



CAFAS® Reliability Training



Adapted from
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Kay Hodges, PhD ©2009

Welcome and Housekeeping Items

- Remember to follow proper virtual learning etiquette
 - Remain muted when not speaking
 - Sharing video is a requirement of this training at all times (with certain exceptions, i.e. bathroom breaks)
- Minimize all distractions and treat this training as if it were in person
 - No checking emails, phones, etc.
- Participation on all subscale quizzes is expected
- Using Zoom
- Break-Out Rooms
- Chat Options (Direct Chats)
- Completing Quizzes
- Sharing screen/sharing documents



Training Objectives

- Receive most up-to-date info on the CAFAS
- Learn how to use the CAFAS clinically with families
- Learn how to score each subscale of CAFAS
- Complete an evaluation of your reliability ("test" - 10 vignettes)
- Reminder: You are being trained as a rater of the CAFAS and not as a trainer for others



What is the CAFAS

Child and Adolescent Functional Assessment Scale

?

A Snapshot of Functional Impairment

- 1 Behaviors that interfere with healthy development
- 2 Symptoms that interfere with healthy development
- 3 Disruptions of daily life

Areas of Functioning

CAFAS Subscales

- 1 School/Work
- 2 Home
- 3 Community
- 4 Behavior Toward Others
- 5 Moods
- 6 Self-Harm
- 7 Substance Use
- 8 Thinking

CAFAS Tracks Behavior Across Domains

- Measures impairments that can reasonably be expected to change.
- Assesses needs in ways that can easily be communicated to non-clinicians (e.g. parents, school personnel, other natural and community supports) and understood.
- Multidimensional: Information generated is more useful and credible than global scores.
- Behaviorally more specific than the diagnosis.
 - e.g. *Not all kids with ADHD act the same.*



Structure

- CAFAS is a list of 200 items describing behaviors that may be observed in children and adolescents.
 - Additional items describe caregiver behaviors and circumstances at home that may impact the youth's development.
- All items are grouped within subscales (domains of functioning).
- Subscale items are organized into impairment level groupings.




Rating Procedure

- For each scale, rater reads through the items until description of the youth (during the rating period) is found
- Always start at the SEVERE level.
- Rater can go to the next subscale once an item has been identified (and level of impairment determined).




Levels of Impairment




- 30 Severe Impairment
- 20 Moderate Impairment – Major or persistent disruption
- 10 Mild Impairment
- 0 Minimal or No Impairment

Levels of Impairment



- 30 Severe Impairment
- 20 Moderate Impairment
- 10 Mild Impairment – Significant problems or distress
- 0 Minimal or No Impairment

Levels of Impairment

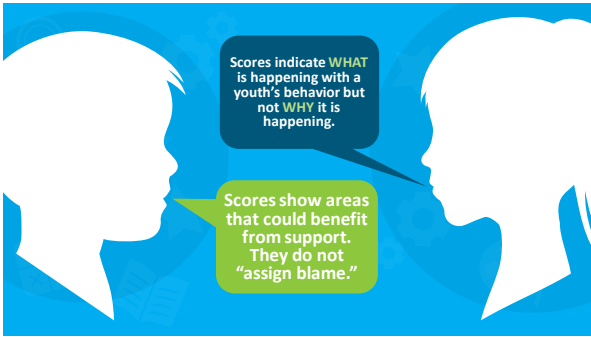


- 30 Severe Impairment
- 20 Moderate Impairment
- 10 Mild Impairment
- 0 Minimal or No Impairment – No disruption in functioning

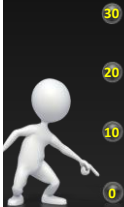
Levels of Impairment



Although children usually display a variety of behaviors that may differ in severity, the **MOST SEVERE** behavior within the time period being assessed is what determines the assessment score.



Levels of Impairment



The goal of services is to assist the youth with improving functioning. The CAFAS is a reliable [stable] and valid [measures what it intends to] outcome assessment tool. This means that healthy improvements translate into a reduction in impairment level.

CAFAS Assessment Completion

- Must be completed by a rater who has successfully completed CAFAS reliability requirements.
- Under the Michigan Medicaid Mental Health Provider Contract, CAFAS is the required assessment for youth ages seven through 17 (7-17) who are receiving services under SED eligibility.
- Assessment is completed at Intake into services, every three (3) months during services, and upon Exit from services.
 - CAFAS is also a reliable outcome assessment for postservices follow-up.
- All behaviors during the last three months are considered. The most severe behaviors determine the score.
- All sources of information are considered by the rater (e.g. observation, caregiver report, school reports, medical records, etc.).

Tips for Reliable Rating

- It is important to be knowledgeable about the youth/family's culture to understand the cultural context of the behavior.
 - If in doubt, seek opinions of persons knowledgeable about the youth's culture.
- Do not infer that behaviors exist on the basis of another problem, the underlying dynamics, or the youth's apparent diagnosis.
- Rate the youth's functioning independent of previous diagnoses, prognosis, or presumed nature of the disorder.
- Base your rating on what you have observed or what has been reported by the child or other informants.
- Use a literal approach in judging behavior criteria. Attend to the limited and specific meaning of each item.
- Read items carefully for entire content. Many items have multiple possible applications.

Cultural Competence Issues

- It is important to be knowledgeable about the youth's/family's culture.
- Try 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.

EX: The youth's verbalizations of some religious beliefs may at first appear to be hallucinations, but further inquiry reveals that there are no faulty perceptions ("the devil made me do bad things").

Cultural Competence Issues (Cont.)

- Try not to impose your own value judgments that may be heavily influenced by your age, gender, social class, or cultural background.
EX: You should not rate a youth as more impaired just because she is an unwed mother.
- Rate behaviors appearing in the CAFAS, even if they are more common in some cultural contexts (e.g. aggression).

Using EXCEPTION Items

- EXCEPTION appears as the last item on every level of every CAFAS subscale. Use EXCEPTION when the youth exhibits a behavior at a level of impairment where no items describe the behavior.
- After choosing the EXCEPTION item number, explain the reason for your rating in the box labeled "Explanation."
- Use EXCEPTION cautiously because it may jeopardize reliability.
- Another use of the EXCEPTION items is to provide additional context and balance to understanding items that were selected.

Severe Impairment	Moderate Impairment	Mild Impairment	Minimal Or No Impairment
<input type="checkbox"/> 009 EXCEPTION	<input type="checkbox"/> 018 EXCEPTION	<input type="checkbox"/> 022 EXCEPTION	<input type="checkbox"/> 029 EXCEPTION
Explanation : <type explanation here>			
			<input type="checkbox"/> 030 Could Not Score

Instructions for Using "Could Not Score"

- Appears on every subscale
- If under rare circumstances, there is insufficient information to rate the youth on a scale, select "Could Not Score"
- ALWAYS try to get the information so that you can knowledgeably rate every subscale
- Use "Could Not Score" as a last resort

Basis for Judgement

- Use a literal approach in judging behavior criteria. Attend to the limited and specific meaning of each item.
- Do not infer that a problem exists on the basis of another problem, the underlying dynamics, or the youth's apparent diagnosis.
- Base your rating on what you have observed or what has been reported by the youth or other informants.
- Rate the youth's functioning independent of previous diagnoses, prognosis, or presumed nature of the disorder.

