



PECFAS[®] Reliability Training

Presenter

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Adapted from
Kay Hodges, PhD ©2009

Welcome and Housekeeping Items

- Remember to follow proper virtual learning etiquette
 - Remain muted when not speaking
 - Sharing video is a requirement of this training at all times (with certain exceptions, i.e. bathroom breaks)
- Participation on all subscale quizzes is expected
- Using Zoom
- Break-Out Rooms/Completing Quizzes
- Chat Options (Direct Chats)
- Sharing screen/sharing documents



Training Objectives



- Receive most up-to-date info on the PECFAS
- Learn how to use the PECFAS clinically with families
- Learn how to score each subscale of PECFAS
- Complete an evaluation of your reliability (“test” - 12 vignettes)
- Reminder: You are being trained as a rater of the PECFAS and not as a trainer for others

What is the PECFAS

Preschool and Early Childhood
Functional Assessment Scale



How PECFAS is Use in Wayne County

- Used with children ages
- 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



A Snapshot of Functional Impairment

1 Behaviors that interfere with healthy development

Symptoms that interfere with healthy development 2

3 Disruptions of daily life

Areas of Functioning

PECFAS Subscales

- 1 School/Daycare
- 2 Home
- 3 Community
- 4 Behavior Toward Others
- 5 Moods
- 6 Self-Harm
- 7 Thinking



PECFAS 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 diagnoses.
 - *e.g. Not all kids with ADHD act the same.*



Structure

- PECFAS is a list of 184 items describing behaviors that may be observed in young children.
 - Additional items describe caregiver behaviors and circumstances at home that may impact the child's development.
- All items are grouped within subscales (domains of functioning).
- Subscale items are organized into impairment level groupings.



Rating Procedure

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



PECFAS® ITEMS

School/Daycare Home Community Behavior Moods Self-Harm Thinking Caregiver ▶ + Add Stren and Goals			
Severe Impairment	Moderate Impairment	Mild Impairment	Minimal Or No Impairment
<input type="checkbox"/> 001 Asked to leave school/daycare program due to behavior in school/daycare occurring during the rating period <input type="checkbox"/> 002 Refuses to attend school/daycare program or has excessive absences <input type="checkbox"/> 003 Child viewed as potentially harmful to others because of child's actions or statements <input type="checkbox"/> 004 Harmed or made threat to hurt a teacher/peer/staff <input type="checkbox"/> 005 Unable to meet even minimum requirements for behavior in group settings in school/daycare <input type="checkbox"/> 006 Disruptive behavior (including poor attention or high activity level) persists despite special accommodations at school/daycare (e.g., special	<input type="checkbox"/> 010 Disobedience which results in repeated disruption to other children's activities or becomes known to supervisory staff because of severity and/or chronicity <input type="checkbox"/> 011 Inappropriate behavior resulting in disruption to others or becoming known to supervisory staff <input type="checkbox"/> 012 Frequently misses school/ daycare secondary to behavioral/ emotional problems (i.e., approximately once every two weeks or for several consecutive days) <input type="checkbox"/> 013 Behavior is disruptive to the activities of other children and special accommodations are recommended or implemented (includes behavior due to poor	<input type="checkbox"/> 017 Disobedience results in staff frequently bringing attention to problems or structuring child's activities so as to avoid predictable difficulties <input type="checkbox"/> 018 Inappropriate behavior results in staff frequently bringing attention to problems or structuring child's activities so as to avoid predictable difficulties <input type="checkbox"/> 019 Occasionally disobeys school/daycare rules, with no harm to others or to property <input type="checkbox"/> 020 Problems in school/ daycare with poor attention or high activity level are present but are not disruptive to other children's activities (can be managed O.K., with the child able to achieve satisfactorily)	<input type="checkbox"/> 023 Reasonably comfortable and competent at school <input checked="" type="checkbox"/> 024 Minor problems satisfactorily resolved <input type="checkbox"/> 025 Learning is average or above <input type="checkbox"/> 026 Learning is commensurate with ability and child is mentally retarded <input type="checkbox"/> 027 Learning is commensurate with ability and child has a known handicap (e.g., vision, hearing, speech, physical, etc.) <input type="checkbox"/> 028 Behaves age appropriately even though there are occasional temporary regressions due to the child's developmental stage or specific family circumstances

