

CAFAS® Reliability Training



Adapted from
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Kay Hodges, PhD ©2009

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 which practice quizzes on each subscale
- 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

Why is the CAFAS Used?

- Used with children and youth ages 7-21 (in Michigan) as:
 - Criteria to consider in determining level of care (intensity of services)
 - An outcome measure (pre/post) to aid in tracking progress in treatment
 - Aids managing cases during course of treatment
 - Assessment of strengths and weaknesses for setting treatment goals
 - Used for agency tracking, quality improvement, etc.
 - A common language for treatment collaboration and supervision

Defining Functional Impairment



1 Behaviors that interfere with healthy development

Symptoms that interfere with healthy development 2

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.



CAFAS[®] ITEMS

Severe Impairment	Moderate Impairment	Mild Impairment	Minimal Or No Impairment
<input type="checkbox"/> 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)	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 028 Reasonably comfortable and competent in relevant roles
<input type="checkbox"/> 002 Expelled or equivalent from school due to behavior (e.g., multiple suspensions, removed from community school, placed in an alternative school)	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 029 Minor problems satisfactorily resolved
<input type="checkbox"/> 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	<input type="checkbox"/> 014 Frequently truant (i.e., approximately once every two weeks or for several consecutive days)	<input type="checkbox"/> 024 Occasionally disobeys school rules, with no harm to others or to property, more than other youth	<input type="checkbox"/> 030 Functions satisfactorily even with distractions
<input type="checkbox"/> 004 Harmed or made serious threat to hurt a teacher/peer/co-worker/supervisor	<input type="checkbox"/> 015 Frequent absences from school (i.e., approximately once every two weeks or for several consecutive days)	<input type="checkbox"/> 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	<input type="checkbox"/> 031 School grades are average or above
<input type="checkbox"/> 005 Unable to meet minimum requirements for behavior in classroom (either in specialized classroom or			<input type="checkbox"/> 032 Schoolwork is commensurate with ability and youth is mentally retarded
			<input type="checkbox"/> 033 Schoolwork is commensurate with ability and youth is learning disabled
			<input type="checkbox"/> 034 Schoolwork is commensurate with ability and youth is a slow learner
			<input type="checkbox"/> 035 Schoolwork is commensurate with ability and youth has a learning impairment due to maternal alcohol or drug use

Example screen from web-hosted software - FASoutcomes

Rating Procedure

- For each scale, rater reads through the items until description of the youth (during the rating period) is found
 - Interview is in the form of a conversation with the child/youth and family where items can be determined based on questions asked of the family
- Always start at the SEVERE level (30) and work your way down the columns until an item that best fits the child/youth has been identified.
- Rater can go to the next subscale once an item has been identified (and level of impairment determined).
- An item for every subscale must be chosen which will result in a total score
- Refer to Pink CAFAS Rating Form or CAFAS Self-Training Manual for all items; items are also listed in the FAS System (as seen on previous slide)



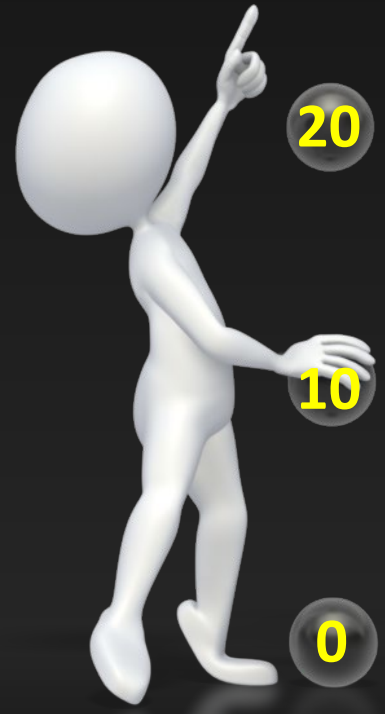
Levels of Impairment

30 Severe Impairment

20 Moderate Impairment

10 Mild Impairment

0 Minimal or No Impairment



Levels of Impairment

30

Severe Impairment - Severe Disruption or Incapacitation

Youth is in danger of not being able to remain in natural (unrestricted) environment or may pose an imminent danger to themselves or someone else

20

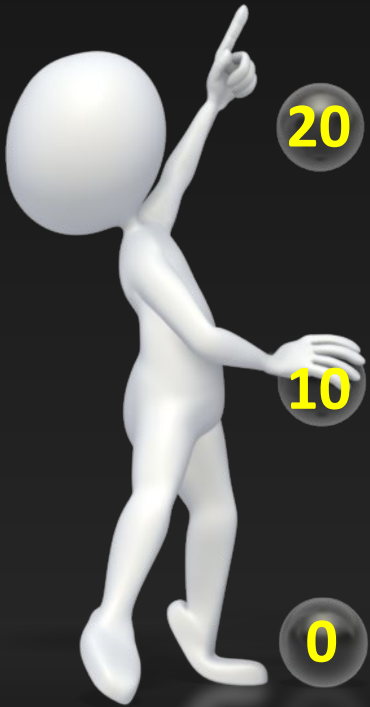
Moderate Impairment

10

Mild Impairment

0

Minimal or No Impairment



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

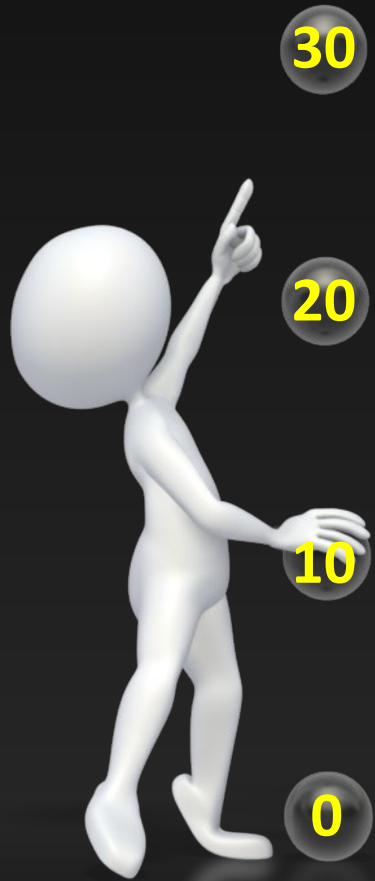
20 Moderate Impairment

10 Mild Impairment

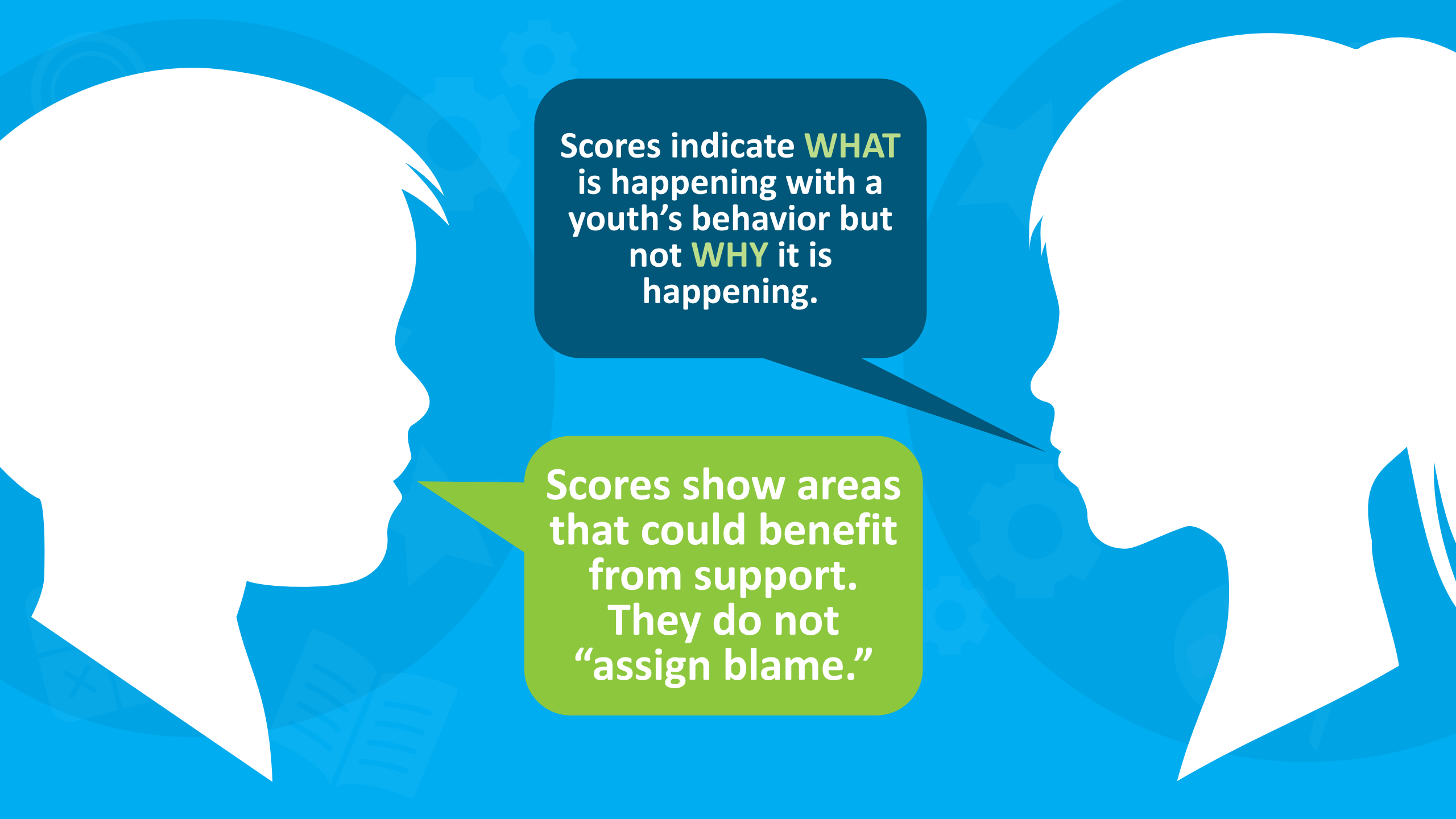
0 Minimal or No Impairment – No disruption in functioning



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.