Treatment and Scoring

- Rate the youth's current functioning without necessarily scoring as more impaired because of the services the youth is receiving
- The rating should accurately reflect the public performance of the individual
- Do not score more severely because of outpatient psychotherapy or medication
- However, you would give a higher score in the case where external controls or structure are thought to be needed to maintain acceptable behavior (the rules for scoring tell you how to do this).

CAFAS Does Not Dictate Treatment

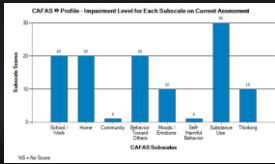
- The goal of the interventions is to reduce impairment in specific domains.
- The means for reducing impairment is determined by the professional and the family.
- The CAFAS Profile does not dictate treatment approach! For example, you may choose to work on "underlying" issues.

Brief Overview of Using FAS for Rating



Interpretation of CAFAS Results Using FAS

- FAS (Functional Assessment Systems): Software used to electronically complete the CAFAS
- Includes a CAFAS Profile where results can be easily reviewed, as well as assessment reports (for clinicians) and a Family Report to share with families



CAFAS Subscales Graph



Item Description	Impairment
School / Work	
812 Non-compliant behavior which results in punishment or repeated exclusion of group functioning or learning (school or workplace) (ignores other than classroom teacher (i.e., principal) because of severity and/or frequency)	Red
Home	
815 Follower fails to comply with reasonable rules and expectations within the home (e.g., bedtime, curfew), which interfere most of the time (20% of youth in each of the home, youth fails to comply with rules and expectations unless done monitoring supervisor & monitored)	Red
Community	
804 Youth does not negatively impact on the community	Normal or No
Behavior Toward Others	
816 Behavior that is socially inappropriate and causes problems for self or others (e.g., fighting, harassment, provocation)	Red
Health / Emotions	
828 Other anxiety, fearful, or sad, with some related symptom present (e.g., nightmares, diminished self-motivated behavior)	Red
821 Behavior is not indicative of tendencies toward self-harm	Normal or No
Substance Use	
819 Use of substance is associated with serious negative consequences (e.g., mood shifts, chronic anger, other risk behaviors, risky choices, interfering with thinking)	Red
830 Excessive or self-harm (e.g., repeated, depression, injury)	Red

- Review the CAFAS Results for each subscale and note the items endorsed
- Note that high risk behaviors are highlighted in RED on report

Based on Profile of CAFAS Subscale Scores

- 20 or 30 on School, Home, & BTO
- Severe impairment on any Subscale

Family Report



- This is a one-page report for the family to take home. It includes:
CAFAS Profile Graph
Youth's Strengths and Goals across subscales

Strengths	
<ul style="list-style-type: none"> Attends regularly Respectful of property in the home 	<ul style="list-style-type: none"> Likes going to school Aware of problems related to social skills and is working on improving them
Goals	
School / Work <ul style="list-style-type: none"> School grades are average or above 	<ul style="list-style-type: none"> Communicates effectively with family members (i.e., no yelling)
Home <ul style="list-style-type: none"> Obeys rules routinely 	<ul style="list-style-type: none"> Expresses anger through appropriate verbalizations or healthy physical outlets
Behavior Toward Others <ul style="list-style-type: none"> Expresses anger through appropriate verbalizations or healthy physical outlets 	<ul style="list-style-type: none"> Actively uses coping strategies to deal with difficult situations

Strengths and Goals

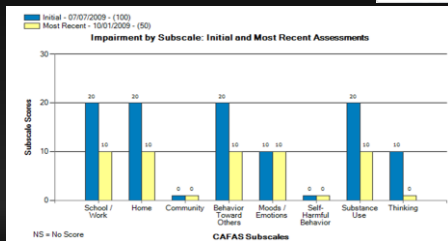


- For each subscale, there is an accompanying list of positive behaviors from which strengths & goals can be selected.

Examples from School subscale:

School / Work	Strength	Goal	Strength	Goal
Is permitted to attend school	<input type="checkbox"/> S1	<input type="checkbox"/> S2	Enjoys praise from teachers	<input type="checkbox"/> G1
Behavior at school is devoid of aggressive acts or threats	<input type="checkbox"/> S2	<input type="checkbox"/> S3	Likes going to school	<input checked="" type="checkbox"/> G2
Attends more days than not	<input type="checkbox"/> S3	<input type="checkbox"/> S4	Completes school work	<input type="checkbox"/> G3
Attends regularly	<input checked="" type="checkbox"/> S4	<input type="checkbox"/> S5	School grades are average or above	<input type="checkbox"/> G4

Tracking Progress During Treatment CAFAS® Subscale Scores



Outcome Indicators (Recap)



- Total Score
- Profile – Looking Across Subscale Scores
- # Severe Impairments (& which scales)
- Pervasive Behavioral Impairment
 - Severe or Moderate: School, Home, & Behavior Toward Others
- CAFAS Tiers – quick classification based on profile – Most salient problems

Areas of Functioning

CAFAS Subscales

- 1 School/Work
- 2 Home
- 3 Community
- 4 Behavior Toward Others
- 5 Moods
- 6 Self-Harm
- 7 Substance Use
- 8 Thinking



School / Work Subscale

30	20	10	0
SEVERE <small>Severe disruption or incapacitation</small>	MODERATE <small>Major or persistent disruption</small>	MILD <small>Significant problems or distress</small>	MINIMAL/NO <small>No disruption in functioning</small>



Expectations: School/Work

<p>Grades</p> <p>Grade average is a "C" or above average, or performs up to abilities</p>	<p>Attendance</p> <p>Attends school regularly</p>
<p>Behavior</p> <p>Not disruptive to group process, behaves in a way that does not interfere with their own or with others' ability to learn/work</p>	<p>Work</p> <p>Adheres to work schedules, follows instructions, satisfactorily carries out assigned duties</p>

School Rating in the Summer



Question:

How do you rate the youth during the summer?

Answer:

Rate the youth's behavior for the most recent time period when in school.

Grades

<p style="text-align: center;">30</p> <p>009 Failing all or most classes</p>	<p style="text-align: center;">20</p> <p>019 Grade average is lower than a "C" and not due to lack of ability or</p> <p>020 Failing at least half of courses and not due to lack of ability or any physical disabilities</p>	<p style="text-align: center;">10</p> <p>026 Not working up to ability (and caregivers or others are concerned)</p>
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Do not rate if poor academic performance is solely due to: Intellectual disability or other serious, documented learning problems, or sensory deficits (i.e. hearing problems). Physical disability/impairment items on the "No Impairment level" allow you to document these challenges.



Important Considerations: Attendance



Unexcused absences due to any reason *except* physical illness, religious or family holidays

Truancy: deliberately engaging in more pleasurable activities or avoiding school when youth is capable of attending school

School Refusal: stays home to be with caregiver, could be due to:
 Desire to be with parent figure
 Fearfulness
 Depression, anxiety, post-traumatic stress

Rate regardless of understandable justification:
 Ex: avoiding scene of trauma (youth was raped at school), kept home to baby-sit

Remember: You are not blaming – you are saying services are needed!

