

MAYSI-2 Administration & Referral Protocol Manual

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MAYSI-2 ADMINISTRATION AND REFERRAL PROTOCOL MANUAL

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PREAMBLE: MENTAL HEALTH SCREENING WITHIN JUVENILE JUSTICE¹

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National Center for Mental Health and Juvenile Justice
http://www.ncmhjj.com/pdfs/MH_Screening.pdf

INFORMATION SHARING



[see pages 11-12 of the Instructions]

RATIONALE FOR MENTAL HEALTH SCREENING OF YOUTHS IN THE JUDICIAL SYSTEM

“Recent research has established that a large proportion of youth involved with the juvenile justice system in this country have significant mental health problems. Findings from a number of mental health prevalence studies conducted within the last five years among youth in a variety of juvenile justice settings – community-based, detention, corrections – are remarkably consistent. Approximately 65 percent to 70 percent of youth in the juvenile justice system have a diagnosable mental health disorder. Severe mental disorders are close to 27 percent, indicating that more than one quarter of all youth in the juvenile justice system are in significant need of mental health treatment.

One of the most important first steps to respond to the mental health treatment needs of youth in the juvenile justice system is to systematically identify the mental health needs of youth as they become involved with the juvenile justice system. Mental health screening is now routinely performed within many juvenile justice agencies and programs throughout the country. This is important progress in the overall effort to better identify and respond to youth with mental health treatment needs.”

MENTAL HEALTH SCREENING AND MENTAL HEALTH ASSESSMENT

“**Mental Health Screening** is a relatively brief process carried out by non-clinical staff using a standardized mental health screening tool. Some tools offer structured questions that youth answer about their current or recent thoughts, feelings, or behaviors. Others ask staff to make ratings based on past records or caretakers’ reports of youths’ behavior. In any case, mental health screening is a triage process that is employed with every youth during an initial probation intake interview, within a few hours after intake in pretrial detention or upon entrance into juvenile justice placement.

The purpose of mental health screening is to identify youth whose mental or emotional conditions suggest that they might have a mental disorder, might have suicide potential, or might present a risk of harm to others in the immediate future. The term “screened in” is used to refer to youth who are identified by the screening method as needing further attention.

¹ Selected passages come from Skowyra, K.R., & Coccozza, J.J. (n.d.) *Mental health screening within juvenile justice: The next frontier*. Chapter 1: Introduction, and Chapter 2: Procedures and Policies. Delmar, NY: National Center for Mental Health and Juvenile Justice. http://www.ncmhjj.com/pdfs/MH_Screening.pdf

When youth are “screened in” for possible mental and emotional problems, it does not necessarily mean that they have mental disorders or that they are suicidal or likely to harm others. It indicates the need for a follow-up response by staff. Often this involves obtaining further evaluation.

Mental Health Assessment is a follow-up for youth whose screening scores suggest that they might have mental and emotional problems. Assessments are performed by clinicians, and the offer more comprehensive, individualized evaluation of youth providing descriptions and recommendations that will be useful for longer-range treatment and dispositional planning. The assessment process may include psychological testing, clinical interviewing, and obtaining past records from other agencies for review by the clinical assessor.”

DESCRIPTION OF THE MASSACHUSETTS YOUTH SCREENING INSTRUMENT: VERSION 2 (MAYSI-2)

The Massachusetts Youth Screening Instrument (MAYSI-2) is a screening instrument developed for detecting mental health needs in youth aged 12-17. Designed as a low-cost, easily administered tool, it screens for multiple issues and can be administered in 10-15 minutes. It is divided into seven scales composed of 52 questions that are designed to detect alcohol/drug use, angry-irritable behavior, depression-anxiety, somatic complaints, suicide ideation, thought disturbance, and traumatic experience. Youths answer YES or NO concerning whether each item has been true for them "within the past few months." MAYSI-2 requires a 5th-grade reading level, and is designed to be self-administered either in paper or over a computer. The MAYSI-2 is available in both English and Spanish as well as in software form. The MAYSI-2 software is called MAYSIWARE. MAYSI-2 is becoming a standard feature in many juvenile justice facilities, and is currently in use in 48 states and in 6 countries.

