CAFAS®

Self-Training Manual

and Blank Scoring Forms

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MHS

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CAFAS® Self-Training Manual

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How to Use This Manual

The Child and Adolescent Functional Assessment Scale® (CAFAS®) is used to assess degree of impairment in children and adolescents with emotional, behavioral, or substance use symptoms/disorders. The CAFAS provides a rapid, visual profile of problem areas across settings.

The CAFAS is a clinician-rated measure which can be used in both clinical and research settings to assess clinical progress or outcome. The practitioner rates the client on the CAFAS scale. It typically takes about 10 minutes. Essentially, the CAFAS contains a "menu" (or choices) of behaviorally-oriented descriptions, from which the rater chooses those that best describe the client. No specific interview or questionnaire needs to be administered to the client. The clinician rates the CAFAS based on his/her knowledge of the client's functioning. Any source of information can be used. CAFAS training sensitizes the clinician to the types of information needed (e.g., whether the youth has been expelled from school).

Impairment is defined as problems that interfere with the youth's functioning in various life roles (e.g., as a student, family member, worker, friend, member of the community). The youth's most severe dysfunctional behavior during a specified time period, usually a one-month or three-month period, is rated. The time period to be used will be decided by your agency. The CAFAS can be administered as often as practically useful. Rating the youth upon entering the system (intake), upon exiting (discharge), and quarterly during the interim is the most typical pattern.

The CAFAS is arranged in eight subscales for rating the child: School/Work, Home, Community, Behavior Toward Others, Moods/Emotions, Self-Harmful Behavior, Substance Use, and Thinking. A total score is derived, for which there are general interpretive guidelines. There are two optional scales for rating the youth's caregivers on their ability to provide for the youth's material and emotional needs.

A word of encouragement: The CAFAS represents the child's problems in a way that makes sense to family members and oversight entities. The CAFAS should enhance your clinical work, rather than being one more burdensome form. It is quick and easy to use, yet yields information that can be very useful clinically. It is objective, has face validity, and is very sensitive to client change. The CAFAS contains a comprehensive list of behavioral descriptors of presenting problems for children and adolescents. Rating impairment for each domain (e.g., the various subscales, such as school), helps establish priorities in treatment. The CAFAS profile sheet depicts the youth's scores and can be used as a reference point for case reviews. The CAFAS uses common language to describe real-life problems. Because of this, it is very useful in developing treatment plans with the family.

This is a self-study program that you can do entirely on your own. The materials are organized so that this manual is re-usable. Additional "Blank Scoring Forms" can be ordered.

You will begin by reading the CAFAS scale and the Instructions for Scoring the CAFAS, both of which follow this memo. The next task is to review six demonstration vignettes that describe youth ranging from mildly to severely impaired. Each demonstration vignette is followed by an answer key and profile form. The latter provides a visual representation of the youth's problems. When reviewing these practice vignettes, you will benefit the most by attempting to score them first, and then comparing your scores to the answers.
Next, you are asked to rate 10 vignettes for the purpose of establishing reliability. The vignettes are contained in this *Manual*. It is critical that these 10 vignettes for assessing your reliability are done independently (i.e., on your own). For the purpose of rating these vignettes, you should rate the youth's most severe level of dysfunction during the LAST 3 MONTHS. Blank scoring forms for recording your scores for these 10 vignettes appear at the end of this *Manual,* if it has not been previously used. If this *Manual* has been previously used, a

separate handout will accompany this *Manual* entitled "Blank Scoring Forms." The training coordinator for your facility should have the "Answer Key" Handout, which can be used to compare to your answers.

The reason for establishing reliability on the CAFAS is that everyone should use the same "rules" when using the CAFAS in an applied setting. Different clinicians may rate the youth at intake and at exit, and differences in ratings should reflect changes in the client, *not* variations in how the practitioners rate the CAFAS. For example, if the intake rater was erroneously too "lenient" and the rater at discharge was erroneously too "harsh" in rating the child, it could appear that the child got worse while in treatment because of the variation in scoring. In order to ensure more accurate assessments, all users should do the same training so that the scale is used in a standardized manner.

In some populations there are unique issues that may require special consideration. After becoming familiar with using the CAFAS, you and your colleagues may want to create an addendum to the Instructions for Scoring. Then all of the raters can follow these additional guidelines.

Admittedly, reading and thinking about the vignettes is a time investment. However, the realities of today's world include accountability (i.e., reporting how clients progress during treatment) and inclusion of parents as members of the treatment team. Increasingly, agencies have to choose a means of assessing impairment or need for treatment. Agencies that take the time and effort to standardize this process will likely be in a better position to advocate for their clients and their agency.

If you are interested in obtaining more information on the CAFAS, the following materials are available: (1) *CAFAS® Handbook for Training Coordinators, Clinical Administrators and Data Managers*, which includes all of the information needed by persons who coordinate CAFAS trainings in their agency, (2) a summary of the data on the reliability and validity of the CAFAS, (3) an interview for the CAFAS, which is organized like the Scale and obtains all the information needed to rate the CAFAS (this was developed for research use but could be used for clinical purposes), (4) a "Checklist" which solicits all of the information needed to rate the CAFAS, with each question in a "Yes/No" format and each subscale on a separate page (this was developed to facilitate getting information from other professionals/informants about the youth's functioning, such as school teachers, etc.), (5) Supplemental Vignettes (used if a trainee has difficulty establishing reliability with the vignettes in this manual), (6) a "downward" version of the CAFAS for children ages 4 to 7 years old, called the Preschool and Early Childhood Functional Assessment Scale (PECFAS®), and (7) a computerized version of the CAFAS.

You will find the CAFAS useful for supporting need for treatment and for documenting progress and outcome. I think you will find it easy to use. Please respect the copyright of these materials, which means that you may not reproduce or disseminate them, or make derived (modified) versions of the CAFAS or the training materials for the CAFAS.

CHILD AND ADOLESCENT FUNCTIONAL ASSESSMENT SCALE®

Name _____ Child ID # _____ Sex: ☐ boy ☐ girl

Today's Date _____ /_____ /_____ Admission Date _____ /_____ /_____ Date of Birth _____/_____/_____ Age _____
(optional)

Agency/Site ID # ___/___/___/___/___/___/___/___/___/___ Rater ID# ___/___/___/___/___/___/___/___/___/___

TIME PERIOD RATED FOR CAFAS:
☐ Last Month ☐ Last 3 Months ☐ Other_____ Rater Name (print) _____

YOUTH'S PLACEMENT:
☐ Family/Relative Home ☐ Foster Home ☐ Therapeutic Foster ☐ Detention/Jail ☐ Other Residential

CAFAS ADMINISTRATION:
☐ 1st Evaluation ☐ 2nd Evaluation ☐ 3 Months ☐ 6 Months ☐ 9 Months
☐ 12 Months ☐ 15 Months ☐ 18 Months ☐ 21 Months ☐ 24 Months
☐ Exit from Service ☐ Change in Intensity of Service ☐ Unknown ☐ Other_____

Rater Signature: My signature certifies that I have endorsed specific CAFAS® items which describe this child's behavior and which support the scores for each of the CAFAS subscales. This CAFAS form with endorsements is being retained in the case file.
Rater Signature:_____ Date:_____

INSTRUCTIONS: *Only persons who have established that they are reliable raters should rate the CAFAS®*. Reliability is established by using the CAFAS® Self-Training Manual. Be sure to rate the youth's most SEVERE level of dysfunction for the time period being rated. The CAFAS is designed as a measure of functional status and should not be used as the sole criterion for determining any clinical decision, including need or eligibility for services, intensity of services, or dangerousness to self or others. Note that a list of strengths/goals follows each scale. Each characteristic can be viewed as a strength (i.e., youth has the characteristic currently) or a goal (i.e., youth does not yet have the characteristic but it is a goal in the youth). You may circle as many strengths and goals as you like to assist in developing a treatment plan (see last two pages). These items are separate from the CAFAS and do not affect the scoring of the CAFAS. The rater should sign this form (see above).

CAFAS® SCORING SUMMARY

SCALE SCORES FOR YOUTH'S FUNCTIONING

SCHOOL/WORK ROLE PERFORMANCE	_____
HOME ROLE PERFORMANCE	_____
COMMUNITY ROLE PERFORMANCE	_____
BEHAVIOR TOWARD OTHERS	_____
MOODS/EMOTIONS	_____
SELF-HARMFUL BEHAVIOR	_____
SUBSTANCE USE	_____
THINKING	_____
TOTAL FOR YOUTH based on 8 Scales	_____

SCALE SCORES FOR CAREGIVER'S RESOURCES

	Primary	Other
MATERIAL NEEDS	_____	_____
FAMILY/SOCIAL SUPPORT	_____	_____

RISK BEHAVIORS:

Youth's Functioning

- ☐ Has made a serious suicide attempt or is considered to be actively suicidal (119, 142-145) or possibly suicidal (146-148)
- ☐ Has been or may be harmful to others or self due to:
  - ☐ Aggression:
    - ☐ at School (3,4)
    - ☐ at Home (43)
    - ☐ in the Community (68)
    - ☐ in Behavior in general (89)
  - ☐ Sexual Behavior (69, 77, 90)
  - ☐ Fire Setting (71, 78)
- ☐ Runaway Behavior (48, 54)
- ☐ Psychotic or Organic symptoms in the context of severe impairment (182-186)
- ☐ Severe Substance Use (154-164)

Caregiver Resourcefulness

- ☐ Youth's needs far exceed caregiver's resources (211-221 or 289-299)

Explanation:_____

LEVELS OF OVERALL DYSFUNCTION BASED ON YOUTH'S TOTAL SCORE

8 Scale Sum	*Description*
0-10	Youth exhibits no noteworthy impairment
20-40	Youth likely can be treated on an outpatient basis, provided that risk behaviors are not present
50-90	Youth may need additional services beyond outpatient care
100-130	Youth likely needs care which is more intensive than outpatient and/or which includes multiple sources of supportive care
140 & higher	Youth likely needs intensive treatment, the form of which would be shaped by the presence of risk factors and the resources available within the family and the community

CAFAS® PROFILE: YOUTH'S FUNCTIONING

Level of Impairment	School/Work Role Peformance	Home Role Performance	Community Role Performance	Behavior Toward Others	Moods/ Emotions	Self-Harmful Behavior	Substance Use	Thinking
SEVERE **30**	1 ❍ 2 3 4 5 6 7 8 9 10 11	41 ❍ 42 43 44 45 46 47 48 49 50	66 ❍ 67 68 69 70 71 72	88 ❍ 89 90 91 92	116 ❍ 117 118 119 120	142 ❍ 143 144 145	154 ❍ 155 156 157 158 159 160 161 162 163 164	182 ❍ 183 184 185 186
MODERATE **20**	12 ❍ 13 14 15 16 17 18 19 20 21	51 ❍ 52 53 54 55 56	73 ❍ 74 75 76 77 78 79	93 ❍ 94 95 96 97 98 99 100 101 102	121 ❍ 122 123 124 125 126 127	146 ❍ 147 148	165 ❍ 166 167 168 169 170 171	187 ❍ 188 189 190 191 192
MILD **10**	22 ❍ 23 24 25 26 27	57 ❍ 58 59 60 61	80 ❍ 81 82 83	103 ❍ 104 105 106 107 108 109 110	128 ❍ 129 130 131 132 133 134 135	149 ❍ 150	172 ❍ 173 174 175	193 ❍ 194 195 196 197
MINIMAL/NO **0**	28 ❍ 29 30 31 32 33 34 35 36 37 38 39	62 ❍ 63 64	84 ❍ 85 86	111 ❍ 112 113 114	136 ❍ 137 138 139 140	151 ❍ 152	176 ❍ 177 178 179 180	198 ❍ 199
COULD NOT SCORE	40 ❍	65 ❍	87 ❍	115 ❍	141 ❍	153 ❍	181 ❍	200 ❍

For each scale: (1) mark the item number(s) which correspond to those marked on the CAFAS form, (2) fill in the circle indicating severity level, (3) connect the circles.

Youth's Name _____ ID# _____

	Severe Impairment *Severe disruption or incapacitation* **(30)**	**Moderate Impairment** *Major or persistent disruption* **(20)**	**Mild Impairment** *Significant problems or distress* **(10)**	**Minimal or No Impairment** *No disruption of functioning* **(0)**
SCHOOL/WORK SUBSCALE Role Performance ☐	001 Out of school or job due to behavior that occurred at school or on job during the rating period (e.g., asked to leave or refuses to attend). 002 Expelled or equivalent from school due to behavior (e.g., multiple suspensions, removed from community school, placed in an alternative school). 003 Judged to be a threat to others because of aggressive potential (i.e., resulting from youth's actions or statements); monitoring or supervision needed. 004 Harmed or made serious threat to hurt a teacher/peer/co-worker/ supervisor. 005 Unable to meet minimum requirements for behavior in classroom (either in specialized classroom or regular classroom with specialized services in public school or equivalent) without special accommodations. 006 Chronic truancy resulting in negative consequences (e.g., loss of course credit, failing courses or tests, parents notified). 007 Chronic absences, other than truancy, resulting in negative consequences (e.g., loss of course credit, failing courses or tests, parents notified). 008 Disruptive behavior, including poor attention or high activity level, persists despite the youth having been placed in a special learning environment or receiving a specialized program or treatment. 009 Failing all or most classes. 010 Dropped out of school and holds no job.	012 Non-compliant behavior which results in persistent or repeated disruption of group functioning or becomes known to authority figures other than classroom teacher (e.g., principal) because of severity and/or chronicity. 013 Inappropriate behavior which results in persistent or repeated disruption of group functioning or becomes known to authority figures other than classroom teacher (e.g., principal) because of severity and/or chronicity. 014 Frequently truant (i.e., approximately once every two weeks or for several consecutive days). 015 Frequent absences from school (i.e., approximately once every two weeks or for several consecutive days) due to impairing behavior and excluding truancy or physical illness. 016 At work, missed days or tardiness results in reprimand or equivalent. 017 Disruptive behavior, including poor attention or high activity level, resulting in individualized program or specialized treatment being needed or implemented. 018 Receiving a reprimand, warning, or equivalent at work. 019 Grade average is lower than "C" and is not due to lack of ability or any physical disabilities. 020 Failing at least half of courses and this is not due to lack of ability or any physical disabilities.	022 Non-compliant behavior results in teacher or immediate supervisor bringing attention to problems or structuring youth's activities so as to avoid predictable difficulties, more than other youth. 023 Inappropriate behavior results in teacher or immediate supervisor bringing attention to problems or structuring youth's activities so as to avoid predictable difficulties, more than other youth. 024 Occasionally disobeys school rules, with no harm to others or to property, more than other youth. 025 Problems in school, including behaviors related to poor attention or high activity level, are present but are not disruptive to the classroom (can be managed in the regular classroom, with the youth able to achieve satisfactorily). 026 School/work productivity is less than expected for abilities due to failure to execute assignments correctly, complete work, hand in work on time, etc.	028 Reasonably comfortable and competent in relevant roles. 029 Minor problems satisfactorily resolved. 030 Functions satisfactorily even with distractions. 031 School grades are average or above. 032 Schoolwork is commensurate with ability and youth is mentally retarded. 033 Schoolwork is commensurate with ability and youth is learning disabled. 034 Schoolwork is commensurate with ability and youth is a slow learner. 035 Schoolwork is commensurate with ability and youth has a learning impairment due to maternal alcohol or drug use. 036 In a mostly vocational program and doing satisfactorily. 037 Graduated from high school or received GED. 038 Dropped out of school and is working at a job or is actively looking for a job.
	011 EXCEPTION	021 EXCEPTION	027 EXCEPTION	039 EXCEPTION
	Explanation:			COULD NOT SCORE: 040

Strengths(S)/Goals (G) for School/Work Subscale
(OPTIONAL: UNNECESSARY FOR CAFAS RATING)

S1 G1 Is permitted to attend school
S2 G2 Attends more days than not
S3 G3 Attends regularly
S4 G4 Likes going to school
S5 G5 Behavior at school is devoid of aggressive acts or threats
S6 G6 Sent to school disciplinarians infrequently
S7 G7 No incidents of being sent to school disciplinarians
S8 G8 Teacher in specialized classroom can manage behavior
S9 G9 Regular classroom teacher can manage behavior
S10 G10 Good behavior in classroom (not a problem)
S11 G11 Good behavior on the school bus
S12 G12 Gets along okay with teachers
S13 G13 Enjoys praise from teachers
S14 G14 Easily follows adult guidance
S15 G15 Benefits from assistance when problems arise
S16 G16 Completes schoolwork
S17 G17 School grades are average or above
S18 G18 Feels good about school work
S19 G19 Appreciates importance of learning academic skills
S20 G20 Likes to read
S21 G21 Can transition from one activity to another
S22 G22 Stays on task (appropriate to age)
S23 G23 Participates in after-school activities, clubs, or sports
S24 G24 Is enthusiastic about favorite activities
S25 G25 Graduated or received GED
S26 G26 Maintains steady employment
S27 G27 Satisfactory performance in job/vocation
S28 G28 For teenage parent, is continuing education
S29 G29 Other_____
S30 G30 Other_____

Youth's Name _____ ID# _____

	Severe Impairment *Severe disruption or incapacitation* **(30)**	**Moderate Impairment** *Major or persistent disruption* **(20)**	**Mild Impairment** *Significant problems or distress* **(10)**	**Minimal or No Impairment** *No disruption of functioning* **(0)**
HOME SUBSCALE Role Performance (Home=place of residence; see Scoring Instructions.) ☐	041 Not in the home due to behavior that occurred in the home during the rating period. 042 Extensive management by others required in order to be maintained in the home. 043 Deliberate and serious threats of physical harm to household members. 044 Repeated acts of intimidation toward household members. 045 Behavior and activities are beyond caregiver's influence almost all of the time (i.e., serious and repeated violations of expectations and rules, such as curfew). 046 Behavior and activities have to be constantly monitored in order to ensure safety in the home. 047 Supervision of youth required, which does or would interfere with caregiver's ability to work or carry out other roles. 048 Run away from home overnight more than once, or once for an extended time, and whereabouts unknown to caregiver. 049 Deliberate and severe damage to property in the home (e.g., home structure, grounds, furnishings).	051 Persistent failure to comply with reasonable rules and expectations within the home (e.g., bedtime, curfew); active defiance much of the time (OR, if youth is not in the home, youth fails to comply with rules and expectations unless close monitoring/supervision is maintained). 052 Frequent use of profane, vulgar, or curse words to household members. 053 Repeated irresponsible behavior in the home is potentially dangerous (e.g., leaves stove on). 054 Run away from home overnight and likely whereabouts are known to caregivers, such as friend's home. 055 Deliberate damage to the home.	057 Frequently fails to comply with reasonable rules and expectations within the home. 058 Has to be "watched" or prodded in order to get him/her to do chores or comply with requests. 059 Frequently "balks" or resists routines, chores, or following instructions, but will comply if caregiver insists. 060 Frequently engages in behaviors which are intentionally frustrating or annoying to caregiver (e.g., taunting siblings, purposeful dawdling).	062 Typically complies with reasonable rules and expectations within the home. 063 Minor problems satisfactorily resolved.
	050 EXCEPTION	056 EXCEPTION	061 EXCEPTION	064 EXCEPTION
	Explanation:			COULD NOT SCORE: 065

Strengths(S)/Goals (G) for Home Subscale
(OPTIONAL: UNNECESSARY FOR CAFAS RATING)

S31	G31	Behavior at home is devoid of aggressive acts or threats	S45	G45	Informs parents of activities ahead of time
S32	G32	Good behavior on home visits	S46	G46	Obeys curfew
S33	G33	Reacts non-impulsively over disagreements	S47	G47	Obeys rules routinely
S34	G34	Does not use profanity toward others in home	S48	G48	Night time routine (getting ready for bed) goes well
S35	G35	Respectful of property in the home	S49	G49	Manages changes and transitions satisfactorily
S36	G36	Can be managed in the home with assistance	S50	G50	Will help do household "chores" when asked
S37	G37	Can be managed in the home without assistance	S51	G51	Shares responsibilities within the home (e.g., caring for younger children, grandparents)
S38	G38	Safe behavior even without close supervision			
S39	G39	Acknowledges the need for parental supervision	S52	G52	Participates in family-oriented activities (gatherings, vacation, traditions)
S40	G40	Seeks help from caregiver when needed			
S41	G41	Willing to take help offered by caregiver	S53	G53	Takes pride in being able to do some activities independently
S42	G42	Accepts direction from caregiver			
S43	G43	Can be soothed and calmed when difficulties arise	S54	G54	Other_____
S44	G44	Accepts consequences for undesirable behavior	S55	G55	Other_____

Youth's Name _____ ID# _____

	Severe Impairment *Severe disruption or incapacitation* **(30)**	**Moderate Impairment** *Major or persistent disruption* **(20)**	**Mild Impairment** *Significant problems or distress* **(10)**	**Minimal or No Impairment** *No disruption of functioning* **(0)**
COMMUNITY SUBSCALE Role Performance ☐	066 Confined related to behavior which seriously violated the law (e.g., stealing involving confrontation of a victim, auto theft, robbery, mugging, purse snatching, fraud, dealing or carrying drugs, break-ins, rape, murder, drive-by shooting, prostitution). 067 Substantial evidence of, or convicted of, serious violation of the law (e.g., stealing involving confrontation of a victim, auto theft, robbery, mugging, purse snatching, fraud, dealing or carrying drugs, break-ins, rape, murder, drive-by shooting, prostitution). 068 Involvement with the legal system or diversion to mental health or social services (for purpose of avoiding legal system) because of physically assaultive behavior or threatening with a weapon. 069 Involvement with the legal system or diversion to mental health or social services (for purpose of avoiding legal system) because of sexually assaultive behavior or inappropriate sexual behavior. 070 Deliberate and severe damage of property <u>outside</u> the home (e.g., school, cars, buildings). 071 Deliberate firesetting with malicious intent.	073 Serious and/or repeated delinquent behavior (e.g., stealing without confronting a victim as in shoplifting, vandalism, defacing property, taking a car for a joyride). 074 On probation or under court supervision for an offense which occurred during the last 3 months. 075 On probation or under court supervision for an offense which occurred prior to the most recent 3 month period. 076 Currently at risk of confinement because of frequent or serious violations of the law. 077 Has been sexually inappropriate such that adults have concern about the welfare of other children who may be around the youth unsupervised. 078 Repeatedly and intentionally plays with fire such that damage to property or person could result.	080 Minor legal violations (e.g., minor driving violations, unruly conduct such that complaint was made, trespassing onto neighbor's property, or harassing neighbor). 081 Single incidents (e.g., defacing property, vandalism, shoplifting). 082 Plays with fire (and child is aware of the dangers).	084 Youth does not negatively impact on the community. 085 Typically able to resolve minor problems.
	072 EXCEPTION	079 EXCEPTION	083 EXCEPTION	086 EXCEPTION
	Explanation:			COULD NOT SCORE: 087

Strengths(S)/Goals (G) for Community Subscale
(OPTIONAL: UNNECESSARY FOR CAFAS RATING)

S56	G56	No new arrests	S70	G70	Shows respect to others
S57	G57	No new illegal activity	S71	G71	Has supportive relationships (outside of family)
S58	G58	No sexually inappropriate behavior	S72	G72	Hangs out with prosocial peers
S59	G59	No incidents of firesetting	S73	G73	Is a member of a prosocial club
S60	G60	Doesn't carry weapons	S74	G74	Has leisure activities which are alternatives to antisocial behavior
S61	G61	Avoids gang activities			
S62	G62	Is trying to disengage from friends who get into trouble	S75	G75	Volunteers
S63	G63	Keeps out of trouble (i.e., is "street smart").	S76	G76	Respectful of own cultural heritage/elders
S64	G64	Is motivated to stay out of trouble	S77	G77	Positively identifies with own cultural heritage
S65	G65	Is not known in community for troublesome behaviors	S78	G78	Participates in activities related to own cultural heritage
S66	G66	Fulfills responsibilities related to juvenile justice, court, etc.	S79	G79	Participates in religious/spiritual activities (e.g., attends church)
S67	G67	Accepts responsibility for misbehavior			
S68	G68	Follows established laws, rules	S80	G80	Other_____
S69	G69	Genuinely acknowledges how own behavior has hurt or negatively impacted others	S81	G81	Other_____

Youth's Name _____ ID# _____

	Severe Impairment *Severe disruption or incapacitation* **(30)**	**Moderate Impairment** *Major or persistent disruption* **(20)**	**Mild Impairment** *Significant problems or distress* **(10)**	**Minimal or No Impairment** *No disruption of functioning* **(0)**
BEHAVIOR TOWARD OTHERS ☐	088 Behavior consistently bizarre or extremely odd. 089 Behavior so disruptive or dangerous that harm to others is likely (e.g., hurts or tries to hurt others, such as hitting, biting, throwing things at others, using or threatening to use a weapon or dangerous object). 090 Attempted or accomplished sexual assault or abuse of another person (e.g., used force, verbal threats, or, toward younger youth, intimidation or persuasion). 091 Deliberately and severely cruel to animals.	093 Behavior frequently/ typically inappropriate and causes problems for self or others (e.g., fighting, belligerence, promiscuity). 094 Inappropriate sexual behavior in the presence of others or directed toward others. 095 Spiteful and/or vindictive (e.g., deliberately and persistently annoying to others, intentionally damaging personal belongings of others). 096 Poor judgment or impulsive behavior resulting in dangerous or risky activities that could lead to injury or getting into trouble, more than other youths. 097 Frequent display of anger toward others; angry outbursts. 098 Frequently mean to other people or animals. 099 Predominantly relates to others in an exploitative or manipulative manner (e.g., uses/ cons others). 100 Involved in gang-like activities in which others are harassed, bullied, intimidated, etc. 101 Persistent problems/ difficulties in relating to peers due to antagonizing behaviors (e.g., threatens, shoves).	103 Unusually quarrelsome, argumentative, or annoying to others. 104 Poor judgment or impulsive behavior that is age-inappropriate and causes inconvenience to others. 105 Upset (e.g., temper tantrum) if cannot have or do something immediately, if frustrated, or if criticized. 106 Easily annoyed by others and responds more strongly than other children; quick-tempered. 107 Does not engage in typical peer recreational activities because of tendency to be ignored or rejected by peers. 108 Difficulties in peer interactions or in making friends due to negative behavior (e.g., teasing, ridiculing, picking on others). 109 Immature behavior leads to poor relations with same-age peers or to having friends who are predominantly younger.	111 Relates satisfactorily to others. 112 Is able to establish and sustain a normal range of age-appropriate relationships. 113 Occasional disagreements are resolved reasonably.
	092 EXCEPTION	102 EXCEPTION	110 EXCEPTION	114 EXCEPTION
	Explanation:			COULD NOT SCORE: 115

Strengths(S)/Goals (G) for Behavior Toward Others Subscale
(OPTIONAL: UNNECESSARY FOR CAFAS RATING)

S82	G82	Actively uses coping strategies to deal with difficult situations
S83	G83	Is able to control impulses
S84	G84	Expresses anger through appropriate verbalizations or healthy physical outlets
S85	G85	Can quickly "get back to normal" after difficulties have been "smoothed over"
S86	G86	Asserts self in healthy ways
S87	G87	Is aware of problems related to social skills and is working on improving them
S88	G88	Is motivated to have more/better friends
S89	G89	Has good/close peer friendships which are age appropriate
S90	G90	Is friendly and outgoing
S91	G91	Can be fun to be with (e.g., jokes, witty, sense of humor)
S92	G92	Plays well with other children
S93	G93	Can play independently
S94	G94	Shares well with others
S95	G95	Participates in positive peer activities (e.g., sports)
S96	G96	Belongs to community clubs (e.g., scouts, drill corps, musical or dance groups, church fellowship)
S97	G97	Behaves appropriately in public places
S98	G98	Is respectful to others
S99	G99	Shows empathy towards others
S100	G100	Is gentle and caring with animals
S101	G101	Has a good relationship with at least one caregiver
S102	G102	Feels loved by at least one adult caregiver/parent figure (e.g. grandmother, aunt)
S103	G103	Has a good relationship with at least one sibling
S104	G104	Views home as nurturant/supportive
S105	G105	For teenage parents, has responsible parenting behavior
S106	G106	Responsible sexual behavior (e.g., abstains or is monogamous)
S107	G107	Other_____
S108	G108	Other_____

Youth's Name _____ ID# _____

	Severe Impairment *Severe disruption or incapacitation* **(30)**	**Moderate Impairment** *Major or persistent disruption* **(20)**	**Mild Impairment** *Significant problems or distress* **(10)**	**Minimal or No Impairment** *No disruption of functioning* **(0)**
MOODS/ EMOTIONS SUBSCALE (Emotions = anxiety, depression, moodiness, fear, worry, irritability, tenseness, panic, anhedonia) ☐	116 Viewed as odd or strange because emotional responses are incongruous (unreasonable, excessive) most of the time. 117 Fears, worries, or anxieties result in poor attendance at school (i.e., absent for at least one day per week on average) or marked social withdrawal (will not leave the home to visit with friends). 118 Depression is associated with academic incapacitation (i.e., absent at least one day a week on average, or if made to attend school, does not do work) or social incapacitation (i.e., isolates self from friends). 119 Depression is accompanied by suicidal intent (i.e., really wants to die).	121 Marked changes in moods that are generally intense and abrupt. 122 Depressed mood or sadness is persistent (i.e., at least half of the time), with disturbance in functioning in at least one of the following areas: sleeping, eating, concentration, energy level, or normal activities. If only irritability or anhedonia (i.e., marked diminished interest or pleasure in typical activities) is present, there should be disturbance in two or more areas. 123 Youth worries excessively (i.e., out of proportion) and persistently (i.e., at least half of the time), with disturbance in functioning manifested by at least one of the following: sleep problems, tiredness, poor concentration, irritability, muscle tension, or feeling "on edge." 124 Fears, worries, or anxieties result in the youth expressing marked distress upon being away from the home or parent figures; however, the youth is able to go to school or engage in some social activities. 125 School-age children require special accommodations because of worries or anxieties (e.g., sleeping near parents, calling home). 126 Emotional blunting (i.e., no or few signs of emotional expression; emotional expression is markedly flat).	128 Often anxious, fearful, or sad, with some related symptom present (e.g., nightmares, stomachaches). 129 Disproportionate expression of irritability, fear, or worries. 130 Very self-critical, low self-esteem, feelings of worthlessness. 131 Easily distressed if makes mistakes. 132 Sad, withdrawn, hurt, or anxious if criticized. 133 Sad (or depressed or anhedonic) or anxious in at least one setting for up to a few days at a time. 134 Notable emotional restriction (e.g., has difficulty expressing strong emotions such as fear, hate, love).	136 Feels normal distress, but daily life is not disrupted. 137 Considers self to be an "OK" person. 138 Can express strong emotions appropriately. 139 Experience of sadness and anxiety are age-appropriate.
	120 EXCEPTION	127 EXCEPTION	135 EXCEPTION	140 EXCEPTION
	Explanation:			COULD NOT SCORE: 141

Strengths(S)/Goals (G) for Moods/Emotions Subscale
(OPTIONAL: UNNECESSARY FOR CAFAS RATING)

S109	G109	No suicidal wish or intent
S110	G110	Has self-awareness of emotional state/emotions
S111	G111	Shows a range of emotions (e.g., not flat affect)
S112	G112	Can express strong emotions appropriately
S113	G113	Emotional reactions are consistent with "provoking" circumstances
S114	G114	Is able to express emotional needs appropriately
S115	G115	Has healthy outlets for emotional feelings (consistent with culture)
S116	G116	Talks about concerns to determine if they are warranted
S117	G117	Talks with an adult or others to help keep emotional reactions reasonable
S118	G118	Uses "self-talk" to manage mood/anxiety
S119	G119	Uses distraction to manage mood/anxiety
S120	G120	Has an appropriate understanding of "blame"; does not blame self too much
S121	G121	Feels good about self
S122	G122	Has a positive self-perception
S123	G123	Self-nurturing
S124	G124	Has a good/pleasant temperament
S125	G125	Has fun, enjoys self
S126	G126	Attends school despite feelings
S127	G127	Participates in peer activities despite feelings
S128	G128	Shows interest in friends and activities
S129	G129	Can be away from caregivers without undue distress
S130	G130	Easily separates from caregiver when taken to school/daycare
S131	G131	Sleeps well at night
S132	G132	No somatic complaints
S133	G133	Other_____
S134	G134	Other_____

