

GAIN

Global Appraisal of Individual Needs: Frequently Asked Questions (FAQ)

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Questions and Answers on the GAIN

Below is a set of questions, answers, and comments on the GAIN instruments. The information is arranged in three sections: general questions, questions on the GAIN-I, and questions on the GAIN-M90. Many thanks to Mike Dennis, author of the GAIN, for his input on the items below.

General Questions

Q: Should inconsistencies be pointed out?

A: If it seems to be just that they spaced out (e.g., a kid from corrections saying he has never been arrested) I would probably pause and repeat the question. Similarly, if it is an unequivocal inconsistency within the same question sequence (e.g., no lifetime cocaine use, but used cocaine 15 of the last 90 days), I would also check the prior answer and revise. But if it is inconsistent from questions several pages earlier, I would probably NOT try to correct it in the interview....I would recommend that you simply make a note of the inconsistency and give it to the counselor. FYI, usually the apparent inconsistencies actually reveal complicated truths or things the client is trying to cover up - so they are very important to review carefully. I tell counselors that it is best to do this AFTER they have done the whole assessment and have reviewed all of the facts.

Q: Do you have to read the entire list of responses before the kid can answer? (Ex: Responses to "Who has legal custody of you?")

A: No - if the participant gives a readily codeable answer, just code it.

Q: Do you have to keep repeating the stem for a list of grouped items? (Ex: In the past 90 days....)

A: No - only if there has been an interruption or for clarification.

Q: Which sections do we DO and DON'T DO?

A: Don't do any sections marked "optional" UNLESS your site has chosen to do them.

Q: Sometimes we administer the GAIN in more than one sitting. How do we document this?

A: At the end of sitting number one, record the administration time in item Z1d. Then, at the end of sitting number X (the last sitting; assume X=2 given it is usually administered in two sittings when multiple sittings are required), document the following in the XADM (Administration) area at the end of the GAIN:

- * revision date - date of second (last) sitting
- * revised total breaks - total number of breaks taken for both sittings
- * revised total minutes - total number of minutes for both sittings
- * revised/additional staff ID - ID of staff doing second sitting

Specific Questions on the GAIN-I

Cover page (see also section 3.3 in the GAIN manual)

Q: What is the optional field XPIDA? It is in the format of a SSN.

A: It is for SSN or another local study or program ID.

Q: What is the “verbatim” line for right above the “Edit Date” line?

A: For a comment about an observation that does not match a traditional 0, 3, 6, 9, etc. format.

Q: At the bottom of the page, what is “Reference Date if Different” for?

A: In some studies the GAIN is done up to a week after the intake, but the questions are about the 90 days prior to the intake (the reference date).

Short-Blessed

Q: What do we do if a participant is unable to repeat the “John Brown” phrase correctly the first time we say it to them (when it is introduced)? Do we repeat it again? What if they still don’t repeat it correctly? How many times can we repeat it for them initially?

A: I would definitely repeat it again. If he/she cannot even repeat a sentence after you just said it, this is a major problem. This might just be a language processing disorder, but still, such a person is unlikely to be able to fully respond to the assessments or the treatments we have to offer. I would still complete the rest of the Short-Blessed assessment and see if they have other problems. They can actually completely flunk the John Brown test and still be borderline (a score of 10). If he/she does proceed in the assessment, watch out for a) a history of inhalant abuse (there may be permanent brain damage); b) recent (past 3-4 days) PCP use or chronic PCP cognitive dysfunction (history of intellectual deterioration related to heavy PCP use in most persons or less intense PCP use in particularly susceptible individuals); or c) cannabis and alcohol-related memory deficits.

Q: On the Short-Blessed item where the kid is asked to repeat the name/address... does the kid have to say it IN ORDER? For instance, sometimes kids will say "John Brown, Mark Street, Detroit, OH YEAH - 42", so they get all the pieces, but not in the right order. Would getting all the pieces (but not in the same order) count for full credit?

A: Yes, it would count; it also counts if they make a mistake but then correct themselves.

