

# Australian Mental Health Outcomes and Classification Network

## Strengths and Difficulties Questionnaire

Training Manual



A joint Australian, State and  
Territory Government Initiative

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## **1. ACKNOWLEDGEMENT**

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## **2. INTRODUCTION TO MANUAL**

This training manual has been developed to support training of Mental Health Clinicians in the Strengths and Difficulties Questionnaire (SDQ). It provides an overview of the measure, its history, structure and potential use in clinical practice.

The manual has been structured so that trainers are provided with resources to present key points regarding the SDQ.

Some of the underlying principles, which shape this training manual, include:

- The need to utilise the principles of adult learning;
- ensuring that participants can relate the material to their work environment; and
- that participants have the opportunity to engage in the material

Before training, trainers should ensure that they have access to the following training materials:

- A copy of this manual
- Copies of the SDQ

In this training manual certain symbols are used to indicate certain activities that the trainer should undertake:



This symbol indicates that trainers should make explicit certain important training points.



This symbol indicates that trainers should show a particular video clip or written vignette.



This symbol indicates that trainers should encourage group discussion.



This symbol indicates that trainers should distribute specific handout materials.



This symbol indicates that trainers should be prepared with background knowledge. Trainers will be provided with additional reference material in this section.



This symbol indicates the notional time this section should take.

### 3. TRAINING INTRODUCTION AND LEARNING OBJECTIVES

**National Outcomes and  
Casemix Collection  
Training Workshop**

**Strengths and Difficulties Questionnaire**

**national  
mental  
health  
strategy**  
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**AMHOCN**

This slide simply provides an introduction to the SDQ training session.



Take this opportunity to undertake house keeping activities –  
bathrooms, messages, mobile phone etiquette.

Introduction of presenter and, depending on group size, participants.



This introduction section should take approximately 5 minutes to  
complete.

## Learning Objectives

At the completion of this session participants will be able to:

- Describe the SDQ and its various versions
- Identify the components of the various versions of the SDQ
- Describe the scoring of the SDQ
- Describe approaches to interpretation of the SDQ

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Participants should be given a brief orientation to the content of this SDQ session.

- This includes a description of the Strengths and Difficulties Questionnaire and its various versions;
- The components of the various versions of the SDQ;
- Describe the scoring of the SDQ; and
- Describe interpretation of SDQ scores



Identify the degree of experience the group has with the SDQ or any other consumer self-report measure. Support discussion regarding the uses of these measures. Do these measures support assessment? Can they be used to monitor changes in the presentation of consumers?

## 4. OVERVIEW

### What is the Strengths and Difficulties Questionnaire (SDQ)

- Developed by Dr Robert Goodman, Institute of Psychiatry, Kings College, University of London.
- Designed as a brief behavioural screening questionnaire about 4 -17 year olds
- Exists in several versions to meet the needs of researchers, clinicians and educationalists.
- Each version includes between three or four of the following components:
  - **A) 25 items on psychological attributes.**
  - **B) An impact supplement**
  - **C) Cross informant information**
  - **D) Follow-up questions**
- Note: four 'teacher' versions are available, these are not required for the National Outcomes and Casemix Collection.

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Hand out copies of the measures. Use your local service material.



This slide provides a brief background and overview of the SDQ. Designed as a screening tool, several versions have been developed to meet the needs of multiple stakeholders. Australia has chosen to collect versions that gather information from the parent of a child or the parent and a young person themselves. There are teacher versions available but completion of these versions is not mandatory under the National Outcomes and Casemix Collection.

The SDQ is made up of three to four components depending on the version used. These components include:

- A. 25 items on psychological attributes;
- B. An impact supplement;
- C. Cross informant information; and
- D. Follow-up questions.



This brief overview should take approximately 5 to 10 minutes to complete.



