

Mental Health Crisis Assessment Scale - Revised (MCAS-R)

Section 1: Please rate the following behaviors for your child **over the past 3 months**. The behaviors are listed in the first column and examples of those behaviors are listed in the second column. **This form should only be filled out by a caregiver.**

Behavior	Examples of Behaviors	Not a problem	Minor problem	Moderate problem	Severe problem
1. Injures or hurts <u>self</u>	Bangs head, bites self, hits self with object, picks skin	0	1	2	3
2. Physically aggressive <u>towards others</u>	Hits, kicks, pushes, spits , or grabs others	0	1	2	3
3. Verbally aggressive <u>towards others</u>	Yells, screams, curses, threatens	0	1	2	3
4. Destroys property	Breaks furniture, puts holes in wall(s), damages his/her toys or games	0	1	2	3
5. Elopes	Runs away, suddenly wanders	0	1	2	3
6. Dangerously impulsive	Suddenly grabs steering wheel, inserts object into electrical outlet	0	1	2	3
7. Unhappy	Crying, gloomy, sad, feelings of hopelessness, not interested in usual activities	0	1	2	3
8. Suicidal thoughts or behaviors	Has expressed or attempted to end his/her life, thoughts of death	0	1	2	3
9. Tantrum(s)	“Blows up”, explosive outbursts, rage	0	1	2	3
10. Disobedient	Does not comply with demands, oppositional, defiant, manipulative	0	1	2	3
11. Loss of touch with Reality	Paranoid or has some other odd/unusual fixed belief, sees or hears things that aren't there	0	1	2	3
12. Sudden, worrisome change in behavior, mood, or thinking	Decreased daily functioning; change in sleep, energy, concentration, etc.	0	1	2	3
13. Eating non-food items	Eating crayons, dirt, or other non-food objects (also known as PICA)	0	1	2	3

Section 2: If you did not list anything in Section 1 as a moderate to severe problem, stop here. You do not need to continue to fill out this form. If you did list a moderate to severe problem, please list up to 3 behaviors (from Section 1) that you believe could cause the greatest harm to your child or others. Please review Section 1 before making your selections. Only list the behaviors that occurred in the last 3 months.

1. _____ 2. _____ 3. _____

Section 3: Answer the questions below in relation to behavior(s) that you just listed above, which you believe could cause the greatest harm to your child or others. Again, these are behaviors that have occurred only in the **past 3 months**:

Question	Never	Rarely	Sometimes	Frequently	Very Frequently
1. I am concerned about my safety when my child acts this way.	0	1	2	3	4
2. I felt that my child's behavior needs help, right now.	0	1	2	3	4
3. Professionals involved in my child's life (such as their teachers or doctors) have expressed their concern about the dangerousness of my child's behavior(s).	0	1	2	3	4
4. I am nervous about my child's safety in these situations.	0	1	2	3	4
5. I felt my child's behavior(s) posed a risk to others.	0	1	2	3	4
6. My family and/or friends have told me they are worried when my child acts this way	0	1	2	3	4
Please use the following response options for the remaining questions:	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
7. When my child has these behaviors, I am <u>not sure</u> what to do.	0	1	2	3	4
8. I <u>cannot</u> effectively handle my child's behaviors.	0	1	2	3	4
9. I am <u>not good</u> at calming my child when they act this way.	0	1	2	3	4

Scoring

If the informant does not identify any items from Section 1 as moderate or severe, they do not progress to Sections 2 or 3. They are not considered at-risk of crisis given the child's behaviors are minor. Since this is a screener, however, it is critical clinicians provide a thorough evaluation to determine the child is not a risk for danger to self and/or others.

1. Acuity Subscale (Questions 1-6 in Section 3). This is a measure of dangerousness of the child's behavior.

a. Add up all 6 items, for a total score of _____

2. Behavioral Efficacy Subscale (Questions 7-9 in Section 3). This is a measure of the caregivers' perceived ability to manage their child's behavior.

b. Add up the 3 items, for a total score of _____

3. Total Score Subscale

c. Acuity + Behavioral Efficacy Subscale = ____ + ____ =

- Low = 0 – 10
- Moderate = 11 – 15
- High = 16-27
- Crisis Cutoff for the Total Score ≥ 16 . This suggests the child is at-risk of a crisis.

Citations:

Kalb, L. G., DiBella, F., Jang, Y. S., Fueyo, M., Mahajan, R., & Vasa, R. A. (2022). Mental health crisis screening in youth with autism spectrum disorder. *Journal of Clinical Child & Adolescent Psychology*, 1-9.

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