Item A4a, Presenting Concerns

The item asks only for the *main* reason the Participant is coming to tx, *not* the top three reasons. The three lines are there to give the interviewer enough room to write. (Note that on the Supplemental Assessment Form (SAF – an assessment used in the CYT study), the top three reasons for quitting marijuana are asked for in order of importance - be careful not to confuse these two items.) Also, don’t forget to circle the code that corresponds to the reason.

Item A4 - Presenting Concerns

Q: Once we obtain the verbatim reasons for why the participant is coming to treatment, do we then ask the participant to code the reasons from the list provided?

A: No. The interviewer codes the most salient reason from the verbatim information provided. The verbatim and coded information should be consistent (or at least overlap).

Item B1

Q: Do we need to ask “gender” if it’s obvious?

A: No

Item B2e-j

Q: What if they have not lived with neither biological nor adopted parents? Do we still ask the question about biological/adopted parents or change the question to be in reference to their caretaker (e.g., aunt, grandmother)? Also, if they have lived with several different people, none of which are the biological/adopted parents, how do we handle that question?

A: The question is in relation to their parents (biological or adopted). If they have not been involved with them the answers would all be “No/0”.

Item B2b

For items like “Who currently has legal custody of you?”, it is optional to read the responses if the participant gives a codeable answer. If necessary, just clarify with the participant.

Item B2d

Q: “During the past 90 days, on how many days were you in any other kind of group home or child care institution?” Is this question meant to included days spent in juvenile detention? What about days spent in an adolescent psychiatric ward?

A: No to both. Days in juvenile detention are recorded in item L6d, and days in an adolescent psychiatric ward are recorded in item M5g. For item B2d, record days spent in a home for foster kids who are problem placements but who are not specifically in trouble with the law. Days spent in specific placements are generally recorded in separate places. One exception is for item E2f, where all kinds of controlled environments are covered.

Item B2j

Q: “During the past year, have you done any of the following things with your biological or adopted parents? Had them meet with a teacher, social worker, lawyer, court official or police officer about you.” Does this item mean the kid arranged or asked that the parent meet with a teacher, social worker, lawyer, court official, or police officer? Or does it mean the parent met with any of those people, but not necessarily that the kid arranged it?

A: The latter – did it happen at all.

Item B4e

Q: “Are you currently under pressure to come to or stay in treatment from the following sources?” Suppose the kid answers “no” to B4e (“Your church or close friend”), but then for B4h (“Another source?”) indicates his girlfriend pressured him to come to treatment. (In this case, he answered “yes” to B4f (“Your spouse, partner, or family” to indicate his mom.) Would “girlfriend” stay on line B4h, or should it be coded in B4e or even B4f?

A: Close call that could go either way. I would probably leave it as-is since a girlfriend can mean a pretty wide range of relationships to an adolescent, not all of which carry the significance of a “close friend” or “partner”.

Item S1b

Q: If the kid says “none” (believes he doesn’t need treatment), do we just write “none” and enter no code?

A: Write “none” and enter “00” in the code boxes.

Item S2a

Q: For item S2a of the GAIN-I, an adolescent mentioned using “Mini-thins”. This is ephedrine (an over-the-counter medicine to treat asthma). She also mentioned using caffeine pills (also called Vivarin or Pick-me-ups). How should these be coded?

A: Code them under “other” (choice 99) and write in the names of the drugs.

Items S2a2 and S2f1

Q: Suppose a kid answers “3” (1 to 3 months ago) to item S2a2, and then answers “0” days to item S2f1. How should we question this sort of inconsistency?

A: Question it in a non-confrontational way and have the adolescent clarify, for example:

- a) “Zero days? Hmm, I must have recorded some information wrong on a previous question. On the item that says “When was the last time you used marijuana?”, you answered “1 to 3 months ago”. But on this item we just did, you said you haven’t used any marijuana in the past 90 days. Can you help me out? Did I record something wrong?”
- b) “Oh, okay. But didn’t you just say that you had used marijuana in the past 1-3 months? I just want to be sure I got it right – what would you like me to put down?”

Item S2a11

Note that “speed” refers to different drugs depending on the geographic location. For instance, in Bloomington-Normal, Illinois, “speed” can mean caffeine and/or ephedrine about 80% of the time, but in other locations, “speed” could refer to either the over-the-counter drugs listed above or methamphetamine. It is very important to clarify with participants when they mention using “speed”.