MAYSI-2 SCALES²

ALCOHOL/DRUG USE

The AD scale is intended to identify youths who are using alcohol or drugs to a significant degree, and who are therefore at risk of substance dependence and/or abuse. The scale has eight items. Five of the items are concerned with various negative consequences of substance use disorders, and the remaining three address characteristics of substance use that are thought to represent factors for abuse.

ANGRY-IRRITABLE

The AI scale is intended to assess explicit feelings of preoccupying anger and vengefulness, as well as a general tendency toward irritability, frustration, and tension related to anger. The scale has 9 items. Four explicitly concern angry mood and thoughts, three others are concerned with irritability and risk of impulsive reactions, and the last two items pertain to behavioral expression of anger.

DEPRESSED-ANXIOUS

The DA scale is intended to elicit symptoms of mixed depression and anxiety. The scale has nine items.

² Description from Grisso, T. & Barnum, R. (2006). Massachusetts Youth Screening Instrument Version 2: User’s manual and technical report. Sarasota, FL: Professional Resource Press, pp.12-18.

Five items inquire about manifestations of anxiety and inner turmoil, and four items are concerned with depressed mood.

SOMATIC COMPLAINTS

The SC scale includes six items that ask about various bodily aches and pains that may affect the youth, along with specific bodily expressions of anxiety. 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 disorder as well. On the other hand, aches, pains, and other somatic complaints may be symptoms of physical illness, and such complaints should not be overlooked as symptoms in their own right.

SUICIDE IDEATION

The SI scale has five items. Three of them specifically address thoughts and intentions about self-harm and two involve depressive symptoms that may present an increased risk for suicide. One of the items is shared with the DA scale.

THOUGHT DISTURBANCE (BOYS ONLY)

The TD scale is intended to indicate the possibility of serious mental disorder involving problems with reality orientation. The scale has five items, four of which refer explicitly to altered perceptions in reality that are frequently associated with psychotic disorders. The remaining item refers to a condition of derealization ("things don't seem real") that is a more general abnormality of 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 we used to identify which items came together as scales did not identify a "thought disturbance" scale for girls using MAYSI-2 items. Thus the TD scale should not be applied to girls.

TRAUMATIC EXPERIENCES

The TE scale is intended to identify whether a youth has had greater exposure to traumatic events compared to other youths. Unlike other MAYSI-2 items, the TE items ask for responses regarding events or feelings over the youth's entire lifetime rather than just the "past few months." There are separate TE scales for boys and girls.

MAYSI-2 ADMINISTRATION PROTOCOLS³

I. MISSION/PURPOSE



[see pages 15-16 of the Instructions]

³ Thanks to Sherri Egan, Executive Director, Ogle County Juvenile Justice Council, Ogle County, IL, who shared their "Models for Change" protocol for administering the MAYSI-2. The "Models for Change" protocol provided the outline of steps for this protocol manual template.

II. POINTS OF CONTACT

Administering the MAYSI-2 requires follow-up actions. The MAYSI-2 should be administered with sufficient time afterwards to follow the protocol steps. There will be ___ [number of sites] types of initial contacts for administering the MAYSI-2 in ___ [name of county] County. These are:



[see pages 16-17 of the Instructions]

III. INITIAL CONTACT

Screeners shall inform youth of the following:

1. By law, the results of the MAYSI-2 will.... [see page 17-18 of the Instructions]
2. Limits on confidentiality are explained in the event that the youth indicates an intention to harm themselves or others. State the following:

“What you reveal when answering these questions is confidential. Nothing you reveal can be used against you in any juvenile or criminal court hearing. However, there is.... [see page 18 of the Instructions]
3. Instructions on how to complete the survey are explained. State the following:

“These are some questions about things that sometimes happen to people. For each question, please answer “yes” or “no” to whether that question has been **true for you in the past three months or since [name holiday 3 months ago]** unless otherwise indicated. Please answer these questions as well as you can.”
4. Youth should choose the best answer for each question based on your experiences in the past few months rather than leaving questions blank.