Youth's Name _____ ID# _____

	Severe Impairment *Severe disruption or incapacitation* **(30)**	**Moderate Impairment** *Major or persistent disruption* **(20)**	**Mild Impairment** *Significant problems or distress* **(10)**	**Minimal or No Impairment** *No disruption of functioning* **(0)**
SELF-HARMFUL BEHAVIOR SUBSCALE ☐	142 Non-accidental self-destructive behavior has resulted in or could result in serious self-injury or self-harm (e.g., suicide attempt with intent to die, self-starvation). 143 Seemingly non-intentional self-destructive behavior has resulted in or could likely result in serious self-injury (e.g., runs out in the path of a car, opens car door in moving vehicle), and youth is aware of the danger. 144 Has a clear plan to hurt self, or genuine desire to die.	146 Non-accidental self-harm, mutilation, or injury which is not life-threatening but not trivial (e.g., suicidal gestures or behavior without intent to die, superficial razor cuts). 147 Talks or repeatedly thinks about harming self, killing self, or wanting to die.	149 Repeated non-accidental behavior suggesting self-harm, yet the behavior is very unlikely to cause any serious injury (e.g., repeatedly pinching self or scratching skin with a dull object).	151 Behavior is not indicative of tendencies toward self-harm.
	145 EXCEPTION	148 EXCEPTION	150 EXCEPTION	152 EXCEPTION
	Explanation:			COULD NOT SCORE: 153

Strengths(S)/Goals (G) for Self-Harmful Behavior Subscale
(OPTIONAL: UNNECESSARY FOR CAFAS RATING)

S135	G135	No self-destructive actions
S136	G136	No self-destructive talk
S137	G137	No suspicious "accidents"
S138	G138	Does not knowingly engage in dangerous behavior
S139	G139	Seeks help if experiences self-destructive urges
S140	G140	Uses coping strategies other than self-harm (e.g., "tuning out")
S141	G141	Uses appropriate outlets (e.g., walks)
S142	G142	Respects his/her body (e.g., not cutting)
S143	G143	Resists being abused
S144	G144	Avoids being sexually exploited
S145	G145	Practices safe sex (e.g., uses condom) or abstinence
S146	G146	Eats at regular intervals; intakes at least minimum daily calories
S147	G147	Maintains adequate weight without supervision
S148	G148	Other_____
S149	G149	Other_____

Youth's Name _____ ID# _____

	Severe Impairment *Severe disruption or incapacitation* **(30)**	**Moderate Impairment** *Major or persistent disruption* **(20)**	**Mild Impairment** *Significant problems or distress* **(10)**	**Minimal or No Impairment** *No disruption of functioning* **(0)**
	THESE ITEMS APPLY TO YOUTH OF ALL AGES			
SUBSTANCE USE (Substances = alcohol or drugs) ☐	154 Lifestyle centers on acquisition and use (e.g., preoccupied with thoughts or urges to use substances, cravings for substances, uses in the morning). 155 Dependent on continuing use to maintain functioning (e.g., likely to experience withdrawal symptoms such as feeling sick, headaches, nausea, vomiting, shaking, etc.). 156 Failing or expelled from school related to effects of usage. 157 Fired or losing job related to effects of usage. 158 Frequently intoxicated or high (e.g., more than two times a week). 159 Use of substances is associated with serious negative consequences (e.g., injured, in accident, doing illegal acts, failing classes, experiencing physical health problems). 160 Is pregnant or is a parent and is a drug user. 161 Is pregnant or is a parent and gets drunk or routinely uses alcohol. 162 Has blackouts, drinks alone, or cannot stop drinking once started.	165 Uses in such a way as to interfere with functioning (e.g., job, school, driving) in spite of potential serious consequences (e.g., traffic violations, work or school absences or tardiness, misses out on activities, uses on school days or before work/ school). 166 Getting into trouble is related to usage (e.g., argues, fights with family or friends, trouble with teachers, trouble with police, breaks rules, misses curfew). 167 Behavior potentially endangering self or others is related to usage (e.g., vulnerable to injury or date rape). 168 Friendships change to mostly substance users. 169 High or intoxicated once or twice a week.	172 Infrequent excess and only without serious consequences. 173 Regular usage (e.g., once a week) but without intoxication or being obviously high.	176 No use of substances. 177 Substance use is denied; unable to confirm. 178 Has only "tried" them; does not use them. 179 Occasional use with no negative consequences.
	IF YOUTH IS **12** OR YOUNGER, USE THESE ADDITIONAL ITEMS			
	163 For 12 years or younger, uses regularly (once a week or more).	170 For 12 years or younger, occasional use without intoxication and without becoming obviously high.	174 For 12 years or younger, has used substances more than once.	
	164 EXCEPTION	171 EXCEPTION	175 EXCEPTION	180 EXCEPTION
	Explanation:			COULD NOT SCORE: 181

Strengths(S)/Goals (G) for Substance Use Subscale
(OPTIONAL: UNNECESSARY FOR CAFAS RATING)

S150	G150	Acknowledges substance use
S151	G151	Acknowledges the negative effects of substance use on own behavior
S152	G152	Acknowledges that own substance use impacts others negatively
S153	G153	Has strategies for coping with factors that trigger use
S154	G154	Is participating in treatment for substance use
S155	G155	Complies with requests for drug tests
S156	G156	Occasional use without excess
S157	G157	No use of substances
S158	G158	Perceives no need to use
S159	G159	Is trying to disengage from friends who use (to develop non-using social network)
S160	G160	Friends don't use
S161	G161	Intentionally selects friends who are non-users
S162	G162	Is involved in alternative pro-social activities
S163	G163	Parents don't use and do educate youth about drugs
S164	G164	Other_____
S165	G165	Other_____

Youth's Name _____ ID# _____

	Severe Impairment *Severe disruption or incapacitation* **(30)**	**Moderate Impairment** *Major or persistent disruption* **(20)**	**Mild Impairment** *Significant problems or distress* **(10)**	**Minimal or No Impairment** *No disruption of functioning* **(0)**
THINKING ☐	CANNOT ATTEND A NORMAL SCHOOL CLASSROOM, DOES NOT HAVE NORMAL FRIENDSHIPS, AND CANNOT INTERACT ADEQUATELY IN THE COMMUNITY DUE TO ANY OF THE FOLLOWING: 182 Communications which are impossible or extremely difficult to understand due to incoherent thought or language (e.g., loosening of associations, flight of ideas). 183 Speech or nonverbal behavior is extremely odd and is noncommunicative (e.g., echolalia, idiosyncratic language). 184 Strange or bizarre behavior due to frequent and/or disruptive delusions or hallucinations; can't distinguish fantasy from reality. 185 Pattern of short-term memory loss/disorientation to time or place most of the time.	FREQUENT DIFFICULTY IN COMMUNICATION OR BEHAVIOR, **OR** SPECIALIZED SETTING OR SUPERVISION NEEDED DUE TO ANY OF THE FOLLOWING: 187 Communications do not "flow," are irrelevant, or disorganized (i.e., more than other children of the same age). 188 Frequent distortion of thinking (obsessions, suspicions). 189 Intermittent hallucinations that interfere with normal functioning. 190 Frequent, marked confusion or evidence of short term memory loss. 191 Preoccupying cognitions or fantasies with bizarre, odd, or gross themes.	OCCASIONAL DIFFICULTY IN COMMUNICATIONS, IN BEHAVIOR, OR IN INTERACTIONS WITH OTHERS DUE TO ANY OF THE FOLLOWING: 193 Eccentric or odd speech (e.g., impoverished, digressive, vague). 194 Thought distortions (e.g., obsessions, suspicions). 195 Expression of odd beliefs or, if older than eight years old, magical thinking. 196 Unusual perceptual experiences not qualifying as pathological hallucinations.	198 Thought, as reflected by communication, is not disordered or eccentric.
	186 EXCEPTION	192 EXCEPTION	197 EXCEPTION	199 EXCEPTION
	Explanation:			COULD NOT SCORE: 200

Strengths(S)/Goals (G) for Thinking Subscale
(OPTIONAL: UNNECESSARY FOR CAFAS RATING)

S166	G166	Despite communication difficulties, tries to relate to others
S167	G167	Can communicate needs to others
S168	G168	Can express self adequately and clearly
S169	G169	Talks to others at an age-appropriate level
S170	G170	Tries to control inappropriate thoughts, feelings, and impulses
S171	G171	No hallucinations or delusions
S172	G172	Fantasies are "within normal limits" for age
S173	G173	Understands that thoughts cannot directly cause events to happen
S174	G174	Has good understanding of personal circumstances
S175	G175	Good problem solving ability
S176	G176	Thinks logically
S177	G177	Can envision long-term goals
S178	G178	Behavior related to hygiene is age-appropriate
S179	G179	Has age-appropriate self-care behaviors
S180	G180	Understands the need for medication
S181	G181	Other_____
S182	G182	Other_____

CAREGIVER BEING RATED: PRIMARY FAMILY Youth's Name _____ ID# _____

Caregiver Being Rated	Relationship to Child	Informant	Youth Placement	Rater	Date	Adm #

	Severe Impairment *Severe disruption or incapacitation* **(30)**	**Moderate Impairment** *Major or persistent disruption* **(20)**	**Mild Impairment** *Significant problems or distress* **(10)**	**Minimal or No Impairment** *No disruption of functioning* **(0)**
CAREGIVER RESOURCES Material Needs Subscale ☐	201 Youth's needs for food, clothing, housing, medical attention, or neighborhood safety are not being met such that severe risk to health or welfare of youth is likely.	203 Frequent negative impact on youth's functioning OR a major disruption in the youth's functioning due to youth's needs for food, housing, clothing, medical attention, or neighborhood safety not being met.	205 Occasional negative impact on the youth's functioning due to the youth's needs for food, housing, clothing, medical attention, or neighborhood safety not being met.	207 Basic material needs are arranged for or adequately met so that there is no disruption in the youth's functioning. 208 Able to use community resources as needed.
	202 EXCEPTION	204 EXCEPTION	206 EXCEPTION	209 EXCEPTION
	Explanation:			COULD NOT SCORE: 210

CAREGIVER RESOURCES Family/Social Support Subscale ☐	211 Sociofamilial setting is potentially dangerous to the youth due to lack of family resources required to meet the youth's needs/demands. 212 Gross impairment in parental judgment or functioning (may be related to psychosis, substance abuse, severe personality disorder, mental retardation, etc.). 213 Caregiver is frankly hostile, rejecting, or does not want youth to return to the home. 214 Youth is subjected to sexual abuse in the home by a caregiver. 215 Youth is subjected to physical abuse or neglect in the home by a caregiver. 216 Caregiver "kicks" youth out of the home, without trying to make other living arrangements. 217 Youth currently removed from the home due to sexual abuse, physical abuse, or neglect. 218 Failure of caregivers to provide an environment safe from possible abuse to a youth previously abused or traumatized. 219 Severe or frequent domestic violence takes place in the home. 220 Caregiver is openly involved in unlawful behavior or contributes to or approves of youth being involved in potentially unlawful behavior.	222 Youth's developmental needs cannot be adequately met because youth's needs/developmental demands exceed family resources. 223 Marked impairment in parental judgment or functioning (may be related to emotional instability, psychiatric illness, substance use, physical illness, criminal activities, or other impairing condition). 224 Family conflict is pervasive and continual (characterized by hostility, tension, and/or scapegoating, etc.). 225 Family members are insensitive, angry and/or resentful to the youth. 226 Marked lack of parental supervision or consistency in care (e.g., frequently does not know whereabouts of youth; does not know youth's friends). 227 Failure of caregiver to provide emotional support to youth who has been traumatized or abused. 228 Domestic violence, or serious threat of domestic violence, takes place in the youth's home.	230 Family not able to provide adequate warmth, security or sensitivity relative to the youth's needs. Support from other sources outside the immediate family are unable to compensate for this inadequacy. 231 Frequent family arguments and/or misunderstandings resulting in bad feelings. 232 Family relations are characterized by poor problem solving, poor communication, or emotional insensitivity. 233 Family not able to provide adequate supervision, firmness, or consistency in care over time relative to the youth's needs; no other supports compensate for this deficit.	235 Family is sufficiently warm, secure, and sensitive to the youth's major needs. 236 Parental supervision is adequate. 237 Even though there are temporary problems in providing adequate support to the youth, there is compensation from the wider social support system.
	221 EXCEPTION	229 EXCEPTION	234 EXCEPTION	238 EXCEPTION
	Explanation:			COULD NOT SCORE: 239

Strengths(S)/Goals (G) for Primary Family - See page 14

CAREGIVER BEING RATED: NON-CUSTODIAL FAMILY OR PARENT NOT LIVING IN YOUTH'S HOME

Youth's Name _____ ID# _____

Caregiver Being Rated	Relationship to Child	Informant	Youth Placement	Rater	Date	Adm #

	Severe Impairment *Severe disruption or incapacitation* **(30)**	**Moderate Impairment** *Major or persistent disruption* **(20)**	**Mild Impairment** *Significant problems or distress* **(10)**	**Minimal or No Impairment** *No disruption of functioning* **(0)**
CAREGIVER RESOURCES Material Needs Subscale ☐	240 Youth's needs for food, clothing, housing, medical attention, or neighborhood safety are not being met such that severe risk to health or welfare of youth is likely.	242 Frequent negative impact on youth's functioning OR a major disruption in the youth's functioning due to youth's needs for food, housing, clothing, medical attention, or neighborhood safety not being met.	244 Occasional negative impact on the youth's functioning due to the youth's needs for food, housing, clothing, medical attention, or neighborhood safety not being met.	246 Basic material needs are arranged for or adequately met so that there is no disruption in the youth's functioning. 247 Able to use community resources as needed.
	241 EXCEPTION	243 EXCEPTION	245 EXCEPTION	248 EXCEPTION
	Explanation:			COULD NOT SCORE: 249
CAREGIVER RESOURCES Family/Social Support Subscale ☐	250 Sociofamilial setting is potentially dangerous to the youth due to lack of family resources required to meet the youth's needs/demands. 251 Gross impairment in parental judgment or functioning (may be related to psychosis, substance abuse, severe personality disorder, mental retardation, etc.). 252 Caregiver is frankly hostile, rejecting, or does not want youth to return to the home. 253 Youth is subjected to sexual abuse in the home by a caregiver. 254 Youth is subjected to physical abuse or neglect in the home by a caregiver. 255 Caregiver "kicks" youth out of the home, without trying to make other living arrangements. 256 Youth currently removed from the home due to sexual abuse, physical abuse, or neglect. 257 Failure of caregivers to provide an environment safe from possible abuse to a youth previously abused or traumatized. 258 Severe or frequent domestic violence takes place in the home. 259 Caregiver is openly involved in unlawful behavior or contributes to or approves of youth being involved in potentially unlawful behavior.	261 Youth's developmental needs cannot be adequately met because youth's needs/developmental demands exceed family resources. 262 Marked impairment in parental judgment or functioning (may be related to emotional instability, psychiatric illness, substance use, physical illness, criminal activities, or other impairing condition). 263 Family conflict is pervasive and continual (characterized by hostility, tension, and/or scapegoating, etc.). 264 Family members are insensitive, angry and/or resentful to the youth. 265 Marked lack of parental supervision or consistency in care (e.g., frequently does not know whereabouts of youth; does not know youth's friends). 266 Failure of caregiver to provide emotional support to youth who has been traumatized or abused. 267 Domestic violence, or serious threat of domestic violence, takes place in the youth's home.	269 Family not able to provide adequate warmth, security or sensitivity relative to the youth's needs. Support from other sources outside the immediate family are unable to compensate for this inadequacy. 270 Frequent family arguments and/or misunderstandings resulting in bad feelings. 271 Family relations are characterized by poor problem solving, poor communication, or emotional insensitivity. 272 Family not able to provide adequate supervision, firmness, or consistency in care over time relative to the youth's needs; no other supports compensate for this deficit.	274 Family is sufficiently warm, secure, and sensitive to the youth's major needs. 275 Parental supervision is adequate. 276 Even though there are temporary problems in providing adequate support to the youth, there is compensation from the wider social support system.
	260 EXCEPTION	268 EXCEPTION	273 EXCEPTION	277 EXCEPTION
	Explanation:			COULD NOT SCORE: 278

Strengths(S)/Goals (G) for Non-Custodial Family or Parent Not Living in Youth's Home - See page 14

CAREGIVER BEING RATED: SURROGATE CAREGIVER

Youth's Name _____ ID# _____

Caregiver Being Rated	Relationship to Child	Informant	Youth Placement	Rater	Date	Adm #

	Severe Impairment *Severe disruption or incapacitation* **(30)**	**Moderate Impairment** *Major or persistent disruption* **(20)**	**Mild Impairment** *Significant problems or distress* **(10)**	**Minimal or No Impairment** *No disruption of functioning* **(0)**
CAREGIVER RESOURCES Material Needs Subscale ☐	279 Youth's needs for food, clothing, housing, medical attention, or neighborhood safety are not being met such that severe risk to health or welfare of youth is likely.	281 Frequent negative impact on youth's functioning OR a major disruption in the youth's functioning due to youth's needs for food, housing, clothing, medical attention, or neighborhood safety not being met.	283 Occasional negative impact on the youth's functioning due to the youth's needs for food, housing, clothing, medical attention, or neighborhood safety not being met.	285 Basic material needs are arranged for or adequately met so that there is no disruption in the youth's functioning. 286 Able to use community resources as needed.
	280 EXCEPTION	282 EXCEPTION	284 EXCEPTION	287 EXCEPTION
	Explanation:			COULD NOT SCORE: 288

CAREGIVER RESOURCES Family/Social Support Subscale ☐	289 Sociofamilial setting is potentially dangerous to the youth due to lack of family resources required to meet the youth's needs/demands. 290 Gross impairment in parental judgment or functioning (may be related to psychosis, substance abuse, severe personality disorder, mental retardation, etc.). 291 Caregiver is frankly hostile, rejecting, or does not want youth to return to the home. 292 Youth is subjected to sexual abuse in the home by a caregiver. 293 Youth is subjected to physical abuse or neglect in the home by a caregiver. 294 Caregiver "kicks" youth out of the home, without trying to make other living arrangements. 295 Youth currently removed from the home due to sexual abuse, physical abuse, or neglect. 296 Failure of caregivers to provide an environment safe from possible abuse to a youth previously abused or traumatized. 297 Severe or frequent domestic violence takes place in the home. 298 Caregiver is openly involved in unlawful behavior or contributes to or approves of youth being involved in potentially unlawful behavior.	300 Youth's developmental needs cannot be adequately met because youth's needs/developmental demands exceed family resources. 301 Marked impairment in parental judgment or functioning (may be related to emotional instability, psychiatric illness, substance use, physical illness, criminal activities, or other impairing condition). 302 Family conflict is pervasive and continual (characterized by hostility, tension, and/or scapegoating, etc.). 303 Family members are insensitive, angry and/or resentful to the youth. 304 Marked lack of parental supervision or consistency in care (e.g., frequently does not know whereabouts of youth; does not know youth's friends). 305 Failure of caregiver to provide emotional support to youth who has been traumatized or abused. 306 Domestic violence, or serious threat of domestic violence, takes place in the youth's home.	308 Family not able to provide adequate warmth, security or sensitivity relative to the youth's needs. Support from other sources outside the immediate family are unable to compensate for this inadequacy. 309 Frequent family arguments and/or misunderstandings resulting in bad feelings. 310 Family relations are characterized by poor problem solving, poor communication, or emotional insensitivity. 311 Family not able to provide adequate supervision, firmness, or consistency in care over time relative to the youth's needs; no other supports compensate for this deficit.	313 Family is sufficiently warm, secure, and sensitive to the youth's major needs. 314 Parental supervision is adequate. 315 Even though there are temporary problems in providing adequate support to the youth, there is compensation from the wider social support system.
	299 EXCEPTION	307 EXCEPTION	312 EXCEPTION	316 EXCEPTION
	Explanation:			COULD NOT SCORE: 317

Strengths(S)/Goals (G) for Surrogate Caregiver - See page 14

Strengths(S)/Goals (G) for Primary Family
(OPTIONAL: UNNECESSARY FOR CAFAS RATING)

S183	G183	Caregiver provides stable environment
S184	G184	Caregiver adheres to a daily routine
S185	G185	Caregiver is consistent and predictable in behavior toward youth
S186	G186	Caregiver arranges for appropriate supervision/care of child when working or away from youth
S187	G187	Caregiver is aware of when he/she needs help
S188	G188	Caregiver seeks help when his/her problem solving skills break down
S189	G189	Caregiver seeks services for own concerns/problems
S190	G190	Substance using caregiver is seeking services to deal with his/her own substance use
S191	G191	Caregiver cooperates with agencies providing services to youth
S192	G192	Caregiver provides nurturing/soothing/comforting home environment
S193	G193	Emotional support and physical protection is given to a youth previously abused
S194	G194	Domestic abuse does not takes place
S195	G195	Caregiver tries to minimize negative impact of their own limitations
S196	G196	Caregiver tries to minimize negative impact of other family members on youth (e.g., an abusing parent)
S197	G197	Caregiver is caring in the face of difficult behavior from youth
S198	G198	Caregiver exercises good control when provoked
S199	G199	Caregiver models prosocial behavior and talk
S200	G200	Caregiver models verbal problem solving skills
S201	G201	Caregiver communicates clearly
S202	G202	Caregiver is clear about behavioral expectations/values
S203	G203	Caregiver reinforces desirable behaviors and ignores or gives consequences for undesirable behaviors
S204	G204	Caregiver sets realistic and age-appropriate goals for youth
S205	G205	Caregiver encourages positive identification with cultural heritage
S206	G206	Family eats dinner together
S207	G207	Family talks about problems
S208	G208	Youth has adults outside the family who provide direction and guidance
S209	G209	Other_____
S210	G210	Other_____

Strengths(S)/Goals (G) for Non-Custodial Family or Parent Not Living in Youth's Home
(OPTIONAL: UNNECESSARY FOR CAFAS RATING)

S211	G211	Caregiver provides stable environment
S212	G212	Caregiver adheres to a daily routine
S213	G213	Caregiver is consistent and predictable in behavior toward youth
S214	G214	Caregiver arranges for appropriate supervision/care of child when working or away from youth
S215	G215	Caregiver is aware of when he/she needs help
S216	G216	Caregiver seeks help when his/her problem solving skills break down
S217	G217	Caregiver seeks services for own concerns/problems
S218	G218	Substance using caregiver is seeking services to deal with his/her own substance use
S219	G219	Caregiver cooperates with agencies providing services to youth
S220	G220	Caregiver provides nurturing/soothing/comforting home environment
S221	G221	Emotional support and physical protection is given to a youth previously abused
S222	G222	Domestic abuse does not takes place
S223	G223	Caregiver tries to minimize negative impact of their own limitations
S224	G224	Caregiver tries to minimize negative impact of other family members on youth (e.g., an abusing parent)
S225	G225	Caregiver is caring in the face of difficult behavior from youth
S226	G226	Caregiver exercises good control when provoked
S227	G227	Caregiver models prosocial behavior and talk
S228	G228	Caregiver models verbal problem solving skills
S229	G229	Caregiver communicates clearly
S230	G230	Caregiver is clear about behavioral expectations/values
S231	G231	Caregiver reinforces desirable behaviors and ignores or gives consequences for undesirable behaviors
S232	G232	Caregiver sets realistic and age-appropriate goals for youth
S233	G233	Caregiver encourages positive identification with cultural heritage
S234	G234	Family eats dinner together
S235	G235	Family talks about problems
S236	G236	Youth has adults outside the family who provide direction and guidance
S237	G237	Other_____
S238	G238	Other_____

Strengths(S)/Goals (G) for Surrogate Caregiver
(OPTIONAL: UNNECESSARY FOR CAFAS RATING)

S239	G239	Caregiver provides stable environment
S240	G240	Caregiver adheres to a daily routine
S241	G241	Caregiver is consistent and predictable in behavior toward youth
S242	G242	Caregiver arranges for appropriate supervision/care of child when working or away from youth
S243	G243	Caregiver is aware of when he/she needs help
S244	G244	Caregiver seeks help when his/her problem solving skills break down
S245	G245	Caregiver seeks services for own concerns/problems
S246	G246	Substance using caregiver is seeking services to deal with his/her own substance use
S247	G247	Caregiver cooperates with agencies providing services to youth
S248	G248	Caregiver provides nurturing/soothing/comforting home environment
S249	G249	Emotional support and physical protection is given to a youth previously abused
S250	G250	Domestic abuse does not takes place
S251	G251	Caregiver tries to minimize negative impact of their own limitations
S252	G252	Caregiver tries to minimize negative impact of other family members on youth (e.g., an abusing parent)
S253	G253	Caregiver is caring in the face of difficult behavior from youth
S254	G254	Caregiver exercises good control when provoked
S255	G255	Caregiver models prosocial behavior and talk
S256	G256	Caregiver models verbal problem solving skills
S257	G257	Caregiver communicates clearly
S258	G258	Caregiver is clear about behavioral expectations/values
S259	G259	Caregiver reinforces desirable behaviors and ignores or gives consequences for undesirable behaviors
S260	G260	Caregiver sets realistic and age-appropriate goals for youth
S261	G261	Caregiver encourages positive identification with cultural heritage
S262	G262	Family eats dinner together
S263	G263	Family talks about problems
S264	G264	Youth has adults outside the family who provide direction and guidance
S265	G265	Other_____
S266	G266	Other_____

OPTIONAL: TREATMENT PLAN

INSTRUCTIONS: Write in scale name. For the PROBLEM(S), GOALS(S), and STRENGTH(S), provide the CAFAS item number and the item description. For the PROBLEM(S), you may want to elaborate on the details (e.g., expelled for taking a butter knife to school on January 5, 1999). Under PLAN, you can provide details for accomplishing the specified goal.

Scale_____

	Item #(s)	Description
Problems		
Goals		
Strengths		
Plan		

Scale_____

	Item #(s)	Description
Problems		
Goals		
Strengths		
Plan		

Scale_____

	Item #(s)	Description
Problems		
Goals		
Strengths		
Plan		

Scale_____

	Item #(s)	Description
Problems		
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Plan		

Scale_____

	Item #(s)	Description
Problems		
Goals		
Strengths		
Plan		

Scale_____

	Item #(s)	Description
Problems		
Goals		
Strengths		
Plan		

Date _____ Signature _____ Title _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

The Child And Adolescent Functional Assessment Scale Instructions For Scoring

The Child And Adolescent Functional Assessment Scale (CAFAS®) is an instrument rated by a practitioner or another trained rater. It is used to record the extent to which a youth's mental health or substance use problems are disruptive to functioning in each of eight psychosocial areas. It also includes subscales to assess the extent to which the youth's caregiver is able to provide for the needs of the youth. The CAFAS provides a "snapshot" of the youth's functional status at present and within the recent past. Any desired time frame can be used in rating the CAFAS (e.g., last month, last three months). The CAFAS user indicates the time period being rated on the first page of the CAFAS form.

The CAFAS was designed for school-age children (i.e., kindergarten through 12th grade, ages 5 through 17 years).

For younger children (ages 4 through 7) or children with psychosocial delays, the author has developed the Preschool and Early Childhood Functional Assessment Scale (PECFAS®).

The CAFAS is not based on any particular theory or model of psychopathology. Ratings are not intended to reflect the causes or the dynamics underlying the youth's problems or dysfunctions. The CAFAS profiles the degree of disruption in the youth's current functioning regardless of the history, causes, or prognosis of the youth's mental health and/or substance use problems.

Description of the CAFAS® Subscales

The eight psychosocial subscales that apply to the youth are:

School/Work Role Performance	Ability to function satisfactorily in a group educational environment
Home Role Performance	Extent to which youth observes reasonable rules and performs age appropriate tasks
Community Role Performance	Respect for the rights of others and their property and conformity to laws
Behavior Toward Others	Appropriateness of youth's daily behavior toward others, including adults and peers
Moods/Emotions	Modulation of the youth's emotional life
Self-Harmful Behavior	Extent to which the youth can cope without resorting to self-harmful behavior or verbalizations
Substance Use	Youth's substance use and the extent to which it is maladaptive, inappropriate or disruptive to normal functioning
Thinking	Ability of youth to use rational thought processes

The ninth and tenth subscales apply to the caregiving environment rather than the youth. These subscales are not included in the total CAFAS score for the youth.

Caregiver Resources: Material Needs	The extent to which the caregiver has difficulties in providing for the youth's material needs (e.g., housing) such that there is a negative impact on the youth's level of functioning; extent to which the neighborhood is not safe for rearing children. The needs rated in this scale refer to the child's basic physical or material needs.
Caregiver Resources: Family/ Social Support	The extent to which the caregiver has difficulties in providing a home setting that is free of known risk factors (e.g., abuse, parental alcoholism) or in providing for the youth's developmental needs (e.g., emotional, social, etc.) given the youth's individual needs and the caregiver's resources.

Description of the Levels of Impairment

To each of the subscales, the CAFAS applies a 4-level scoring system that is used to indicate the degree of dysfunction manifested in each area. The higher the score, the more severe the level of dysfunction. For each subscale, the rater determines the level of functioning, expressed in terms of degree of impairment.

Score ***Degree of Dysfunction or Impairment***

30 SEVERE IMPAIRMENT - *severe disruption or incapacitation*. There are significant problems or symptoms, some of which may cause concern about the welfare of the youth or others around the youth to such an extent that removal from the home, school, or community is necessary, or special accommodations, arrangements or reassurances must be put in place. The youth is functioning very poorly, relative to the performance and degree of autonomy expected for his/her age, in the relevant life role (i.e., as a student, family member, etc.). The youth finds it very difficult or impossible to perform important activities or to behave as expected.

20 MODERATE IMPAIRMENT - *major or persistent disruption*. This rating can be endorsed if the disruption is frequent or if disruption is only occasional but with major implications for the youth's level of functioning. The youth's functioning is negatively impacted or significantly interfered with. The youth has difficulty with, or finds it very difficult, to do activities expected of him/her or to behave as expected (e.g., schoolwork, responsibilities at home, socializing with friends, obeying rules of conduct at school or home, etc.). Typically, the youth is still able to continue functioning in the community, in a home, and/or within a school setting.

10 MILD IMPAIRMENT - *significant problems and/or distress*. There are noteworthy problems or distress, but there is no major dysfunction or disturbance in or interference with functioning.

0 MINIMAL OR NO IMPAIRMENT - *no disruption of functioning*. This does not mean that the youth is well adjusted; rather it means that there is minimal or no impairment in the youth's functioning as a result of behavioral, emotional, psychological, or psychiatric difficulties or disorders.

General Guidelines

1. Each subscale contains a menu of behavioral descriptions that are divided into the four levels of impairment. The rater reads a list of behavioral descriptors and marks those that apply to the youth. The rater does not assign a score; rather, the items endorsed determine the score. The CAFAS forms need to be kept in the youth's record so that item endorsements that support the subscale scores are always available for review. In addition, raters need to place their signature on the CAFAS forms to indicate that they selected the endorsed items. Note that the term "behavior" is used generically and can refer to actions, verbalizations, nonverbal gestures, etc. Specific instructions for each subscale are provided below.

2. Rate the youth's functioning on every subscale. No subscale is left blank except in those rare occasions when the rater is unable to obtain enough information in an area to perform an accurate rating. Since a total score cannot be derived if any subscale scores are missing, it is critical to collect the information as needed to rate the youth's current functioning.

