

## Global Appraisal of Individual Needs - Short Screener:

# Brief Introduction to the GAIN-SS and Assessments.com

---

### **The Purpose of the GAIN-SS**

The 5-minute GAIN Short Screener (GAIN-SS) is designed primarily to accomplish three purposes:

1. It serves as a short screen for general populations to quickly and accurately identify clients who have one or more behavioral health disorders (e.g., internalizing or externalizing psychiatric disorders, substance use disorders, or crime/violence problems), and would benefit from further assessment or referral for these issues. It also rules out those who would not be identified as having behavioral health disorders.
2. It serves as an easy-to-use quality assurance tool across diverse field-assessment systems for staff with minimal training or direct supervision.
3. It serves as a periodic measure of behavioral health change over time.

### **Need for the GAIN-SS**

Less than 1 in 5 adults and 1 in 10 adolescents with substance use disorders (abuse or dependence) are receiving any kind of treatment. Because most have come into contact with one or more systems (e.g., primary care, emergency room, mental health, criminal and juvenile justice settings, welfare, workplace programs, school programs), behavioral health screening has formally been added as one of the billable codes under HIPPA and Medicaid and expert groups are increasingly advocating that it be used as part of basic wellness and early intervention.

### **Benefits of the GAIN-SS**

The catch is that people want a short and accurate assessment that can be used with minimal training, is easy to score and that covers a wide range of behavioral health problems. The latter is important because at the screening level, referrals are often "general," mental health issues are increasingly common, and typically people present with multiple problems. Another desired outcome is that screening should ideally be sufficient not only to identify those who need more detailed assessment/treatment, but also a sub-clinical or lower severity group for whom a brief intervention might be appropriate. In addition to positively impacting the host behavioral health system, introducing such a short, accurate, easy-to-score, wide-ranging screening system also improves the number and appropriateness of people who are being referred to treatment.

### **Development of the GAIN-SS**

The 3-5 minute GAIN SS (Global Appraisal of Individual Needs - Short Screener) was developed by Chestnut Health Systems in response to demands from professionals in the host treatment systems trying to make the process of behavioral health assessment and appropriate referral more efficient and effective, as well as from the need for mass screening (e.g., Katrina). While this new screening tool has been very well received, many users have expressed a desire for a simpler software solution for administering and scoring it that could be used outside of the current GAIN ABS applications (which are primarily designed for use by substance abuse treatment agencies to administer 30-120 minute versions of the GAIN with much more detailed reports).


## GAIN-SS Scoring Report in Assessments.com:

For printer friendly version [click here.](#)

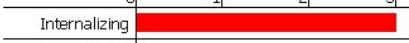
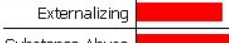


**Name:** mw Atest02      **Assessed On:** 2/28/2008 9:16:43 AM      **Assessed By:** James Smith

**Overall Risk Level:** High

**Past Year Total Screener Score**

	0   2   4   6   8   10   12   14   16   18   20			
<b>Total Past Year</b>		7/20, 35%		High

**Past Year Individual Screener Scores**

	0   1   2   3   4   5			
Internalizing		3/5, 60%		High
Externalizing		1/5, 20%		Moderate
Substance Abuse		3/5, 60%		High
Crime / Violence		0/5, 0%		Low

**Assessor Comments:**  
Comments to appear on the screener

**Referral Summary:**

- Referral for evaluation by a mental health service provider.
- Referral for evaluation by a substance abuse service provider.

Section Scores				
Domain (Screener)	Questions	Past Month (3s)	Past Year (2s and 3s)	Lifetime (1s, 2s, or 3s)
Internalizing Disorder (IDScr)	1a-1e	1	3	5
Externalizing Disorder (EDScr)	2a-2e	0	1	3
Substance Disorder (SDScr)	3a-3e	1	3	4
Crime/Violence (CVScr)	4a-4e	0	0	2
<b>Total Disorder Screener (TDScr)</b>	<b>1a-4e</b>	<b>2</b>	<b>7</b>	<b>14</b>

For printer friendly version [click here.](#)

### GAIN-SS Scoring

The GAIN-SS responses are given in terms of the recency of the problem described in the questions:

3 = past month;

1 = 1 + years ago;

2 = 2 to 12 months ago;

0 = never.

