
MAYSI - 2

MASSACHUSETTS YOUTH SCREENING INSTRUMENT

Historical Perspective

In the early 1990s, research began to reveal a higher prevalence of mental disorder in juvenile justice youths compared to youths in the general population. Dr. Thomas Grisso and Dr. Richard Barnum decided to create and refine a screening tool that would identify signs of emotional and mental distress in juvenile justice youths. In 1994, 52 questions were selected and these items were fashioned into a questionnaire. Scales representing symptom clusters theoretically related to mental disorders were constructed from the items.

After the creation of the questionnaire and with funding from the William T. Grant Foundation, the Center for Mental Health Services Research at the University of Massachusetts Medical School, and with the cooperation of the Massachusetts Department of Youth Services, efforts began to test the psychometric properties of the instrument. The Massachusetts MAYSI-2 Project, from 1996 to 1999, resulted in what is now the MAYSI-2 and established its reliability, concurrent validity, and clinical utility as a brief screening tool for youths in the juvenile justice system.

Objectives

- Identify the MAYSI-2 screening requirements as set forth by Texas Administrative Codes.
- Utilizing the MAYSI-2 questionnaires provided, demonstrate the ability to accurately complete each scoring profile.
- Analyze the differences between the caution and warning cut-off scores.
- Translate each scoring profile and determine the recommended post-scoring services.

MAYSI-2 Development

PURPOSE

- **Screening** for potential mental health needs, such as
 - various types of **reported and current** mental/emotional disturbances, distress or patterns of problem behavior

USE

- With **all** youths immediately upon entry into the juvenile justice system

GOALS

- _____ administrator to potential needs; and
- _____ for high-priority immediate response (e.g., suicide prevention, substance withdrawal, clinical referral)

Effects of Mental Disorders

- _____
- _____
- _____
- _____
- _____
- _____

When To Administer MAYSI-2

- 341.36 – Referrals to Probation & Detention
- 343.30 (i) – Referrals to Detention
- 351.04(m) – Referrals to Short-term Detention

§341.36.Screening

- **TJJD Standard Screening Tool** shall be completed for all juveniles who receive a formal referral to the juvenile probation department.
- Department is not required to complete an additional screening.
- if TJJD Standard Screening Tool has been completed **within the previous two weeks** of the formal referral; and
- is contained in the **juvenile's case record**, the department is not required to complete an additional screening.

§341.36. (b) Time of Screening

Referrals Without Detention

- Shall be administered no later than **14 calendar days** from the first face-to-face contact between the juvenile and a juvenile probation officer.

Referrals With Detention. (Ref. 343.30(i))

(1) The TJJD Standard Screening Tool shall be administered to each juvenile admitted into detention.

- (2) The TJJD Standard Screening Tool shall be administered within **48 hours** from the time the juvenile is admitted into detention.

§343.30.Referrals to Detention

- Screening.

The TJJD Standard Screening Tool shall be administered to each resident that is admitted into detention.

(1) The tool shall be administered within **48 hours** from the time the resident is admitted into detention.

(2) A copy of the completed tool shall be provided to the supervising juvenile probation officer.

§351.04 (m) Referrals to Short-term Detention

- Screening

The TJJD Standard Screening Tool shall be administered to each resident that is admitted into the short-term detention facility.

(1) Administered within **24 hours** from the time the resident is admitted into detention.

(2) A copy provided to the supervising juvenile probation officer.

(3) A copy provided to the receiving pre-adjudication secure detention facility upon transfer from the short-term detention facility.

