

SCORING AND INTERPRETATION

Description

The *Brief Assessment Checklist for Children (BAC-C)* and the *Brief Assessment Checklist for Adolescents (BAC-A)* are 20-item caregiver-report psychiatric rating scales that are designed to:

1. Screen for clinically-meaningful mental health difficulties experienced by children and adolescents in foster, kinship, residential and adoptive care
2. Be used as brief, casework monitoring tools by children's agencies
3. Be safely administered and interpreted by health and social care professionals who are not qualified child and adolescent mental health clinicians

The BAC-C and BAC-A were derived from the Assessment Checklist for Children (ACC, 120 items) and Assessment Checklist for Adolescents (ACA, 105 items) respectively. The ACC and ACA instruments measure a broad range of mental health difficulties observed among children and young people in care that are not adequately measured by standard rating instruments, such as the Child Behavior Checklist (CBCL) and the Strengths and Difficulties Questionnaire (SDQ). These consist of: several types of interpersonal, attachment-related difficulties; insecure relating; social, behavioural and emotional dysregulation; trauma-related anxiety and dissociation; abnormal responses to pain; overeating and related food maintenance behaviours; sexual behaviour problems; self-injury; and suicidal behaviours and discourse.

Scoring instructions

Add together the scores for each of the 20 questions to calculate the child's total score. Since each question can be scored 0, 1 or 2, the total score can range from 0 to 40. If there are one or two unanswered questions, score these as 0. If there are more than one or two unanswered items, ask the child's caregiver to score the unanswered items. Write the total score in the box at the bottom right corner of the checklist, together with the date it was completed.

Screening decision

The child or young person should be referred for further assessment to a child and adolescent mental health service or professional if their BAC-C or BAC-A score is **5 or higher (5+)**, unless they are already clients of such a service. In the NSW Children in Care Study (CICS), the 5+ cut-point correctly identified 98% of children and young people with clinical-level ACC and ACA scores, and 92% to 93% of those with clinical-level CBCL scores.

Screening accuracy and other psychometric properties

Initial research data from the CICS suggest that BAC-C and BAC-A screening accuracy for children (N=347) and young people (N=230) in care compares favourably with that of existing screening instruments, notably the SDQ and the Brief Problem Monitor (CBCL short form). The BAC-C and BAC-A provide highly accurate screening for clinical range ACC and ACA scores among children and young people in care (area under the curve [AUC] ranging from 0.96 to 0.99), as well as for CBCL clinical range scores (AUC: BAC-C = 0.89 to 0.92; BAC-A = 0.93 to 0.94). They provide moderately accurate screening for children that have clinical-level difficulties, as indicated by their reported use of mental health services (AUCs: BAC-C = 0.74; BAC-A = 0.79). Initial data also suggest the BAC-C/A total scores approximate the CBCL total problem score (a measure of global psychopathology) at least as well as the SDQ total difficulties score. In the CICS, BAC-CBCL total score correlations were 0.82 (BAC-C) and 0.88 (BAC-A), as compared to a mean SDQ-CBCL correlation (averaged across several studies) of 0.76.¹

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¹ Tarren-Sweeney, M. The Brief Assessment Checklists (BAC-C, BAC-A): Mental health screening measures for school-aged children and adolescents in foster, kinship, residential and adoptive. Unpublished preprint manuscript.