Scores indicate **WHAT** is happening with a youth's behavior but not **WHY** it is happening.

Scores show areas that could benefit from support. They do not "assign blame."



Levels of Impairment



The goal of services is to assist the youth with improving functioning. The CAFAS is a reliable *[stable; scored the same regardless of rater]* 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 (7) through twenty-one (21) 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 post-services follow-up.

CAFAS Assessment Completion (Cont.)

- 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.).
- At intake, if the child was delayed getting to your agency for services, you may need to rate back to the time when the child was exhibiting behavior for which he/she was referred

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).

Basis for Judgement

- Use a literal approach in judging behavior criteria. Attend to the limited and specific meaning of each item.
 - Rate the WHAT, not the WHY
- 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.

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"/> 016 EXCEPTION	<input type="checkbox"/> 022 EXCEPTION	<input type="checkbox"/> 029 EXCEPTION
 Top	Explanation : <input type="text" value="<type explanation here>"/>	<input type="checkbox"/> 030 Could Not Score	 Top

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**

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.

Quantitative Scores

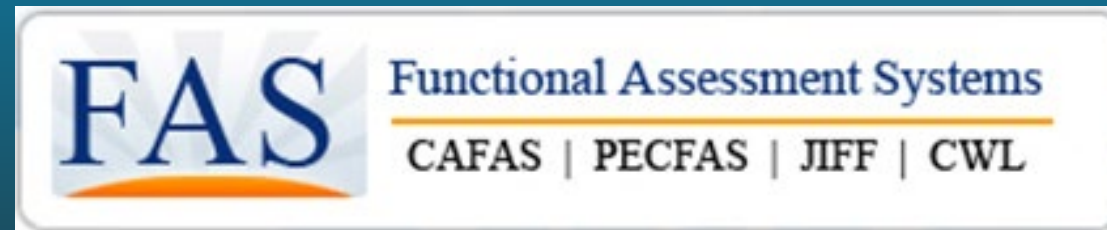
- Subscale scores range from 0 to 30
- Total Score = Sum of 8 subscales: Ranges from 0 to 240
- Higher score = Higher impairment
- Various outcome indicators are used to determine progress
 - 20 point or more reduction in total score
 - No more Severe (30) impairments
 - No longer Pervasive Behavioral Impaired (PBI = 20's or 30's in School, Home AND Behavior Towards Others, more on this later)
 - Drop in CAFAS Tiers (as indicated on the FAS Report created after rating)
 - Total score drops below 50 (no longer eligible for SED services)

CAFAS Causes for Celebration-

Five Ways to Determine Success

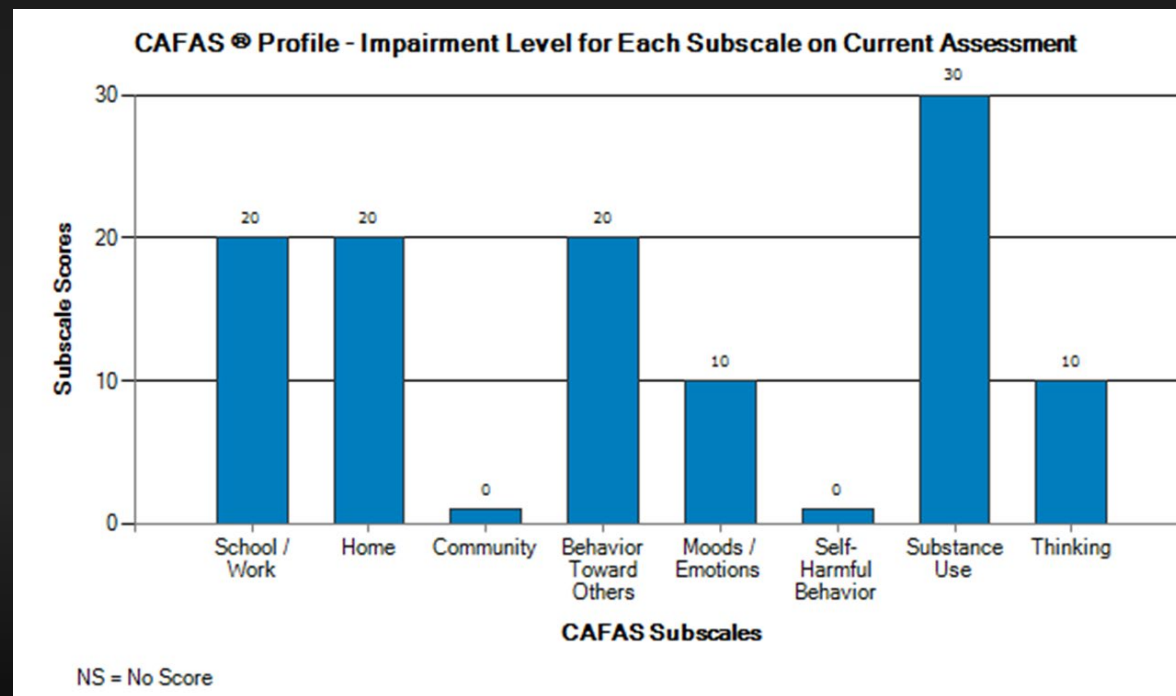
- 20 point or more reduction in Total Score
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- Drop in CAFAS Tiers (as indicated on the FAS Report created after rating)
- Total score drops below 50 (no longer eligible for SED services)

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

Target Behavior(s)	Impairment
School / Work	
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	Moderate
Home	
051 Persistent failure to comply with reasonable rules and expectations within the home (e.g., bedtime, curfew); active defiance much of the time (<u>OR</u> , if youth is not in the home, youth fails to comply with rules and expectations unless close monitoring/supervision is maintained)	Moderate
Community	
084 Youth does not negatively impact on the community	Minimal or No
Behavior Toward Others	
093 Behavior frequently/typically inappropriate and causes problems for self or others (e.g., fighting, belligerence, promiscuity)	Moderate
Moods / Emotions	
128 Often anxious, fearful, or sad, with some related symptom present (e.g., nightmares, stomachaches)	Mild
Self-Harmful Behavior	
151 Behavior is not indicative of tendencies toward self-harm	
Substance Use	
159 Use of substances is associated with serious negative consequences (e.g. illegal acts, driving while under the influence, failing classes, experiencing physical	
Thinking	
193 Eccentric or odd speech (e.g., impoverished, digressive, vague)	Mild

Score and Clinical Markers

Total Youth Score 110 [What's this?](#)

CAFAS Tier Substance Use

Pervasive Behavioral Impairment Present

Severe impairments 1

- 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

- Attends regularly
- Respectful of property in the home
- Likes going to school
- Aware of problems related to social skills and is working on improving them

Goals

School / Work

- School grades are average or above

Home

- Obeys rules routinely

- Communicates effectively with family members (i.e., no yelling)

Behavior Toward Others

- Expresses anger through appropriate verbalizations or healthy physical outlets

- Actively uses coping strategies to deal with difficult situations

Strengths and Goals

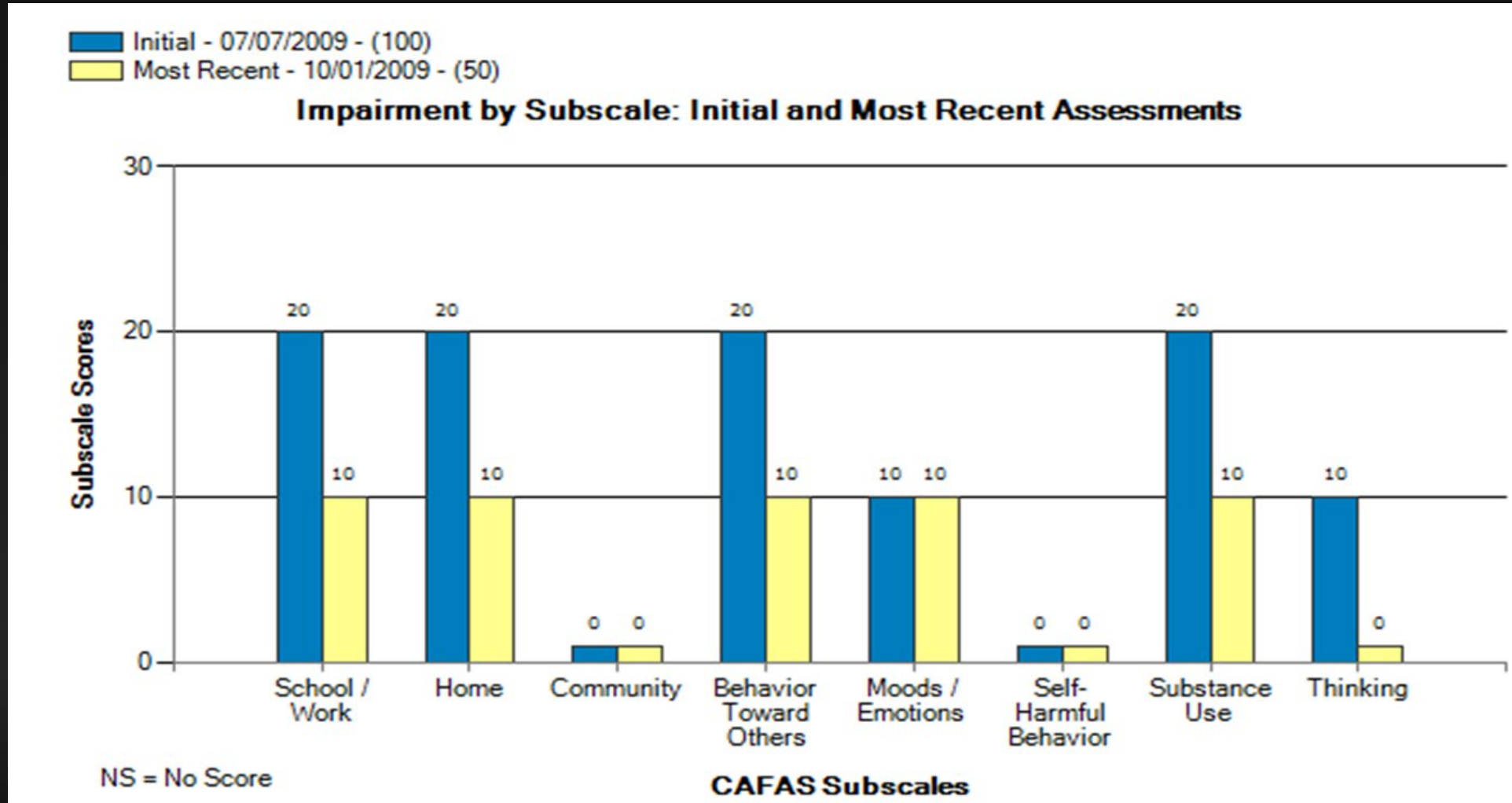
- CAFAS report can be used to discuss the youth’s needs in the creation of their Treatment Plan
- For each subscale, there is an accompanying list of positive behaviors from which strengths & goals can be selected.

