

**CAFAS
Booster
Training**

2015

Michigan CAFAS Booster Training

**Trainer
Manual**

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Training Day Agenda Overview

- 8:00 AM Sign-in**
- 8:30 AM Pre-Test**
- 8:45 AM Welcome**
- 9:00 AM Jeopardy**
- 9:55 AM BREAK + work on team challenge items**
- 10:15 AM Video vignette (Jenna)**
- 10:50 AM Team Challenge**
- 11:30 AM Reliable Interviewing**
- noon LUNCH**
- 1:00 PM Team Challenge**
- 1:30 PM Video vignette (Jake)**
- 2:05 PM Outcomes**
- 2:25 PM Team Challenge**
- 2:50 PM BREAK**
- 3:05 PM Video vignette (Jacqui)**
- 3:45 PM Sharing with Caregivers**
- 3:55 PM Sharing results video**
- 4:05 PM Sharing with Caregivers**
- 4:25 PM Awards**
- 4:30 PM Test**

A note on the agenda: This is a lot of material to cover during the day! Use agenda times as a guide to keep activities paced. When off-topic discussions begin or questions are posed start a “parking lot” on a white board or flip-chart. Offer validation to individual or group for presenting a thoughtful topic and let them know you will try to make sure the topic gets covered during the day and will check back before the day is done to make sure it was answered. If topic will not be covered during day, you may suggest meeting to discuss at lunch or during a break or offer to provide email follow-up.

Prep for Trainers

Trainers should bring with them to the training:

- CAFAS® Booster Training Trainer Manual
- CAFAS® Booster Training trainer flash drive containing electronic copies of all materials and Jeopardy PowerPoint
- CAFAS® video vignette dvd's (provided during March 2013 train-the-trainer event)

Trainers should review and confirm the following are available at the training location:

- Laptop that will accept both flashdrive and dvd's
- lcd (computer) projector and screen
- White board, dry erase markers and eraser
- Flip chart and markers
- Trainee packets of handouts (*see list below*)
- Buzzers
- Decks of playing cards (4 or 5 decks)
- Small prizes for each member of the winning team
- Prize for winner of poker
- Team Challenge items printed on individual cards
- Child Reliable Interviewing role-play guides
- Parent Reliable Interviewing role-play guides
- CAFAS® Booster Tests

Sign-In

8 – 8:30 AM

At sign-in, provide packets to trainees that include the following handouts:

- Pre-Test
- Child and Adolescent Functional Assessment Scale®
- CAFAS® Booster Class notes grid
- “Jenna” handout
- “Jake” handout
- “Jacqui” handout
- Causes for Celebration handout
- CAFAS Tiers®
- CAFAS® Assessment Summary Report
- Role Play Presenting CAFAS® Feedback to Caregiver

Hand each trainee a playing card and suggest they keep it secret for time being. Draw their attention to Pre-Test and invite them to begin completing it when they are seated.

Pre-Test
8:30 AM

All class members should already have Pre-Test (*Appendix A*) and be engaged in completing items. At 8:30 address group at large letting them know that they have a few minutes to complete Pre-Test. Ask if everyone has a copy of the test.

You might explain that the purpose of the Pre-Test is for personal assessment to prepare for reviewing information that will be presented during the day and tested on at end of day.

Instruct class on a designated location at the front of the room for tests to be submitted as they complete them, OR have trainees raise their hand when finished and Trainer will come to them and collect. (Turning in tests as they finish will help you to know who is done and when to begin Welcome.)

Welcome

8:45 AM (or before)

Begin Welcome when all class members have completed Pre-Test or at 8:45 AM, whichever occurs **first**.

Welcome trainees to location and day of CAFAS® Booster Trainings.

- Announce location of restrooms, coffee pot/water cooler, designated smoking areas, etc.
- Request that all cell phones be turned off.
- Mention that there will be one break in the morning and another in the afternoon. Review lunch procedure.

Trainers introduce themselves.

Explain that this is a newly designed training that was developed to both review scoring rules for the CAFAS® and to teach protocols for effectively using CAFAS® information. Throughout the day they will be doing some interactive and hands-on learning, for example they will be watching some video vignettes and scoring them as a class activity. They will also have some competitions with an opportunity to earn prizes. At the end of the day they will take a test.