Example screen from web-hosted software - FASoutcomes



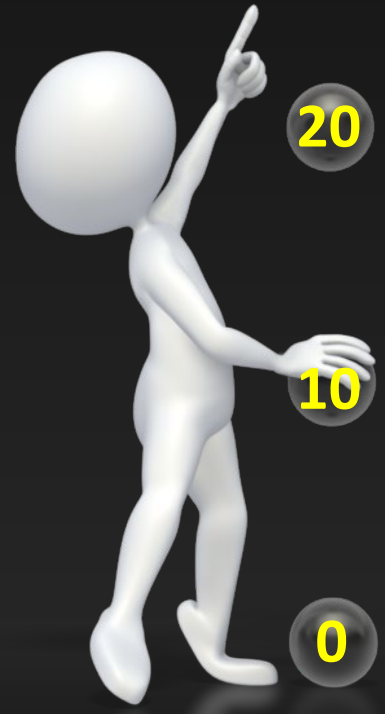
Levels of Impairment

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

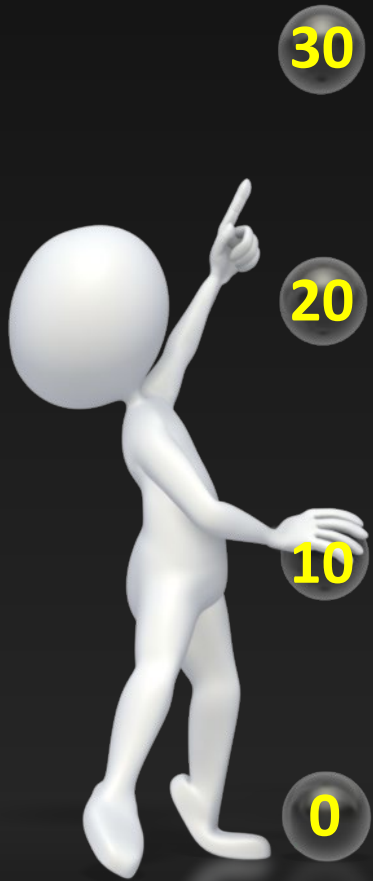
20 Moderate Impairment

10 Mild Impairment

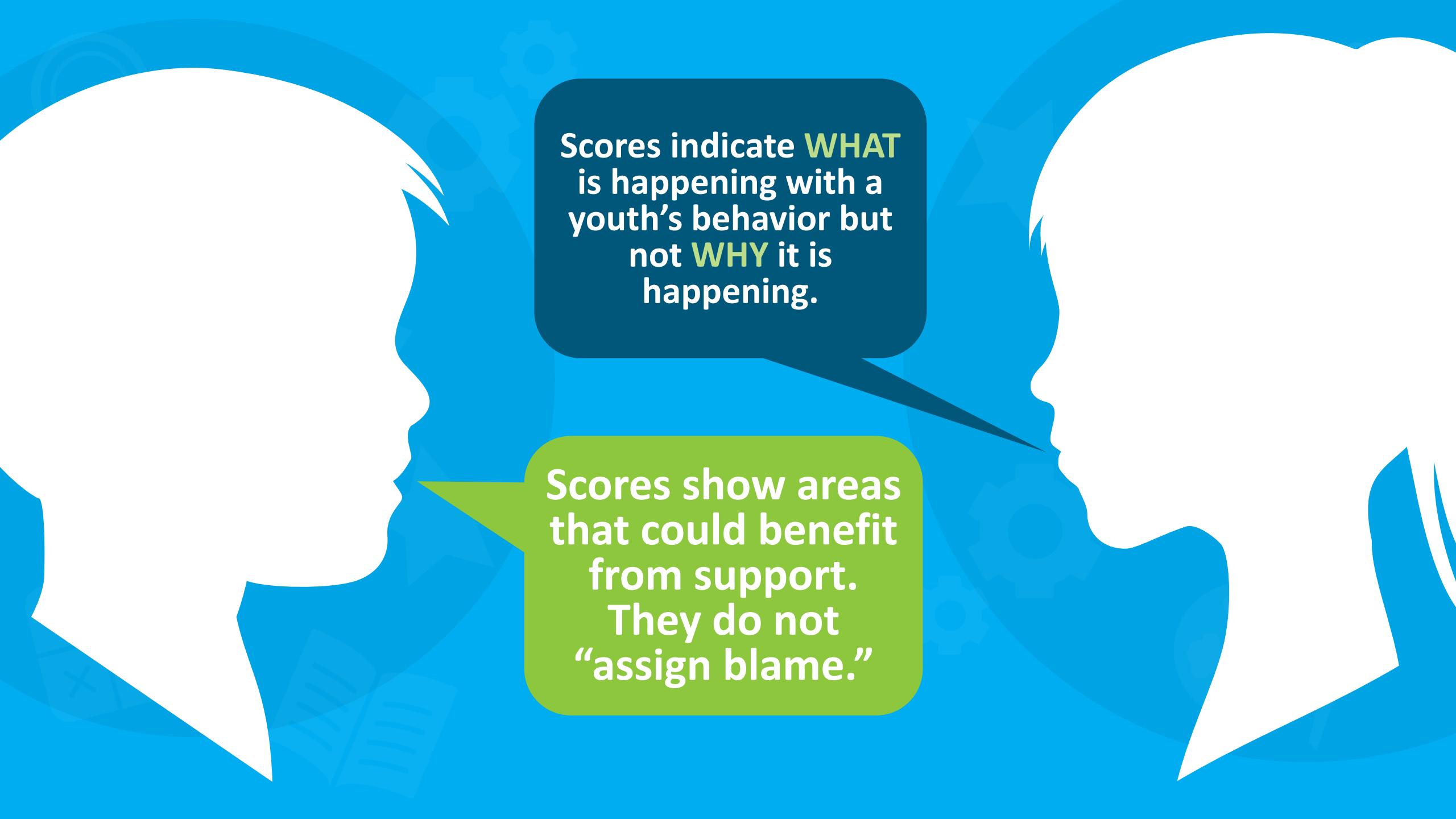
0 Minimal or No Impairment – No disruption in functioning



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



30

20

10

0

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



PECFAS Assessment Completion

- Must be completed by a rater who has successfully completed PECFAS reliability requirements.
- Under the Michigan Medicaid Mental Health Provider Contract, PECFAS is the required assessment for youth ages four, five, and six (4-6) 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.
 - PECFAS is also a reliable outcome assessment for post-services follow-up.
- All behaviors during the last three months are considered. The most severe behaviors determine the score.
- All sources of information are considered by the rater (e.g. observation, caregiver report, school reports, medical records, etc.).
- All PECFAS scores must now be entered (or transferred via electronic record) to the consumer chart in MH-WIN per DWIHN

Tips for Reliable Rating

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

Cultural Competence Issues

- It is important to be knowledgeable about the child'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.

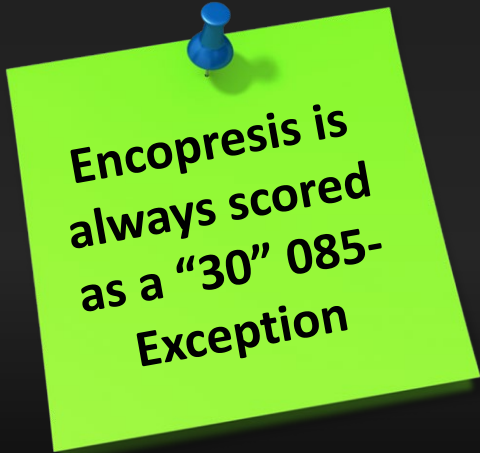
EX: The child's verbalizations of some religious beliefs may at first appear to be hallucinations, but further inquiry reveals that there are no faulty perceptions ("the devil made me do bad things").

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.
- Rate behaviors appearing in the PECFAS, 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 PECFAS subscale. Use EXCEPTION when the child 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.



Encopresis is
always scored
as a “30” 085-
Exception

Instructions for Using “Could Not Score”

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

Basis for Judgement

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

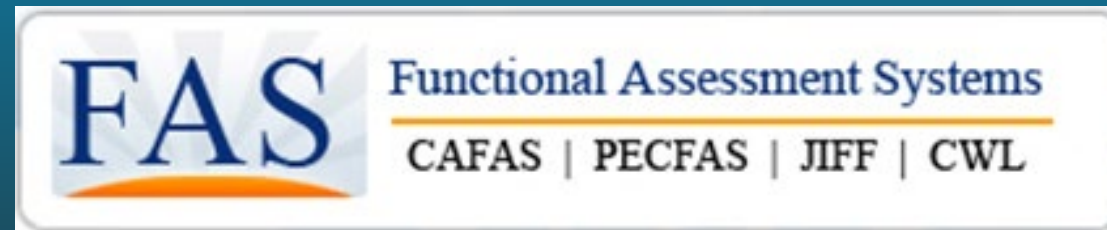
Treatment and Scoring

- Rate the child's current functioning without necessarily scoring as more impaired because of the services the child 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).

