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RESULTS OF UKRAINIAN ADAPTATION OF THE PEDIATRIC SYMPTOM CHECKLIST WITH ABUSED CHILDREN

The aim of the study was to adapt a very popular in the world screening questionnaire for assessment of children psychosocial functioning. Both (parent and youth) versions of Pediatric Symptom Checklist (PSC, Y-PSC) of M. S. Jellinek, J. M. Murphy et al. were validated in Ukraine so to find out their cross-cultural universality and usefulness. The total number of study participants was 532: 281 parents fulfilled PSC-Ukr and 251 children fulfilled Y-PSC-Ukr. The sample included ordinary children, ones from families with domestic abuse and small clinical sample. Clinical interview, Kinetic Family Drawings and Sentence Completion Test were used with PSC questionnaires. Methods of classical test theory, confirmatory factor analysis and ROC-analysis were used for tests validation. Adapted versions appeared reliable and valid but had unusually low cut-offs and two-factor structure (internalizing and externalizing symptoms without separate attention deficit factor). Weak economy, military actions and upbringing peculiarities can be the reasons of unusual cut-off and factor structure of adapted tests. This test will be useful for practitioners and researchers in mental health and social work areas. PSC-Uke Y-PSC-Ukr can be recommended for use with problematic populations like children from families with domestic abuse as these methods reveal forms and degrees of children's psychosocial dysfunction through negative growth conditions.

Keywords: *pediatric symptom checklist, test adaptation, psychosocial functioning, abuse*
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Introduction. Psychosocial functioning reflects a person's ability to perform the activities of daily living and to engage in relationships with other people in ways that are gratifying to him and others, and that meets the demands of the community in which the individual lives (Mehta, Mittal, Swami, 2014). Pediatric Symptom Checklist in two versions: PSC (parent version), Youth Pediatric Symptom Checklist (Y-PSC, youth version) of M. S. Jellinek and J. M. Murphy is a very popular effective questionnaire for children's psychosocial functioning assessment in the world, which can provide both a general assessment of psychosocial functioning and assessment of certain components, such as internalization, externalization, attention deficit, school problems (Jellinek et al, 1988) This questionnaire is adapted in more than 25 languages (Pediatric Symptom Checklist, 2021). The availability of such a tool can make the work of practical psychologists, social workers, educators, pediatricians more effective and useful for children, families, and society. Therefore, we asked and obtained permission from the authors to adapt these tests in Ukraine.

So, the **aim** of the study was to adapt both PSC questionnaire versions in Ukraine. The additional purpose was to investigate how these questionnaires would work with children from families with domestic abuse that may reveal their criterion validity and check the opportunity to use for problematic groups of families. It is already known that children who had bad family experience (e.g. experienced sexual harassment, had substantial exposure to violence, lived with drug abusing fathers, had low-income, urban mothers suffered from intimate partner violence, had parental wartime military deployment) were significantly more likely to score higher by PSC (Y-PSC) than those who had not experienced such negative impact (Aranda, Middleton, Flake & Davis, 2011).

Method. It was taken full version (35 items) of PSC and Y-PSC for adaptation. Methods of Classical Test Theory were used for adaptation these tools in Ukraine (Kline, 2016). Most part of statistical analysis was done using program STATISTICA 7.0, Stat Soft, Inc. The Receiver operating characteristic (ROC) analysis was done by SPSS 16.0, SPSS Inc. Exploratory Factor Analysis (EFA) was performed with the FACTOR 10.3.01 program of U. Lorenzo-Seva & P. J. Ferrando, and Confirmatory Factor Analysis (CFA) was conducted by Mplus program (Muthén & Muthén).

Translation was done by professional psychologist with certified English B2 level. During the translation, the necessary cultural adaptation of the test was carried out. An examination of the translation was conducted by four experts who were highly qualified English language professors. The experts approved the translation and provided comments on the improvements that were implemented. Back-translation from Ukrainian to English was done by professional interpreter and Ph.D. in Psychology who has not seen the original version of the tests. Subsequently, a double-test procedure was conducted for Ukrainian schoolchildren who speak English, aged 11-14, 63 children (27 girls among them). The children performed both English versions of the test: the original and back-translation ones.

Approbation. Pilot research was conducted with 30 children of 10-11 years old in Kharkiv region.

Validation. It was taken three psychological methods for analyzing of construct convergent validity.