Tell class about the test:

- It is completely multiple choice and will take them about 15 minutes to complete. If they pass this test, their reliability status is renewed for two years. If they don't pass the test, then they will be given the opportunity to renew their reliability status by completing vignettes. Reassure them that almost everyone passes the test and if they do need to do vignettes they can work on them later.

Briefly draw attention to packet of handouts. Highlight the following:

- **Child and Adolescent Functional Assessment Scale®** - Items mirror language in the software. Although meaning of each item has not changed, a few items are phrased differently from the old "pink forms" with the intent to increase clarity.
- **CAFAS® Booster Class notes grid** (*Appendix C*) –Trainees may wish to use this grid as a means to organize their personal notes during the class.

Introduce Timely Poker game. Everyone who was seated by 8:30 should have a playing card. Following each break and lunch, everyone who returns to their seat on time will receive two cards. Each trainee should keep their own cards and keep their "hands" secret. The best hand at the end of the day wins a prize. Earning all possible cards increases their chances of getting a winning hand.

Have class divide into teams. Teams should be evenly sized, ideally with no less than 3 or more than 5 members. Instruct each team to come up with a team

name. As members introduce themselves to each other and agree on team names, Trainers distribute:

- buzzers
- Team Challenge items (one Team Challenge item to each person, two items per person if class size is small, assign some trainees to share items if class is large)

Ask teams for their team names and write names on board or flip chart with room after each to record points as they are earned throughout day. Introduce that teams will participate in two opportunities to earn points – Jeopardy and the Team Challenge activity.

Explain Team Challenge:

- Each trainee is responsible for teaching their Team Challenge item to the entire class. Although they are individually responsible for their item, their presentation can earn points for their team. They may solicit assistance from teammates to help present their item with whatever creative ideas they may come up with.

Jeopardy

9:00 AM

- Bring up Jeopardy PowerPoint on laptop and projector.
- Have ready CAFAS(R) Booster - Jeopardy! Trainer Key (copy included following this page, however legal sized one-page format printed from Trainer flash drive may be easier to reference during class)
- Instruct teams to determine who to place in charge of sounding off their buzzer.
- Trainers should position to best be able to hear all buzzers.
- Instruct class not to buzz until Trainer finishes reading question out loud.
- Record points earned (or lost) for each team as answered.
- Briefly discuss or add any additional information to each item as relevant before continuing
- Clicking on point level in upper right corner of each “answer” (Jeopardy question) will return to Board screen
- Daily Double is only answerable by team that chose the item. Have team first determine how much they will “wager” before clicking to advance to question. This video question should work by placing cursor on embedded video screen and clicking. If video fails to play after reading question, hit Escape and quickly minimize PowerPoint (so class doesn’t have opportunity to view other slides). Open “Zazoo” file from Trainer flash drive and play clip.
- At conclusion of Jeopardy, add up all points and then divide by 100 for each team. Team will continue to accrue points during Team Challenges.

CAFAS(R) Booster - Jeopardy! Trainer Key (Columns 1 through 3)