Example from School Subscale:

School / Work		Strengths : 2 Goals : 1			
	Strength	Goal		Strength	Goal
Is permitted to attend school	<input type="checkbox"/> S1	<input type="checkbox"/> G1	Enjoys praise from teachers	<input type="checkbox"/> S21	<input type="checkbox"/> G21
Behavior at school is devoid of aggressive acts or threats	<input type="checkbox"/> S2	<input type="checkbox"/> G2	Likes going to school	<input checked="" type="checkbox"/> S22	<input type="checkbox"/> G22
Attends more days than not	<input type="checkbox"/> S3	<input type="checkbox"/> G3	Completes school work	<input type="checkbox"/> S23	<input type="checkbox"/> G23
Attends regularly	<input checked="" type="checkbox"/> S4	<input type="checkbox"/> G4	School grades are average or above	<input type="checkbox"/> S24	<input checked="" type="checkbox"/> G24

Tracking Progress During Treatment CAFAS®

Subscale Scores



Outcome Indicators (Recap)



- Total Score
- Profile – Looking Across Subscale Scores
- Number of 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

Examining the Profile- Things to Consider

1. Does the pattern of scores make sense?
 - Could the rating be incorrect?
 - Was sufficient information solicited?
2. What are the most impaired areas of functioning?
3. Are there high risk behaviors?
4. What are the areas of relative strength?
5. If there is unevenness across domains (i.e. ups and downs in the profile), what is going on?
6. Is there “pervasiveness” (i.e. evenness across subscales)?
(generally a poor prognosis indicator)

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

SEVERE

Severe disruption or
incapacitation

20

MODERATE

Major or persistent
disruption

10

MILD

Significant problems or
distress

0

MINIMAL/NO

No disruption in
functioning

- Grades
- Attendance

- Behaviors
- Work

Expectations: School/Work

Grades

Grade average is a “C” or above average, or performs up to abilities

Attendance

Attends school regularly

Behavior

Not disruptive to group process, behaves in a way that does not interfere with their own or with others’ ability to learn/work

Work

Adheres to work schedules, follows instructions, satisfactorily carries out assigned duties

Grades

30

009 Failing all or most classes

20

019 Grade average is lower than a “C” and not due to lack of ability or

020 Failing at least half of courses and not due to lack of ability or any physical disabilities

10

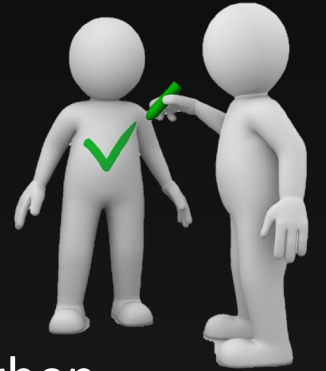
026 Not working up to ability (and caregivers or others are concerned)

Do not rate if poor academic performance is solely due to: Intellectual disability or other serious, documented learning problems, sensory deficits (i.e. hearing problems) or 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

001 Refuses to attend (even if for “good” reason)
Asked to leave during rating period

002 Is expelled

006 Chronic truancy resulting in negative consequences (i.e loss of credit, failing courses, parents notified)

007 Excessive absences due to any reason other than physical illness

010 Dropped out & no job or vocational training

014 Frequently truant (10% = once every 2 weeks)
Or, for several consecutive days

015 Absent (10% or several days)

N/A



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

- 002 Expelled from community school because of behavior/multiple suspensions in rating period
- 003 Viewed as potentially harmful to others because of **aggressive potential**
- 004 Harmed or made threat to hurt a teacher/peer/staff
- 005 Unable to meet even minimum requirements for program behavior
- 008 Disruptive behavior persists despite special accommodations at program

20

- 012/013 Persistent or repeated disruption of group activities
- 012/013 Known to supervisory staff due to chronicity of problems
- 012/013 Known to supervisory staff due to severity of problems
- 017 Special accommodations are needed/implemented due to behavior problems



10

- 022/023 Can be managed by regular teacher/program staff with attention (EX: staying in during recess)
- 022/023 Can be managed by regular teacher/program staff with structure (EX: moving seat)
- 024 Occasional disobedience with no harm to property or people (more than other youth)
- 025 Behavior problems present but not disruptive

Work Subscale

30

20

10

001 Asked to leave job

002 Does not show up to job

004 Harmed or made threat at work

010 Holds no job or not looking for a job, if not in school/vocational training

016 At work, missed days or tardy, gets reprimand

018 Receives reprimand or warning for unsatisfactory performance/behavior

026 Work productivity less than ability

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)

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.

Practice Questions

- Read the questions in the Power Point carefully, then look at the CAFAS School Subscale to find the correct Item.
- Jot down the Item number and CAFAS score (30, 20, 10 or 0) for each question, along with a few words that describe your rationale for picking this Item – you could write, for instance “C average” .
- Practice questions will then be reviewed with the group
- Will do this after every subscale throughout the training

Subscale Review Question #1

Thirteen year old reported to truancy officer for chronic truancy.

30

Item: 006

Rationale: Being reported to a truancy officer is a negative consequence.

Subscale Review Question #2

Teacher has called the youth's mother three times because of misbehavior.

10

Item: 22, 23

Rationale: A parent can be contacted, it's still a 10. If school authority figure -principal, disciplinary officer- gets involved, it's Item 12 (20).

Subscale Review Question #3

Disrupts class by making other kids laugh, but no more so than other kids; he responds well to redirection by teacher.

0

Item: 29

Rationale: This is minor and was resolved with redirection only – no intervention required.

Subscale Review Question #4

Skips school about twice a month.

20

Item: 14

Rationale: Truant twice a month: frequency is what is required in the Item (10% of a 5-day week).

Subscale Review Question #5

Mother is concerned because youth is not working up to her ability; gets C's when she typically makes A's.

10

Item: 26

Rationale: Grades have dropped from A's to C's.

Subscale Review Question #6

During the rating period youth was placed in an alternative school because of aggressive behavior (including threats) in school. She is responding well to a 5:1 student teacher ratio and is currently doing well.

30

Item: 2

Rationale: That she was placed during the rating period is why this is a 30. If she continues to do well next rating period, she may be scored using Item 017 (20).

Subscale Review Question #7

Teacher reports that 9-year-old male will not follow directions, repeatedly disrupts his classroom by talking, getting out of his chair, and agitating the other students. The school's vice-principal is involved.

20

Item: 12

Rationale: He is disruptive and the school's vice principal is involved.

Subscale Review Question #8

Teacher places child's desk next to her desk to discourage his instigation.

10

Item: 22, 23

Rationale: Teacher has identified behavior as a problem and is using an intervention to solve the problem.

Subscale Review Question #9

8 year-old male removed from his mother's house and now lives with his father and stepmother. Grade average decreased from B's to D's.

20

Item: 19

Rationale: Grade average lower than a "C".

Subscale Review Question #10

14-year-old was in placed in an Emotional Disability (ED) classroom 6 months ago. For a while his behavior improved, but for now he frequently walks out of class, turns desks over, shouts at peers, and is not listening to teacher.

30

Item: 8

Rationale: Although student was placed in the ED classroom prior to the rating period, his behavior now meets the requirements of item 8 – he is disruptive despite the specialized setting.

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

Safety: Person & Property

Behaves in a safe manner
Non-threatening, non-intimidating
Respectful of property in home (i.e.,
home, belongings of other
household members, yard, etc.)