PECFAS Does Not Dictate Treatment

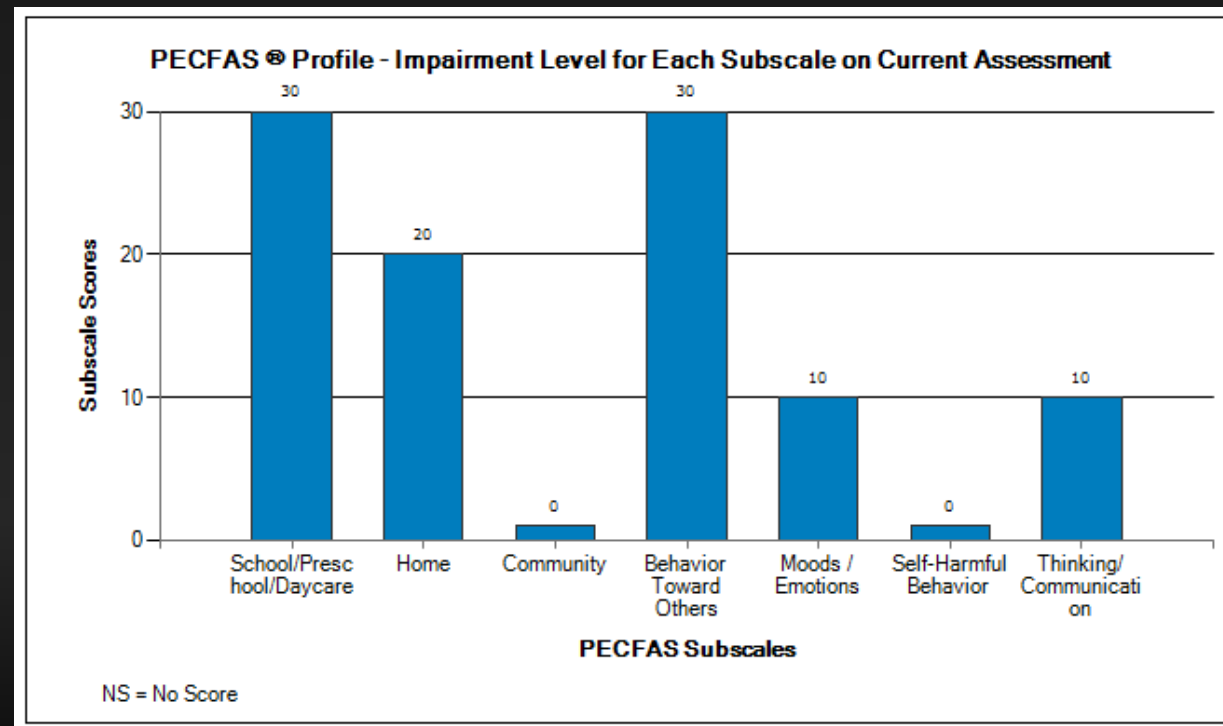
- The goal of the interventions is to reduce impairment in specific domains.
- The means for reducing impairment is determined by the professional and the family.
- The PECFAS Profile does not dictate treatment approach! For example, you may choose to work on “underlying” issues.

Brief Overview of Using FAS for Rating



Interpretation of PECFAS Results Using FAS

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



PECFAS Subscales Graph

Target Behavior(s)	Impairment
School/Preschool/Daycare	
⚠️ 003 Child viewed as potentially harmful to others because of child's actions or statements	Severe
Home	
039 Persistently uncooperative or disobedient, which interferes with doing routine care tasks for the child (e.g., getting dressed, taking a bath, brushing teeth, age appropriate bowel and urine habits)	Moderate
Community	
076 Does not negatively impact on the community	Minimal or No
Behavior Toward Others	
⚠️ 081 Behavior so disruptive or dangerous that harm to others is likely (e.g., hurts or tries to hurt others, such as hitting, biting, throwing things at others, using or threatening to use a weapon or dangerous object)	Severe
Moods / Emotions	
131 Tends to be anxious, fearful, tense, or sad, with some related symptom present (e.g., nightmares, stomachaches, nail biting, wakes up at night, has trouble getting to sleep)	Mild
Self-Harmful Behavior	
159 Behavior is not indicative of tendencies toward self-harm	Minimal or No
Thinking/ Communication	
177 Communications which are eccentric or use odd speech (i.e., more than other children of the same age)	Mild

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

Score and Clinical Markers		What's this?
Total Youth Score	100	
Pervasive Behavioral Impairment	Present	→ 20 or 30 on School, Home, & BTO
# Severe impairments	2	→ Severe impairment on any Subscale
# Moderate impairments	1	
Child Management (PMT)	Consider	

Family Report

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

Strengths

- Attends school/daycare regularly
- Respectful of property in the home
- Good behavior on the school bus
- Aware of behavior problems with other children and is working on this

Goals

School/Preschool/Daycare

- Does not disrupt group activities

Home

- Obeys rules routinely

Behavior Toward Others

- Expresses anger through appropriate verbalizations or healthy physical or play activities
- Communicates effectively with family members (i.e. no yelling)
- Actively uses coping strategies to deal with difficult situations