	CAFAS® Basics	Miscellaneous	Rules for Rating
100 - Q	The full title “CAFAS” stands for	The name of the person who developed the CAFAS®	The points in treatment that CAFAS® is administered
100 - A	Child and Adolescent Functional Assessment Scale®	Kay Hodges, PhD	Intake, Every 3 Months while Active, Exit, (Optional) Follow-up
200 - Q	The number of different caregiver households that can be scored with the CAFAS® Caregiver Subscales.	The highest total score a child or adolescent could obtain on the CAFAS®	The time period covered when rating the CAFAS®
200 - A	3	240	Every three months. <i>At intake raters might extend the time period to capture the referral problem if access to services was delayed.</i>
300 - Q	The two primary CAFAS® Caregiver Resources Subscales	An example of how a child could misbehave or experience negative emotional states and still get a “o” (zero) CAFAS score	The age range CAFAS® assessments are required for by the Michigan Department of Community Health (MDCH) as a condition of receiving SED (Serious Emotional Disturbance) services
300 - A	Material Needs and Family/Social Support	If the misbehavior is developmentally normal or the negative emotions are appropriate to events and do not impact functioning.	7 through 17
400 - Q	Four sources of information that can be referenced to score the CAFAS	What it means to say CAFAS® scores are “reliable”	The level of impairment a rater starts with (first considers items in) when preparing to rate any CAFAS® subscale
400 - A	Child, Parent, Medical Records, School Records, Juvenile Records, Direct Observation, Other Caregiver Reports...	Any trained rater, on any given day, will score the CAFAS® the same as any other rater on any other day	Severe (30)
500 - Q	All of the subscales that rate a child or adolescent’s behavior on the CAFAS®	What it means to say the CAFAS® is “valid”	The way to rate if a caregiver or teacher reports that a child has a problem that the child denies (i.e. shoplifting)
500 - A	School, Home, Community, Behavior Toward Others, Moods/Emotions, Self-Harmful Behavior, Substance Use, Thinking	The CAFAS® measures what it is supposed to or claims to measure (functional impairment).	Rate it as if it were known to be true. The rater may then go to the “Exception” item for that Subscale’s severity level, choose this item and then write additional comments.

CAFAS(R) Booster - Jeopardy! Trainer Key (Columns 4 and 5)

	Subscale Specifics I	Subscale Specifics II
100 - Q	True or False: If a child is removed from their parent's home for any reason they get an automatic 30 on the Home Subscale	The rule for scoring the School subscale in the summer
100 - A	False - If they are removed for abuse or neglect this would be reflected on the Caregiver Resources Subscales but not in the primary subscales describing the youth's behaviors.	Reference behaviors present at the end of the last school year
200 - Q	The subscale that will always reflect a functional impairment (have a score greater than zero) if a youth deliberately plays with fire.	Alice has severe anorexia. Despite medical problems from having a BMI of 14, she firmly continues to believe she looks "fat" and is trying to lose more weight. The two subscales with items that reflect these behaviors.
200 - A	Community	Self-Harmful Behavior and Thinking
300 - Q	The two subscales that will reflect functional impairment (have a score higher than zero) when a youth is failing school because they are too depressed to do the work	True or False: A youth is contemplating suicide. These thoughts would be scored on the Thinking Subscale.
300 - A	School and Moods	FALSE
400 - Q	The two subscales that will reflect functional impairment (have a score higher than zero) when a youth is depressed and has a plan to commit suicide	A youth is experiencing vivid hallucinations. An explanation for an accurate Thinking Subscale score of No Impairment ("zero").
400 - A	Moods and Self-Harmful Behavior	Fever/Medical, Substance Ingestion, Cultural/Religious accepted experience
500 - Q	(video) A typical errand with Dad. Which two subscales will this behavior be rated on?	Explanation for a youth receiving a Severe score (30) on the Substance Use Subscale for smoking marijuana once a week with no significant consequences reported
500 - A	Home and Behavior Toward Others	Youth is 12 or younger

Break

9:55 – 10:15 AM

Announce that class is about to go on break and the time break will end. Let them know they are getting extra time combined with break to plan their presentations of items for the Team Challenge. At conclusion of break give two playing cards to each trainee who is in their seat. Trainers may wish to signal end of break by playing short and irreverent video clip.

Video Vignette (Jenna)

10:15 AM

- Introduce video vignette activity.
- Read “Jenna” handout to class (*Appendix D*).
- Draw attention to scoring grid on back side of sheet.
- Play “Jenna” (15 minutes and 07 seconds)
- Allow group a few minutes to finish up individual scoring
- Write subscale headers on white board
- Subscale by subscale, ask group what functional information they observed that should be scored on each subscale. Jot notes on whiteboard.
- Ask for item numbers to match information gathered. It’s okay if agreement on items is not unanimous if within same scoring level.
- Write out corresponding scores.