IV. ADMINISTERING THE MAYSI-2

Computer-Administered through MAYSIWARE™

Taking the survey

1. At _____ [name of your site], there will be ___ [number] dedicated computer[s] that **has/have** the MAYSI-2 software program installed. The computer[s] will be located in an area or room that is free of distractions.
2. Computer access to the MAYSI-2 at _____ [name of your site] will be provided to a selected number of _____ [e.g., in-take staff, all supervisors as well as to the director]. Each person will use their individual passwords and user names to login.
3. Youth will be provided with verbal instructions (see “Initial Contact” on previous page or see *MAYSI-2 Protocol Summary* for talking points).
4. Screener opens MAYSIWARE™ and enters personal username and password.
5. Screener selects “Start MAYSI-2.”

6. Screener enters demographic data from youth's intake sheet. Use first name and last name only. Each youth will have a personal ID# that the screener will enter.
7. Youth begins MAYSI-2 (headphones provided). The youth should select the language (English or Spanish) that is best for him/herself. Screener should define with youth that questions apply to the **last 3 months**. Screener waits outside the room or nearby if the computer is located in an open area in case questions arise.

Scoring the survey

8. After the youth completes the MAYSI-2, the screener will enter their user name and password again and then will check "review report" to access screening results.
9. Personalized 2nd screening forms for that youth are created when a youth scores at or above CAUTION on the Suicide Ideation scale and at or above WARNING on all other scales. When these scores are reached, the computer will automatically generate secondary screening questions. The Screener will go into Cases and then click on the youth's name in the top box and the appropriate MAYSI screening in the bottom box. The screener will then click on Add/Edit 2nd screening and screener can enter answers directly into the software. The Screener should attempt to type answers using the youth's language or words. There will be a comment section for the screener to offer interpretations.
10.  [see pages 20-21 of the Instructions]

Administered via Paper & Pencil

Taking the survey

1. The youth should be placed in a room or area without distractions.
2. Staff hands the youth the MAYSI-2 Questionnaire appropriate for their gender and provides instructions (see "Initial Contact" on previous page or see *MAYSI-2 Protocol Summary* for talking points).
3. Staff ensures youth can read the items with minimum help by asking the youth to read the first few items aloud.
 - a. If youth cannot do it, staff member lets youth know s/he will help by reading the items from their own copy.
 - b. Staff reads each item, including the item number and youth places answer by the correct item. Staff should not watch how the youth answers each item in order to ease the level of potential discomfort.
4. When survey is completed, check to confirm all questions have been answered. If not, encourage youth to complete missing items.
 - a. If youth is having trouble deciding whether item is true or not for him/her, prompt youth to answer "yes" if it has "probably been true" or if it is "a little true."

Scoring the survey

5. Use the *MAYSI-2 Scoring Key* to hand score the Questionnaire.
 - a. Align the arrow on the left side of the *Scoring Key* with the arrow on the right side of page 1 of the Questionnaire.
 - i. Circle the numbers on the *Scoring Key* that the youth marked “Yes” and place an X on each item on the *Scoring Key* for which the youth did not provide an answer.
 - ii. Two scales are gender-specific:
 1. *Thought Disturbance* scale is for BOYS ONLY.
 2. *Traumatic Experiences* scale has a separate *Scoring Key* for boys and girls.
 - b. Repeat above procedure with page two of the MAYSI-2 Questionnaire, aligning the right side of the *Scoring Key* with the arrow on page two of the Questionnaire.
6. Use the *MAYSI-2 Scoring Profile* to record the information from the Scoring Key.
 - a. First identify the scales, if any, for which the number of X’s indicate an invalid score:
 - i. For scales with eight to nine items, more than two unanswered items invalidates the scale.
 - ii. For scale with five to six items, more than one unanswered item invalidates the scale.
 - b. Transfer from the Scoring Key to the Score Profile the number of items circled for a given scale (if it is valid, see “a” above).
 - i. Remember, two scales are gender-specific:
 1. *Thought Disturbance* scale is for BOYS ONLY so only boys will have a score for TD.
 2. *Traumatic Experiences* scale has separate Scoring Keys for boys and girls. Be sure you used the appropriate key before entering the score.
7. **Under no circumstances should the staff change any of the youth’s answers on the MAYSI-2.** If second screening questions reveal the youth misunderstood a question, this information can be written in response to the second screening question to thereby “correct” or clarify the initial answer.
8.  [see page 23 of the Instructions]

MAYSI-2 REFERRAL PROTOCOLS

I. POST SCREENING

1. **If youth scores at or above the “Caution” level on the “Suicide Ideation” scale**
 - a. Ask second screening questions of the youth.

