



Purpose

- The Y-OQ® 2.01 PG provides a quick but comprehensive snapshot of parent/guardian perceptions of their child's current functioning.
- Intake scores (subscales, critical items, individual items) can help identify areas of immediate clinical concern and aid in treatment planning.
- The Y-OQ® is sensitive to short-term change, making it useful for evaluating client progress at any point during treatment.
- Information gleaned from the Y-OQ® 2.01 PG may be helpful in discharge planning.

Administration

- Parents/guardians of children between the **ages of 4 and 17** complete the Y-OQ® 2.01 PG.
- Encourage respondents to **answer every question** as accurately as possible.
- Respondents should indicate how true each statement is for his/her child during the **past 7 days**.
- The Y-OQ® 2.01 PG can be administered by non-clinical staff, but must be interpreted by a trained clinician.
- The Y-OQ® 2.01 is done **at intake, periodic intervals thereafter, and at discharge** (even if < 1 month from last valid administration).

Y-OQ® 2.01 Parent/Guardian Quick Guide

Youth Outcome Questionnaire® 2.01 Parent/Guardian Report
Information taken from the Y-OQ® 2.01 Manual (2005) and OQ® Clinician Manual (2002)

Interpretation

Total Score

- High Total Scores (≥ 47) reflect the parent/guardian's perceptions that their child is experiencing a high level of distress.

Critical Items (CI)

- High subscale scores (≥ 6) indicate the parent identified one or more items that require more immediate clinical follow-up. See reverse for list of items.

Intrapersonal Distress (ID)

- High scores (≥ 17) indicate the parent/guardian is reporting that the child is experiencing a great deal of emotional distress characterized by symptoms of anxiety, depression, fearfulness, etc.

Somatic (S)

- High scores (≥ 6) reflect a parent/guardian's concern regarding the number of physical and/or somatic concerns their child/youth displays or reports (i.e., headache, stomach problems, bowel problems, dizziness, etc.).

Interpersonal Relations (IR)

- High scores (≥ 5) indicate the parent/care provider reports the child experiences considerable interpersonal difficulty with parents/guardians, other adults and/or peers (i.e., aggression, defiance, conflict).
- Low scores indicate the parent reports that the client demonstrates a cooperative attitude and interactions

Social Problems (SP)

- High scores (≥ 4) suggest the child displays a number of behaviors that violate school norms and/or expectations (e.g., delinquent or aggressive behaviors, etc.).

Behavioral Dysfunction (BD)

- High scores (≥ 13) indicate the parent/guardian reports the child is experiencing difficulty with attention, concentration, managing impulsive behaviors, organizing and completing tasks, and handling frustration.

Scoring

Same Day Scoring

- Administer on paper
- Confirm responses are valid (*see reverse*)
- Enter into the EHR
- Review and document on "Score Review" tab
- Follow up with client as appropriate, document in Progress Note

Subscale	Score Range	Clinical Cutoff
Total Score	-16 to 240	≥ 47
Critical Items (CI)	0 to 36	≥ 6
Intrapersonal Distress (ID)	-4 to 68	≥ 17
Somatic (S)	0 to 32	≥ 6
Interpersonal Relations (IR)	-6 to 34	≥ 5
Social Problems (SP)	-2 to 30	≥ 4
Behavioral Dysfunction (BD)	-4 to 40	≥ 13

Y-OQ[®] 2.01 Parent/Guardian Quick Guide

Invalid Administration

(Missing or 'Unscoreable' Items)

- The Y-OQ[®] 2.01 is invalid if **7 or more** items are missing or 'unscorable'.
- An item is "unscorable" if the respondent circled more than 1 response for an item or marked a space between two choices.
- Please ask the respondent to complete any skipped items and/or to mark a single valid response per item.
- Once there are 6 or fewer missing/unscorable items, the Y-OQ[®] 2.01 can be scored.

Total Score is only calculated if 58 or more items are completed.

Critical Items

Follow up on items ≥ 1 before session ends

- 12** Worries, can't get thoughts out of head
- 20** Sees, hears, believes things - not real
- 21** Engages in self-harm, suicide attempt
- 22** Used alcohol, drugs (*complete SACS A & B*)
- 28** Believes others trying to hurt him/her
- 38** Hears other's thoughts, they hear his/hers
- 41** Suicidal ideation
- 44** Unusual happiness or energy
- 46** Fears going crazy
- 51** Anger is threatening to others
- 58** Lost weight when not sick

Reliable Change Index (RCI)

RCI = Baseline Score – Follow Up Score

- Small fluctuations in scores can be due to chance.
- A difference of **13 or more points** between the Baseline and follow up Y-OQ[®] 2.01 PG reflects a reliable change.
- An RCI that is -13 or lower (i.e., -13, -14, -15, etc.) means the client is doing reliably worse.
- An RCI that is 13 or higher (i.e., 13, 14, 15, etc.) means the client is doing reliably better.

Special/Weighted Scoring

If hand-scoring, these items have weighted values ranging from -2 to 2:

- 7** Cooperates with rules
- 16** Communicates pleasantly
- 24** Enjoys family, friends
- 32** Seems happy with self
- 45** Handles frustration, boredom appropriately
- 47** Appropriate guilt for wrong-doing
- 53** Hopeful and optimistic
- 60** Usually calm