Compliance: Rules, Routines, Chores

Follows household rules
Follows expectations.
Examples: Bedtime, curfew,
completes chores

Non-Runaway Behavior

Trustworthy regarding no runaway
behavior

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

041 Not in the home due to (bad) behavior in the home **which occurred during the rating period.**

043 Deliberate & serious threats of physical harm

044 Repeated acts of intimidation

046 Constant monitoring to ensure safety

049 Severe & deliberate property damage. EX: Throws bat through china cabinet door (rate property damage to any residences or residential settings youth lives in)

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

055 Deliberate damage to home, belongings or yard. EX: Peels wallpaper out of bedroom closet

N/A



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

042 Extensive management by others needed to be maintained in the home

045 Behavior & activities beyond caregiver's influence almost all of the time

047 Supervision of youth required... interferes with caregiver's work/roles

20

051 Persistent failure to comply with rules/routines
EX: bedtime, brushing teeth

051 Active defiance much of the time

051 If in residential facility, fails to comply unless close monitoring

052 Frequent profanity, cursing at household members

10

057 Frequently fails to comply

058 Has to be "watched" or prodded to get compliance

059 Frequently "balks" or resists but will comply if caregiver insists

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

048 Runaway from home overnight more than once; whereabouts unknown

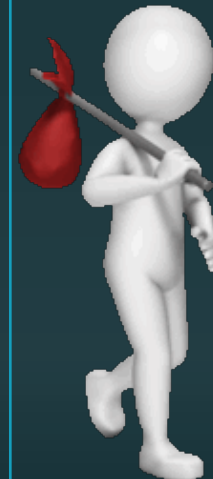
048 Runaway once for extended time; whereabouts unknown

20

054 Runaway overnight but likely whereabouts known. EX: at a friend's house

10

N/A



Subscale Review Question #1

Youth makes a point of not doing his chores most of the time, so that the parents have come to expect that this is “just how he is” – a chronic condition.

20

Item: 051

Rationale: It happens most of the time –it’s “persistent” or “chronic”.

Subscale Review Question #2

16-year-old in last 3 months has been missing curfew, had auto accident in which the car was wrecked, and came home smelling of alcohol despite drinking being strictly forbidden by his parents.

30

Item: 045

Rationale: Beyond parents' influence in more than one area.

Subscale Review Question #3

8-year-old girl balks and complains when asked to complete her chores. does her chores only if mother insists.

10

Item: 059

Rationale: Balks or resists, but will comply if caregiver insists.

Subscale Review Question #4

Mother is afraid youth will hurt his younger brother so she makes sure she or her husband are always in the room when the two are together.

30

Item: 046

Rationale: Child must be constantly monitored for safety.

Subscale Review Question #5

To get back at her mother, youth deliberately scratched old kitchen table that they keep in the basement to use as a game table.

20

Item: 055

Rationale: Deliberate damage; table is not particularly valuable, therefore is scored as a moderate (20).

Subscale Review Question #6

Listens to parents, but occasionally has to be reminded to do things. Once reminded, the youth complies.

0

Item: 063

Rationale: Minor problem, solved with just one reminder.

Subscale Review Question #7

Mother reports that 9 year-old intentionally and purposefully does things just to annoy her-like tease his little brother when she's trying to get him ready for school.

10

Item: 060

Rationale: Behaviors are intentionally annoying.

Subscale Review Question #8

When angry at mother, 14 year old damaged mother's favorite piece of furniture which had previously belonged to her own mother.

30

Item: 049

Rationale: Severe and deliberate damage; youth targets a precious heirloom.

Subscale Review Question #9

Youth has been residential treatment for 6 months. Only follows rules if he knows staff will check up on him and they actually do. He only follows rules under these circumstances.

20

Item: 051

Rationale: In Residential Treatment – only complies when staff is present.

Subscale Review Question #10

Youth frequently resists following parents' directions; however, if they keep a watch on him and cue or prod him to comply, he obeys most of the time.

10

Item: 058

Rationale: Meets the requirements of the Item; not moderate (item 51) because obeys most of the time.

Community

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

- Respect for property
- Stealing
- Adhering to laws

- 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

- 066 Confined for **serious violation**
- 067 Convicted of **serious violation**
Substantial evidence of serious violation (Violation of probation conditions – flagrant disregard for the law)

20

- 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 (warn consequences “next time”)

10

- 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

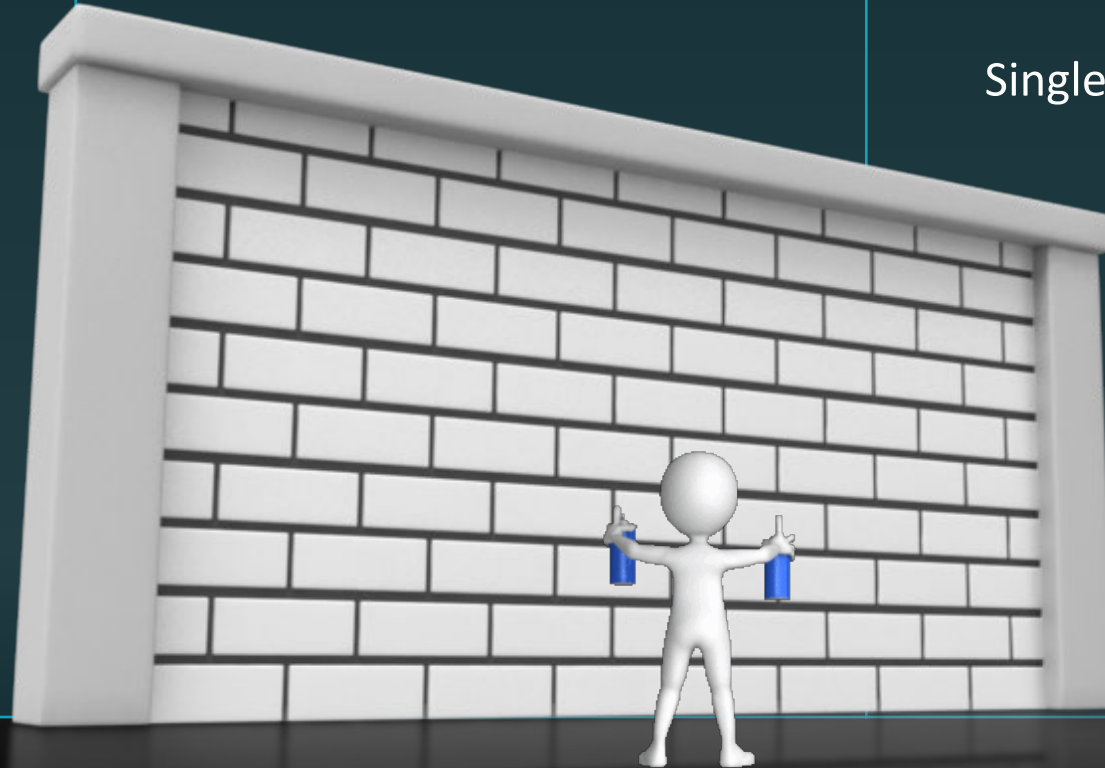
070 Deliberate & severe damage outside home (include household, if reported to police)

20

073 Serious or repeated defacing property
Serious or repeated vandalism

10

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

10

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)

n/a

n/a



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

069 Involvement with legal system or diversion to mental health/social service due to sexually assaultive behavior or inappropriate sexual behavior

20

077 Sexually inappropriate such that adults have concern about welfare of other children who may be around the youth unsupervised

10

N/A



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

071 Deliberate fire-setting with malicious intent

20

078 Repeatedly and intentionally plays with fire such that damage to property or person could result

10

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)

Subscale Review Question #1

10-year-old male caught shoplifting in mall on two separate occasions, but sent home with parents both times. Has money from allowance. Lies frequently about whereabouts after school.

20

Item: 073

Rationale: Repeated delinquent behavior (shoplifting).

Subscale Review Question #2

Got into a fistfight at school. During the fight picked up a bottle to hit the other youth. Broken up by school authorities who reported incident to police.

30

Item: 068

Rationale: Involvement with the legal system because of physically assaultive behavior.

Subscale Review Question #3

Foster mom wants foster child (who was removed from his own home more than a year ago due to being a victim of sexual abuse) moved out of her home because she is afraid that his sexually explicit play with dolls may be a bad influence on her own children.

20

Item: 077

Rationale: Sexually inappropriate – adult concerned.

Subscale Review Question #4

Youth trespassed onto neighbor's farm and owner complained to authorities.

10

Item: 080

Rationale: Minor legal violation (trespass) –complaint was made.

Subscale Review Question #5

Became angry with a neighbor and set fire to her shed.

30

Item: 071

Rationale: Deliberate fire setting; “malicious” means that child wanted something to burn.

Subscale Review Question #6

17-year-old female who was stopped by the police 2 months ago while walking home from work due to leaving late. She has never had any other contact with the police or problems in the community.

0

Item: 085

Rationale: A minor problem, resolved without further intervention.

Subscale Review Question #7

Stole candy from the mini-mart at the gas station once.

10

Item: 081

Rationale: Single incident of shoplifting.

Subscale Review Question #8

Violated the conditions of probation laid out by the judge when she stayed out all night.

30

Item: 067

Rationale: Serious violation of law- breaking probation is mentioned in scoring rules and in the on-line version

Subscale Review Question #9

14-year-old boy is on probation for stealing a car, offense occurred 4 months ago.

20

Item: 075

Rationale: Probation – prior to 3 months

Subscale Review Question #10

Bright, curious 7 year old found matches and struck one, even after being told repeatedly that fire is dangerous and not to play with matches.

10

Item: 082

Rationale: Plays with fire – has been told not to do so.