3. Use a literal approach in judging behavioral criteria. That is, attend to the limited and specific meaning of each criterion item as it is defined and use only the information available to you in judging whether or not the problem is manifested. Rate the youth's current functioning; do not infer that a problem exists on the basis of another problem, the underlying dynamics of the youth's disorder, or the youth's previous or current diagnostic group. Avoid stereotyping and generalizations. For example, an aftercare youth previously diagnosed as schizophrenic may manifest only mild dysfunction for the time period being rated, whereas a youth with an anxiety disorder may manifest moderate or severe dysfunction during the time period rated. As much as possible, base your rating on what you have observed or what has been reported by the youth or other informants.

4. Base your assessment on all information known to be true about the youth at the time of the rating. Use all possible sources of information: the youth, significant others, observers of the youth, etc. If the youth denies a problem's existence even though there is evidence otherwise, indicate that the problem is present. For example, if a youth denies maladaptive alcohol use, yet it is known from other sources that he/she was recently fired because of arriving at work intoxicated, then use the latter information. When a

youth is evaluated over time, it is preferable to use the same rater, method of obtaining information, and informants for each assessment. This is true, no matter what assessment tool is being used. An interview that was designed specifically to obtain all of the information needed in order to rate the CAFAS (referred to as the *CAFAS®: Parent Report*) takes about 30 minutes and can be administered over the telephone or in person. A CAFAS Checklist for adult informants (i.e., teachers, social services, juvenile justice) and a Checklist for youth informants are also available to assist in collecting information. However, if either tool is used with the parents or youth, it should be administered (rather than asking them to complete it independently by reading it).

5. Rate the youth at the *most severe* level of dysfunction occurring *at any time in the time period being rated* (e.g., last 30 days, last 90 days). The agency determines the time period to be rated. If the youth was delayed in getting services, at intake you may need to rate him/her back to the time the youth was exhibiting the behavior that caused the referral.

6. Cultural competence involves being knowledgeable about the youth's/family's culture. It is important to understand the cultural context of the behavior so you do not misinterpret behavior. Seek opinions of persons knowledgeable about the culture if in doubt. For example, a child's verbalizations of some religious beliefs may at first appear to be hallucinations**,** but further inquiry may reveal that the youth's report that "the devil made me do bad things" is not a faulty perception but a concrete representation of a religious belief. Try not to impose your own value judgments that may be heavily influenced by your age, sex, social class, or cultural background. For example, you should not rate a youth as more impaired just because she is an unwed mother. However, do rate behaviors appearing in the CAFAS even if they are more common in some cultural contexts (e.g. aggression). To add context and balance to understanding the youth's situation, you can add comments under "Exception" (described below) or in the summary on the CAFAS assessment (e.g. only aggressive when worried about mother's welfare). Be sure to rate the youth's strengths because they can provide ideas for designing more effective interventions. However, still rate the behavior! We want to intervene on the youth's behalf.

7. The CAFAS provides for rating the youth on eight subscales, each referring to specific behaviors. As a result, most youths probably will be rated as MINIMAL OR NO IMPAIRMENT on one or more of the subscales. For instance, some children with anxiety or depression symptoms do not exhibit disruptive behavior. Also, some youths who have emotional or behavioral problems do not use substances and have no impairment in their thinking processes.

8. Rate the youth's current functioning without scoring more severely solely because the youth is receiving services. The rating should accurately reflect the public performance of the individual. For example, do not rate as more impaired a high functioning youth solely because the performance is thought to be related to outpatient psychotherapy or to medication. Services being received should only be considered when the subscale items refer to them. At the end of these instructions for scoring, there are additional guidelines for scoring youths who are in residential care when rated.

9. A list of strengths follows each CAFAS subscale. The rater chooses the strengths that apply to the youth. These endorsements do not affect the youth's score on the CAFAS instrument. This list of strengths is also used to select goals appropriate for the youth.

Instructions for Determining the CAFAS® Score

The CAFAS is used to assess a youth's functional impairment, rated as SEVERE, MODERATE, MILD, or MINIMAL OR NO impairment. If any one item listed under an impairment level describes the youth's functioning, the youth qualifies for the score at that level. You should mark all items that apply at that level, but you may stop with the items in the most dysfunctional level for which the youth qualifies.

1. For each subscale, begin your assessment by reviewing items in the SEVERE level. If any item describes the youth's functioning, circle its number, as well as any other items that apply in that level. Write the score "30" in the box on the left and skip to the next subscale.

2. If the youth does not qualify for a SEVERE rating, move right one column to the MODERATE category and review those items. If any apply, circle those item numbers and write the score "20" in the score box on the left and skip to the next subscale.

3. If no items under MODERATE apply, move right one column to the MILD level. If any items apply, circle those item numbers and write the score "10" in the score box on the left and skip to the next subscale.

4. If no item under MILD applies, move right one column to the MINIMAL OR NO IMPAIRMENT category, circle those item numbers that apply and write the score "0" in the score box.

5. If you believe that the youth should be rated at a level of impairment where no items are circled, write the score in the score box, circle the corresponding "EXCEPTION" number, and explain the reason for your rating in the box labeled "Explanation." This option can be used for: (1) behavior not described on the CAFAS, such as encopresis; or (2) for overriding the severity level associated with a behavioral description. The latter should be done very cautiously. For example, consider the case of a youth who is in a classroom for children with behavioral disorders. At an IEP meeting in late May, it is decided that he can be mainstreamed, but he will not change classrooms until the next fall to minimize disruptions to him. When evaluated in June, on this School subscale, the rater could score "Exception" under MILD IMPAIRMENT, and under explanation write: "Per IEP meeting 5/26, youth can be placed in regular classroom." You can also use "Exception/Explanation" to add a note to put the youth's behavior (which was indicated by an endorsed item) in context. For example, "mother suspects substance use based on changes in appearance, behavior, and friends. Drug use not confirmed by youth."

6. If, under rare circumstances, there is insufficient information to rate the youth on a subscale, circle the number corresponding to "Could Not Score," and provide the reason in the box labeled "Explanation." This is intended to be used only for the infrequent situations in which the rater is totally unable to rate the youth based on lack of information.

Interpretation of the CAFAS®

The *CAFAS® Handbook for Training Coordinators, Clinical Administrators and Data Managers* has extensive information on clinical use and interpretation of the CAFAS.

1. The item endorsements generate a score for each subscale. The 8 subscales assessing the youth can be summed to yield a total score. Scores on the Caregiver subscales are not included in the total for the youth. A scoring summary appears on the first page of the CAFAS form.

2. The CAFAS Profile, which appears on the second page of the CAFAS, provides a visual representation of the youth's scores across the subscales (i.e., the domains of functioning). The numbers on the Profile refer to the items on the CAFAS. The practitioner (1) marks the item number(s) that correspond to those marked on the CAFAS form for each subscale, (2) fills in the circle indicating severity level, (3) connects the circles across the subscales to generate the profile. This can be very useful clinically when discussing the youth in treatment team meetings and/or with the caregivers. Profiles for repeated assessments can be drawn on the same Profile form to illustrate change over time.

3. For each CAFAS subscale, there is a list of associated items, which can be viewed as either a strength (i.e., youth has the characteristic) or a goal (i.e., youth does not yet have the characteristic but it is a goal for the youth), depending on the youth being rated. For example, for School/Work scale, "attends school regularly" can be regarded as a strength or a goal. There is a list of strengths/goals for each CAFAS subscale (i.e., for the 8 youth subscales and the 2 caregiver scales).

4. An individualized treatment plan can be generated by specifying a plan of action for each CAFAS subscale that indicates impairment. The last two pages of the CAFAS form provide a format for recording up to 6 problem areas. For each subscale, the following can be specified:
   Problems: (from CAFAS items)
   Goals: (from Goals/Strengths list)
   Strengths: (from Goals/Strengths list)
   Plan: (to be written by rater)

5. When generating the treatment plan, be sure to note whether the youth is characterized by any of the risk behaviors (e.g. aggressive, suicidal) listed on the first page of the CAFAS form.

6. The services outlined on the treatment plan can be tailored to the youth's and the family's needs. The CAFAS Profile and a treatment plan based on the information collected on the CAFAS form can be shared with the caregiver, the youth (if appropriate), and the provider (if the youth is evaluated before referral to a provider). If the caregiver or youth disagrees with the problem items, strengths or goals endorsed, the discussion that ensues should be

helpful in clarifying the youth's and family's treatment needs. The referring agency can use this information to clarify expectations with the provider. Likewise, the provider can review the referring agency's expectations to ensure that they are realistic and that there will be sufficient resources. Allocation of responsibility for the tasks to be undertaken in regard to both the youth and the youth's caregiver(s) can be clarified. The criterion by which therapeutic progress will be judged can be clearly stated (i.e., specific CAFAS subscales, such as reduced scores on Moods/Emotions and Self-Harmful subscales).

7. The CAFAS Profile can be used to track progress over time. For example, every three months, the treatment team (including the caregiver and the youth, if appropriate) can compare the youth's subscale scores to those obtained at intake. This review of how far the youth has progressed can provide hope and encouragement. The *CAFAS® Handbook for Training Coordinators, Clinical Administrators and Data Managers* describes various outcome indicators that can be used to evaluate outcomes at the level of the individual client while the youth is still receiving treatment.

Specific Guidelines for the CAFAS® Subscales Assessing the Youth

This section reviews every subscale, explaining the types of behaviors being rated in each subscale as well as definitions of terms. Defining terms is important even for well-known words (e.g., sexual assault) because it is important that all raters have the same internal reference when thinking about the same item on the CAFAS. Also, it is extremely important that when rating the CAFAS you attend to the words in the item that describe degree of impairment, not just the words describing the type of problem. For example, there are two items on the first subscale that mention truancy. However, at the SEVERE level, it is specified that there is "chronic truancy resulting in negative consequences (e.g., detention, loss of course credit, failing courses or tests, parents notified)," whereas at the MODERATE level, truancy is described as "frequent (i.e., approximately once every two weeks or for several consecutive days)," with no requirement that major consequences have resulted from the truancy. The term "typically" is used to mean that the youth acts as described a lot or most of the time (i.e., chronic, persistent), whereas "frequently" or "often" are used to mean that the youth acts as described more than other kids or more than expected for his/her age. Several items contain the words "age-appropriate" or "age-inappropriate," indicating that the youth's behavior should be considered in light of the youth's age. For example, what may be acceptable behavior for a 10-year-old will likely be considered unacceptable for a 17-year-old and vice versa.

For each subscale, the same format will be used to explain scoring rules: (1) the expectations for "normal" functioning for that domain are broken down into sub-areas (e.g., grades, attendance, etc. for the School subscale), (2) the text defines critical terms and explains the rationale underlying the scoring, and (3) a table is presented for each sub-area (e.g., grades) so that you can easily see how the items differ across levels of impairment for each sub-area. Each table is organized with three columns: the level of severity of impairment (30, 20, 10), the item description in a condensed form, and the corresponding item number on the CAFAS. The following symbols are used in the tables: EX – Example; N/A – Not Applicable; / - Or; ≥ - Equal to or more. In the tables, when parentheses appear around an item, this denotes that an item with this exact wording does not appear on the CAFAS scale. You may need to use "Exception".

The first three subscales assess the extent to which the youth fails to fulfill the roles most relevant to his or her place in society: at school or at work, in the home, and in the community. These role performance subscales assess impairment in the youth's functioning relative to the extent to which the youth can carry out normal, reasonable expectations given his/her age.

1. SCHOOL/WORK ROLE PERFORMANCE

Expectations for School/Work	
Grades	Grade average is 'C' or above, or Performs up to abilities.
Attendance	Attends school regularly.
Behavior	Not disruptive to group process! Behaves in a way that does not interfere with his or her own or others' ability to learn or work. Can meet expectations without undue supervision by others.
Work	Adheres to work schedules. Follows instructions and orders. Satisfactorily carries out assigned duties.

Problems in the School/Work area can be organized around: poor academic work, poor attendance, and problematic behavior. If school is currently not in session (e.g., summer vacation), rate the youth's behavior for the

most recent time period he/she was in school. If the youth attended a summer school program, rate him/her on the behavior there. If a youth is being home taught, consider the home environment as the school environment and the person educating the youth as the teacher. Rate the youth's behavior while being taught in that environment. Also, score behavior on the school bus on this subscale.

Poor Academic Work: Do not rate a youth as impaired if the youth's academic performance is less than satisfactory solely because of: (a) mental retardation or other serious and documented learning problems, (b) sensory deficits (e.g., hearing problems), or (c) physical disability or impairment. Rate the youth on his/her functioning relative to his/her abilities. Note that under the MINIMAL OR NO IMPAIRMENT level, there are options that state that the youth is performing academically at a level commensurate with abilities, and the youth is mentally retarded, learning disabled, a slow learner, or impaired as a result of maternal substance use (e.g., Fetal Alcohol Syndrome). These options do not have to be used, but are made available in the event that recording these challenges to learning may be helpful.

At the SEVERE level, the youth is failing most of his/her classes. At the MODERATE level, the youth is failing at least half of his/her courses or has a grade average lower than a "C." At the MILD level, the youth is less productive than expected given his/her abilities due to not doing or completing assignments, etc. This item is included for the case in which the caregiver states that he/she is concerned about the youth's poor achievement, which is assumed to be due to behavioral or emotional problems. In general, grades of "C" or "D" are considered passing and grades of "E" or "F" are considered failing.

Poor Attendance: Acceptable, excused absences typically include: being sick, on a family vacation, or participating in religious holidays or related family activities. Do not rate the youth as absent if the caregiver indicates it was an excused absence (unless a truant officer has determined that the caregiver is misrepresenting the facts). *Truancy* refers to failure to go to school when the youth deliberately misses school. This can be because he/she is doing a preferred behavior (e.g., goes out with friends, rides motorcycle, goes to the mall, etc.) or because the youth wants to avoid schoolwork when the youth is capable of attending school (e.g., youth sees no reason to attend school in terms of the importance to his current or future life). *School refusal* refers to the youth staying home rather than going to school. This could be due to a desperate or strong desire to stay with parental figure(s), a fearfulness of school, depression, anxiety, or a reaction to experiencing a severe trauma. You score unexcused absences due to any reason except physical illness. Take the example of a youth who has stopped attending school because she was raped at school and the alleged perpetrator is still attending school. The girl's nonattendance would place her at the severe level of impairment, even though her response to the trauma may even be adaptive. Her functioning in her role as a student is greatly impaired, which puts her future development at risk, unless interventions are taken to reduce this impairment.

At the SEVERE level, the youth is not attending school (e.g., expelled, kicked out, refuses to attend) or is chronically absent. The latter requires that there has been a negative consequence (e.g., failing classes) to be scored at the SEVERE level. A youth who has dropped out of school is rated as SEVERE only if he/she is *not* looking for a job or has *not* held a job during the rating period. For youths who work, being asked to leave the job would be scored at the SEVERE level.

At the MODERATE level, frequent absences are defined as at least "approximately once every two weeks or for several consecutive days." This is equivalent to being absent at least 10% of the time (i.e., 1 day out of 10 school days). If the youth works, missed days or tardiness resulting in a reprimand or equivalent would be scored at the MODERATE level.

Problematic Behavior: Most school settings are group settings, and thus the behavior of individual students cannot be permitted to interfere substantially with the learning of others. Given this, a youth who is disruptive in a group setting (i.e., school) is failing to perform as expected.

Before describing the behavioral items appearing at each level of impairment for this subscale, relevant terms will be defined. The words "*noncompliant*" and "*inappropriate*" are used in several CAFAS scales. "*Noncompliant*" refers to the youth's failure to do what he/she has been told or asked to do by a person in authority, such as parent, teacher, supervisor (e.g., not doing a task/chore). It refers to directly disobeying orders. It is also called noncompliance if a youth fails to follow known rules or guidelines even if the rule (or expectation) was not explicitly stated preceding the incident of noncompliance. Examples include leaving the classroom without requesting permission and coming home in the middle of the night when a specific curfew does not exist, but the youth knows that the parental figure wants him/her to come in at a "decent hour". Of course, it is not noncompliance if the request is illegal, of an abusive nature, entirely unreasonable, etc. "*Inappropriate*" refers to behavior that is not appropriate, acceptable, proper, or suitable for the circumstances (e.g., lewd comments, bullying). Inappropriate behavior is

usually a behavioral excess (i.e., the presence of undesirable behavior rather than a deficit in desired behavior) and typically includes behaviors for which there are no specified rules because it is not seen as needed, as it is not a typical form of misbehavior (e.g., deliberately clogging the toilets).

The term "*aggressive behavior*" is used in this subscale as well as other subscales. Aggression refers to: physical contact with another person in some way, either direct physical contact or with an object (i.e., hit, bite, scratch, shove, throw object at the person), and that was done deliberately and with the intent to harm the other (i.e. was not an accident) (Burchard & Bruns, 1993). In some circumstances (e.g. a youth with autism), intentionality may not be "knowable." However, you would still score the behavior as aggressive because it is related to a psychiatric or psychological condition, and the treatment plan must consider how to manage the behavior. "Threat of aggressive behavior" or "aggressive potential" imply that the youth's verbal or nonverbal behavior led another person to believe that harm to another could happen and a protective intervention was deemed important to prevent any harm (if it was or had been witnessed). Generally, you should check this item even if the youth claims the act was in self-defense because that is a typical justification.

School provides a relatively standard set of expectations that are consistent with the youth's developmental level. *Poor attention and high activity level (i.e., hyperactivity)* are usually defined within the context of functioning in school. When determining whether poor attention or high activity level is present, school personnel are the best informants. Examples of inattention, taken from the *Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition* (*DSM*; American Psychiatric Association, 1994), include: difficulty sustaining attention in tasks or play activities, does not listen when spoken to, fails to finish work (and not due to oppositional behavior or failure to understand instructions), difficulty organizing tasks and activities, avoids schoolwork which requires sustained attention, easily distracted, and is often forgetful. Examples of hyperactivity include: fidgets with hands or feet, leaves his/her seat in the classroom when remaining seated is expected, often runs about or climbs excessively in situations in which it is inappropriate, has difficulty engaging in leisure activities quietly, is often "on the go," and talks excessively. For the purposes of the CAFAS, the terms "poor attention" and "high activity" are used as behavioral descriptors (not as a disorder). There is no assumption or requirement that the diagnostic criteria regarding onset and duration of symptoms are met.

At the SEVERE level, the youth cannot be maintained in a specialized classroom (e.g., behaviorally disordered classroom) or a regular classroom with specialized services without additional or highly supportive accommodations, such as close monitoring, "one-on-one" supervision. Without special accommodations, the youth persists in having problems, even in the specialized classroom. If the youth has been placed in a specialized learning environment or is receiving specialized services and *is still a behavior problem*, score the youth at the SEVERE level. This would apply to a youth with ADHD (attention deficit/hyperactivity disorder) as well as a youth who is noncompliant and disruptive.

The youth can also be scored at the SEVERE level if he/she is out of the regular community school as a result of his/her "bad" behavior in school or due to behavior that leads to the decision to remove the youth from a regular community school because of being a threat to society. This can take the form of: expulsions, multiple suspensions (for example, by a school that is reluctant to "officially" expel youth), placed in an alternative school (i.e. not in the regular community school because the youth is not wanted "in the building"), or told to "leave" and youth's return to school is conditional. For the work setting, rate the youth at the SEVERE level if he/she is asked to resign or leave the job.

The youth can also be rated at the SEVERE level for behavior that is typically related to removal from school. There are two items related to aggression: (1) being judged to be a threat to others because of potential aggressiveness, based on the youth's actions or statements, and (2) having harmed someone or making a serious threat to harm someone. Sexually aggressive behavior (i.e., sexual assault), which results in removal from school or dismissal from work, can be rated as SEVERE because of the aggressive nature.

If the youth has been expelled or is out of school because he/she was asked to leave, endorse items describing the expulsion as well as items describing the behavior that led to the expulsion. In the example of a youth who was expelled from school because of threatening another student with a gun, items pertaining to expulsion and to aggressive potential would be scored. In the event that the behavior resulting in expulsion, etc. does not appear at the SEVERE level, circle the number for "Exception" and write the behavior in the "Explanation" box at the SEVERE level.

At the MODERATE level, the youth's bad behavior results in persistent or repeated disruption of group functioning. These youths have generally become known to others in the school besides the classroom teacher/supervisor because their bad behavior is chronic

or severe. Typically, this person would be an authority figure who deals with disciplinary problems, such as the principal, vice principal, or counselor. Another indicator of MODERATE impairment is that the classroom teacher thinks that a special or individualized program is needed (or one has already been implemented). This situation may have resulted in the youth's referral for mental health evaluation/services. If the youth has been referred because of behavioral problems, rate the youth at the moderate level because the school is finding the youth difficult to manage or has concerns, even though the nature of the problems may not have been identified yet. Please note that a youth who is placed in a special school program because of behavior problems will be rated at least at the MODERATE level, even if he/she is functioning well with these special accommodations. Youths who are working would be scored at the MODERATE level if they have received some consequences, such as a written or verbal formal reprimand or warning.

At the MILD level, the youth's bad behavior can generally be handled by the classroom teacher. The youth should be causing more problems than is typical for youths of the same age. This can be shown by: (1) the classroom teacher bringing attention to the problems (e.g., by verbal reprimands, negative consequences such as staying in during recess), (2) the classroom teacher structures the youth's activities so as to avoid difficulties, such as placing the youth's desk next to the teacher or off to the side, (3) the youth occasionally disobeys school rules (more than other youths), or (4) for youths with attention or high activity level problems, the youth's behavior can be managed by the classroom teacher.

	Grades	**Item #**
30	Failing most of classes (E or F)	9
20	Average of "D" or lower Failing at least half of classes	19 20
10	Not working up to ability (and caregivers or others are concerned)	26

	Attendance	**Item #**
30	Refuses to attend (even if for "good" reason) Asked to leave during rating period Is expelled Chronic truancy with consequences. EX: detention, make-up class, loss of course credit, failing courses or tests, note to parents Chronic absences with consequences Dropped out & no job or vocational training	1 1 2 6 7 10
20	Truant 10% = once every 2 weeks Or, for several consecutive days Absent (10% or several days)	14 15
10	N/A	

	Behavior Problems	**Item #**
30	Ejected from community school - "not wanted in the building" because of behavior in rating period Multiple suspensions due to behavior in rating period Judged to be threat due to aggressive potential based on actions or statements Monitoring or supervision needed Harmed or made serious threat Unable to meet minimum requirements Still disruptive, even though in specialized program/class	2 2 3 3 4 5 8
20	Persistent or repeated disruption of group functioning Known to school authority figure due to chronicity of problems Known to authority figure due to severity of problems Special program/classroom implemented Special program/classroom needed or recommended. EX: Referral for BD placement; for Ritalin by teacher	12,13 12,13 12,13 17 17
10	**Can be managed by classroom teacher** Teacher brings attention to problems. EX: by verbal reprimands, negative consequences (i.e., staying in during recess) Teacher structures to prevent problems. EX: youth's desk next to teacher Occasionally disobeys rules & more than other youths Problems present but not disruptive	 22,23 22,23 24 25

	Work	Item #
30	Asked to leave job Does not show up at job Harmed or made threat at work Holds no job or not looking for a job, if not in school/vocational training	1 4 10
20	Missed days or tardy, gets reprimand Receives reprimand or warning for unsatisfactory performance/behavior	16 18
10	Work productivity less than ability	26

Flow Chart for School Behavior

30 Kicked out?
Yes No → In alternative school?
Yes No → In special program/classroom & disruptive?
Yes No

20 Known to authority figure because of severity?
Yes No → Known to authority figure because of chronicty?
Yes No → In special program/class?
Yes No → Special program/class recommended?
Yes No

10 Classroom teacher identified youth as behavior problem?
Yes No

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2. HOME ROLE PERFORMANCE

Expectations for Home	
Safety: Person & Property	Behaves in a safe manner. Non-threatening, non-intimidating. Respectful of property in home (e.g. home, belongings of other household members, yard, etc.).
Compliance: Rules, Routines, Chores	Follows household rules. Follows expectations (e.g. bedtime, curfew, completes chores).
Non-Runaway Behavior	Trustworthy regarding no runaway behavior.

Any behaviors that occur in the home or in any residential setting are scored on the Home subscale. "Household members" refer to other persons who share the home or residential setting. Detailed guidelines for how to score youths who spend some time in residential settings, outside of their home, appear at the end of these instructions.

The youth is scored at the SEVERE level if, during the rating period, the youth was removed from the home due to his/her "bad" behavior in the home. Other items describe the situation in which the youth is living in the home but the youth's behavior and activities require constant monitoring, supervision, or extensive help from others in order for the youth to remain in the home without compromising the safety of the household members (i.e., the youth, caregivers, brothers and sisters [also called siblings], etc.). Note that these items are designed so that they can be applicable to both preadolescent and adolescent youths. Sometimes preadolescent youths can be maintained in the home because the caregivers can still physically restrain the youths (e.g., if threatening a sibling) or can still provide constant supervision when not in school. Aggressive and sexually aggressive behavior in the home, which results in adults having to constantly monitor the behavior or activities of the youth in order to ensure the safety of household members, would result in a score at the SEVERE level.

Also at the SEVERE level are behaviors that are typically used to define "incorrigibility." These include: threats of physical harm, acts of intimidation, running away from home (more than once, or once for an extended period of time, such as a week or more), and deliberate and severe damage to property in the home. "Home" is defined as the house, grounds, and furnishings. The behavior and activities of these youths are generally beyond the caregivers' control.

At the MODERATE level, some of the same behaviors are included, but their descriptions indicate less impairment. Many refer to compliance, which is defined as doing what one is asked to do, at the time one is asked to do it, and with a reasonable attitude. The items at this level include persistent lack of compliance with rules and expectations (but youth is not out of control or endangering others), deliberate (but not severe) damage to the home or belongings, repeated irresponsible behavior that is potentially dangerous (e.g. leaving the stove on), and running away overnight (but likely whereabouts of youth are known [e.g., at a friend's house]). Added at the MODERATE level is use of profane, vulgar, or curse words toward household members; however, this only applies to homes in which the caregivers do not curse at the youth. If use of profanity is typical and expected in the household, then use of profanity by the youth is unlikely to be intimidating or alarming. Also, do not rate a youth for noncompliance if a caregiver's requests are abusive or illegal.

At the MILD level, failure to comply with rules and expectations is described as frequent. Also included are items that indicate that the youth will comply with the

rules and expectations, but youth often "balks" or has to be "watched" or prodded in order to get compliance. Intentional behavior, aimed at annoying or "harassing" the caregiver (e.g. taunts siblings), is scored at the MILD level.

	Safety in the Home: Person & Property	**Item #**
30	Not in the home due to (bad) behavior that occurred in the home in the rating period	41
	Deliberate & serious threats of physical harm	43
	Repeated acts of intimidation	44
	Constant monitoring to ensure safety	46
	Severe & deliberate property damage. EX: Throws bat through china cabinet door (rate property damage to any residences or residential settings youth lives in)	49
20	Repeated irresponsible behavior… Potentially dangerous, but safety of household members not jeopardized. EX: uses stove, does not close gate, leaves house door open, bad practical jokes on siblings	53 55
	Deliberate damage to home, belongings or yard. EX: Peels wallpaper out of bedroom closet	
10	N/A	

	Compliance: Rules, Routines, Chores	**Item #**
30	Extensive management by others needed to be maintained in the home	42
	Behavior & activities beyond caregiver's influence almost all of the time	45
	Supervision of youth required…interferes with caregiver's work/roles	47
20	Persistent failure to comply with rules/routines EX: bedtime, curfew	51
	Active defiance much of the time	51
	If in residential facility, fails to comply unless closely monitored	51
	Frequent profanity, cursing at household members	52
10	Frequently fails to comply	57
	Has to be "watched" or prodded to get compliance	58
	Frequently "balks" or resists, but will comply if caregiver insists	59
	Frequently intentionally annoying. EX: taunting siblings, purposeful dawdling	60

	Runaway Behavior	**Item #**
30	Runaway from home overnight more than once; whereabouts unknown	48
	Runaway once for extended time; whereabouts unknown	48
20	Runaway overnight but likely whereabouts known. EX: at a friend's house	54
10	N/A	

3. COMMUNITY ROLE PERFORMANCE

Expectations for Community	
Obeys Laws	Obeys laws and conditions of probation.
Respects Property	Respects property of others or public property.
Refrains from Particularly Offensive Acts	Refrains from: Physical Aggression Sexual Misconduct/ mistrust Fire-setting (anywhere – even in the home)

Laws exist in order to establish the rules that all persons are expected to obey so that the community at large can feel comfortable. Items in this subscale mostly refer to participation in illegal acts (i.e., delinquency). If the individual fails to follow these expectations of behavior, defined by laws, then the youth's ability to function as a community member is impaired. You should not rate as impaired a youth who does not get out of the house much, and thus does not "go out into the community." Rather, you are rating the extent to which the youth has a negative impact on the community, such as through violations of person or property.

Sexual assault and inappropriate sexual behavior are rated on this subscale only if the youth was the perpetrator. The definition used here for *sexual assault/abuse* is as follows: The youth attempted to or actually accomplished a sexual act (a) by making sexual contact with another person (i.e., interact with another person sexually by touching sexual parts of the body or by placing the penis, fingers or another object into an orifice of the other, such as vagina, anus, or mouth) AND (b) by using coercion (i.e., through physical force, intimidation, verbal threats), or by persuasion by an older youth (i.e., the older youth exploits the naiveté of the younger youth).

Inappropriate sexual behavior is defined as sexual behavior that violates social norms and is displayed publicly or is directed toward another person. Examples

include exposing oneself in public or masturbating in public or in front of another person. Do not score these items if the youth's only role was as a victim (Burchard & Bruns, 1993).

Possession of stolen property is rated as long as the youth knew that the property was stolen. Property damage outside the home and firesetting refer to intentional acts; do not score accidents or acts solely due to carelessness. Damage to the belongings of household members or to the home (or agency, if child is in a placement) is rated on the Home subscale. However, if a police report is made, it would also be scored on the Community subscale. If the youth is living in a residential facility, score intentional damage on the Home subscale.

Items are endorsed on this subscale when youths are involved with the legal system as a result of their illegal behavior. Do not score youths on this subscale if their *sole* involvement with the legal system was as a victim or witness. However, legal involvement is *not* required in order to score a youth on this subscale. You score the youth on this subscale if there is good reason to believe the youth is engaging in delinquent activities, based on reports by the youth, caregiver, or other persons knowledgeable about the youth. An example situation would be the case in which a caregiver is convinced that the youth is shoplifting based on having seen goods in the youth's room that were not purchased and for which there is no believable explanation. If the rater feels uncomfortable with scoring unconfirmed reports of delinquent behavior, the rater can endorse the relevant item as well as "Exception," citing in "Explanation" that it is an unconfirmed suspicion. It is important to rate delinquent behavior even without legal involvement because most acts are covert and undetected, and charges are often not pressed for a variety of reasons. Association with delinquent youths is known to put a youth at a greater risk for delinquency. Treatment will be different for youths who are at-risk for delinquent behavior and, in particular, will include close parental monitoring.

At the SEVERE level, there is reason to believe that the youth has seriously violated the rights of others or their property, as evidenced by any of the following being true during the rating period: in confinement (e.g., a detention home), convicted of a crime, or there is substantial evidence that the youth committed the crime (e.g., charge may not be pressed for a variety of reasons). To be rated at the SEVERE level, the offenses should be serious violations, such as stealing involving confrontation of a victim, auto theft, robbery, mugging, purse snatching, fraud, dealing/carrying drugs, break-ins, rape, murder, drive-by shootings, prostitution, and forgery. Involvement with drugs can include using illegal drugs, dealing drugs, or serving as a "drug-runner." "Prostitution" includes trading sex for any items of value (e.g. money, drugs, rent, etc.) Score at the SEVERE level for violations of probation (i.e., the terms of probation set by the judge were violated) or for violating a court order. This would be scored as an "Exception," with the specifics written under "Explanation."