- **Copyright Issues: MAYSI-2**

- MAYSI-2 is **copyrighted** by authors

This means items and forms **cannot be altered or re-formatted** without prior approval of the authors

- January 2000

MAYSI-2 available for use in juvenile justice agencies nationally, without cost, if prior approval of authors obtained

- TJJD has received the necessary approval for Texas use of MAYSI-2

- **MAYSI-2 Characteristics**

- **FORMAT**

Youth self-report to (52 “yes/no” questions)

“Yes / No” to whether item statements “have been true for you in the past few months”;
Traumatic experiences is the exception

- MATERIAL
Paper & pencil or software versions
- ADMINISTRATION
Youth reads or staff reads to youth. Individual or group (with paper), individual with software

▪ **MAYSI-2 Characteristics**

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ▪ _____
Fifth-grade reading level ▪ TIME
10-minute administration, 2 minute scoring ▪ _____
No clinical expertise required | <ul style="list-style-type: none"> ▪ _____
No publisher/author charges for use ▪ RESEARCH
Database development potential
TJJD to collect data from use |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

MAYSI-2 Scales

Alcohol/Drug Use	(AD)	8 items
Anger-Irritability	(AI)	9 items
Depressed-Anxious	(DA)	9 items
Somatic Complaints	(SC)	6 items
Suicide Ideation	(SI)	5 items
Thought Disturbances	(TD)	5 items (Boys)
Traumatic Experiences	(TE)	5 items

√ _____

- This scale is intended to identify youth who have
 - Frequent use of alcohol/drugs
 - Risk of substance abuse or psychological reaction to lack of access to substances
- Elevated score on this scale suggests an elevated risk
- Alert staff to use that may have physiological or psychological reactions
- 8 items on scale

Substance abuse problems are much more frequent among juvenile offenders compared to other adolescents. The scale overall is not intended to reflect experimental substance abuse only. An elevated score on this scale suggests elevated risk for having or developing significant substance abuse problems. It may also alert staff to youths whose more frequent substance abuse makes them more at risk of having psychological or physiological reaction to the lack of access to substance early in secure detention.

√ _____

- This scale is intended to identify youth who

Experience frustration, lasting anger, moodiness
Are at risk of angry reaction, fighting, aggressive behavior

- Does not necessarily identify youths who habitually get into physical fights
- Associated with depression, trauma, ADHD, oppositional behavior, conduct problems, poor socialization and personality problems
- 9 items on scale

An angry mood, its associated tension, "touchiness," and an impulsive reaction to annoyance or frustration are all relatively common among juvenile offenders. It is not a symptom of any particular disorder, and some youths experience irritability without having a significant disorder. But angry mood is found in association with a number of clinical conditions – for example, depression, a history of trauma, ADHD, oppositional behavior, conduct problems, poor socialization and personality problems, as well as any combination of these difficulties.

Angry-Irritable scores somewhat increase the risk that a youth will impulsively react in ways that can hurt others or themselves. However, the scale does not necessarily identify youths who habitually get into physical fights. Many youths who habitually fight do so for a variety of incentives rather than because of anger. It is also true that many youths who are typically angry manage to avoid getting into fights. But high Angry-Irritable scores do suggest an increased risk that anger may be expressed impulsively in physical aggression under conditions of annoyance or frustration.

√ _____

- This scale is intended to identify youth who

Experience depressed and anxious feelings
Are at risk of impairments in motivation, need for possible treatment

- 9 items on scale

One might imagine that there should be separate scales in an instrument like the MAYSI-2 for anxiety and depression. However, many studies of mental and emotional disorders of adolescence have identified a "syndrome" of mixed anxiety and depression that seems to come closer to describing youths' emotional disturbance than would separate scales. The depressed-anxious dimension has some of the features of clinical depression that are seen in adults, but it has a different appearance than "pure" depression because it is mixed with anxiety and tension.

High Depressed-Anxious scores when a youth first enters a juvenile facility do not always mean that a youth will continue to have serious depressed-anxious feelings across time.

✓ _____

- This scale is intended to identify youth who

Experience bodily discomforts associated with distress

Risk of psychological distress not otherwise evident

- 6 items on scale

An elevated score on this scale could occur for a variety of reasons. For example, somatic complaints tend to co-occur with depression and anxiety, and sometimes they can be associated with trauma history and with thought disorders as well. On the other hand, aches, pains, and other somatic complaints may be symptoms of physical illnesses, and such complaints should not be overlooked as symptoms in their own right.

