

KSADS-COMP
LLC

The gold standard in child and adolescent psychiatric diagnoses


Clinician-Administered KSADS-COMP Guidelines

Joan Kaufman, PhD

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DISCLOSURES


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



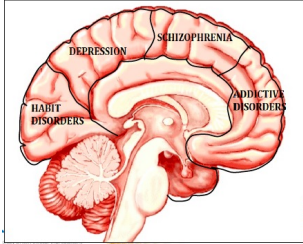
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TRAINING OUTLINE

- Introduction to Child Psychiatric Diagnoses and the KSADS assessments
- Overview of Clinician Administered KSADS-COMP
- Independent Exploration
- Review of Frequently Asked Questions
- Differential Diagnoses
- KSADS-COMP Review Questions



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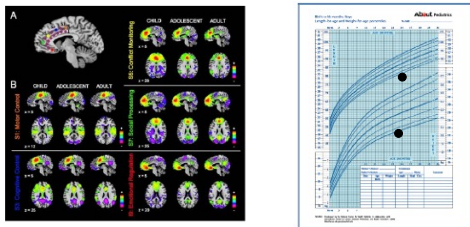
THE BRAIN IS NOT ORGANIZED ACCORDING TO DSM-5 OR ICD-11

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NIMH RDoC INITIATIVE

Psychiatric Diagnoses 2030????




Margulies, Castellanos, et al., 2007

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PSYCHIATRIC DIAGNOSES 2022

- Interview with youth
- Interview with parent
- Self- and parent-report questionnaires
- Review of medical records
- Collateral information from school and child protective services(CPS) as needed



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HISTORY: PAPER-AND-PENCIL KSADS

- First KSADS - 1978 – Dr. Joaquim Puig-Antich - First tool to directly inquire from children about their symptoms
- 1997 DSM-IV version – Modified format; screen interview and supplements; 9,600 citations
- 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, and clinical, neurobiological, and genetic correlates of child psychiatric disorders.



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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 common



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ADVANTAGES: WEB-BASED KSADS-COMP

- Administration time for cut in half; on average **1.5 hours** to complete the interview with both youth and caregiver
- Excellent inter-rater reliability in scoring individual items; even among first-time clinical users
- Automated selection of supplements for completion and automated scoring and diagnostic algorithms
- Instrument generates categorical diagnoses and dimensional symptom ratings
- Automated data capture features, symptom level reports, and diagnostic reports



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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.



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CHARACTERISTICS:

CLINICIAN-ADMINISTERED KSADS-COMP

- Semi-structured; designed to be administered in a conversational style
- 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



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COMPONENTS:

CLINICIAN-ADMINISTERED KSADS-COMP

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



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SELF-ADMINISTERED TEEN AND PARENT PRE-INTERVIEW

- Includes parent and teen self-report ratings of the KSADS screen items which can be completed before the clinician-administered interview (e.g., pre-interview)
- The pre-interview only surveys *current symptoms*
- Parent and teen pre-interview responses can be reviewed prior to administering the clinician interview
- The parent and teen pre-interview responses will also appear on the top of the screen of the clinician-administered KSADS



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SETTING PATIENT ID AND ACCESSING LINK FOR PRE-INTERVIEW

[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



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SENDING PRE-INTERVIEW LINK

Click on link

Patient ID	Pre-Interview Teen	Pre-Interview Parent	Teen Interview	Parent Interview	Clinician Interview	Reports
JK_OJ_632020	Click here to start	Click here to start	Click here to start	Click here to start	Not started	Go to Reports

That will bring you to this screen:

Copy url address and paste it in email or text. You can then click 'Cancel' to close the administration and then logoff KSADS. The parent can complete the questions on their cell phone, an iPad, or laptop.



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CLINICIAN KSADS-COMP: PRE-INTERVIEW ITEMS

- The pre-interview questions can be completed on a smartphone, iPad, or computer
- The pre-interview items provide a comprehensive screen and help to streamline the assessment and identify likely diagnoses before meeting with the child
- Completion time approximately 20 minutes

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TO REVIEW PRE-INTERVIEW DATA

- Login to KSADS, go to the Patient ID
- Click Go To Reports (far right column).
- Select 'Symptom Response/Comments (top middle green box).
- Select Parent Pre-Interview, Show only Questions Asked, and Execute:

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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.Q2d	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	

