

# MONTANA EXPERIENCES AND EXPRESSIONS SCREENER (MONTANA EES) CHILD AND YOUTH (AGES 9-17 Years)

JCATS # (JPO): \_\_\_\_\_

START TIME: \_\_\_\_\_

END TIME: \_\_\_\_\_

DATE: \_\_\_\_\_

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Anonymous (not for use by juvenile probation)

Has been screened with the Montana EES within the last six months

A parent is present for this screening

<b>Age:</b>	<b>Sexual identity:</b> (Straight, Lesbian, Gay, Bisexual, Queer, Questioning)	<b>Gender</b> (Please circle any that apply): Male Female Transgender
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<b>Ethnicity: (check all that apply)</b>	American Indian/Alaska Native <input type="checkbox"/>	African American/Black <input type="checkbox"/>	Arab/Middle Eastern <input type="checkbox"/>
	Asian/Pacific Islander <input type="checkbox"/>	Caucasian/White <input type="checkbox"/>	Hispanic/Latino <input type="checkbox"/>
	Other: Please specify <input type="text"/>		

**EXPRESSIONS: I WOULD LIKE TO KNOW HOW YOU HAVE BEEN THINKING OR FEELING LATELY. I'M GOING TO READ SOME STATEMENTS AND I'D LIKE YOU TO TELL ME HOW OFTEN THEY HAVE HAPPENED IN THE PAST MONTH.**

**0**-Not even once    **1**-One or two times    **2**- Three to five times    **3**-More than five times

A. Had trouble sleeping or bad dreams?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. Had trouble paying attention or concentrating?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
C. Felt alone or not close to people around you?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D. Have you not wanted to be around certain people, places, or things that remind you of upsetting or scary things that have happened?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E. Felt sad or hopeless; like things will never get better?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
F. Had uncomfortable feelings when thinking about what has happened (sweating, upset stomach, thumping heart)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G. Become angry or upset when thinking about things that have happened?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
H. Blamed yourself or felt guilty for things that have happened?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
I. Used alcohol or drugs to make you feel better? (You will NOT get in trouble for answering this honestly.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
J. Thought about hurting yourself, because you were angry or sad?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
K. <b>**Thought about ending your life or killing yourself?</b>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**EXPERIENCES: SOMETIMES VERY UPSETTING THINGS HAPPEN TO PEOPLE. AND I'D LIKE FOR YOU TO FILL IN A BUBBLE ON YOUR WORKSHEET IF ANY OF THE FOLLOWING EXPERIENCES HAVE EVER HAPPENED TO YOU. PLEASE COLOR IN A BUBBLE FOR EVERY YES ANSWER TO THE QUESTIONS I ASK. YOU DO NOT HAVE TO TELL ME YOUR SPECIFIC ANSWERS AND PLEASE DO NOT MARK OR INDICATE WHICH SPECIFIC EXPERIENCES APPLY TO YOU. AFTER I ASK YOU THE SERIES OF QUESTIONS, PLEASE GIVE ME YOUR WORKSHEET. IF YOU RUN OUT OF BUBBLES TO FILL IN, YOU CAN GIVE ME YOUR WORKSHEET.**

1. Have you frequently been denied a meal because your caregiver or parent was angry with you?
2. Have you ever not had a home or shelter to stay in?
3. Has anyone kept you from seeing the doctor when you were hurt?
4. Has anyone ever stolen something from you or your family?
5. Have you ever seen someone who cares for you drink a lot or do drugs in front of you?
6. Have other kids, including your brothers or sisters, ever hurt you or threatened to hurt you (emotionally or physically)?
7. Has anyone in your home had special care because they were sick for a long time (cancer, epilepsy, cystic fibrosis, etc.)?
8. Has anyone ever used the internet or a cell phone to hurt or embarrass you (starting rumors, sharing pictures)?
9. Have you ever seen one of your parents or caregivers threaten to or physically hurt another person in your home?
10. Has a parent or caregiver physically hurt you?
11. Has a parent or anyone close to you died (illness, injury, suicide)?
12. Have you ever seen a parent or loved one removed from your home (kicked out or arrested)?
13. Have you ever seen or experienced violence in your school or community (physical force meant to harm someone)?
14. Has anyone ever touched, or tried to touch, private parts of your body in a way that made you uncomfortable?

**STOP! YOU ARE NOW FINISHED WITH THE SCREENER. PLEASE HAVE ADMINISTRATOR SCORE RESULTS.**

**ADMINISTRATOR REFLECTION**

If the respondent answered "Yes" to any of the Experiences questions or indicated any response higher than zero in the Expressions section, ask if they are currently receiving any of the services below, **circle appropriate response-**

Behavioral   Y   N          Mental health   Y   N          School based   Y   N          Other Y: \_\_\_\_\_ N

**Experiences Score:** Add together scores from all "Yes" responses in the right-hand column of the Experiences section to arrive at the Experiences Score. Note- the follow up questions, 10a, 14a, and 14b should not be included in this final score. A "yes" response to either 10a or 14a require a report to Child Protective Services Central Intake (1-866-820-5437). Record the Experiences Score in the box below. An Experiences Score of four or higher suggests a referral is recommended.

**Expressions Score:** To arrive at the Expressions Score, add together the points associated with each Expressions section response. Each "1" response earns one point. Each "2" response counts as two points, and each "3" response counts as three points. The total points from the Expressions section should be added together to arrive at the Expressions Score, which should be recorded in box below. A score of 10 or more in the Expressions section indicates a referral is recommended.

**Referral Made?**    • Yes, a referral was made to: \_\_\_\_\_  
                                       • No referral was made because: \_\_\_\_\_

**\*\*If question K indicates any answer other than 0, action needs to be taken immediately to get help for the child.**

How honestly do you feel the respondent answered this screener?    - - Not at all    - - Somewhat    - - Mostly

Observations and Recommendations: \_\_\_\_\_

<b>Score:</b>
<b>Experiences</b> _____
<b>Expressions</b> _____