1. Kinetic Family Drawings (K-F-D) of Burns, R. C., & Kaufman, S. H. (1970). Adapted version included such scales: a favorable family situation, anxiety, conflict in the family, a sense of inferiority in a family situation, hostility in a family situation. Adaptation of K-F-D was made by R. F. Beliauskaite (1987).

2. The sentence Completion Test of J.M. Sacks and S. Levy in Ukrainian adaptation. Ukrainian version of 30 sentences for children was developed by Zhuravel', T. V., Kochemyrovs'ka, O. O., & Yasenovs'ka M. E. (2010).

3. Clinical interview with 7 situations of closed questions and 23 opened questions designed by psychiatrists. In the first part (7 closed questions) the child was asked to transfer stressful psychosocial situations of other children to their own situation. The second part of the interview was presented with open questions which related to emotional abuse against the child, lack of care, the child's experiences about the situation in the family, behavioral, attention and emotional problems; neurotic, vegetative (related to increased reactions of autonomic nervous system) and somatic symptoms (23 questions). The interview ended with questions about the dreams and expectations of the child. During the interview, nonverbal signs of psychological and emotional (psychophysiological) stress were noted. Qualitative and quantitative analysis was conducted with the interview.

Participants. It was examined 321 children in total: ordinary children (197, including 121 girls); children from families with domestic abuse (110, including 45 girls); children on inpatient treatment in the department of psychiatry (14, including 6 girls).

The age range of children was 6-18 years. As we adapted both versions of the test – the self-assessment version for children from 11 years and the parent version, the total number of study participants was 532: 281 parents fulfilled PSC-Ukr and 251 children fulfilled Y-PSC-Ukr.

Participants' locations were Zaporizhzhya region - 58 children, Donetsk region - 27 children, Dnipropetrovsk region - 90 children and Kharkiv region - 146 children.

Results and Discussion

«Back-translation». The correlation analysis of results of schoolchildren fulfilled original and "back translated" test versions showed a very high significant correlation between them: $\varrho = .94$ at $p < .0001$. There were not found significant differences between these test versions as well: Wilcoxon Matched Pairs Test $T = 660.5$ at $p = .98$. So translated test does not distort content and meaning of original test.

Item analysis and discriminative capacity. All tests items correlated by Spearman analysis with the total test index at significant level: for PSC-Ukr ϱ = from .36 to .67 at $p < .0001$, for Y-PSC-Ukr from $\varrho = .25$ to .61 at $p < .0001$ to $p = .017$. There were no items with only one or two types of response in our sample, that is, all types of item responses (Never, Sometimes, Often) were met with different frequencies. The discriminatory check was carried out according to the formula of Ferguson's δ (Kline, 2016). For PSC-Ukr and Y-PSC-Ukr δ = 1.02 that means high discriminatory (informative) capacity of them.

Reliability. For PSC-Ukr Cronbach's a = .92, for Y-PSC-Ukr: a = .89. There are two subscales in adapted questionnaire. The internalizing subscale (Ukr) included 15 items. Cronbach's a for PSC-Ukr = .85 and a (for Y-PSC-Ukr) = .82 for internalizing subscale. The externalizing subscale (Ukr) included 20 items: it's Cronbach's a for PSC-Ukr = .90 and for Y-PSC-Ukr = .82.

It was checked a correlation between PSC-Ukr and Y-PSC-Ukr in the pairs of children and their parents: ϱ = .63, p < .0001. This procedure is similar to the parallel form's reliability. Not very high but sufficient correlation can be explained by observation that children not enough aware about or admit their disruptive behavior, and parents not enough aware about children's internalizing symptoms.

The test-retest reliability of Y-PSC-Ukr was performed with 49 children (aged 10-11, 24 girls) after three weeks interval. The correlation coefficient of the test / retest was: ϱ = .91, p < .0001.

Convergent validity. It was found moderate significant correlations between almost all scales of other methods and indexes of the PSC-Ukr and Y-PSC-Ukr: ϱ was from .59 to .13, p was from < .0001 to = .046. Only one scale had no correlations with both PSC-Ukr and Y-PSC-Ukr indexes – Anxiety Scale from K-F-D. We suppose that in our culture many children have anxiety to draw anything for psychologist, they percept this activity as their drawing performance assessment, not psychological testing. In Ukraine we have this lesson (drawing) at different kinds of schools till 8th grade. So, children's personal anxiety may mix with anxiety to draw not enough beautiful picture.

