

**KSADS-COMP  
LLC**

*The gold standard in child and adolescent psychiatric diagnoses*

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**Self-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 the KSADS assessment tools
- Overview of youth and caregiver Self-Administered KSADS-COMPs
- Independent Exploration
- Review Frequently Asked Questions

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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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### THREE KSADS-COMP CHILD PSYCHIATRIC DIAGNOSTIC TOOLS:

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

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



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### ADVANTAGES: WEB-BASED KSADS-COMP

- Self-report versions of the KSADS-COMP can be completed in-person or remotely by each informant in less than one hour
- Suicide and homicide alerts generated when these items endorsed in the self-administered versions of the KSADS-COMP
- 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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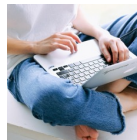
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### SELF-ADMINISTERED KSADS-COMP

Same Components as the Paper-and Pencil KSADS:

1. Introductory Interview
2. Diagnostic Screening Interview
3. 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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## 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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### SUPPLEMENTS

- The skip out criteria in the Screen Interview specify which, if any, supplements will be administered
- 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)
- The order for supplement administration is programmed automatically



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### 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.



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### SELF-ADMINISTERED KSADS-COMP

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

- If in the screen interview a child endorsed long-standing difficulties with inattention and ADHD symptoms, and reported new onset depression symptoms, the ADHD supplement would be administered before the depression supplement
- If the child then endorsed difficulties with concentration when completing the depression supplement, the child would be presented with a question that asks whether the concentration difficulties got worse with the onset of the depressed mood. If not, concentration problems is not rated as present in the depression supplement.



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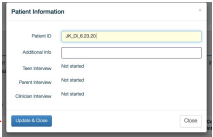
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## SETTING PATIENT ID AND ACCESSING LINK FOR KSADS-COMP

**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



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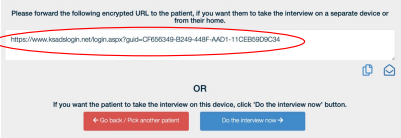
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## Sending Link for KSADS-COMP to be Completed Off-Site



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



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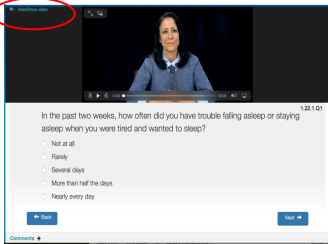
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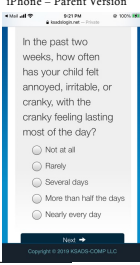
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## SELF-ADMINISTERED KSADS-COMP

**Youth version with video clips**



**iPhone - Parent Version**



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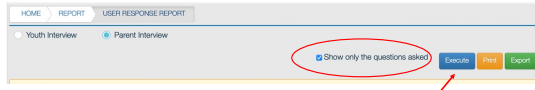
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## TO REVIEW KSADS-COMP DATA

- Login to KSADS, go to the Patient ID
- Click Go To Reports (far right column)
- Select 'Symptom Response/Comments' (top middle green box) to see item by item responses
- Select only Questions Asked, and Execute
- Diagnostic reports also available



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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



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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 self-administered KSADS-COMP link to caregiver or youth
- Click 'Do interview now' and complete self-administered KSADS-COMP
- Test the back button
- Write some comments
- Review Symptoms/Comments and Diagnostic Reports



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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 KSADS-COMP?
- Can research assistants help youth complete the KSADS-COMP?
- What if parents or youth are uncertain about the dates for the onset of symptoms?
- Is there a "save and return" option if the parent or youth cannot complete the KSADS-COMP in one sitting?
- Are diagnoses generated with the self-administered KSADS-COMP equivalent to diagnoses derived using the clinician-administered KSADS-COMP?



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



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