

Updated October 2018

Purpose

- The Y-OQ[®] 30.2 provides a quick but comprehensive snapshot of the client's current functioning across a wide variety of disorders.
- Intake scores (subscales, critical items, individual items) can help identify areas of immediate clinical concern and aid in treatment planning.
- The Y-OQ[®] 30.2 is sensitive to change over short periods of time, making it useful for evaluating client progress at any point during treatment.
- Information gleaned from the Y-OQ[®] 30.2 may be helpful in treatment/discharge planning.

Administration

- The Y-OQ[®] 30.2 SR form is administered to a child ages 12-18 and the Y-OQ[®] 30.2 PR to the parents/guardian of a child ages 4-17. Cutoffs differ.
- Encourage respondents to **answer every question** as accurately as possible.
- Respondents should indicate how true each statement is during the **past 7 days.**
- The Y-OQ[®] 30.2 can be administered by non-clinical staff but should be interpreted by a trained clinician.
- The Y-OQ[®] 30.2 can be administered at every significant clinical event but no more than once a week.

Y-OQ[®] 30.2 PR/SR Quick Guide

Youth Outcome Questionnaire[®] 30.2 PR/SR

Information taken from the Y-OQ $^{\rm \odot}$ 30.2 Manual (2004) and OQ $^{\rm \odot}$ Clinician Manual.

Interpretation

- Total Scores are clinically significant and indicate the adolescent is experiencing a high level of distress. Total Score is only calculated if 28 or more items are completed.
- Please note the clinical cutoff differs based on whether the client or the caregiver completed the form. Please see table below for the cutoffs.

Somatic (S)

Total Score

• Scores reflect a concern regarding the number of physical and/or somatic concerns the youth displays or reports (i.e., headache, stomach problems, bowel problems, dizziness, etc.).

Social Isolation (SI)

• Scores reflect whether the child or adolescent has friends, can't keep friends long, or feels as if no one likes him or her. High scores indicate that the client is having significant interpersonal difficulty while low scores reflect the existence of adequate interpersonal relationships.

Conduct/Delinquency (CP)

• Scores suggest the client displays several behaviors that violate school norms and/or expectations (i.e., delinquent or aggressive behaviors, propensity to destroy property, lie, steal, break rules, or disrespect others).

Aggression (A)

• Although aggressiveness is also assessed in the CP scale, aggressive content found in this scale is more related to physical violence, while aggression in the CP scale relates to breaking social rules. Items ask respondents whether the child or adolescent threatens others, bites, kicks, scratches, hits, or engages in physical fights with adults or peers.

Hyperactivity/Distractibility (HD)

• Scores indicate the youth/caregiver reports trouble with attention, concentration, managing impulsive behaviors, organizing and completing tasks, and handling frustration.

Depression/Anxiety (DA)

• Items assess the degree to which a child or adolescent feels sad, worries they can't get thoughts out of their head, considers suicide, feels withdrawn, can't trust others, or doesn't participate in activities that used to be fun.

Critical Items (CI)

• Scores indicate the client/caregiver identified one or more items that require more immediate clinical follow-up. See table below for list of items.

Scoring		
Subscale	Score Range	Clinical Cutoff (PR/SR)
Total Score	0 to 120	≥ 29 / ≥ 30
Somatic (S)	0 to 12	
Social Isolation (SI)	0 to 8	
Conduct/Delinquency (CP)	0 to 24	
Aggression (A)	0 to 12	
Hyperactivity/Distractibility (HD)	0 to 12	
Depression/Anxiety (DA)	0 to 24	

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Invalid Administration

(Missing Items)

- The Y-OQ[®] 30.2 PR/SR is invalid if **3 or** more items are missing.
- Items that are left blank may be reviewed at the beginning of the session. If the client provides a response, clinicians can update the questionnaire.
- Once there are 2 or fewer missing items, the Y-OQ[®] 30.2 is valid.

Total Score is only calculated if 28 or more items are completed.

Critical Items

Follow up on items answered Sometimes, Frequently, or Almost Always

- **5** Unusual happiness or energy
- 7 Worries; can't get thoughts out of head
- **10** Used alcohol, drugs
- **11** Tense and/or jumpy
- 14 Believes others trying to hurt him/her
- 15 Flight risk runaway
- 19 Suicidal ideations

Reliable Change Index (RCI)

The Change Metric is the Baseline Score – Follow Up Score

- Small fluctuations in scores can be due to chance or mood fluctuations.
- A difference of **10 or more points** between the Baseline and follow up Y-OQ[®] 30.2 reflects a reliable change.
- An RCI that is -10 or lower (i.e., -10, -11, -12, etc.) means the client is doing reliably worse.
- An RCI that is 10 or higher (i.e., 10, 11, 12, etc.) means the client is doing reliably better.
- The RCIs for each of the subscales are as follows: Somatic 5, Social Isolation 3, Aggression 4, Conduct/Delinquency 6, Hyperactivity/Distractibility 4, Depression/Anxiety 6, and Critical Items 6.
- For more information on how the RCI is calculated, please reference the Administration and Scoring Manual.