Note: The SDQ was chosen for introduction into routine practice as a result of a number of factors. These include:

- **Applicable**
  - addresses dimensions suitable to consumers
  - useful to clinicians in formulating and conducting treatment
  - data can be aggregated in a meaningful way to address requirements of managers
- **Acceptable**
  - Brief and consumer friendly
  - Functions as well as the Achenbach and Rutter Questionnaires
- **Practical**
  - Minimal cost, scoring and interpretation simple, training minimal
- **Valid**
  - Identify two thirds of psychiatric disorders in the community, sensitive to treatment effects, reliable
  - Internal consistency (Mean Cronbach  $\alpha$ : 0.73)
  - Test-retest reliability (after 4–6 months mean: 0.62)
  - Cross Informant reliability (mean 0.34) above meta-analytic mean of Achenbach

SDQ correlates highly with Rutter scales (longstanding measure of parent informant of child symptomatology) (.78–.88–parent) (.87–.92 teacher). The SDQ is able to discriminate between clinical and community sample with self-report. It demonstrates reasonable cross informant correlations and good internal consistency. In comparison to the Child Behaviour Checklist (CBCL), the CBCL was developed empirically from USA case files, while the SDQ was developed empirically based on nosology (DSM4 and ICD9). The SDQ is brief 25

vs 118 items of the CBCL. The SDQ correlates higher with clinical interview than the CBCL.

On hyperactivity/inattention, SDQ correlation of .43 compares to the CBCL of .15 with clinical interview, with some suggestion that CBCL overestimates hyperactivity. In a community sample, mothers preferred SDQ to CBCL (Goodman and Scott, 1999).

The SDQ can be used for a variety of purposes including:

- Clinical Assessment;
- Evaluating outcome;
- Population based epidemiological survey;
- Research; and
- Screening.

## 5. VERSIONS OF THE SDQ

### Versions of the SDQ

- There are six versions (parent-report and young persons self report) currently specified under the National Outcomes and Casemix Collection
  - PC1 – Parent Report Measure for Children aged 04-10, Baseline version;
  - PC2 – Parent Report Measure for Children and Adolescents aged 4-10, Follow up version
  - PY1 – Parent Report Measure for Youth aged 11-17, Baseline version;
  - PY2 – Parent Report Measure for Youth aged 11-17; Follow up version
  - YR1 – Youth self report measure (11-17), Baseline version
  - YR2 – Youth self report measure (11-17), Follow up version.
- The different versions have different rating periods and different combinations of components.

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This slide provides an overview of the various versions of the SDQ. Note that here are 6 versions of the SDQ. Different versions for different respondents (Parent or Youth) and at different points in time (at admission or follow-up).



Have participants arrange the various versions in the order identified on the slide.



This activity should take approximately 10 minutes.

## Versions of the SDQ

Items	Item Content	Parent		Young Person			
		4-10		11-17		11-17	
		Baseline	Followup	Baseline	Follow-up	Baseline	Followup
		6 months	1 month	6 months	1 month	6 months	1 month
		Version					
		PC1	PC2	PY1	PY2	YR1	YR2
1-25	Symptoms	✓	✓	✓	✓	✓	✓
26	Overall	✓	✓	✓	✓	✓	✓
27	Duration	✓	x	✓	x	✓	x
28-33	Impact	✓	✓	✓	✓	✓	✓
34-35	Follow up progress	x	✓	x	✓	x	✓
36-38	Cross-Informant information	✓	x	✓	x	x	x
39-42	Cross-Informant information	x	x	x	x	✓	x

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Note that this slide provides more detail on the various SDQ versions and their categorisation according to respondent and age group. It is important to point out a number of features of these various versions:

1. Parents complete the SDQ for a child aged between 4–10. Between the ages of 11–17 there is both a parent version and a youth self report version.
2. Numbering across different versions is not always sequential this allows indication of item equivalence across versions and assists data entry.
3. On admission to services the usual rating period is 6 months however at review and discharge, the follow-up versions of the SDQ are used and the rating period is one month.
4. Each version of the SDQ is made up of different components depending on the age group and the type of informant.

These components are:

- A) 25 items on psychological attributes;
- B) An impact supplement;
- C) Cross informant information; and
- D) Follow-up questions.

## 6. COMPONENTS OF THE SDQ

### Extended SDQ: 25 items on psychological attributes (Symptom Items)

- emotional symptoms (5 items)
    - “Many worries or often seems worried “
  - conduct problems (5 items)
    - “Often fights with other children “
  - hyperactivity/inattention (5 items)
    - “Restless, overactive, cannot stay still for long “
  - peer relationship problems (5 items)
    - “Rather solitary, prefers to play alone “
  - prosocial behaviour (5 items)
    - “Considerate of other people’s feelings “
  - Total Score 0 - 40
  - Note Some items are reversed
  - Three point scale “not true”, “somewhat true” or “certainly true”
- added together to generate a **Total difficulties score** (based on 20 items)

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Component A of the SDQ is the psychological attributes of the child or adolescent. This component is made up of 25 questions that can form 5 subscales. These include emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and prosocial behaviour. The measure is rated on a 3 point scale 0 = “not true”, 1 = “somewhat true” and 2 = “certainly true”.

