

Youth Resilience & Mental Health Screening Packet (Ages 6–17)

Empowered through EMDR Psychotherapy

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Section 1: One-Page Triage Form (YR-MHS)

Use this quick screen (3–5 min) for ADHD, Anxiety, Depression, ACEs, and PCEs.

- A1. ADHD (past 6 months): Difficulty sustaining attention, easily distracted, fidgets/'driven by a motor'. Positive if any item Often/Very Often → Administer SNAP-IV or Vanderbilt.
- A2. Anxiety (past 3 months): Frequent nervousness/worry, avoids school/social situations, somatic symptoms when frightened. Positive if ≥ 2 Yes → Administer SCARED.
- A3. Depression (past 2 weeks): Little interest/pleasure, feeling down/depressed/hopeless. Positive if either item ≥ 2 → Administer PHQ-A.
- A4. ACEs (ever): Abuse, neglect, caregiver mental illness/substance use, parental separation/divorce, incarceration, IPV. Any Yes → Administer PEARLS (de-identified).
- A5. PCEs (often): Can talk with family, family support, belonging at school, supportive friends, ≥ 2 caring adults, feels safe at home. If ≤ 3 Yes → Administer PCEs-7.

Section 2: Scoring Cheat-Sheet

Vanderbilt/SNAP-IV

- ADHD likely if ≥ 6 positives in inattentive or hyperactive sets (scores 2–3) AND impairment on performance items.

SCARED

- Total ≥ 25 suggests anxiety disorder; ≥ 30 more specific. Subscales: Panic ≥ 7 , GAD ≥ 9 , Separation ≥ 5 , Social ≥ 8 , School Avoidance ≥ 3 .

PHQ-A

- Severity: 0–4 none, 5–9 mild, 10–14 moderate, 15–19 moderately severe, 20–27 severe. Diagnostic: Items 1 or 2 ≥ 2 plus ≥ 5 positives.

PEARLS

- Higher ACE score = higher toxic stress risk; ≥ 4 ACEs often considered high-risk. Use trauma-informed follow-up.

PCEs-7

- Score 0–7; higher scores indicate stronger protective factors. ≤ 3 suggests low PCEs and need for resilience-building interventions.

Section 3: Brief Workflow

- When to Screen: USPSTF recommends routine depression screening ≥ 12 and anxiety ≥ 8 ; ADHD when concerns arise; ACEs/PCEs at intake or annual review.
- Multi-Informant Guidance: For ADHD, collect caregiver and teacher reports; for anxiety/depression, use youth and caregiver forms.
- Trauma-Informed ACEs Use: Use de-identified PEARLS; ensure pathways to resources and avoid re-traumatization.
- Crisis Steps: Any suicidal ideation (PHQ-A item 9 ≥ 1) $\rightarrow$ immediate risk assessment, safety planning, and crisis referral per local policy.

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