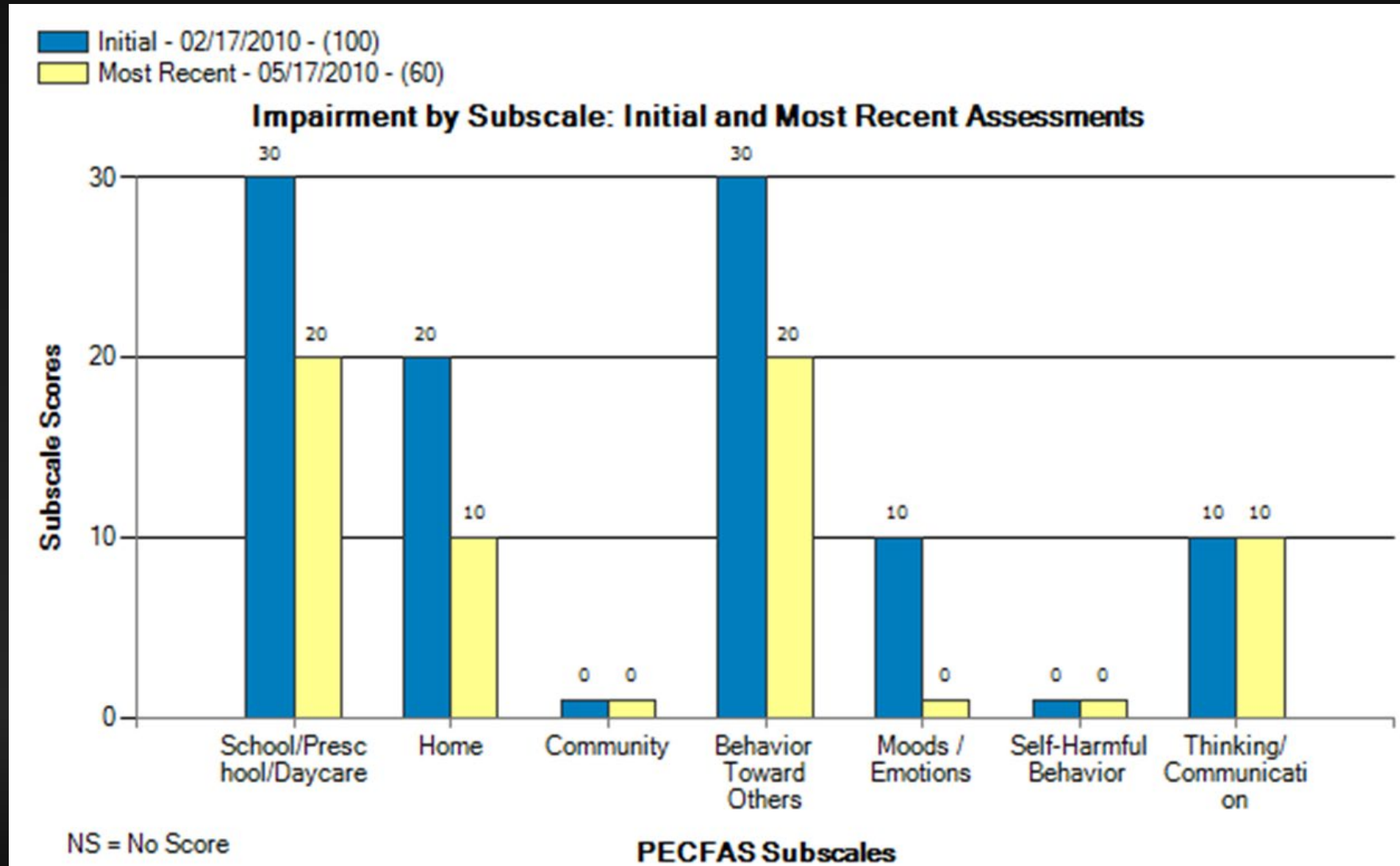
Strengths and Goals

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

Examples from School subscale:

School/Preschool/Daycare			Strengths : 2 Goals : 1		
	Strength	Goal		Strength	Goal
Is permitted to attend school/daycare	<input type="checkbox"/> S1	<input type="checkbox"/> G1	Actively participates in academic skills (alphabet, numbers)	<input type="checkbox"/> S19	<input type="checkbox"/> G19
Behavior at school/daycare is devoid of aggressive acts or threats	<input type="checkbox"/> S2	<input type="checkbox"/> G2	Transitions from one activity to another; follows routine	<input type="checkbox"/> S20	<input type="checkbox"/> G20
Attends school/daycare regularly	<input checked="" type="checkbox"/> S3	<input type="checkbox"/> G3	Stays on task (appropriate to age)	<input type="checkbox"/> S21	<input type="checkbox"/> G21
Arrives on time	<input type="checkbox"/> S4	<input type="checkbox"/> G4	Enjoys learning academic skills (alphabet, numbers)	<input type="checkbox"/> S22	<input type="checkbox"/> G22
Good behavior on the school bus	<input checked="" type="checkbox"/> S5	<input type="checkbox"/> G5	Proud of work or activities done in school/daycare	<input type="checkbox"/> S23	<input type="checkbox"/> G23

Tracking Progress During Treatment PECFAS Subscale Scores



Outcome Indicators (Recap)



- Total Score
- Profile – Looking Across Subscale Scores
- # Severe Impairments (& which scales)
- # of Moderate Impairments (& which scales)
- Pervasive Behavioral Impairment
 - Severe or Moderate: School, Home, & Behavior Toward Others

Requirements for Reliable PECFAS Rating



Pass the Exam

The conclusion of reliability training is an exam to demonstrate consistent interpretation of the items and application of the scoring rules. Raters must re-establish their reliability every two years at minimum.



Be Familiar with Child Development

To accurately interpret the PECFAS items, it is important to understand what typical development looks like for the age of the child being assessed.



Complete a Thorough Collection of Clinical Information

PECFAS provides a way to measure and communicate information typically collected as part of service provision. Information must be gathered dependably to accurately assess the child.

School / Daycare

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

- Attention
- Following directions
- Adhering to rules

- Attendance
- Learning achievement
- Interactions with classmates

Problematic Behavior

30

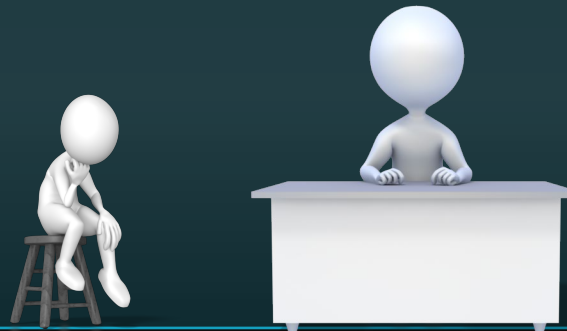
- 001 Asked to leave program due to behavior in program occurring during the rating period
- 003 Viewed as potentially harmful to others because of actions or statements
- 004 Harmed or made threat to hurt a teacher/peer/staff
- 005 Unable to meet even minimum requirements for program behavior
- 006 Disruptive behavior persists despite special accommodations at program

20

- 010/011 Persistent or repeated disruption of group activities
- 010/011 Known to supervisory staff due to chronicity of problems
- 010/011 Known to supervisory staff due to severity of problems
- 013 Special accommodations are needed due to behavior problems

10

- 017/018 Can be managed by regular teacher/program staff with attention (EX: verbal reminder, time-out)
- 017/018 Can be managed by regular teacher/program staff with structure (EX: moving seat)
- 019 Occasional disobedience with no harm to property or people
- 020 Behavior problems present but not disruptive



Attendance

30

20

10

001 Asked to leave preschool or daycare during rating period due to behavior

002 Refuses to attend program

002 Excessive absences due to any reason other than physical illness

012 Frequently absent from program (i.e. once every two weeks)

012 Absent from program for several consecutive days

N/A



Learning

30

007 Learning at least 1 year behind due to poor attention or high activity (despite special accommodations)

008 Learning at least 1 year behind and is not known to be due to an established learning problem (e.g. intellectual disability)

20

014 Achievement below average due to poor attention or high activity and special accommodations needed or implemented

015 Achievement below average and is not due to an established learning problem

10

020 Attention problems or high activity levels are present but manageable

021 Fails to listen, follow instructions or routines, or do activities/tasks (but achievement is not below average)



Environments to Consider

Preschool /
School

School Bus

Daycare /
Childcare

Sunday
School /
Story Hour

What about youth who aren't enrolled in school or daycare? Consider the child's functioning in any environment that requires interacting with peers, listening to authority figures, structured activity transitions, and age-typical learning activities.

Postscript:

Assessing Child in a Residential Facility

Question: How do you rate child in residential care?

Answer: Do not give an “automatic 30” on the School or Home scales.

In general,

- Use same rules.
- Rate public behavior.
- Rate behavior during rating period.
- Rate most severe behavior during the rating period.
- Rate the child’s behavior during educational time and activities on the School subscale.
- Rate the child’s behavior during other residential times and activities on the Home subscale.

School Rating: Remote Learning



- Severe Impairment

Youth refuses to participate in Remote Learning (002)

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) (010, 011)

Youth participates in less than 90% of Remote Learning expectations (012)

Youth cannot remain focused and/or is highly active resulting in special accommodations being needed/implemented (014)

- Mild Impairment

Caregiver needs to provide extra structure or accommodation for youth to successfully participate in Remote Learning (017, 018, 020)

Youth is not completing all activities as assigned (021)

Quiz Time!