Key:

Subscale	Score	Item(s) to Consider
School	20	13, 19
Home	20	51, 54
Community	20	73
Behavior Toward Others	20	93, 95, 97
Moods	20	122
Self-Harm	0	151
Substance Use	20	166, 168, 169
Thinking	0	198

Team Challenge

10:15 – 11:30 AM

1:00 – 1:30 PM

2:25 – 2:50 PM

- Trainees come to front of class and instruct class on scoring guidelines for their assigned item. Encourage creative and fun presentations. Other team members may be involved in presentations.
- Points are awarded as follows:
 - 0 points for an unclear or inaccurate answer
 - 3 points for a correct answer
 - 5 points for a correct, complete, and in some way outstanding answer
- Be sure that all information for each item ends up being presented to the class (regardless of the quality of the trainee's presentation).
- Trainers need to present information for unassigned items.

Team Challenge Items:

	<i>Item:</i>	<i>Talking Points:</i>
1	In keeping with CAFAS® scoring instructions, explain the only three situations that are considered <u>excused</u> absences for the SCHOOL subscale.	<ul style="list-style-type: none">• Medical/physical illness• Family vacation• Religious holiday
2	Describe and explain items # 005, #008, and #017 on the SCHOOL subscale. Give examples to illustrate the differences.	<p>#005 - a youth who can't meet the most basic behavioral expectations within a normal school building, regardless of their class assignments within the building.</p> <p>#008 - The youth is getting extra help from the school for their behavior and STILL gets into trouble at school.</p> <p>#017 - The youth is receiving specialized services from the school (OR these services have been recommended) at least in part due to previous behavior problems in a regular classroom. If still qualified for and receiving EI services with school, this item would continue to apply, even if current behaviors are acceptable.</p>

3	Explain the differences between items # 044 and #052 on the HOME subscale.	Item #52 captures verbal aggression toward family members.
4	Identify the two items that reference residential care on the HOME subscale. Explain both items and give examples.	<ul style="list-style-type: none"> • Items #041 and #051 • #041 is only for if youth was removed DURING rating period for their own behaviors (not abuse or neglect) • #051 raises behavioral expectations for youth in residential care – same behaviors at home might only be a ‘10’
5	Explain item #077 on the COMMUNITY subscale.	Youth does not need to have perpetrated a sexual crime. Their behavior has prompted adults to take action within the rating period to protect other vulnerable youth from possible victimization from the youth being rated.
6	Explain the differences between items #73 and #081 on the COMMUNITY subscale.	#073 is for one time serious (e.g. taking car for joyride) or multiple less serious infractions (shoplifting more than once), #081 is for one time less serious incident.
7	Identify and explain the difference between items #89 and #93 on the BEHAVIOR TOWARDS OTHERS subscale. Be sure to include in your explanation how even a single episode of behavior might be rated using item #89.	<ul style="list-style-type: none"> • Item #089 is for a youth who has perpetrated violence toward an intended victim. The violence may have occurred multiple times or could reflect a single highly aggressive incident within the rating period. • Item #093 could represent a pattern of aggressive behaviors that were “victimless” (e.g. mutually engaged in with other youth.)

8	<p>Explain item #93. Include in your explanation how "promiscuity" is a BEHAVIOR TOWARDS OTHERS impairment.</p>	<p>Highly promiscuous behavior can make others uncomfortable to the point of interfering with ability to build and maintain healthy relationships. Other youth's parents may not permit friendship with promiscuous youth. Example: Teenage girl who attempts to trade sex for affection, dresses provocatively, peers shun due to reputation as "boyfriend stealer."</p>
9	<p>Explain and give examples for item #088 on the BEHAVIOR TOWARD OTHERS subscale.</p>	<p>Youth is unable to independently create natural supports because behaviors are so strange to others.</p>
10	<p>Explain when to endorse item #97 on the BEHAVIOR TOWARD OTHERS subscale. Give examples.</p>	<p>Youth goes into rages. Coercive and prolonged anger displays.</p>
11	<p>Describe the differences between trauma-related items #126 and #134 on the MOODS subscale.</p>	<p>Items are both intended to capture change in affect after exposure to trauma. Flat affection (i.e. don't even smile at funny movies) is Moderate, restricted affect (i.e. never shows anger) is Mild.</p>
12	<p>Describe all of the specific behaviors related to depression or anxiety that would indicate a SEVERE score on the MOODS subscale.</p>	<ul style="list-style-type: none"> • Academic incapacitation • Social isolation/incapacitation • Suicide intent
13	<p>Explain item #121 on the MOODS subscale. Give an example.</p>	<p>Make certain class understands this item is NOT endorsed for angry outbursts. Anger is captured on Behavior Toward Others subscale.</p>
14	<p>Describe the differences between items #122 and #128 on the MOODS subscale.</p>	<p>Item #122 (as well as item #123) references a very specific list of vegetative symptoms, as well as requiring "persistent" amount of depression. If youth is experiencing symptoms other than the vegetative symptoms specifically listed, the item may not be endorsed.</p>