Item S2c

Q: This one is a little awkward to understand. Should it be coded such that the coded answer represents the end (termination) of the month-long span the participant did not use?

A: Yes. So if you had been abstinent for 30 days ending four days ago, you would choose “5” (3-7 days ago).

Item S2f

Q: Suppose the adolescent reports smoking blunts, not joints. How do we deal with this?

A: Ask the adolescent to estimate the number of joints in each blunt, then record the total. If he cannot estimate, then use the conversions listed in the item.

Item S2f

Q: For item S2f, suppose an adolescent reports smoking some number of joints in 10 minutes (or some short time). How do we report this?

A: Round up to one hour.

Item S2f

Q: What if a kid reports smoking some number of joints in 1 ½ hours? How should we round?

A: Whenever the time reported is half-way between two values, round to the nearest even whole number. So if a kid reports 1 ½ hours, round to 2 hours. Otherwise, round to the closest whole value (e.g. 1 ¼ hours would be 1 hour, 1 ¾ hours would be 2 hours).

Exception: If the value reported is less than 1 hour, round to 1 hour.

Item S2f3

Q: What do you mean by “over how many hours did you *have* this marijuana”? Do you mean *use* or *have possession of*?

A: Interpret “have” as “use” - over how many hours did you *use* this marijuana.

Item S2g

Q: How much cocaine is in an "eight-ball"?

A: Eight-ball = 1/8 oz. = 1.75 grams

Items S4-S7, P11, M5

Note that for each of these items, you are focusing on treatment for a specific type of problem. This may need to be further clarified with participants. In items S4-S7, you are focusing on treatment for alcohol and drug use ONLY; in item P11, you are focusing on treatment for physical problems ONLY; and in item M5, you are focusing on treatment for psychological problems ONLY.

Items S7 and S7a

Q: Items S7 and S7a are about how many *times* in your life you've had various kinds of treatment. What do you mean by how many *times*?

A: In this item, *times* refers to the number of *admissions* or episodes of care. So if someone has been in a residential program for two months in the past, and never anything else, the answer would be “one” because we're counting *admissions*. However, if you went from one level of care to another (e.g., inpatient to outpatient) in a step-down program, you would have one overall episode (S7), but one each of inpatient (S7a1) and outpatient (S7a3 or S7a4). (This is analogous to the issue of arrests having multiple charges.)

Item S7e

Q: For item S7e, we're asking about how many *days* or *times* (as per the labels) in the past 90 days the adolescent has had various kinds of treatment. It looks like we are after the number of days (out of 90) that the person has spent involved in or attending the various types of programs, with the range being 0 through 90. Is this correct? (This is confusing because sometimes the word "times" is used and sometimes the word "days" is used. But

it looks to me like they both are meant to capture *days* spent in a particular type of program.)

- A: Yes, you are essentially correct. For example, if someone has spent a month in an inpatient treatment program, the answer to item S7e1 would be 30 days. And if someone went to an intensive outpatient program five days a week for the whole 90 days, the answer to item S7e3 would be 64 days. Even though for instance item S7e1 asks for “days” and item S7e3 asks for “times”, we’re counting *days* (of the last 90) spent in programs. *However, in theory*, some of those items (e.g. items S7e6 and S7e99) *could* happen more than one time per day, in which case you would want to record the total number of *times attended* in the past 90 days (counting multiple instances per day). This would be very rare, though. (These items are worded as they are in order to map onto the National Household Survey of Drug Abuse.)

Items S7e6, P11a, M5b

- Q: These items ask the adolescent about the number of times in the past 90 days/in his life that he’s been treated in an emergency room for either substance use (S7e6), physical (P11a), or psychological (M5b) conditions. Substance overdose “treatment” in the emergency room generally consists of a medical intervention alone. An example of this would be a kid who gets his stomach pumped and then goes home without ever discussing the event in relation to the substance use with a treatment provider. By this rationale (i.e., medical intervention only but no treatment for the substance abuse issue), such an event should be included in item P11a, correct? Would P11a also include kids who go to the emergency room after an overdose with suicidal intent if only the physical component of this episode was addressed (i.e., they never received any counseling or case management prior to discharge)?
- A: Yes to both questions. If both physical and psychological issues were addressed, you would count it in more than one place.

