schedule for Affective Disorders and Schizophrenia
- 1997 DSM-IV KSADS diagnostic interview – 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 in numerous studies examining longitudinal course, clinical, neurobiological, and genetic correlates of child psychiatric disorders.




6

LIMITATIONS: PAPER-AND-PENCIL KSADS INTERVIEW

- 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



7

Funded by the NIH to create:  KSADS-COMP

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, Swahili



8

ADVANTAGES: WEB-BASED KSADS-COMP

- Automated scoring and diagnostic algorithms
- Automated data capture features, instantaneous symptom level reports and diagnostic reports – with EHR compatible comprehensive mental health evaluation reports now also available
- Self-report versions of the KSADS-COMP can be completed in-person or remotely with next to no clinician time
- Clinician-administered version streamlined to optimize use in non-research clinical settings



9

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, prolonged grief disorder, 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.



10

SELF-ADMINISTERED KSADS-COMP

Same Components as the Paper-and Pencil KSADS:

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



11

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, bullying)

Essential background information needed for a comprehensive mental health evaluation and treatment planning

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



12

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
- Screen interview designed to facilitate differential diagnoses



13

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



14

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 and presentation of other disorders are administered first (e.g. Substance Abuse/Mania)



15

SELF-ADMINISTERED KSADS-COMP

Youth version with video clips

The screenshot shows a video player with a woman speaking. A red circle highlights the 'Hide/Show video' button in the top left corner. Below the video is a question: 'In the past two weeks, how often did you have trouble falling asleep or staying asleep when you were tired and wanted to sleep?' with five radio button options: 'Not at all', 'Rarely', 'Several days', 'More than half the days', and 'Nearly every day'. Navigation buttons for 'Back' and 'Next' are at the bottom.

iPhone – Parent Version

The screenshot shows a mobile interface with a question: 'In the past two weeks, how often has your child felt annoyed, irritable, or cranky, with the cranky feeling lasting most of the day?' with five radio button options: 'Not at all', 'Rarely', 'Several days', 'More than half the days', and 'Nearly every day'. A 'Next' button is at the bottom. The status bar at the top shows '9:21 PM' and '100%' battery.



16

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



17

E-HEALTH RECORD COMPATIBLE REPORTS

- Text reports can be customized to meet local charting requirements
- Text can be modified by the clinician
- Clinician can choose pronouns for the reports (e.g., he/she/they)

EXCERPT 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.**



18

COMPONENTS:

CLINICIAN-ADMINISTERED KSADS-COMP

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



19

CHARACTERISTICS:

CLINICIAN-ADMINISTERED KSADS-COMP

- Semi-structured; designed to be administered in a conversational style
- Probes do not need to be recited verbatim; clinicians are free to make stylistic changes
- Questions can be omitted if the data obtained in the introductory interview and on the caregiver and teen pre-interview forms suggest no further probing is required to rate the symptom
- Multi-Informant interview: the clinician KSADS-COMP is completed by interviewing the caregiver and the child
- The same interviewer should interview both the caregiver and the child
- When assessing pre-adolescent children it is usually beneficial to interview the caregiver first



20

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)

Essential background information needed for a comprehensive mental health evaluation and treatment planning

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



21

INTRODUCTORY INTERVIEW: PURPOSE

- Establish rapport with the parent(s) and the youth
- Obtain information to evaluate functional impairment and generate hypotheses about likely relevant diagnoses
- Provide a context for eliciting symptoms (e.g. depression)



22

KSADS-COMP DASHBOARD: Clinician-Administered KSADS

The screenshot displays the 'Module Selection' dashboard for the KSADS-COMP clinician-administered interview. It is divided into two main sections: 'Screener' and 'Supplement'.

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. **Because you can “choose-as-you-go” there is no need to preselect modules for administration when using the clinician-administered KSADS-COMP.**



23

SCREENSHOT CURRENT SYMPTOM: Clinician-Administered KSADS

The screenshot shows the 'Current Symptom' screen. It features two columns for responses: 'Teen Response' and 'Pre-Interview Parent Response'. Both show 'Nearly every day' with a 'Comment:' field below each. The main content area contains a question: 'In the past two weeks, how often has your child felt annoyed, irritable, or cranky, with the cranky feeling lasting most of the day?' followed by five radio button options: 'Not at all', 'Rarely', 'Several days', 'More than half the days', and 'Nearly every day'. A 'Next' button with a right arrow is located at the bottom right of the question area. Below the question area is a 'Positive Threshold' section with two options: 'More than half the days' and 'Nearly every day'. At the bottom, there is a 'Comments' field with a right arrow, indicated by a red arrow pointing to it from the left.

