

Foundry GAIN SS Online Training Quizz & Scoring Sheet

Question 1: Which of the following best describes the structure of the GAIN family of instruments?

Select one:

- ☐ a. High-structured
- ☐ b. Low-structure
- ☐ c. No structure
- ☐ d. Medium-structured or semistructured

Question 2: The chief aim of the GAIN Short Screener is to _____.

Select one:

- ☐ a. Identify clients in need of further assessment or services
- ☐ b. Provide a clinical diagnosis
- ☐ c. Determine the appropriate level of care for the client
- ☐ d. Calculate the cost to society of each client

Question 3: Which of the following is a benefit of using a screener?

Select one:

- ☐ a. Screeners help to identify those in need of further assessment.
- ☐ b. Screening helps to identify co-occurring problems so that each can be addressed.
- ☐ c. Completing screeners allows clinical staff to focus on clients who have been identified as needing services
- ☐ d. All of those listed are benefits.

Question 4: The GAIN-SS is made up of four sub-screeners. Which of the following is **NOT** one of them?

Select one:

- ☐ a. Internalizing Disorder Screener
- ☐ b. Vocational/Environmental Screener
- ☐ c. Crime/Violence Screener
- ☐ d. Externalizing Disorder Screener

Question 5: If you are using the GAIN-SS to screen for current disorders, which symptom count in the staff use only scoring box should you focus on?

Select one:

- ☐ a. Past month
- ☐ b. Ever
- ☐ c. Past 90 days
- ☐ d. Past year

Question 6: A score of ____ or above is considered a high score for the Total Score or a Domain Score.

Select one:

- ☐ a. 10
- ☐ b. 5
- ☐ c. 2
- ☐ d. 3

Question 7: A high score on the Total Disorder Screener indicates that:

Select one:

- ☐ a. The client is likely to have a diagnosis.
- ☐ b. The screener was not appropriately administered.
- ☐ c. The client will need residential treatment.
- ☐ d. The screener should be repeated.

Question 8: Moderate or high scores on any of the four domains in the GAIN-SS show:

Select one:

- ☐ a. Which areas the client may need specific behavioral health services in.
- ☐ b. What specific diagnoses the client has.
- ☐ c. How long the screener took to complete.
- ☐ d. How long the client's past treatment episodes lasted.

Question 9: Which symptom count is recommended to be used as a simple measure of change?

Select one:

- ☐ a. Ever
- ☐ b. Past Month
- ☐ c. Past 90 days
- ☐ d. Past year

Question 10: Someone needing mental health treatment related to attention deficits, hyperactivity, impulsivity, conduct problems, or gambling would likely have a moderate or high score on which screener?

Select one:

- ☐ a. Internalizing Disorder Screener
- ☐ b. Substance Disorder Screener
- ☐ c. Externalizing Disorder Screener
- ☐ d. Crime/Violence Screener

Question 11: What is the below client's past year score on the IDScr?

When was the last time you had significant problems with...		<i>Past month</i>	<i>2 to 3 months ago</i>	<i>4 to 12 months ago</i>	<i>1+ years ago</i>	<i>Never</i>	<i>DK or CNA</i>
1a	Feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
1b	Sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day?	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
1c	Feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen?	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
1d	Becoming very distressed and upset when something reminded you of the past?	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
1e	Thinking about ending your life or committing suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/> DK <input type="checkbox"/> CNA
1f	Seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/> DK <input type="checkbox"/> CNA
OFFICE USE: IDScr Totals		Total 12 months or less:					

Select one:

- ☐ a. 10
- ☐ b. 1
- ☐ c. 3
- ☐ d. 6

Question 12: What is the below client's past year score on the EDScr?

When was the last time that you did the following things two or more times?		<i>Past month</i>	<i>2 to 3 months ago</i>	<i>4 to 12 months ago</i>	<i>1+ years ago</i>	<i>Never</i>	<i>DK or CNA</i>
2a	Lied or conned to get things you wanted or to avoid having to do something?	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
2b	Had a hard time paying attention at school, work, or home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
2c	Had a hard time listening to instructions at school, work, or home two or more times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/> DK <input type="checkbox"/> CNA
2d	Had a hard time waiting for your turn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/> DK <input type="checkbox"/> CNA
2e	Were a bully or threatened other people?	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
2f	Started physical fights with other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/> DK <input type="checkbox"/> CNA
2g	Tried to win back your gambling losses by going back another day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/> DK <input type="checkbox"/> CNA
OFFICE USE: EDScr Totals		Total 12 months or less:					

Select one:

- ☐ a. 7
- ☐ b. 2
- ☐ c. 4
- ☐ d. 5

Scoring Sheet:

Item #	Correct Answer
1	d. Medium-structured or semistructured
2	a. Identify clients in need of further assessment or services
3	d. All of those listed are benefits.
4	b. Vocational/Environmental Screener
5	d. Past year
6	d. 3
7	a. The client is likely to have a diagnosis.
8	a. Which areas the client may need specific behavioral health services in.
9	b. Past Month
10	c. Externalizing Disorder Screener
11	c. 3
12	b. 2