The number of past-month symptoms (number of (3s) is used as a measure of change; the number of past-year symptoms (numbers of 3s and 2s) is used to identify people likely to have a current diagnosis; and the number of lifetime symptoms (number of 3s, 2s and 1s) is used as a covariate measure of lifetime severity. The recency measures can also be combined to create course specifiers (e.g., early remission means having a lifetime problem but not in the past month; sustained remission means having a lifetime problem but not in the past year).

Note: As reliable as the GAIN-SS is, it is still simply a self-reported screener and should supplement, not replace, the judgment of clinical line staff with urine test results, collateral reports, or other background information available to them.

## Assessments.com Chosen as the Software Platform for the GAIN-SS

Assessments.com (ADC) is one of the nation's largest providers of online assessment systems and is already working collaboratively and successfully with numerous states, counties, and private agencies as well as individuals who are engaged in behavioral health assessment and treatment. ADC has the proven ability and the experience to deliver the GAIN SS with maximum ease of use, security, dependability, and confidentiality – and all in an online, automated system which is affordable, has excellent individual and aggregate reporting capabilities, and the flexibility to integrate the GAIN SS with other assessments and systems as required and appropriate.

## How Assessments.com Can Help You Use the GAIN-SS

With the assistance of Assessments.com (ADC), the GAIN-SS, which is designed to be self- or staff-administered, can be used and all data collected in our confidential and secure on-line system, where it can be stored and managed on either an individual or an aggregate basis. ADC also provides the opportunity to incorporate the GAIN-SS data into existing assessment instruments or systems. In addition, ADC can provide a generic version of the GAIN-SS, or is also customize the GAIN-SS to meet your programs/facilities needs.

## Detailed Information About the GAIN Short Screener

The 5-minute GAIN-Short Screener (GAIN-SS; Dennis et al 2006) is designed primarily for 3 things: First, it serves as a screener in general populations to quickly and accurately identify clients (also known as patients, respondents, or research participants) whom the full 1.5 to 2-hour GAIN-Initial would identify as having 1 or more behavioral health disorders (e.g., internalizing or externalizing psychiatric disorders, substance use disorders, or crime/violence problems), which would suggest the need for referral to some part of the behavioral health treatment system. It also rules out those who would not be identified as having behavioral health disorders. Second, it serves as an easy-to-use quality assurance tool across diverse field-assessment systems for staff with minimal training or direct supervision. Third, it serves as a periodic measure of change over time in behavioral health.

It is designed for self- or staff administration with paper and pen, on a computer, or on the web. It can be easily converted to a scannable form or incorporated into existing instrument batteries or systems. Versions in different languages (such as Spanish) are also available. GAIN-SS responses are given in terms of the recency of the problem described in the questions: 3 = past month; 2 = 2 to 12 months ago; 1 = 1+ years ago; 0 = never. The number of past-month symptoms (number of 3s) is used as a measure of change; the number of past-year symptoms (number of 3s or 2s) is used to identify who is likely to have a current diagnosis; and the number of lifetime symptoms (number of 3s, 2s, or 1s) is used as a covariate measure of lifetime severity. The recency measures can also be combined to create course specifiers (e.g., early remission means having a lifetime problem but not in the past month; sustained remission means having a lifetime problem but not in the past year). An alternate past-year version of the GAIN-SS is also available below. The past-year version is simplified to ask only about problems in the past 12 months using a 0 = no and 1 = yes response set. The past-year version of the GAIN-SS can give only a past-year symptom count and is scored by counting the number of 1s, but it is otherwise parallel to the version of the GAIN-SS described in this manual. While the past-year version does have a slightly shorter administration time and is in use by some systems as the "minimum" required screener, it is generally not recommended for use because it lacks the ability to provide past-month symptom counts (measure of change) or lifetime symptom counts (as a covariate). Spanish and other language versions will be made available via the website as they are released as well.