If kicked out of school, rate that item as well as the item that indicates reason for it (e.g., aggressive threat). If behavior is not described by an item, circle Exception and write in reason under "Explanation."

Attendance

30	20	10
<p>001 Refuses to attend (even if for "good" reason) Asked to leave during rating period</p> <p>002 Is expelled</p> <p>006 Chronic truancy resulting in negative consequences (i.e. loss of credit, failing courses, parents notified)</p> <p>007 Excessive absences due to any reason other than physical illness</p> <p>010 Dropped out & no job or vocational training</p>	<p>014 Frequently truant (10% = once every 2 weeks) Or, for several consecutive days</p> <p>015 Absent (10% or several days)</p>	<p>N/A</p>

Definitions for Behavior Problems

Bad behavior in school (or on bus) & during the rating period

Aggression (as it rises to the level of Assault) refers to physical contact:

With another person in some way, either direct physical contact or with an object [hit, bite, scratch, shove, throw object at the person]

Which was done deliberately (not an accident)

With the intent to harm the other

Threat of aggressive behavior or "aggressive potential" implies that:

Youth's verbal or nonverbal behavior led another person to believe that harm to another could happen.

A protective intervention was deemed important to prevent the possibility of any harm (if witnessed).


Definitions for Behavior Problems

Non-compliant behavior: Refers to disobedience or not following rules. EX: runs in hallways, refuses to raise hand before speaking, brings forbidden objects to school

Inappropriate behavior: Refers to behavior for which the school may not have specific rules but would generally be known to be inappropriate. EX: deliberately clogging toilets, "flipping off" teacher

Poor attention span & high activity level (i.e., hyperactivity): Refers to behavioral descriptors, not a disorder, in CAFAS
Rate only if school reports as a problem

Problematic Behavior

30	20	10
<p>002 Expelled from community school because of behavior/multiple suspensions in rating period</p> <p>003 Viewed as potentially harmful to others because of aggressive potential</p> <p>004 Harmed or made threat to hurt a teacher/peer/staff</p> <p>005 Unable to meet even minimum requirements for program behavior</p> <p>008 Disruptive behavior persists despite special accommodations at program</p>	<p>012/013 Persistent or repeated disruption of group activities</p> <p>012/013 Known to school authority figure due to chronicity of problems</p> <p>012/013 Known to school authority figure due to severity of problems (e.g. principal, disciplinarian)</p> <p>017 Special accommodations are needed/implemented due to behavior problems</p> 	<p style="text-align: center;">CAN BE MANAGED BY CLASSROOM TEACHER</p> <p>022/023 Teacher brings attention to problems (ex. by verbal reprimands, negative consequences i.e. staying in during recess)</p> <p>022/023 Teacher structures to prevent problems. (ex. moving seat next to teachers desk)</p> <p>024 Occasional disobeys rules & more than other youth</p> <p>025 Problems present but not disruptive</p>

Work Subscale

30	20	10
<p>001 Asked to leave job</p> <p>002 Does not show up to job</p> <p>004 Harmed or made threat at work</p> <p>010 Holds no job or not looking for a job, if not in school/vocational training</p>	<p>016 <u>At work</u>, missed days or tardy, gets reprimand</p> <p>018 Receives reprimand or warning for unsatisfactory performance/behavior</p>	<p>026 Work productivity less than ability</p>

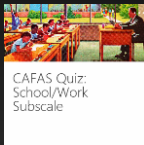
School Rating: Remote Learning



- Severe Impairment
 - Youth refuses to participate in Remote Learning (001, 006, 007)
 - Remote learning has not been implemented in youth's home (001, 007)
 - Youth is physically aggressive with family during learning times (003)
- Moderate Impairment
 - Youth refuses direction from caregivers when participating in Remote Learning activities (e.g. Tantrums) (012, 013)
 - Youth participates in less than 90% of Remote Learning expectations (014, 015)
 - Youth has an active IEP or 504 Plan with their school (that at least in part addresses behaviors) (017)
 - Youth was referred for assessment and/or learning supports due to classroom behavior, although plan was not completed prior to March 11, 2020 (017)
- Mild Impairment
 - Caregiver needs to provide extra structure or accommodation for youth to successfully participate in Remote Learning (022, 023)
 - Youth is not completing all activities as assigned (026)

Quiz Time!

- Click the link in the chat box and complete the quiz
- Review answers and discuss discrepancies in scoring



Home

30

SEVERE
Severe disruption or incapacitation

20

MODERATE
Major or persistent disruption

10

MILD
Significant problems or distress

0

MINIMAL/NO
No disruption in functioning

Behaviors to Assess

- Home safety behaviors
- Following directions
- Compliance with chores

- Following home routines
- Non-runaway behaviors

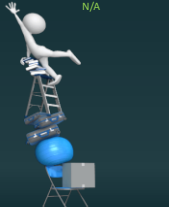
Expectations: Home

<p>Safety: Person & Property</p> <p>Behaves in a safe manner Non-threatening, non-intimidating Respectful of property in home (i.e., home, belongings of other household members, yard, etc.)</p>	<p>Compliance: Rules, Routines, Chores</p> <p>Follows household rules Follows expectations. Examples: Bedtime, curfew, completes chores</p>
<p>Non-Runaway Behavior</p> <p>Trustworthy regarding no runaway behavior</p>	

Important Considerations: Home


- Rate the youth's severest behavior during hours usually spent in the home (i.e., 3:30 pm to 7:30 am or so) during the rating period.
 - Consider all homes or residential settings the youth lived in during the rating period.
- EX: If a youth's behavior was very impaired while on home visit (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 scale would reflect the destructive episode at home if it occurred in the rating period.
- "Household members" refer to other persons who share the home or residential setting.

Safety


30	20	10
<p>041 Not in the home due to (bad) behavior in the home which occurred during the rating period.</p> <p>043 Deliberate & serious threats of physical harm</p> <p>044 Repeated acts of intimidation</p> <p>046 Constant monitoring to ensure safety</p> <p>049 Severe & deliberate property damage. EX: Throws bat through china cabinet door (rate property damage to any residences or residential settings youth lives in)</p>	<p>053 Repeated irresponsible behavior... potentially dangerous, but safety of household members not jeopardized. EX: use stove, not close gate, leave house door open, bad practical jokes on siblings.</p> <p>055 Deliberate damage to home, belongings or yard. EX: Peels wallpaper out of bedroom closet</p>	<p>N/A</p> 

Important Considerations: Compliance

- Do not rate non-compliant behavior if parental requests are abusive or illegal.
EX: to steal, do sex acts
- *Good Compliance*: Doing what you are asked to do, when you are asked to do it and with a “decent” attitude



In CAFAS, the word **persistent** is used to describe problem behaviors that are not especially dangerous but that happen more often than not (half the time or more). **Persistent** problems are of **Moderate** severity.



The word **frequent** (or **frequently**) is used to describe problems that occur more often than is typical and healthy, but tend to cause more inconvenience than developmental disruption. These problems are of **Mild** severity.