Concurrent validity (criterion-related validity). It is used criterion groups for validation by criterion - that is, groups, which exactly have the manifestation of the criterion – for example, any traumatic factor, that impair psychosocial functioning. We used the impact of domestic abuse in our study. Therefore, to validate test by the criterion, we included in the study children who are registered at the social services that help children form families with domestic abuse.

The differences between the criterion and control groups in both versions of the test were significant (Kolmogorov-Smirnov test): the mean scores of the results were almost twice as high in the group of abused children (for PSC-Ukr M = 30.18 and for Y -PSC-Ukr M = 27.00) than in the group of ordinary children (for PSC-Ukr M = 15.67 and for Y-PSC-Ukr M = 16.67), p < .001.

Another way of the criterion validation is conducting an experts' survey – questioning people who are aware about studied subjects' psychological states and life situation. We interviewed the teachers of the studied children as experts. We designed special form with Likert scale for assessment of teachers' opinion about studied children' psychological problems. The significant coefficients of Spearman rank-order correlation were obtained for the teacher's assessment of the children psychological problems level and the results of the PSC-Ukr method (ϱ = .63, p < .0001) and Y-PSC-Ukr (ϱ = .64, p < .0001), which proved the criterion validity of the adapted techniques.

The analysis shows that the adapted PSC-Ukr and Y-PSC-Ukr are valid tools for measuring the level of children psychosocial dysfunction.

Factor Analysis. Firstly, we performed an EFA to identify possible factor models of the questionnaire construct, and then a CFA to test the quality of obtained models.

EFA was performed by the Principal Components method with Direct Oblimin rotation, which is recommended for the selection of correlating factors (Kline, 2016) with a hierarchical Schmid-Leiman's solution. Since these tests were measured in the rank scale with three response gradations (0; 1; 2), therefore, in factorization we did not use the Pearson correlation coefficient, but the polychoric one. The adequacy of the sample for factor analysis was very good by Kaiser-Meyer-Olkin statistics (KMO = .89 for PSC-Ukr and KMO = .84 for Y-PSC-Ukr).

According to the most variants of PSC adaptations in different countries (Pediatric Symptom Checklist, 2021) three factor models could be considered for this questionnaire using EFA: with one factor, two factors and three factors. Two-factor and three-factor solutions were well interpreted in our sample. There were internalizing and externalizing factors in the two-factor solution known from the works of T.M. Aachenbach et al (2016). Except these two factors third factor in the three-factor structure can be interpreted as "problems in school" or "school maladaptation".

There are several ways to check a decision about how many factors to leave - the Cattell criteria, the parallel analysis using the Monte Carlo method and the Velicer's minimum average partial (MAP) test (Kline, 2016). By the criterion of Cattell's scree plot we could leave 3, 2, or 1 factor for our data. Parallel analysis showed that 3-factor structure is recommended for the PSC-Ukr, and for the Y-PSC-Ukr can be appropriate a 2-factor or 3-factor structure (the latter with less probability). It was recommended to leave 2 factors for each version of the test by MAP criterion. In the three-factor model the third factor of "school problems" included somewhat different points in the parent and adolescent versions, reflecting different meanings and different perceptions of school problems of parents and children. We decided to choose a more stable two-factor hierarchical model with two factors of first order (internalizing and externalizing behaviour) and one

factor of the second order, which reflected general psychosocial dysfunction of the child. This made the parent and adolescent test versions equivalent in administrating.

The first order factors have explained 42.7% of the measured variable variance (psychosocial dysfunction of the child) after the EFA with PSC-Ukr.

The first factor that explained 33.1% of the variable variance included 15 items of the questionnaire. This factor included signs of anxiety and depression, which according to Achenbach, is one of the two main forms of psychosocial disturbances of children – internalizing behavior.

The second factor that explained 9.6% of the variable variance included 20 items of the method. These items relate to aggressive, indifferent behaviors, reduced attention, predisposition to risk, traumatism, conflict, regression, which, according to T. Achenbach, is the second of the two main forms of child's pathological psychosocial development – the externalizing behavior.

The general factor of the second order included all items of the questionnaire. There were significant correlations between all factors: the factors of the first order (F1, F2) correlated $\varrho = .42$ $p < .05$; the factors of the first order correlated with the general factor (G1): F1 with G1 $\varrho = .50$, F2 with G1 $\varrho = .84$. $p < .05$.