Separate items refer to severe vandalism (i.e. property damage outside the home) and deliberate and malicious firesetting (i.e., wanted to burn property or hurt a person). Separate items also are provided for: (1) physical assault or threatening with a weapon and (2) sexual assault or inappropriate sexual behavior. These two behaviors are scored at the SEVERE level if there was involvement with the legal system (e.g., police were told) or if the youth was referred to mental health or social services as a result of these acts (i.e., the youth and the family deliberately managed to *avoid* consequences with the juvenile justice by arranging for diversion to other "systems"), as is sometimes the case for affluent families. The reason for adding these requirements is to ensure that only more serious occurrences of "fighting" or "inappropriate sexual behavior" are scored at the SEVERE level on the Community subscale. Also, note that if, during the rating period, the only legal involvement was "being on probation," then the youth is not scored at the SEVERE level (see MODERATE level below).

At the MODERATE level, illegal behaviors that are considered less serious are included, such as stealing without confronting a victim, shoplifting, vandalism, defacing property, and taking a car for a joyride. "Taking a car for a joyride" refers to the youth intending to use the car for a short time, without the owner's permission, and planning to return it to the owner. Note that there are two items under the MODERATE level that refer to being on probation or under court supervision (also score this item if a youth's treatment is currently court ordered because it was criminal in nature). One specifies that the offense resulting in these consequences happened in the last 3 months, whereas the other specifies that the offense took place before the last 3 months. These distinctions are made so that the user can identify current offenders. Another item specifies that the youth may be at risk of being confined (e.g., may have been warned that more serious consequences would happen "the next time"). Firesetting at this level is characterized by "repeatedly and intentionally plays with fire, such that damage to property or person could result." Inappropriate sexual behavior at this level may have resulted in adults being concerned about the safety of other children if they are around the youth while unsupervised.

At the MILD level, the following are included: (1) minor legal violations, (2) single incidents of vandalism,

shoplifting, or other similar offenses, and (3) playing with fire on more than one occasion. Two occasions are required to ensure that the youth had been previously instructed to not "play" with fire or matches because of the potential danger. Fire-setting in any setting, including home, is included on the Community subscale because it presents a potential severe risk to the community.

	Obeys Laws	**Item #**
30	Confined for serious violation Convicted of serious violation Substantial evidence of serious violation (Violation of probation conditions – flagrant disregard for the law)	66 67 67 67
20	Serious (but milder) delinquent behavior Repeated delinquent behavior (>1 time) On probation/court supervision (offense ≤ 3 mo) Probation/court supervision (offense > 3 mo) At risk of confinement for frequent or serious violations (warn consequences "next time")	73 73 74 75 76
10	Minor legal violations Single incidents of milder delinquent behavior	80 81

	Respects Property	**Item #**
30	Deliberate & severe damage outside home (include household, if reported to police)	70
20	Serious or repeated defacing property Serious or repeated vandalism	73 73
10	Trespass onto neighbor's property Single incident of defacing property Single incident of vandalism	80 81 81

	Physical Aggression	**Item #**
30	Involvement with legal system or diversion to mental health/social service due to physically assaultive behavior or threatening with a weapon (include toward household members, if reported to police)	68
20	N/A	
10	N/A	

	Sexual Misconduct/Mistrust	**Item #**
30	Involvement with legal system or diversion to mental health/social service due to sexually assaultive behavior or inappropriate sexual behavior	69
20	Sexually inappropriate such that adults have concern about welfare of other children who may be around the youth unsupervised	77
10	N/A	

	Fire-setting Behavior	**Item #**
30	Deliberate fire-setting with malicious intent	71
20	Repeatedly (>1) & intentionally plays with fire such that damage to property or person could result	78
10	Plays with fire (& child is aware of the dangers)	82

4. BEHAVIOR TOWARD OTHERS

Expectations for Behavior Toward Others	
Free of Unusually Offensive Behaviors	Behaves in a safe manner around others. Able to interact with people and animals.
Interactions Free of Negative, Troublesome Behaviors	Has age-appropriate skills for interacting with others.
Judgment	Judgment does not jeopardize the welfare of *others* or unreasonably inconvenience them.

The intent of this subscale is to assess patterns of behavior that are social or interpersonal in nature. Rate the youth's behavior toward peers (other youths), caregivers, other adults or persons in the community, siblings and animals (if cruel to animals). The youth's developmental level must be considered in scoring this subscale. Note that since it is not unusual for siblings to argue or have conflict, you would only score behavior with siblings on this subscale if it was atypical and characterized by emotionally abusive or dangerous behavior. For items referring to quality of interpersonal interactions, generally one looks for a *pattern of behavior*.

Sexual assault and *inappropriate sexual behavior* are rated on this subscale (see Community subscale guidelines for definitions). Legal involvement is not a requirement for these types of behaviors to be rated here.

Physical cruelty to animals is included in this subscale. To be considered animal cruelty, the actions must be intentional (excluding sport hunting), although the animal does not necessarily have to have been killed or injured as a result of the cruelty (Burchard & Bruns, 1993).

Risk-taking or impulsive behavior (i.e., doing before thinking things through) and poor judgment are rated in this subscale. To be scored here, these behaviors should have possible implications for *others* in terms of putting *others* at risk of being hurt or having unwanted consequences. An example would be heedlessly fooling around with power tools in shop class. The user (agency) should decide whether sexual risk-taking behaviors, such as having multiple partners or engaging in unprotected sex (e.g., failure to use a condom), are to be rated. Promiscuity is included as an example at the MODERATE level, although it could be rated at any level of severity by using "Exception."

When rating "fighting" behavior, it is important to get details. Relevant issues include:

- Was the incident considered serious enough that it was reported to police or referral made for services (e.g. mental health, juvenile justice, etc.)?
- Was there a weapon or other instrument (e.g. broken bottle) used?
- Was there a difference in size or age (i.e. one youth could easily be hurt by the other)?
- Was the initiation of the fight mostly mutual (i.e. both youths wanted to "horse play" or get in a scuffle)?
- Did the fight break up on its own or was intervention from others needed?
- Was anyone hurt?
- Was anyone genuinely scared as a result?

At the SEVERE level, the youth may be considered consistently bizarre, or the youth may be potentially so dangerous that *harm to others is likely*. The youth may have sexually assaulted or abused another youth, or he/she may have been deliberately and severely cruel to animals. Extreme social isolation/withdrawn behavior does not appear as an item, but could be scored under "Exception."

At the MODERATE level, the youth may be considered to be frequently (typically) inappropriate. The youth may be sexually inappropriate (in the presence of others or if actions are directed toward others), or he/she may be frequently mean to animals or other people. Numerous items refer to behaviors that characterize problematic relationships with adults, such as acting spiteful (i.e., purposefully annoying), vindictive (i.e., feels revengeful, wants to get even with another for a perceived wrong), belligerent (i.e., hostile), and having temper outbursts directed toward others. Impairment in relationships with peers (i.e., other youths of about the same age) can be demonstrated by having an exploitative, "conning" relationship with others, or having interactions with peers who are predominantly negative (e.g., bullying, ridiculing, intimidating). This intimidating behavior toward peers can occur either while in a group (i.e. gangs) or not in a group. The term "gang-like" is used to refer to any group or clique of kids. Poor judgment at the MODERATE level results in risky activities that are (or could be) dangerous to *others*, such as dangerous practical "jokes" and "showing off" to the point of being dangerous.

At the MILD level, the youth's poor judgment or impulsive behavior is inappropriate, given his/her age, and results in inconvenience to others. Other items at the MILD level describe various ways in which a youth is experienced as being difficult, including: unusual quarrelsomeness, getting upset if frustrated or criticized, easily annoyed, and quick-tempered. Items describing relationship with peers include: tends to be ignored or rejected by peers, irritates peers, poor relationship with same-age peers, and has predominantly younger friends (due to immaturity).

	 **Poor Judgment**	**Item #**
30	N/A	
20	Poor judgment or impulsive behavior results in dangerous or risky activities that could lead to injury or getting into trouble *more than other youths* (from the same cultural group). EX: dangerous practical "jokes" (e.g., joking with power tools in shop class), "showing off" to the point of being dangerous (e.g., throwing firecrackers onto a picnic blanket), encouraging another youth to engage in risk-taking (e.g., spin self in a clothes dryer)	96
10	Poor judgment or impulsive behavior is inappropriate, given his/her age, & results in inconvenience to others. EX: hiding brother's lunchbox	104

	 **Unusually Offensive Behaviors**	**Item #**
30	**Bizarre behavior** Consistently bizarre or extremely odd. EX: growls, barks & gnashes teeth at other students or schizoaffective type interactions, such as others avoid because of unpredictable accusations	88
	Aggressive behavior So disruptive or dangerous that harm to others is likely (i.e., hurts or tries to hurt others, such as hitting, biting, throwing things at others, using or threatening to use a weapon or dangerous object)	89
	Sexual behavior Attempted or accomplished sexual assault or abuse of another person (i.e., used force, verbal threats, or, toward younger youths, intimidation or persuasion)	90
	Cruelty/meanness Deliberately & severely cruel to animals	91
20	**Aggressive behavior** Behavior frequently & typically inappropriate & causes problems for self or others. EX: "fighting"	93
	Sexual behavior Inappropriate sexual behavior in the presence of others or directed toward others. EX: 10-year-old calls out to passersby that she will do a specific sex act for a candy bar	94
	Cruelty/meanness Frequently mean to other people or animals	98
10	N/A	

30	N/  **Negative, Troublesome Behaviors**	**Item #**
20	**Defiant** Behavior frequently & typically inappropriate & causes problems for self or others. EX: belligerence, promiscuity	93
	Hostile Characterized by *hostile interactions/* intentions (hostile = like an enemy) Spiteful: purposefully annoying Vindictive: feels revengeful, wants to get even with another for a perceived wrong EX: deliberately & persistently annoying to others; intentionally damaging personal belongings of others	95
	Anger Frequent display of anger toward others; angry outbursts	97
	Picks on/Uses others Predominantly relates to others in an exploitive or manipulative manner. EX: uses/cons others	99
	Involved in gang-like activities in which others are harassed, bullied, intimidated, etc.	100
	Persistent problems/difficulties in relating to peers due to antagonizing behaviors. EX: threatens, shoves	101
10	**Youth is difficult** Unusually quarrelsome, argumentative or annoying to others	103
	Upset (e.g., temper tantrum) if cannot have or do something immediately, if frustrated or if criticized	105
	Quick-tempered, easily annoyed by others & responds more strongly than other children	106
	Problems specifically with peers Tends to be ignored or rejected: does not engage in typical peer recreational activities as a result. EX: bullied	107
	Irritates peers: difficulties in peer interactions or in making friends due to negative behavior. EX: teasing, ridiculing, picking on others	108
	Predominately younger friends: immature behavior leads to poor relations with same-age peers or to having friends who are predominantly younger	109

5. MOODS/EMOTIONS

Expectations for Moods/Emotions	
Depression	Depression, sadness, moodiness or irritability may be experienced but are managed so as to prevent extended negative impact.
Anxiety	Anxiety, fears, worries, tenseness or panic feelings may be experienced but are managed so as to prevent extended negative impact.
Mood-Related Reactions to Abuse or Other Trauma	Youth displays a full range of emotions that correspond in expression and intensity to experienced situations. Avoidance does not interfere with life tasks.
Non-Bizarre Emotional Reactions	Others do not experience the youth as having bizarre moods.

In this subscale, anxiety may be expressed as fear, worry, tenseness or panic. Indications of anxiety can be manifested in several contexts, including: anxiety when not physically near caregivers, excessive anxiety and worries, intense fear, and other manifestations that developed in response to being exposed to a traumatic event (e.g., in which there was actual or threatened death or serious injury). Depression may be expressed as sadness, moodiness, feelings of worthlessness, irritability, fatigue, hopelessness, despair, or anhedonia. *Anhedonia* is defined as a markedly diminished interest or pleasure in all, or nearly all, activities most of the day, nearly every day. When a person feels anhedonic, he/she has markedly less interest in doing things that he/she usually does (e.g., seeing friends, participating in sports). The moods and emotions included in this subscale could be described as "internalizing" symptoms. "Externalizing" symptoms such as anger and hostility are *not* rated on this subscale.

Moodiness and irritability may normally be prevalent at some ages, but when there is disruption of the activities of daily life, impairment in functioning is suggested. Areas of functioning that may be disrupted by anxiety, depression, and their related expressions include: sleep, eating, energy level (i.e., feels tired), concentration, and doing normal activities. "Normal" activities of daily living would include activities that are typical for the individual youth, (for example, shopping, practicing a musical instrument, stamp collecting, going to the mall to meet friends, doing school work or homework, etc.).

In order to endorse an item under either anxiety or depression, there should have been a *change* in the youth's functioning. For example, the youth used to be able to sleep okay, but a change has taken place and now the youth has trouble sleeping. Following this logic, a youth with Attention Deficit-Hyperactivity Disorder (ADHD) who has poor concentration would not qualify as depressed based solely on this behavior because the youth's problems with attention should reflect a change to "count" towards depression (i.e., the youth previously had better or satisfactory attention span, which is not observed in ADHD). In order to rate the youth, it is *not* a requirement that this change must have taken place within the rating period. In other words, the onset of depression, for example, may be prior to the rating period.

A youth may be scored at the SEVERE level if his/her emotional expressions are incongruous (with what the youth is saying or with reality) or unreasonable most of the time, and, as a result, others view the youth as odd or strange. This type of behavior can be observed, for example, in a youth with autism or psychosis. Also scored at the SEVERE level is a youth who is depressed *and* has suicide *intent*. No other behaviors or symptoms are required if suicide intent is present.

Suicidal intent, defined as a *genuine* desire to die, is scored at this level. Note that sometimes a youth really wants to die, but makes a suicidal attempt that is not very lethal (i.e., not likely to result in death). Score on the basis of the youth's motivation (i.e., desire to die), rather than on lethality of the method.

For depressed mood (in the absence of suicide intent) and anxiety to be scored at the SEVERE level, a youth's overall functioning must be significantly impaired due to either depressed mood or anxiety, worrying, etc. Evidence of this high degree of impairment would be seen in academic or social roles, such as: absences from school (on average, at least one day a week); if the youth goes to school, does not do schoolwork (i.e., to such an extent that a teacher notices a marked change in interest in schoolwork); or social withdrawal (i.e., does not want to play/talk on phone with friends or does not leave the house to visit friends).

At the MODERATE level, the different contexts for the expression of moods are discussed separately. There is one item that is concerned with depression; another that specifically addresses general anxiety or being overly anxious or worried, and two that are concerned with manifestations of separation anxiety. The MODERATE item concerned with depression requires: (1) depressed mood or sadness that is persistent (stable over time, experienced at least half of the time) and (2) the individual exhibits some disturbance in functioning in at least <u>one</u> of the following areas: concentration, sleeping (i.e., either too much or too little sleep; problems falling asleep or staying asleep; early morning awakening),

eating (i.e., an increase or a decrease in appetite), energy level (i.e., fatigue or loss of energy), or enjoying normal activities (i.e., activities around the house, social activities, school work, etc.). When depressed mood or sadness is not directly observed, then symptoms of *irritability* or *anhedonia* can be signs of depression in children (i.e., depression is inferred). When irritability or anhedonia are observed (but not depression or sadness), then disturbance in at least *two* or more of the above mentioned areas of functioning are required. This is a more stringent standard because some children may be irritable or anhedonic without being depressed. For example, children with a behavior disorder may become irritable only when they do not get their way, with no other evidence of depression. In the item on generalized anxiety, requirements to meet the criteria for the item include: (1) youth's worries are excessive (i.e., too much given the situation, out of proportion), (2) persistent (i.e., stable over time; worries at least half of the time), and (3) there is some disturbance in functioning manifested by at least one of the following: sleep problems (i.e., too little or too much, restless sleep, difficulty falling asleep or staying asleep; early morning awakening), tiredness (i.e., easily fatigued), poor concentration, irritability, muscle tension, or feeling "on edge" (restless, "keyed-up"). "Feeling on edge" is not the same as hyperactivity; it is more like how one feels when one is easily startled or notices everything due to "hyper-alertness" (i.e. hypervigilance).

The two items at the MODERATE level concerned with separation anxiety are for children who are very worried about being away from their parent or primary caregiver. These items would apply only to a child old enough to attend school. One item states that the youth expresses marked distress (i.e., acts upset, panicky, cries, extremely withdrawn) upon being away from his/her parent figure to attend school, visit friends, etc. However, at this MODERATE level these children are able to go to school and engage in some social activities. (Note that, if a child is unable to attend school or engage in social activities due to separation anxiety, this behavior would be rated at the SEVERE level using item #117). The second item at the MODERATE LEVEL states that the youth insists on special accommodations that may include sleeping near the parent figure(s) or calling home (from school or friend's house). Also at the MODERATE level is an item describing marked changes in moods that are generally intense and abrupt, and are meant to reflect *abnormal* variability. This item is intended to capture relatively extreme affective instability or reactivity of mood related to anxiety and depression.

At the MILD level, emotional states may be disproportionate or easily evoked. They may remain present for several days (but not longer), and they may be accompanied by relatively mild symptoms, such as stomachaches or nightmares. The youth's emotions are less intense and relatively short-lived. At the MILD level, low levels of impairment may be present (i.e., teacher reduces complexity of instructions for a child whose anxiety results in the child asking the teacher for reassurance that the assignment is done correctly). However, often these lower levels of impairment are not readily observed.

Two items on this subscale are concerned with behaviors sometimes observed in children who have been victims of abuse or have suffered a trauma (e.g., witnessing violence, natural disaster). Children who have been abused or traumatized can express feelings in a variety of ways; however, it is not uncommon for them to have trouble expressing feelings at all. Thus, items are included for this very purpose. At the MODERATE level of impairment, there is an item called *emotional blunting* that refers to the youth having few or no signs of emotional expression (i.e., flat emotionally). At the MILD level, *emotional restriction* (i.e., substantially reduced intensity of emotional expression) is described as having difficulty expressing strong emotions such as fear, hate, love, etc. To score these items, the rater needs information from informants other than the youth to document that the youth's emotional expression during the interview is not specific to the situation (i.e., the interview), represents a definite change from how the youth used to be, and was associated with abuse or trauma. This is a particularly important point when interviewers are from a different cultural or ethnic subgroup than the person being interviewed.

	 **Mood-Related Reactions to Abuse or Other Trauma**	**Item #**
30	(Extensive avoidance, secondary to traumatic reactions, resulting in avoiding school or social settings)	(117)
20	Emotional blunting = no or few signs of emotional expression; emotional expression is markedly flat (Rate only if exposed to traumatic event & caregiver reports)	126
10	Notable emotional restriction = has difficulty expressing strong emotions such as fear, hate, love (Rate only if exposed to traumatic event & caregiver reports)	134

	 **Depression, Sadness**	**Item #**
30	Depression with academic incapacitation = absent ≥ I day/week on average Depression with academic incapacitation = not doing (any) schoolwork. EX: "stares" at schoolwork Depression with social incapacitation = isolates self from friends. EX: no longer wants to play, talk on the phone or visit with friends Depression with suicidal intent (regardless of lethality)	118 118 118 119
20	Depression is persistent (i.e., half the time) with difficulty in one or more: Sleep problems Eating problems Difficulties concentrating Energy level Normal activities = anhedonia Irritability or anhedonia with 2 or more: Sleep problems Eating problems Difficulties concentrating Energy level Normal activities = anhedonia (if irritability only)	122 122
10	Often sad, with related symptoms. EX: nightmares, stomachaches Disproportionate irritability (with no apparent reason) Very self-critical, low self-esteem, feelings of worthlessness Sad or hurt if criticized Sad, depressed or anhedonic in one setting for a few days at a time	128 129 130 132 133

	 **Anxiety, Fear, Worry, Panic, Tenseness**	**Item #**
30	Fears, worries, or anxieties with academic incapacitation = absent ≥ 1 day/week on average Fears, worries, or anxieties with marked social withdrawal. EX: will not leave home to visit friends	117 117
20	Worries persistent and excessive, with 1 or more: Sleep problems Tiredness Difficulty concentrating Irritability Muscle tension Feeling on edge Fears, worries or anxieties result in being distraught when away from home or parental figures Worries or anxieties result in special accommodations (requests). EX: sleep near parents; call home from school	123 124 125
10	Often anxious, fearful, with related symptom. EX: nightmare, stomachache Disproportionate fears or worries Easily distressed if makes mistakes Anxious if criticized Anxious in one setting for a few days at a time	128 129 131 132 133

	 **Bizarre Emotional Reactions**	**Item #**
30	Viewed as odd or strange because emotional responses are incongruous (unreasonable, excessive) most of the time EX: laughs oddly when discussing sad issues (as may be seen in psychosis, schizotypal, mania, pervasive developmental disorder) EX: "has no mood" that others can relate to (as seen in autism)	116
20	Marked changes in mood that are generally intense & abrupt (should be abnormal variability) Intended to capture relatively *extreme affective instability* related to anxiety & depression – not anger EX: Parents describe daughter as "laughing one minute & crying the next"	121
10	N/A	

6. SELF-HARMFUL BEHAVIOR

Expectations for Self-Harmful	
No Self-Harmful Behavior	Youth is free from desires and attempts to hurt him/herself. Youth can cope without resorting to self-harmful behavior or verbalization.

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A separate subscale is provided for recording self-harmful behavior because this type of behavior may occur in the absence of a diagnosis of depression. Examples include self-mutilation as seen in persons with Borderline Personality Disorder, or self-harm attempts made for the purpose of getting a desired consequence (as sometimes seen in delinquents who are placed in very restrictive environments such as lock-up or time-out rooms).

Self-harmful behavior refers to non-accidental behavior that could result in harm to self, such as suicidal behavior or gestures, self-mutilation, or eating disorders (e.g., anorexia). *Harming oneself refers to causing pain or injury to oneself*. The modifier "*non-accidental*" is used because the act could be clearly intentional or, in younger children, done without much awareness.

Suicide intent is defined as a genuine desire to die, while *lethality* refers to the likelihood of dying, given the method chosen to inflict self-injury. Preadolescents, in particular, often have fewer highly lethal means available to them. Thus, it is important to inquire about the true intent of their actions. Also, younger children may not make any spontaneous verbalizations about wanting to hurt themselves, yet their intent could have been to cause self-harm. An example would be a child who purposely opens the door of a moving vehicle, with the intent of falling out and hurting him/herself. The term "*seemingly non-intentional*" self-destructive behavior is used to describe this type of behavior. Careful interviewing of the child reveals their feelings of hopelessness, not wanting to live anymore, or not "caring" whether they live or die. Do *not* score acts if the child was truly unaware of the potential danger, if the youth was truly "kidding around," or if the act was really accidental.

At the SEVERE level, the youth may have engaged in self-destructive behavior that could have resulted in serious self-injury. Examples include: a clear suicide attempt, self-starvation (as in severe anorexia), possible life-threatening acts **OR** non-life-threatening acts **AND** the youth wanted to die. Thus, you score at the SEVERE level if there is suicidal intent (i.e., really wants to die), regardless of lethality of method. If the self-harmful behavior is accompanied by suicidal intent or incapacitating depression, then the appropriate item listed under the Moods/Emotions subscale should be marked as

well. Also rated at the SEVERE level is the youth who has a clear plan to hurt him/herself.

At the MODERATE level, the youth may have engaged in self-harming, non-trivial behaviors (which are not life-threatening), such as superficial razor cuts. The latter are sometimes seen in youths who are known to self-mutilate. In these cases, the treatment team has decided that hospitalization for suicide risk is not indicated (unless atypical circumstances occur). Youths may also be scored at this level if they have talked or repeatedly thought about wanting to die or to harm themselves.

At the MILD level, behaviors are included that are very unlikely to result in harm and could be regarded as trivial or superficial (e.g., superficial scratches, pinching self). These behaviors are repeatedly performed and seem to imply a desire to harm oneself. Often these types of behaviors are done without much awareness (as if a habit).

Do *not* rate, on this subscale, behaviors that are done solely because the youth enjoys thrill-seeking or risk-taking activities or likes engaging in non-conventional behaviors. To rate on this subscale there should be concomitant depression, hopelessness, wanting to hurt oneself, wanting to die, genuine ambivalence about living, or impulsive suicidal behavior that could be lethal. On this subscale, you can rate behaviors that are extremely dangerous if psychiatric hospitalization for them is typical (e.g., head-banging as sometimes seen in autism or with organicity; anorexia; or dangerous behavior as sometimes seen in psychosis or organicity [i.e. the youth does not realize the danger of acts]).

	Self-Harmful Behavior	**Item #**
30	Non-accidental self-destructive behavior – potential for or did self-injury EX: Suicide attempt with intent to die EX: Self-starvation – severe anorexia EX: Persistent head-banging	142
	Seemingly non-intentional self-destructive behavior – potential for or did self-injury & youth aware of the danger (for younger or inarticulate youth making suicidal attempts; may use unsophisticated/incompetent methods) EX: Opens car door in moving vehicle EX: Runs out in the path of a car if street smart	143
	Has a clear plan to hurt self	144
	Has a genuine desire to die (suicidal intent, regardless of whether an attempt was made & regardless of lethality of method)	144
20	Non-accidental self-harm, mutilation, or injury which is non-life-threatening & non-trivial EX: suicidal gestures without intent to die EX: "cutting" behavior seen in borderline personality	146
	Talks about harming self, killing self, or wanting to die	147
	Thinks about harming self, killing self, or wanting to die	147
10	Repeated non-accidental behavior suggesting self-harm, yet behavior is very unlikely to cause any serious injury EX: repeatedly pinching self EX: scratching skin with a dull object	149

7. SUBSTANCE USE

Expectations for Substance Use	
No Negative Effects or Risk-Taking	Does not engage in substance use that is maladaptive, inappropriate &/or disruptive to normal functioning.
Frequency/ Amount of Usage	No usage or occasional use with no negative consequences, including intoxication or getting high.

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Alcohol use that is culturally or religiously sanctioned is not at issue here**.** Substances commonly abused are alcohol, marijuana, other "street drugs," inhalants (e.g., glue, gasoline sniffing, paint thinner, spray paints), misuse of over-the-counter medications (e.g., cough syrup), and misuse of prescription drugs if the purpose is mood alteration. Tobacco use is not scored on this subscale. Note that tobacco use can be scored in other subscales (e.g. School, Home, Community, etc.).

While alcohol and substance use among adolescents is illegal, it is not uncommon, yet it may place them at risk for a number of reasons. It is assumed here that any use of substances by preadolescent children (i.e., 12 or younger), other than in culturally or religiously sanctioned activities, is maladaptive since it puts them at even greater risk. Therefore, several more conservative items have been added to the subscale in order to assure that evidence of these activities in preadolescents will reflect the seriousness of the behavior. All youths should be rated on the criteria for all ages. If the youth is 12 or younger, proceed down each column to see if any of these additional items apply, and, if so, circle the corresponding number.

A youth who does not use any substances him/herself would be rated at the MINIMAL OR NO IMPAIRMENT level even if he/she sells or delivers drugs (i.e., dealing, running). However, such a person should be scored at the SEVERE level on the Community subscale. If the youth does deviant acts (e.g., gets aggressive, steals) only while on substances, score the behavior on the appropriate subscale (e.g., School, Community) and the Substance Use subscale. In other words, the substance use does not "excuse" the behavior.

At the SEVERE level, substance use is associated with marked negative effects on his or her life (e.g., school failure, being fired or expelled, injured, involvement in illegal or delinquent acts, physical health problems, physical effects such as withdrawal symptoms or blackouts). The manner in which the youth uses substances may suggest dependence in terms of frequency and context of use (e.g., drinks alone; cannot stop drinking once started [i.e., drinks to get to state of drunkenness]; lifestyle centers on acquisition and use, dependent on continuing use to maintain functioning [e.g., withdrawal symptoms]; intoxicated or high more than 2 times a week). Assume that a youth who uses drugs (other than alcohol) is getting high (unless there are some believable circumstances to the contrary). For those youths who become parents, items for endangering an unborn child or permitting substance use to interfere with parenting responsibilities are included. Any use of "hard" drugs, such as crack, cocaine, PCP, opioids/narcotics (e.g. heroin, oxycodone, or other misused prescription narcotics) during the rating period should be rated at the severe impairment level.

At the MODERATE level, substance use is associated with the youth getting into trouble (e.g., arguing, fighting with family or friends, trouble with teachers, trouble with police, breaking rules, missing curfew). Other items refer to the youth's usage despite the potential for negative effects on performance at school, on the job, driving, or in social interactions (e.g., traffic violations, absences at school or job, tardiness, misses out on typical age-appropriate activities, uses on school days, uses before school or work). Endangering oneself or others is also scored at the MODERATE level (e.g., vulnerable to date rape, vulnerable to injury). Using drugs, such as "ecstasy," that are known to encourage sexual risk-taking (i.e. promiscuity, unprotected sex) could also be rated here. Two other items refer to patterns seen in adolescent users: friendships change to mostly substance users and youth gets high or intoxicated once or twice a week.

At the MILD level, the youth may use substances. However, usage is characterized as either (1) infrequent excess (such as getting drunk or high) and without any serious consequences on his or her life, or (2) regular usage but without intoxication or getting high.

Under the MINIMAL OR NO IMPAIRMENT level, there are two items indicating no usage, "No use of substances" and "Substance use is denied; unable to confirm." The latter can be used in situations in which no other informant besides the youth is available.

	Frequency/Amount of Use	**Item #**
30	Frequently intoxicated or high > 2 times/week	158
	For 12 years or younger, uses regularly (once a week or more)	163
20	High or intoxicated once or twice a week (if assuming all non-alcohol drugs result in being high, then include marijuana use 1/wk)	169
	For 12 years or younger, occasional use without intoxication & without becoming obviously high	170
10	Regular usage (e.g. once a week) but without intoxication or becoming obviously high	173
	Infrequent excess & only without serious consequences	172
	For 12 years or younger, has used substances more than once	174

	Negative Effects & Risk-Taking	Item #
30	**Dominates life**	154
	Lifestyle centers on acquisition & use	
	EX: preoccupied with thoughts or urges to use substances	
	EX: arranges schedule around making contacts	
	EX: cravings for substances	
	EX: uses in the morning	
	Dependent on continuing use to maintain functioning	155
	(i.e., likely to experience withdrawal symptoms such as feeling sick, headaches, nausea, vomiting, shaking)	
	Usage suggests drinking is out of control, has no "social" function	
	Has blackouts	162
	Drinks alone	162
	Cannot stop drinking once starts (drinks for drunkenness)	162
	Serious negative consequences related to usage	
	School: failing or expelled	156
	School: failing classes	156
	Work: fired or losing job	157
	Crimes: doing illegal drug activity while under influence of substances (or DWI or legal trouble for substance use)	159
	Health-related: injured	159
	Health-related: in accident	159
	Physical health problems (includes any inhalant use)	159
	Victimized. EX: raped	159
	Potential serious consequences to offspring	
	Is pregnant or is a parent & is a drug user	160
	Is pregnant or is a parent & gets drunk or routinely uses alcohol	161
	Any use of "hard" drugs, such as crack, cocaine, PCP, opioids/narcotics (e.g. heroin, oxycodone, or other misused prescription drugs)	Except.

20	**Pattern of use likely impairs functioning**	
	Uses in such a way as to interfere with functioning in spite of potential serious consequences	165
	Traffic violations	165
	School	
	Absences	165
	Tardy (misses some classes)	165
	Uses on school days	165
	Uses before school	165
	Misses school or social activities	165
	Work	
	Absences	165
	Tardy	165
	Uses on work days	165
	Uses before work	165
	More generic troubles which appear to have increased when usage started or increased	
	Getting into trouble related to usage	
	EX: Argues	166
	EX: Fights with family or friends	166
	EX: Trouble with teachers	166
	EX: Trouble with police	166
	EX: Breaks rules	166
	EX: Misses curfew	166
	Potential victimization	
	Behavior potentially endangering self or others is related to usage (e.g., vulnerable to injury or date rape)	167
	Friendships	
	Friendships change to mostly substance users	168
10	N/A	

8. THINKING

Expectations for Thinking	
Communications	Communications are logical and coherent.
Perceptions	Perceptions (i.e., what you see, hear, feel, smell, taste) are based in reality.
Cognitions	Cognitions (thinking) are based in reality.
Orientation & Memory	Level of awareness & memory are not grossly impaired for age.