Compliance: Rules, Routines, Chores


30	20	10
042 Extensive management by others needed to be maintained in the home	051 Persistent failure to comply with rules/routines EX: bedtime, curfew	057 Frequently fails to comply
045 Behavior & activities beyond caregiver's influence almost all of the time	051 Active defiance much of the time	058 Has to be "watched" or prodded to get compliance
047 Supervision of youth required... interferes with caregiver's work/roles	051 If in residential facility, fails to comply unless close monitoring	059 Frequently "balks" or resists but will comply if caregiver insists
	052 Frequent profanity, cursing at household members	060 Frequently intentionally annoying. EX: taunting siblings, purposeful dawdling

Notes on Compliance

- Compliance is doing what you are asked to do, when you are asked to do it.
- Household expectations may vary greatly by culture and circumstance.
- Rate all non-compliant behavior UNLESS parent requests are abusive or illegal.

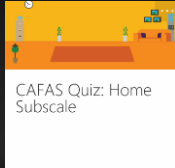


Runaway Behavior

30	20	10
048 Runaway from home overnight more than once; whereabouts unknown	054 Runaway overnight but likely whereabouts known. EX: at a friend's house	N/A
048 Runaway once for extended time; whereabouts unknown		

Quiz Time

- Click the link in the chat box and complete the quiz
- Review answers and discuss discrepancies in scoring



Community



Behaviors to Assess

- | | |
|--|--|
| <ul style="list-style-type: none"> • Respect for property • Stealing • Adhering to laws | <ul style="list-style-type: none"> • Playing with/setting fires • Sexual inappropriate behavior • Association with delinquent youth |
|--|--|

Expectations: Community

<p>Obeys Laws</p> <p>Obeys laws, &, if on probation, conditions of probation</p>	<p>Respects Property</p> <p>Respects property of others or public Property</p>
<p>Refrains from Particularly Offensive Acts</p> <p>Refrains from:</p> <ul style="list-style-type: none"> • Physical aggression • Sexual misconduct/mistrust • Fire-setting (anywhere – even in the home) 	

Important Considerations: Community


- Do **NOT** endorse if:
 - Youth's sole involvement was as a victim
 - Act was accidental
 - Youth was just playing or "kidding around" (no intent to harm)
 - Youth was truly acting in self-defense (ignore unconvincing claims)
 - Do endorse if:
 - Youth gets into legal trouble
 - There is good-faith reason to believe youth engages in delinquent behavior, based on reports by youth, caregiver or other adult informants
- EX: Caregiver convinced that youth is shoplifting based on goods in the youth's room that were not purchased & no believable explanation is given.
 EX: Caregiver reports that the youth's friends were "caught" for an offense. The youth appears to have been involved but not "caught."

Important Considerations: Community

- Question:** Is legal involvement required? If not, why not?
- Answer:** No. Rationale:
- Most acts are covert & undetected
 - Charges are often not pressed for a variety of reasons
 - Youth's association with delinquent youths puts the youth at great risk for delinquency
 - Treatment will be different for youths who are at-risk for delinquent behavior.
EX: parental monitoring
 - Treatment of co-occurring problems (e.g., depression) typically does not reduce delinquency

Obeys Laws

30	20	10
066 Confined for serious violation 067 Convicted of serious violation Substantial evidence of serious violation (Violation of probation conditions – flagrant disregard for the law)	073 Serious (but milder) delinquent behavior Repeated delinquent behavior (>1 time) 074 On probation/court supervision (offense < 3 mo) 075 Probation/court supervision (offense > 3 mo) 076 At risk of confinement for frequent or serious violations (waim consequences "next time")	080 Minor legal violations 081 Single incident of milder delinquent behavior



Definitions for "Obeyes Laws"

Serious violation

Stealing involving confrontation with victim
 Robbery
 Purse Snatching
 Dealing/carrying drugs
 Rape
 Drive-by shooting
 Violation of probation condition

Auto theft
 Mugging
 Fraud
 Break-ins
 Murder
 Prostitution

(Milder) Delinquent behavior

Stealing without confronting a victim
 Vandalism
 Taking a car for a joy ride (without permission, short time period & plan to return)

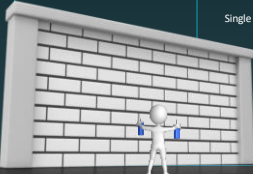
Shoplifting
 Defacing property

Minor legal violations

Minor legal violations
 Unruly conduct such that complaint was made
 Trespassing onto neighbor's property
 Harassing neighbor

Respects Property Outside of the Home


30	20	10
070 Deliberate & severe damage outside home (include household, if reported to police)	073 Serious or repeated defacing property Serious or repeated vandalism	080 Trespass onto neighbor's property 081 Single incident of defacing property Single incident of vandalism



Physical Aggression ("Fighting")

- **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).
 - Which was done deliberately (not an accident)
 - With the intent to harm the other
 - A protective intervention was deemed important (if observed)
- To ensure that only more serious offenses are scored at the SEVERE level of the Community scale, legal involvement (e.g., police were told) or deliberate diversion to mental health or social service is required

Physical Aggression

30	20 <small>n/a</small>	10 <small>n/a</small>
<p>068 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)</p>		

Definitions for Sexual Misconduct

Sexual assault or abuse refers to having attempted to, or actually accomplished, a sexual act:


By making sexual contact with another person (i.e., interact with another person by touching sexual parts of the body or by placing the penis, fingers or another object into the orifice of the other, such as vagina, anus or mouth), AND

By coercion (i.e., through physical force, intimidation or verbal threats or by persuasion by an older youth in which the older youth exploits the naiveté of the younger youth)

Inappropriate sexual behavior refers to sexual behavior which violates social norms & is displayed publicly or is directed toward another person. EX: exposing oneself in front of others).

Do not score if the youth was solely a victim.

Sexual Misconduct/Mistrust


30	20	10 <small>N/A</small>
<p>069 Involvement with legal system or diversion to mental health/social service due to sexually assaultive behavior or inappropriate sexual behavior</p>	<p>077 Sexually inappropriate such that adults have concern about welfare of other children who may be around the youth unsupervised</p>	

Considerations for Fire-Setting Behaviors

- Scored on Community even if it happens at Home –
Rationale: behavior has potentially serious implications for community.
- Before being scored under “Community” for playing with fire, child needs to have been “educated” about danger of fire (e.g., after playing with matches, etc.)

Fire-setting Behavior

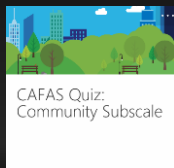
30	20	10
071 Deliberate fire-setting with malicious intent	078 Repeatedly and intentionally plays with fire such that damage to property or person could result	082 Plays with fire (and has previously been educated about the dangers of fire)



Remember: Fire-setting has potential impact on the entire community. Use these items no matter where the fire-setting behavior happens (e.g. at home)

Quiz Time

- Click the link in the chat box and complete the quiz
- Review answers and discuss discrepancies in scoring



Behavior Toward Others

30

SEVERE
Severe disruption or incapacitation

20

MODERATE
Major or persistent disruption

10

MILD
Significant problems or distress

0

MINIMAL/NO
No disruption in functioning

Behaviors to Assess

- Interactions with people
- Interactions with animals
- Makes/maintains friendships

- Aggressiveness
- Frustration tolerance

This subscale captures behaviors that impact relationships with all other people (and animals too).

This means that some behaviors that were already rated for impairing functioning in an environment will also be rated here for impairing relationships.