The EFA of the Y-PSC-Ukr allowed to extract two similar factors with the same items as in the parent version, which explained 33.7% of the variance of the measured variable. The first externalizing factor explains 26.8% of the variance, and the second internalizing factor explains 6.9% of the variance. Factors of the first order (F1, F2) correlated $\varrho = .41$ $p < .05$; the factors of the first order correlated with the general factor (G1): F1 with G1 $\varrho = .49$, F2 with G1 $\varrho = .84$. $p < .05$.

CFA was performed for ordinal / categorical data. One-factor and two-factor models were compared using CFA and indicators for the two-factor model were better. See table 1.

Table 1. The goodness-of-fit indexes of the factor models

Goodness-of-fit indexes	One-factor model		Two-factors model	
	PSC-Ukr	Y-PSC-Ukr	PSC-Ukr	Y-PSC-Ukr
Chi-Square Test of Model Fit	6224.395	3161.413	947.520	798.146
Degrees of Freedom	595	595	559	559
P-Value	0.0000	0.0000	0.0000	0.0000
RMSEA (Root Mean Square Error of Approximation)	0.069	0.049	0.051	0.043
90% C.I. (Confidence Interval)	0.064 0.074	0.042 0.055	0.045 0.057	0.036 0.050
CFI (Comparative Fit Index)	0.875	0.881	0.931	0.907
TLI (Non-Normed Fit Index – NNFI, also known as TLI)	0.867	0.873	0.927	0.901

According to the results of the CFA, the two-factor hierarchical model of the test (with two first-order factors and a general factor of the second order) can be considered as relevant to the empirical data, that is, acceptable and optimal, unlike the one-factor model, which does not meet the criteria of a good model. Authors present their 35-items PSC as one-scale questionnaire and extracted three factors in short 17-items version – Externalizing, Internalizing and Attention (Pediatric Symptom Checklist, 2021). We can explain the presence of only two factors in the Ukrainian questionnaire version by the peculiarities of upbringing culture and childish behavior perception in Ukraine. Ukraine is one of the countries with a low economic level (Worldometers, 2021) and child's obedience in Ukraine is highly valuable like in other low-income countries (Park & Lau, 2016). So, distractions are perceived here mostly as behavioral problems, not as cognitive problems. The child is criticized and punished for not doing homework, for mistakes, late performance, and distraction in the same way as if the child does it on purpose, that is, as behavioral problems. Therefore, these factors, which in American and some other cultures, are manifested separately – externalizing behavior and attention deficit (Pediatric Symptom Checklist, 2021), in our culture are manifested as one factor. This can be the root of not enough good psychosocial functioning of Ukrainian children because as shown in some studies, the high value of parenting obedience as opposed to the values of independence, freedom, trust, and respect leads to low feelings of happiness in people, children's resistance to learning, and low economic situation in general (Park & Lau, 2016; Conzo, Aassve, Fuochi & Mencarini, 2017; Karakul, 2016).

Standardization of Y-PSC-Ukr and PSC-Ukr. It was calculated norms for both adapted versions. The level of psychosocial dysfunction measured by parent version in girls and boys had trend to be different: $M_{girls} = 19.67$, $M_{boys} = 23.24$ (Kolmogorov-Smirnov

test, $p < .10$). Mean values of girls and boys did not significantly differ in the teen's version (M_{girls} = 20.66, M_{boys} = 20.54). There was no correlation between children's age and Y-PSC-Ukr or PSC-Ukr results.

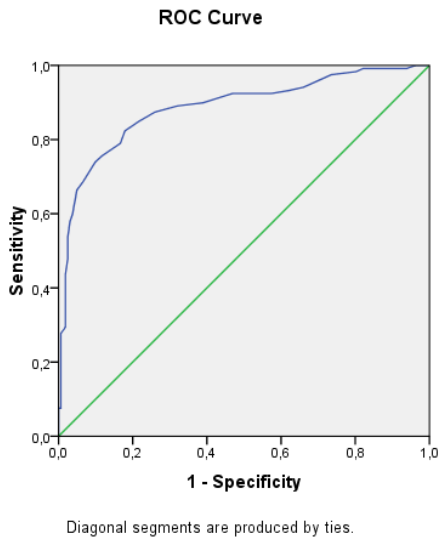
Calculation of the cut-off of the method for the purpose of screening

To identify those children in our sample who already have a psychosocial impairment, psychiatrics-experts analyzed the children's interview regardless of the Y-PSC-Ukr and PSC-Ukr results. All children were classified as "have an impairment" or "have not an impairment". For the same purpose, a sample of children who are on inpatient treatment in the department of psychiatry (14 persons) was added to the sample. Further, the results of this clinical analysis were compared with the results of Y-PSC-Ukr and PSC-Ukr for different cut-offs. 119 clinical cases and 162 healthy cases were detected by clinical analysis, in the sample of those who completed PSC-Ukr.