Since thoughts are not observable, inferences about thinking processes are typically made from a person's communications (or lack thereof) with others. This subscale has a slightly different structure than the others. At the beginning of each level of impairment, there is a statement describing the extent of impairment observed at the level (e.g., cannot attend a normal school classroom, etc.), followed by numerous behavioral descriptions of types of impairment (e.g., incoherent speech, bizarre behavior). The rater decides if the extent of impairment applies to the youth being rated, and, if so, chooses one or more of the listed behaviors for that level. At each severity level, the youth must meet criteria for degree of impairment and for type of behavior. Various types of behaviors included in this subscale are: lack of orientation (e.g., unaware of surroundings or where they are); illogical or irrelevant thinking; communication as it reflects problems in thinking or gross inability to communicate ideas; marked confusion or memory problems; and impaired sensory perceptions due to psychiatric illness (e.g., hallucinations). Memory loss or

disorientation to time or place most of the time can be due to brain/organic dysfunction (e.g., as a result of an accident). The impairment requirements for each level of severity are given in the following table. Remember that these impairment criteria are necessary, but not sufficient because (an item below the impairment criteria must also be endorsed (i.e., an impairment criteria and another item below it at the same level of severity are both endorsed)).

	Thinking: Impairment Requirements	**Item #**
30	All three required: Cannot attend a normal school classroom Does not have normal friendships, and Cannot interact adequately in the community [EX: not able to buy a candy bar]	
20	Frequent difficulty in communication or behavior, OR Specialized setting or supervision needed	
10	Occasional difficulty in communications, in behavior, or in interactions with others	

Some of the behaviors assessed in this subscale can be easily identified (e.g., inability to communicate, marked confusion, marked memory problems, hallucinations, delusions, morbid fantasy, etc.). However, distortions in thinking, as evidenced by obsessions or suspicions, may be much harder to rate for a variety of reasons. They may be less observable, and subjective judgment may be involved in distinguishing between justified and unfounded beliefs. It is apparent that there would be increased difficulty in establishing reliability in rating these more subtle distortions in thinking (i.e., may only be noticeable over time to unbiased observers). As a consequence, the focus of this subscale is to assess more obvious problems in thinking that interfere with the youth's functioning and would be considered "pathological."

The following definitions and related guidelines for rating the different severity levels mostly taken from the *DSM IV* are offered:

Echolalia refers to repeating words of others in a meaningless fashion.

Flight of ideas refers to a nearly continuous flow of accelerated speech with changes from topic to topic.

Incoherence refers to lack of logical or meaningful connection between words, phrases, sentences; excessive use of incomplete sentences; excessive irrelevancies or abrupt changes in subject matter; idiosyncratic word usage; distorted grammar.

Loosening of associations is characterized by ideas that shift from one subject to another. Ideas may be unrelated or only obliquely related to the first, without the speaker showing any awareness that the topics are unconnected.

Hallucinations are sensory perceptions that occur without external stimulation of the relevant sensory organ. Hallucinating typically involves an experience of hearing or seeing things that are not there**.** The individual may or may not recognize that he/she is having a false sensory experience. Do *not* rate as hallucinations if the sensory perceptions are: clearly the acute physiological effects of substance ingestion; due to physical illness; related to religious or cultural beliefs; or experienced during sleep (i.e., dreaming). "Non-pathological" hallucinations appear at the MILD level, which include unusual sensory experiences. An example of a hallucination at the MILD level would be a child reporting seeing things before falling asleep.

Depersonalization is an alteration in the perception or experience of oneself so that one feels as if one is an outside observer of oneself (e.g., feels like one is in a dream).

Derealization is an alteration in the perception or experience of the external world so that it seems strange or unusual (e.g. people seem mechanical).

Delusions are false personal beliefs based on incorrect conclusions about external reality. They are firmly held in spite of what almost everyone else believes and in spite of what appears to be obvious proof to the contrary. The belief is not one ordinarily accepted by other members of the youth's culture or subculture (e.g., it is not an article of religious faith).

Obsessions, as defined by the *DSM*, are recurrent and persistent ideas, thoughts, impulses, or images that are experienced, at least initially, as intrusive and senseless, (e.g., having repeated impulses to kill a loved one; a religious person having recurrent blasphemous thoughts). The person attempts to ignore or suppress such thoughts or impulses or to neutralize them with some other thought or action. The person recognizes that the obsessions are the product of his or her own mind, not imposed from without (as in thought insertion). The obsessions cause *marked* distress, are time-consuming (take more than an hour a day), and significantly interfere with the person's normal routine, functioning at school or work, or usual social activities or relationships with others.

Compulsions are repetitive behaviors (e.g., hand washing) or mental acts (e.g. repeating words) that the person feels driven to perform in response to an obsession.

Suspicions, to be scored in this category, must be a distortion of reality, unfounded given the youth's current circumstances, or the youth shows a consistent bias of being suspicious that negatively affects relationships.

Magical thinking is the belief that thoughts, words, or actions can cause or prevent an outcome in some way that defies the normal laws of cause and effect. Magical thinking only applies to children 8 years and older, and appears at the MILD level.

Dissociation is a disruption into usually integrated functions of consciousness, memory, identity, or perception of environment.

Examples of disorders that can result in behaviors that may be scored on the Thinking subscale, because the client appears "out of touch with external reality," are presented in the table below. However, it is critical to note that having any of the listed diagnoses does not mean that the youth would have necessarily had any of the impaired functionings listed in the table, either in the past or currently. The associated impairments in functioning reflect on behaviors that are *sometimes* observed, not necessarily requirements for a diagnosis. Also, in the "real-world," clients may sometimes receive a diagnosis even if behaviors associated with the disorder have not been observed for the individual (e.g. a particular medication "works"). *Do not* assume that a youth with any of the diagnoses in the chart would be scored on this subscale. Only more severe cases, with impairments that result in the youth being "out of touch with external reality," would be rated on this subscale.

Disorder	Which functions may be impaired?
Autism	Communications; Orientation
Schizophrenia	Communications (incoherent, disorganized); Perceptions (hallucinations); Cognitive (delusions); Orientation
Brief Psychotic Disorder	Communications; Perceptions; Cognitions
Schizophreniform	Communications; Perceptions; Cognitions
Schizoaffective	Perceptions (hallucinations); Cognitions (delusions)
Schizotypal	Communications (vague, circumstantial); Perceptions (e.g., bodily illusions); Cognitions (e.g., suspiciousness, odd beliefs, odd preoccupations or fantasies)
Manic Episode	Communications (i.e., flight of ideas); Mood–congruent delusions or hallucinations (e.g., inflated worth, power, knowledge or special relationship to famous person)
Anorexia	Cognitions: Body dysmorphic – person sees self as overweight even when he or she is not; Preoccupied with thoughts of food
Obsessive-Compulsive Disorder	Cognitions (obsessions); Compulsions
Post-Traumatic Stress Disorder (PTSD)	Cognitions (e.g., recurrent & intrusive distressing recollections); Perceptions (hallucinations, dissociative flashback)

Youths who are essentially non-communicative to persons who do not know him/her well are scored at the SEVERE level. Do not rate on this subscale if the communication problems are solely due to: known physical disability, speech impediment or articulation problems, hearing impairment, or lack of familiarity with English. Also at the SEVERE level are youths who appear strange or bizarre to others due to delusions or hallucinations. Youths who are disoriented to time or place most of the time (e.g., don't know where they are) are also scored at the SEVERE level.

At the MODERATE level, the youth has to have *either* frequent difficulty in communication (or behavior), OR be in need of a specialized setting or supervision. Youths at the MODERATE level may have disorganized communications, hallucinations (which can interfere with functioning but do not make the person seem bizarre), or have frequent suspicions or obsessions. At the MODERATE level there is also the item "Preoccupying cognitions or fantasies with bizarre, odd, or gross themes." Recurrent thoughts, which do not meet the criteria for obsession (given above), may be referred to as ruminations. Sometimes teachers refer youths because of their disturbing preoccupations, compared to their peers.

At the MILD level, the youth has occasional difficulty in communications, in behavior, or in interactions with others. Items at the MILD level include: eccentric or odd communications, suspicions or obsessions (but which are not frequent), odd beliefs, and unusual perceptual experiences that are not "pathological" (i.e., do not interfere with current functioning and do not predict poor functioning in the future). An example is a child who

"sees wolves" at the end of his bed before falling asleep, but who knows they are not real, and does not get unduly upset.

	Odd Communications	**Item #**
30	Communications which are impossible or extremely difficult to understand due to incoherent thought or language (loosening of associations, flight of ideas) Speech or nonverbal behavior is extremely odd & is non-communicative (echolalia, idiosyncratic language)	182 183
20	Communications do not "flow," are irrelevant, or disorganized (i.e., more than other children of the same age)	187
10	Eccentric or odd speech (e.g., impoverished, digressive, vague)	193

	Faulty Sensory Perception	**Item #**
30	Strange or bizarre behavior due to frequent &/or disruptive hallucinations; can't distinguish fantasy from reality	184
20	Intermittent hallucinations that interfere with normal functioning	189
10	Unusual perceptual experiences that are not pathological hallucinations. EX: sees wolves before going to sleep but knows they are not real	196

	Faulty Cognitions	**Item #**
30	Strange or bizarre behavior (talk) due to frequent and/or disruptive delusions	184
20	Frequent distortion of thinking (obsessions, suspicions). EX: schizotypal suspiciousness, bizarre fantasies Preoccupying cognitions or fantasies with bizarre, odd, or gross themes. EX: spends majority of time isolated & writing stories or drawing pictures of aliens killing teachers	188 191
10	Thought distortions (e.g. obsessions, compulsions) Expression of odd beliefs, or, if older than 8 years old, magical thinking. EX: 10-year-old believes he killed his aunt because he'd said that he wished she would die	194 195

	Orientation & Memory Loss	**Item #**
30	Pattern of short-term memory loss/ disorientation to time or place most of the time (e.g., not knowing where you are or the date)	185
20	Frequent marked confusion or evidence of short term memory loss	190
10	N/A	

Specific Guidelines for the CAFAS® Subscales Assessing the Caregiver

There are two Caregiver Scales: Material Needs and Family/Social Support. In these two categories the caregiver is rated, not the youth. Scores for these two scales should not be added to the score generated for the youth on the previously described subscales.

For the Caregiver scales, the rater is asked to specify: the informant (i.e., the person who provided the information), the name of the caregiver being rated, and the caregiver's relationship to the youth (e.g., biological mother, non-custodial parent, foster mother). Rating the caregiver can be problematic in situations such as: the youth has recently been placed in a temporary living condition (e.g., foster care) but was living with his/her parent before the placement, or the parents are divorced and the situations in the two homes are reportedly very different. Since these types of living arrangements are not uncommon for youths who receive services, you may want to rate different caregivers on separate scales.

Forms for three caregivers are provided for the CAFAS: (1) Primary Family--the parent(s) who are rearing the youth or with whom the youth lives most of the time (e.g., biological parent, adoptive parent, where the youth was before treatment and where the youth will return [e.g., the grandmother's home]), (2) Non-custodial Caregiver--a parent(s) who has a psychological impact on the youth yet is non-custodial or is not living in the same home as the youth, and (3) Surrogate Caregiver--surrogate parent(s) (i.e., person(s) substituting as parent(s), such as foster parent(s)). Use of the Non-custodial or Surrogate Caregiver forms is optional. Two procedural decisions need to be made by the user (i.e. the agency). One is which Caregiver scales should be completed, and if more than one caregiver is rated over time, how changes in caregiver's relationship to the youth are to be handled. When tracking a caregiver over time, there are two approaches: (1) always score the same person on the same form (e.g., always score the mother on the "Primary Family" form); (2) always score according to function (e.g., if the youth was living with the mother at intake, score her on the "Primary Family" form, then, later, if the youth moved into the father's home, the father would be scored on the "Primary Family" form.)

When rating the "Primary Family," do not rate other persons living in the household who do not have major parental responsibilities or impact on the child (e.g., a grandmother who lives with the caregivers). Also, if there are two parental figures in the primary family and they differ in impairment in parental functioning (e.g., one is an alcoholic and the other is not as impaired), then the rating given on the scale should reflect the greater level of impairment (e.g., the higher impairment of the alcoholic). Also, it is important to recognize that when informants report on caregivers other than themselves, they may not be accurate.

Note that these scales do not necessarily reflect on how "good" or "bad" a parent is. Receiving a score at the SEVERE, MODERATE, or MILD level can mean simply that the youth's needs are greater than the resources available to the caregiver. For example, a parent's wages may be so low that the only home he/she can afford is in a high crime area that is unsafe for the children. Another example would be a single parent who has difficulty providing for an autistic youth because he/she has several children and a low-wage job.

1. CAREGIVER RESOURCES: MATERIAL NEEDS SCALE

Expectations for Material Needs	
Material Needs	Caregiver provides food, shelter, clothing, and medical care for the child such that the youth's functioning and development of skills are not impeded.

Material needs include food (i.e., balanced diet), housing (i.e., a home that is free from major safety hazards, provides adequate privacy), clothing (i.e., appropriate for the weather), medical attention (i.e., immunizations, care when sick), dental care, and safety (i.e., live in a neighborhood that is reasonably safe; street violence and drug dealing are not immediately present or common). It is crucial to understand that the rating in this scale indicates the extent to which the caregiver has difficulties in providing for the youth such that there is a negative impact on the youth's functioning. Note that a family can be in a low-income bracket, yet the youth's basic material needs are met. Obviously, a youth's future options can be limited by growing up in a low-income home; however, this is not the same thing as not having one's basic material needs met. Also, a caregiver may not meet the child's needs for reasons other than insufficient money. An example would be a mother whose drug usage interferes with providing nutritious food for the children.

Safety issues related to sexual abuse or physical abuse are not rated in this scale, but rather in the Family/Social Support Scale.

	 **Caregiver Material Needs**	**Item #**
30	Youth's needs are not being met such that severe risk to health or welfare of youth is likely	201
20	Frequent negative impact on youth's functioning OR a major disruption in youth's functioning	203
10	Occasional negative impact on the youth's functioning	205

2. CAREGIVER RESOURCES: FAMILY/SOCIAL SUPPORT SCALE

Expectations for Caregiver Family/Social Support Scale	
Level of Resources Available	Caregivers can satisfactorily meet the special needs of the child without jeopardizing other family members.
Parental Judgment and Functioning	Caregiver exercises good parental judgment so that he/she can provide a safe, secure, and healthy home environment in which the youth's developmental needs can be met.
Non-Abusive Environment	Caregiver protects the youth from abuse, or if abuse occurs, provides the physical and emotional support the youth needs.
Supervised Home	Caregiver provides a home and adequate supervision of the youth's activities (whether in or outside of the home).
Conflict Management	Family environment is free of domestic violence, hostility, or pervasive conflict.

"Developmental needs" refers to the youth's need to receive guidance and support, appropriate to his/her age, across various life spheres (e.g., social, emotional, academic, regulation of impulses, etc.). Another factor to consider is the support available from the extended family and the community. Temporary inability of the family to provide for the youth could conceivably be compensated for by sources of social and emotional support other than the immediate family. As mentioned previously, caregivers who are not living in the same household can be rated on separate forms.

The first item at each severity level states that the youth's needs are greater than the caregiver's resources. At the SEVERE level, the situation is potentially dangerous; at the MODERATE level, the youth's developmental needs are not adequately met; and at the MILD level, adequate warmth, sensitivity, or security are not provided. These items do not imply parental dysfunction. The youth's developmental needs may be inadequately addressed solely because the youth's needs/demands exceed family resources. These items can be used when the parent(s) or family are not necessarily impaired, yet the youth's needs cannot be met by the resources available. The family's resources are less than those needed to care for a youth with special needs, resulting in extra burdens on the family. Examples of such children may include children with disabilities, developmental delays, pervasive developmental disorders (e.g., autism), severe attention deficit-hyperactivity disorder, etc.

Items referring to "impairment in parental judgment or functioning" appear at the SEVERE and MODERATE levels. For each level, examples of conditions that can be related to severe impairment (e.g., psychoses or substance abuse) and moderate impairment (e.g., emotional instability or substance use) are provided. These parental conditions are provided as a rough guideline. Endorsement of these items does not mean that the parent has one of the listed disorders. In fact, sometimes the rater may know that the parent's functioning is impaired, but not know the source of the parent's dysfunction. The conditions listed are examples of ones that typically lead to a parent failing to engage in parenting activities in an appropriate and timely manner. These activities include providing nurturance and appropriate limits, as well as encouragement and assistance in learning academic and other life skills. Also note that these items refer to impairment in parental judgment. Examples would include leaving a child in the care of an inappropriate person (e.g., drug user), leaving a young child alone in the house, or routinely sleeping with an adolescent.

At the SEVERE level there is an item describing the caregiver as "hostile, rejecting," or, if the youth is currently out of the home, does not want the youth to "return home." This item is intended to rate caregivers who feel rejecting or hostile toward the youth and/or do not look forward to the youth returning if he/she is currently out of the home. The wording "return home" was specifically chosen. This item would not necessarily be endorsed if the parent indicated that at the present time he/she could not safely care for the youth in his/her home or temporarily needed respite care. *Respite care* refers to an arrangement whereby the youth and the caregivers have temporary "relief" from each other. It can take many forms, including the youth spending overnight(s) in another home (e.g., foster care), or a paraprofessional

staying in the home overnight to attend to the youth. Termination of parental rights would be rated at the severe level. The similar item at the MODERATE level refers to the caregiver as being insensitive, angry, or resentful of the youth.

Inadequate supervision by the caregiver is reflected in items that refer to contributing to the delinquency of a minor at the SEVERE level, marked lack of supervision at the MODERATE level, and inadequate supervision, firmness, or consistency of care at the MILD level. "Supervision" refers to knowing or monitoring what the youth is doing. Obviously, the type and extent of supervision expected of the caregiver varies depending on the youth's age and developmental level.

Severe or frequent domestic violence (i.e., physical violence or serious threat of violence against a caregiver in the home) is scored at the SEVERE level, while presence of domestic violence or threat of it appears at the MODERATE level. Items reflecting poor management of family conflict (i.e., conflict is pervasive and continuous) are included at the MODERATE level, and items reflecting poor family relationships (e.g., frequent arguments), and poor family functioning (e.g. poor communication) are included at the MILD level. These items would also be scored if the conflict were marital.

Abuse of Youth: Several items at the SEVERE level of impairment describe situations relevant to abuse. There are two items that specify "abuse by a caregiver": one for sexual abuse and the other for physical abuse or neglect. In addition, since the abuse may have happened before the time period covered by the CAFAS, there is an item that refers to the youth being out of the home due to abuse or neglect. You should mark this item even if the abuse has not been substantiated, as long as the youth is currently removed. Also, note that this item does not stipulate that the abuse was by a caregiver. Sometimes when an abused youth is not removed from the home (or has been returned to the home), he/she receives little protection and/or support from the caregiver providing for him/her. The alleged perpetrator may even be in the home at times, resulting in the youth feeling very unsafe. An item at the SEVERE level specifically describes this situation, in which the caregiver fails to provide a safe environment. In addition, at the MODERATE level of impairment, an item describes the situation in which a caregiver fails to provide emotional support to a youth who has been abused. The alleged perpetrator could be a family member or someone outside of the immediate family (e.g., neighbor, friend of the family, cousin). If a caregiver were severely, emotionally abusive to a youth who has been sexually abused (e.g. calling the youth a "slut" or "bitch"), then the caregiver could be scored at the SEVERE level.

	 **Level of Resources Available**	**Item #**
30	Sociofamilial setting is potentially dangerous to the youth due to lack of family resources required to meet the youth's needs/demands EX: Caring for a youth with autism, other pervasive developmental disorder, or psychosis, with limited resources	211
20	Youth's developmental needs cannot be adequately met	222
10	Family not able to provide adequate warmth, security, or sensitivity	230

	 **Parental Judgment and Functioning**	**Item #**
30	Gross impairment in parental judgment or functioning. EX: psychosis, substance abuse, severe personality disorder, mental retardation Caregiver is openly involved in unlawful behavior or contributes to or approves of youth being potentially involved in unlawful behavior	212 220
20	Marked impairment in parental judgment or functioning. EX: emotional instability, psychiatric illness, substance use, physical illness	223
10	N/A	

	 **Supervised Home**	**Item #**
30	Caregiver does not want youth to return to the home Caregiver "kicks" youth out of the home, without trying to make other living arrangements	213 216
20	Marked lack of parental supervision or consistency in care. EX: Frequently does not know the whereabouts of youth, does not know the youth's friends	226
10	Not able to provide adequate supervision, firmness, or consistency in care over time	233

	Non-Abusive Environment	Item #
30	During the rating period, youth is subjected to sexual abuse in the home by a caregiver	214
	During the rating period, youth is subjected to physical abuse or neglect in the home by a caregiver	215
	Youth currently removed from the home due to sexual abuse, physical abuse, or neglect. (Initiation of removal may have been prior to current rating period)	217
	Failure of caregiver to provide an environment safe from possible abuse for a youth who has been previously abused or traumatized EX: Parent allows a friend, who has a history of sexual offending, to babysit child; allows abuser near the child when contraindicated	218
	Parents' rights terminated	Except.
20	Failure of caregiver to provide emotional support to youth who has been traumatized or abused.	227
10	N/A	

	Conflict Management	Item #
30	Frankly hostile, rejecting to youth	213
	Severe or frequent domestic violence	219
20	Domestic violence or serious threat of domestic violence	228
	Conflict is pervasive, (across areas) and continual (chronic) EX: hostility, tensions, scapegoating	224
	Family members are insensitive, angry, and/or resentful to the youth	225
10	Frequent family arguments and/or misunderstandings resulting in bad feelings	231
	Family relations are characterized by poor problem solving, poor communication, or emotional insensitivity	232

Notes About Scoring the Same Behavior on More than One Subscale

Generally, the rater decides which scale a behavior relates to and scores that scale accordingly. However, there are some behaviors, because of their strong quality, which have implications for more than one subscale or area of functioning. The more common examples of this situation are mentioned here.

Extremely aggressive behavior may be scored on the Behavior Toward Others subscale as well as any of the Role Performance subscales (i.e., School/Work, Home, or Community). Aggression in the school or home is not scored on the Community subscale unless it resulted in involvement of the police or legal system or diversion to other services (see previous sections). Aggression in the neighborhood or in the larger community would be scored on the Community subscale.

Sexual assault would be scored on the Behavior Toward Others subscale as well as on any of the Role Performance subscales (i.e., School/Work, Home, or Community). If the youth's sexually aggressive behavior resulted in dismissal from school or work during the rating period, then the School/Work subscale would be scored at the SEVERE level. If the youth's sexually aggressive behavior took place in the home, resulting in removal or the need for constant monitoring in the home during the rating period, then the Home subscale would be scored at the SEVERE level. Sexual assault would be scored on the Community subscale if there were legal involvement (including court ordered treatment), or if legal involvement was purposefully avoided and the youth diverted to mental health or social services.

Use of alcohol or drugs that has gotten the youth in trouble with the law would be scored on both the Community subscale as well as the Substance Use subscale.

Most youths with pervasive and seriously impairing disorders (e.g., Autism, other pervasive developmental disorders, Schizophrenia, Schizotypal Personality Disorder) would likely receive a high impairment score on at least Thinking, Behavior Toward Others and probably School/Work as well as potentially other subscales.

Youths who are not attending school due to fearfulness of school, a strong desire to stay with parental figure(s), or because of trauma suffered at school would be scored on School/Work subscale and on the Moods/Emotions subscale. A very depressed youth may also be rated on the School/Work subscale due to absences or poor grades.

Important Notes About Scoring the CAFAS® When Youths are in Residential Care

USE IN SHORT-TERM PSYCHIATRIC HOSPITALIZATION SETTINGS

The unit/staff can rate the youth on all eight subscales before and after the short hospitalization. In addition, at intake, the staff can stipulate which individual subscale(s) of the CAFAS they plan to impact during the short-term

hospitalization. Examples would be: the Self-Harmful Behavior subscale for suicidal youths, the Mood/Emotions subscale for depressed youths, the Thinking subscale for psychotic youths, and the Behavior Toward Others subscale for youths with a variety of other presenting problems. The youth's progress on the selected subscale(s) would be used to assess the youth's progress while in the unit. Provided that the unit chooses the outcome criteria ahead of time by stipulating the subscales on which the youth will be assessed, this is an appropriate option. Rating the entire CAFAS provides a picture of how the youth looks as he/she progresses through each stage of the continuum of care. The CAFAS Profile and item endorsements can be forwarded with the youth as he/she progresses through the continuum of care. For example, when the youth exits from a service, the staff can indicate how the CAFAS Profile and item endorsements have changed from admission to discharge and prepare a plan for the step-down program to which the youth is transferring.

USE IN LONG-TERM RESIDENTIAL PLACEMENTS

The rules for scoring youths placed in residential care are generally the same as when rating youths not in residential care. The problems that arise are mostly implementation issues, not measurement problems per se. Most of the problems are related to one of two situational conditions: (1) the youth has improved but the environment to which the youth may be discharged is considered to be inadequate to meet the youth's needs and/or (2) the youth has apparently improved but the residential facility does not have sufficient means for gradually "stepping down" the youth to a less restrictive setting (i.e., to "test" whether the youth's improved functioning can be maintained if the level of supervision or structure of the facility were less). Given that there are no "magical" answers to these implementation issues, guidelines are offered here.

Rate the youth on his/her actual behavior. For the School/Work subscale, rate the youth's behavior during school hours and while in a group educational setting. For youths who are working, rate behavior at work, irrespective of the hours worked. For the Home subscale, rate the youth's behavior during hours usually spent in the home (i.e., 3:30 p.m. to 7:00 a.m. or so).

Rate the youth's most severe functioning across the time period being rated (e.g., 1 or 3 month period, which is defined by the user group).

Rate the youth's behavior in any setting the youth was in during the rating period. For example, if the youth went on a home visit for one afternoon and the remaining 89 days of the 3-month period were spent in a residential unit, then the youth's most severe functioning at either of these sites would be used. So, if a youth's behavior was very impaired while at home (i.e., knocked a hole in the wall of the family's apartment) and very good in the residential unit, the youth's rating on the Home subscale would reflect the destructive episode at home.

Thus, a youth who is in a residential facility does not get an "automatic" score of 30 (SEVERE impairment) on the School/Work and Home subscales. In fact, the relevant CAFAS items on the School/Work subscale (#001) state that the youth is not in school due to behavior that occurred in school *during the rating period*. Generally, these youths would receive a score of 30 (severe impairment) at admission to the facility and through the first 3 months post admission (e.g. evaluation done at 3 months). In any case, the youth would receive a 30 for the rating period when he/she was actually placed in the facility provided that it was due to impaired functioning. If item #001 on the School/Work subscale is selected, the rater should continue down the column for SEVERE impairment level and endorse all items that reflect the behavior that resulted in the youth's placement out of school (e.g., threatening others). If none of the items capture the behavior, endorse the "Exception" item and write in a description of the behavior or circumstances under "Explanation."

If the youth has been in a residential facility more than 3 months, then endorse the items that describe the youth's behavior during school times. Example endorsements at the SEVERE level of impairment include item: #002 when the youth is still expelled by public school, #005 when the youth's behavior does not meet minimum requirements for behavior in a specialized classroom or regular classroom with specialized services in public school, and #008 when the youth's disruptive behavior persists despite specialized program/treatment.

Similar guidelines should be used for the Home subscale. A youth should not receive a 30 (SEVERE impairment) solely because the youth is out of the Home. For the Home subscale, item #041 is comparable to #001 on the School/Work subscale. Item #041 includes the description "not in the home due to behavior that occurred in the home during the rating period." The behavior being referred to is the type of role performance behaviors that are rated on the Home subscale, such as noncompliance, disobedience, being a potential danger to other household members, etc. Thus, a youth who is psychiatrically hospitalized, because of a suicide attempt that happened to take place in the home, would *not* be rated a 30 on the Home subscale based solely on the suicidal behavior.

For the circumstance in which the youth has been in the residential placement for more than 3 months, the rater should endorse the item(s) on the Home subscale that describes the youth's behavior in the residential placement. In this situation, the word "home" refers to the residential setting, any outings made by the youth (e.g. field trip, local pizza eatery) and the youth's family/foster home. The words "household members" refers to other persons in the residential setting or in the youth's family/foster home. Thus, the rater can endorse item #043 when there are threats of harm, #044 when there are acts of intimidation, #045 when there are serious and repeated violations of expectations and rules, #046 when behavior has to be constantly monitored in order to ensure safety of others, #048 when there is run away or elopement behavior, and #049 when there is deliberate and severe damage to property. If extensive management or constant monitoring is needed in order to prevent elopement or damage to property (e.g., fire setting), then "Exception" can be endorsed and the rationale elaborated on under "Explanation."

At the MODERATE level on the Home subscale, any item that describes the youth's behavior in the residential facility can be endorsed, since the terms "home" and "household members" apply to the residential facility or the youth's home. Also, note that item #051 includes a clause relevant to residential placement: "Persistent failure to comply with reasonable rules and expectations within the home; active defiance much of the time (*OR*, if youth is not in the home, youth fails to comply with reasonable rules and expectations unless close monitoring /supervision is maintained)." Under the space allotted to "Explanation" on the Home subscale, the rater can describe the youth's behavior that was observed when the supervision/monitoring was not in place. This would only be necessary if none of the other items at the MODERATE level describe the noncompliant behavior. The level of monitoring/ supervision needed should be considerably more than that required for most youths of the same age.

Remember that, even in residential settings, youths will display disobedient or unruly behavior, make threats, etc. Any behaviors that would be noticed as different from other youths in a regular mainstream classroom in a public school or in a "regular" family setting (in which rules, routines, and curfew are expected to be followed, and non-threatening, non-intimidating, and respectful behavior toward others is expected) should be rated. Thus, it should not be the case that a youth is rated as impaired *only* if he/she acts considerably worse than other youths in the residential setting. Instead, the youths should be rated based on their behavior as compared to 'normative' youths of the same age (which is described in the MINIMAL OR NO impairment level on the CAFAS). For example, rate behavior as intimidating if the same behavior done in a public school, in any other public setting, or in a private home would be intimidating even though residential staff may not feel intimidated because they have swift and effective ways of dealing with intimidation (e.g., ample staff to physically control the youth, security personnel, time-out rooms, tranquilizers, etc.).

Generally, it is thought that a youth should not be in a setting that is more restrictive than needed to keep the youth and others around the youth safe, other than short-term residential stays for such tasks as observation of behavior for diagnostic purposes, medication trials, family crises, etc. If the youth is well behaved in the residential setting, then the logical step is to evaluate the youth's ability to cope in a less restrictive setting. This is typically done by arranging for: attendance at a school off the residential unit (e.g., in a classroom for youths with behavioral disorders in a local public school), increased freedom from direct supervision or privileges (e.g. can walk to canteen or around campus), field trips off the unit, or home visits. If the youth's behavior is problematic while on these "trials" in a less restrictive setting, then the youth's poor functioning will be reflected in the CAFAS scores because the youth's most severe behavior during the time period in any setting is rated. If the youth's behavior is good during these "trials," then the staff will likely want to consider "stepping down" the youth's placement to a less restrictive one or implementing a plan that permits increasing "visits" to less restrictive settings.