Item S7f

- Q: When asked about current treatment for alcohol and drug problems, should the participant include the treatment program they are in as part of the study?
- A: *All* treatment for drug and alcohol problems should be included as of the reference date on the front cover of the GAIN.

Item S8r

- Q: This item is “Do you currently feel that you have any problems related to alcohol or drug use?”. Generally, our kids respond “no”, which means a skip to items in the S9 series (all the dependency questions - when was the last time you used where it was unsafe, got into trouble, used more than expected, had reduction in important activities, etc.). If the kid reports “No” to S8r but endorses a lot in the S9 series, should we point this out as a discrepancy since the kid denies any problems but is contradicting somewhat with high dependency? What are your thoughts?
- A: If the person says “No” to S8r, the **ONLY** questions that are skipped are S8s-w directly below them, or:
- s. You have a good understanding of how drug and alcohol use is related to your current problems?

- t. Your current problems can and will go away?
- u. You know the course most of your current problems will follow?
- v. Your current problems are out of control?
- w. Your current problems are solvable?

The interviewer would then start up with the text above question S9a-g (“Next we want to go over a list of common problems...”), then do the questions on S9c-v, then do the matrix worksheet for S9. No items in S9a-v are skipable. FYI, the GAIN never skips past the beginning of a new question number.

In terms of whether to go back to S8r and point out the discrepancy, no, I would not do it. While we perceive these abuse and dependence symptoms as problems, the question is about whether *they* perceive them as problems. You would have to do a mini MET session to convince some kids they have problems and that is inappropriate in this context. In any event, what we are actually looking for in the S8r-w question is people who a) believe they have problems but b) are hopeless about getting out from under them - a variation of learned helplessness that can be devastating in many cognitive behavior therapies that focus on problem solving and/or relapse prevention.

Item S9/Detailed matrix

Remember, only for items endorsed (non-zero) on item S9 should the corresponding item be asked in the detailed matrix. Follow the top three bullets at the top of the page with the detailed matrix to guide you through the appropriate questions for the matrix. You are recording a *number* in the appropriate boxes on the matrix - the number corresponds to the participant’s estimate of “About when did this happen?”, according to Card B.

Item S9/Detailed matrix

- Q: For the middle question “About when did that happen?”, suppose it has happened on several occasions. Should kids answer regarding the last (most recent) time it has happened?
- A: Most recent.

Item S9/Detailed matrix

- Q: Given the recency codes in item S9 are the same recency codes that get filled in on the next page (the detailed matrix - just for a specific drug or drugs), can one just recopy the same codes rather than re-ask the same questions?
- A: No, because for any given item in S9, the adolescent could be answering in reference to more than one substance. If you just rewrite the codes and the adolescent has used multiple substances, you do not know which substance caused the symptom and/or when (i.e., they could have had problems meeting their responsibilities due to use of marijuana in the past week and due to use of alcohol in the past year). As you re-ask the recency codes in the detailed matrix, check to make sure the adolescent is consistent with what was reported on the previous page. If not, reconcile any differences. If multiple substances are reported for an item in the detailed matrix, at least one of the recency codes should match what was reported on the previous page.

Item P11d

- Q: "Are you currently taking medication for allergies or health problems? If yes, please describe below." If the participant answers "yes" to the question, what sort of information should be sought in the description?
- A: If possible, get the name of the medication or at least what it is for. The medications should be for health conditions, not psychiatric conditions or to help with drug/alcohol abuse.

Item P11e

- Q: If a kid goes for a school physical, do they count that as the last time they saw a doctor for a problem?
- A: That is a good question and I could probably go either way. My gut reaction would be to say yes, count it, because this was a service and could have identified problems.

Item P12

- Q: Should "stroke" be coded under "heart or blood problems"?
- A: No, it can be entered under the "Other" category.

