GAIN Short Screener (GSS)

Brief description

The **GAIN Short Screener (GSS)** is made up of 20 items (four five-item subscales). The tool is part of the Global Appraisal of Individual Needs (GAIN) family of screening and assessment measures. The GAIN-SS subscales identify:

- internalizing disorders
- externalizing disorders
- substance use disorders
- crime/violence.

The GAIN-SS was published in 2006 and has attracted considerable attention from policy-makers and program managers because of its brevity, as well as its coverage of the two broad domains of psychopathology (internalizing and externalizing disorders) and substance abuse. It has potential as a tool for both substance use services (to screen for mental disorders) and mental health services (to screen for substance use disorders). It is also a good option for primary care and other health and social services.

The response choices for each question are: past month, two to 12 months ago, more than a year ago, or never. The number of past-month symptoms is used as a measure of change; the number of past-year symptoms is used to indicate the probability of a current diagnosis; and the number of lifetime symptoms is used as a measure of lifetime severity.

Appropriate target populations

The GAIN-SS has been validated for subjects aged 10 to 17, as well adults.

Administration options

Formats available

☒ self-administered (paper-and-pencil)

☒ self-administered (computer)

☒ clinician-administered

Time required

Administration time is three to five minutes (longer with younger children).

Languages available

☒ English

☐ French

☒ Other (Spanish)

Accessibility and cost

☐ no charge for use

☐ use requires permission of test developer

☐ use requires special training and/or professional or academic credentials

☒ fee for use (PDF version is available at the Chestnut website; there is a licensing fee of approximately $100. See website for more information.)

Where to access

www.chestnut.org/LI/gain/GAIN_SS/GAIN-SS_Manual.pdf

Summary of test development data

Quality of reporting

High, based on STARD rating (see Appendix, p. 76).

Summary of validity and reliability data

Moderate, largely because the one validation study to date used diagnostic data derived from the same interview guide and same interview as the screening tool itself.