15	Describe the differences between items #144 and #147 on the SELF-HARMFUL BEHAVIOR subscale. In your explanation, discuss how item #147 might be endorsed for a youth who is NOT clinically depressed.	At the Severe level the youth has developed a suicide plan or otherwise convincingly expressed that they no longer want to be alive. At the Moderate level youth may admit that they are having thoughts of suicide, but the item can also reflect angry and coercive youth who impulsively make verbal threats of self-harm.
16	Describe how use of hard drugs is rated on the SUBSTANCE USE subscale.	Use of hard drugs will always be rated as Severe. If no specific items reflect the use behavior, then endorse item #164 and indicate the substance used in the Explanation.
17	Describe the differences between items #158, #169, and #173 on the SUBSTANCE USE subscale.	Review frequency specifiers. Note that item #173 is only for use of alcohol, although items #169 and #158 reflect alcohol intoxication or marijuana use.
18	Describe the differences between items #163, #170 and #174 on the SUBSTANCE USE subscale.	Age 12 and younger items. Items dependent upon frequency of use as minimum standard, rather than amount of consumption (don't have to be intoxicated to get a 30).
19	Explain when to endorse item #168 on the SUBSTANCE USE subscale.	Change in friendships doesn't have to have occurred during rating period, but change in social patterns from previous (mostly) substance-free friends and activities to current substance-centered friends and activities continues.
20	Explain how cigarette use is rated on the CAFAS. Be sure to differentiate between any rules of when it MUST be scored versus when it CAN be scored.	There are no items on the CAFAS® that specifically reflect cigarette use. It is not automatically scored on any subscale and NEVER scored on SUBSTANCE USE. It MAY be scored on School or Home if youth's cigarette use has broken rules at either school or home. It also may be scored on COMMUNITY if the youth has received a Minor In Possession citation.

21	Describe the differences in 'extent of impairment criteria' between ratings of 30, 20, 10 and 0 on the THINKING subscale. Illustrate how a youth who was seeing objects that weren't real could get scored as Severe, Moderate, or Mild based on the extent of the functional impairment.	Review the "pre-criteria" for each scoring level of the Thinking subscale. For many youth, symptoms listed on this subscale are never entirely eliminated but they can be managed so as to not negatively impact functioning.
22	Explain item #195 on the THINKING subscale. What is 'magical thinking'? When is it developmentally normal and when is it not?	Magical thinking is a belief in the ability to cause unrelated outcomes, e.g. "if you step on a crack you'll break your mother's back."
23	A depressed youth has a plan for suicide. Explain the subscales this would be reflected on and the items that might be endorsed.	MOODS item #119 and SELF-HARM item #144. It is NOT scored on THINKING
24	Give some examples of how a single behavior or incident might be scored on more than one subscale. Be specific.	Very severe behaviors might impact more than one domain of functioning. For example, threatening someone with a weapon is a functional problem within a specific environment (HOME or SCHOOL), it could trigger involvement with the legal system (COMMUNITY), and is an inter-personal problem with a negative impact on another (BEHAVIOR TOWARD OTHERS).

Reliable Interviewing

11:30 AM – noon

Lead brief class discussion explaining that while the CAFAS® is a reliable and valid instrument, the scores are only as reliable as the information the rater obtained. Invite them to consider how differences in interviewing styles might impact scoring.