Note: some items are reversed scored. The total score is made up of 4 of these 5 scales (emotional symptoms, conduct problems, hyperactivity/inattention and peer relationship problems). See Scoring Section of this manual.



Have participants refer to SDQ PC1 for an example of the psychological attributes section of the SDQ.



This brief overview should take approximately 10 minutes to complete.

## Extended SDQ : Impact

- The SDQ includes items which identify the impact of the psychological attributes of the child or adolescent.
- A probe question is asked “Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people”? If the answer to this probe is “No”, the impact questions are not asked.
- Respondents indicate there have been problems they are then asked to rate
  - chronicity,
  - distress,
  - social impairment, and
  - burden to others.
- This is useful additional information for clinicians and researchers re psychiatric caseness and the determinants of service use

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Component B of the SDQ describes the impact of the psychological attributes on the child or adolescent.

Item 26 of the SDQ is a probe question which asks respondents to identify if they feel that their child has any difficulties in the following areas: emotions, concentration, behaviour or being able to get along with people. If the response is no, then no further SDQ questions are asked.

Note that the example on the slide is taken from the parent version of the SDQ. The youth version asks “Overall, do you think that you have difficulties in any of the following areas: emotions, concentration, behaviour or being able to get along with other people?”

Item 26 does not contribute to the total score. If respondents identify that any of these difficulties exist, item 27 establishes the length of time or chronicity of these difficulties (similarly item 27 does not contribute to the score of the SDQ).



Have participants refer to SDQ PY1 for an example of the impact supplement.

Items 28 – 33 then identify the distress, degree of social impairment and burden associated with these difficulties. These items are scored as the impact component of the SDQ.

## Extended SDQ : Cross Informant

- On admission, respondents are asked to identify teachers impressions of the child or young persons presentation.
  - “Over the last six months, have your child’s teachers complained of...’
  - E.g. “Acting without thinking, frequently butting in, or not waiting for his or her turn”
- These cross informant questions provide useful additional clinical information giving a sense of how pervasive any difficulties may be
- In addition single informant SDQ (Parent or Child/Young Persons) provide useful information which can give a rough probability of diagnosis. However in the case of Hyperkinetic disorder, overactivity is most evident in structured situations such as school, this requires information from informants such as teachers.

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Component C of the SDQ includes cross-informant questions. Note that these items are not included in the scoring of the SDQ but are included in order to achieve two objectives. First, they provide useful clinical information about the extent of any difficulties the child or adolescent may be experiencing. Second, they provide useful base line material for the continued development of outcomes measurement in Child and Adolescent services under the National Outcomes and Casemix Collection.



Have participants refer to SDQ YR1 for an example of the impact supplement.

## Extended SDQ : Follow-up

Two additional questions are asked to determine follow up progress

- “Has the intervention reduced problems”?
- “Has the intervention helped in other ways, eg. making the problems more bearable”?
  - Note:
    - To increase the chance of detecting change, the follow-up versions of the SDQ ask about 'the last month', as opposed to 'the last six months'
    - The Chronicity Questions are absent from the follow-up version

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Component D of the SDQ comprises follow-up questions. Two additional questions are asked at follow-up (review and discharge) to identify whether having contact with the services, and the interventions offered, have reduced the problems the child or youth is experiencing, or have the interventions simply made the difficulties more bearable.

These different components of the SDQ are used for various versions depending on when the information is collected (admission, review and discharge) and who is the respondent (Parent or Youth).



Have participants refer to SDQ YR2 for an example of the impact supplement.

## Special Considerations

- Generally, the 'admission' versions are administered on admission and rated over the standard rating period of six months and the 'follow up' versions are administered on review and discharge and rated over a one month period. However, for referral from another setting, to prevent duplication and undue burden on consumers and parents, the following guide is suggested:

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As outlined previously, generally admissions versions are rated on admission, based on the consumer's or carer's experience over the last 6 months. The follow-up versions are offered at review and discharge and are rated over a one-month period.

