



## My Child is in Counseling. What Can I Expect?

The decision to allow your child to participate in individual or group therapy is a tribute to your desire to be the best parent you can be for your child. Sometimes a child has gone through a loss or difficult time such as:

- death of a loved one
- divorce/separation of parents
- recent move
- loss of a pet
- witness to domestic violence
- teasing at school
- sexual abuse
- any situation negatively affecting child/family

A trained counselor outside the family unit may be the best way to help your child identify and express their real feelings and gain emotional support. Many children may not have experienced any particular loss or trauma but may be struggling with typical childhood issues such as anxiety, handling anger, feeling sad for a long time, making and keeping friends, or taking on appropriate levels of responsibility. Whatever has brought your child to therapy, you may like to know what a session may look like for your child.

As in any counseling session, your child will bring up and talk about any subject they choose. Often with the aid of art supplies, toys and games, children open up and talk about their thoughts and feelings about what is going on in their lives. Through play, strong feelings are processed and traumas and concerns are acted out with various possible endings. This is therapeutic play at its best.

I observe your child in four basic ways:

1. feelings about themselves (self-esteem)
2. feelings about their abilities and willingness to try new things (self-efficacy)
3. their ability to identify and express emotion and thoughts appropriately (self-expression)
4. your child's ability to make and maintain healthy relationships (interpersonal skills)

Along with these 4 basic areas I continually work on developing your child's ability to see options and the possible consequences of these options. This skill helps children to be proactive (choosing) in their lives rather than reactive (acting out).

Some attention is always paid to how you, Mom/Dad, are taking care of yourself...you must take good care of you to be able to care well for your child.

All children desire to be seen and heard for who they really are and to be enjoyed 'just because you are you.' Counseling is a way to support children and parents through some of the hard times of growing up, allowing both to face challenges together. I am included in your journey.



### Insurance Information Form

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex: \_\_\_ M \_\_\_ F Place of Employment/School \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (home) \_\_\_\_\_ Message ok? \_\_\_\_\_

Telephone Number (cell) \_\_\_\_\_ Message ok? \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Relationship to Insured: \_\_\_\_\_

Member ID: \_\_\_\_\_ Group Number \_\_\_\_\_

Policy Holder: Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address of the Policy Holder/Insured:

Secondary Insurance: Yes/No Secondary Health Insurance: \_\_\_\_\_

Secondary Policy Holder: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Secondary Insurance ID: \_\_\_\_\_ Group Number \_\_\_\_\_

Local Contact in case of emergency: \_\_\_\_\_

Phone number of emergency contact: \_\_\_\_\_

Relationship to the client: \_\_\_\_\_

How did you hear about my services? Family \_\_\_\_\_ Friend \_\_\_\_\_ Doctor \_\_\_\_\_

Internet search \_\_\_\_\_ Insurance Company \_\_\_\_\_ Other \_\_\_\_\_

The above information is true to the best of my knowledge. I authorize my insurance benefits paid directly to the therapist. I understand my therapist bills electronically using a secure internet connection. I understand I am financially responsible for any balance unpaid by my insurance company. I authorize Angela Olson, MA, LMHC to release information required to process my claim.

Signature: \_\_\_\_\_



## Insurance Intake Part 2 – for non-Medicaid clients only

**Do you have a “deductible” on your health insurance plan?**    **Yes**    **No**

My insurance deductible is \_\_\_\_\_.

*A deductible is the amount you and or your family need to pay in medical expenses prior to your insurance company paying the allowed rate they have agreed to pay for your visits. When our office receives an ‘explanation of benefits’ (note: these are also sent out to you – the insured member) we can let you know the exact amount that was applied to your deductible by your insurance company. You are expected to pay this amount to your counselor.*

**Do you pay a co-pay when you see your medical doctor?**    **Yes**    **No**

If you answered “Yes” you are more than likely expected to pay a co-pay to your counselor. Please plan to pay your co-pay at the time of service by    **Cash**    **Check**    **Debit**    **Credit**

**Do you pay a co-insurance when you see your medical doctor?**    **Yes**    **No**

A co-insurance is a percentage of the allowed amount your insurance company has agreed to pay for the session. You can pay your co-insurance regularly at the time you see your therapist as soon as we know the actual amount. For the first session(s) you can pay a reasonable amount determined between you and your therapist to be adjusted when the actual statement is received.