At this time trainees might share frustration that families may not share complete or entirely accurate information at the beginning of treatment. Validate that this is frustrating to the staff member and also validate that there are many good reasons why families don't share everything upon first contact. Depending on time and group dynamic, it may be beneficial to engage in a brief brainstorming session around why choosing not to disclose everything to an intake worker could be a rational decision on the part of a parent (e.g. just like why I answer "yes" whenever my doctor asks if I've been exercising – I know I should be, the question is unrelated in my mind to why I'm actually at the appointment with the doctor, and I don't want to be lectured). Pose question - if class knew any of the reasons generated by their brainstorm truly reflected the situation of a family they were interviewing how might they go about the interview differently?

Point out to class the "2nd Evaluation" option. Encourage them to complete a 2nd Evaluation CAFAS® whenever they discover new information within 4 to 6 weeks of beginning treatment that was true at intake. Point out to them that a 2nd Evaluation resets the baseline that treatment progress is measured from so taking the time to complete it will help their outcomes be more accurate.

Divide class into groups of three. Instruct each group to designate one person to portray an adolescent Child, one to portray a Parent and the third to be the Interviewer. Present the "Reliable Interviewing – CHILD" (*Appendix E*), "Reliable Interviewing – PARENT" (*Appendix F*), and "Reliable Interviewing Notes Grid" (*Appendix G*) to the individuals in each group who have agreed to the corresponding roles. Instruct the "Child" and "Parent" to keep the information on their handouts secret.

Explain to the class that the Parent and Child each have information that only they know and it's up to the Interviewer to learn the information. Rules for the role play are:

1. The Parent and Child can't volunteer information that wasn't prompted by a question from the Interviewer.
2. The Parent and Child can't lie or refuse to share information if asked.
3. If asked a question that isn't covered by their character sketch sheets, the Parent and Child can make up whatever information they like as long as it doesn't contradict information provided in the character sketches.

Inform group they will likely not have enough time to conduct a complete interview but for the Interviewer to learn as much as they are able toward scoring the CAFAS®. While role plays are taking place, draw a grid on the white board to record subscale scores for each group:

Subscale	Group 1	Group 2	Group 3	Group 4	Group 5
School					
Home					
Community					
Behavior Toward Others					
Moods					
Self-Harm					
Substance Use					
Thinking					

Give group a two-minute and a one-minute warning to wrap up interviews. When time is up, allow another minute for Interviewers to determine subscale scores based on the information they gathered.

One subscale at a time, find out what scores each group had and record in grid on white board. Observe differences in scoring that occurred because of differences in information gathered.

LUNCH

Noon to 1:00 PM

At conclusion of lunch give each trainee who is in their seat two playing cards. Trainers may wish to signal end of lunch break by playing video clip.

Team Challenge

1:00 – 1:30 PM

Video Vignette (Jake)

1:30 – 2:05 PM

Follow protocol for presenting Jenna video vignette. (*Appendix H*)

Key:

Subscale	Score	Item(s) to Consider
School	10	22, 23, 24, 25
Home	10	58, 59
Community	0	
Behavior Toward Others	20	96, 97
Moods	20	123
Self-Harm	0	
Substance Use	0	
Thinking	0	

Outcomes

2:05 – 2:25 PM

Draw class attention to handouts in their packets:

- Causes for Celebration handout (*Appendix I*)
- CAFAS Tiers® (*Appendix J*)
- CAFAS® Assessment Summary Report (*Appendix K*)

Instruct class to review CAFAS® Assessment Summary Report.

- Which of the five determinants of successful outcome can be observed in the report?
- What CAFAS Tier® is the youth currently in?
- What Tier® was the youth in at the time of their Initial Assessment?

Draw attention to the Pervasive Behavioral Impairment (PBI) clinical marker.

- PBI is present when youth has 20's or 30's in School, Home, AND Behavior Toward Others subscales
- Usually a poor prognostic indicator, but getting just one area below a Moderate impairment (10 or 0 subscale score) improves prognosis.
- This is the most common profile of youth presenting for Michigan CMH treatment.
- Usually an indication of need for specialized interventions such as parent training, behavioral programs, multi-agency collaboration, etc.