Behavior Toward Others

30

SEVERE

Severe disruption or incapacitation

20

MODERATE

Major or persistent disruption

10

MILD

Significant problems or distress

0

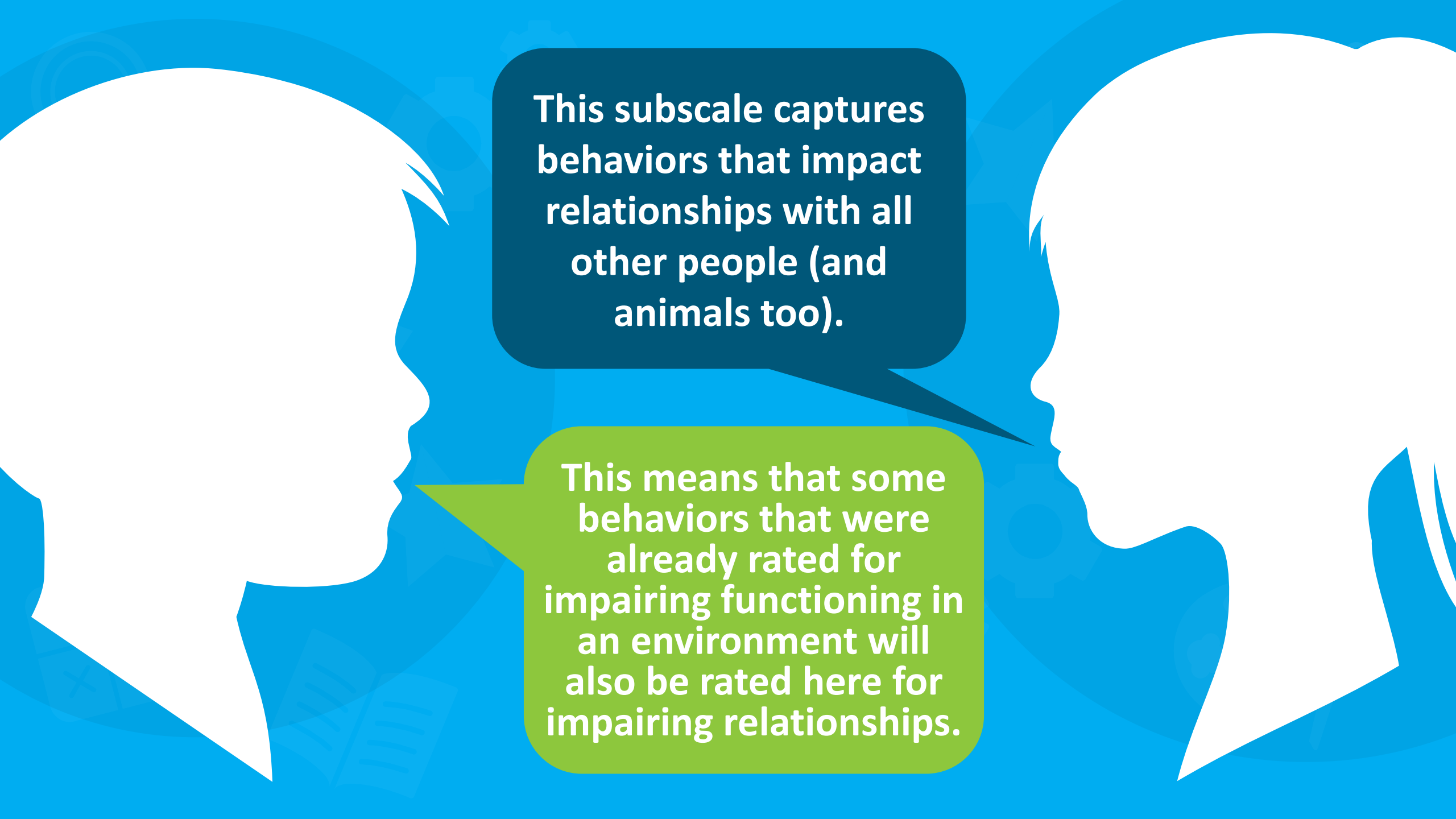
MINIMAL/NO

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

Free of Unusually Offensive Behaviors

Behaves in a safe manner around others.

Able to interact with people & animals without making them feel uncomfortable.

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

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

088 Consistently bizarre or inappropriate - others avoid because of extremely unpredictable or odd behavior

090 Attempted or accomplished sexual assault or abuse of another person (i.e., used force, verbal threats, or, toward younger youths, intimidation or persuasion)

091 Deliberately & severely cruel to animals

20

093 Behavior frequently & typically inappropriate & causes problems for self or others. EX: "fighting"

094 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.

098 Frequently mean to other people or animals

10

N/A



Negative, Troublesome Behaviors

30

N/A

20

- 093 Behavior frequently & typically inappropriate & causes problems for self or others. EX: belligerence, promiscuity
- 095 Characterized by hostile interactions/intentions (hostile = like an enemy), spiteful, vindictive
- 097 Frequent display of anger toward others; angry outbursts
- 099 Predominantly relates to others in an exploitive or manipulative manner. EX: 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. EX: threatens, shoves

10

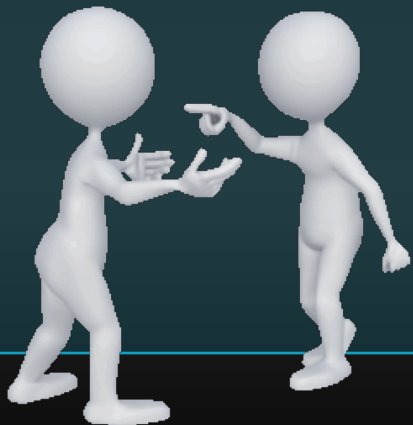
- 103 Unusually quarrelsome, argumentative or annoying to others
- 105 Upset (e.g., temper tantrum) if cannot have or do something immediately, if frustrated, or if criticized.
- 106 Quick-tempered, easily annoyed by others & responds more strongly than other children
- 107 Tends to be ignored or rejected: does not engage in typical peer recreational activities as a result. EX: bullied
- 108 Irritates peers: difficulties in peer interactions or in making friends due to negative behavior. EX: teasing, picking on others
- 109 Predominantly younger friends: immature behavior leads to poor relations with same-age peers or to having friends who are predominantly younger



Poor Judgement

30

N/A



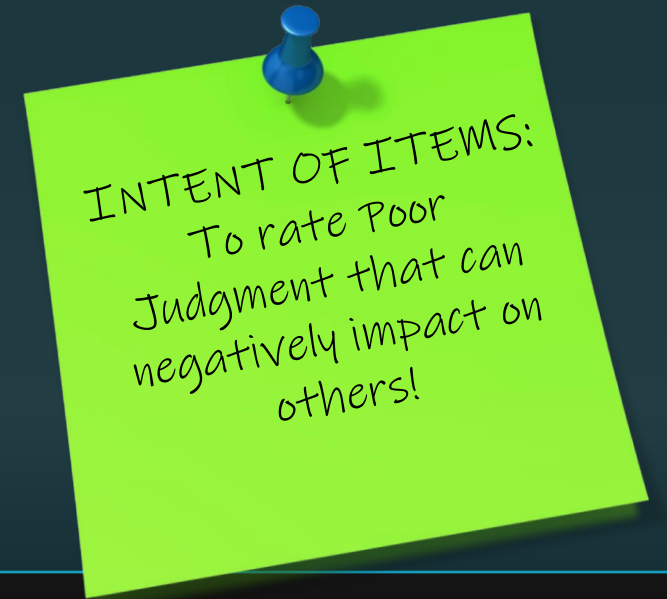
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096 Poor judgment or impulsive behavior results in dangerous or risky activities that could lead to injury or getting into trouble *more than other youths* (from the same cultural group).

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)

10

104 Poor judgment or impulsive behavior is inappropriate, given his/her age, & results in inconvenience to others. EX: hiding brother’s lunchbox



Subscale Review Question #1

Easily upset and tends to have temper tantrums if she cannot get her way.

10

Item: 105

Rationale: Temper tantrum if cannot have way-fits the wording of the item

Subscale Review Question #2

Foster child tried to get another child to fondle him and threatened to hurt the child's dog if he told on him.

30

Item: 90

Rationale: Using intimidation in sexual assault attempt.

Subscale Review Question #3

Participates in bullying others when he hangs around with supposed gang members, although the gang members have not been known to do drugs or be assaultive.

20

Item: 100

Rationale: Others are bullied, intimidated (group).

Subscale Review Question #4

Tried to kill a neighbor's cat.

30

Item: 91

Rationale: Deliberate and severe.

Subscale Review Question #5

12-year-old male who has had a couple of arguments with his best friend over toys within the last month. Previously John and his best friend have gotten along very well. After arguing, John and his best friend are able to talk about the problem and resolve it.

0

Item: 113

Rationale: Disagreement, amicably resolved.

Subscale Review Question #6

9-year-old male grimaces and growls at peers; he does it almost all the time. Even his parents think this behavior is bizarre.

30

Item: 088

Rationale: Bizarre behavior.

Subscale Review Question #7

Child doesn't get to play much with other children because they tend to ignore her.

10

Item: 107

Rationale: Ignored or rejected by peers.

Subscale Review Question #8

Child plays with “Barbie” and “Ken” dolls, in such way as to suggest that they are having sex. Has done so repeatedly in front of other children and adults.

20

Item: 94

Rationale: Inappropriate sexual behavior.

Subscale Review Question #9

Taunts and emotionally abuses his brother frequently.

20

Item: 98

Rationale: Frequently mean to other people or animals.

Subscale Review Question #10

10-year-old child gets along okay with everyone except his family members, whom he often quarrels with because he thinks he is getting “the short end of the stick” a lot.

10

Item: 103

Rationale: Unusually quarrelsome; argumentative (remember: child’s relationship to caregivers are included in this subscale).