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.



24

SCREENSHOT PAST SYMPTOM

1.12.02a

Was there ever a time in the past that your child felt, annoyed, irritable, or cranky for most of the day, nearly every day, for two weeks or longer?

No

Yes

Next →

Positive Threshold

Yes

Comments →

If the child receives a threshold response for the symptom, they are queried about the next symptom in the KSADS-COMP; if the response is sub-threshold they will be asked about the lifetime presence of the symptom.



25

CODING DISORDERS TARGETED WITH MEDICATION

- In coding disorders effectively treated with medication (e.g. ADHD), raters use the past/lifetime ratings to describe the most intense severity of symptoms experienced prior to initiation of medication or during ‘drug holidays’
- Current ratings of symptoms will indicate if symptoms still problematic even on medication.
- Diagnostic algorithms use the medication treatment history and symptom data to generate diagnoses (e.g., ADHD, combined type, maintained on medication, in full remission)



26

SUPPLEMENT ADMINISTRATION GUIDELINES

- The skip out criteria in the Screen Interview specify which of the supplements should be completed
- The supplements to be administered will appear on the bottom of the computer screen
- 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 completed first (e.g. Substance Abuse/Mania)



27

SET UP YOUR DEMO ACCOUNT

KSADS COMP LLC - Demo Account Created

Hi Joan Kaufman,

Welcome to **KSADS-COMP**. Your demo account is created successfully and it's valid for 30 days. Please use the following details to login.

Username: joan.kaufman@aya.yale.edu

Temporary password: **bToDaGoZ**

If you are ready to purchase an account click [here](#).

Proceed to **KSADS-COMP**

When you get the demo account email, click 'Proceed to KSADS-COMP'



28

LOGIN IN

- In the top box enter your username – your email
- In the bottom box enter the temporary password you received in the email
- Then click 'Login'



29

CHANGE PASSWORD

You will then be prompted to create a new password that is at least six (6) characters long and has one letter, one special character, and one number.

Save the changes, then use your new password to re-login to the KSADS-COMP site.



30

DEMO SITE

- On the right side of the screen, beneath where it says ‘Folders,’ click the top link to start exploring the clinician-administered KSADS-COMP
- Click the bottom link on the right to start exploring the self-administered KSADS-COMP



31

DEMO SITE

Category	Value
Total Administrations Purchased:	633
Total Available Administrations:	214
Total Youth Interview Started:	187
Total Youth Interview Completed:	153
Total Parent Interview Started:	76
Total Parent Interview Completed:	55
Total Consensus Interview Started:	17
Total Consensus Interview Completed:	12

Category	Value
Total Administrations Purchased:	454
Total Available Administrations:	200
Total Youth Interview Started:	121
Total Youth Interview Completed:	95
Total Parent Interview Started:	66
Total Parent Interview Completed:	22

If you clicked the ‘View Details’ button on the prior slide, you can access both the clinician or the self-administered KSADS-COMP from this page by pressing the ‘Select & Go’ button



32

LOGGING ON TO SITE

About this page

- This page allows you to pick your patient and administer interviews or run reports.
- You can get to a particular patient by providing the required information in 'Selection Parameters' panel and by clicking on the 'Search Patient' button.
- If you know the patient ID, kindly enter that. If you don't remember the exact patient ID, you can enter just a part of the ID. For eg., By entering 001, you can get 'S23_001' or '001ABC' or 'ABC001ZYX'.
- If you don't remember the Patient ID but remember the youth interview date, simply enter the Youth Interview date.
- You can click on the 'List All Patients' button to get a list of all Patients in your folder.
- You can click on the 'List Unused Administrations' button to get a list of all unused administrations in your folder - to start a new interview.

Selection Parameters

We have found 62 unused administrations out of 254 total records(s) in DEMO Self Administered KSADS DO NOT USE WITH PATIENTS SITE NOT SECURE folder.