An elevation on this scale without elevations on other scales is relatively uncommon. It may reflect physical illness with variable or nonspecific manifestations. It may simply reflect a tendency to experience somatic manifestations of normal anxiety more acutely than the average youth, since all six of the items in the scale are concerned with physical sensations associated with nervousness or anxiety. However, an elevated score on this scale may also be an indication of more significant emotional problems, since somatic complaints sometimes reflect emotional distress that is not immediately apparent in other ways.

✓ _____

- This scale is intended to identify youth with

Thoughts and intentions to harm oneself

Risk of suicide attempts or gestures

- 5 items on scale

The Suicide-Ideation scale addresses thoughts and intentions about self harm. This scale does not ask for information about past self-destructive behavior. The focus is entirely recent and current subjective states. Currently no research has been performed to determine whether youths with high Suicide Ideation scores are actually more likely to attempt suicide. The aim with this scale is to elicit self-report of specific thoughts and feelings about suicide, because there is a good deal of evidence in theory and research that such thoughts and feelings are relevant for suicidal intent and risk.

✓ _____

- This scale is intended to identify youth (boys only) with

Unusual beliefs and perceptions

Risk of thought disorder

- 5 items on scale

Item #26 refers to a condition of derealization ("things don't seem real") that is a more general abnormality or perception and consciousness. It is sometimes an early indication of a psychotic state, but it may simply arise in anxiety or dissociative states as well.

In the study with which the MAYSI-2 was developed, the various ways that were used to identify which items came together as scales did not identify a "thought disturbance" scale using MAYSI-2 items. Thus the Thought Disturbance scale should not be applied to girls.

A positive response to several of these items may indicate a psychotic illness such as schizophrenia or a major depressive episode with psychotic features. It may also reflect the sort of dramatic and intermittent abnormalities of perception sometimes seen in Post Traumatic Stress Disorder, or sometimes a result of an organic brain disorder. Youths may endorse each individual item, however, for reasons that are not consistent with these serious mental disorders. For example, some youths may be recalling experiences under the influence of drugs when reporting that

they have "heard voices" or "seen things" that others could not. A positive answer to "heard voices" can sometimes refer to powerful or intrusive thoughts rather than true voices.

Because of these various possible reasons for endorsing the Thought Disturbance items, youth should be asked to clarify their positive responses – after they have completed the MAYSI. This helps determine whether the youth might have endorsed the items for reasons that are not associated with a mental disorder.

√ _____

- This scale is intended to identify youth with

Lifetime exposure to traumatic events (e.g., abuse, rape, observed violence).
Questions refer youth to "ever in the past," not "past few months."
Risk of trauma-related instability in emotion/perception

- 5 items on scale

Juvenile offenders disproportionately have a history of child abuse, sexual victimization, and exposure to other serious and disturbing violence in their families and communities, which can have compelling negative emotional consequences. These consequences can include Post-Traumatic Stress Disorder, which may be short lived or may endure for years.

It can be especially useful to follow up a youth's responses to these items with clarifying questions. Sometimes the subjectivity of the questions can lead youths to endorse the "terrifying" and "bad thoughts" items in reference to events that would not usually be considered traumatic. On the other hand, the questionnaire format often allows youths to be more open in reporting difficult past experiences than would be possible in personal interview, so that positive responses on the questions may represent new reports by youths of past traumatic exposure.