Establish clear criteria for the youth being able to make a home visit (either at his/her own home or with a family in the community) and for being able to attend a community school (or equivalent). It is preferable to have criteria that are objective and can be behaviorally observed. Having clear criteria helps to explain why a youth did not qualify for being placed in a less restrictive environment or was not allowed an opportunity to prove that he could handle a less restrictive environment. The problematic behaviors or behavioral deficits can be recorded on the CAFAS. If needed, use the "Exception" scoring option and write a note under "Explanation."

Assess at admissions/intake any circumstances that may preclude either: (a) "testing" the youth's ability to function in a less restrictive setting or (b) stepping down the youth to a less restrictive setting when he/she demonstrates an ability to function well in a highly restrictive setting. Often the circumstances are known even before the youth is admitted (e.g., youth's caregivers are inept at managing youth, resulting in provoking and escalating problem interactions). By documenting these circumstances (either as "present" or as "rule in/rule out"), the provider can request that the referring/funding

entity begin to work on these issues before they become obstacles in providing the youth treatment in the least restrictive environment. Some providers now arrange for a youth to have "home visits" even when the youth has no home or foster home (i.e., they arrange for the youth to be in a family setting in the community for "visits").

For the situation in which the youth's ability to function at a higher level cannot be "tested," document the youth's needs and the nature of his/her situation that precludes "testing" his/her functioning. (See the *CAFAS® Handbook for Training Coordinators, Clinical Administrators, and Data Managers*.)

The table at the end of this section provides a rough guideline for thinking about scoring the School/Work subscale when a youth is in residential care.

USE BY "STEP DOWN" PROGRAMS

In some cases, programs want to rate at "intake" youths who are being transferred from a long-term residential facility. If the new program is a "step down" in restrictiveness or in closeness of supervision, this can result in an "intake" score, which is artificially low. For the purposes of tracking the youth's functioning in the less restrictive setting, or for evaluating the "step-down" programs, the first rating for the youth *after* admission could be used for assessing outcome. For example, the program might want to rate the youth upon entry into the step-down program and then again 30 days later. The highest of the two scores (i.e. entry or 30 days post entry) could be used as the "pre-intervention" score in evaluating the youth's progress in that program.

ADDITIONAL SCORING CRITERIA FOR YOUTHS WITH SPECIAL NEEDS OR IN SPECIAL PROGRAMS

Supplementary scoring criteria are available in the *CAFAS Handbook for Training Coordinators, Clinical Administrators, and Data Managers.* Suggested items and severity level are given for youths with developmental delay, with eating disorders, in residential substance use programs, in sex offenders programs, and who are teenage parents.

If you have any questions or suggestions for improving these instructions, please feel free to contact the author.

Rating School When in a Residential Facility

Was the youth placed in the residential facility during the rating period?

No

Yes → Was the youth placed in the residential facility in part due to "bad" behavior occurring at school or on the job?

No

Yes → You can rate item #001 & continue down the column for Severe Impairment and endorse items which reflect the behavior that resulted in the youth's placement out of the school. If none of the items capture the behavior, endorse the "Exception" item and write a description of the behavior or circumstances under "Explanation."

If placed for other behavior (e.g. suicidal), rate behavior in school. Often youth has problems in school as well.

Is the youth currently mandated by school to be in an alternative school (i.e., not wanted in the building) or is the youth expelled?

No

Yes → Score #002 and "Exception." In Explanation, note the mandate and perhaps comment on youth's likely behavior if mainstreamed.

Is School setting artificially constrained (unlike mainstream classroom)?

No

Yes → Is the youth's behavior impaired (compared to other youth in mainstream classroom)?

Evaluate youth as you normally would

No

Yes → Endorse items that apply. EX: If severe, #005, 008. If moderate: #012, 013, 017

If the youth is well-behaved in the residential setting, evaluate the youth's ability to cope in a less restrictive setting so you can determine the appropriate rating. EX: Attend school off the residential unit (e.g. in a classroom for youths with behavioral disorders in a local public school). EX: Establish on-site special group school experience to test coping skills.

DEMONSTRATION VIGNETTES®

Six case vignettes are presented. Each vignette is followed by a completed scoring form and profile. The vignettes that are provided describe disguised case summaries.

Two types of vignettes are used to provide trainees with the opportunity to rate the CAFAS® using information derived from different settings and different sources of information. The first vignette style is a summary of information obtained from parent responses to the CAFAS® interview. While this style is organized around each subscale, some information pertinent to a particular subscale might be found under a different heading. The second vignette style is based on a diagnostic structured interview (i.e., the Child Assessment Schedule [CAS]). The CAS is similar to interviews used in research and to interviews that might be conducted by traditional clinicians. The CAS contains topical areas around which the vignettes are organized. The areas are: School, Friends, Activities, Family, Fears, Worries and Anxieties, Self-Image, Mood (Sadness) and Behavior, Physical Complaints, Acting Out, and Reality Testing. Each topical area contains summarized information from an interview with the child, followed by the information from the parent interview. Each child and parent are asked the same set of questions, without regard to presenting problems or the extent of problems. Information necessary to score specific CAFAS® scales might be found in one or several of the topical areas.

The scoring form is organized so that it provides the following information for each scale: severity score (e.g., 30), item number from the CAFAS® items (e.g., 156), and Rationale for the scoring (e.g., failing classes due to hangovers causing missed classes).

In the cases where a non-custodial caregiver should also be rated, scoring lines for both caregivers are included on the form.

BACKGROUND INFORMATION

Peter is an 11-year-old male. His parents have been divorced for three years and he currently is living with his biological mother, his brother, and his mother's boyfriend. Peter visits his biological father every other weekend, and his divorced parents report little friction between them. Peter has never changed houses. He lives in a three bedroom home in the suburbs and is well provided for. Peter has a good relationship with his biological dad who lives in a condominium several miles away. Peter is in the sixth grade. He is currently experiencing problems at school, including being oppositional and not always completing his homework assignments. This is actually an improvement over past years, when he had problems getting along with teachers.

SCHOOL

CHILD: Peter reports having some problems getting his schoolwork done. He explained that sometimes he forgets to do it or thinks it will be too tough, so he "skips" it.

PARENT: Mrs. X reports that Peter's problems at school typically concern his not doing homework assignments. When confronted by his teacher, Peter makes up excuses.

FRIENDS

CHILD: Peter reports having several neighborhood and school friends as well as a best friend. He also stated that there are a few kids who don't like him, though he has never had a physical confrontation with any of them. His mother tells him that they are just jealous, and that he should avoid arguing with them.

PARENT: Peter has a best friend as well as other friends. However, Mrs. X reports that Peter doesn't get along with all of the boys. She stated that the few he argues with are jealous because Peter is intelligent and has nice clothes.

ACTIVITIES

CHILD: Peter enjoys drawing, listening to the radio, and reading comics.

PARENT: Mrs. X reports that Peter is enjoying activities, which include drawing, video games, and reading as much as he used to, but she is slightly concerned that he spends too much time alone.

FAMILY

CHILD: Peter reports no conflicts with family members and wishes nothing within the family to change.

PARENT: Mrs. X reports that the only conflict at home at the current time is when Peter occasionally "tests" her and she must discipline him.

FEARS

CHILD: Peter spontaneously reported that he was afraid of being in the dark in strange places, and of heights where it is a steep, unprotected place. He stated that in these situations he gets sweaty palms. No phobias were reported.

PARENT: Mrs. X reports that Peter has no phobias.

WORRIES AND ANXIETIES

CHILD: Peter does not have a lot of worries, but admits to worrying that his mom and her boyfriend will break up even though they don't argue much. This worry was not preoccupying or incapacitating.

PARENT: Mrs. X reports no serious worries at this time.

SELF-IMAGE

CHILD: Peter spontaneously described himself as a kid who "likes to draw, loves animals, is short for his age, and someone who tries to be good even though sometimes it doesn't work out that way."

PARENT: Mrs. X reports that sometimes Peter has some conflict regarding his short stature and that this sometimes negatively affects his relationship with peers.

MOOD AND BEHAVIOR

CHILD: Peter reports feeling happy most of the time. He said that he would become sad if his dog or cat got run over by a car.

PARENT: Mrs. X reports that Peter is basically a happy child. Occasionally, she stated, Peter becomes crabby when he does not get his way.

PHYSICAL COMPLAINTS

Peter and Mrs. X report no physical symptoms, and he appears to be healthy at this time.

ACTING OUT

CHILD: Peter reports feeling angry when "somebody calls me names." He also worries that his teachers may think he is a troublemaker because of his previous acting out behaviors and verbal fighting with teachers and peers, even though they haven't said anything like that. He reports no use of alcohol or drugs.

PARENT: Mrs. X reports some acting out behaviors for Peter. He is occasionally argumentative and stubborn. However, she added that she thought he was not different than any average kid his age. She said Peter has never used alcohol or drugs.

REALITY TESTING

No auditory or visual hallucinations or delusions were reported.

Name: Peter

10	School/Work	026	doesn't do homework
0	Home	063	child occasionally "tests" mother but no major problems
0	Community	084	no problems
0	Beh. Toward Others	112 113	good relationships with friends occasional problems resolved
0	Moods/Emot.	136	described as 'basically a happy child'
0	Self-Harm.	151	no indicators of self-harm
0	Substance Use	176	no use of drugs or alcohol reported
0	Thinking	198	no problems reported

Primary Caregiver Resources (biological mother and boyfriend)

0	Material Needs	207	no problems
0	Fam/Soc Support	235	no problems

CAFAS® PROFILE: YOUTH'S FUNCTIONING Youth's Name Peter ID#_____

Level of Impairment	Role Performance: School/Work	Role Performance: Home	Role Performance: Community	Behavior Toward Others	Moods/ Self-Harm: Moods/ Emotions	Moods/ Self-Harm: Self-Harmful Behavior	Substance Use	Thinking
SEVERE 30	1 2 3 4 5 6 ○ 7 8 9 10 11	41 42 43 44 45 46 ○ 47 48 49 50	66 67 68 69 ○ 70 71 72	88 89 90 ○ 91 92	116 117 118 ○ 119 120	142 143 144 ○ 145	154 155 156 157 158 159 ○ 160 161 162 163 164	182 183 184 ○ 185 186
MODERATE 20	12 13 14 15 16 17 ○ 18 19 20 21	51 52 53 54 ○ 55 56	73 74 75 76 77 ○ 78 79	93 94 95 96 97 98 ○ 99 100 101 102	121 122 123 124 125 ○ 126 127	146 147 148 ○	165 166 167 168 169 ○ 170 171	187 188 189 190 ○ 191 192
MILD 10	22 23 24 25 26 27	57 58 59 60 ○ 61	80 81 82 ○ 83	103 104 105 106 107 ○ 108 109 110	128 129 130 131 132 ○ 133 134 135	149 150 ○	172 173 174 ○ 175	193 194 195 196 ○ 197
MINIMAL/NO 0	28 29 30 31 32 33 34 ○ 35 36 37 38 39	62 63 64	84 85 86	111 112 113 114	136 137 138 139 140	151 152	176 177 178 179 180	198 199
COULD NOT SCORE	40 ○	65 ○	87 ○	115 ○	141 ○	153 ○	181 ○	200 ○

For each scale, mark the item number(s) which corresponds to those marked on the CAFAS form and fill in the circle indicating severity level. A profile is yielded by connecting the filled circle

BACKGROUND INFORMATION

Lisa is an 11-year-old female who is quite tall and physically mature for her age. She lives with her mother, father, and 10-year-old brother. Lisa's mother works part-time. Her father is an accountant. Lisa and her mother presented a totally different picture of the family dynamics. Lisa indicated that in the last year or two, both of her parents (mainly her mother) have been much nicer to her brother and have been ignoring her. Lisa's mother reported that because her brother has started to act out more recently, much more attention has to be paid to her brother and she believed that Lisa resents her brother's extra attention. She has recently become argumentative and defiant with her mom, often refusing to do household chores she has always been responsible for. Mrs. X also reported that she and her husband have been having many more arguments lately because he will not take any responsibility for the problems in the household and only wants to be "Mr. Nice Guy." Mrs. X reported that she is the only one who is always yelling at the kids and telling them what to do. Mrs. X reported that Lisa's problems accelerated because she started puberty much earlier than the other girls in her school and she is very ashamed of her physical development.

SCHOOL

CHILD: Lisa reported that lately she doesn't like school as much, although she has always been, and still is, very successful in school. She reported that she gets "teased a lot by boys in the school" and that makes her sad.

PARENT: Mrs. X reported that Lisa used to like school. However, she has been complaining about going to school (and the kids at school) for her entire 5th grade year (about 8 months). She tries to make excuses for not going to school and that is something that they argue about.

FRIENDS

CHILD: Lisa reported that she has many female friends but no male friends "because my friends hate boys."

PARENT: Mrs. X indicated that Lisa has many friends and has always enjoyed spending time with them outside of school. She also enjoys her time alone.

ACTIVITIES

CHILD: Lisa reported that she likes to be alone because she doesn't have anyone telling her what to do and she can do anything she wants. She reported many activities that she does with her friends.

PARENT: Mrs. X reported that Lisa is "always doing something."

FAMILY

CHILD: Lisa stated that her brother was the biggest troublemaker. Lately, she stated, she does not like to be around when her whole family is present because, "all we ever do is argue." She indicates difficulty getting along with her mother, saying that her mother often tells Lisa, "if you minded better, your dad and I wouldn't argue so much."

PARENT: Mrs. X reported that Lisa spends less and less time with the family. There is a building conflict between Lisa and her brother, and Mr. and Mrs. X are having marital difficulties. Mrs. X stated that no one is

able to relax at home anymore. Mrs. X feels that Lisa's recent defiance has contributed to her and her husband's marital problems.

WORRIES AND ANXIETIES

CHILD: Lisa reported that for all of her worries (e.g., natural disasters, marital separation, parents divorcing, separation from a parent), she worries about them often, but they are not preoccupying or incapacitating.

PARENT: Mrs. X reported that Lisa mainly worries about the relationships in the family and her friends at school. She also worries that family members will get sick, but she doesn't think the worries cause a big problem for Lisa.

SELF-IMAGE

CHILD: Lisa stated that she is different from the other girls in her school. She said that she is "way too tall, fat, and ugly."

PARENT: Mrs. X stated that Lisa has become more self-conscious since she started puberty earlier than most other girls. She said that Lisa has very low self-esteem.

MOOD AND BEHAVIOR

CHILD: Lisa stated that she used to be in a good mood most of the time but lately she has been in a "bad mood" and gets annoyed easily.

PARENT: Mrs. X stated that in the last year Lisa has been easily irritated, especially around her brother. She tends to argue a lot recently, and often feels lonely.

PHYSICAL COMPLAINTS

CHILD: Lisa reported that she sometimes has headaches and pains that have kept her from attending school a couple times in the past few months.

PARENT: Lisa has only missed a few days of school due to physical complaints.

ACTING OUT

CHILD: Lisa reported no acting out problems. She stated that what her brother does ("breaks all the rules") is "stupid."

PARENT: Besides a lot of arguing, Mrs. X reported that Lisa does not have temper tantrums or act out very much. She does report, however, that Lisa is stubborn and sometimes acts before thinking. Mrs. X is confident that Lisa does not use drugs or alcohol.

REALITY TESTING

No auditory or visual hallucinations or delusions were reported.

Name: Lisa

0	School/Work	029	Although Lisa often complains about going to school, no problems with attendance, behavior, or completing school work reported.
10	Home	057	argumentative, defiant, sometimes refuses to do chores
0	Community	084	no problems in the community
10	Beh. Toward Others	103	quarrels, argues
		106	easily irritated or annoyed
10	Moods/Emot.	128	often worried with headache & pain
		129	highly irritable; headaches, pains
		130	low self-esteem
0	Self-Harm.	151	no problems reported
0	Substance Use	176	no substance use reported
0	Thinking	198	no problems reported

Primary Caregiver Resources (biological parents)

0	Material Needs	207	no problems
20	Fam/Soc Support	224	family, marital conflict; family members "always" arguing
		225	mom blames child for marital conflicts

CAFAS® PROFILE: YOUTH'S FUNCTIONING **Youth's Name** Lisa **ID#**_____

Level of Impairment	Role Performance: School/Work	Role Performance: Home	Role Performance: Community	Behavior Toward Others	Moods/ Self-Harm: Moods/ Emotions	Moods/ Self-Harm: Self-Harmful Behavior	Substance Use	Thinking
SEVERE 30	1 2 3 4 5 6 ○ 7 8 9 10 11	41 42 43 44 45 46 ○ 47 48 49 50	66 67 68 69 ○ 70 71 72	88 89 90 ○ 91 92	116 117 118 ○ 119 120	142 143 144 ○ 145	154 155 156 157 158 159 ○ 160 161 162 163 164	182 183 184 ○ 185 186
MODERATE 20	12 13 14 15 16 17 ○ 18 19 20 21	51 52 53 54 ○ 55 56	73 74 75 76 77 ○ 78 79	93 94 95 96 97 98 ○ 99 100 101 102	121 122 123 124 125 ○ 126 127	146 147 148 ○	165 166 167 168 169 ○ 170 171	187 188 189 190 ○ 191 192
MILD 10	22 23 24 25 ○ 26 27	57 58 59 60 61	80 81 82 ○ 83	103 104 105 106 107 108 109 110	128 129 130 131 132 133 134 135	149 150 ○	172 173 174 ○ 175	193 194 195 196 ○ 197
MINIMAL/NO 0	28 29 30 31 32 33 34 35 36 37 38 39	62 63 64 ○	84 85 86	111 112 113 114 ○	136 137 138 139 140 ○	151 152	176 177 178 179 180	198 199
COULD NOT SCORE	40 ○	65 ○	87 ○	115 ○	141 ○	153 ○	181 ○	200 ○

For each scale, mark the item number(s) which corresponds to those marked on the CAFAS form and fill in the circle indicating severity level. A profile is yielded by connecting the filled circles.

BACKGROUND INFORMATION

Barry is a 16-year-old male who is in the 11th grade. Last year Barry's parents divorced, with his dad moving out and taking Barry's older brother (age 17) with him. This forced Barry and his mom to move from their small rural community to an apartment in the city. Both Barry and his mother have had difficulty adjusting to the larger school system in the city, which Mrs. C describes as "awful." Barry has been going back and forth between his parents' homes, although in the past five months he has only been with his dad for a few weekends. Barry has been receiving individual counseling for about ten months for depression, but now that he has a driver's license and drives himself, he often skips the appointments.

SCHOOL

Barry shows no interest or concern about school. He usually attends school, but is often tardy. His excessive tardiness resulted in a one-week suspension from school last month. He is in the vocational training program, which Mrs. C considers "a joke," and Barry is failing every class except Auto Repair. Barry never does or hands in homework, and does not seem to be trying. Mrs. C says that this is a result of the school system and he was doing fine (Cs) in the rural district. Barry follows the rules at school and is not a discipline problem, but he refuses to do homework and fails all of his tests. Barry has a part-time job after school at an auto repair/supply store. He makes deliveries, works on the computer, and works the cash register. He hopes to be a mechanic there some day. He has no problems at work, and has been promoted twice this year.

HOME

Although Mrs. C says that Barry cares for himself without problems, she mentions that Barry sometimes neglects to brush his teeth. Barry will go through "spurts" where he will do his chores willingly, but he is "lazy" and most of the time he must be encouraged to do his work. Mrs. C says that when prodded, he does the work. Barry curses a lot, but Mrs. C finds this normal for a boy his age.

COMMUNITY

Barry was stopped for speeding and running a red light two months ago. The policeman "really scared him," so he's been more careful. He loves having a driver's license and wants to keep it.

BEHAVIOR TOWARD OTHERS

Barry has made several good friends since the move. Other than needing to be pushed to do his chores, Mrs. C reports no behavior problems at home or at school.

MOODS/EMOTIONS

Although Barry is described by his mom as usually cheerful, he has periods when he suddenly becomes extremely depressed. These began when his dad and brother left and have occurred about four times over the last year, the latest being just over one month ago. These episodes last for several days and Barry appears depressed, sad, down in the dumps, and feeling that nothing is fun anymore. He will quit eating and "will not get off of the couch." If it is a school day, he will complain of severe headaches or stomachaches and will resist going to school. After some argument, however, he does go to school, but refuses to do any work. He just sits and stares and seems totally apathetic. Then, just as suddenly, he will go back to "normal." Mrs. C feels that even in "normal" periods, Barry has a very low self-esteem.

SELF-HARMFUL BEHAVIOR

Sometimes, when he is depressed, Barry will burn some of the hair off of his arms with his cigarette.

SUBSTANCE USE

Barry has never been drunk, to Mrs. C's knowledge, but he will have a beer about once a week.

THINKING

Barry is very superstitious and will not drive his car with the windows closed, even in the winter. He also insists on having his bed next to a window and when at a friend's house for the night he will sleep next to a window.

PRIMARY CAREGIVER RESOURCES

MATERIAL NEEDS:

All material needs are satisfactorily met.

FAMILY/SOCIAL SUPPORT:

Mrs. C reports that she and Barry are very close. They will have occasional fights about his tardiness or "laziness," but for the most part they get along well. Mrs. C says that she does not know what to do when Barry is in a depressed mood, and will usually just leave him alone until he gets over the episode.

NON-CUSTODIAL CAREGIVER RESOURCES

MATERIAL NEEDS:

Mr. C has been diagnosed with severe clinical depression. On occasion, when Barry is staying with him, the apartment has been a mess and there has been no food in the house. However, since Barry has been able to drive (past five months), he is able to shop for his dad at these times.

FAMILY/SOCIAL SUPPORT:

Barry was very upset when his dad left with his brother. Mr. C is often depressed, sometimes to the point of incapacitation. Barry and his brother take care of him at these times, although Barry has pulled away from the situation considerably in the past five months. Although the boys were very close before the separation, recently there has been a lot of conflict and hostility between them.

Name: Barry

30	School/Work	009	failing all but one class
10	Home	058	needs prodding to do work
10	Community	080	stopped for speeding and running a red light
0	Beh. Toward Others	111 112	no problems reported
30	Moods/Emot.	118	depression accompanied by failure to do school work and is totally apathetic during depressed episodes
10	Self-Harm.	149	burns arm hair
10	Substance Use	173	has a beer once a week; never drunk
0	Thinking	198	no problems

Primary Caregiver Resources (biological mother)

0	Material Needs	207	Material needs satisfactorily met
0	Fam/Soc Support	235	no problems reported

Non-Custodial or Surrogate Caregiver Resources (biological father)

10	Material Needs	244	occasionally no food in house when dad is depressed, but youth is able to drive to the store to get it
20	Fam/Soc Support	262	Dad depressed, sometimes to incapacitation, youth not as impacted recently

CAFAS® PROFILE: YOUTH'S FUNCTIONING **Youth's Name** Barry **ID#**_____

Level of Impairment	Role Performance: School/Work	Role Performance: Home	Role Performance: Community	Behavior Toward Others	Moods/ Self-Harm: Moods/ Emotions	Moods/ Self-Harm: Self-Harmful Behavior	Substance Use	Thinking
SEVERE 30	1 2 3 4 5 6 **7** 8 **9** 10 11	41 42 43 44 45 46 ○ 47 48 49 50	66 67 68 69 ○ 70 71 72	88 89 90 ○ 91 92	116 117 **118** 119 120	142 143 144 ○ 145	154 155 156 157 158 159 ○ 160 161 162 163 164	182 183 184 ○ 185 186
MODERATE 20	12 13 14 15 16 17 ○ 18 19 20 21	51 52 53 54 ○ 55 56	73 74 75 76 77 ○ 78 79	93 94 95 96 97 98 ○ 99 100 101 102	121 122 123 124 125 ○ 126 127	146 147 148 ○	165 166 167 168 169 ○ 170 171	187 188 189 190 ○ 191 192
MILD 10	22 23 24 25 ○ 26 27	57 **58** 59 60 61	**80** 81 82 83	103 104 105 106 107 ○ 108 109 110	128 129 130 131 132 ○ 133 134 135	**149** 150	172 **173** 174 175	193 194 195 196 ○ 197
MINIMAL/NO 0	28 29 30 31 32 33 34 35 ○ 36 37 38 39	62 63 64 ○	84 85 86 ○	**111** **112** 113 114	136 137 138 139 140 ○	151 152 ○	176 177 178 179 180 ○	**198** 199
COULD NOT SCORE	40 ○	65 ○	87 ○	115 ○	141 ○	153 ○	181 ○	200 ○

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BACKGROUND INFORMATION

Jamie is an 11-year-old female. Her parents are divorced and she is currently living with her mother, stepfather and two sisters. Her mother and stepfather are alcohol abusers and tend to minimize their problems as well as Jamie's. Jamie has had problems with acting out behaviors for three to four years. Both she and her mother blame her behaviors on the bad influence of a neighborhood group. These behaviors include multiple episodes of stealing, alcohol use, verbal fighting and an incident six months ago in which Jamie chased a boy who had just hit her. After her last episode of shoplifting last month, it is expected that, when her case is heard in Juvenile Court, she will be placed on probation. Jamie's family life appears to be somewhat chaotic. Both Jamie and her mother told numerous stories of family members who have been hurt, murdered, or involved in drugs. Both parents are on disability for their alcohol abuse. The family lives in public housing which is in serious need of repairs. Drive-by shootings occur frequently in the neighborhood.

SCHOOL

CHILD: Jamie reports that school is going well. She stated that her only problem area is her grades, although she was unable to report them because she says her teacher will not let her see them.

PARENT: Mrs. X reports that Jamie has been having significant problems in school. She stated that Jamie does not enjoy school, does not care about her performance, and so her school work has been suffering. She reports discord with teachers and poor grades (2 Cs, 3 Ds, 1 F) due to poor effort. She doesn't do homework.

FRIENDS

CHILD: Jamie reports having several friendships without conflict within her school. She stated that the neighborhood kids had her doing bad things, so starting about two weeks ago she tried not to hang out with them anymore. She sometimes feels nervous about this, because she's afraid her old friends might hurt her for "deserting" them.

PARENT: Mrs. X describes Jamie as a loner since her trouble with the law. She has no close friends and has trouble trusting people since the neighborhood group has been threatening her.

ACTIVITIES

CHILD: Jamie reported several activities (reading, cleaning, walking, and sitting on her porch) that she is enjoying as much as before.

PARENT: Mrs. X reports that Jamie is enjoying drawing, television, and talking on the phone as much as she previously did.

FAMILY

CHILD: Jamie describes her home life as basically pleasant. She does report, however, that she wishes that her biological mother and stepfather would stop abusing alcohol and fighting with each other. For example, she is afraid that her mother may accidentally set fire to the house when she is drunk. She explained how her mom had set a carpet on fire once when she fell asleep while smoking. She reports feeling better when she is away from home because she can do "whatever I want to do." She says that she often stays out very late and often violates rules regarding curfew.

PARENT: Mrs. X reports considerable discord between herself and Jamie because Mrs. X tries to keep Jamie from hanging around with the "wrong" kind of children. She also stated that Jamie does not like it when her stepfather drinks and her parents fight. She reports that Jamie feels better away from home. She wishes that Jamie would not stay out so late at night, and reports that they often argue about curfew violations.

FEARS

CHILD: Jamie spontaneously reported her fear of the neighborhood group members who continue to threaten her. She also discussed her fears of embarrassment and heights but they do not seem to interfere with functioning.

PARENT: Mrs. X reported Jamie's fear of snakes, dogs, and embarrassing herself. None met the criteria for phobia.

WORRIES AND ANXIETIES

CHILD: Jamie reported several worries. Her worries about death or harm to family members and her worries about the neighborhood group do not impair functioning.

PARENT: Mrs. X spontaneously reported Jamie's worry that her mother drinks too much. Mrs. X endorsed several other worries including concern about family members' physical and mental health. She was able to give past family experiences that would explain each of Jamie's concerns. None of these concerns were preoccupying or incapacitating.

SELF-IMAGE

CHILD: Jamie describes herself as a nice 5th grader who dresses nice, but she views herself as slow in school and too self-conscious. She could not report something that she was proud of about herself.

PARENT: Mrs. X reports that Jamie views herself in very negative ways, such as dumb and self-conscious. She states that Jamie sees nothing to be proud of herself about and seems to have low self-esteem.

MOOD AND BEHAVIOR

CHILD: Jamie says that her mood is basically good although she does report having clinging feelings toward her mother. She explained that she has been sad lately because although she knows her old friends were "bad news," she feels lonely and hurt.

PARENT: Mrs. X reports that Jamie is basically a cheerful person. She becomes sad and withdrawn when she is punished and can't go outside. She reports that Jamie wishes she could have more friends that don't get into trouble and that her parents would stop drinking.

PHYSICAL COMPLAINTS

CHILD: Jamie reports having stomachaches, particularly when she gets scared or nervous, that do not interfere with activities. She also reports a high activity level.

PARENT: Mrs. X confirmed Jamie's report.

ACTING OUT

CHILD: Jamie stated that what makes her feel mad or angry is when, "Mom goes out and does not come back for a long time." She reports several acting out behaviors including arguing, cursing, verbal fighting, stealing, and using alcohol with her neighborhood group. She did get sent to the principal at school two weeks ago for trying to pick a fight. She and her friends have a reputation for bullying and intimidating other kids. She reports that she drinks with her friends while at school several times a week, and that she was getting drunk every weekend.

PARENT: Mrs. X reports that Jamie gets angry when she doesn't get attention and will usually cry. She states that Jamie is considered a troublemaker at school. As for her other acting out behaviors, Mrs. X blames Jamie's friends. These behaviors include shoplifting, alcohol abuse, lying, curfew violations, and trouble following school rules.

REALITY TESTING

CHILD: Jamie reports experiencing odd things, including the feeling of blood running down her leg. Jamie realized that these things were not real at the time. Her friends laugh at her when she has these feelings because her behavior will abruptly change and she is unable to continue whatever activity she was involved in at the time.

PARENT: Mrs. X confirmed Jamie's report.

Name: Jamie

20	School/Work	012 019	Sent to the principal for picking fights Grade average lower than a C
20	Home	051	does not comply with curfew
20	Community	073	multiple episodes of shoplifting resulting in police involvement
20	Beh. Toward Others	093 100	Frequent verbal fights Hangs with group of friends with reputation for bullying and intimidating other kids
10	Moods/Emot.	128 130	afraid of old friends; anxious about parents; with stomachaches low self-esteem, describes self as dumb
0	Self-Harm.	151	no problems reported
30	Substance Use	163	Is 11 years old and gets drunk every weekend
10	Thinking	196	experiences feeling of blood running down leg - although she knows it is not real, disrupts current activities

Primary Caregiver Resources (biological mother and stepfather)

30	Material Needs	201	housing needs repair; drive-by shootings occur frequently
30	Fam/Soc Support	212	parents alcohol abusers; mother set fire to carpet; mother leaves for many hours at a time

CAFAS® PROFILE: YOUTH'S FUNCTIONING **Youth's Name** Jamie **ID#**_____

Level of Impairment	Role Performance: School/Work	Role Performance: Home	Role Performance: Community	Behavior Toward Others	Moods/ Self-Harm: Moods/ Emotions	Moods/ Self-Harm: Self-Harmful Behavior	Substance Use	Thinking
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MINIMAL/NO 0	28 29 30 31 32 33 34 ○ 35 36 37 38 39	62 63 64 ○	84 85 86 ○	111 112 113 114 ○	136 137 138 139 140 ○	151 152	176 177 178 179 180 ○	198 199 ○
COULD NOT SCORE	40 ○	65 ○	87 ○	115 ○	141 ○	153 ○	181 ○	200 ○

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BACKGROUND INFORMATION

Denny is a 12-year-old male who is in the 6th grade. He lives with his biological parents and an older brother. Because of serious financial problems, the family is currently living with Denny's paternal grandmother, her new husband, and his two sons. Denny has been placed in an emotionally impaired classroom since kindergarten. At the age of 9 years, he had to be hospitalized for a period of ten weeks as a result of his uncontrollable behavior. Over the next two years, Denny received outpatient care, medication (for attention deficit disorder), and several unsuccessful attempts at mainstreaming. This school year began with Denny once again placed in an emotionally impaired classroom. Mrs. X has refused to accept medication for him any longer because she feels that his growth has been stunted by his continued use of the drugs. This year, his behavior has become so harmful and destructive that three weeks ago he was expelled from school entirely.