Team Challenge

2:25 – 2:50 PM

Final time period allocated for Team Challenge.

Break

2:50 – 3:05

At conclusion of break give each trainee who is in their seat two playing cards. Trainers may wish to play short video clip.

Video Vignette (Jaqui)

3:05 – 3:45 PM

Follow protocol for presenting Jenna video vignette. (*Appendix L*)

Key:

Subscale	Score	Item(s) to Consider
School	30	006, 007
Home	10	59, 58
Community	20	73
Behavior Toward Others	10	106
Moods	30	117, 118
Self-Harm	0	
Substance Use	20	166
Thinking	20	189

Sharing CAFAS® with Caregivers

3:45 – 3:55 PM

Lead group discussion around why it is a good idea to share CAFAS® information with Caregivers. Liken CAFAS® to school progress report. Points to raise during discussion:

- It is the therapist's responsibility to clearly explain results to parents.
- Explain to parents the purpose of the assessment.
- Caregivers have the right to know their child's assessment information.
- Ask parents if they want to know their child's results.
- Sharing information helps build trust.
- Tie the assessment to treatment.
- Sharing assessment information is part of working collaboratively with caregivers as equal team members.
- Hearing assessment information can be validating to a parent.
- Published studies show that sharing outcome information with clients significantly improves clinical outcomes and increases retention rates.

Points are elaborated upon in "Sharing CAFAS® Outcomes with Caregivers" PowerPoint. Share as time permits and if Trainers determine to be helpful.

Sharing CAFAS® Video (Jenna)

3:55 – 4:05 PM

Sharing CAFAS® Results with Caregivers Role-Play

4:05 – 4:25 PM

Divide class into dyads. Take turns presenting "Jenna" results to each other (or use "Johnny" information from handout "General format of role play presenting CAFAS® feedback to caregiver"). (*Appendix M*) Explain that handout is a general example of how results might be explained. Trainees should always talk to clients in authentic language that is meaningful and easily understood by the individual client being addressed. Most important is for trainees to provide information following headers listed on handout: Introduction, Credibility, Premise, Scoring, Explanation of Subscales, Caregiver, and Summary.

Circulate room while class is engaged in exercise to answer questions and to encourage participation. This is also a good time to add up points earned by teams.

Allow a couple minutes at end of exercise to debrief. What was difficult to say or explain? What was easiest about role play?

Wrap-Up and Awards

4:25 – 4:30 PM

- Address any items left in Parking Lot. Ask if there are any remaining questions.
- Announce winning team and award prizes to members.
- Determine who has best poker hand and award prize.

Poker hands, best to worst. From pokerlistings.com

Royal Flush A straight from a ten to an ace with all five cards of the same suit. In poker all suits are ranked equally.

Straight Flush Any straight with all five cards of the same suit.

Four of a Kind Any four cards of the same rank. If two players share the same Four of a Kind (on the board), the bigger fifth card (the "kicker") decides who wins the pot.

Full House Any three cards of the same rank together with any two cards of the same rank.

Flush Any five cards of the same suit (not consecutive). The highest card of the five determines the rank of the flush.

Straight Any five consecutive cards of different suits. Aces can count as either a high or a low card.

Three of a Kind Any three cards of the same rank.

Two Pair Any two cards of the same rank together with another two cards of the same rank.

One Pair Any two cards of the same rank.

High Card Any hand not in the above-mentioned hands.

Test

4:30 PM

Distribute tests (*Appendix M*). Tell class they may reference their own notes and materials while taking the test. When Trainees finish their test they should bring to Trainer and wait while it is corrected (Trainer Key *Appendix O*). Passing = missing four (4) or fewer items.

Trainees who miss five (5) or more items will need to complete a set of CAFAS® Booster vignettes. Trainer will need to help Trainee determine which CAFAS® manual and set of vignettes they last tested on and arrange for them to get the next manual. Do not allow Trainee to begin scoring vignettes at this time but make arrangements for when they can complete Booster vignettes and let them know who to submit them to.