Patient ID:

Quick Links: [List All Patients](#) [List Unused Administrations](#)

Youth Interview Status:

Parent Interview Status:

Youth Interview Date:

Parent Interview Date:

[Search Patient](#) [Reset](#)

To access a new unused administration on the demo site - Click 'List Unused Administrations'

33

PATIENT SELECTION: Self-Administered KSADS

Selection Parameters

Total Record(s) Found - 260

Patient ID (Click on the ID to update)	Youth Interview	Parent Interview	Reports
brntest	Click here to start	Click here to start	Go to Reports
UserDemoseff174	Click here to start	Click here to start	Go to Reports
UserDemoseff175	Click here to start	Click here to start	Go to Reports
UserDemoseff176	Click here to start	Click here to start	Go to Reports
UserDemoseff177	Click here to start	Click here to start	Go to Reports
UserDemoseff178	Click here to start	Click here to start	Go to Reports
UserDemoseff186	Click here to start	Click here to start	Go to Reports
UserDemoseff189	Click here to start	Click here to start	Go to Reports
UserDemoseff190	Click here to start	Click here to start	Go to Reports
UserDemoseff192	Click here to start	Click here to start	Go to Reports
UserDemoseff193	Click here to start	Click here to start	Go to Reports
UserDemoseff194	Click here to start	Click here to start	Go to Reports
UserDemoseff198	Click here to start	Click here to start	Go to Reports
UserDemoseff199	Click here to start	Click here to start	Go to Reports
UserDemoseff201	Click here to start	Click here to start	Go to Reports

This is the screen for the demo folder for the self-administered KSADS-COMP

To get started, click on a Patient ID to update the name for your personal use

See next slide for instructions on personalizing the Patient ID

34

SETTING PATIENT ID

- After you click on the Patient ID, a popup screen will appear
- Enter a unique Patient ID, a non-PHI code to label the administration for your use
- Then click Update & Close to save
- DO NOT USE NAMES, DOB, OR OTHER PHI
- Remember the Patient ID that you create (write it down) so you can return to the administration if you re-login



35

RE-LOGGING ON TO SITE

- If you want to access an administration you already started, you can find the administration for your Patient ID by using the search tool on the left side of the screen
- Write in the name of your Patient ID
- Then click 'Search Patient'



36

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

To send a link for the self-administered KSADS-COMP to be completed remotely click 'click here to start,' which will bring you to the next screen.

The screenshot shows the KSADS-COMP interface. At the top, there is a header with the KSADS-COMP logo and the text 'KSADS-COMP'. Below the header, there is a section for 'Select Preferred Language:' with a dropdown menu showing 'English', 'Danish', 'Spanish', 'Dutch', and 'Korean'. To the right of the language selection, there is a 'Patient Code: Test_TG / P' and 'Interview Status: Not started'. Below this, there is a text box containing a URL: 'https://www.ksadalogin.net/login.aspx?uid=6ef11368-12e1-46eb-bc2a-98932a604c36'. The URL is circled in red. Below the URL, there are two buttons: 'Go back / Pick another patient' and 'Do the interview now'. There are also two small icons labeled '1' and '2' on the right side of the interface.

You can select the language for the interview on the top right side of the screen.

The button marked '1' will copy the url address which can then be sent to the caregiver or youth via text or email.

The button marked '2' will generate a Mail email.

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



37

SELECTING MODULES FOR ADMINISTRATION

The screenshot shows the KSADS-COMP interface for selecting modules. At the top, there is a header with the text 'If you want the patient to take the interview on this device, click 'Do the interview now' button.' Below the header, there are two buttons: 'Go back / Pick another patient' and 'Do the interview now'. Below this, there is a section for 'Click here to re-select the modules'. Below that, there is a text box containing the text 'Only the modules selected will be administered to this patient.' Below the text box, there are three buttons: 'Select all', 'Deselect all', and 'Revert'. Below the buttons, there is a text box containing the text 'The introductory interview is always recommended to insure a valid diagnostic assessment.' Below the text box, there is a grid of 20 green buttons, each with a checkbox and a label for a module. The modules are: Intro, Mood Disorders, 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, Autism Spectrum Disorders, Alcohol Use Disorder, Drug Use Disorders, Post-Traumatic Stress Disorder, Sleep Problems, Suicidality, Homicidality, and Selective Mutism. Below the grid, there is a blue button labeled 'SAVE SELECTED MODULES'.

If you only want the caregiver or youth to complete a subset of modules:

- Scroll down before sending the link to select modules
- If you only want to administer a few modules, click Deselect all then choose the modules you want to administer
- Click save selected modules then copy the url address or start the interview




38

GENERATING REPORTS


- To see sample reports search for Patient ID APA_Demo
- In Patient Lists, go to far-right column and click “Go to Reports”

Patient ID (Click on the ID to update)	Youth Interview	Parent Interview	Reports
APA_Demo	Completed	Completed	Go to Reports →


- Select report you want to generate:




Diagnosis Report
Report contains diagnosis and its symptoms.