Moods/Emotions

30

SEVERE

Severe disruption or incapacitation

20

MODERATE

Major or persistent disruption

10

MILD

Significant problems or distress

0

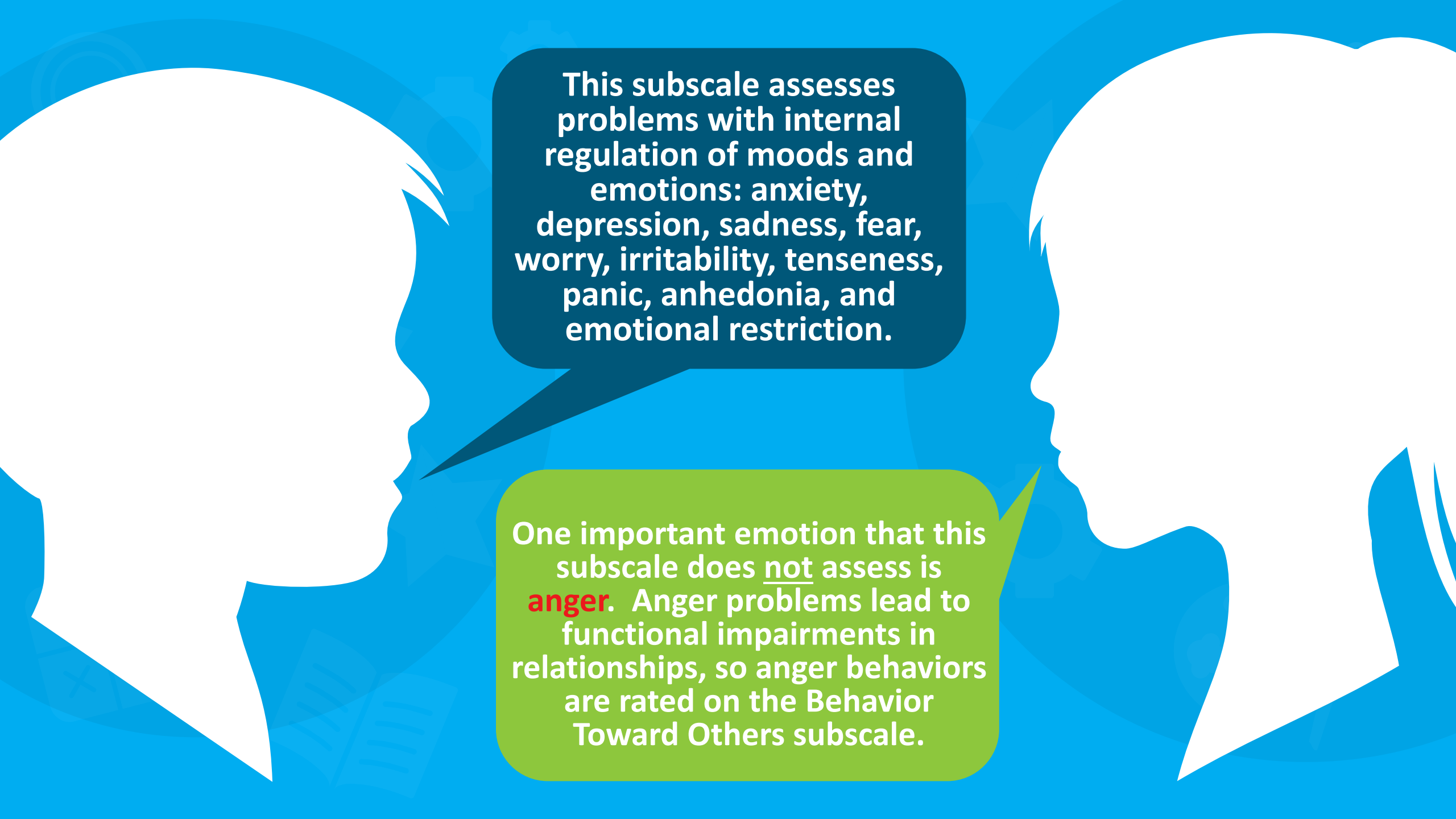
MINIMAL/NO

No disruption in functioning

Behaviors to Assess

- No excessive sadness
- No excessive worry
- Moods are relatable

- 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

Depression

Depression, sadness, moodiness or irritability may be experienced but are managed so as to prevent extended negative impact

Anxiety

Anxiety, worries, fears, 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 & intensity to experienced situations.
Avoidance does not interfere with life tasks

Non-Bizarre Emotional Reactions

Others do not experience youth as having bizarre moods

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 **MODERATE** 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

118 Depressed with academic incapacitation = absent > 1 day/week on average

118 Depression with academic incapacitation = not doing (any) schoolwork. EX: “stares” at schoolwork

118 Depression with social incapacitation = isolates self from friends. EX: no longer wants to play, talk on phone or visit with friends

119 Depression with suicidal intent (i.e. **Really wants to die**)

20

122 Depression is persistent (i.e., half the time) with difficulty in 1 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)

10

128 Often sad, with related symptoms.

EX: nightmares, stomachaches

129 Disproportionate irritability (no apparent reason)

130 Very self-critical, low self-esteem, feelings of worthlessness

132 Sad or hurt if criticized

133 Sad, depressed or anhedonic in one setting for few days at a time



Anxiety (Fears, Worry, Panic, Tenseness)

30

117 Fears, worries, anxieties, or reactions to trauma with academic incapacitation = absent > 1 day/week on average

117 Fears, worries, anxieties, or reactions to trauma with marked social withdrawal.

EX: Will not leave home to visit friends



20

123 Worries persistent & excessive, with 1 or more: Sleep problems, tiredness, difficulty concentrating, irritability, muscle tension, feeling on edge

124 Fears, worries or anxieties result in expressed distraught when away from home or parent figures

125 Worries or anxieties result in special accommodations (requests). EX: sleeping near parents; calling home from school

10

128 Tends to be anxious, fearful, with related symptom. EX: nightmare, stomachaches

129 Disproportionate fears or worries

131 Easily distressed if makes mistakes

132 Anxious if criticized

133 Anxious in at least one setting for a few days at a time

Mood: Reactions to Abuse or Other Trauma

30

117 Extensive avoidance, secondary to traumatic reactions, resulting in avoiding school or social settings



20

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.

(Rate only if exposed to traumatic event & caregiver reports)

10

134 Notable emotional restriction (Has difficulty expressing strong emotions such as fear, hate, love)

(Rate only if exposed to traumatic event & caregiver reports)

Bizarre Emotional Responses

30

116 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, pervasive developmental disorder)

EX : Has no “mood” that others can relate to (is seen in Autism)

20

121 Marked changes in moods 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”

10

N/A



Subscale Review Question #1

7-year-old male gets so down in the dumps that he is totally hopeless and feels suicidal.

30

Item: 119

Rationale: Depression and suicidal intent.

Subscale Review Question #2

Has become quite irritable for no apparent reason.

10

Item: 129

Rationale: Disproportionate irritability.

Subscale Review Question #3

An adolescent who smiles and laughs most of the time while looking at the ceiling – no clear indication of what mood youth is experiencing.

30

Item: 116

Rationale: Odd or strange emotional responses most of the time.

Subscale Review Question #4

Sad much of the time, takes a long time to fall asleep at night despite trying, and has lost her appetite.

20

Item: 122

Rationale: Depression much of the time and sleep problems and has decreased appetite.

Subscale Review Question #5

Sad often and has nightmares.

10

Item: 128

Rationale: Sad often and nightmares – wording of item.

Subscale Review Question #6

Youth, who had a “bubbly” personality before being sexually abused, is no longer “bubbly” but is described as always “neutral.” (Flat affect)

20

Item: 126

Rationale: Flat affect = emotional blunting

Subscale Review Question #7

Has witnessed domestic abuse and is so worried about leaving the house that she will not leave the house except to go to school. She refuses to go out and play with friends (like she used to do).

30

Item: 117

Rationale: Anxiety and social isolation.

Subscale Review Question #8

Worries about doing well all the time and feels tired at the end of the day from being tense.

20

Item: 123

Rationale: Worries excessively and muscle tension (tired from being tense).

Subscale Review Question #9

Youth's feelings are hurt very easily, results in him being tearful around other youths.

10

Item: 132

Rationale: Sad, hurt, anxious if criticized.

Subscale Review Question #10

When she misses her mom at school, goes to the school nurse and says she needs to go home because she doesn't feel good, about once a week; stays at school.

20

Item: 124

Rationale: Distressed when separated from parent – (Not 30 because she goes to school).

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

142 Non-accidental self-destructive behavior – potential for or did self-injury
EX: Suicide attempt with intent to die;
Persistent head-banging; severe anorexia

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

144 Has a clear plan to hurt self, even if impractical or non-lethal

144 Has a genuine desire to die

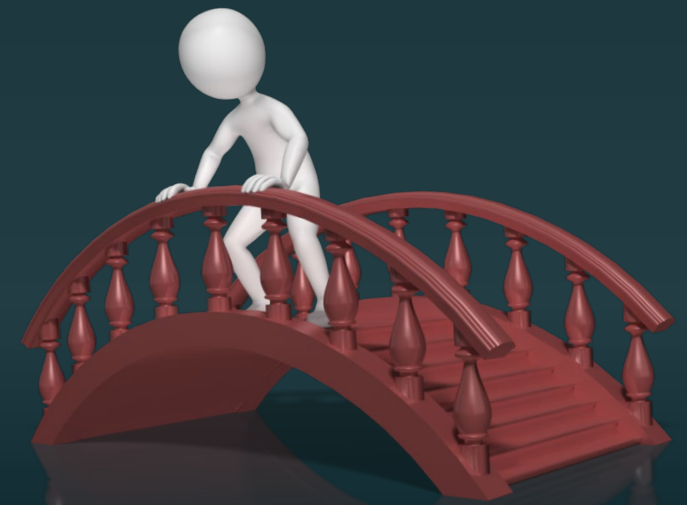
20

146 Non-accidental self-harm, mutilation, or injury which is non-life-threatening & non-trivial
EX: suicidal gestures without intent to die

147 Talks or repeatedly thinks about harming self, killing self, or wanting to die

10

149 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



Subscale Review Question #1

Youth admits that he has thought about suicide several times, but says he would never do it.