- b. If determined that youth is in imminent danger to him/herself, call police and transport to _____ [name and location of nearest hospital or emergency treatment facility]
- c. If it is determined that the youth is not in imminent danger to him/herself:

- i.  [see pages 27-29 of Instructions for example language. see pages 23-27 for crafting the referral protocols]

2. [Directions for other scales, if any, will be listed individually]

3. **The Traumatic Experiences** section will not create 2nd screening questions, so the screener needs to pay close attention to the MAYSI-2 summary score sheet and if youth scores a ____ or ____ [score on scale], they should be referred for a further assessment.

4. **“Warning” on any other scale**

- a. Ask MAYSI-2 second screening questions of youth.
- b. Set service response plan according to section *III. Massachusetts Youth Screening Instrument (MAYSI-2) Administration & Referral Protocol Summary*

II. INFORMATION SHARING

1. Sharing the results of the MAYSI-2 with other providers, including mental health providers, is subject to regulations. Results can be shared based on any of these protocols:

- a.  [see pages 29-30 of the Instructions]
- b.
- c.

2. Sharing the results of the MAYSI-2 with family members/legal guardians is subject to

- (1).....  [see page 27 of the Instructions]
- a.
- b.

[See pages 32-34 of the Instructions for example of how the matrix below looks when completed.]

III. MASSACHUSETTS YOUTH SCREENING INSTRUMENT (MAYSI-2) ADMINISTRATION & REFERRAL PROTOCOL SUMMARY⁴

MAYSI-2 Protocol Summary is a quick reference sheet of the steps to be followed when administering the MAYSI-2 mental health screening instrument to youths 12-17 years of age. The first page provides steps for how to administer the instrument. The second page provides directions for recommended services based on the youth’s MAYSI-2 scores. For detailed information, consult the manual, *MAYSI-2 Administration & Referral Protocol Manual*: **SITE NAME**.

Before Administering the Instrument	During Administration	After Administration
<p><u>Introduce the Test by saying:</u> “These are some questions about things that sometimes happen to people. For each question, please answer “yes” or “no” to whether that question has been true for you in the past three months or since [name of holiday 3 months ago]. Please answer these questions as well as you can.</p> <p><u>Give the legal warning by saying:</u> “ ... ”</p> <p><u>Give the confidentiality warnings by saying:</u> “ ... ”</p>	<ul style="list-style-type: none"> • Monitor and supervise the room/area where the youth is completing the instrument. • Answer questions by the youth as necessary and ensure that you are available for any assistance needed to successfully complete the questionnaire. • When using the MAYSIWARE (computerized version of MAYSI-2), please ensure that you have completed the section “TO BE COMPLETED BY STAFF ONLY” prior to administration. 	<ul style="list-style-type: none"> • Run the analysis of the answers. • Print off the report. • Conduct appropriate follow-up actions and procedures • Enter action taken in “Results” field. (Indicate which of the post-scoring services described below were done.) If youth’s MAYSI score does not indicate a potential mental health problem, enter “No Action Required.” • Protect confidentiality of results by following the <i>Information Sharing Protocol</i>.

Take the following action in response to MAYSI-2 scores in these combinations (see next page):

⁴ Many thanks to the Texas Juvenile Justice System that designed the summary matrix format. More information can be found at Skowyra, K.R., & Coccozza, J.J. (n.d.) *Mental health screening within juvenile justice: The next frontier*. Appendix C: **Texas MAYSI-2 Protocol Reference Card**, p.26. Delmar, NY: National Center for Mental Health and Juvenile Justice. Accessed from http://www.ncmhji.com/pdfs/MH_Screening.pdf

MAYSI-2 POST-SCORING RECOMMENDED SERVICES	
SECONDARY SCREENING (by Juvenile Justice Staff)	PRIMARY SERVICES (by Mental Health Professionals)
A.	E.
B.	F.
C.	G.
D.	H.
Recommended Actions by Juvenile Justice Staff	
Suicide Ideation Scale Only	
CAUTION	
WARNING	
Any Combination of Scales (Except Suicide Ideation Scale)	
CAUTION	WARNING
WARNING	WARNING +
CAUTION	CAUTION CAUTION
CAUTION	CAUTION WARNING
CAUTION	CAUTION CAUTION CAUTION

APPENDIX A: GENERAL GUIDELINES FOR MAYSI-2 YOUTH PROTOCOL⁵

Pennsylvania Guidelines for Introducing the MAYSI-2 to Youth

Introducing Youths to the MAYSI-2

Instruments like the MAYSI-2 must be introduced to youths appropriately. How youths respond to the questions depends a lot on what they think the instrument is assessing. Therefore, the person giving the MAYSI-2 should take one or two minutes to introduce the youth to it.