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VISIT DEMO-SITE

- Logon to demo site
- Modify Patient ID – Remember do NOT use PHI in label
- Copy url to send pre-interview link to caregiver or youth
- Click ‘Do interview now’ and complete pre-interview items
- Review report of pre-interview items



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FREQUENTLY ASKED QUESTIONS

- If the KSADS-COMP is HIPAA and GDPR compliant, why can't we use protected health information (PHI) in the KSADS-COMP?
- How young a child would you ask to complete the self-administered pre-interview section of the KSADS-COMP?
- Is there a “save and return” option if the parent or youth cannot complete the pre-interview questions in one sitting?
- Can the clinician portion of the interview be administered if the pre-interview items are not completed?
- Can data attained in the pre-interview questions be used to guide the sections to be completed by the clinician?



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**COMPONENTS:
CLINICIAN-ADMINISTERED KSADS-COMP**

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



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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



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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)



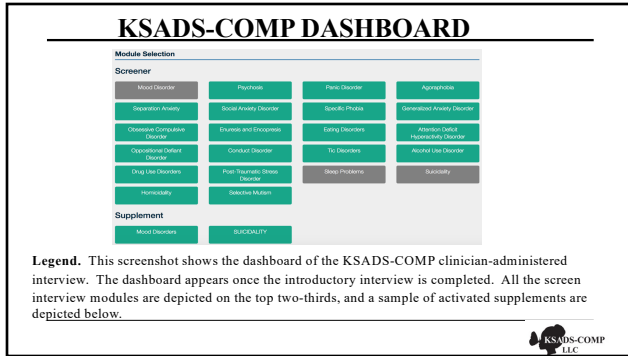
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COMPONENTS: CLINICIAN-ADMINISTERED KSADS-COMP

1. Self-Administered Pre-Interview
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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

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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

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

Threshold for clinical significance varies based on the symptom

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THE SCREEN INTERVIEW (con't)

- Observational data can be used in rating symptoms severity
- Each diagnostic area surveyed in screen interview have skip out criteria which determine whether or not the supplement for that diagnosis is needed
- If the child receives a threshold response for a symptom, they are queried about the next symptom in the KSADS; if the response is sub-threshold they will be asked about the lifetime presence of the symptom



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SCREENSHOT CURRENT SYMPTOM

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.

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SCREENSHOT PAST SYMPTOM

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

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PROBES

- The probes in the KSADS-COMP interview do **NOT** have to be recited verbatim
- Interviewers are free to make stylistic changes in the wording of the probes
- Probes can be omitted if the data obtained in the introductory interview and/or on the parent and teen pre-interview forms suggest no further probing is required to rate the symptom



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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)



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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)



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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 (0-1)

Excessive worries more days than not. Present

Excessive worries across breadth of domains. Present (How I look, how I feel on a test, if people like me, the future, the past...)

Worries associated with defined symptoms. 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

Critically significant distress due to worries. Present

Worrying has lasted at least 6 months. Present



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VISIT DEMO-SITE



- Logon to demo site
- Open parent interview for the same subject you used when completing the pre-interview items
- Run through the introductory interview items and 1-2 screen sections
- Test the back button
- Write some comments
- Review Symptom Response/Comments Report



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FREQUENTLY ASKED QUESTIONS

- What age children is the clinician-administered KSADS-COMP appropriate for?
- When new information comes up which is relevant to a prior question, how can it be incorporated?
- How do you handle a child not knowing specific dates?
- Portions of the clinician-administered KSADS-COMP state, “check all that apply.” How should these items be administered?
- For the consensus interview, how do resolve differences in caregiver and child responses?



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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



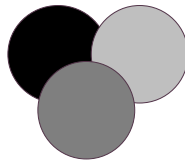
Trauma-focused therapy, safety planning



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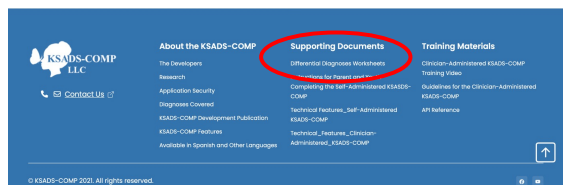
DIFFERENTIAL DIAGNOSIS

- 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:
 - Episodic or chronic nature of symptoms
 - Patterning of symptom with other symptoms; and
 - Context (e.g., home vs. school) where the symptoms are most problematic



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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



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KSADS-COMP Review Questions

Complete the questions on your screen. The correct answers will be provided at the end of the 10-item quiz.