Modification to these rules is suggested to prevent duplication and reduce the burden on consumers and/or carers.

## Special Considerations

<p><i>Transfer of care between an inpatient, community residential or ambulatory setting of a consumer currently under the active care of the Mental Health Service Organisation.</i></p>	<p><b>Admission SDQ</b> - if Follow Up SDQ required at the end of referring treatment settings episode is neither completed nor provided by referring setting.</p> <p><b>Follow Up SDQ</b> - if Follow Up SDQ is required at end of referring treatment settings episode has in fact been completed and provided by the referring setting.</p>
<p><i>Admission to a new inpatient, community residential or ambulatory episode of care for any reason other than defined above.</i></p>	<p><b>Admission SDQ</b> - if Follow Up SDQ required at the end of referring treatment settings episode is neither completed nor provided by referring setting.</p> <p><b>Follow Up SDQ</b> - if Follow Up SDQ required at end of referring treatment settings episode has not been completed or is not provided by the referring setting.</p>

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One of the key triggers in the data collection protocol for offering the SDQ is a change in service setting. If a consumer moves between one of three service settings in the same mental health service organisation (inpatient, community residential and ambulatory), one episode of care has ended and another begun. This requires collection of information about the end of one episode, or discharge information, and the beginning of another, or admission information.

The aim of these suggestions is to reduce the burden placed on consumers and carers as well as ensuring that clinically meaningful information is provided.

The basic rule is that follow-up SDQs will be deemed admission SDQs when this information is transferred with the consumer to the admitting agency. If follow-up SDQs are not transferred, then admission SDQs are required to be completed by consumers and/or carers on admission to the new agency.

## 7. OFFERING THE SDQ

### Consumer Self Report Measure: When NOT to Offer

- The consumer is too unwell or distressed to complete the measure
  - Psychotic or mood disturbance prevents the consumer from understanding the measure or alternatively, completing the measure would increase their level of distress
- The consumer is unable to understand the measure
  - As a result of an organic mental disorder or a developmental disability to consumer
- Cultural or language issues make the self-report measure inappropriate

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The introduction of the consumer and carer self report measure, the Strengths and Difficulties Questionnaire (SDQ), provides a number of potential benefits. These include:

- Supporting the process of assessment;
- Demonstrating a genuine interest in the carer's and consumer's point of view;
- Encouraging dialogue between clinicians, carers and consumers;
- Highlighting discrepancies between the consumer's, carer's and clinician's perceptions; and
- Involving carers and consumer in the process of care planning.

These benefits provide an opportunity to support the development of the therapeutic relationship between the clinician, consumer and carer. Offering the SDQ demonstrates a genuine attempt on the part of the clinician to better understand the carer and consumer perceptions and needs and involve them in the process of care. However, there are circumstances when the clinician should exercise clinical judgement when offering the measure.

First, if the carer or consumer is distressed and offering the SDQ makes them more distressed, then offering the measure is counter productive because it interferes with establishing rapport and promoting dialogue. Second, if the consumer is unable to understand the content and requirements for completing the SDQ given their disordered or compromised mental state then it is counter productive to offer the measure and third, if there are cultural or language impediments to offering the measure to consumers or carers, then it should not be offered.

The general rule is that clinicians should exercise clinical judgement when offering the SDQ and be mindful of the purpose of offering the measure i.e. **to engage the consumer and carer in care.**



When administering the SDQ, there are some general activities or approaches to be avoided. These constitute the Don'ts of SDQ Administration.

- Do not force or command consumers or carers to fill out the SDQ.
- Do not tell the consumer or carer that treatment is dependent on their filling out the SDQ.
- Do not minimise the importance of filling out the SDQ.
- Do not accept an incomplete SDQ without first encouraging the consumer or carer to fill out unanswered questions.
- Do not paraphrase, rephrase, interpret or explain a question.
- Do not answer the question for the consumer or carer.
- Do not tell the consumer or carer how you feel they should answer.
- Do not allow other people to help the consumer or carer fill out the SDQ.
- Do not assume the consumer or carer can do it and just doesn't want to (i.e. if a person tells you they cannot do it – accept that they are telling the truth).