Dennis, Chan, and Funk (2006) found that for both adolescents and adults the 20-item total disorder screener (TDS<sub>cr</sub>) and its four 5-item sub-screeners (internalizing disorders, externalizing disorders, substance disorders, and crime/violence) have good internal consistency (alpha of .96 on the total screener), were highly correlated ( $r = .84$  to  $.94$ ) with the 123-item scales in the full GAIN-I, had excellent sensitivity (90% or more) for identifying people with a disorder, and excellent specificity (92% or more) for correctly ruling out people who did not have a disorder. A confirmatory factor analysis of the structure of the GAIN-SS shows that it is also consistent with the

full GAIN model (see Figure 1 of article) after allowing adolescent and adult path coefficients to vary and cross-loading paths between conduct disorder items with crime/violence items. The confirmatory factor analysis was slightly less accurate than the full-scale version in terms of the confirmatory fit index (CFI; .87 for the GAIN-SS vs. .92 for the full GAIN, where as the CFI approaches 1 the model fits the data better) and slightly more precise in terms of the root mean square error of approximation (RMSEA; .05 for GAIN-SS vs. .06 for the full GAIN, where as the RMSEA goes down there is less unexplained variance). This suggests that each of the sub-screeners has good discriminant validity and that the total structure is consistent with the model used with the full GAIN (see Figure 1 of article). GAIN Model of Emotional, Behavioral, Substance, Crime, and Violence Problems \* Conduct disorder cross-loads with the Crime/Violence Scale in statistical versions of this model. As reliable as the GAIN-SS is, it is still just a self-reported screener and should supplement (not replace) the judgment of clinical line staff who may have urine test results, collateral reports, or other background information available to them. This is particularly important when screening in settings that involve jails, welfare investigations, or other situations where the fear of possible consequences or concerns about confidentiality may influence client answers or affect the validity of their responses.

Assessments.com will be at the JMATE Conference, providing several scheduled demonstrations of their web-based software and the new web-based GAIN SS. The purpose of this demonstration is to go over this new system, different potential cost models, and to answer questions from anyone who is interested in learning more about how to gain immediate and easy access to the GAIN SS. Private demonstrations will also be available upon request.

## References

Dennis, M.L., Chan, Y.-F., & Funk, R.R. (2006). Development and validation of the GAIN Short Screener (GAIN-SS) for psychopathology and crime/violence among adolescents and adults. *The American Journal on Addictions*, 15(supplement 1), 80-91  
[http://www.chestnut.org/LI/gain/GAIN\\_SS/Dennis\\_et\\_al\\_2006\\_Development\\_and\\_validation\\_of\\_the\\_GAIN\\_Short\\_Screener.pdf](http://www.chestnut.org/LI/gain/GAIN_SS/Dennis_et_al_2006_Development_and_validation_of_the_GAIN_Short_Screener.pdf)> .

Copies of the instrument, manual, and article are available at:

[http://www.chestnut.org/LI/gain/GAIN\\_SS/index.html](http://www.chestnut.org/LI/gain/GAIN_SS/index.html) <[http://www.chestnut.org/LI/gain/GAIN\\_SS/index.html](http://www.chestnut.org/LI/gain/GAIN_SS/index.html)>

More information on Assessments.com is available at: <http://www.assessments.com/>

-----  
Michael L. Dennis, Ph.D.  
Senior Research Psychologist and  
GAIN Coordinating Center Director  
Chestnut Health Systems  
720 West Chestnut  
Bloomington, IL 61701, USA

Phone: 309-827-6026  
Fax: 309-829-4661  
Voice: 309-820-3805 or 309-820-3543, ext. 8-3409  
E-mail: [mdennis@chestnut.org](mailto:mdennis@chestnut.org)  
Web: [www.chestnut.org/](http://www.chestnut.org/)