- Type your answer in the chat including the scale score (30, 20, 10, 0) and the item number you'd chose based on the question given.
- DO NOT enter your answer until told to do so by the trainer

School/Daycare- Question #1

Cathy, age 5, is enrolled in a well-structured childcare program; after a few days of attending, for the past 3 weeks she refuses to go to the program.

30

Item: 002

Rationale: Refuses to attend/excessive absences.

School/Daycare- Question #2

Terri, age 5, is frequently off-task – she runs around the pre-school classroom grabbing the belongings of other children and pushing their books and papers to the floor; this is affecting the other students' ability to work. Teacher has implemented an incentive program for Terri – she earns a star each time she remains on-task for a (brief) activity.

20

Item: 013

Rationale: Child's behavior is disruptive to others and requires special accommodation (incentive program).

School/Daycare- Question #3

4-year-old is happy and sociable at pre-school, but often doesn't listen to instructions or listen to the teacher.

10

Item: 021

Rationale: Fails to listen, to follow instruction

School/Daycare- Question #4

Johnny, age 4, consistently performs well below other students in his class although he does not have any documented learning problem. Despite teacher providing additional assistance, Johnny is still more than a year behind what could be expected given his age.

30

Item: 008

Rationale: Learning is more than one year behind, with no established learning problem.

School/Daycare- Question #5

Childcare staff must sometimes remind child, age 6 not to put his hands down his pants during circle time. They have him sit next to teacher or an aide, so he can be more easily cued.

10

Item: 018

Rationale: Inappropriate behavior results in staff frequently structuring activities to avoid predictable difficulties.

School/Daycare- Question #6

Childcare staff must regularly separate Sally, age 5 from two other children during small-group activities because it leads to arguing and them all being generally off-task. If allowed to play with these two, Sally is disobedient to teacher when asked to sit down or stop arguing.

20

Item: 010, 013

Rationale: Disobedient behavior (010) – disruption of other children’s activities; requires structuring activities to avoid problems (013).

School/Daycare- Question #7

6-year-old typically acts his age but has occasional temper tantrums at school since his parents got divorced last month.

0

Item: 028

Rationale: Occasional temporary regression in behavior due to specific family circumstances.

School/Daycare- Question #8

4-year old child has been asked to leave childcare program because he has repeatedly bitten other children.

30

Item: 001, 004

Rationale: Asked to leave program (001) because of repeated harmful behavior (biting) (004).

School/Daycare- Question #8

4-year old child has been asked to leave childcare program because he has repeatedly bitten other children.

30

Item: 001, 004

Rationale: Asked to leave program (001) because of repeated harmful behavior (biting) (004).

School/Daycare- Question #9

5-yr old child is not completing work correctly or satisfactorily because he does not pay attention when directions are given. He has been placed at the front of the classroom so that teacher can help keep him on-task.

20

Item: 014,015

Rationale: Child is not achieving satisfactorily due to poor attention (014); his learning is below average (015).

School/Daycare- Question #10

Child, age 6 is very wiggly and fidgety while teacher is talking – much more so than her classmates - but still completes work satisfactorily and doesn't disrupt others. She responds well to teacher.

10

Item: 020

Rationale: Problems are present (more than other children) but not disruptive and can be managed.

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
- Adhering to rules

- Following home routines
- Age-appropriate self-care
- Diet and eating routines

Preamble to Rating the Home Subscale

- Rate the child's most severe behavior while under the rules and supervision of their home (i.e. parent or guardian) during the rating period.
 - This means while inside the home itself or in the yard/on the grounds. It also applies to daily situations such as being in the car, going to a restaurant, visiting friends, or running errands with a caregiver.
- Consider all homes or residential settings the youth lived in during the rating period.
- "Household members" refers to any other people who shared the living space with the youth during the rating period.



Safety

30

20

10

031 Child was placed outside of the home due to **child's** unmanageable or dangerous behavior in the home **which occurred during the rating period.**

033 High degree of supervision needed due to potentially dangerous behavior (e.g., head-banging, tries to hurt younger children, "plays" with electricity).

N/A

N/A





In PECFAS, 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

- 032 Extensive management by others required in order for child to be maintained in the home
- 033 High degree of supervision due to potentially dangerous behavior
- 034 Behavior demands constant attention (wanders away, extreme temper tantrums, destroys things)
- 034 Efforts to reduce problem behavior are not successful
- 035 Clings to caregiver, interfering with caregiver's ability to work, etc.

20

- 039 Persistent disobedience or uncooperativeness EX: bedtime, brushing teeth
- 040 Persistent failure to follow rules or instructions
- 041 Persistent refusal to meet age-appropriate expectations EX: pick up toys
- 042 Markedly disobedient for several days at a time (otherwise often adequate)
- 043 Consistently demanding behavior (always "on the go")

10

- 046 Frequently fails to comply
- 047 Has to be "watched" or prodded to get compliance
- 048 Frequently frustrates caregiver. EX: purposeful dawdling, following caregiver
- 049 Insists on caregiver's help for age-appropriate tasks
- 050 Frequently "balks" or resists but will comply if caregiver insists

Notes on Compliance

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



Runaway Behavior

30

20

10

036 Leaves home with the intent to “run away”

N/A

N/A



Eating/Mealtime

30

037 Must be fed due to refusal to eat or not eating

20

044 Must be coaxed due to not wanting to eat or not eating

10

052 Very finicky about eating



Quiz Time!

- Type your answer in the chat including the scale score (30, 20, 10, 0) and the item number you'd chose based on the question given.
- DO NOT enter your answer until told to do so by the trainer

Home Question #1

4-year-old boy says that he's going to run away and leaves home, goes to a friend's house, asking friend's mother if he can stay.

30

Item: 036

Rationale: Leaves home with intent to run away

Home Question #2

6-year-old typically acts age-appropriately but sometimes cries and whines to compete for attention with new baby in the family.

0

Item: 056

Rationale: Occasional temporary regression due to specific family circumstances

Home Question #3

Parents don't take Frank, age 5 to a restaurant because he is such a picky eater that he often can find nothing that he "likes" on the menu.

10

Item: 052

Rationale: Child is very finicky eater

Home Question #4

Pat, a 4-year-old repeatedly throws temper tantrums and screams at her parents that she hates them when she does not get her way.

20

Item: 043

Rationale: Child reacts very strongly if something happens that she does not like.

Home Question #5

5-year-old is placed in temporary foster care after trying to smother baby brother with a pillow.

30

Item: 031

Rationale: Placed outside the home due to dangerous behavior in the home.

Home Question #6

Even though 6-year-old Mandy knows how to tie her shoes, she sometimes insists on having mom or dad do it for her.

10

Item: 049

Rationale: Insists that caregiver do things for her that she could do without help.

Home Question #7

George, age 4, repeatedly takes his clothes back off after dad helps him to get dressed.