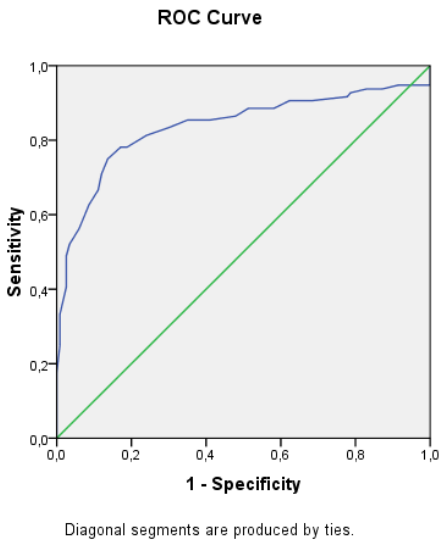
The results of ROC analysis for the PSC-Ukr (see Picture 1) showed that Area Under the Curve (AUC) = .886, Std. Error = .021, Asymptotic Significance = .000, 95% C. I. = .844 - .928, that considered as excellent (AUC between 0.8-0.9).

Through clinical analysis 96 clinical cases and 117 healthy cases were found in the sample of those who completed the Y-PSC-Ukr.

The results of ROC analysis for the Y-PSC-Ukr (see picture 2) showed AUC = .837, Std. Error = .031, Asymptotic Significance = .000, 95% C. I. = .777 - .897.



Picture 1. ROC Curve for the PSC-Ukr



Picture 2. ROC Curve for the Y-PSC-Ukr

Sensitivity and specificity calculation. First, we counted the sensitivity and specificity parameters for the cut-off value of the author's version of the questionnaire. At the authors' threshold of 28 points, the sensitivity of the author's questionnaire was 95%, the specificity of it was 68% (Jellinek et al, 1988). At this threshold, the sensitivity of our version was reduced to 63%, and the specificity increased to 96%. Therefore, these parameters were further calculated for other values that were closer to the norms of our test - a high level of psychosocial dysfunction (30+) and its elevated level (22+).

Sensitivity and specificity are inversely proportional, namely, with increasing specificity, sensitivity is reduced, so the values 27, 26, etc. would have very low sensitivity. Similarly, the threshold values for the version of the Y-PSC-Ukr were calculated. The results are shown in the Table 2.

Also, we checked our cut-offs accuracy through three traditional ways – the point on ROC curve where the sensitivity and specificity of the test are equal; the point on the curve with minimum distance from the left-upper corner of the unit square; and the point where the Youden's index is maximum. First and second criteria were met at 22+ and 21+ in both questionnaire versions. Youden's index was maximum for cut-off 22+ in PSC-Ukr (Youden's index = .65) and very close to our cut-off 21+ in Y-PSC-Ukr (Youden's index = .60). Little better was maximum Youden's index = .61 for cut-off 23+, but in this case the first two criteria would not be met.

44.77% and 36,55% of children tested by Y-PSC-Ukr and PSC-Ukr accordingly were classified as having psychosocial disfunction for these cut-offs (21+ and 22+ accordingly) in the group of ordinary families. 77.28% of children tested by Y-PSC-Ukr and 72.73% of ones tested by PSC-Ukr were classified as having psychosocial disfunction for these cut-offs (21+ and 22+ accordingly) in the group of families with abuse.

Compared to the authors' data, which showed that 12% of their sample's children need additional attention from mental health professionals, our percentage of

such children is unusually higher. This can be explained by the problems that produce stress in Ukrainian families: low economic level of the country, difficult transition from an authoritarian to a democratic society, military actions that going on in the country from 2014. Studies have shown (Murphy & Jellinek,1988) that the level of psychosocial functioning decreases significantly in economically poor populations.