## Offering the Measure

- Why is it important to complete a consumer and carer self rated measure?
- What happens if the carer or consumer refuses to complete the measure, will it effect their treatment?
- Who is going to use the information?
- What is the information going to be used for?
- Assure the consumer of privacy and confidentiality.

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This slide identifies the types of concerns that consumers and carers often have when offered a consumer self report measure such as the SDQ.

When offering the SDQ it is important to:

- Identify for consumers and carers that the completion of the SDQ will provide useful information for the clinician that will inform their work.
- Assure carers and consumers that refusal to complete the SDQ will not see them treated differently.
- Explain to consumers and carers that the information will be available to those involved in the direct care of the consumer but also that de-identified information will be available to service managers and those involved in policy development.
- Explain that, in the first instance, the information will be used for individual treatment planning and in a de-identified form for service development and research activities.
- Assure the carers and consumer that the SDQ is subject to the same rules of confidentiality and privacy as all other information held within the medical record.



When administering the SDQ, there are some general activities or approaches to be adopted. These are the Do's of SDQ Administration:

- Do be warm, friendly and helpful.
- Do request and encourage carers and consumers to fill out the SDQ.
- Do let consumers and carers know that you will be there to assist them if needed.
- Do tell carers and consumers to answer a question based on what THEY think the question means.
- Do encourage consumers and carers to answer ALL the questions.
- Do read and repeat a question verbatim for the consumer or carer if necessary.
- Do provide definition of a single word with which a person is unfamiliar.
- Do stress there is no right or wrong answer.
- Do inform carers and consumers that they will be asked to fill out the SDQ again at a later date.
- Do thank carers and consumers for filling out the SDQ.

## 8. SCORING THE SDQ

### Scoring the SDQ

- Total Difficulty Score
  - 0 (Not True), 1 (Somewhat True), 2 (Certainly True)
  - For each of the 5 scales the scores can range from 0-10 if all 5 items were completed
  - Note some items reversed (7, 11, 14, 21 and 25)
  - *Total Score = Emotional Scale + Conduct Scale + Hyperactivity Scale + Peer Problem Scale.*
- Impact Score
  - Items 28 through 32 are added together to derive the impact score. Note coding: Not at all (0) A little (0) A medium amount (1) A great deal (2)
- Cross Informants
  - Although these items are clinically useful, they are not scored but become available for further NOCC development

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The various versions of the SDQ are all scored in a similar fashion. However, not all items contribute to scores on the SDQ.

The Total Difficulty Score is generated through the addition of 4 of the 5 subscales or summary scores that make up the first 25 items of the SDQ. These sub scale scores are only calculated if at least three of the five items have been completed. If less than three are completed, then the sub scale score should be viewed as missing. It is usually easiest to score all five sub scales first before working out the Total Difficulty Score. The total score is the addition of the emotional scale, conduct scale, hyperactivity scale and peer problem scale. Calculation of the Total Difficulty Score in this way allows clinicians to reflect on not only the total score for the instrument, but also the subscale scores which may be more clinically useful.

The impact score gives an indication of the degree of overall distress and social impairment associated with the psychological attributes of the child or youth. It is calculated with the addition of items 28 through to 32.

## Interpreting the SDQ

<b>PARENT VERSIONS</b>	'This score is close to average - clinically significant problems in this area are unlikely'	'This score is slightly raised, which may reflect clinically significant problems'	'This score is high - there is a substantial risk of clinically significant problems in this area'
Total Difficulties Score	0-13	14-16	17-40
Emotional Symptoms Score	0-3	4	5-10
Conduct Problem Score	0-2	3	4-10
Hyperactivity Score	0-5	6	7-10
Peer Problem Score	0-2	3	4-10
	'This score is close to average - clinically significant problems in this area are unlikely'	'This score is slightly low, which may reflect clinically significant problems'	'This score is low - there is a substantial risk of clinically significant problems in this area'
Prosocial Behaviour Score	6-10	5	0-4
<b>SELF COMPLETED VERSIONS</b>	'This score is close to average - clinically significant problems in this area are unlikely'	'This score is slightly raised, which may reflect clinically significant problems'	'This score is high - there is a substantial risk of clinically significant problems in this area'
Total Difficulties Score	0-15	16-19	20-40
Emotional Symptoms Score	0-5	6	7-10
Conduct Problem Score	0-3	4	5-10
Hyperactivity Score	0-5	6	7-10
Peer Problem Score	0-3	4-5	6-10
	'This score is close to average - clinically significant problems in this area are unlikely'	'This score is slightly low, which may reflect clinically significant problems'	'This score is low - there is a substantial risk of clinically significant problems in this area'
Prosocial Behaviour Score	6-10	5	0-4