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1. Which of the following statements is False:

The pre-interview self-report KSADS-screen items:

- a) Are completed by only the parent
- b) Are completed before administering the KSADS interview
- c) Are completed by both the parent and the teen
- d) Scores from the pre-interview self-report rating scales appear on the screen of the clinician-administered interview



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2. Which of the following statements is True:

The Introductory Interview:

- a) Can be omitted in the interest of time
- b) Is not an essential part of the K-SADS
- c) Helps establish rapport, provides information about functional impairment, treatment history, and relevant diagnostic areas to be surveyed in greater detail later in the interview
- d) Contains probes and ratings for scoring symptoms



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3. Which of the following statements is True:

The Screen Interview:

- a) Should ideally be completed in its entirety before completing any of the diagnostic supplements
- b) Surveys 2 - 4 symptoms for each diagnosis assessed in the KSADS-COMP
- c) Provides a diagnostic overview and facilitates differential diagnoses
- d) All of the above



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4. The probes included in the clinician-administered K-SADS-COMP:

- a) Need NOT be read verbatim
- b) Can be altered to make stylistic changes to facilitate the interview
- c) Can be omitted if the data obtained in the introductory interview and on the parent and teen pre-interview forms suggest no further probing is required to rate the symptom
- d) All of the above



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5. If in the Screen Interview, threshold ratings are obtained in the ADHD, Mania, Depression, and Substance Use sections, supplements for these disorders are administered in the following order:

- a) ADHD, Mania, Depression, Substance
- b) Substance, ADHD, Depression, Mania
- c) Substance, Mania, Depression, ADHD
- d) ADHD, Depression, Mania, Substance



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6. If in the Screen Interview, threshold ratings are obtained in the current Depression, Mania, and Psychosis sections, supplements for these disorders are administered in the following order:

- a) Psychosis, Mania, Depression
- b) Depression, Psychosis, Mania
- c) Mania, Psychosis, Depression
- d) Depression, Mania, Psychosis



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7. If in the Screen Interview, threshold ratings are obtained in the current Depression, Psychosis, and PTSD sections, supplements for these disorders are administered in the following order:

- a) Psychosis, PTSD, Depression
- b) Depression, Psychosis, PTSD
- c) Psychosis, Depression, PTSD
- d) PTSD, Depression, Psychosis



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8. Which of the following statements are False:

- a) Observational data can be used in rating symptoms severity
- b) The parent interview should ideally be completed by a different interviewer than the child interview
- c) When assessing a pre-adolescent it is best to complete the parent interview before the youth interview
- d) Information learned in the unstructured introductory interview (e.g., suspensions for fighting in school) can be used to probe the presence and severity of symptoms (e.g., fighting) assessed later in the K-SADS



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9. Which of the following statement(s) are True:

- a) The clinician-administered KSADS-COMP is a semi-structured instrument
- b) The clinician-administered KSADS-COMP is designed to be conducted in a conversational style
- c) Parent and youth self-report measures can be used together with KSADS-COMP data to derive best-estimate child psychiatric diagnoses
- d) All of the above



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10. Which of the following statement(s) are True:

- a) Parent and youth pre-interview responses can be viewed online and/or printed before conducting the KSADS-COMP interview with the parent and child
- b) The Diagnosis Report lists current and past diagnoses and all positive symptoms associated with each disorder
- c) Notes that the clinician types when administering the KSADS-COMP can be viewed online and/or printed by selecting the Symptom Response/Comments tab in the Reports section
- d) All of the above



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ANSWERS

1. A
2. C
3. D
4. D
5. B
6. D
7. D
8. B
9. D.
- 10.D



55

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- a) ADHD, Mania, Depression, Substance
- b) Substance, ADHD, Depression, Mania
- c) Substance, Mania, Depression, ADHD
- d) ADHD, Depression, Mania, Substance



56

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- a) Psychosis, Mania, Depression
- b) Depression, Psychosis, Mania
- c) Mania, Psychosis, Depression
- d) Depression, Mania, Psychosis



57

7. If in the Screen Interview, threshold ratings are obtained in the current Depression, Psychosis, and PTSD sections, supplements for these disorders are administered in the following order:

- a) Psychosis, PTSD, Depression
- b) Depression, Psychosis, PTSD
- c) Psychosis, Depression, PTSD
- d) PTSD, Depression, Psychosis



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



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