There is no one way to do the introduction. It certainly calls for more than handing the form to the youth and saying "Please complete this." On the other hand, it does not require a lengthy or detailed description. What is needed is some basic information, offered in a nonthreatening manner and in a way that youths can understand.

Below is a list of guidelines describing the types of information that should be included when introducing youths to the MAYSI-2.

List of Things to Include in the Introduction

1. That the questions will help staff understand the youth better

Let youths know that you would like to give them a set of questions to answer that will help staff to understand them better. Describe them as questions about who they are – their thoughts and feelings about things or themselves. Tell them this includes about 50 yes/no questions. The youths should be told that this helps the staff learn whether they might have special needs that staff should know about. References to the MAYSI-2 as a test should be avoided as a youth may think this means there are right and wrong answers to the questions.

2. Who will (or will not) see the youth's answers and use them for certain purposes

Youths should be told who will see their answers and/or scores. This may differ across programs. For example, one probation department might only allow probation staff to see the youths' answers and scores so that they can determine whether the youth has special needs. Whatever the potential uses, the youth should be told about them. This does not have to be detailed, but it should be honest. It might include indicating who will not see the results, e.g., "the results will not go to the judge or the D.A.," as well as who will see the results.

3. Voluntary nature of the MAYSI-2

Taking the MAYSI-2 is always "voluntary" in that the youths may choose not to answer the questions and it is inappropriate to make their participation mandatory or to punish them for not answering. The MAYSI-2 is routine (like other health and identity questions) and intended only for the youth's protection. The information is intended to help staff in the program attend to youths' immediate safety and needs.

4. Check for special needs of youth in completing the procedure

Once the youth is ready to take the MAYSI-2, staff should assist the youth in getting started. If the program uses MAYSIWARE, this is a matter of entering the youth's background information in the computer and then, after putting the headphones on the youth, sitting with the youth while the computer programming is giving the youth the initial instructions about answering the questions on the keyboard. The staff person then steps aside when the youth begins to respond so that the youth does not feel that the staff person is looking at the responses.

⁵ Adapted from Skowrya, K.R., & Coccozza, J.J. (n.d.) *Mental health screening within juvenile justice: The next frontier*. **Appendix B: Pennsylvania Guidelines for Introducing the MAYSI-2 to Youth**, pp.22-23. Delmar, NY: National Center for Mental Health and Juvenile Justice. Accessed from http://www.ncmhji.com/pdfs/MH_Screening.pdf

APPENDIX B: MAYSII-2 SCALES & QUESTIONS REFERENCE CARD⁶

The MAYSII-2 is composed of 7 scales. Each scale is made up of a set of questions. For all scales EXCEPT Traumatic Experiences, the questions refer to the “last few months.” Traumatic Experiences questions refer to “ever in your life.”