Symptom Response/Comments
Report contains questions, responses and comments.




Symptom Severity Scales
Symptom severity ratings based on screening interview questions.



TimeLine Report
Report contains timeline of Symptoms.



Introductory Report
Report contains response to Introductory questions.



Mental Health Clinical Report
Report contains clinical record of the patient.



39

GENERATING REPORTS (con't)

You can run separate reports for each informant.

Symptom Response Report

Please select the user type and click on 'Run Report' button:

Youth Interview

Parent Interview

Show only the questions asked

Run Report →

These clicks will generate a report of the youth’s responses to all questions surveyed

Click ‘show only questions asked’ so blank items do not appear in report

For the Mental Health Clinical Report, select the pronoun type then press generate report

Please select a Pronoun type:

Type 1 (he/his/him)

Type 2 (she/her/her)

Type 3 (they/them/their)

Generate Report →



40

CLINICIAN-ADMINISTERED KSADS-COMP

The screenshot shows the 'Patient Selection' page in the KSADS-COMP system. It features a search bar for 'Selection Parameters' and a table with 214 total records. The table columns are: Patient ID (Click on the ID to update), Pre-Interview Youth, Pre-Interview Parent, Youth Interview, Parent Interview, Consensus Interview, and Reports. Each row contains a 'Click here to start' link for each of the first six columns and a 'Go to Reports' link for the last column. The first row's Patient ID is 'democln385549'.

The clinician-administered KSADS-COMP includes a pre-interview that can be completed independently in-person or remotely by the youth and caregiver before the clinician meets with the patient (second and third columns from the left)

The self-administered pre-interview includes screen items for the diagnoses surveyed in the KSADS-COMP

The pre-interview is designed for youth 11 and above and has video clips to facilitate administration

The pre-interview is not required but it helps to streamline the clinical assessment

Responses to the pre-interview items can be reviewed before meeting with the patient



41

PATIENT SELECTION: Clinician-Administered KSADS-COMP

This screenshot is identical to the one in slide 41, but it includes a red arrow pointing to the 'Patient ID (Click on the ID to update)' column header in the table.

This is the screen for the demo folder for the clinician-administered KSADS-COMP

To get started, click on a Patient ID to update the name for your personal use

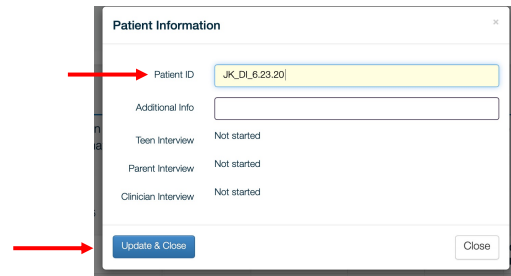
See next slide for instructions on personalizing the Patient ID



42

SETTING PATIENT ID

- After you click on the Patient ID, a popup screen will appear
- Enter a unique Patient ID, a non-PHI code to label the administration for your use
- Then click Update & Close to save
- DO NOT USE NAMES, DOB, OR OTHER PHI
- Remember the Patient ID that you create (write it down) so you can return to the administration if you re-login

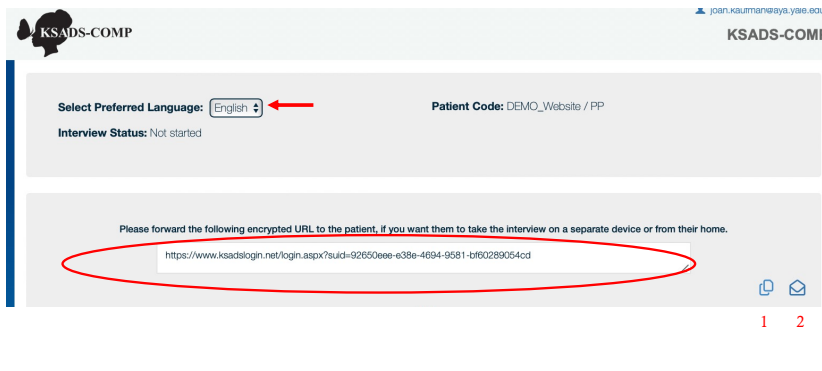


43

SENDING PRE-INTERVIEW LINK

Patient ID (Click on the ID to update)	Pre-Interview Youth	Pre-Interview Parent	Youth Interview	Parent Interview	Consensus Interview	Reports
DEMO_Website	Click here to start	Click here to start	Click here to start	Click here to start	Not started	Go to Reports
NK_Checkout	Click here to start	Click here to start	Click here to start	Click here to start	Not started	Go to Reports