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Although SDQ scores can often be used as continuous variables, it is sometimes convenient to classify scores in the bands as set out in the table below. Using the comments, a “substantial risk of clinically significant problems” score on the Total Difficulties Score can be used to identify likely ‘cases’ with mental disorders. This is clearly only a rough and ready method for detecting disorders – combining information from SDQ symptom and impact scores from multiple informants is better, but still far from perfect.

Note: This broad classification is based on information from the [www.sdqinfo.com](http://www.sdqinfo.com) web site © R Goodman and is derived from British norms. It is anticipated the Australian Norms will be available soon.

## 9. FURTHER INFORMATION

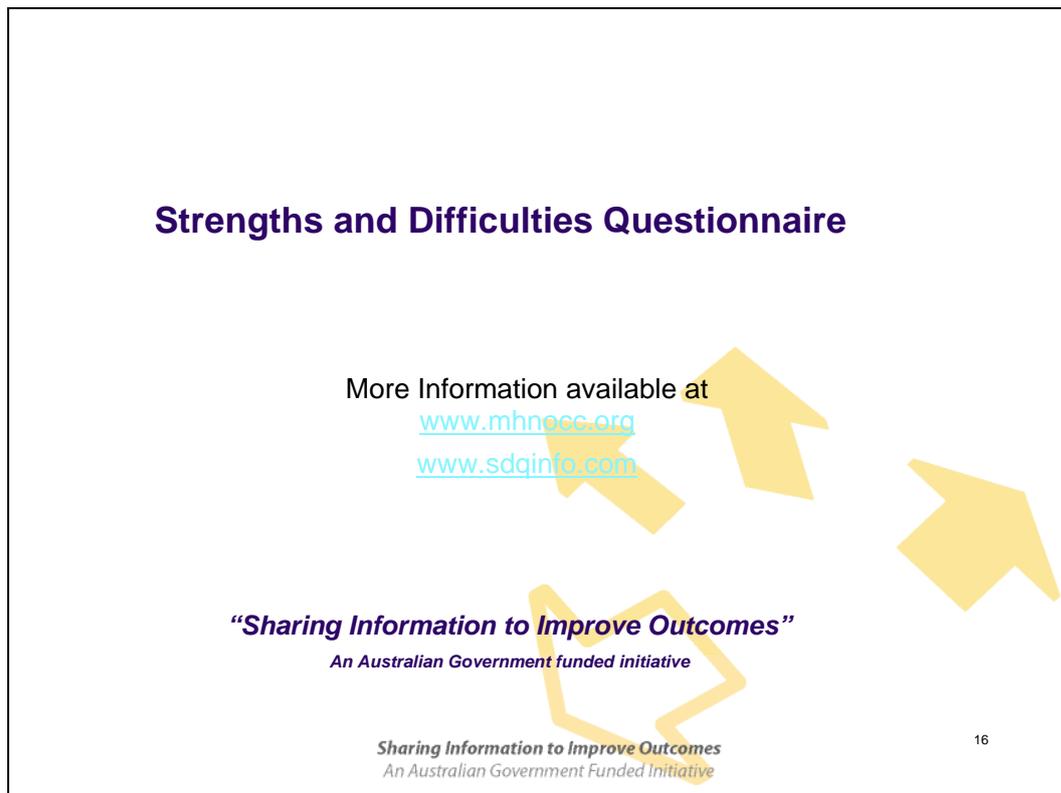
**Strengths and Difficulties Questionnaire**

More Information available at  
[www.mhncps.org](http://www.mhncps.org)  
[www.sdqinfo.com](http://www.sdqinfo.com)

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Discuss with trainees additional resources available, local contact people or those responsible for ongoing support.

## 10. REFERENCES

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*Proceedings 2<sup>nd</sup> Australian Mental Health National Outcomes Training Forum*. Adelaide April 7 – 8 2003.

More reference material is available on the Mental Health National Outcomes and Casemix Collection website [www.mhnocc.org](http://www.mhnocc.org)