SCHOOL

This year, Denny's grades have dropped to all Ds. Mrs. X says that Denny "hates school" and, prior to being expelled, was truant at least once a week. Since discontinuing his medication (two months ago), Denny has found it very difficult to concentrate and to motivate himself to do any work. He has frequently been suspended from school for aggressive and noncompliant behavior in the classroom. He has major attention problems and hyperactivity which have become so serious over the past two months that he is not able to continue even in the special setting provided by his school.

HOME

Denny is very troubled by his current living arrangements. He resents having to share a room with his brother and his new stepuncles. He will do chores only if given repeated warnings. He is constantly fighting with other family members and has threatened them with kitchen knives. Last month he hit his brother with a glass bottle. His brother needed fifteen stitches to repair the gash. Denny consistently provokes others by deliberately doing things that annoy them. He and his father are often yelling and swearing at each other. Denny uses obscene language and curse words as a normal part of his vocabulary. Mrs. X says that she is in tears a couple of times a week because Denny's problems seem more than she can manage.

COMMUNITY

Denny often lies and steals. He has been so disruptive at movie theaters that they will not let him in anymore. He has bragged about numerous acts of vandalism such as puncturing neighbors' tires, and painting obscene words on the walls of public restrooms. Although Denny has had no contact with the police, Mrs. X says that it is "just a matter of time" before he does.

BEHAVIOR TOWARD OTHERS

Denny's verbally and physically aggressive behavior makes it very difficult for him to sustain any positive peer relationships. He has bitten, hit, and kicked teachers and classmates. Last year he kicked a pregnant teacher in the stomach. He is very argumentative and defiant. He will initiate physical fights with classmates and has threatened them with whatever object is in his immediate reach. He admits that he is cruel to people and animals. Last week, when playing with his pet lizards, he became overly aggressive and choked one of them to death. Denny says that he has friends, but that they annoy him sometimes and that they cannot be trusted. Mrs. X says that Denny really does not have any friends because of his behavior.

MOODS/EMOTIONS

Mrs. X reports that Denny has erratic and frequent mood changes. She states that his moods of sadness and irritability have become frequent and of greater intensity over the last several months. He worries about fires, especially at night, and is excessively worried about his parents' health. He feels sad, hopeless, and that there is no reason to live. Denny feels very guilty about his behavior, but foresees no immediate change in his future. Denny reports continual stomachaches and extreme difficulty falling asleep. He says that it takes him up to four hours to calm down after going to bed so that he can get to sleep. He says that his mind just "keeps racing" and will not slow down.

SELF-HARMFUL BEHAVIOR

Denny has seriously considered suicide. Last week he wrote a suicide note, but "chickened out." He says that next time he won't take the time to write a note, but will just put the plastic bag he keeps in his drawer over his head and suffocate himself. He said, "I am not going to be here much longer." Mrs. X reports that occasionally Denny will get so frustrated with himself that he harms himself. Last month at school he became so angry that he dug a pencil up his arm until it bled.

SUBSTANCE USE

Denny denies any substance use.

THINKING

No impairing thought disturbances were reported.

PRIMARY CAREGIVER RESOURCES

MATERIAL NEEDS:

Mrs. X says that the last few months have been very hard on the family. They went through some very "rough" times when they had to file for bankruptcy. She says that Denny's problems were made worse when they finally had to move in with his grandmother. Although he has to sleep on the floor, at least this month he "has a roof over his head."

FAMILY/SOCIAL SUPPORT:

Mrs. X feels that Denny is a major cause of conflict in the family. Arguments between her and her husband have become more frequent and the tension more noticeable. She says that her husband has a bad temper and often becomes verbally insulting and blames Denny for the family's problems. Both parents agree that it might be a lot better were Denny to live elsewhere.

Name: Denny

30	School/Work	002	expelled from school
		003	expelled because of harmful behavior
		004	behavior problems despite placement in EI classroom
		008	
30	Home	043	hit brother with glass bottle
		044	intimidates family members, threatening them with kitchen knives
20	Community	073	repeated delinquent acts (vandalism), including stealing, puncturing tires of neighbor's car and defacing public restroom walls
30	Beh. Toward Others	089	physically aggressive behavior toward classmates and teachers; biting, hitting, kicking
		091	cruel to animals (choked lizard to death)
30	Moods/Emot.	119	depression with intent to die; frequent sadness with sleep problems and suicide intent
30	Self-Harm.	144	has a specific plan to hurt himself (plastic bag) and wants to die (intent)
0	Substance Use	176	no problems
0	Thinking	198	no problems

Primary Caregiver Resources (biological parents)

20	Material Needs	203	overcrowded conditions in home of relatives; child is very bothered by the arrangement and behavior worsened
30	Fam/Soc Support	213	caregiver is openly hostile to youth; blames him; would like him out of the home

CAFAS® PROFILE: YOUTH'S FUNCTIONING

Youth's Name Denny **ID#**_____

Level of Impairment	Role Performance: School/Work	Role Performance: Home	Role Performance: Community	Behavior Toward Others	Moods/ Self-Harm: Moods/ Emotions	Moods/ Self-Harm: Self-Harmful Behavior	Substance Use	Thinking
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BACKGROUND INFORMATION

Wanda is a 7-year-old female in the first grade. She lives in an apartment with her mother and 10-year-old brother. Her parents have recently separated (2 months ago), but her father lives nearby and regularly visits. When he does, he is usually drunk and abusive to family members. Wanda and her brother began seeing a counselor six weeks ago, after her mother began attending AA meetings.

SCHOOL

Wanda is doing well at school, although she sometimes gets distracted. She loses papers almost every other week. This has not become a serious problem, according to Mrs. F.

HOME

At home, Wanda refuses to do her chores when she is supposed to do them. Getting her to carry her dishes to the sink has become a daily fight between Wanda and Mrs. F. She also does not come directly home from school, but will always have some excuse as to why she was late. She has threatened others in the family, has broken toys, windows, and lamps in the home, and will scream at her mother and brother. She often leaves the house in the evenings to play with her friends, but will not come back in at her curfew (when it gets dark). Mrs. F has to send her son out to look for Wanda almost every night. Mrs. F feels that she has little control over Wanda.

COMMUNITY

Wanda has tried to shoplift candy many times from the corner store. She is usually caught, but she keeps trying new ways to sneak into the store.

BEHAVIOR TOWARD OTHERS

Mrs. F says that Wanda's behavior at home is very aggressive and disruptive. She tore her mother's shirt last month during one of her tantrums. At home, Wanda is very argumentative and quarrelsome and frequently has angry outbursts. Away from home, she is "the teacher's pet." Mrs. F feels that Wanda has very poor judgment and has no fear of punishment. She has a group of friends, several of whom are "little bitches," according to Mrs. F. Wanda and her friends are always conning other children, especially younger kids. They will tease some of the other children to the point of tears, but "that's what happens to real popular kids like Wanda."

MOODS/EMOTIONS

Mrs. F describes Wanda as being "whiny and complainy." She has sudden mood changes, going from fine one minute, to screaming the next. She is very emotional a lot of the time, either crying or screaming. Wanda has been very worried lately and seems to be getting worse. She worries "way out of proportion." At home, she is always either depressed or sad. She is irritable much of the time, and lately she has complained of stomachaches a lot.

SELF-HARMFUL BEHAVIOR

Although Wanda has never actually attempted suicide, she often threatens to do so. Two weeks ago, she grabbed a kitchen knife and threatened to kill herself. "She got a good spanking for that one," says Mrs. F. According to her mother, Wanda would never really do anything to harm herself.

SUBSTANCE USE

Both parents are alcoholics, with Mrs. F having been attending AA for the last two months. She says that before that time, they would let their kids drink occasionally "to get them used to the stuff so that they would know how to use it properly." She says that Wanda hasn't been allowed to sip anything since she (Mrs. F) started at AA. However, she is pretty sure that once in a while, Wanda sneaks a sip from a glass left by her father on one of his visits. Mrs. F has never noticed any negative results from the alcohol use.

THINKING

Mrs. F reports that Wanda will see bears in her room almost every night. She refuses to go to sleep until her brother comes in her room to "catch the bears." Mrs. F says that they have gone through a routine for a couple of years whereby her son will enter the room and go through a big game of catching the bears and leading them outside. Wanda insists that they are there and once (when her brother was spending the night at a friend's house) became so hysterical that he had to be called home just to "catch the bears." Mrs. F says that this game is silly, but that it is easier to play it than to put up with Wanda's tantrums and that "she will outgrow this pretty soon."

PRIMARY CAREGIVER RESOURCES

MATERIAL NEEDS:

Due to her parents' alcoholism, there have been times when there was not enough food in the house. Two months ago, Wanda became quite ill with the flu and Mr. and Mrs. F were too drunk to care for her. Their son called their grandmother to come and help. Wanda was very sick and had to be hospitalized overnight for dehydration. This scared Mrs. F so much that she began seriously attending AA meetings. She also "kicked my bum of a husband out of the house." Mrs. F says that she is straightening out her life, has a job now, and that things are better.

FAMILY/SOCIAL SUPPORT:

Mrs. F says that there are a lot of problems in the family, but that they are beginning to work on them. Right now, she feels that family members cannot talk to each other without screaming and that they do not feel close. Mr. F will regularly come by drunk and screams at Wanda and physically fights with Mrs. F and her son. The police have been called a couple of times by neighbors, but no charges have been filed. Mrs. F feels that Wanda's problems are related to the turmoil that has gone on in the last couple of months. She says that Wanda and her brother attend counseling and that she attends AA and a parenting class.

Name: Wanda

0	School/Work	029	no problems
30	Home	045	mother feels she has little control over her 7-year-old disobeying
		049	deliberately damages property
20	Community	073	repeated shoplifting despite reprimands
20	Beh. Toward Others	093	fights, aggressive
		096	poor judgment
		097	frequent tantrums
		099	cons other kids
		100	is in a group which harasses other kids
20	Moods/Emot.	121	sudden mood changes
		123	worries a lot and out of proportion, with irritability
20	Self-Harm.	147	threatened suicide
20	Substance Use	170	this 7-year-old occasionally gets sips of alcohol
10	Thinking	196	sees bears and must be reassured; affects functioning around bedtime

Primary Caregiver Resources (biological parents - have only been separated two months)

30	Material Needs	201	sometimes not enough food in the house. Severe risk to health due to parental failure to provide proper medical care (i.e. child hospitalized for dehydration)
30	Fam/Soc Support	212	parental alcoholism impaired functioning
		219	domestic violence

CAFAS® PROFILE: YOUTH'S FUNCTIONING Youth's Name Wanda ID#_____

Level of Impairment	Role Performance: School/Work	Role Performance: Home	Role Performance: Community	Behavior Toward Others	Moods/ Self-Harm: Moods/ Emotions	Moods/ Self-Harm: Self-Harmful Behavior	Substance Use	Thinking
SEVERE 30	1 2 3 4 5 6 ○ 7 8 9 10 11	41 42 43 44 45 46 47 48 49 50	66 67 68 69 ○ 70 71 72	88 89 90 ○ 91 92	116 117 118 ○ 119 120	142 143 144 ○ 145	154 155 156 157 158 159 ○ 160 161 162 163 164	182 183 184 ○ 185 186
MODERATE 20	12 13 14 15 16 17 ○ 18 19 20 21	51 52 53 54 ○ 55 56	73 74 75 76 77 78 79	93 94 95 96 97 98 99 100 101 102	121 122 123 124 125 126 127	146 147 148	165 166 167 168 169 170 171	187 188 189 190 ○ 191 192
MILD 10	22 23 24 25 ○ 26 27	57 58 59 60 ○ 61	80 81 82 ○ 83	103 104 105 106 107 ○ 108 109 110	128 129 130 131 132 ○ 133 134 135	149 150 ○	172 173 174 ○ 175	193 194 195 196 197
MINIMAL/NO 0	28 29 30 31 32 33 34 35 ● 36 37 38 39	62 63 64 ○	84 85 86 ○	111 112 113 114 ○	136 137 138 139 140 ○	151 152 ○	176 177 178 179 180 ○	198 199 ○
COULD NOT SCORE	40 ○	65 ○	87 ○	115 ○	141 ○	153 ○	181 ○	200 ○

RELIABILITY VIGNETTES®

- To complete this section, you will need the "Blank Scoring Forms" for recording your scores. These forms appear at the end of this manual (on perforated "tear out" pages) if this manual has not been previously used. If this manual is being reused, a separate handout entitled "Blank Scoring Forms" should accompany this Self-Training Manual.

- The "Blank Scoring Forms" are organized so that you can provide the following for each vignette for each subscale: severity score (e.g., 30), item number from the CAFAS® (e.g., 156), and rationale for the scoring (e.g., failing classes due to hangovers causing missed classes). For the latter, write in the behavior from the vignette that supports the scoring, not the wording of the CAFAS item.

- Rate the youth's most severe level of dysfunction during the last 3 months. If no time period is mentioned, assume that the behavior is current.

- Rate every subscale based on your reading of the entire vignette, not just a subsection of the vignette. Two types of vignettes are used to provide trainees with the opportunity to rate the CAFAS® using information derived from different settings and different sources of information. The first vignette style is a summary of information obtained from parent responses to the CAFAS® interview. While this style is organized around each subscale, some information pertinent to a particular scale might be found under a different heading. The second vignette style is based on a diagnostic structured interview (i.e., the Child Assessment Schedule [CAS]). The CAS is similar to interviews used in research and to interviews that might be conducted by traditional clinicians. The CAS contains topical areas around which the vignettes are organized. The areas are: School, Friends, Activities, Family, Fears, Worries and Anxieties, Self-Image, Mood (Sadness) and Behavior, Physical Complaints, Acting Out, and Reality Testing. Each topical area contains summarized information from an interview with the child, followed by the information from the parent interview. Each child and parent are asked the same set of questions, without regard to presenting problems or the extent of problems. Information necessary to score specific CAFAS® scales might be found in one or several of the topical areas.

  NOTE: For the purposes of these vignettes, a failing grade is F or E (not D).

- Rate the behavior if anyone reports it, and it is believable.

- Other tips for success!

  - Rate behavior described in the vignettes; not the "clinical summary" in your head.
  - Start with severe level of impairment. Do not "jump" to a true item that is the incorrect answer because it is not the most severe, true item about the youth.
  - Read carefully. Try to avoid "fatigue errors" toward the end of the set of vignettes.

BACKGROUND INFORMATION

Patty is a 13-year-old female who is currently in the 8th grade. She lives with her parents and five siblings. Her mom is unemployed and her dad is a part-time truck driver. The family receives ADC. Three months ago, a friend of the family sexually molested Patty. She entered counseling at that time. Each of her siblings is also in counseling for various reasons.

SCHOOL

Academically, Patty is doing very well in school. She is on the honor roll. Although she has not been a disciplinary problem in the past, on three occasions in last month her teacher kept her after class for "talking back" to her. The teacher told her that the next incident will result in being sent to the in school detention room for one hour.

HOME

Mrs. D reports that Patty does not shower daily and that her siblings accuse her of having "greasy hair." She refuses to do any chores, ever. She is much more difficult to manage than other girls her age, and her behavior is getting worse. Mrs. D feels that if things don't change soon, Patty may not be able to stay in the house. Since Patty refuses to obey rules, there is no way to control her activities. Patty has run away from home overnight twice in the last three months. One time she was picked up by the police the next evening in a nearby city.

COMMUNITY

Mrs. D is convinced Patty has shoplifted on more than one occasion. She has found jewelry and clothes hidden in her room several times. Patty claimed that they were given to her by friends, although she refused to give their names. The only contact she has had with the police was when she ran away. At the time, she was released with a warning about curfew violations.

BEHAVIOR TOWARD OTHERS

Mrs. D says that Patty is very impressionable and that she has lately begun to "hang around with friends who are bad news." She gets along well with others, outside of her family. She is quarrelsome and argumentative at home.

MOODS/EMOTIONS

Patty is always crabby at home. Since she was molested, she has been anxious and worried at least half of the time, and more than Mrs. D feels she should. She does not seem to enjoy the things that she used to and complains that nothing is fun anymore. She has been very irritable and has low self-esteem. She has worn only very dark colors for the last three months. Patty has had nightmares about twice a week since the molestation and has trouble falling asleep.

SELF-HARMFUL BEHAVIOR

No indication of self-harmful behavior is evident.

SUBSTANCE USE

Mrs. D thinks that Patty uses alcohol and marijuana every Friday and Saturday night. Over the last month, most of her friends have changed to being alcohol and marijuana users. Patty says that being with friends and partying on the weekends relaxes her and that she would never allow herself to "lose control."

THINKING

No impairing thought disturbances were reported.

PRIMARY CAREGIVER RESOURCES

MATERIAL NEEDS:

All material needs are satisfactorily met. Even though the family is poor, Mrs. D makes the children's clothes and manages with the household money.

FAMILY/SOCIAL SUPPORT:

Mrs. D describes family life as "chaotic, we live in a zoo." Every child is in counseling and "we are poor." Mrs. D feels that it is very hard to know when Patty comes and goes and that she cannot supervise her daughter. She feels that since Patty refuses to obey rules, there is no way to control her activities. Patty's dad yells at her a lot and is angry at her most of the time. Patty was molested by a friend of the family who offered to drive her home from school and instead took her to his apartment. Patty's parents agreed not to prosecute the man if he agreed to leave town and never contact Patty or her family again.

BACKGROUND INFORMATION

Melissa is an 11-year-old female in the 6th grade. She lives in a four-bedroom house with her biological parents, her grandmother, a 13-year-old sister, an 11-year-old twin sister, a 9-year-old brother, and a 2-year-old sister. She shares a room with her twin sister. Mrs. X has a full-time job as a dental assistant. Mr. X is employed as an electrician.

SCHOOL

CHILD: Melissa began attending a new school for 6th graders about 2 months ago. Since starting at this school, Melissa has reported less enjoyment in school and in other favorite activities. Although she gets Bs and Cs, her grades have declined from As and Bs because she does not do some of her schoolwork.

PARENT: Mrs. X states that Melissa dislikes going to school, although she and her husband make Melissa go to school. She is difficult to get out of bed in the morning and has to be constantly prodded to get dressed. She becomes clingy to Mr. and Mrs. X, and cries in the morning on school days. Mrs. X states that this is troubling to her and her husband even though they make Melissa go. Melissa has an identical twin sister who reportedly has no difficulty attending school. Mrs. X believes that Melissa is more shy and socially awkward than her twin sister. Melissa finds it safer and more comforting to be at home with Mr. and Mrs. X. Mrs. X hates having to send her daughter to school knowing how upset she gets. Mrs. X states she is also concerned that Melissa's grades have gone down over the last few months.

FRIENDS

CHILD: Melissa says that the kids at her new school ignore her, and that a couple of them have even said they do not want to play with her. Melissa describes herself as usually waiting for other children to invite her to play with them rather than initiating her own involvement in peer activities. Starting middle (i.e., junior high) school has been hard on her because the school is bigger and there are many new kids.

PARENT: Mrs. X confirms that Melissa has always tended to be shy, especially in new situations. Mrs. X states that Melissa is friends with a neighbor girl and a few kids from church.

FAMILY

CHILD: Melissa reports benefiting from positive parental and sibling interactions. Melissa enjoys being at home close to her parents, and she does not welcome activities or outings, which require lengthy separations from them.

PARENT: Mrs. X states that she and Mr. X have had strained marital relations for the last year. She reports that they frequently argue in front of the children. Mrs. X believes Melissa gets along well with her brother and sisters. There are the usual sibling arguments and Melissa often wishes she had her own room, but otherwise, Mrs. X feels they get along well. Mrs. X states that Melissa often becomes concerned when she thinks she must leave home for any length of time. For this reason, Mrs. X states Melissa has never gone to summer camps or spent any time away from home other than infrequent overnight stays at relatives or close friends.

FEARS

CHILD: Melissa's often concerned about being embarrassed in front of peers. She wishes that she didn't have to go to school.

PARENT: Mrs. X believes that new situations are anxiety provoking for Melissa. Since Melissa began middle school this year, Mrs. X believes Melissa's difficulties and fears have become worse. Mrs. X is unable to pinpoint why Melissa is so anxious about this new school except that the school is bigger and has lots of new kids.

WORRIES AND ANXIETIES

CHILD: Melissa denies having any worries.

PARENT: While Melissa does not often verbally express her concerns over Mr. and Mrs. X divorcing, Mrs. X believes it is probably "always in the back of her mind." Mrs. X feels these concerns are childish, as she and Mr. X have never considered divorce even though they have argued more over the past year. Mrs. X feels these concerns interfere with Melissa's routine.

SELF-IMAGE

CHILD: Melissa was unable to give a clear description of herself. When given the opportunity she was not able to describe anything about herself. She views herself as good-looking and smart, but believes most bad things that happen to her are her own fault.

PARENT: Mrs. X states that Melissa often becomes embarrassed in social settings and is often concerned about what her peers think of her.

MOOD AND BEHAVIOR

CHILD: Melissa describes feeling sad most days. She also becomes agitated frequently. Melissa associates these feelings with being at school or thinking about going to school.

PARENT: Mrs. X confirms that feelings of sadness, clinging to parents, and irritability seem to be most prominent when issues concerning school arise.

PHYSICAL COMPLAINTS

CHILD: Melissa reports that it is difficult for her to get to sleep at night. She often lies in bed for an hour trying to fall asleep. She will sometimes go and sleep in Mr. and Mrs. X's room. In the morning, it is not easy for her to get up. Melissa states that her mother often has to prompt her several times before she finally gets up. This is most noticeable on school days. Melissa reports that she sometimes doesn't feel like eating and that her stomach often hurts. Sometimes her head hurts as well. This occurs on school days more than at other times.

PARENT: Mrs. X also reports that Melissa has sleep and appetite problems.

ACTING OUT

CHILD: Melissa reportedly does not act in any physically or verbally aggressive ways. No substance use was reported.

PARENT: Mrs. X states that while Melissa has been well behaved in the past, her balking about going to school has become a management problem for Mr. and Mrs. X. Mrs. X thinks that Melissa deals with strong feelings by either wanting to cling to her and Mr. X or by withdrawing.

REALITY TESTING

No auditory or visual hallucinations or delusions were reported.

BACKGROUND INFORMATION

Joey is a 13-year-old male who lives with his biological father and uncle. Mr. and Mrs. X have been separated for 6 months, and Joey visits his mother, older brother, and younger sister regularly in their new apartment. His parents separated because Mr. X is an alcoholic and is frequently angry and verbally abusive toward his wife and the children. Mr. X shakes Joey when he is angry with him, and just before their separation, Mr. X hit his wife during an argument, which precipitated her moving out. Joey chose to stay with his father when the rest of the family left. Joey attends Alateen meetings regularly. Joey's uncle, who lives with Mr. X and Joey, is also an alcoholic. Joey's uncle has sexually molested a cousin of Joey's. Mrs. X reported that she doesn't think Joey has ever been abused by his uncle, "he would tell me if that had happened." Joey's therapist has told Mrs. X that Joey is depressed, and Mrs. X agrees with the counselor that Joey is always sad.

SCHOOL

Joey is in the 6th grade, and is in a special education classroom for children who have both behavioral and learning disabilities. He was doing okay in this classroom until his parents separated 6 months ago. Since then, his behavior has become unmanageable because he disrupts the class so much that it is difficult for other children in the same classroom to learn. He argues with the other kids in the classroom, and is "mouthy" to his teacher. He has seen the principal numerous times, and has served detention several times in the last three months. He has problems listening and paying attention in class.

HOME

Joey and his father get along alright at home. However, he has to be told numerous times before he will do chores. His father also has to remind him frequently to brush his teeth or to take a shower. Mrs. X indicated that Joey does not argue about doing his jobs most of the time.

COMMUNITY

Joey has never had any contact with police or the juvenile justice system. He also has no prior history of fights. However, in the last 3 months Joey has gotten into a few minor fights with other kids his same age. The youths broke up the fights themselves, no one was hurt, and no one felt the need to report anything.

BEHAVIOR TOWARD OTHERS

Joey seems to be "on a short fuse," especially since the recent separation of his parents. His teachers and other adults think he is a troublemaker. Mrs. X thinks that he is a little reckless because he takes wild rides on a motorcycle with an older boy down the street. Joey tries to take advantage of his friends, tricking them into doing things he wants them to do. He gets teased a lot by other kids, and he gets into arguments and occasional fights with them, which results in some kids avoiding him.

MOODS/EMOTIONS

Although he does not have sudden mood swings, Joey is sad most of the time. He frequently cries about his mother and siblings moving away. He is afraid that his parents will never get back together again. Mrs. X reports that lately Joey worries about every little thing. She said that he is irritable, which is a change for him, as he never used to be bothered by anything. He has nightmares several times a week, and has trouble falling asleep at night. She is concerned about his recent overeating. She thinks this is how Joey is trying to soothe his

worries and feel better. Because he has been having trouble concentrating since the separation, his grades have gone down.

SELF-HARMFUL BEHAVIOR

No problems with self-harmful behavior were reported.

SUBSTANCE USE

Mrs. X reported that Joey has never tried drugs or alcohol.

THINKING

No auditory or visual hallucinations or delusions were reported.

PRIMARY CAREGIVER RESOURCES (biological father)

MATERIAL NEEDS:

Even though Mr. X drinks too much, he has a steady job in a factory. He has never had any problems supplying Joey's material needs.

FAMILY/SOCIAL SUPPORT:

Mrs. X reported that, when she left her husband, Joey chose to remain with his father rather than leave with her and the other children. She is extremely concerned about this, but she has been unable to change Joey's decision. Mr. X is an alcoholic, as is Joey's uncle who lives with Mr. X. Mrs. X is also concerned about Joey's safety with regard to his uncle given his history as a sexual abuser. She said that, when he drinks, Mr. X does not supervise Joey's activities.

NON-CUSTODIAL CAREGIVER RESOURCES (biological mother)

MATERIAL NEEDS:

Mrs. X reported that money is somewhat tight due to the separation, but they are doing okay. She works part-time as a salesperson and Mr. X contributes some money toward their rent.

FAMILY/SOCIAL SUPPORT:

Mrs. X reported that she and the three children get along well together, but that sometimes they all "walk on eggshells" when Joey is visiting with them. She thinks that Joey sometimes feels like an outsider when he comes to stay with them. He is sometimes difficult, but she still loves him and wants him to come live with her. Despite considerable effort, thus far she has not been able to get legal help to get Joey removed from her ex-husband’s home, which Mrs. X thinks is critical if her ex-husband refuses to evict Joey’s uncle from the home. She is now trying diligently to get “social services” to help her get Joey away from the uncle since she has not been able to convince Joey to move out of Mr. X’s home. She hopes that she can get custody.

BACKGROUND INFORMATION

Frank is 9 years old and is in the 4th grade at a public elementary school. Frank is an only child and lives with his biological parents. His parents are both professionals. They live in a new house in an upper middle class neighborhood. They are very supportive of Frank. Frank has asthma and wears a hearing aid, otherwise he is a healthy boy.

SCHOOL

CHILD: Frank said he does okay in school and he likes it. He usually receives good grades. He likes his teachers and he has many friends with whom he plays.

PARENT: Mrs. X stated that Frank is a perfectionist when it comes to his schoolwork. Although his work is excellent, Frank needs reassurance about his work. He works too much on schoolwork and tries too hard to please the teacher.

FRIENDS

CHILD: Frank reports that he has many friends and he does a lot of activities with them, both at school and in the neighborhood.

PARENT: Mrs. X stated that Frank has many friends and his worries about competence do not interfere in these relationships.

ACTIVITIES

CHILD: Frank said that he likes to read books and collect stamps. He enjoys spending time alone playing computer games or video games.

PARENT: Mrs. X stated that Frank is sometimes reluctant to participate in new activities due to concern about competence. This reluctance, she fears, is due to his insecurities about whether he is good enough.

FAMILY

CHILD: Frank reports that his family gets along well. He said that he gets an allowance when he does his chores each week. He said his family spends a lot of time together and they sometimes argue over little things but the arguments are never serious or long lasting.

PARENT: Mrs. X stated that their family is close and she and her husband are very supportive of Frank. She stated that they spend a lot of time together and have a lot of fun.

FEARS

CHILD: Frank said that he is afraid of being embarrassed at school in front of all his friends. He stated that he was not afraid of anything else.

PARENT: Mrs. X reported that Frank sometimes is afraid of being made fun of and he is afraid of being embarrassed.

WORRIES AND ANXIETIES

CHILD: Frank said that he likes people to tell him he did well because he worries a lot about how well he does in school. He sometimes worries about how well he will do in higher grades in school, especially going to middle school.

PARENT: She said she knows he worries more, and needs more reassurance than, most children his age. Mrs. X states that Frank has always been a perfectionist. He gets upset over even little mistakes such as coloring with the wrong color crayon.

SELF-IMAGE

CHILD: Frank seems to have a good image of himself. He did state that he worries about whether he does things well enough.

PARENT: Mrs. X stated that Frank can be very self-conscious because of his hearing aid. He worries about what other people think of him.

MOOD (SADNESS) AND BEHAVIOR

CHILD: Frank said that he mostly is in a good mood. He stated that he was sad and he cried a few months ago when his dog died but he stated that he feels better now and doesn't miss him as much.

PARENT: Mrs. X states that Frank is generally in a good mood. He has a lot of fun with his friends and family and is not sad very often.

PHYSICAL COMPLAINTS

CHILD: Frank said that he feels fine and that he has no problems sleeping or with his appetite.

PARENT: Besides his occasional problems with asthma, Frank has no other physical symptoms. Mrs. X stated that she has not noted any changes in his sleeping habits, weight, or eating habits.

ACTING OUT

CHILD: Frank said that he always listens to his mother and father at home and he gets an allowance if he is good and does his chores. He reports no substance use.

PARENT: Mrs. X reports that Frank is a very good boy. She stated that he listens to all the rules and does his chores on time each week. She rarely has to prompt him to do his chores or his school work. She reports no substance use by Frank.

REALITY TESTING

No auditory or visual hallucinations or delusions were reported.

BACKGROUND INFORMATION

Kelly is a 15-year-old female in the 9th grade. She lives with her biological mother and her mother's fiancé. She has never known her biological father. One month ago, Kelly called the crisis line for help because she was depressed and thinking about suicide after a series of setbacks. Her mother states that Kelly had not confided in her about the stress and unhappiness that she had been feeling. Kelly is now receiving outpatient individual counseling.

SCHOOL

Kelly has recently stopped doing any of her work at school. She does not seem to be trying anymore. Her grades have dropped to all Ds (an unsatisfactory, but passing grade), except for math, which she is failing. She is generally not a discipline problem at school, although she was involved in an incident one month ago. Her best friend had "stolen" her boyfriend over vacation, and Kelly confronted the girl in the school cafeteria. The two girls had a loud shouting match and called each other nasty names. There was no intervention done or needed. Kelly has a part-time job at a fruit market, which she enjoys.

HOME

Mrs. D reports that Kelly takes very good care of herself and her appearance. She does her chores and is a very responsible, trustworthy person.

COMMUNITY

No problems within the community were mentioned.

BEHAVIOR TOWARD OTHERS

Up until last month, Kelly was very popular and enjoyed a lot of activities with friends. When her boyfriend left her for her best girlfriend, Kelly began to withdraw from activities. She still talks to friends on the phone and will occasionally go out with them, but she has preferred to be by herself this last month.