To send a link for the pre-interview to be completed in-person or remotely before meeting with the patient, go to the Pre-Interview column



Click 'click here to start,' which will bring you to the next screen

Choose the test language

The button marked '1' will copy the url address which can then be sent to the caregiver or youth via text or email

The button marked '2' will generate a Mail email



44

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	

Legend: Depicted here is a subset of items from the symptom response report from the parent pre-interview. The pre-interview can streamline the clinician assessment by highlighting key areas of concern and ruling out others.

45

CLINICIAN-ADMINISTERED KSADS-COMP (con't)

The screenshot shows the KSADS-COMP web application interface. At the top, there is a navigation bar with 'HOME' and 'PATIENT SELECTION' tabs. Below this is a 'Patient Selection' section with an 'About this page' dropdown and a 'Selection Parameters' search box. The main content area displays a table with the following columns: Patient ID (Click on the ID to update), Pre-Interview Youth, Pre-Interview Parent, Youth Interview, Parent Interview, Consensus Interview, and Reports. The table lists 15 patient records, each with a 'Click here to start' link for the first four columns and a 'Go to Reports' link for the last column. The table is paginated to show 15 records per page, and the current page is 1 of 1.

The fourth and fifth columns from the left are used for the clinician to interview the youth and caregiver, respectively

The sixth column includes a consensus interview where the responses from the caregiver and youth can be integrated to derive 'best estimate diagnoses'

Clicking on the last column will bring you to the page to see the various reports generated by the KSADS-COMP

Sample reports from a completed clinician-administered KSADS-COMP can be viewed by searching for Patient ID 'APA_demo_2'



46

CONSENSUS INTERVIEW

If you want to take the interview on a separate device, use the following URL.

https://www.ksadslogin.net/login.aspx?uid=3bfcct62-b390-42ce-a11b-2d53b2b457c

OR

Click 'Do the interview now' button to start the interview on this device.

← Go back / Pick another patient
Do the interview now →

[Click here to re-select the modules →](#)

Only the modules selected will be administered to this patient.

Select all Deselect all Revert

The introductory interview is always recommended to insure a valid diagnostic assessment.

Intro

Mood Disorders

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

Autism Spectrum Disorders

Alcohol Use Disorder

Drug Use Disorders

Post-Traumatic Stress Disorder

Sleep Problems

Suicidality

Homosexuality

Selective Mutism

Save selected modules

Go to website

- Open Consensus Interview

Consensus Interview	Reports
Not started	Go to Reports

- Click button to re-select the modules
- Deselect Intro so you do not need to re-enter the data.
- Click 'Save selected modules'
- You will be able 'choose as go' the diagnostic modules you want to complete for the consensus interview – no need to select them ahead of time

47

GENERATING REPORTS

- In Patient Lists, go to far-right column and click "Go to Report"

Patient ID (Click on the ID to update)	Pre-Interview Youth	Pre-Interview Parent	Youth Interview	Parent Interview	Consensus Interview	Reports
Test	Completed	Completed	Completed	Completed	Completed	Go to Reports

- Select report you want to generate:

Diagnosis Report
Report contains diagnosis and its symptoms.

Symptom Response/Comments
Report contains questions, responses and comments.

Symptom Severity Scales
Symptom severity ratings based on screening interview questions.

TimeLine Report
Report contains timeline of Symptoms.

Introductory Report
Report contains response to Introductory questions.

Mental Health Clinical Report
Report contains clinical record of the patient.

Export Qa Report
Work in progress.

Dynamic function
Work in progress

48

GENERATING REPORTS (con't)

You can run separate reports for each informant and the consensus interview.

Symptom Response Report

Please select the user type and click on 'Run Report' button:

These clicks will generate a report of all the youth's symptom responses on the pre-interview.

For the Mental Health Clinical Report, select the pronoun type then press generate report.

Please select a Pronoun type:




49

DIFFERENTIAL DIAGNOSIS


- As depicted on the following slide, the most common child psychiatric diagnoses share many common symptoms
- A pdf of the next two slides is available on the www.KSADS-COMP.com website
- Information about the following will help to facilitate differential diagnoses:
 1. Episodic or chronic nature of symptoms
 2. Patterning of symptom with other symptoms; and
 3. Context (e.g., home vs. school) where the symptoms are most problematic.