Expectations: Behavior Toward Others

<p>Free of Unusually Offensive Behaviors</p> <p>Behaves in a safe manner around others. Able to interact with people & animals without making them feel uncomfortable.</p>	<p>Interactions Free of Negative, Troublesome Behaviors</p> <p>Has age-appropriate skills for interacting with others</p>
<p>Judgment</p> <p>Judgment does not jeopardize the welfare of others or unreasonably inconvenience them</p>	

Important Considerations: BTO

- Reflects on youth's patterns of behavior in social or interpersonal interactions
- *DO* rate behavior toward
 - Peers
 - Caregivers ("Moms/Dads are people too")
 - Other adults or persons in the community
 - Siblings if behavior is emotionally abusive or dangerous (*DO NOT rate typical sibling arguments*)
 - Animals if cruel to animals (*sport hunting is not defined as animal cruelty*)

Considerations for Rating Behavior Toward Others


Question: Do I rate behavior that may have been already scored on the School, Home or Community subscales?

Answer: This can happen, specifically for particularly offensive, "strong" behaviors, such as physical or sexually aggressive or highly inappropriate behavior.


Rationale: Concern by others generalizes to settings other than where the behavior originally took place. If a youth is sexually assaultive at school, others are concerned about youth's behavior in other settings.

Unusually Offensive Behavior


30	20	10
<p>088 Consistently bizarre or inappropriate - others avoid because of extremely unpredictable or odd behavior</p> <p>090 Attempted or accomplished sexual assault or abuse of another person (i.e., used force, verbal threats, or toward younger youths, intimidation or persuasion)</p> <p>091 Deliberately & severely cruel to animals</p>	<p>089 Behavior frequently & typically inappropriate & causes problems for self or others. EX: "fighting"</p> <p>092 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</p> <p>098 Frequently mean to other people or animals</p>	N/A



Negative, Troublesome Behaviors

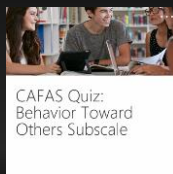
30	20	10
<p>N/A</p> <p>093 Behavior frequently & typically inappropriate & causes problems for self or others. EX: belligerence, promiscuity</p> <p>095 Characterized by hostile interactions/intentions (hostile = like an enemy), spiteful, vindictive</p> <p>097 Frequent display of anger toward others; angry outbursts</p> <p>099 Predominantly relates to others in an exploitive or manipulative manner. EX: uses/cons others</p> <p>100 Involved in gang-like activities in which others are harassed, bullied, intimidated, etc.</p> <p>101 Persistent problems/difficulties in relating to peers due to antagonizing behaviors. EX: threatens, shoves</p> 		<p>103 Unusually quarrelsome, argumentative or annoying to others</p> <p>105 Upset (e.g., temper tantrum) if cannot have or do something immediately, if frustrated, or if criticized.</p> <p>106 Quick-tempered, easily annoyed by others & responds more strongly than other children</p> <p>107 Tends to be ignored or rejected; does not engage in typical peer recreational activities as a result. EX: bullied</p> <p>108 Irritates peers; difficulties in peer interactions or in making friends due to negative behavior. EX: teasing, picking on others</p> <p>109 Predominantly younger friends; immature behavior leads to poor relations with same-age peers or to having friends who are predominantly younger</p>

Poor Judgement

30	20	10
<p>N/A</p> 	<p>096 Poor judgment or impulsive behavior results in dangerous or risky activities that could lead to injury or getting into trouble <i>more than other youths</i> (from the same cultural group).</p> <p>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)</p>	<p>104 Poor judgment or impulsive behavior is inappropriate, given his/her age, & results in inconvenience to others. EX: hiding brother's lunchbox</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; background-color: #90EE90;"> <p>INTENT OF ITEMS: To rate Your Judgment that can negatively impact on others!</p> </div>

Quiz Time!

- Click the link in the chat box and complete the quiz
- Review answers and discuss discrepancies in scoring



Moods/Emotions

30

SEVERE
Severe disruption or incapacitation

20

MODERATE
Major or persistent disruption

10

MILD
Significant problems or distress

0

MINIMAL/NO
No disruption in functioning

Behaviors to Assess

- No excessive sadness
- No excessive worry
- Moods are reliable

- Self-esteem
- Somatic complaints
- Experiences range of emotions

This subscale assesses problems with internal regulation of moods and emotions: anxiety, depression, sadness, fear, worry, irritability, tenseness, panic, anhedonia, and emotional restriction.

One important emotion that this subscale does not assess is **anger**. Anger problems lead to functional impairments in relationships, so anger behaviors are rated on the Behavior Toward Others subscale.

Expectations: Moods and Emotions

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

Preamble to Rating Depression

If a child is experiencing depression, evidence for a **SEVERE** level of functional impairment is persistent sadness with incapacitation in one of these critical areas:

- Will to live
- Interest in others
- Engagement
- Eating
- Ability to respond to comfort



Preamble to Rating Depression

If a child is experiencing depression, evidence for a **MILD/MORE** level of functional impairment is persistent feeling of worthlessness, or persistent expression of sadness, melancholy, or irritability with a disruption from personal baseline in specific areas:

- **Sleep** – (quantity/pattern) trouble falling asleep or staying asleep, early awakening, sleeping too much
- **Eating** – decreased appetite, significant weight loss or gain
- **Energy level** - primarily fatigue, no energy
- **Concentration** – less ability to focus or sustain attention
- **Anhedonia** – diminished interest or pleasure in normal activities




Considerations for Rating Depression

Question: Is sadness required?


Answer: NO. Irritability or anhedonia can substitute for sadness.

- If irritability or anhedonia is substituted for depression, disturbance in two areas is needed (from previous slide).
- Rationale: More signs of depression are needed because irritability can accompany other problems. For example, delinquents can be irritable if their actions are blocked.

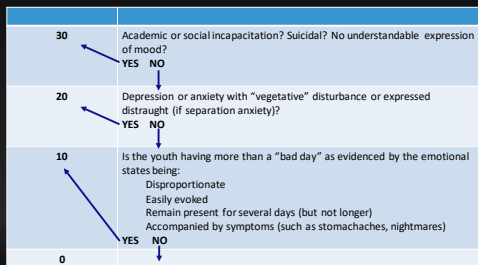
Depression/Sadness

30	20	10
<p>118 Depressed with academic incapacitation = absent > 1 day/week on average</p> <p>118 Depression with academic incapacitation = not doing (any) schoolwork. EX: "stares" at schoolwork</p> <p>118 Depression with social incapacitation = isolates self from friends. EX: no longer wants to play, talk on phone or visit with friends</p> <p>119 Depression with suicidal intent (i.e. <i>Really wants to die</i>)</p>	<p>122 Depression is persistent (i.e., half the time) with difficulty in 1 or more:</p> <ul style="list-style-type: none"> Sleep problems Eating problems Difficulties concentrating Energy level Normal activities = anhedonia <p>Irritability or anhedonia with 2 or more:</p> <ul style="list-style-type: none"> Sleep problems Eating problems Difficulties concentrating Energy level Normal activities = anhedonia (if irritability only) 	<p>128 Often sad, with related symptoms. EX: nightmares, stomachaches</p> <p>129 Disproportionate irritability (no apparent reason)</p> <p>130 Very self-critical, low self-esteem, feelings of worthlessness</p> <p>132 Sad or hurt if criticized</p> <p>133 Sad, depressed or anhedonic in one setting for few days at a time</p> 