Table 2. Selection of cut-offs for the tests – most appropriate values are marked in bold

Sensitivity and Specificity for PSC-Ukr				
Tests' cut-off	Sensitivity (number of true-positive)	Sensitivity (number of false-positive)	Specificity (number of true-negative)	Specificity (number of false-negative)
28+ (of authors)	63%	37%	96%	4%
31+	54%	46%	98%	2%
30+	58%	42%	97%	3%
22+	**82%**	**18%**	**82%**	**18%**
23+	79%	21%	83%	17%
Sensitivity and Specificity for Y-PSC-Ukr				
30+ (of authors)	49%	51%	97%	3%
24+	75%	25%	86%	14%
23+	78%	22%	83%	17%
22+	78%	22%	81%	19%
21+	**79%**	**21%**	**79%**	**21%**

Conclusion. The validity and reliability of PSC and Y-PSC were found excellent in Ukrainian children. But the factor structure and cut-offs for these questionnaires were rather different which connected with cultural specifics. These questionnaires can be successfully used with problematic populations like children from families with domestic abuse as they clearly reveal forms and degrees of children's psychosocial dysfunction through negative growth conditions. As proved by Achenbach (2016), internal (internalizing) symptoms turn into avoidance problems, somatic complaints (including sleep disturbances, eating disorders, pain) and anxiety and depression, and external (externalizing) symptoms appear in delinquent and aggressive behavior, attention deficit hyperactivity disorder. Such changes in the behavior and mental state of children are not accidental. From the evolutionary psychology point of view, externalizing and internalizing behavior are two strategies of human adaptation to the expected negative conditions of life. Namely, if a child in the first years of life encounters an unfriendly, dangerous or problematic environment, it is updated forecast that it will continue to be so, so to survive in such conditions you should be depressed, careful and inactive (to survive at the bottom of the hierarchy, not to irritate stronger individuals, save energy, wait), or you should be aggressive, antisocial and impulsive (to get at least some resources in conditions of competition and shortage of the most necessary) (Bjorklund, Sellers, Roberts, 2011).

Ethical Approval /Patient consent. Plan of this study was approved by Commission on Ethics of Psychological Research, School of Psychology, V.N. Karazin National University. Parents of all participants-children and participants-parents gave informed consent about their voluntary participation in the study.

Declaration of Conflicting Interests. The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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РЕЗУЛЬТАТИ УКРАЇНСЬКОЇ АДАПТАЦІЇ ПСИХОМЕТРИЧНОГО ТЕСТУ «ПЕРЕЛІК ДИТЯЧИХ СИМПТОМІВ» (PSC-UKR, Y-PSC-UKR) ІЗ ДІТЬМИ, ЩО ПЕРЕЖИЛИ ДОМАШНЄ НАСИЛЬСТВО

Метою дослідження було адаптувати для української популяції дуже поширений у світі скринінговий тест, що вимірює рівень психосоціального функціонування дитини. Обидві (батьківська та підліткова) версії тесту «Перелік дитячих симптомів» (PSC, Y-PSC, автори M. S. Jellinek, J. M. Murphy) були валідизовані в Україні, щоб з'ясувати їх міжкультурну універсальність та корисність. Загальна кількість учасників дослідження склала 532: 281 батьків виконали PSC-Ukr та 251 дитина виконали Y-PSC-Ukr. Вибірка включала звичайних дітей, дітей із сімей з домашнім насильством та невелику клінічну вибірку. Клінічне інтерв'ю, проективні методики «Кінетичний малюнок сім'ї» та «Тест незакінчених речень» були проведені разом з новим тестом. Для валідизації використовувалися методи класичної теорії тестів, конфірматорний факторний аналіз та ROC-аналіз. Адаптовані версії виявилися надійними та валідними, але мали незвичайно низьке у порівнянні з іншими країнами скринінгове значення та двофакторну структуру (симптоми інтерналізації та екстерналізації без окремого фактору дефіциту уваги). Слабка економіка, військові дії на Сході України та особливості виховання можуть бути причинами незвичайного скринінгового значення та факторної структури адаптованих тестів. Цей тест буде корисним для практиків і дослідників у сферах психічного здоров'я та соціальної роботи. PSC-Ukr Y-PSC-Ukr можна рекомендувати для використання з проблемними верствами населення, такими як діти із сімей з домашнім насильством, оскільки ці методики виявляють форми та ступені психосоціальної дисфункції дітей, що виникла внаслідок негативних умов зростання.