Item M5e

- Q: Does "treatment" include a psychiatric evaluation that may or may not lead to further mental health interventions?
- A: Yes

Item M5h

- Q: Does this item include being seen by other mental health specialists (besides "doctors")? For instance, what if the kid has participated in group therapy sessions with other mental health specialist? Should sessions such as these be included within this question?
- A: Yes, if mental health treatment was the purpose. Note that this item also includes seeing a physician about medications for mental health such as ritalin.

Item M5j

- Q: When asked about current treatment for mental, emotional, behavioral, or psychological problems, should the participant include any help provided through the study's treatment?
- A: Include *all* treatment for non-substance-abuse problems as of the reference date on the front cover of the GAIN. So if the study is providing any non-substance-related help, then yes, you would include that. Also include any regular treatment related to the management of psychopharmacological drugs.

Item E1

- Q: "Which of the following best describes your current living situation?" Suppose the participant cuts us off at the first response. Do we need to continue reading the rest of the list?
- A: No. If there are two or more possible ways to code the participant's answer, clarify with the participant. For instance, if the participant answers "an apartment", the interviewer would clarify "would that be an apartment your family rents or owns, is someone else's apartment, or is it in public housing?"

Items E1 and E3a

“Which of the following best describes your current living situation?” / “Have you lived with anyone else during the past year?” Mike prefers that these are kept as questions with a list of responses rather than changing them to open-ended items. In a few taped interviews, when the questions were asked of participants who answered without being given a list of choices, some data was not collected.

Item E2b

Q: Would section 8 (subsidized rent payment) be included under E2b?

A: Yes.

Item E2d

Q: "During the past 90 days, on how many days have you lived someplace where anyone else used alcohol there?" For this item, do we want to know the number of days the participant LIVED in a home where alcohol was EVER used, or are we trying to find out during the past 90 days how many TIMES the adult in the home used alcohol?"

A: Your first answer – the number of days of the past 90 that the participant lived in a home where alcohol was ever used. We're not looking for how many times, but how many days.

Item E3a

Q: “Have you lived with anyone else during the past year?” This item refers to “anybody at all”, not “anybody besides the people I have already told you about.”, correct?

A: Yes, anybody at all.

Item E3b

Q: It is awkward to ask participants their marital status when they are so young or you know they are not married. Do we have to ask this? How can we approach this in a non-awkward way?

A: You could ask it as an open-ended question and just code their answer - which will most likely be “single”.

Item E5

Q: When counting the number of people you have lived with, do not count yourself, right?

A: Right. In addition, for items **E6** (people at work or school) and **E7** (people you hang out with), the adolescent should not count him/herself.

Item E5a-f

Q: For item E5a-f, when there is only one or two other people in the family, how should adolescents answer the items? How many people is “None”, “A Few”, “Some”, “Most”, and “All”?

A: In the case of one other person, the response choices should be “None” or “All”. In the case of two, use “None”, “Some”, or “All”. When there are three or more, use all of the response choices.

Item E9

- Q: If the participant endorses items of physical abuse and endorses items of being currently worried that someone might hurt them, are we allowed to ask them about the situation? I'm not referring to doing any counseling with them, but when we go over the Urgency Ratings for the Environmental section, I will need to have more facts about the participant's situation for the decision about whether the study is appropriate/enough treatment for them. Do you have any suggestions on how to keep this brief? I realize I could go back the GAIN is over and ask these questions, but it seems more appropriate to me to ask questions regarding immediacy and current threat to them at that time rather than later.
- A: Yes, if someone tells you they are currently threatened, I would finish the questions in that section (to see how recently this happened, how frequently they have been beaten, and/or if they are already getting help). Then I would ask them what they are worried about and make very careful notes (figuring I would need to use them shortly). If it is truly serious, I might stop and ask more detailed questions at that point in the assessment. But in most cases I would still proceed with the assessment as most victimization in manageable. Once the assessment is done, I would then review the GAIN with clinical staff prior to deciding whether to randomize. In particular, look at rates of mental distress (M1), traumatic stress (M2), other sources of stress (E10 and E11), and the extent of social support (E12). Victimization that is in the past, not leading to major problems with functioning, and/or is being dealt with will not preclude participation, though it may require a report to the local welfare agency.