Anxiety (Fears, Worry, Panic, Tenseness)

30	20	10
<p>117 Fears, worries, anxieties, or reactions to trauma with academic incapacitation = absent > 1 day/week on average</p> <p>117 Fears, worries, anxieties, or reactions to trauma with marked social withdrawal. EX: Will not leave home to visit friends</p> 	<p>123 Worries persistent & excessive, with 1 or more:</p> <ul style="list-style-type: none"> Sleep problems, tiredness, difficulty concentrating, irritability, muscle tension, feeling on edge <p>124 Fears, worries or anxieties result in expressed distraught when away from home or parent figures</p> <p>125 Worries or anxieties result in special accommodations (requests). EX: sleeping near parents; calling home from school</p>	<p>128 Tends to be anxious, fearful, with related symptom. EX: nightmare, stomachaches</p> <p>129 Disproportionate fears or worries</p> <p>131 Easily distressed if makes mistakes</p> <p>132 Anxious if criticized</p> <p>133 Anxious in at least one setting for a few days at a time</p>


Flow Chart for Depression/Anxiety



Mood: Reactions to Abuse or Other Trauma

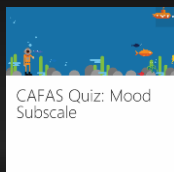
30	20	10
<p>117 Extensive avoidance, secondary to traumatic reactions, resulting in avoiding school or social settings</p> 	<p>126 For traumatized youth, emotional blunting (i.e., no or few signs of emotional expression; emotional expression is markedly flat OR marked distress around recollections, dreams, or reminders related to the original trauma.</p> <p>(Rate only if exposed to traumatic event & caregiver reports)</p>	<p>134 Notable emotional restriction (Has difficulty expressing strong emotions such as fear, hate, love)</p> <p>(Rate only if exposed to traumatic event & caregiver reports)</p>

Bizarre Emotional Responses

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

Quiz Time!

- Click the link in the chat box and complete the quiz
- Review answers and discuss discrepancies in scoring



Self-Harmful Behavior

30 SEVERE Severe disruption or incapacitation	20 MODERATE Major or persistent disruption	10 MILD Significant problems or distress	0 MINIMAL/NO No disruption in functioning
---	--	--	---

Behaviors to Assess

- Suicidal intent
- Habitual self-harm
- Impulsive self-harm
- Threats of self-harm
- Hopelessness
- Ambivalence about living

A child does not need to be depressed to have a self-harm impairment. Any statements or actions that would typically prompt supervision for safety would be rated here.

However, don't rate playful behaviors or accidents.

Expectations: Self-Harm

No Self-Harmful Behavior

Youth is free from desires & attempts to hurt him/herself

Youth can cope without resorting to self-harmful behavior or verbalization

Considerations for Rating Self-Harm

May or may not be related to diagnosis of depression

Do *not* rate acts...

- Done while kidding around
- That were genuinely accidental
- Done because youth likes thrill-seeking or risk-taking activities EX: ride motorcycle without helmet
- Done because youth likes engaging in non-conventional behaviors. Ex. Getting Tattoos

More Considerations: Self-Harm

Do rate on this scale if behaviors are in the context of:

- Depression
- Hopelessness
- Wanting to hurt oneself
- Wanting to die
- Genuine ambivalence about living
- Impulsive suicidal behavior that could be lethal

Do rate if behavior is extremely dangerous & psychiatric hospitalization for it is typical.

- Head-banging as sometimes seen in autism or with organicity
- Psychotic confusion
- Severe anorexia
- Dangerous behavior as seen in organicity (e.g., not realize danger due to effects of trauma, neurological disorder)

Definitions Related to Self-Harm


Suicide intent: Genuine desire to die

Suicide lethality: Refers to likelihood that the means of attempting suicide will result in death

Judging suicidal risk involves clinical judgment in real-life. Conservative approach would result in rating severe if cannot confirm non-intentionality.

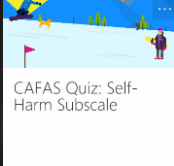
“Cutting” behavior can be rated at moderate level if treatment plan has established that acute hospitalization is not advised (sometimes associated with borderline personality disorder)

Self-Harmful Behavior

30	20	10
<p>142 Non-accidental self-destructive behavior – potential for or did self-injury EX: Suicide attempt with intent to die; Persistent head-banging; severe anorexia</p> <p>143 Seemingly non-intentional self-destructive behavior – potential for or did self-injury and youth aware of the danger (for a younger or inarticulate child making suicidal attempts, may use unsophisticated or incompetent methods) EX: Opens car door in moving vehicle; Runs out in the path of a car if street smart</p> <p>144 Has a clear plan to hurt self, even if impractical or non-lethal</p> <p>144 Has a genuine desire to die</p>	<p>146 Non-accidental self-harm, mutilation, or injury which is non-life-threatening & non-trivial EX: suicidal gestures without intent to die</p> <p>147 Talks or repeatedly thinks about harming self, killing self, or wanting to die</p>	<p>149 Repeated non-accidental behavior suggesting self-harm, yet behavior is very unlikely to cause any serious injury EX: Repeatedly pricking self EX: Scratching skin with a dull object</p> 

Quiz Time!

- Click the link in the chat box and complete the quiz
- Review answers and discuss discrepancies in scoring



Substance Use

30

SEVERE
Severe disruption or incapacitation

20

MODERATE
Major or persistent disruption

10

MILD
Significant problems or distress

0

MINIMAL/NO
No disruption in functioning

Behaviors to Assess

- Use of substances
- Does not disrupt normal functioning

- Frequency of use
- Amount of negative consequences

Expectations: Substance Use

No Negative Effects or Risk-Taking	Frequency/Amount of Usage
Does not engage in substance use that is maladaptive, inappropriate &/or disruptive to normal functioning	No usage or only occasional use with no negative consequences (i.e., no intoxication or getting high)

Considerations for Rating Substance Use

Drug use is illegal & typically covert.
 Rate suspected use or if friends change to users.
 If you feel uncomfortable doing this, endorse item & write "suspected because..." under "Exception."
 Rationale: Treatment is different if co-occurring substance use is present.
 Scale is arranged such that youths who are 12 years or younger have lower thresholds to qualify as impaired [see ----- line].

Do's and Don'ts: Substance Use

Do not rate:
 Sanctioned religious or cultural use (e.g., it's okay for an altar boy to have wine at communion – but it's not okay for him to sneak drinks of communion wine after church)
 Tobacco use on this scale (rationale: not a mind-altering drug in the same way other substances are). You can rate it on other scales (i.e., School, Home, Community, etc.)