**Do you have a health spending account?**    **Yes**    **No**

Health spending accounts are managed in various ways depending on the company that is administering the service. Some clients have HSA cards that can be ran as debit cards to pay for the portion of service the client has incurred. Some insurance companies automatically draw money from an HSA account to pay as the billing is received. Some clients need to notify their HSA account to approve or authorize the payments. We will work with you on navigating this process but in the end you are responsible for the cost of your sessions based on what your insurance plan allows as payment.

**Who will be responsible for money owed through receiving counseling services?**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Email of responsible party:** \_\_\_\_\_

**Phone number of responsible party:** \_\_\_\_\_



**Children's Intake to be filled out by parent/guardian**

Date: \_\_\_\_\_

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's phone: \_\_\_\_\_  
\_\_\_\_\_

Child lives with, primarily, which parent? \_\_\_\_\_

Primary Address: \_\_\_\_\_  
\_\_\_\_\_

Siblings in the home are?....(ages and names, please):

\_\_\_\_\_

Additional siblings NOT living in the same house are:

\_\_\_\_\_

Copy of parenting plan provided? Yes \_\_\_\_\_ No \_\_\_\_\_

What school does your son/daughter attend? \_\_\_\_\_

How would you describe your child's school experience?

\_\_\_\_\_  
\_\_\_\_\_

Has your child been given a mental health diagnosis or do they have an on-going medical issue? If so, please describe.

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Medications? Please list.

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Has your child hurt themselves deliberately or made any threats about self-harm or wishing they were dead?

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Has your child been exposed to drug/alcohol abuse? Please describe.

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Has your child been exposed to domestic violence? Please describe.

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Has your child been sexually molested or been sexually aggressive with other children?

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Are there any legal issues involving your child at this time? Please describe.

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Recent situation (s) leading to counseling at the moment is/are:

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**Circle any of the following that are concerns for your child:**

Hyperactivity	Over/Under eating	Hitting	Bullying
Is Bullied	Cries Easily	Easily Angered	Depressed
Anxious	Harms Self	Steals	Lies
Fire setting/play	School failure	Lacks Friends	Sleep Issues
Recent Loss	Teased	Fearful	Defiant
Quits Easily	Sexualized	Tantrums	Self-Esteem
Follower	Apathetic	Often Bored	Sad
Witness to Violence	Drug/Alcohol Usage	Weight/Underweight	

Other: \_\_\_\_\_

\*Note: These issues will not magically disappear with counseling but you can expect a reduction of these negative traits as you and your child work towards inner health.

If you were to set 3 achievable goals to improve your own relationship with your child what would they be?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Three *positive* words to describe your child are:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Center for Epidemiological Studies Depression Scale for Children (CES-DC)

Number \_\_\_\_\_

Score \_\_\_\_\_

## INSTRUCTIONS

Below is a list of the ways you might have felt or acted. Please check how *much* you have felt this way during the *past week*.

DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
1. I was bothered by things that usually don't bother me.	_____	_____	_____	_____
2. I did not feel like eating, I wasn't very hungry.	_____	_____	_____	_____
3. I wasn't able to feel happy, even when my family or friends tried to help me feel better.	_____	_____	_____	_____
4. I felt like I was just as good as other kids.	_____	_____	_____	_____
5. I felt like I couldn't pay attention to what I was doing.	_____	_____	_____	_____

DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
6. I felt down and unhappy.	_____	_____	_____	_____
7. I felt like I was too tired to do things.	_____	_____	_____	_____
8. I felt like something good was going to happen.	_____	_____	_____	_____
9. I felt like things I did before didn't work out right.	_____	_____	_____	_____
10. I felt scared.	_____	_____	_____	_____

DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
11. I didn't sleep as well as I usually sleep.	_____	_____	_____	_____
12. I was happy.	_____	_____	_____	_____
13. I was more quiet than usual.	_____	_____	_____	_____
14. I felt lonely, like I didn't have any friends.	_____	_____	_____	_____
15. I felt like kids I know were not friendly or that they didn't want to be with me.	_____	_____	_____	_____