Who Can Administer MAYSI-2

Any person designated by the juvenile court that is trained to administer the instrument

- _____
- _____
- _____
- _____
- _____
- TJJJ approved MAYSI-2 training is required to administer
- **MAYSI-2 training from TJJJ is required** to train others

How to Administer the MAYSI – 2

Assessment Environment

- Individual or Small Group
- Monitor to avoid communication among youth during test if in group setting
- Room free from all distractions
- Adequate supervision
- Record explanations given to the child; if examiner is administering the assessment

Paper Assessment

- Reading the test to the child is permissible
- Recording answers provided by child is permissible
- Clear copy of the MAYSI-2 for each child

Explain the process

- If paper, explain how to circle responses
- If computer based, explain computer use basics and necessary keys to use
- Explain to the child what to do if he or she has questions or does not understand

Introduce the MAYSI -2 by saying

“These are some questions about things that sometimes happen to people. For each question please answer yes or no to answer whether that question has been **true for you in the past few months**. Please answer these questions as well as you can.”

The screener must administer the
Legal Warning & Confidentiality Statement
prior to screening the juvenile

HB 1118 in Human Resources Code 141.042(e)

LEGAL WARNING

“Any statement made by a child and any mental health data obtained from the child during the administration of the mental health screening instrument under this section is not admissible against the child at any other hearing.”

Confidentiality Warning

“While nothing you say while answering these questions can be used against you, there is one exception. If you disclose that you are the victim of child abuse or neglect or if you disclose that you have committed an offense involving child abuse or neglect, that information must be reported to law enforcement.”

Upon completion of the MAYSI - 2

After the child has completed the instrument, the examiner should:

- Check to see if all questions have been answered
- If not, ask child to answer any remaining questions
 - Did the child understand the question?
 - For non-responses, mark with an X

Do not answer the questions for the child

MAYSI-2 Scoring Profile

- Align left side of key to the right side
- Circle all the numbers that were answered "yes"
- Total up the scores for each valid scale
- Count the total of non-responses [X's]
- Transfer totals to the scoring profile

Invalid Scales

- **More than 2 X's** for scales with 8-9 items
 - **Alcohol/Drug**
 - **Angry-Irritable**
 - **Depressed-Anxious**
- **More than 1 X** for scales with 5-6 items
 - **Somatic Complaints**
 - **Suicide Ideation**
 - **Thought Disturbances (Boys)**
 - **Traumatic Experiences**

Massachusetts Youth Screening Instrument (MAYSI-2)

Before Administering the Instrument	During Administration	After Administration
<ul style="list-style-type: none"> Introduce the Test by saying: "These are some questions about things that sometimes happen to people. For each question, please answer yes or no to answer whether that question has been true for you in the past few months. Please answer these questions as well as you can." Give the legal warnings by saying: "Any statement you make or any answer you give to the questions on this test cannot be used against you in any other hearing in juvenile or criminal court. Do you understand? Do you have any questions?" Give the confidentiality warnings by saying: "While nothing you say while answering these questions can be used against you, there is one exception. If you disclose that you are the victim of child abuse or neglect, or if you disclose that you have committed an offense involving child abuse or neglect, that information must be reported to law enforcement." 	<ul style="list-style-type: none"> Monitor and supervise the room where child or children are completing the instrument. If administered in a group setting, ensure a quiet setting, adequate separation of youth, and limited distractions. Answer questions as necessary and ensure you are available for any direction the juvenile may need to successfully complete the questionnaire. If administering the manual version (paper and pencil version) of the MAYSI-2, it is helpful to point to the right side of the MAYSI and say to the juvenile, "circle Y for yes or N for no". In addition, point out that there are more questions that need to be answered on the back of the questionnaire. If using the automated/computerized version of the MAYSI-2, please ensure that you have completed the section entitled "TO BE COMPLETED BY STAFF ONLY". 	<ul style="list-style-type: none"> Check to see if all questions have been answered If not, ask child to complete any unanswered questions Score the MAYSI-2 Record the scores and perform follow-up actions recommended