50

<p>Mania</p> <p>Distinct period of Abnormally Elevated, Expansive or Irritable Mood and increased goal directed activity</p> <p>Plus 3 symptoms (four if mood is only irritable)</p> <p>Grandiosity Sleep Disturbance/ Decreased Need for Sleep Pressured Speech Racing Thoughts Distraction</p> <p>Psychomotor Agitation or Increased Goal Directed Activity Excessive Involvement in High-Risk Activities</p> <p>Duration: At least one week (or any duration if hospitalized).</p>	<p>Major Depression</p> <p>Meets criteria for:</p> <p>Depressed Mood Irritable Mood, or Anhedonia</p> <p>Plus 4 symptoms</p> <p>Worthlessness/ Guilt Sleep Disturbances/ Insomnia/ Fatigue Concentration Disturbance Appetite/ Weight Changes Psychomotor Agitation or Psychomotor Retardation Recurrent Thoughts of Death/ Suicidality</p> <p>Duration: Minimum of 2 weeks</p>	<p>Attention Deficit Disorder</p> <p>Meets criteria for at least 6 Inattention symptoms:</p> <p>Makes Careless Mistakes Difficulty Sustaining Attention</p> <p>Doesn't Listen Difficulty Following Instructions Difficulty Organizing Tasks Avoids Tasks Requiring Attention Loses Things Easily Distracted Forgetful in Daily Activities</p> <p>OR</p> <p>Meets Criteria for at least 6 of the hyperactivity/ impulsivity symptoms:</p> <p>Psychomotor agitation/ Fidget Driven by a Motor Difficulty Remaining Seated Runs or Climbs Excessively Difficulty Playing Quietly Talks Excessively Blurts Out Answers Difficulty Waiting Turn Often interrupts or intrudes</p> <p>Duration: Minimum of 6 months</p>	<p>Oppositional Defiant Disorder</p> <p>Meets criteria for 4 symptoms</p> <p>Irritable/ Loses temper Argues a lot with adults Disobeys rules Easily annoyed or angered Angry or resentful Spiteful or vindictive Annoys people on purpose Blames others for own mistakes</p> <p>Duration: minimum of 6 months</p>	<p>PTSD</p> <p>Criterion A trauma plus: One Re-Experiencing item:</p> <p>One Avoidance items:</p> <p>Two of the following: Inability to recall aspects of the traumatic event(s); Persistent and exaggerated negative beliefs and expectations (e.g., I am bad, the world is unsafe); Distorted cognitions about causes or consequences of the traumatic event (e.g., blame self); Persistent negative emotional states (e.g., anger, fear, guilt, shame) Anhedonia Feelings of detachment; Persistent inability to experience positive emotions (e.love.)</p> <p>Two Increased Arousal items: Irritability Reckless or Self-Destructive Behavior Hypervigilance Exaggerated startle Difficulty Concentrating Sleep disturbance/Insomnia</p> <p>Duration: Minimum of 1 month</p>	<p>DISTRACTABILITY & CONCENTRATION PROBLEMS ARE A SYMPTOMS OF:</p> <ul style="list-style-type: none"> • Mania / Bipolar Disorder • Major Depression • ADHD • PTSD <p></p>
---	---	--	---	---	---