20

Item: 039

Rationale: Persistently uncooperative – interferes with routine care

Home Question #8

Amanda, age 5, generally behaves okay but occasionally goes through periods of several days being uncooperative and disobedient.

20

Item: 042

Rationale: Behavior is often adequate, but has periods of several days at a time, of disobedient or uncooperative behavior.

Home Question #9

6-year-old cries and pouts when mom is talking on the phone rather than paying attention to her.

10

Item: 051

Rationale: Gets upset if an adult is not paying attention to them

Home Question #10

At every mealtime, Betsy, a 5-year-old child, will not eat any food without Mom feeding her.

30

Item: 037

Rationale: Does not eat/refuses to eat – must be fed

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

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)

Obeys Laws

30

063 Committed acts that would result in confinement if older



20

067 Committed acts (more than one time) that would be considered delinquent if older (such as shoplifting)

10

072 Minor problems not resolved satisfactorily (such as stealing candy after being told it was wrong or illegal)

Respects Property Outside of the Home

30

061 Repeatedly stole property or money

064 Deliberate and severe damage to property

20

067 Committed acts (more than once) that would be considered delinquent if child were older (such as vandalism)

10

072 Minor problems not satisfactorily resolved (such as damaging plants in neighbor's garden after previously being corrected for doing so)

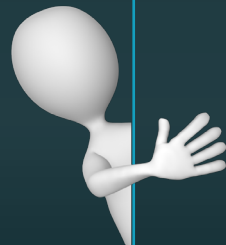


Appropriate Peers

30

059 Associates or hangs around with older children who are involved in illegal or gang activities

060 Does favors or tasks for older children who are likely involved in illegal or gang activities



20

068 Often chooses to play with children who get into delinquent-like trouble

10

073 Sometimes plays with children who get into serious trouble

Sexual Misconduct/Mistrust

30

062 Does or attempts inappropriate sexual acts with other children (N/A if victim only)

20

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

10

N/A



Fire-setting Behavior

30

065 Deliberate fire-setting with malicious intent



20

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

10

074 Plays with fire (and has previously been educated about the dangers of fire)

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

Quiz Time!

- Type your answer in the chat including the scale score (30, 20, 10, 0) and the item number you'd chose based on the question given.
- DO NOT enter your answer until told to do so by the trainer

Community Question #1

Mike, age 6 has been repeatedly caught playing with matches and lighting small pieces of paper towels in the kitchen despite warnings about the danger of fire.

20

Item: 070

Rationale: Repeatedly plays with fire such that damage persons or property could occur

Community Question #2

Child, age 5, has repeatedly stolen toys and comic books from neighborhood store. Child is fully aware that it is wrong to steal.

30

Item: 061

Rationale: Repeatedly stolen property or money outside the home and is aware that it is considered wrong to steal.

Community Question #3

Katie, age 4, once got in trouble after being caught picking roses from a neighbor, but problem was resolved after neighbor spoke to child.

0

Item: 077

Rationale: Minor problems, satisfactorily resolved

Community Question #4

4-yr old sometimes plays with other children who have been known to bully younger children in the neighborhood.

10

Item: 073

Rationale: Sometimes plays with children who get into serious trouble [if the children get into delinquent-type behavior it's (20) item 68 or if children are likely involved with illegal or gang activities it (30) item 59]

Community Question #5

5-year-old boy has attempted, on more than one occasion, to get 3-year-old child next door to touch his penis.

30

Item: 062

Rationale: Does or attempts inappropriate sexual acts with children

Community Question #6

5-year-old child plays with dolls in such a way that they appear to be having sex – he does this repeatedly and parents of neighbor kids don't want their children to play with him – they are worried about the welfare of their children.

20

Item: 069

Rationale: Sexually inappropriate – adults are worried about the welfare of other children

Community Question #7

4-year-old took candy from the local gas station even though mom has caught her before and told her that it is wrong to steal.

10

Item: 072

Rationale: Minor problems not satisfactorily resolved (takes candy from store).

Community Question #8

5-year-old boy has threatened on more than one occasion to beat up a younger child in the neighborhood if the child tells on him.

20

Item: 067

Rationale: Would be considered delinquent if older –
“threatening aggression”

Community Question #9

4-year-old boy set fire to neighbor's doghouse "to see what dog would do if it was on fire."

30

Item: 065

Rationale: Deliberate fire setting with malicious intent

Community Question #10

5-year-old's regular playmates are children who have gotten into trouble for vandalizing playground equipment at local school.