Items L3v

- Q: When counting the number of days in the past 90 he is involved in any activities he thought might get him into trouble or be against the law, should the participant include days of drug use?
- A: No. Do not include days restricted to the *use* of drugs. However, do include days related to drug activities (selling, etc.)

Item L5

- Q: "How many times have you been arrested, charged with a crime, and booked?" Kids sometimes answer "0" to that item because although they believe they have been arrested, but don't think they have been charged with a crime or booked. A similar issue comes up on item **L5b** ("When was the last time you were arrested, charged with a crime, and booked?"). To give a non-zero answer to those items, all three things would have to be true (arrested, charged, booked). Is this the intent of that item (all three would have to be true)?
- A: This item attempts to get at those times when the adolescent is TRULY arrested (includes being charged and booked), NOT those times the police might talk tough with him when he is out in the community or times when the police "suggest" he come down to the station for a talk. To be "arrested, charged with a crime, and booked", a number of events would have to happen: the police would read the adolescent his rights, he might be handcuffed, he would be taken to the station for fingerprints, his photo would be taken, and he would be given a date to appear in court. You may need to clarify these things with adolescents as often they really don't understand what it means to be arrested, charged with a crime, and booked. The single most clear signal that the adolescent was

arrested, charged, and booked was if he was told to appear in court on a specific date. (Note that fingerprints are rarely done with ink pads anymore, but are done electronically.)

Item V3

- Q: This item asks when was the last time you were in any kind of school or training program. What if the kid is home schooled? Does home schooling count?
- A: Yes. Record it like you would any other schooling.

Item V3 a-j

- Q: These items do not seem to apply for home schooling because the participant does not have a formal/set schedule but rather an informal program the parents have put together - her work is not graded but reviewed. Should these items be skipped when a participant is home schooled?
- A: No, don't skip the items. See if the participant can approximate and answer. If not, mark DK and make a note in the file.

Item V3k-q

- Q: In the school attendance questions, how do we account for school being out in the summer? How should we handle this?
- A: If they are not in school over the summer, the answers largely go to 0. We understand that this happens and take into account as a seasonal trend. We also look at the days in school as a percent of days they were supposed to be in school (i.e., days in/(days in + days missed)) which reduces this problem. For most of the summer there is still part of the school year during the past three months. For those in late August, there would probably be all 0's in this scale.

Items V3 and V6

- Q: Although it's not going to be exact, would it be easier to say that 5 days per week for the past 90 days is 65 days (rather than 64)?
- A: Either is okay...but I would probably leave it as it is because it is already printed on the questionnaire.

Item V5b

- Q: Can you give us some more direction on how to code typical adolescent jobs?
- A: Below are examples of jobs that adolescents have reported followed by their appropriate codes. One general point -- when it comes to coding a "cashier" or "sales clerk" position, which code you use depends on the level of responsibility. Generally you would be choosing between a "10" (service worker) or a "3" (sales). The "3" requires more responsibility and knowledge -- a sales person who does a lot more than take money, who knows a lot about products and can answer questions knowledgeably, etc. A cashier at a fast food restaurant would most likely fall into a "10".
- 1) Bagger a grocery store -- Non-farm laborer (8)
 - 2) Gardener at a nursery -- Non-farm laborer (8)
 - 3) Mowing lawns -- Non-farm laborer (8)

- 4) Trim work, hanging doors -- Craft and Kindred (5)
- 5) Dietary Aide -- Service Worker (10)
- 6) Fast food, cashier at fast food -- 10
- 7) Lawn Maintenance -- Service Worker (10)
- 8) Keeper at Exotic Pet Store -- 3 or 10 (depending on responsibilities)
- 9) Sales clerk in a department store - 3
- 10) Fixing Vacuums -- Craft and Kindred (5)
- 11) Auto detailer -- Craft and Kindred (5)
- 12) Inspector shipping department -- Clerical or Office Worker (4)

Item V7

Q: "Which of the following statements best describes your present work or school situation?" Most kids answer "school full-time, work part-time", but there is no option for that. It has made its way into the "other" category, but not consistently. Can we add another option for "school full-time, work part-time"?