Do rate use of:
 Alcohol
 Street drugs
 Inhalants (gasoline, glue, paint thinners, spray paints)
 Misuse of prescription drugs
 Misuse of over-the-counter drugs



Definitions: Substance Use

Intoxication: Signs shortly after alcohol use: slurred speech, lack of coordination, unsteady gait, impairment in attention or memory, impaired judgment, inappropriate mood lability

“High”: Assume all non-alcoholic drug usage results in getting high

Negative Effects & Risk-Taking

30

Dominates Life

154 Lifestyle centers around acquisition and use of substances:
Examples: Preoccupied with thoughts or urges to use substances, arranges schedule around making contacts, cravings for substances

155 Dependent on continuing substance use to maintain functioning (i.e. likely to experience withdrawal symptoms such as feeling sick, headaches, nausea, vomiting, shaking) *suggests use is out of control, has no “social” function

162 Has blackouts, cannot control use, does not stop once started, discontinuing use would cause distress or discomfort. OR consistently drinks alone (or uses other substances alone)

Negative Effects & Risk-Taking

30

Serious negative consequences related to substance usage:

- 156 School: failing or expelled
- 156 School: failing classes
- 157 Work: fired or lost job
- 159 Doing illegal acts while under influence
- 159 Driving while under the influence
- 159 Health-related: Injured
- 159 Health-related: In accident
- 159 Physical health problems (includes any inhalant use)
- 159 Victimized. EX: raped

Potential serious consequences to offspring:

- 160 Is pregnant or is a parent & is a drug user
- 161 Is pregnant or is a parent & gets drunk or uses alcohol routinely

Score as an EXCEPTION:

Any use of “hard” drugs, such as crack, cocaine, PCP, opioids/narcotics (e.g., heroin, oxycodone, or other misused prescription narcotics), during rating period qualify for “30” score

Negative Effects & Risk-Taking (Continued)

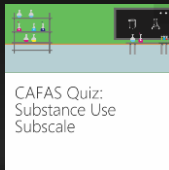
20	10
<p>Pattern of use likely impairs functioning</p> <p>165 Uses in such a way as to interfere with functioning in spite of potential serious consequences</p> <p>Traffic violations</p> <p>School Absences/Tardy (misses some classes) Uses on school days Misses out on school or social activities</p> <p>Work Uses on work days (Uses evening before; uses before work) Absences/Tardiness</p>	<p>166 Getting into trouble is related to usage. Examples: Arguments, fights with family or friends, trouble with teachers, trouble with police, breaks rules, misses curfew</p> <p>167 Behavior potentially endangering self or others is related to usage (e.g. vulnerable to injury or date rape)</p> <p>168 Friendships change to mostly substance users</p> <p style="text-align: center;">N/A</p>

Frequency/Amount of Use

30	20	10
<p>158 Frequently intoxicated or high > 2 times/week</p> <p>163 For 12 years or younger, uses regularly (once a week or more)</p>	<p>169 Marijuana use or intoxicated once or twice a week</p> <p>170 For 12 years or younger, occasional alcohol use without intoxication (3 or more, but less than once a week) or any use of marijuana</p>	<p>173 Regular alcohol use (e.g., once a week) but without intoxication</p> <p>172 Infrequent intoxication or use of marijuana & only without serious consequences (less than 1/wk)</p> <p>174 For 12 years or younger, has used alcohol more than once (2 times), but no intoxication.</p>

Quiz Time!

- Click the link in the chat box and complete the quiz
- Review answers and discuss discrepancies in scoring



Thinking/Communication

30

SEVERE
Severe disruption or
inappetation

20

MODERATE
Major or persistent
disruption

10

MILD
Significant problems or
distress

0

MINIMAL/NO
No disruption in
functioning

Behaviors to Assess

- Purposeful behavior
- Coherent communication
- Perceptions based in reality

- Logical thought processes (for age)
- Not bizarre in thought or action

Expectations: Thinking

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

Considerations for Rating Thinking Subscale

Infer thinking from communications
 Intent is to identify youths with relatively severe thinking problems which:


Interfere with functioning, AND
Are thought to "predict" poor functioning as an adult

These youths require special treatment, often psychiatric consultation

For each severity level in this scale, the youth must meet criteria for degree of impairment and for type of behavior

Thinking: Impairment Requirements

(Necessary but not sufficient)

30	20	10
<p>All three required: Cannot attend a normal school classroom</p> <p>Does not have normal friendships, and</p> <p>Cannot interact adequately in the community [EX: not able to buy candy bar] due to any of the following:</p>	<p>Frequent difficulty in communication or behavior, OR</p> <p>Specialized setting or supervision needed due to any of the following:</p>	<p>Occasional difficulty in communications, in behavior, or</p> <p>In interactions with others due to any of the following:</p> <div style="text-align: right; margin-top: 10px;">  </div>

(Subscale Items then follow)

Disorder	Which functions <i>may</i> be impaired? <small>(Always refer to youth's behavior, not diagnosis)</small>
Schizophreniform	Communication, Perceptions, Cognitions
Schizoaffective	Perceptions (hallucinations), Cognitions (delusions)
Schizotypal	Communication (vague, circumstantial), Perceptions (e.g. bodily illusions) Cognitions (e.g. suspiciousness, odd beliefs, odd preoccupations or fantasies)
Manic Episode	Communication (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 are not; an exaggeration of sense of self Preoccupied with thoughts of food
Autism	Communication & use of language, orientation
Brief Psychotic Disorder	Communication, Perceptions, Cognitions

Disorder	Which functions <i>may</i> be impaired? <small>(Always refer to youth's behavior, not diagnosis)</small>
Obsessive-Compulsive Disorder	Cognitions (obsessions, compulsions)
Post-Traumatic Stress Disorder	Cognitions (e.g., recurrent & intrusive distressing recollections) Perceptions (hallucinations, dissociative flashback)
Psychotic Disorder Due to Medical Condition	Perceptions, Cognitions (due to neurological, endocrine, metabolic disorders, etc.)
Dementia Due to Serious Medical Condition	Memory impairment (e.g., due to head trauma)

Definitions for Unusual Communications


Echolalia: repeating words of others in a meaningless fashion

Flight of Ideas: A nearly continuous flow of accelerated speech with changes from topic to topic

Incoherence: 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

Loosening of associations: Characterized by ideas that shift from one subject to another. An idea is unrelated or only obliquely related to the first, without the speaker showing any awareness that the topics are unconnected.

Odd Communications

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

Definitions for Faulty Sensory Perceptions

Hallucinations: Sensory perceptions that occur without external stimulation of the relevant sensory organ
 Experience of hearing or seeing things which are not there
 "Non-pathological" hallucinations = Unlikely to have bad "course" in future. Includes unusual sensory experiences such as seeing things before falling asleep or upon awakening from sleep

Do not rate if hallucinations are:
 Clearly the acute physiological effects of substance ingestion
 Due to physical illness
 Related to religious or cultural beliefs (e.g. common belief of family is to be "looked after" by deceased relatives)
 During sleep (i.e., dreaming)

Definitions for Thinking Problems: Faulty Sensory Perceptions

Other problems related to faulty perceptions

Depersonalization: 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: An alteration in the perception or experience of the external world so that it seems strange or unusual (e.g., people seem mechanical)

Dissociation: Disruption in the usually integrated functions of consciousness, memory, identity or perception of environment.

Apparent Faulty Sensory Perceptions

30

184 Strange or bizarre behavior indicating an inability to distinguish fantasy from reality



20

189 Apparent intermittent hallucinations that interfere with normal functioning

10

196 Unusual perceptual experiences that are not pathological hallucinations. EX: sees wolves before going to sleep but knows they are not real



Definitions for Faulty Cognitions

Do *not* endorse unless cognitions are “out of touch” with reality – bizarre, strange or very odd

Delusions: False personal beliefs based on incorrect conclusions about external reality.