51

<p>Mania</p> <p>Manic children often present with severe irritability or mixed states.</p> <p>Presence of some symptoms uniquely associated with mania:</p> <p>Abnormally Elevated or Expansive Mood Grandiosity Decreased Need for Sleep</p> <p>While manic symptoms may appear prior to the age of 7/12, they most frequently emerge later in development. The new onset of ADHD-like symptoms in adolescence should raise concerns of bipolar or another disorder.</p> <p>The development of psychotic symptoms in response to stimulant treatment or mania with antidepressant treatment is considered by some a red flag for mania.</p> <p>Manic symptoms are most often more severe in the home setting. For diagnosis, some evidence of symptoms should be present across settings.</p> <p>Manic symptoms must occur within the context of distinct episodes <u>not</u> as part of a chronic course of illness. They should represent a change from baseline.</p>	<p>Major Depression</p> <p>Presence of some symptoms uniquely associated with depression:</p> <p>Depressed Mood Appetite/Weight Changes Psychomotor Retardation Recurrent Thoughts of Death/Suicidality</p> <p>If child had pre-existing ADHD with history of concentration disturbances and psychomotor agitation, there should have been a worsening of these long-standing difficulties if these symptoms are to also be counted toward a diagnosis of MDD.</p> <p>MDD <u>cannot</u> be diagnosed without a direct assessment of the child. Parents are often poor informants of depressive symptoms.</p> <p>Self-report questionnaires are an important adjunct to the clinical interview when assessing depressive symptoms in general, and suicidality in particular.</p>	<p>Attention Deficit Disorder</p> <p>For the diagnosis of ADD and ADHD, the symptoms must have had an onset prior to age 12. If the ADHD-like symptoms were not present in grade school to some extent, they likely represent manifestations of another disorder.</p> <p>ADD/ADHD symptoms are relatively chronic through early childhood. If the symptoms wax and wane significantly, alternate diagnoses (e.g. mania, depression) should be considered.</p> <p>ADD and ADHD symptoms appear worse in school and unstructured settings than at home. They may be completely absent in highly structured one-on-one testing situations.</p> <p>Teachers are critical informants in finalizing an ADD/ADHD diagnosis and in monitoring treatment response.</p>	<p>Oppositional Defiant Disorder</p> <p>Presence of some symptoms uniquely associated with ODD:</p> <p>Resentful Spiteful or Vindictive Annoys People on Purpose Blames others for own mistakes</p> <p>Exhibits a disregard for rules.</p> <p>Relatively chronic presence of symptoms. The waxing and waning of symptoms should raise red flags about other possible diagnoses.</p> <p>Symptoms must be present across settings. Typically symptoms are worse in the home environment.</p> <p>If the symptoms are severe at home and completely absent at school, rule-out parent-child relationship problem(s).</p>	<p>Posttraumatic Stress Disorder</p> <p>Avoidance is a core feature of PTSD. Children do not like to talk about past traumas. It is therefore imperative that multiple sources be tapped to obtain a complete trauma history of children prior to surveying PTSD symptoms (e.g. parents, workers).</p> <p>Many of the symptoms of PTSD overlap with MDD (e.g., irritability, guilt, anhedonia, concentration disturbance, insomnia), ADHD (e.g., concentration disturbances), mania (e.g., concentration disturbance, recklessness, irritability), and ODD (e.g., irritability). The presence of a complete trauma history is essential for making the differential diagnosis.</p> <p>The diagnosis of PTSD requires the presence of re-experiencing symptoms. Nightmares need not be trauma specific to count toward the diagnosis of PTSD in children.</p> <p>The presence of trauma-related hallucinations can further complicate this diagnosis. Trauma-related hallucinations are associated with dissociative symptoms (e.g. trance-like states) and are frequently nocturnal. Children with PTSD and trauma related hallucinations usually have good social relatedness and no formal thought disorder.</p>	<p>KEY FACTORS TO CONSIDER IN MAKING DIFFERENTIAL DIAGNOSES:</p> <ul style="list-style-type: none"> • Chronic vs Episodic • Setting where symptoms worst • Patterning of Symptoms <p></p>
---	--	--	---	---	--

52

DIFFERENTIAL DIAGNOSES

Distractability / Concentration Problems

- Chronic, worse in school setting
 - likely ADHD
- Episodic, associated with decreased need for sleep
 - likely mania/bipolar
- Episodic, associated with negative self-worth and suicidality
 - likely depression
- New onset after trauma, nightmares
 - likely PTSD

Irritability / Temper Problems

- Chronic, associated with disrespect for authority and rules
 - likely ODD
- Episodic, associated with decreased need for sleep
 - likely mania/bipolar
- New onset after trauma, associated with nightmares
 - likely PTSD



53

FREQUENTLY ASKED QUESTIONS

1. If the KSADS-COMP is HIPAA and GDPR compliant, why can't we use protected health information (PHI) in the KSADS-COMP?
As even the website of the Pentagon has been hacked – we want to take no chances.
2. How young a child would you ask to complete the self-administered KSADS-COMP?
It is designed for youth 11 and above but has been administered with assistance for youth as young as 9.
3. Can research assistants/clinicians help youth complete the self-administered KSADS-COMP?
YES!
4. Is there a “save and return” option if the parent or youth cannot complete the KSADS-COMP in one sitting?

All data is saved instantaneously. If the caregiver, youth, or clinician need to restart the interview – it will pick up exactly where they left off.



54

FREQUENTLY ASKED QUESTIONS

5. What age child is the clinician-administered KSADS-COMP appropriate for?

The caregiver component of the interview has been used with parents of children as young as 3, and the child portion of the interview with youth as young as 5 or 6. With younger children the clinician may only be able to complete the introductory interview and a subset of the modules.