MAYSI-2 Post-Scoring Recommended Services

SECONDARY SCREENING (by Juvenile Justice Staff)	PRIMARY SERVICES (by Mental Health Professionals)
<p>A. Monitoring of the Juvenile. Probation and/or detention staff should exercise greater vigilance and attention to the youth in order to make relevant observations.</p> <p style="text-align: center; font-size: small;">Complete Follow-Up Questionnaire</p>	<p>C. Clinical Consultation. Staff should seek expertise from clinical professionals/mental health professionals who can intervene to provide brief evaluations or emergency care.</p>
<p>B. Interviewing and Collateral Contacts. Staff should engage in focused discussions with the youth, or with the youth's family and/or past service providers. The focus should explore the reasons for the youth's responses on relevant items of the MAYSI-2, as well as outside information that contradicts or is consistent with what the youth reported on the instrument.</p> <p style="text-align: center; font-size: small;">Complete Follow-Up Questionnaire</p>	<p>D. Evaluation Referral. Staff should arrange for a more comprehensive psychiatric or psychological evaluation to determine the nature and source of the youth's self-reported distress or disturbance.</p>

Recommended Actions By Juvenile Justice Staff

Suicide Ideation Scale Only			
Warning	Both A and B + Either C or D		
Caution	Either A or B or Both		
Angry-Irritable Scale Only			
Warning	Greater attention/vigilance by staff recommended for this youth due to greater risk of aggression and impulsive acts.		
Any Combination of Scales (Except Suicide Ideation Scale)			
Warning	Warning	+	Either C or D or Both
Warning	Caution		Both A + B
Warning			Either A or B or Both
Caution	Caution	Caution	Caution
Caution	Caution	Caution	Either C or D or Both
Caution	Caution		Either A or B or Both
Caution	Caution		Either A or B or Both

Referral to Local MH Authority

HB 1575 79th L.S.

Requires juvenile probation department to refer a child to the local MHMR authority when:

MAYSI scores indicate need for further assessment;

No access to mental health professional;

Professional determines child is MI or MR and is not currently receiving services;

And. . . requires department to report each referral made to the Texas Juvenile Probation Commission.

Officer's Responsibilities

- _____
- _____
- _____
- _____
- _____

Collecting the MAYSI-2 Data

CASEWORKER/5 Counties

- Electronic Data Interchange Specifications (EDI) modified to include field for MAYSI-2 data

Non-CASEWORKER/5 Counties

- Option 1: Modify existing computer system to collect MAYSI-2 data
- Option 2: Utilize the Access Database developed by TJJD to collect and send data electronically

Confidentiality

Potential Holders of MH Info

- | | |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Juvenile probation department | <input type="checkbox"/> Counselors, psychologists, psychiatrists |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Public or private treatment providers |
| <input type="checkbox"/> Intake staff administering MAYSI-2 | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Professional staff or consultants of agency or institution | |

Restrictions Regarding the Sharing of MH Information

Family Code Section 58.005(a)(1-7)

Information obtained for the purpose of diagnosis, examination, evaluation, treatment or treatment referral by any entity providing court-ordered supervision custody of a child is considered confidential.

Family Code Section 58.005

The records and files of a juvenile court, clerk of court, juvenile probation department, or a prosecuting attorney relating to a child who is party to a proceeding are open to inspection only by statutory designated entities or individuals.

Permitted Disclosures to Statutory Designated Entities or Individuals

Family Code Section 58.005(a)(1-7)

Treatment and social information can be disclosed ONLY to:

- Professional staff or consultants of agency or institution
- The judge, probation officers, and professional staff/consultants of juvenile court
- An attorney for the child
- A governmental agency if disclosure required
- Person or entity to whom the child is referred for treatment
- TJJJ and TDCJ for statistical purposes
- Anyone else with leave of juvenile court

For Assistance with MAYSI-2

General Questions

Anthony Welebob

- Phone: (512) 424-6676
- Email: Anthony.Welebob@TJJD.Texas.gov
- Fax: (512) 424-6717

Data Collection Questions

Amanda Zamarron

- Phone: (512) 424-6701
- Email: Amanda.Zamarron@TJJD.Texas.gov
- Fax: (512) 424-6717