Ключові слова: *перелік дитячих симптомів, адаптація тесту, психосоціальне функціонування, насильство*

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Додаток

Бланки адаптованих версій методик PSC-Ukr та Y-PSC-Ukr
Перелік дитячих симптомів – дитяче-підліткова версія (Y-PSC-Ukr)

Ці речення описують самопочуття та поведінку дитини. Будь ласка, прочитай кожне речення та познач галочкою (✓) під відповідями «Ніколи», «Іноді» та «Часто», наскільки часто такі самопочуття та поведінка виникають у тебе. Для кожного речення треба позначити лише одну відповідь.

			Ніколи	Іноді	Часто
1	Скаржишся на різні болі	**1**			
2	Проводиш більше часу наодинці	**2**			
3	Швидко втомлюєшся, маєш недостатньо енергії	**3**			
4	Невгамовний, не можеш сидіти спокійно	**4**			
5	Маєш проблеми з вчителем/вчителями	**5**			
6	Менше цікавишся школою	**6**			
7	Дієш «як заведений» («як моторчик»)	**7**			
8	Надто багато витаєш у хмарах (мрієш, фантазуєш)	**8**			
9	Легко відволікаєшся	**9**			
10	Боїшся нових ситуацій	**10**			
11	Почуваєшся сумним(ою), нещасливим(ою)	**11**			
12	Роздратований(на), сердитий(та)	**12**			
13	Відчуваєш безнадійність	**13**			
14	Маєш труднощі з зосередженням уваги	**14**			
15	Менш зацікавлений(на) у друзях	**15**			
16	Б'єшся з іншими дітьми	**16**			
17	Пропускаєш школу	**17**			
18	Шкільні оцінки погіршуються	**18**			
19	Почуваєшся винним(ою)	**19**			
20	Звертаєшся до лікаря, хоча лікар не знаходить хвороб	**20**			
21	Погано спиш	**21**			
22	Багато хвилюєшся	**22**			
23	Хочеш бути з мамою (батьком) більше, ніж раніше	**23**			
24	Відчуваєш себе поганим(ою)	**24**			
25	Надто ризикуєш	**25**			
26	Отримуєш травми, пошкодження	**26**			
27	Менше розважаєшся	**27**			
28	Поводишся як дитина молодшого віку	**28**			
29	Не виконуєш правила	**29**			
30	Не показуєш свої почуття	**30**			
31	Не розумієш почуття інших	**31**			
32	Дражниш інших	**32**			
33	Звинувачуєш інших у власних проблемах	**33**			
34	Береш чужі речі	**34**			
35	Відмовляєшся ділитися з іншими	**35**			

Перелік дитячих симптомів – версія для батьків (PSC-Ukr)

Емоційне та фізичне здоров'я у дітей тісно пов'язані. Оскільки батьки часто першими помічають проблеми з поведінкою, емоціями або навчанням у їх дитини, ви можете допомогти вашій дитині отримати найкращу допомогу, відповівши на ці питання. Будь ласка, вкажіть, які речення найкраще описують вашу дитину.

Будь ласка, прочитайте кожне речення та позначте галочкою (✓) під відповідями «Ніколи», «Іноді» та «Часто», наскільки часто такі почуття та поведінка виникають у вашої дитини.

			Ніколи	Іноді	Часто
1	Скаржиться на різні болі	**1**			
2	Проводить більше часу наодинці	**2**			
3	Швидко втомлюється, має недостатньо енергії	**3**			
4	Невгамовний, не може сидіти спокійно	**4**			
5	Має проблеми з вчителем/вчителями	**5**			
6	Менше цікавиться школою	**6**			
7	Діє «як заведений» («як моторчик»)	**7**			
8	Надто багато витає у хмарах (мріє, фантазує)	**8**			
9	Легко відволікається	**9**			
10	Боїться нових ситуацій	**10**			
11	Почувається сумним, нещасливим	**11**			
12	Роздратований, сердитий	**12**			
13	Відчуває безнадійність	**13**			
14	Має труднощі з зосередженням уваги	**14**			
15	Менш зацікавлений у друзях	**15**			
16	Б'ється з іншими дітьми	**16**			
17	Пропускає школу	**17**			
18	Шкільні оцінки погіршуються	**18**			
19	Почувається винним	**19**			
20	Звертається до лікаря, хоча лікар не знаходить хвороб	**20**			
21	Погано спить	**21**			
22	Багато хвилюється	**22**			
23	Хоче бути з Вами більше, ніж раніше	**23**			
24	Відчуває себе поганим (поганою)	**24**			
25	Надто ризикує	**25**			
26	Отримує травми, пошкодження	**26**			
27	Менше розважається	**27**			
28	Поводиться як дитина молодшого віку	**28**			
29	Не виконує правила	**29**			
30	Не показує свої почуття	**30**			
31	Не розуміє почуття інших	**31**			
32	Дражнить інших	**32**			
33	Звинувачує інших у власних проблемах	**33**			
34	Бере чужі речі	**34**			
35	Відмовляється ділитися з іншими	**35**			