MOODS/EMOTIONS

Recently, Kelly has been in a "bad mood." Mrs. D also describes her as being "quiet, sullen, and aloof." She is too emotional most of the time. She will dwell on problems and not allow them to go away. One month ago, just before vacation, Kelly's grandmother died. Then, when she returned from vacation, she found her cat dead. The next day when she went to school she discovered that she had lost her boyfriend. Since that time, she has been anxious and worried almost all of the time. Mrs. D feels that the worry is way out of proportion. Kelly has been very depressed almost all of the time since her crisis. She has had a few nightmares. She also has trouble sleeping, but does not feel overly tired. Since her crisis, she has been very irritable. Although she used to feel very good about herself, she now has a low self-esteem. Kelly's grades have dropped a lot in the last month. In fact, even though she goes to school, she has not done any schoolwork for at least the past month. She spends less time with friends than she used to. She cries almost every day.

SELF-HARMFUL BEHAVIOR

Kelly thinks about death and suicide. She had cut her wrist with a knife (although superficially) just before she called the crisis line. Mrs. D thinks that although Kelly "talks a lot," she doesn't really want to die. Kelly states that she does not actually want to kill herself and when questioned, said she did not have a suicide plan.

SUBSTANCE USE

The only time Kelly held drugs was an incident in which she saw some younger children with marijuana. She took it away from the kids and threw it in a dumpster on her way home.

THINKING

No impairing thought disturbances were reported.

PRIMARY CAREGIVER RESOURCES

MATERIAL NEEDS:

All material needs are satisfactorily met.

FAMILY/SOCIAL SUPPORT:

Mrs. D describes her family's relationships as normal. She says that she and Kelly have problems talking to each other as if "we're on different planets." Kelly does not communicate well with Mrs. D's fiancé, and will try to avoid him. He has lived with them for four years and abused alcohol for 2-1/2 of those years. This last year he has been "dry," and has regularly attended AA meetings. Kelly has cared for herself after school since 6th grade, as both Mrs. D and her fiancé have full-time jobs.

BACKGROUND INFORMATION

Bobby is a 15-year-old male who presently resides with his mother and one brother. There is no father figure in the home and Bobby's biological father lives in another state. Bobby has not seen his biological father for approximately two years. Bobby's mother, Mrs. X, is a high school graduate and is presently employed full time in a factory. They live in a two-bedroom apartment. Mrs. X stated that she has always been able to provide for Bobby and that he has never gone without proper food or clothing. Bobby is currently in the 10th grade and has required no special school program. He was, however, expelled one week prior to this interview for deliberately setting a serious fire at school. Because the fire was discovered in time, no one was hurt. The police have investigated the fire, and they have no doubt that Bobby was one of the youths who were responsible for setting the fire and that it was deliberately set. Legal action is pending in Juvenile Court. While investigating the fire-setting, the authorities learned that Bobby had been involved in extortion of other youths in the neighborhood. He carries a knife and threatens to hurt them if they don't give him money or articles of clothes (e.g., a coat). The police have not been able to get any of the victimized youth to come forward because they are afraid of the kids with whom Bobby has recently started associating.

SCHOOL

CHILD: Bobby reported difficulty in getting along with teachers and a dislike of school in general. He does not comply with school demands, such as doing homework. He admitted to experiencing difficulty with keeping his mind on what he's doing. Before being expelled from school for setting a fire, his grades were two C's, two D's, and one F.

PARENT: Mrs. X reported being very upset over Bobby's expulsion for setting a fire. She said that he has always been "hyper," just like his dad. She realized that he did not always do his best in school, but he did go to school and she assumed the he would graduate from high school. She was worried, though, when he got his first F on his last report card.

FRIENDS

CHILD: Bobby reported that he has many friends. He was vague regarding activities that he and his friends like to do together. He stated he gets along with his peers "good."

PARENT: Mrs. X states that Bobby has lots of friends. She feels that his friends have a tremendous influence on Bobby and that he'd do "about anything" for them. Mrs. X stated that the fire-setting incident shocked her, and she still has a hard time believing that Bobby was involved. However, she is certain that if he was involved, it was most likely because a "so-called" friend dragged Bobby into it.

ACTIVITIES

CHILD: Bobby stated that he prefers to spend time involved in activities with other individuals; however, he is also fine when he is alone. He enjoys watching TV and listening to the radio when he is alone.

PARENT: Mrs. X states that Bobby enjoys watching television.

FAMILY

CHILD: Bobby feels he is close to his mother, but admitted that he doesn't obey her "too good."

PARENT: Mrs. X feels that if Bobby could change something about the family it would be to have a father. She thinks that maybe he "looks up" to other kids and perhaps that is how he got involved in the fire-setting. She reports that at home, he has never been threatening or aggressive, and has never damaged anything or set a fire. He is, however, a "handful" and always has been "hyper." He refuses to do chores or clean up his own mess. He won't turn off the television when it's time to go to bed. He has been late coming home, but not more than an hour or so after his curfew. He generally hangs around the house when he is not at school or with his friends.

FEARS

CHILD: Bobby said he wasn't afraid of "anything."

PARENT: Mrs. X reports that she is not aware that Bobby has any specific fears.

WORRIES AND ANXIETIES

CHILD: When asked whether he worries, Bobby stated yes. He said that he primarily worries about his mother. He worries that his mother may "walk out" like his dad did. He said that he is even more worried now, after the trouble he has gotten into. He said that his mother "works real hard" to support him and his younger brother. He added that his dad never sends any money to help the family. He admitted that he thinks he probably worries more than other kids.

PARENT: Mrs. X states she is aware that Bobby worries about her sometimes. She said that he has never gotten over his dad leaving the family and never visiting or calling him or his brother. Not having a dad is always "in the back of his mind."

SELF-IMAGE

CHILD: Bobby appeared to perceive himself in a positive light. He appeared satisfied with both his personal image and his general abilities. He was able to identify what he is most proud of about himself, as well as what his family is likely to be proud of.

PARENT: Mrs. X states she feels Bobby thinks he's well liked and that he generally has a good body image. However, he does describe minor imperfections (e.g., his nose is too big).

MOOD AND BEHAVIOR

CHILD: Bobby described himself as generally in an okay mood, except when he is worried. The worst he has felt lately has been mad, due to arguing with his mother. He stated he rarely feels sad and has never considered suicide.

PARENT: Mrs. X feels that Bobby is sometimes crabby. He is able to have fun with his friends.

PHYSICAL COMPLAINTS

CHILD: Bobby stated that he gets stomachaches; however, they do not interfere with his normal daily activities. Bobby stated he is sleeping more than he used to, but this is because he is staying up much later than

before. He stated that he has nightmares, which he thinks are related to his worries. Bobby also reported that although he is not really restless, he does have a lot of energy.

PARENT: Mrs. X says that she knows Bobby sometimes has nightmares because she hears him in the night. She is unaware of the content. She also claims that Bobby is often restless and on the go (i.e., "hyper").

ACTING OUT

CHILD: Bobby admitted to the fire-setting incident at school, but claimed that he probably would not have done it if he and his friends had not been drinking at the time. He admitted to drinking with his friends but does not see it as a "big deal" because he does not "do drugs" like a lot of other kids. Bobby claims that he gets into more trouble at school than other kids because "they have an attitude about me." Bobby also admitted to getting into physical fights with neighborhood kids, and to threatening to use a weapon on more than one occasion. He justified his actions, saying that he lives in a tough neighborhood.

PARENT: Mrs. X is worried that Bobby is "heading for trouble," but she doesn't know how to get Bobby to "wake up" to the fact that his friends are bad for him. She was not aware that Bobby had drunk alcohol or had been threatening other youths in the neighborhood, until told by the police.

REALITY TESTING

No auditory or visual hallucinations or delusions were reported.

FAMILY/SOCIAL SUPPORT

MATERIAL NEEDS

Mrs. X is employed full time and stated that she has never had a problem providing for Bobby's material needs.

SOCIAL SUPPORT

Mrs. X admits that perhaps she has not monitored Bobby's activities close enough when he is outside the home. She added that he has obviously been hanging out with "bad kids," who have gotten him into trouble.

BACKGROUND INFORMATION

Jodie is a 16-year-old female who lives with her biological parents and a younger brother. The family gets along fairly well together. Eight months ago, Jodie began experiencing hallucinations and developed a fear of people that has restricted her actions tremendously. She is afraid to leave the home, and has been out of school for the last 4 months. Jodie rarely leaves home, and she takes neuroleptics and antidepressants in an effort to help her cope with her problems. Mrs. X has had to quit her job in order to take care of Jodie, and a counselor comes to their home twice a week to help take care of Jodie. Mrs. X expressed the belief that Jodie will be on medication and will need counseling "for the rest of her life."

SCHOOL

Jodie was in the 11th grade at the local high school until 4 months ago. She did well in school, but her mother said she is no longer capable of being with people. The medication she is taking causes Jodie to not be able to concentrate, which is also a problem for her.

HOME

Jodie has great difficulty getting her chores done now. She also cannot be trusted to observe safety rules anymore. For instance, she turns on the stove or the iron, and then forgets what she is doing and wanders away. Mrs. X reported that she watches Jodie "every minute" to be sure she is okay. This can be a problem as sometimes Mrs. X is depressed. One time last month, when Mrs. X felt depressed and took a nap, Jodie hid in her closet because she was so afraid.

COMMUNITY

Since Jodie does not leave home, she does not have any problems in the community.

BEHAVIOR TOWARD OTHERS

Jodie is a gentle girl, but she no longer can function like she used to. She is afraid of people, and is convinced that if she leaves home, someone is going to "get her." She cannot be left alone for any period of time. She has always tended to be shy and somewhat withdrawn, but used to have several friends. Since her problems started about eights months ago, her friends gradually stopped coming over or calling. She has developed odd mannerisms and somewhat bizarre behavior, which make other kids feel very uncomfortable around her.

MOODS/EMOTIONS

Jodie is depressed, especially when she realizes how her life is changing. She "totally shuts down" and says that she wishes she had never been born. Jodie has constant headaches and feels tired all the time. She does not like to deal with people, and since she feels safe at home, she refuses to leave her house. Mrs. X reports that Jodie thinks about death or suicide every day, and she is afraid that Jodie will succeed in killing herself someday.

SELF-HARMFUL BEHAVIOR

Jodie has told her mother that she would like to die, and that she would take lots of pills to kill herself.

SUBSTANCE USE

No problems with substance use were reported.

THINKING

Mrs. X reports that Jodie has frequent visual hallucinations. She sees ghosts and people standing near her. She is convinced that people will "get" her if she leaves home, so she refuses to go out. She also has problems remembering things like she used to, simple things like math or spelling.

PRIMARY CAREGIVER RESOURCES

MATERIAL NEEDS:

Even though Mrs. X has had to quit her job, Mr. X is able to support the family on his salary alone.

FAMILY/SOCIAL SUPPORT:

Mrs. X reports that everyone in the family is supportive of Jodie and they want to do anything they can to help her. Mrs. X has been depressed “off and on.” Sometimes she gets so depressed that she has a hard time forcing herself to get up in the mornings, and she takes naps during the day. Fortunately, these periods of depression only happen about once every other month, and only last for a couple of days at a time.

BACKGROUND INFORMATION

Allison is a 13-year-old female who is currently in the 7th grade. She lives with her biological parents and a younger brother. Two months ago, Allison was hospitalized for several weeks due to rheumatoid arthritis. While in the hospital, she talked to a social worker about her unresolved feelings about having been sexually molested by a neighborhood boy about a year earlier.

Eight months ago, the court case against the boy was finalized. Allison's parents did not realize the extent of Allison's emotional distress, due to the molestation, until six months after the event. When the parents became aware of the extent of Allison's depression and anxiety, they initiated therapy for her, which lasted approximately six weeks. While in the hospital recently, Allison began therapy again, and is now in weekly outpatient therapy.

SCHOOL

In the last three months, Allison has been absent for 34 days due to her disabling arthritis. She has a home tutor, which is provided by the school, for the periods when she has an extended absence. Allison tries hard to keep up with her schoolwork and is maintaining grades of A's and B's. The therapist has verified with her physician that it is sometimes necessary for Allison to remain home from school because of her arthritis.

HOME

Mrs. W feels badly about what Allison has gone through, in terms of both the arthritis and the past molestation.

COMMUNITY

Allison is not a troublemaker.

BEHAVIOR TOWARD OTHERS

Allison is cautious. She shows poor judgment and displays behavior that is "very immature." As a result, she has some difficulty maintaining friendships with children the same age. She is generally respectful to adults, however, she sometimes quarrels with her tutor. She seems to avoid getting close to anyone, and there is always someone whom she dislikes. Allison is very "naive" when it comes to sexual matters, according to Mrs. W.

MOODS/EMOTIONS

Mrs. W describes Allison as generally being "grouchy." She is too emotional most of the time, assuming that everything bad that happens to her is her own fault. She is always on the defense. Allison is panicky and worried at least half of the time, much more than she should be. According to Mrs. W, as a result of being molested, Allison has become irritable much of the time, and has become aloof. "She used to be cuddly," but not anymore. Allison is often depressed, sad, and feels that nothing is fun anymore. She shows no motivation and seems content to sit and watch TV. Allison has nightmares and has trouble getting comfortable at night so that she can sleep. She always complains of being tired. Although she feels that she is pretty, she has very low self-esteem. Her weight is not stable, with gains and losses. Allison spends less time with friends than she used to, even considering the time spent in the hospital.

SELF-HARMFUL BEHAVIOR

While she feels badly, Allison says she would not hurt herself.

SUBSTANCE USE

Allison has expressed religious reasons for never engaging in substance use.

THINKING

Although Allison is cautious around others, she is not overly suspicious or mistrusting of others.

PRIMARY CAREGIVER RESOURCES

MATERIAL NEEDS:

All material needs are satisfactorily met.

FAMILY/SOCIAL SUPPORT:

Mrs. W reports that the family gets along well and that they feel close to one another. She expressed guilt that in the past she did not realize the extent of the emotional "trauma" that Allison experienced as a result of the molestation. She feels that she and Allison have been able to talk more since beginning therapy. She also states that Allison has had physical problems since she was two years old, but that since the abuse, her arthritis has gotten worse. Mrs. W. thinks that it is very important for Allison to receive as much help as she needs so that she can recover from the abuse she experienced.

BACKGROUND INFORMATION

Maury is a first-grader who currently lives with his biological mother and her boyfriend. His biological dad, who had never shown any interest in Maury, tried to enter his life one year ago. The experience was very hard on the boy, but he learned to accept his dad. Maury was hospitalized two months ago for severe behavior problems and depression, and was carefully monitored because he had attempted suicide. His hospitalization lasted for two weeks. He was released to outpatient weekly therapy. His biological father did not visit him or call him in the hospital and has not contacted him since that time. Maury's mother is a full-time babysitter and her boyfriend is an auto mechanic. The three of them attend counseling to help with Maury's aggressive behavior in the home and his suicidal behaviors. In addition, Maury's mom and her boyfriend attend a group for parents in which they learn behavioral management techniques.

SCHOOL

Maury has attended school regularly this year except for his psychiatric hospitalization. He has been late for school several times. He seems to enjoy school and his teachers, and receives no special services at school. He does, however, have a very short attention span and impulsivity, which has caused major problems for him, including Ds in most subjects. Although Mrs. X feels that Maury is trying, he cannot finish assignments because he cannot pay attention to one task long enough to complete it. His teacher tries to work with him, but she has told Mrs. X that they should consider placing Maury in a special program for the 2nd grade.

HOME

Mrs. X states that although Maury is able to care for himself, he refused to do small chores like picking up his toys. Sometimes she has to tell him what to do on a task-by-task basis. He is also not at all trustworthy about following safety rules. He will run out into the street in front of cars unless someone is holding him by the hand. If he doesn't get his way, Maury will hit his mother. Last month, he took a knife out of the kitchen drawer and threatened to stab his mother. He deliberately damages furniture and toys so badly that they cannot be repaired. He has never started a fire. "There is no question" that he is more difficult to manage than other children his age.

COMMUNITY

Maury has been very aggressive with his mother at home, but has never attacked anyone else.

BEHAVIOR TOWARD OTHERS

Mrs. X says that Maury's behavior is extremely aggressive, disruptive, and dangerous, so that she cannot let him out of her sight in the house. However, he is not considered a troublemaker at school, because he is not aggressive at school, just impulsive. At home he will "go into rages" over little things or over nothing. At these times he will become extremely violent toward people and things. Once he threw everything in his room onto his floor, including things from shelves, drawers, the closet, and off of his walls. He seems to have no idea that his actions could have bad consequences. Mrs. X again mentioned that she has to be very careful because Maury has run out into the street repeatedly. According to Mrs. X, Maury does not have trouble making new friends and has "tons, dozens" of friends. Mrs. X commented that Maury gets into "spats" easily with friends, but that he always makes up with the other child very quickly.

MOODS/EMOTIONS

Mrs. X says that Maury is usually depressed and that he has very sudden mood changes. She says that one second he will be happy and the next second he is in a rage. She feels that he is too emotional much of the time, which she feels is a result of his over concern about adult problems. Maury is anxious and worried at least half of the time. He idolizes Mrs. X's boyfriend and is afraid he will leave. He is depressed or down in the dumps almost all of the time, according to Mrs. X. Maury regularly has nightmares and trouble sleeping, but does not seem to be tired a lot. He has trouble concentrating, is often irritable (and always has been), and seems to have a very low self-esteem. He has headaches, stomachaches, and other pains with no medical cause. Maury thinks that he is no good, and lately seems to not enjoy things that he used to enjoy. He also cries a lot of the time.

SELF-HARMFUL BEHAVIOR

Maury has tried to commit suicide and often thinks of death. He wanted to put a gun into his mouth and he tried to put his head through the window 2 months ago, which resulted in his hospitalization. He claims that "no one loves me" and that "God should never have made me." Mrs. X feels that Maury's suicide attempts were serious and he honestly wants to die.

SUBSTANCE USE

No indication of substance use was reported.

THINKING

Mrs. X says that Maury's talk about suicide is quite different from what other kids his age usually talk about. Other than that, she feels that he does not have any strange beliefs or confusion.

PRIMARY CAREGIVER RESOURCES

MATERIAL NEEDS:

All basic material needs are satisfactorily met.

FAMILY/SOCIAL SUPPORT:

Mrs. X does not report any abusive or harmful behavior toward Maury. She feels that she and her boyfriend are patient with Maury, who has never been an “easy” child. She did mention that Maury had a very difficult period about one year ago when his biological dad appeared and "pretended" to care about Maury. They had not seen each other since Maury was a very small baby. Just when Maury was beginning to trust his dad, he had to be hospitalized and his dad again vanished. This was very hard on the boy and Mrs. X feels that this definitely “set him back” some.

BACKGROUND INFORMATION

Shannon is a 13-year-old male in the 7th grade. Shannon lives with his biological mother, his stepfather, his biological 12-year-old brother, a 2-year-old half-brother and a 4-month-old half-sister. They live in a three-bedroom apartment. Shannon's mom is the apartment manager and his stepfather does construction work. History reveals that Shannon has not seen his biological father in two years. Shannon states that he does not like his biological father who was physically abusive to Mrs. X. History also reveals that Shannon's step-dad, Mr. X, smokes pot after work and on the weekends. Shannon has told Mrs. X that he knows the "exotic plants" in the basement are really marijuana. This is quite disturbing to Shannon because he knows it is illegal to grow or use marijuana. Shannon believes his step-dad has set a poor example for him and his friends and younger siblings by using drugs. Shannon will not invite friends over to play because he is ashamed of his step-dad's marijuana use and is afraid of what his friends will think and say. Mr. X is aware of Shannon's concerns and how his drug use interferes with Shannon's activities with friends, but Mr. X says he's not going to give up pot.

SCHOOL

CHILD: It is the opinion of teachers, Shannon's parents, and Shannon that he does not work up to his ability. His grades are satisfactory (Cs), but he admits that with a little more effort, he could earn straight A's. Shannon states that sometimes he's just not motivated to do his homework, and, thus, often does not complete assignments.

PARENT: Mrs. X has not been notified by the school yet this year of any behavioral problems. Shannon was frequently in trouble in elementary school. She believes he has the potential to do well but doesn't try as hard as he should. She very much wants Shannon to put forth more of an effort to work up to his ability, because she thinks that this is a real area of strength for him.

FRIENDS

CHILD: Shannon did not endorse any items in this section. He states he has plenty of friends and does not have difficulty initiating or sustaining friendships. Shannon never brings or invites friends over to play at his home as he is afraid they will witness his step-dad using drugs. He goes to his friends' houses or meets them at the neighborhood ball field.

PARENT: Mrs. X states that Shannon has friends but he never brings any of his friends home. Mrs. X confirms that her husband uses drugs and this bothers Shannon.

ACTIVITIES

CHILD: He frequently participates in both solitary and group activities with friends. He reports no decrease or increase in activity over the past year.

PARENT: Mrs. X confirms Shannon's report.

FAMILY

CHILD: Shannon knows that his parents have marital difficulties and he has an underlying fear that his mom and step-dad will get a divorce. This is often on Shannon's mind and he often feels relieved when he's removed from the situation and doesn't have to think about it.

PARENT: Mrs. X states that she and Shannon's biological father were divorced eight years ago. She married Mr. X, Shannon's step-dad, four years ago. Mrs. X states that there is currently marital strain. Mrs. X feels that she has not been a good mother to Shannon and describes their relationship as distant. She states she was so wrapped up in her own problems that she wasn't there for Shannon. Mrs. X states that Shannon is close to his step-dad. Mrs. X was quick to point out that, although Mr. X does use marijuana, he also holds a job and is around the house when he is not at work. At home, Shannon is frequently disobedient, ignoring requests or instructions. Mr. X becomes upset and yells at Shannon. Shannon's behavior then improves for a while.

WORRIES AND ANXIETIES

CHILD: Shannon often worries about the stability and health of his family and his role within the family. He again mentioned his worry that his parents will divorce and particularly that his step-dad will leave.

PARENT: Mrs. X confirms that Shannon worries too much for his own good. Mrs. X also states that Shannon is afraid that Mr. X will hurt himself using drugs.

MOOD AND BEHAVIOR

CHILD: Shannon is sad when he thinks about his family worries.

PARENT: Mrs. X notices that while Shannon is usually active and full of life, he is sometimes sad. Mrs. X believes that family issues trigger Shannon’s feelings of sadness. Mrs. X can see a noticeable change in Shannon when she and Mr. X fight and argue.

PHYSICAL COMPLAINTS

CHILD: Shannon complains of stomachaches, which have no known medical cause. They do not interfere with his daily schedule, though.

PARENT: Mrs. X confirms that Shannon frequently complains of stomachaches with no medical cause.

ACTING OUT

CHILD: Shannon is frequently noncompliant at home. He admits he has trouble following rules at home, especially if he's had a bad day. Shannon also stated that last year he was thought of as a troublemaker by some people at school. "I would never use booze or drugs," he stated.

PARENT: Mrs. X thinks that Shannon’s behavior in the home is understandable, considering the marital problems in the home and Shannon’s worries.

REALITY TESTING
No auditory or visual hallucinations or delusions were reported, although he often worries.

Vignette #1 Patty Rater Name (print) _____ **SELF-TRAINING**

Scale Score	Subscale	Item #	Rationale for Scoring
_____	School/Work	_____	_____
		_____	_____
			_____
_____	Home	_____	_____
		_____	_____
			_____
_____	Community	_____	_____
		_____	_____
			_____
_____	Behavior Toward Others	_____	_____
		_____	_____
			_____
_____	Moods/Emotions	_____	_____
		_____	_____
			_____
_____	Self-Harmful Behavior	_____	_____
		_____	_____
			_____
_____	Substance Use	_____	_____
		_____	_____
			_____
_____	Thinking	_____	_____
		_____	_____
			_____
Primary Caregiver Resources			
_____	Material Needs	_____	_____
_____	Family/Social Support	_____	_____
		_____	_____

Vignette #2 Melissa Rater Name (print) _____ **SELF-TRAINING**

Scale Score	Subscale	Item #	Rationale for Scoring
_____	School/Work	_____	_____
		_____	_____
			_____
_____	Home	_____	_____
		_____	_____
			_____
_____	Community	_____	_____
		_____	_____
			_____
_____	Behavior Toward Others	_____	_____
		_____	_____
			_____
_____	Moods/Emotions	_____	_____
		_____	_____
			_____
_____	Self-Harmful Behavior	_____	_____
		_____	_____
			_____
_____	Substance Use	_____	_____
		_____	_____
			_____
_____	Thinking	_____	_____
		_____	_____
			_____
Primary Caregiver Resources			
_____	Material Needs	_____	_____
_____	Family/Social Support	_____	_____
		_____	_____

Vignette #3 Joey Rater Name (print) _____ **SELF-TRAINING**

Scale Score	Subscale	Item #	Rationale for Scoring
	School/Work		
	Home		
	Community		
	Behavior Toward Others		
	Moods/Emotions		
	Self-Harmful Behavior		
	Substance Use		
	Thinking		
	Primary Caregiver Resources		
	Material Needs		
	Family/Social Support		
	Non-Custodial or Surrogate Caregiver Resources		
	Material Needs		
	Family/Social Support		

Vignette #4 Frank Rater Name (print) _____ **SELF-TRAINING**

Scale Score	Subscale	Item #	Rationale for Scoring
_____	School/Work	_____	_____
		_____	_____
			_____
_____	Home	_____	_____
		_____	_____
			_____
_____	Community	_____	_____
		_____	_____
			_____
_____	Behavior Toward Others	_____	_____
		_____	_____
			_____
_____	Moods/Emotions	_____	_____
		_____	_____
			_____
_____	Self-Harmful Behavior	_____	_____
		_____	_____
			_____
_____	Substance Use	_____	_____
		_____	_____
			_____
_____	Thinking	_____	_____
		_____	_____
			_____
Primary Caregiver Resources			
_____	Material Needs	_____	_____
_____	Family/Social Support	_____	_____
		_____	_____

Vignette #5 Kelly Rater Name (print) _____ **SELF-TRAINING**

Scale Score	Subscale	Item #	Rationale for Scoring
_____	School/Work	_____	_____
		_____	_____
			_____
_____	Home	_____	_____
		_____	_____
			_____
_____	Community	_____	_____
		_____	_____
			_____
_____	Behavior Toward Others	_____	_____
		_____	_____
			_____
_____	Moods/Emotions	_____	_____
		_____	_____
			_____
_____	Self-Harmful Behavior	_____	_____
		_____	_____
			_____
_____	Substance Use	_____	_____
		_____	_____
			_____
_____	Thinking	_____	_____
		_____	_____
			_____
Primary Caregiver Resources			
_____	Material Needs	_____	_____
_____	Family/Social Support	_____	_____
		_____	_____

Vignette #6 Bobby Rater Name (print) _____ **SELF-TRAINING**

Scale Score	Subscale	Item #	Rationale for Scoring
_____	School/Work	_____	_____
		_____	_____
			_____
_____	Home	_____	_____
		_____	_____
			_____
_____	Community	_____	_____
		_____	_____
			_____
_____	Behavior Toward Others	_____	_____
		_____	_____
			_____
_____	Moods/Emotions	_____	_____
		_____	_____
			_____
_____	Self-Harmful Behavior	_____	_____
		_____	_____
			_____
_____	Substance Use	_____	_____
		_____	_____
			_____
_____	Thinking	_____	_____
		_____	_____
			_____
Primary Caregiver Resources			
_____	Material Needs	_____	_____
_____	Family/Social Support	_____	_____
		_____	_____

Vignette #7 Jodie Rater Name (print) _____ **SELF-TRAINING**

Scale Score	Subscale	Item #	Rationale for Scoring
_____	School/Work	_____	_____
		_____	_____
			_____
_____	Home	_____	_____
		_____	_____
			_____
_____	Community	_____	_____
		_____	_____
			_____
_____	Behavior Toward Others	_____	_____
		_____	_____
			_____
_____	Moods/Emotions	_____	_____
		_____	_____
			_____
_____	Self-Harmful Behavior	_____	_____
		_____	_____
			_____
_____	Substance Use	_____	_____
		_____	_____
			_____
_____	Thinking	_____	_____
		_____	_____
			_____
Primary Caregiver Resources (Aunt)			
_____	Material Needs	_____	_____
_____	Family/Social Support	_____	_____
		_____	_____

Vignette #8 Allison Rater Name (print) _____ **SELF-TRAINING**

Scale Score	Subscale	Item #	Rationale for Scoring
_____	School/Work	_____	_____
		_____	_____
			_____
_____	Home	_____	_____
		_____	_____
			_____
_____	Community	_____	_____
		_____	_____
			_____
_____	Behavior Toward Others	_____	_____
		_____	_____
			_____
_____	Moods/Emotions	_____	_____
		_____	_____
			_____
_____	Self-Harmful Behavior	_____	_____
		_____	_____
			_____
_____	Substance Use	_____	_____
		_____	_____
			_____
_____	Thinking	_____	_____
		_____	_____
			_____
Primary Caregiver Resources			
_____	Material Needs	_____	_____
_____	Family/Social Support	_____	_____
		_____	_____

Vignette #9 Maury Rater Name (print) _____ **SELF-TRAINING**

Scale Score	Subscale	Item #	Rationale for Scoring
_____	School/Work	_____	_____
		_____	_____
			_____
_____	Home	_____	_____
		_____	_____
			_____
_____	Community	_____	_____
		_____	_____
			_____
_____	Behavior Toward Others	_____	_____
		_____	_____
			_____
_____	Moods/Emotions	_____	_____
		_____	_____
			_____
_____	Self-Harmful Behavior	_____	_____
		_____	_____
			_____
_____	Substance Use	_____	_____
		_____	_____
			_____
_____	Thinking	_____	_____
		_____	_____
			_____
Primary Caregiver Resources			
_____	Material Needs	_____	_____
_____	Family/Social Support	_____	_____
		_____	_____

Vignette #10 Shannon Rater Name (print) _____ **SELF-TRAINING**

Scale Score	Subscale	Item #	Rationale for Scoring
_____	School/Work	_____	_____
		_____	_____
			_____
_____	Home	_____	_____
		_____	_____
			_____
_____	Community	_____	_____
		_____	_____
			_____
_____	Behavior Toward Others	_____	_____
		_____	_____
			_____
_____	Moods/Emotions	_____	_____
		_____	_____
			_____
_____	Self-Harmful Behavior	_____	_____
		_____	_____
			_____
_____	Substance Use	_____	_____
		_____	_____
			_____
_____	Thinking	_____	_____
		_____	_____
			_____
Primary Caregiver Resources			
_____	Material Needs	_____	_____
_____	Family/Social Support	_____	_____
		_____	_____

RELIABILITY GRID

SELF-TRAINING

For trainer use only

- ❑ Pass # of Errors _____
- ❑ Pass with Remediation
- ❑ Fail

☐ Given Supplemental Vignettes

Supplemental Subscales To Do

_____

NAME (print) _____

DEGREE_____ FIELD_____
(e.g., MSW, BA, Ph.D., etc.) (e.g., social work, counseling, psychology, etc.)

AGENCY NAME _____

AGENCY ADDRESS

_____(
Street) (City) (State) (Zip)

PHONE _____ FAX _____ E-MAIL _____

TRAINING LOCATION

_____

TRAINER'S NAME _____ DATE _____/_____/_____

Your trainer will complete the grid. This chart provides a very quick way to determine if you have a tendency to score too high or too low on any scale. Note that on this chart ONLY discrepancies between your score and the correct answer are entered. For example, a +10 signifies that you rated the scale 10 points too high, whereas a -20 means that you rated the scale 20 points lower than you should have. Information is entered only when your answer disagrees with the answer key. After reviewing all 10 vignettes, note whether you have a tendency to rate too low or too high for any scale. You may want to read again the instructions for that particular scale in the Instructions for Scoring.

CAFAS® Scale	Patty #1	Melissa #2	Joey #3	Frank #4	Kelly #5	Bobby #6	Jodie #7	Allison #8	Maury #9	Shannon #10
School/Work										
Home										
Community										
Behavior Toward Others										
Moods/Emotions										
Self-Harmful Behavior										
Substance Use										
Thinking										
Primary Caregiver Material Support										
Primary Caregiver Family/Soc Support										
Non-Cust Caregiver Material Support										
Non-Cust Caregiver Family/Soc Support										

Note: The Caregiver scales are not included in the test for reliability