20

Item: 068

Rationale: Often plays with kids who get into delinquent-like trouble

Behavior Toward Others

30

SEVERE

Severe disruption or incapacitation

20

MODERATE

Major or persistent disruption

10

MILD

Significant problems or distress

0

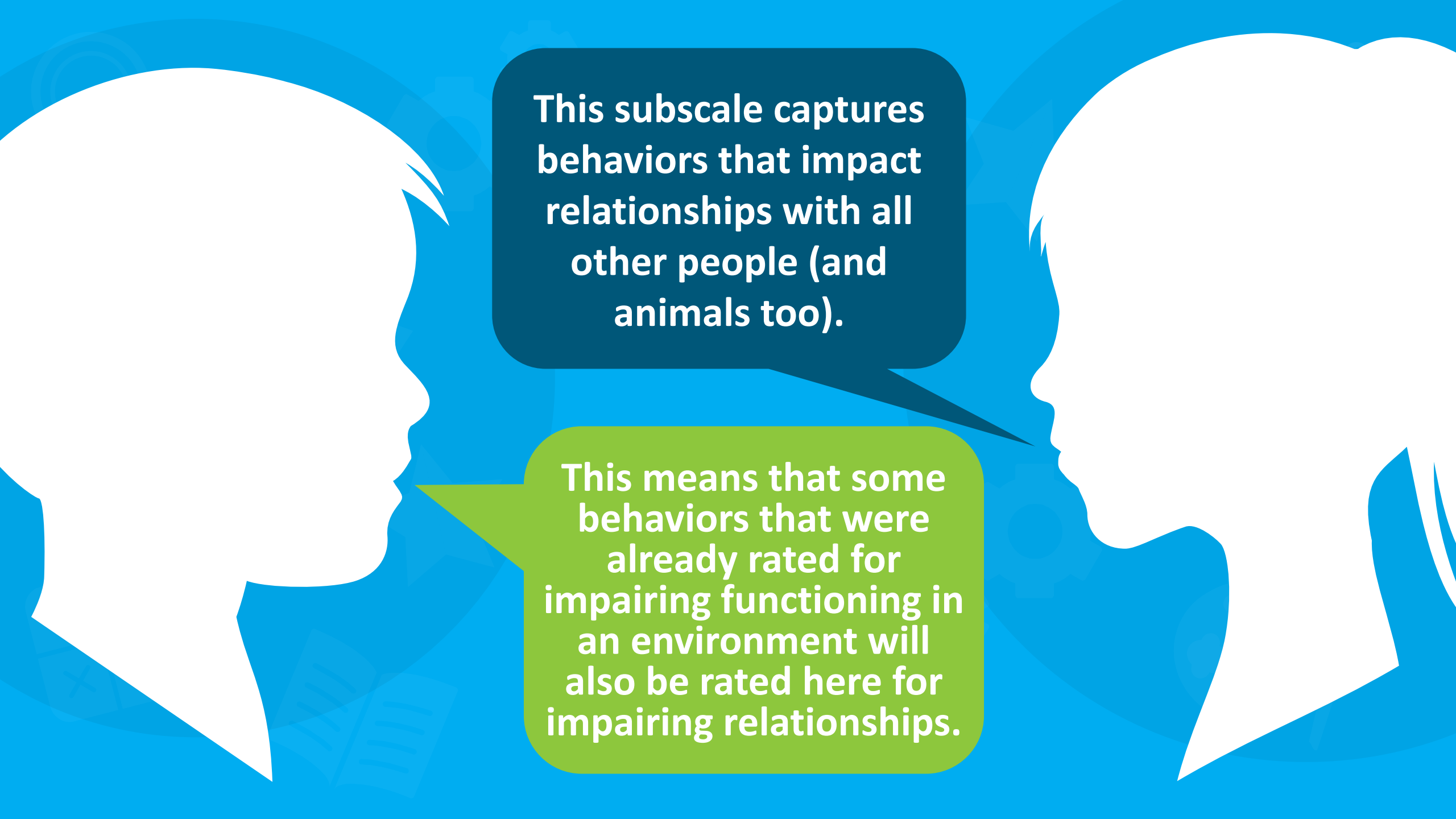
MINIMAL/NO

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.

Unusually Offensive Behaviors

30

Bizarre behavior

080 Consistently bizarre or inappropriate – Ex. Growls and gnashes teeth at other students or displays schizoaffective type interactions such that others avoid because of unpredictable or odd behavior

Aggressive behavior

081 So disruptive or dangerous that harm to others is likely (i.e. hurts or tries to hurt others, such as hitting, biting, throwing things at others, using or threatening to use a weapon or dangerous object)

Sexual behavior

082 Inappropriate behavior of a sexual nature toward another child (despite having been told that behavior is inappropriate)

Cruelty/Meanness

083 Deliberately cruel to animals

Unusually Offensive Behaviors (Continued)

20

10

Aggressive behavior

086 Behavior frequently and typically inappropriate causing problems for self or others. Ex. Starts fights, aggressively grabs toys from other children.

Sexual behavior

087 Persistent inappropriate sexual behavior in the presence of others or directed toward others (despite having been told that the behavior is inappropriate). EX: deliberately plays with sex parts, provocative gesturing and posturing toward others

Cruelty/Meanness

- 090** Frequently mean or nasty to other people
- 090** Frequently mean or nasty to animals

N/A

Negative, Troublesome Interactions

30

084 No age-appropriate interactions due to deficit in ability to relate to others

084 Always plays alone

084 Avoids interacting with other children

20

Defiant

086 Behavior frequently/typically inappropriate causing problems for others Ex. Belligerence

Hostile

088 Deliberately & persistently annoying to others; provocative

Anger

089 Displays of anger or temper; angry outbursts

Problems Specifically with Peers

091 Associates with children who engage in bullying or harassment of others

092 Persistently antagonizes other children (e.g., bullies, grabs toys, teases, shoves, purposefully knocks over or damages others' toys)

093 Prefers to be alone or play alone even when there are opportunities for peer play (atypical for age)

Negative, Troublesome Interactions (Cont.)

10

Child is Difficult

- 095 Unusually quarrelsome, argumentative or annoying to others
- 096 Temper tantrums or outbursts if cannot have or do something, if frustrated or criticized
 - 097 Quick-tempered, easily annoyed by others & responds more strongly than other children
 - 101 Pouts, sulks, or acts stubborn a lot
- 105 Stays upset for unusually long periods after not getting own way

Problems Specifically with Peers

- 098 Difficulties in peer interactions due to negative behavior (e.g., teasing, bullying)
- 099 Immature behavior leads to poor interaction with peers
- 100 Stays upset or overreacts to other children's teasing, etc.
- 102 Has trouble sharing
- 103 Very bossy in play with others
- 104 Excessive "rough and tumble" play
- 106 Does not engage in typical recreation activities because ignored or rejected by peers
- 107 Does not engage in typical recreation activities because overly timid or withdrawn

Quiz Time!

- Type your answer in the chat including the scale score (30, 20, 10, 0) and the item number you'd chose based on the question given.
- DO NOT enter your answer until told to do so by the trainer

Behavior Towards Others Question #1

Chris, age 4 and her playmates will playfully tease one another about liking boys in their class, but Chris stomps away and won't talk to friends for a couple of days afterwards when she is the target of the teasing.

10

Item: 100

Rationale: Stays upset or overreacts to teasing.

Behavior Towards Others Question #2

5-year-old is encopretic (has bowel movement in pants) at pre-school and doesn't change his clothes after defecating until his teacher makes him, resulting in all of the other children in the school rejecting him.

30

Item: 085

Rationale: You can score as an exception). (Exc. extreme social withdrawal/rejection)

Behavior Towards Others Question #3

4-year-old boy has had a couple of arguments with his best friend over toys within the last month. Previously, he and his friend have gotten along very well. After arguing, they were able, with mom's help, to talk about the problem and resolve it.

0

Item: 110

Rationale: Occasional problems, reasonably resolved)

Behavior Towards Others Question #4

Child, age 4, usually plays by himself, even though he is enrolled in after-school childcare and there are many opportunities for child to play with others his age.

20

Item: 093

Rationale: Often plays alone even when there are opportunities for peer play.

Behavior Towards Others Question #5

5-year-old has no friends, due to physically hitting and pushing other kids. Parents of other children have complained about the child's aggressiveness.

30

Item: 81,84

Rationale: Behavior is disruptive/dangerous – 81 - harm to others likely; item 84 – no age appropriate peer interactions due to deficit in ability to relate to others [extreme social withdrawal/rejection])

Behavior Towards Others Question #6

Neighborhood children make fun of 5-year-old who often cries when he doesn't get his way.

10

Item: 099

Rationale: Child's immature behavior [crying] leads to poor interaction [rejection] with peers)

Behavior Towards Others Question #7

5 year old girl throws temper tantrums, often in restaurants, stores and other public places, several times a day.

20

Item: 089

Rationale: Angry outbursts, temper tantrums – more than once a day

Behavior Towards Others Question #8

4-year old tortures family cat by hitting it with a hammer, and locking in the closet despite mom and dad's attempts to stop behavior.

30

Item: 083

Rationale: Deliberately cruel to animals, despite being previously reprimanded for cruelty

Behavior Towards Others Question #9

5-year-old often tells friends what to do while they are playing (i.e., always has to be the “boss” or “teacher” in role-playing situations).

10

Item: 103

Rationale: Very bossy in play with other kids

Behavior Towards Others Question #10

Mother observes her 5-year-old repeatedly being purposefully mean to the family dog by pulling it's tail and poking at it.