6. Are there any assessments you recommend to augment the KSADS-COMP with young children 3-6 years of age?

The abbreviated 17-item Levonn cartoon inventory is a great measure to attain a preschooler's report of his/her clinical symptoms.

7. What if parents or youth are uncertain about the dates for the onset of symptoms?

Ask them to give their 'best guess.' Reframing the question in terms of the grade the child was in when the symptoms began came help or linking the onset to other significant events (e.g., age when moved, parents divorced, etc).



55

FREQUENTLY ASKED QUESTIONS

8. Is there a back button?

Yes. It is in the top-left corner of the screen. With the self-administered KSADS-COMP caregivers and youth can only go back one question. With the clinician-administered KSADS-COMP, all the items in an unfinished module can be reviewed.

9. When new information comes up which is relevant to a prior question, how can it be incorporated?

Notes about the information can be included in the 'Comments' section, and in the clinician-administered interview, the new information can be utilized in finalizing consensus symptom ratings and diagnoses.

10. For the consensus interview, how do you resolve differences in caregiver and child responses?

In general, caregivers are better at reporting externalizing symptoms (e.g., aggression, rule breaking) and youth are better at reporting internalizing symptoms (e.g., depression, anxiety). As there are exceptions to this rule, the clinician should weigh the evidence and decide accordingly.



56

FREQUENTLY ASKED QUESTIONS

11. Are diagnoses generated with the self-administered KSADS-COMP equivalent to diagnoses derived using the clinician-administered KSADS-COMP?

No. It is a highly replicated finding in the field that caregivers, youth, and clinicians rarely rate symptoms the same. Diagnoses derived from the clinician-administered interview with both informants are considered the ‘gold standard.’ In our initial validation study, we demonstrated proof-of-concept that the self-report ratings could be combined to derive diagnoses that closely resembled clinician-derived diagnoses. We are working with open datasets to refine these algorithms. The KSADS-COMP is a tool to assist with diagnoses and treatment planning. It is not designed to replace the clinician. All information should be reviewed and evaluated by a clinician.

TABLE 6 Predicting Clinician Current Diagnoses Using Youth and Parent Self-Administered Kiddie Schedule for Affective Disorders and Schizophrenia Computerized Version (KSADS-COMP) Data (N = 106)			
Depression	Bipolar Disorder	ADHD	ODD
Youth K-SADS Depression Scale; youth report of suicidality; parent and youth adaptive functioning measures (eg, drop in grades, extracurricular activities, friendships); antidepressant medication	Youth report decreased need for sleep; youth report elation; family history of bipolar disorder; mood stabilizer or atypical antipsychotic; inpatient hospitalization	Parent K-SADS ADHD Scale; age of ADHD onset; ADHD medication; GAD diagnosis	Parent K-SADS ODD Scale; parent report of suspensions and detentions; GAD diagnosis; criterion A trauma history
AUC = 0.877 (p < .001) Sensitivity = 0.94 Specificity = 0.67	AUC = 1.00 (p < .001) Sensitivity = 1.00 Specificity = 1.00	AUC = 0.977 (p < .001) Sensitivity = 0.92 Specificity = 0.91	AUC = 0.913 (p < .001) Sensitivity = 0.92 Specificity = 0.91

Townsend et al., 2020



57

REFERENCES

Townsend, L, Kobak, K., Kearney, C., Milham, M., Andreotti, C., Escalera, J., Alexander, L., Gill, M.K., Birmaher, B., Sylvester, R., Rice, D., Deep, A., Kaufman, J. (2020). Development of Three Web-Based Computerized Versions of the Kiddie Schedule for Affective Disorders and Schizophrenia (KSADS-COMP) Child Psychiatric Diagnostic Interview: Preliminary Validity Data. *Journal of the American Academy of Child and Adolescent Psychiatry*, Feb;59(2):309-325. doi:10.1016/j.jaac. PMID: 31108163.

Kaufman J, Kobak K, Birmaher B, de Lacy N. 2021, KSADS-COMP Perspectives on Child Psychiatric Diagnostic Assessment and Treatment Planning. *Journal of the American Academy of Child and Adolescent Psychiatry*; 60(5):540-542. doi: 10.1016/j.jaac.2020.08.470. PMID: 33385508

Feel free to email me if you have any questions at:

joan.kaufman@ksads-comp.com



58