MAYSII-2 Scale	Description of Scale/Measurement Components	Questions on Scale
Alcohol/Drug Use	<ul style="list-style-type: none"> • Frequent use of alcohol/drugs • Risk of substance use disorders or psychological reaction to lack of access to substances 	<ul style="list-style-type: none"> • 10. Have you done anything you wish you hadn’t, when you were drunk or high? • 19. Have your parents or friends thought you drink too much? • 23. Have you gotten in trouble when you’ve been high or have been drinking? • 24. If yes [to #23], has the trouble been fighting? • 33. Have you used alcohol or drugs to help you feel better? • 37. Have you been drunk or high at school? • 40. Have you used alcohol and drugs at the same time? • 45. Have you been so drunk or high that you couldn’t remember what happened?
Angry-Irritable	<ul style="list-style-type: none"> • Experiences frustration, lasting anger, moodiness • Risk of angry reaction, fighting, aggressive behavior 	<ul style="list-style-type: none"> • 2. Have you lost your temper easily, or had a “short fuse”? • 6. Have you been easily upset? • 7. Have you thought a lot about getting back at someone you have been angry at? • 8. Have you been really jumpy or hyper? • 13. Have you had too many bad moods? • 35. Have you felt angry a lot? • 39. Have you gotten frustrated easily? • 42. When you have been mad, have you stayed mad for a long time? • 44. Have you hurt or broken something on purpose, just because you were mad?
Depressed-Anxious	<ul style="list-style-type: none"> • Experiences depressed and anxious feelings • Risk of impairments in motivation, need for treatment 	<ul style="list-style-type: none"> • 3. Have nervous or worried feelings kept you from doing things you want to do? • 14. Have you had nightmares that are bad enough to make you afraid to go to sleep? • 17. Have you felt lonely too much of the time? • 21. Has it seemed like some part of your body always hurts you? • 34. Have you felt that you don’t have fun with your friends anymore? • 35. Have you felt angry a lot? • 41. Has it been hard for you to feel close to people outside your family? • 47. Have you given up hope for your life? • 51. Have you had a lot of bad thought or dreams about a bad or scary event that happened to you?

⁶ Adapted from Skowrya, K.R., & Coccozza, J.J. (n.d.) *Mental health screening within juvenile justice: The next frontier*. Appendix C: Texas MAYSII-2 Protocol Reference Card, pp.24-25. Delmar, NY: National Center for Mental Health and Juvenile Justice. Accessed from http://www.ncmhij.com/pdfs/MH_Screening.pdf

MAYSI-2 Scale	Description of Scale/Measurement Components	Questions on Scale
<p>Somatic Complaints</p>	<ul style="list-style-type: none"> Experiences bodily discomforts associated with distress Risk of psychological distress not otherwise evident 	<ul style="list-style-type: none"> When you have felt nervous or anxious... 27. ...have you felt shaky? 28. ...has your heart beat very fast? 29. ...have you felt short of breath? 30. ...have your hands felt clammy? 31. ...has your stomach been upset? 43. Have you had bad headaches?
<p>Suicide Ideation</p>	<ul style="list-style-type: none"> Thoughts and intentions to harm oneself Risk of suicide attempts or gestures 	<ul style="list-style-type: none"> 11. Have you wished you were dead? 16. Have you felt like life was not worth living? 18. Have you felt like hurting yourself? 22. Have you felt like killing yourself? 47. Have you given up hope for your life?
<p>Thought Disturbance</p>	<ul style="list-style-type: none"> (Boys Only) Unusual beliefs and perceptions Risk of thought disorder 	<ul style="list-style-type: none"> 9. Have you seen things other people say are not really there? 20. Have you heard voices other people can't hear? 25. Have other people been able to control your brain or your thoughts? 26. Have you had a bad feeling that things don't seem real, like you're in a dream? 32. Have you been able to make other people do things just by thinking about it?
<p>Traumatic Experiences</p>	<ul style="list-style-type: none"> 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 	<p><u>Girls</u></p> <ul style="list-style-type: none"> 48. Have you EVER IN YOUR WHOLE LIFE had something very bad or terrifying happen to you? 49. Have you ever been badly hurt, or been in danger of getting badly hurt or killed? 50. Have you ever been raped, or been in danger of getting raped? 51. Have you had a lot of bad thoughts or dreams about a bad or scary event that happened to you? 52. Have you ever seen someone severely injured or killed (in person – not in movies or on TV)? <p><u>Boys</u></p> <ul style="list-style-type: none"> 46. Have people talked about you when you're not there? 48. Have you EVER IN YOUR WHOLE LIFE had something very bad or terrifying happen to you? 49. Have you ever been badly hurt, or been in danger of getting badly hurt or killed? 51. Have you had a lot of bad thoughts or dreams about a bad or scary event that happened to you? 52. Have you ever seen someone severely injured or killed (in person – not in movies or on TV)?

Appendix C: __ [name of Judicial District] Agencies Implementing MAYSI-2

Agency	Contact #	Address	When MAYSI-2 is administered

APPENDIX E: ____ [NAME OF JUDICIAL DISTRICT] RELEASE OF
INFORMATION