DURING THE PAST WEEK	Not At All	A Little	Some	A Lot
16. I had a good time.	_____	_____	_____	_____
17. I felt like crying.	_____	_____	_____	_____
18. I felt sad.	_____	_____	_____	_____
19. I felt people didn't like me.	_____	_____	_____	_____
20. It was hard to get started doing things.	_____	_____	_____	_____



## Center for Epidemiological Studies Depression Scale for Children (CES-DC)

The Center for Epidemiological Studies Depression Scale for Children (CES-DC) is a 20-item self-report depression inventory with possible scores ranging from 0 to 60. Each response to an item is scored as follows:

- 0 = "Not At All"
- 1 = "A Little"
- 2 = "Some"
- 3 = "A Lot"

However, items 4, 8, 12, and 16 are phrased positively, and thus are scored in the opposite order:

- 3 = "Not At All"
- 2 = "A Little"
- 1 = "Some"
- 0 = "A Lot"

Higher CES-DC scores indicate increasing levels of depression. Weissman et al. (1980), the developers of the CES-DC, have used the cutoff score of 15 as being suggestive of depressive symptoms in children and adolescents. That is, scores over 15 can be indicative of significant levels of depressive symptoms.

Remember that screening for depression can be complex and is only an initial step. Further evaluation is required for children and adolescents identified through a screening process. Further evaluation is also warranted for children or adolescents who exhibit depressive symptoms but who do not screen positive.

See also

Tool for Families: Symptoms of Depression in Adolescents, p. 126.

Tool for Families: Common Signs of Depression in Children and Adolescents, p. 147.

### REFERENCES

- Weissman MM, Orvaschel H, Padian N. 1980. Children's symptom and social functioning self-report scales: Comparison of mothers' and children's reports. *Journal of Nervous Mental Disorders* 168(12):736-740.
- Faulstich ME, Carey MP, Ruggiero L, et al. 1986. Assessment of depression in childhood and adolescence: An evaluation of the Center for Epidemiological Studies Depression Scale for Children (CES-DC). *American Journal of Psychiatry* 143(8):1024-1027.

# Screen for Child Anxiety Related Disorders (SCARED)

## PARENT Version—Page 1 of 2 (to be filled out by the PARENT)

Developed by Boris Birmaher, M.D., Suneeta Khetarpal, M.D., Marlane Cully, M.Ed., David Brent, M.D., and Sandra McKenzie, Ph.D., Western Psychiatric Institute and Clinic, University of Pittsburgh (October, 1995). E-mail: birmaherb@upmc.edu

See: Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): a replication study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(10), 1230–6.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Directions:

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for your child. Then, for each statement, fill in one circle that corresponds to the response that seems to describe your child *for the last 3 months*. Please respond to all statements as well as you can, even if some do not seem to concern your child.

	0  Not True or Hardly Ever True	1  Somewhat True or Sometimes True	2  Very True or Often True	
1. When my child feels frightened, it is hard for him/her to breathe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
2. My child gets headaches when he/she am at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
3. My child doesn't like to be with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
4. My child gets scared if he/she sleeps away from home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
5. My child worries about other people liking him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
6. When my child gets frightened, he/she feels like passing out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
7. My child is nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
8. My child follows me wherever I go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
9. People tell me that my child looks nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
10. My child feels nervous with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
11. My child gets stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
12. When my child gets frightened, he/she feels like he/she is going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
13. My child worries about sleeping alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
14. My child worries about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
15. When my child gets frightened, he/she feels like things are not real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
16. My child has nightmares about something bad happening to his/her parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
17. My child worries about going to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
18. When my child gets frightened, his/her heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
19. He/she child gets shaky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
20. My child has nightmares about something bad happening to him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP

**Screen for Child Anxiety Related Disorders (SCARED)**  
**PARENT Version—Page 2 of 2 (to be filled out by the PARENT)**

