

**Additional file 4:** Measurement Instruments and Scoring Procedures.

## **Measurement Instruments and Scoring Procedures**

See measurement time points in Table 2.

## **Sociodemographic and Clinical Information**

At baseline, demographic information, intake diagnoses, and treatments will be collected. At follow-up assessments, participants will report any treatments received since intake.

## **Suicidal Thoughts, Behaviors, and Non-Suicidal Self-Injury**

- **Columbia Suicide Severity Rating Scale (C-SSRS)** (Posner et al., 2011):  
A structured questionnaire assessing suicidal ideation, intent, and behaviors. It has demonstrated high sensitivity for identifying suicide risk in both clinical and community samples.
- **Ask Suicide-Screening Questions (ASQ)** (Hennefield, 2024):  
A brief, four-item screening tool designed for children, adapted for parent report, that identifies youth at elevated suicide risk.
- **Suicide Crisis Syndrome Inventory (SCI)** (Barzilay et al., 2020):  
Includes a 40-item self-report and 15-item clinician- and parent-report scales evaluating the Suicide Crisis Syndrome and imminent suicide risk. The *Entrapment* subscale assesses feelings of being trapped or without escape. The SCI demonstrates strong internal consistency ( $\alpha = 0.80\text{--}0.90$ ; Bloch-Elkouby et al., 2020).
- **Deliberate Self-Harm Inventory (DSHI)** (Gratz, 2001):  
A 6-item measure assessing the frequency, severity, and type of deliberate self-harm behaviors.

## **Emotional Distress (Depression, Anxiety, and PTSD)**

- **Mood and Feelings Questionnaire – Short Version (MFQ-S)** (Angold et al., 1995):  
A 13-item measure assessing depressive symptoms in children and adolescents. Scores  $\geq 12$  indicate probable depression (Eyre et al., 2021).

- **Depression Anxiety Stress Scales (DASS-21)** (Lovibond & Lovibond, 1995):  
A 21-item self-report completed by parents assessing depressive, anxiety, and stress symptoms.
- **Screen for Child Anxiety-Related Emotional Disorders – Short Version (SCARED-SHORT)** (Birmaher, 1997):  
A 5-item self-report assessing anxiety symptoms. Scores >3 (short version) or ≥25 (full version) suggest probable anxiety disorder (Rappaport et al., 2017).
- **Child PTSD Symptom Scale – Self Report for DSM-5 (CPSS-SR-5)** (Foa et al., 2018):  
A 20-item self-report assessing PTSD symptoms (0–4 scale). A total score ≥31 suggests probable PTSD. The validated Hebrew version will be used (Rachamim et al., 2011).
- **Child Trauma Screen (CTS)** (Lang & Connell, 2017):  
A 10-item parent-report screening measure assessing trauma exposure and PTSD symptoms consistent with DSM-5.
- **Clinical Global Impressions (CGI)** (Busner & Targum, 2007):  
Two single-item clinician ratings evaluating overall severity and improvement (1–7 scale).
- **Children’s Global Assessment Scale (CGAS)** (Shaffer et al., 1983):  
Clinician rating of overall functioning (1–100), based on the child’s lowest level of functioning during the period.

### **Emotional Regulation**

- **State Difficulties in Emotion Regulation Scale (S-DERS)** (Lavender et al., 2017):  
A 21-item self-report assessing emotion regulation difficulties across four domains: Nonacceptance, Modulate, Awareness, and Clarity. Items are rated 1 (“rarely”) to 5 (“almost always”).

### **Interpersonal Function**

- **Social Adjustment Scale – Self Report (SAS-SR; modified for children)** (Weissman, Orvaschel, & Padia, 1980):  
A 23-item self-report measuring adjustment in school, family, and peer contexts. The short version shows excellent internal consistency ( $\alpha = .88$ ; Rzepa & Weissman, 2014).

- **Strengths and Difficulties Questionnaire (SDQ)** (Goodman, 1999):  
A 25-item self-report assessing psychosocial difficulties and strengths. The total difficulties score ( $\geq 18$ ) indicates high psychosocial impairment (Youth in Mind, 2016).
- **Children's Hope Scale (CHS)** (Snyder et al., 1997):  
A 6-item self-report measuring *Agency* (goal-directed determination) and *Pathways* (planning to meet goals). Higher scores reflect greater hope. The Hebrew version demonstrates strong internal consistency (Shwartz-Atias et al., 2017).

### Social Support

- **Outcome Rating Scale (ORS)** (Miller et al., 2003) and **Child Outcome Rating Scale (CORS)** (Casey et al., 2019):  
4-item scales evaluating personal, interpersonal, and social functioning for children and parents.
- **Multidimensional Scale of Perceived Social Support (MSPSS)** (Zimet et al., 1988):  
A 12-item measure assessing perceived support from Family, Friends, and Significant Others (7-point Likert scale). The MSPSS demonstrates high internal consistency among adolescents.

### Working Alliance

- **Working Alliance Inventory (WAI)** (Horvath & Greenberg, 1989):  
A 12-item measure assessing the perceived strength of the therapeutic alliance. Validated for youth aged 11–17 and caregiver-therapist dyads (Loos et al., 2020; Van Benthem et al., 2020). Internal consistency:  $\alpha = .91$  (Van Benthem et al., 2023).

### Feasibility and Acceptability

Following prior studies (Arjadi et al., 2018; Kabukye et al., 2024; Macrynika et al., 2025; Turiho et al., 2024), feasibility will be evaluated using adherence rate (percentage completing  $\geq 5$  sessions), completion rates, total sessions attended, and provider adherence.

Acceptability will be assessed via satisfaction interviews, structured questionnaires, and provider feedback.

### **Additional Policy Measures**

- **Waiting Time:** Time between referral receipt and first treatment session.
- **Caseness and Recovery:** Defined per IAPT criteria—patients above the clinical threshold at intake who fall below it post-treatment are considered recovered.
- **Access Standard:** Total number of clients seen, including assessments, psychoeducation, or treatment.
- **Improvement Rate:** Number of patients showing improvement on outcome measures.
- **Client Satisfaction Questionnaire-4 (CSQ-4)** (Larsen et al., 1979):  
A 4-item satisfaction scale; scores  $\geq 24$  indicate high satisfaction with services.