

# Massachusetts Youth Screening Instrument *Second Version* (MAYSI-2)<sup>©</sup>

## REFERENCE CARD

MAYSI-2 Scale	Description of Scale/Measurement Components	Questions on Scale
<b>Alcohol/Drug Use</b>	<ul style="list-style-type: none"> <li>Frequent use of alcohol/drugs</li> <li>Risk of substance abuse or psychological reaction to lack of access to substances</li> </ul>	<ul style="list-style-type: none"> <li>10. Have you done anything you wish you hadn't, when you were drunk or high?</li> <li>19. Have your parents or friends thought you drink too much?</li> <li>23. Have you gotten in trouble when you've been high or have been drinking?</li> <li>24. If yes [to #23], has the trouble been fighting?</li> <li>33. Have you used alcohol or drugs to help you feel better?</li> <li>37. Have you been drunk or high at school?</li> <li>40. Have you used alcohol and drugs at the same time?</li> <li>45. Have you been so drunk or high that you couldn't remember what happened?</li> </ul>
<b>Angry-Irritable</b>	<ul style="list-style-type: none"> <li>Experiences frustration, lasting anger, moodiness</li> <li>Risk of angry reaction, fighting, aggressive behavior</li> </ul>	<ul style="list-style-type: none"> <li>2. Have you lost your temper easily, or had a "short fuse"?</li> <li>6. Have you been easily upset?</li> <li>7. Have you thought a lot about getting back at someone you have been angry at?</li> <li>8. Have you been really jumpy or hyper?</li> <li>13. Have you had too many bad moods?</li> <li>35. Have you felt angry a lot?</li> <li>39. Have you gotten frustrated easily?</li> <li>42. When you have been mad, have you stayed mad for a long time?</li> <li>44. Have you hurt or broken something on purpose, just because you were mad?</li> </ul>
<b>Depressed-Anxious</b>	<ul style="list-style-type: none"> <li>Experiences depressed and anxious feelings</li> <li>Risk of impairments in motivation, need for treatment</li> </ul>	<ul style="list-style-type: none"> <li>3. Have nervous or worried feelings kept you from doing things you want to do?</li> <li>14. Have you had nightmares that are bad enough to make you afraid to go to sleep?</li> <li>17. Have you felt lonely too much of the time?</li> <li>21. Has it seemed like some part of your body always hurts you?</li> <li>34. Have you felt that you don't have fun with your friends anymore?</li> <li>35. Have you felt angry a lot?</li> <li>41. Has it been hard for you to feel close to people outside your family?</li> <li>47. Have you given up hope for your life?</li> <li>51. Have you had a lot of bad thoughts or dreams about a bad or scary event that happened to you?</li> </ul>
<b>Somatic Complaints</b>	<ul style="list-style-type: none"> <li>Experiences bodily discomforts associated with distress</li> <li>Risk of psychological distress not otherwise evident</li> </ul>	<ul style="list-style-type: none"> <li>When you have felt nervous or anxious...</li> <li>27. Have you felt shaky?</li> <li>28. Has your heart beat very fast?</li> <li>29. Have you felt short of breath?</li> <li>30. Have your hands felt sweaty?</li> <li>31. Has your stomach been upset?</li> <li>43. Have you had bad headaches?</li> </ul>
<b>Suicide Ideation</b>	<ul style="list-style-type: none"> <li>Thoughts and intentions to harm oneself</li> <li>Risk of suicide attempts or gestures</li> </ul>	<ul style="list-style-type: none"> <li>11. Have you wished you were dead?</li> <li>16. Have you felt like life was not worth living?</li> <li>18. Have you felt like hurting yourself?</li> <li>22. Have you felt like killing yourself?</li> <li>47. Have you given up hope for your life?</li> </ul>
<b>Thought Disturbance</b>	<ul style="list-style-type: none"> <li>(Boys Only) Unusual beliefs and perceptions</li> <li>Risk of thought disorder</li> </ul>	<ul style="list-style-type: none"> <li>9. Have you seen things other people say are not really there?</li> <li>20. Have you heard voices other people can't hear?</li> <li>25. Have other people been able to control your brain or your thoughts?</li> <li>26. Have you had a bad feeling that things don't seem real, like you're in a dream?</li> <li>32. Have you been able to make other people do things just by thinking about it?</li> </ul>
<b>Traumatic Experiences</b>	<ul style="list-style-type: none"> <li>Lifetime exposure to traumatic events (e.g., abuse, rape, observed violence). Questions refer youth to "ever in the past," not "past few months."</li> <li>Risk of trauma-related instability in emotion/perception</li> </ul>	<p><b>Girls</b></p> <ul style="list-style-type: none"> <li>48. Have you EVER IN YOUR WHOLE LIFE had something very bad or terrifying happen to you?</li> <li>49. Have you ever been badly hurt, or been in danger of getting badly hurt or killed?</li> <li>50. Have you ever been raped, or been in danger of getting raped?</li> <li>51. Have you had a lot of bad thoughts or dreams about a bad or scary event that happened to you?</li> <li>52. Have you ever seen someone severely injured or killed (in person—not in movies or on TV)?</li> </ul> <p><b>Boys</b></p> <ul style="list-style-type: none"> <li>46. Have people talked about you when you're not there?</li> <li>48. Have you EVER IN YOUR WHOLE LIFE had something very bad or terrifying happen to you?</li> <li>50. Have you ever been badly hurt, or been in danger of getting badly hurt or killed?</li> <li>51. Have you had a lot of bad thoughts or dreams about a bad or scary event that happened to you?</li> <li>52. Have you ever seen someone severely injured or killed (in person—not in movies or on TV)?</li> </ul>

# Massachusetts Youth Screening Instrument (MAYSI-2)<sup>©</sup>

Before Administering the Instrument	During Administration	After Administration
<ul style="list-style-type: none"> <li><b>Introduce the Test by saying:</b> “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.”</li> <li><b>Give the legal warnings by saying:</b> “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 adjudication hearing.”</li> <li><b>Give the confidentiality warnings by saying:</b> “While nothing you say while answering these questions can be used against you in an adjudication hearing, 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.”</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>Answer questions as necessary and ensure you are available for any direction the juvenile may need to successfully complete the questionnaire.</li> <li>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.</li> <li>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”.</li> </ul>	<ul style="list-style-type: none"> <li>Check to see if all questions have been answered</li> <li>If not, ask child to complete any unanswered questions</li> <li>Score the MAYSI-2</li> <li>Record the scores and perform follow-up actions recommended</li> </ul>

## MAYSI-2 Post-Scoring Recommended Services

SECONDARY SCREENING (by Juvenile Justice Staff)	PRIMARY SERVICES (by Mental Health Professionals)
<p><b>A. Monitoring of the Juvenile.</b> Probation and/or detention staff should exercise greater vigilance and attention to the youth in order to make relevant observations.</p> <p>Follow-Up on MAYSI Questions</p>	<p><b>C. Clinical Consultation.</b> Staff should seek expertise from clinical professionals/mental health professionals who can intervene to provide brief evaluations or emergency care.</p>
<p><b>B. Interviewing and Collateral Contacts.</b> 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>Complete Follow-Up Questionnaire</p>	<p><b>D. Evaluation Referral.</b> 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	+	Either C or D or Both
Caution	Caution	Caution			Either A or B or Both
Caution	Caution				Either A or B or Both