A: There has been a lot of ongoing discomfort with this item because none of the responses accommodate "school full-time, work part-time". However, this item needs to stay as-is for comparison purposes given it has appeared on an epidemiological survey. (Note that we will know if the participants are both students and workers from items V3 and V6.) Use the coding rule for this item that appear in the CYT general research manual: As for all items, present it and circle the response that the participant chooses. IF the participant does not want to choose an answer because none of them fit the situation (he/she both goes to school and works), use the following coding guidelines:

- FT school & PT work = school (8)
- PT school & FT work = work (1)
- FT school & FT work = work (1)
- PT school & PT work = work (2)

In a nutshell, you are coding with preference toward the more frequent OR if work and school are weighted the same, code toward work. Note that if a kid is working but skipping school, you would code this as work only (1 or 2). Note that for item V7, if you coded "school full-time, work part-time" in the "Other" category, you will need to go back and fix it on the hard copy of the GAIN -- use the coding rules above.

Item V7a

Q: "How long have you been in this situation?" Suppose the kid says "11 years" and cannot get any more specific. Should we just fill in "00"s for the rest of the boxes?

A: Just recording "11" in the years box is fine. You do not even need to fill-in the boxes as the default is 0.

Item V7a

Q: "How long have you been in this situation?" For participants who answer they are in school full-time, should they count time in pre-school?

A: It's not necessary to count time in pre-school, but okay to count time in kindergarten. FYI - this item is usually used to categorize as "less than 30 days", "1-12 months", "1-3 years", and "greater than 3 yrs."

Item V11a

Q: Should the sub-items V11a1-99 add up to the figure in V11a?

A: Yes, ideally.

Questions on the GAIN-M90

"Past 90 days" stem & anchoring 90 days ago when follow-ups are not 90 days apart

Q: Many of the GAIN-M90 items refer to events that have happened "in the past 90 days". Given the target dates for our follow-up interviews (3 month, 6 month, 9 month) are 90 days apart from each other, the stem works great IF we schedule our follow-ups right on the target date. Sometimes, though, the follow-ups are not scheduled exactly at 90 days. Sometimes they are scheduled a week or so after 90 days, and sometimes they are scheduled a week or so before. In one case, a participant's 3 month interview was late and his 6 month interview was right on time – so there were only 45 days between the two interviews. If we stick with using the stem "in the past 90 days" and use the date 90 days ago as the anchor point on the calendar, we will get information overlapped with the previous interview (if the follow-up takes place prior to the 90 day window). Or, if the follow-up takes place subsequent to the 90 day window, we will miss events that happened right after the previous interview. In these situations, what should we use as the reference date (to anchor the past 90 days on the calendar) and what should we say in the stem we present to the participants?

A: This situation has caused much discussion and we have had to refine our answer several times to address the many nuances of multiple-wave follow-ups.

In truth, there is no good answer. If we stick with the stem as written (past 90 days) when there is a substantially shorter or longer period than 90 days between interviews, either we will get overlapping information (i.e. the time periods we ask about will overlap) or we will miss some information (i.e. not all days in the time period will be covered), so we end up having to assume that the resulting rates are representative of the 90 day time period. If we use the time period since the last interview for our stem, all participant responses would have to be adjusted for the observed time periods, which could vary considerably across interviews. Obviously, the best thing to do is to try to complete the follow-up interview as close to the target date as possible and avoid this problem. (In CYT, we have generally been able to accomplish this for 85-90% of the interviews).

However, given this problem will occur, we recommend the simplest solution: a) stick with the item stems as written - no matter the amount of time since the last interview, use "the past 90 days" as written in the items; b) if the follow-up is administered within one week of the target date (within 90 +/- 7 days), use the date of the last interview as the anchor when anchoring "the past 90 days" on the calendar; if the follow-up is administered outside of the 90 +/- 7 days window (either on the early or the late side), use the date 90 days ago as the anchor point on the calendar and be sure to get the participant to identify some salient anchoring event at that time, just as you do at an initial interview. (Note that this is what was historically done in most of the CYT and ATM interviews with atypical time periods.)