Firmly held in spite of what almost everyone else believes & 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).

Definitions for Faulty Cognitions (Continued)

Obsessions: Recurrent & persistent ideas, thoughts, impulses or images that are:

Experienced, at least initially, as intrusive & senseless.

EX: 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
Cause *marked* distress, are time-consuming (take more than an hour a day)

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

Definitions for Faulty Cognitions (Continued)

Suspicious: A distortion of reality, unfounded given the youth's current circumstances, or the youth shows a consistent bias of being suspicious that negatively affect relationships.

Magical Thinking: The belief that thoughts, words or actions can cause or prevent an outcome in some way that defies the normal laws of cause & effect. (Note: This only applies to children who are 8 years old or older.)


Faulty Cognitions

30	20	10
<p>184 Strange or bizarre behavior (talk) due to frequent and/or disruptive delusions</p>	<p>188 Frequent distortion of thinking (obsessions, suspicions). EX: schizotypal suspiciousness, bizarre fantasies</p> <p>191 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</p>	<p>194 Thought distortions (e.g., obsessions, suspicions)</p> <p>195 Expression of odd beliefs or, if older than eight years old, magical thinking. EX: 10-year-old believes he killed his aunt because he'd said that he wished she would die.</p>



Orientation & Memory Loss

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




Quiz Time!

- Click the link in the chat box and complete the quiz
- Review answers and discuss discrepancies in scoring

Important to Note!

The Thinking scale requires that the impairment criteria, which appear at the top of each impairment category, are all true. However, for some items in this quiz, all of the impairment criteria may not be “spelled out,” especially if the symptoms are severe. (Follow-up questioning in a real interview would likely elicit confirmation of the impairment criteria)



Caregiver: Material Needs

30

SEVERE
Severe disruption or incapacitation

20

MODERATE
Major or persistent disruption

10

MILD
Significant problems or distress

0


MINIMAL/NO
No disruption in functioning

Assess access to:


- Stable housing
- Balanced nutrition
- Appropriate clothing

- Medical care
- Neighborhood safety


Separate but identical scales for:



Primary Family
 Parents) who is rearing the child or with whom the child lives most of the time (e.g., biological parent, adoptive parent, grandmothers)
 Where the child was before treatment and where the child will return. If more than one parent in the home, rate greater level of impairment.




Non-custodial Caregiver
 Parents) who has a psychological impact on the child yet is non-custodial or is not living in the same home as the child.




Surrogate Family
 Person(s) (substituting as parents), such as foster parents)

Considerations: Caregiver Material Needs

- Lack of material needs must negatively impact youth's functioning to be rated.
- Even in low income bracket, parent may be able to use community and family resources to meet basic needs of child.
- Needs may not be met because of problems other than poverty (e.g., parent buys alcohol rather than food).
- Safety issues related to sexual or physical abuse are not rated here.
- Basic 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)
 - **Safety** (i.e. live in a neighborhood that is reasonably safe; street violence and drug dealing are not immediately present or common)



Caregiver: Material Needs

30	20	10
201 Youth's needs are not being met such that severe risk to health or welfare of child is likely 	203 Frequent negative impact on youth's functioning	205 Occasional negative impact on the child's functioning <div style="background-color: #90EE90; padding: 5px; border: 1px solid black; margin-top: 10px;"> Material Needs Include: Food Housing Clothing Medical attention Safety </div>

Caregiver: Family/Social Support

30

SEVERE
Severe disruption or
inactivation

20

MODERATE
Major or persistent
disruption

10

MILD
Significant problems or
distress

0

MINIMAL/NO
No disruption in
functioning

Assess access to:

- Nurturance
- Guidance
- Supervision

- Protection from harm
- Skill development
- Problem-solving communication

Preamble – Caregiver Family/Social Support

Impairment in caregiver’s ability to provide a safe, secure, and healthy home environment in which the youth’s developmental needs can be met.

Developmental needs are youth’s need to receive guidance and support relative to their unique needs in areas of:

- Regulation of impulses (appropriate limits, supervision, understanding and managing feelings)
- Social (getting along with others, developing friendships)
- Emotional (nurturance, unconditional positive regard)
- Academic/educational development
- Life skills



Developmental Support

30

211 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 child with psychosis with limited resources

20

222 Youth’s developmental needs cannot be adequately met


10

230 Family not able to provide adequate warmth, security, or sensitivity




Parental Judgment and Functioning

30	20	10
<p>212 Gross impairment in parental judgment or functioning. EX: Psychosis, substance abuse, severe personality disorder, severe intellectual disability</p> <p>220 Caregiver is openly involved in unlawful behavior or contributes to or approves of child being potentially involved in unlawful behavior</p>	<p>223 Marked impairment in parental judgment or functioning. EX: emotional instability, psychiatric illness, substance use, physical illness</p>	N/A




Supervised Home

30	20	10
<p>213 Caregiver does not want child to return to the home</p>	<p>226 Not able to provide adequate supervision or consistency in care over time EX: Frequently does not know whereabouts of youth; does not know youth's friends or doesn't make an effort to get to know them or their parents)</p>	<p>233 Not able to provide adequate firmness, supervision, or consistency in care over time relative to the youth's needs and no other supports compensate for this</p>




Safe Home Environment

30	20	10
<p>214 During the rating period, youth is subjected to sexual abuse in the home by a caregiver</p> <p>215 During the rating period, youth is subjected to physical abuse or neglect in the home</p> <p>217 Child currently removed from the home due to sexual abuse, physical abuse, or neglect.</p> <p>219 Failure of caregiver to protect from known/knowable safety risks EX: allows sex offender to babysit EXPTN: Parent's rights terminated</p>	<p>227 Failure of caregiver to provide emotional support to child who has been traumatized or abused</p>	N/A




Family Violence or Conflict Management

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

The Reliability Test: Vignettes

- Rate behavior in vignettes; not the “clinical summary” in your head.
- Start with severe level of impairment. Do not “jump” to a true item which is the incorrect answer because it is not the most severe, true item about the Child.
- Rate every scale based on entire vignette, not just a “subsection” of the vignette.
- Rate the behavior if anyone reports it, and it is believable
- Read carefully. Try to avoid “fatigue errors.”



The Test Instructions

- Time period to rate is the last three months. If there is no comment about time, assume behavior is current.
- Reliability based on subscale scores (30, 20, 10, 0) in left margin.
- Include item number from the subscale chosen
- Must write/type in a justification (not wording from CAFAS item).
- Please remain muted while in the “testing room” and you must have your video on **AT ALL TIMES**

Vignette Scoring

- If you need assistance or coaching please use the “raise your hand” function to get the attention of the moderator who will move you into the break-out room with your assigned trainer
- Each time you complete a vignette, use the “raise your hand” function or type in the chat if that function is not available to you
- Please be patient! Sometimes there will be a wait to be moved into a break out room
- Once you are done with all the vignettes, you will need to save the document and email it to morme1@dwhn.org to receive you certificate on DWC.

Where is My Certificate?

- On DWC (where you registered for this training) under “transcript”, “Event Training Completion” tab