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
21. My child worries about things working out for him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
22. When my child gets frightened, he/she sweats a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
23. My child is a worrier.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
24. My child gets really frightened for no reason at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
25. My child is afraid to be alone in the house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
26. It is hard for my child to talk with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
27. When my child gets frightened, he/she feels like he/she is choking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
28. People tell me that my child worries too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
29. My child doesn't like to be away from his/her family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
30. My child is afraid of having anxiety (or panic) attacks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
31. My child worries that something bad might happen to his/her parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
32. My child feels shy with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
33. My child worries about what is going to happen in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
34. When my child gets frightened, he/she feels like throwing up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
35. My child worries about how well he/she does things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
36. My child is scared to go to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
37. My child worries about things that have already happened.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
38. When my child gets frightened, he/she feels dizzy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
39. My child feels nervous when he/she is with other children or adults and he/she has to do something while they watch him/her (for example: read aloud, speak, play a game, play a sport).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
40. My child feels nervous when he/she is going to parties, dances, or any place where there will be people that he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
41. My child is shy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC

**SCORING:**

A total score of  $\geq 25$  may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific. **TOTAL =**

A score of 7 for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**. **PN =**

A score of 9 for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**. **GD =**

A score of 5 for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety SOC**. **SP =**

A score of 8 for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**. **SC =**

A score of 3 for items 2, 11, 17, 36 may indicate **Significant School Avoidance**. **SH =**

*The SCARED is available at no cost at [www.wpic.pitt.edu/research under tools and assessments](http://www.wpic.pitt.edu/research_under_tools_and_assessments), or at [www.pediatric bipolar.pitt.edu](http://www.pediatric_bipolar.pitt.edu) under instruments.*

SELF-PORTRAIT

1. Three words  
that describe me are:

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7. The worst thing about being me is

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2. I feel happiest when

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3. I feel important when

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4. I am proud that I

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5. I feel sad when

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The best thing about being me is

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10. I feel like my mother/  
father when

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6. I am afraid to talk about

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7. When I get angry I

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8. I worry  
when

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9. I feel  
lonely when

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# Screen for Child Anxiety Related Disorders (SCARED)

## CHILD Version—Page 1 of 2 (to be filled out by the CHILD)

Developed by Boris Birmaher, M.D., Suneeta Khetarpal, M.D., Marlane Cully, M.Ed., David Brent, M.D., and Sandra McKenzie, Ph.D., Western Psychiatric Institute and Clinic, University of Pittsburgh (October, 1995). E-mail: birmaherb@upmc.edu

See: Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): a replication study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(10), 1230–6.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Directions:

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for you. Then, for each sentence, fill in one circle that corresponds to the response that seems to describe you *for the last 3 months*.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
1. When I feel frightened, it is hard to breathe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
2. I get headaches when I am at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
3. I don't like to be with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
4. I get scared if I sleep away from home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
5. I worry about other people liking me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
6. When I get frightened, I feel like passing out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
7. I am nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
8. I follow my mother or father wherever they go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
9. People tell me that I look nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
10. I feel nervous with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
11. I get stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
12. When I get frightened, I feel like I am going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
13. I worry about sleeping alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
14. I worry about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
15. When I get frightened, I feel like things are not real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
16. I have nightmares about something bad happening to my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
17. I worry about going to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
18. When I get frightened, my heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
19. I get shaky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
20. I have nightmares about something bad happening to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP

# Screen for Child Anxiety Related Disorders (SCARED)

CHILD Version—Page 2 of 2 (to be filled out by the CHILD)

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23. I am a worrier.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
24. I get really frightened for no reason at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
25. I am afraid to be alone in the house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
26. It is hard for me to talk with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
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31. I worry that something bad might happen to my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
32. I feel shy with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
33. I worry about what is going to happen in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
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41. I am shy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC

## SCORING:

A total score of  $\geq 25$  may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific. **TOTAL =**

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A score of 8 for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**. **SC =**

A score of 3 for items 2, 11, 17, 36 may indicate **Significant School Avoidance**. **SH =**

*For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any questions.*

*The SCARED is available at no cost at [www.wpic.pitt.edu/research](http://www.wpic.pitt.edu/research) under tools and assessments, or at [www.pediatric.bipolar.pitt.edu](http://www.pediatric.bipolar.pitt.edu) under instruments.*