Reference time period

Q: We have a follow-up kid who has been here at our agency for the past 90 days. He was sent to residential right after randomization. Do we pose his M90 questions for the period

PRIOR to being incarcerated/in controlled environment? If not, the questions do not make sense to him. This is the way we are doing it. If it is wrong we can re-do the interview since the kid is here in our unit.

A: No, M90 questions are always in relation to the past 90 days (see item above on "Past 90 days" stem & anchoring 90 days ago when follow-ups are not 90 days apart). If the person has been in a controlled environment, then there should be a lot of 0s and skip-outs. Do not change the reference period as we would have no way of knowing that you did this, and we might interpret the answers as heavy use while in-patient.

Item S2g3

Q: What if the participant says he took one hit of acid which, according to their answer, took only a few minutes? What would you record on S2g3? He would not give time in hours when probed - he said it did not take an hour - it took a few minutes and that was the only time that day?

A: Just round up to an hour on this and other drug times.

Section S5 to S7

Q: When asking about treatment and urine analyses in the past 90 days, do we count our program as well as any treatment received since they left our program?

A: Yes

S7 series

These items ask about current and past treatment the participant may have received. Item **S7f** asks for the name of a program from which the participant currently receives treatment, while item **S7hm** asks for the name of the program and the name of the counselor the participant has received treatment from during the past 90 days. **For these verbatim items, information should be recorded consistently within a site on both the hard copies and in the data entry system.** So for instance, suppose at site A in answer to item S7f, the participant says that he is currently being treated at the "Institute for Living Skills". In all cases that a participant provides this same answer, interviewers would record that answer in the same way -- it could be "Institute of Living Skills" or "ISL", etc. - but not all of them. Similarly, for item S7hm, suppose a participant reported he received treatment during the past 90 days through the "CYT Project" and the name of the counselor was "Patti". Each time a participant mentions the CYT project, all interviewers would use the same way to designate the project (e.g. "CYT" or "Connecticut Youth Team", but not both) and the same way to designate the counselor (e.g. "Patti" or "Patricia" or "Patty", but not all three) on both the hard copies and in the data entry system. Each site should agree on how they want to designate projects that are mentioned often so that all interviewers are consistent. There is no need to go back and change the information on the hard copies or in the data entry system that has already been coded.

Item S7d

Q: "When was the last time you received treatment, counseling, case management or aftercare for your use of alcohol or any drug?" Should we count treatment received through our program?

A: Yes

Q: So if a kid says “more than a year” or “never”, we should probe about the treatment they got in our program?

A: Yes

Item S7d

Q: On the GAIN-M90, a participant who had only one MET individual session in our program reported no prior counseling. Do we just record what they report even if we know that they did have counseling in our program? This was a pilot participant who only had one session and was then discharged from the diversion program.

A: Just record what they say. They do not always perceive feedback on a questionnaire (during MET session one) as a counseling session.

Item S7e

Q: Do we consider our program (CYT) "regular outpatient"?

A: Yes, the CYT project is an *outpatient* program (choice 4) and should not be coded as “Other” (choice 99).

Item S8

Q: “Do you currently feel like....?” I don’t understand why we administer S8, because generally at follow-up, the kids will not be in a program. In administering S8, items a, b, f, g, and h felt confusing.

A: Many may transfer or be back into treatment at this or a later follow-up.

Items E5m-E7m (Environmental Risk Indices)

Q: For kids who are in detention/jail, would people they have lived with include those in the facility in which they are housed? Would E6m and E7m include kids in placement?

A: Make sure you read the transitional statement at the top. Typically this would refer only to their immediate room-mates or small groups that they spend most of their time with, not all the kids in the facility.

Item E9n-r

Q: “Are you currently worried that someone might...?” What do you want staff to do with this at follow-up if a kid indicates they are worried? Should we just offer treatment elsewhere, and if it’s a crisis proceed as at intake?

A: Yes

V section

Q: For those questions on the GAIN-M90 about days in school/training, do we include school/classes kids are attending in placement (detention, jail, inpatient treatment, etc.) as a "yes", or would this be a "no" if the kid is not in a regular school/job situation (**V1bm, V3, V3k-q**)?

A: Yes, you would include days of school in any controlled environment.