Чи має ваша дитина які-небудь емоційні або поведінкові проблеми, за якими він або вона потребує допомоги? ( ) Ні ( ) Так
Чи є певний вид допомоги (послуг), який ви би хотіли, щоб ваша дитина отримала для вирішення цих проблем? ( ) Ні ( ) Так
Якщо так, то яку саме допомогу (послуги)? _____

АЛГОРИТМ ОБЧИСЛЕННЯ РЕЗУЛЬТАТІВ МЕТОДИКИ «ПЕРЕЛІК ДИТЯЧИХ СИМПТОМІВ» (PSC-Ukr та Y-PSC-Ukr)

PSC складається з 35 пунктів, які оцінюються як "Ніколи", "Іноді" або «Часто», і переводяться у 0, 1 або 2 бали відповідно. Загальний бал розраховується шляхом додавання балів за кожним з 35 пунктів.

Для дітей 4–5 річного віку пункти 5, 6, 17 та 18 не рахуються, тому що вони спрямовані на шкільні проблеми, які для цього віку не релевантні. Тому для таких дітей тест складається з 31 пункту.

Мінімальний бал за методикою може дорівнювати 0 балів, максимальний – 62 бали для дітей 4–5 років та 70 балів для повної версії тесту з 35 пунктів.

Скринінговим критичним значенням для методик PSC-Ukr є 22+ (батьківська версія) та для Y-PSC-Ukr є 21+ (підліткова версія). Такі бали свідчать, що дитині може допомогти додаткова консультація спеціаліста з психічного здоров'я.

Пункти, які дитина залишила незаповненими не підраховуються (їм присвоюється значення 0 балів). Якщо таких пунктів 4 та більше – опитувальник вважається недійсним.

Щоб з'ясувати які саме у дитини присутні психічні проблеми в тесті можуть бути пораховані субшкальні показники. Для української версії тесту розраховуються 2 субшкальних показника: інтерналізація та екстерналізація.

Субшкала інтерналізації включає 15 пунктів: 1, 2, 3, 10, 11, 13, 15, 19, 20, 21, 22, 23, 24, 27, 30.

Субшкала екстерналізації включає 20 пунктів: 4, 5, 6, 7, 8, 9, 12, 14, 16, 17, 18, 25, 26, 28, 29, 31, 32, 33, 34, 35.

Для їх підрахунку сумуються бали за пунктами, які входять у ці субшкали.

Нормативні дані для загального рівня психосоціального функціонування за методиками PSC-Ukr та Y-PSC-Ukr

- бали **8 та менше** свідчать про хороший рівень психосоціального функціонування;
- інтервал середнього рівня психосоціального функціонування становить **від 9 до 23 балів**;
- бали **від 24 до 30** відповідають зниженому рівню психосоціального функціонування;
- бали **від 31 і вищі** відповідають дуже низькому рівню психосоціального функціонування, тобто суттєвій психосоціальній дисфункції.

Нормативні дані для шкали інтерналізації для методик PSC-Ukr та Y-PSC-Ukr:

- бали **до 11 включно** свідчать про середній (прийнятний) рівень інтерналізаційних симптомів;
- бали **від 12 до 15** відповідають підвищеному рівню інтерналізації;
- бали **вищі за 15** відповідають дуже високому рівню інтерналізації.

Нормативні дані для шкали екстерналізації для методик PSC-Ukr та Y-PSC-Ukr

- бали **до 13 включно** свідчать про середній (прийнятний) рівень екстерналізаційних симптомів;
- бали **від 14 балів до 18** відповідають підвищеному рівню екстерналізації;
- бали **вищі за 18** відповідають дуже високому рівню екстерналізації.