20

Item: 147

Rationale: Talks or thinks about suicide (but does not want to die).

Subscale Review Question #2

13-year-old female with severe anorexia.

30

Item: 142

Rationale: Severe anorexia- Engaging in self-destructive behavior that could result in severe injury (self-starvation)

Subscale Review Question #3

Youth has apparent “nervous habit” of poking arm with pencil, making marks.

10

Item: 149

Rationale: Suggests self-harm (not mutilation or injury).

Subscale Review Question #4

Likes to ride motorcycles.

0

Item: 151

Rationale: Risk-taking is not rated as a tendency toward self-harm.

Subscale Review Question #5

7-year-old looks sad and says he really wants to be dead, since being removed from his mother's home. Foster parent believes he is suicidal.

30

Item: 144

Rationale: Genuine expressed desire to die.

Subscale Review Question #6

14-year-old used knife to cut his arm when he was dealing with being transferred to new school. Denied wanting to kill self: just wanted to feel something.

20

Item: 146

Rationale: Non-trivial injury, is like “cutting” example

Subscale Review Question #7

Has numerous small marks on hands. He indicated that it is from using a paper clip to scratch himself.

10

Item: 149

Rationale: Unlikely to cause serious injury or mutilation.

Subscale Review Question #8

Suicide attempt with pills. Non-lethal dose, but youth says she doesn't want to live anymore.

30

Item: 142

Rationale: Suicide attempt with intent to die.

Subscale Review Question #9

15-year-old female feels abandoned since separation of parents. Lives with mother, but tries to live with or see her father. Carves on arms with scissors and metal finger nail file when upset. Does not want to follow directions from mother.

20

Item: 146

Rationale: Non-trivial injury; “carving” implies injury like cutting (an example in the item).

Subscale Review Question #10

Youth is cutting their skin, bullying others to elicit abuse from others, doing things to inflict harm toward self, picking at scabs, and bangs head on wall repeatedly despite efforts to stop him.

30

Item: 142

Rationale: Non-accidental self-injury that has or can result in serious self-injury or harm to self

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
<p>Does not engage in substance use that is maladaptive, inappropriate &/or disruptive to normal functioning</p>	<p>No usage or only occasional use with no negative consequences (i.e., no intoxication or getting high)</p>

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

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

165 Uses in such a way as to interfere with functioning in spite of potential serious consequences

Traffic violations

School

Absences/Tardy (misses some classes)

Uses on school days

Misses out on school or social activities

Work

Uses on work days

(Uses evening before; uses before work)

166 Getting into trouble is related to usage: 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

N/A

Frequency/Amount of Use

30

158 Frequently intoxicated or high > 2 times/week

163 For 12 years or younger, uses regularly (once a week or more)

20

169 Marijuana use or intoxicated once or twice a week

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

10

173 Regular alcohol use (e.g., once a week) but without intoxication

172 Infrequent intoxication or use of marijuana & only without serious consequences (less than 1/wk)

174 For 12 years or younger, has used alcohol more than once (2 times), but no intoxication.

Subscale Review Question #1

Uses marijuana on a daily basis, age 15.

30

Item: 158

Rationale: Uses more than 2 times a week.

Subscale Review Question #2

Mother says 14 year old daughter started going to parties on Friday and Saturday night where there is drinking, and then started having more problems getting along with teachers. Mother suspects that her daughter is drinking at these parties.

20

Item: 166

Rationale: Getting into trouble with teachers related to (suspected) use.

Subscale Review Question #3

During the rating period, 16 year drank a small amount of alcohol (didn't get drunk) two times with peers.

0

Item: 179

Rationale: Use of substances & only without serious consequences.

Subscale Review Question #4

14-year-old male lives with father, but tries to arrange his visitation schedule with his mother (who smokes marijuana and drinks on weekends) so he can be at her house every weekend. Loves to spend time with a male cousin who is 14 years old and is frequently in and out of the detention center. Brags to his friends about drinking beer and liquor when at his mother's house. Does not follow directions when he returns home to his father's house. Easily agitated and angry frequently.

30

Item: 154

Rationale: Lifestyle choices focused on acquisition and use.

Subscale Review Question #5

12 year old used to have friends at church and in Scouts. Reportedly “hangs out” now with a group of youths who often drink and party.

20

Item: 168

Rationale: Friendships changed to substance abusers.

Subscale Review Question #6

10 year old sniffs inhalants.

30

Item: 164

Rationale: Inhalants should be scored as “exception” and then the details of use (what kind of inhalant, how many times) entered in “explanation”. Can also be scored as 159 because of the physical health damage inherent in their use.

Subscale Review Question #7

16 year old goes to a party every Saturday night and drinks no more than one beer.

10

Item: 173

Rationale: Regular (once a week) usage without intoxication.

Subscale Review Question #8

13-year-old female who has in the past made mostly A's (some B's). Now she is failing all of her classes. She is increasingly irritated and argumentative. She has a new friend that the parents don't like, because they suspect drug usage. Parents strongly suspect that their daughter is now using drugs.

30

Item: 156

Rationale: Use of substances associated with failing grades.

Subscale Review Question #9

Since moving to a new neighborhood, friends are mostly drug users.

20

Item: 168

Rationale: Friends are mostly drug users.

Subscale Review Question #10

15 year old got drunk once and missed curfew, causing big problems with parents.

20

Item: 166

Rationale: Got into trouble with parents associated with substance use.

Thinking/Communication

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

- Purposeful behavior
- Coherent communication
- Perceptions based in reality

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

Subscale Structure

Many of the impairments assessed by this subscale are symptoms of diagnoses that may be managed across a life-time (e.g. autism, schizophrenia, bipolar disorder). To guide taking a fresh look each rating period at how much impairment these symptoms have caused for the youth, the additional severity level criteria must be met for an item to be endorsed.

30

SEVERE

Severe disruption or incapacitation as evidenced by:

- Cannot attend a normal school
OR
- Does not have normal peer interactions
OR
- Cannot interact adequately in the community

20

MODERATE

Major or persistent disruption as evidenced by:

- Frequent problematic behavior or difficulty in interaction with others
OR
- Specialized setting or supervision needed

10

MILD

Significant problems or distress as evidenced by:

- Occasional problematic behavior
OR
- Difficulty in interactions with others

Expectations: Thinking

Communications

Communications are logical & 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

Thinking: Impairment Requirements

(Necessary but not sufficient)

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 candy bar] due
to any of the following:**

(Subscale Items then follow)

20

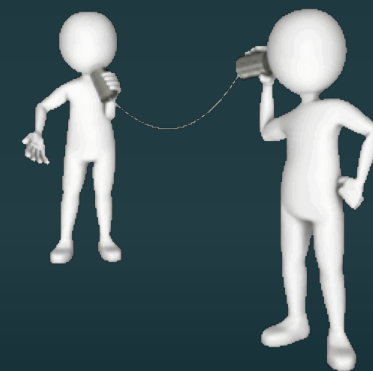
**Frequent difficulty in
communication or
behavior, *OR***

**Specialized setting or
supervision needed due
to any of the following:**

10

**Occasional difficulty in
communications, in
behavior, *or***

**In interactions with others
due to any of the
following:**



Disorder	Which functions <i>may</i> be impaired? (Always refer to youth's behavior, not diagnosis)
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? (Always refer to youth's behavior, not diagnosis)
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

182 Communications which are impossible or extremely difficult to understand due to incoherent thought or language (loosening of associations, flight of ideas)

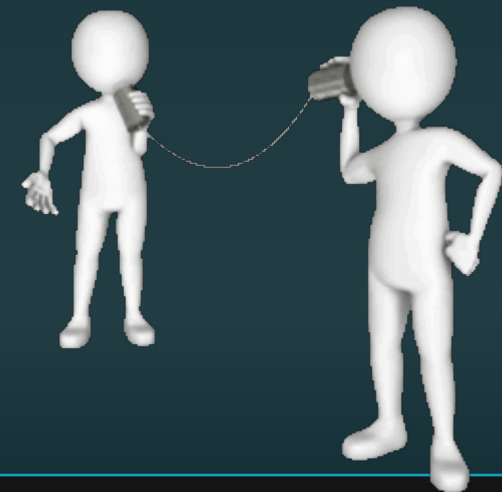
183 Speech or nonverbal behavior is extremely odd & is non-communicative (echolalia, idiosyncratic language).

20

187 Communications do not “flow,” are irrelevant, or are disorganized (i.e., more than other children of the same age)

10

193 Eccentric or odd speech (e.g., impoverished, digressive, vague)



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

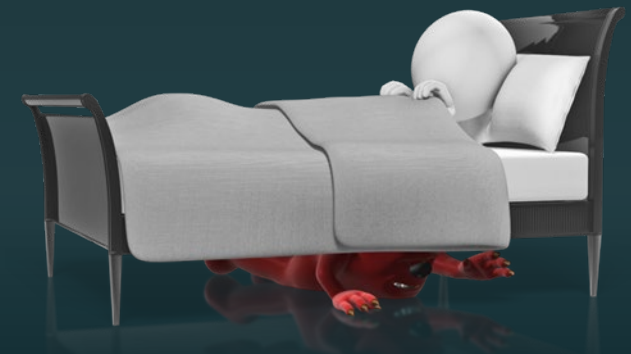
184 Strange or bizarre behavior indicating an inability to distinguish fantasy from reality



20

189 Apparent intermittent hallucinations that interfere with normal functioning

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)

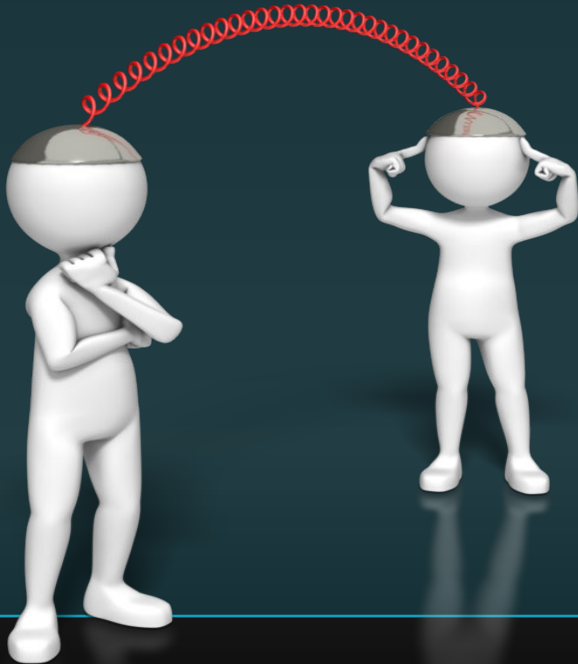
Suspicious: a distortion of reality, unfounded given the youth's current circumstances, or the youth shows a consistent bias of being suspicious that negatively affect relationships.

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

184 Strange or bizarre behavior (talk) due to frequent and/or disruptive delusions



20

188 Frequent distortion of thinking (obsessions, suspicions). EX: schizotypal suspiciousness, bizarre fantasies

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

10

194 Thought distortions (e.g., obsessions, suspicions)

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.

Orientation & Memory Loss

30

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)

20

190 Frequent, marked confusion or evidence of short term memory loss

10

N/A



Subscale Review Question #1

Because of the severity of her psychotic symptoms, which include command hallucinations, she does not attend school, has no friends and is not allowed out in the community alone.

30

Item: 184

Rationale: Hallucinations; does not attend school; does not have friends; unable to be in community.

Subscale Review Question #2

May be Bipolar. Talks so grandiose about himself (i.e. refers to ideas that are clearly impossible) that other kids really wonder about him. (Note- he has friends)

20

Item: 187

Rationale: Grandiosity is often experienced by others as irrelevant (187), could be considered as distortion (188), or a preoccupying cognition (191).

Subscale Review Question #3

Since being in a car accident, he has been in a rehab facility and has trouble knowing where he is and doesn't recognize faces.

30

Item: 185

Rationale: Memory loss/disorientation.

Subscale Review Question #4

Teacher reports that youth's preoccupation with death and gross images, as reflected in essays and artwork, is much more than is typical for kids his age. Referred to counselor for these concerns.

20

Item: 191

Rationale: Preoccupation with death and gross images.

Subscale Review Question #5

Since becoming depressed, preoccupied with thoughts of committing suicide.

0

Item: 198

Rationale: Suicidal thoughts are not “irrational” when depressed.

Subscale Review Question #6

Frequently this 9 year-old has tangential thinking that is noticeably different from other kids his age and is readily apparent to others.

20

Item: 187

Rationale: Communications do not flow – more than other kids.

Subscale Review Question #7

10-year-old is afraid that if he has negative thoughts about his step dad, they might cause something bad to happen to his step dad. This results in him acting awkward around his stepdad and mom sometimes.

10

Item: 195

Rationale: Magical thinking – over 8.

Subscale Review Question #8

7-year-old child with autism who is mostly mute, and when he does talk, he is unintelligible.

30

Item: 183

Rationale: Speech is odd/non-communicative.

Subscale Review Question #9

Blames everyone else for behaviors. Does not take responsibility at all.

0

Item: 198

Rationale: Lacking responsibility is not scored under Thinking.

Subscale Review Question #9

Blames everyone else for behaviors. Does not take responsibility at all.

0

Item: 198

Rationale: Lacking responsibility is not scored under Thinking.

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

Parent(s) who is rearing the child or with whom the child lives most of the time (e.g., biological parent, adoptive parent, grandmother)

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

Parent(s) 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 parent(s), such as foster parent(s)

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

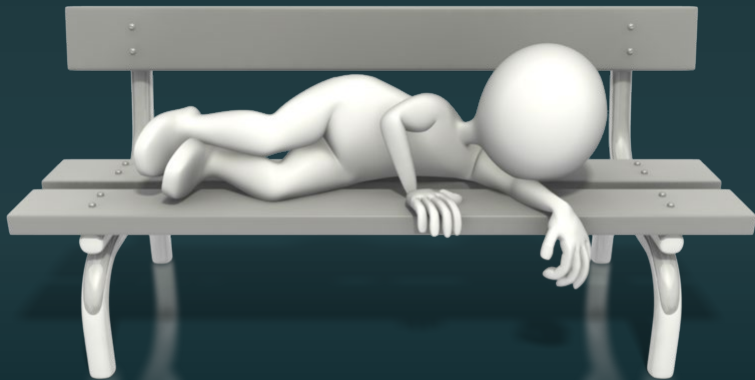
201 Youth's needs are not being met such that severe risk to health or welfare of child is likely

20

203 Frequent negative impact on youth's functioning

10

205 Occasional negative impact on the child's functioning



Material Needs Include:
Food
Housing
Clothing
Medical attention
Safety

Caregiver: Family/Social Support

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:

- Nurturance
- Guidance
- Supervision

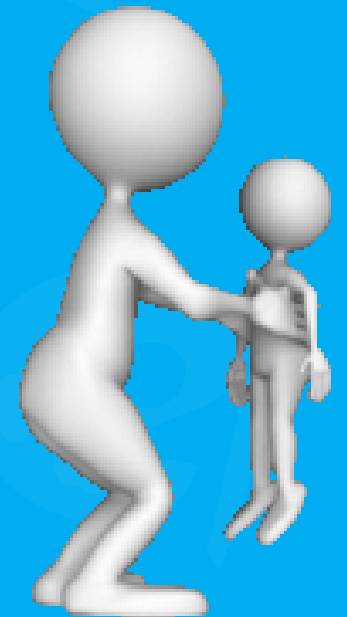
- Protection from harm
- Skill development
- Problem-solving communication

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

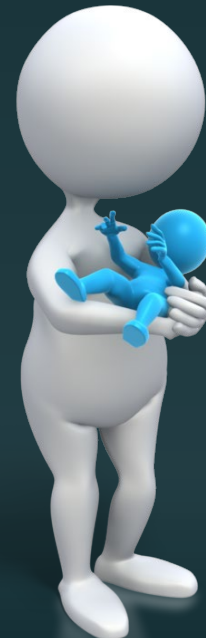
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211 Sociofamilial setting is potentially dangerous to the youth due to lack of family resources required to meet the youth's needs/demands
EX: Caring for child with psychosis with limited resources



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

212 Gross impairment in parental judgment or functioning.

EX: Psychosis, substance abuse, severe personality disorder, severe intellectual disability

220 Caregiver is openly involved in unlawful behavior or contributes to or approves of child being potentially involved in unlawful behavior

20

223 Marked impairment in parental judgment or functioning.

EX: emotional instability, psychiatric illness, substance use, physical illness

10

N/A



Supervised Home

30

213 Caregiver does not want child to return to the home



20

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)

10

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

Safe Home Environment

30

20

10

214 During the rating period, youth is subjected to sexual abuse in the home by a caregiver

215 During the rating period, youth is subjected to physical abuse or neglect in the home

217 Child currently removed from the home due to sexual abuse, physical abuse, or neglect.

218 Failure of caregiver to protect from known/knowable safety risks
EX: allows sex offender to babysit

EXPTN: Parent's rights terminated

227 Failure of caregiver to provide emotional support to child who has been traumatized or abused

N/A



Family Violence or Conflict Management

30

213 Frankly hostile, rejecting to child

219 Severe or frequent domestic violence



20

228 Domestic violence or serious threat of domestic violence

224 Conflict is pervasive (across areas) and continual (chronic) EX: hostility, tensions, scapegoating

225 Family members are insensitive, angry, and/or resentful to the child

10

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

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@dwihn.org to receive your certificate on DWC.

Where is My Certificate?

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

The screenshot displays a user interface with a top navigation bar and a left sidebar. The top navigation bar includes a user profile icon (blurred), a 'LOGOUT' button, and a series of tabs: 'Your Information', 'Upcoming Events', 'Event Training Completed', 'Online Courses', 'Training Videos', 'Self Reporting', and 'Reminders'. The 'Event Training Completed' tab is selected. The left sidebar lists various user options: 'My Required Courses', 'Self Report Certifications', 'Transcript', 'My Profile', 'Update Password', 'Notifications', 'Support', 'DWC Policies', and 'Log-Out'. A red arrow points from the 'Transcript' option in the sidebar to the 'Event Training Completed' tab. Below the navigation, a card displays 'PECFAS INITIAL TRAINING 11/19/18 & 11/20/18'. A date '11/19/2018' is circled in red, with a red arrow pointing to it from the text 'Click here to view your certificate!' located below the card.

Click here to view your certificate!