20

Item: 090

Rationale: Often mean or nasty to other people or animals

Moods/Emotions

30

SEVERE

Severe disruption or incapacitation

20

MODERATE

Major or persistent disruption

10

MILD

Significant problems or distress

0

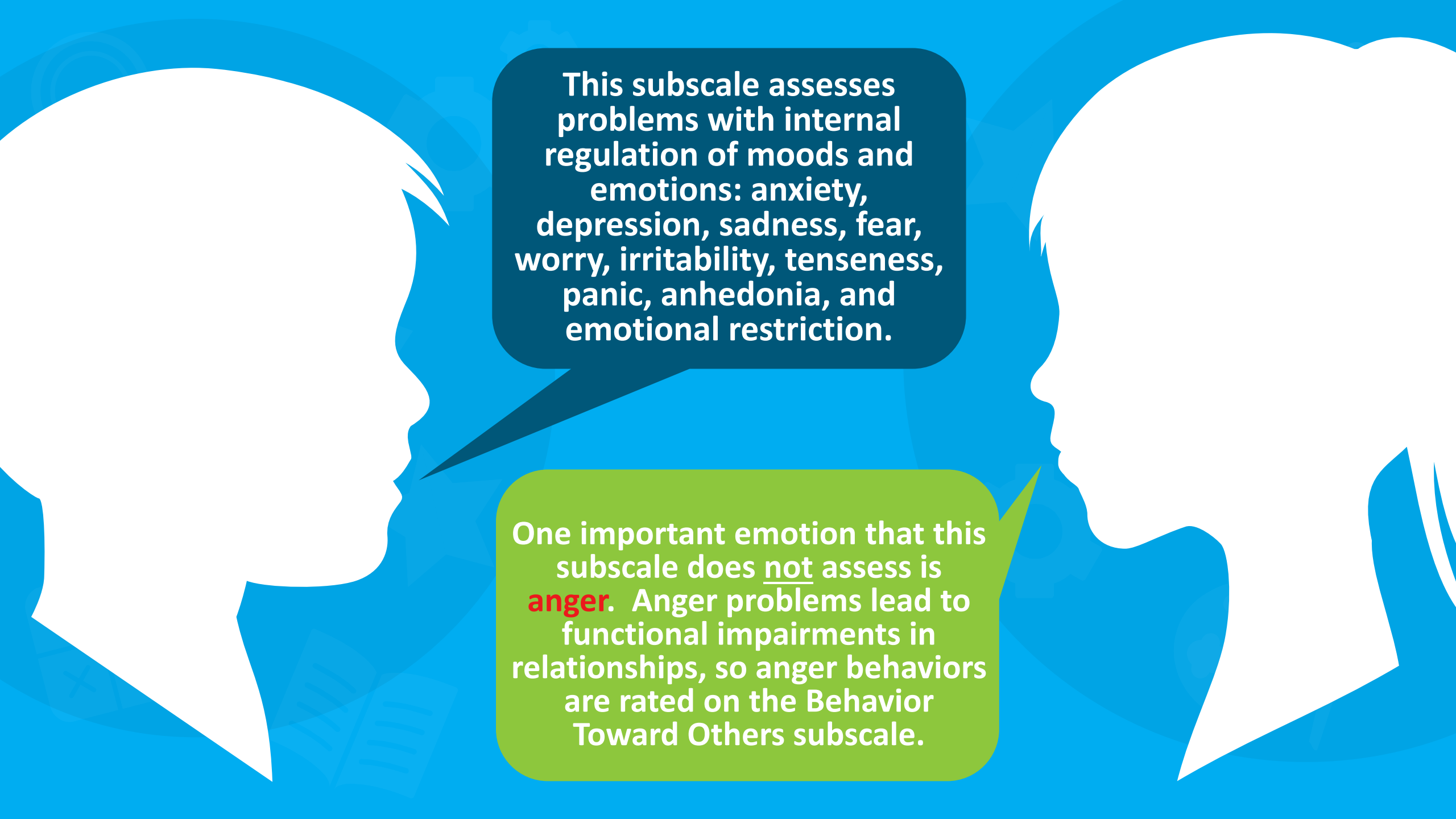
MINIMAL/NO

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.

Emotional Disconnect

30

- 114 Emotional responses are uninterpretable by others
- 114 Emotions have no apparent connection to internal states or environmental events
- 121 No or few signs of emotion, affect is flat

20

- 129 Has notable difficulty expressing strong emotions such as fear, hate, love



10

- 136 Never plays energetically
- 136 Never expresses joy or delight

High Reactivity

30

119 Looks unhappy, sad, or anxious most of the time; nothing seems to please or comfort the child

120 Cries a lot (with no physical explanation) and cannot be consoled

20

128 Has emotional flare-ups frequently, but not most of the time (EX sobbing uncontrollably)



10

132 Overreacts compared to other children; disproportionate expression or irritability, fear, or worries

139 Frequent nightmares or awakenings (≥ 2 times/week)

140 Overreacts to changes in schedule or routine

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



Depression

30

- 117 Depression with failure to do school/daycare activities (e.g. play)
- 117 Depression with refusal to eat/disinterest in eating
- 117 Depression with marked disinterest in other children
- 118 Depression with suicidal intent (regardless of lethality)
- 119 Looks unhappy or sad most of the time; nothing seems to please or comfort the child

20

- 126 Sadness is persistent with one or more symptoms of significant disruption
- 126 Irritability or anhedonia is persistent with two or more symptoms of significant disruption
- 127 Persistent self-criticism, feelings of worthlessness

10

- 131 Often sad, with related symptoms. EX: nightmares, stomachaches
- 132 Disproportionate irritability
- 134 Sad, withdrawn or hurt if criticized
- 135 Sad, depressed or anhedonic in at least one setting for up to a few days at a time
- 136 Never plays energetically or expresses joy or delight



Anxiety

30

20

10

115 Marked distress when separated from caregiver and cannot be consoled

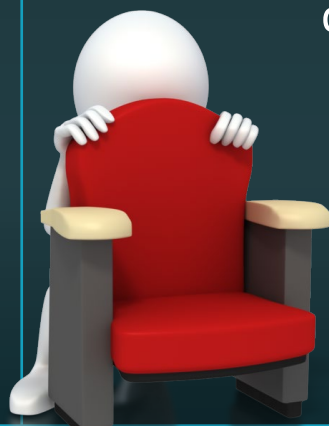
116 Fear, anxieties, or desire to be with caregiver lead to poor attendance at school or daycare (absent ≥ 1 day/week on average)

119 Looks very anxious most of the time; nothing seems to please or comfort the child

123 Overreacts to being away from caregiver but can be eventually consoled

124 Extremely tense or fearful (e.g., overacts to noises)

125 Worry is persistent with one or more symptoms of significant disruption



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

132 Disproportionate fears or worries

133 Easily distressed if makes mistakes

134 Anxious if criticized

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

137 Too worried about neatness, cleanliness

138 Child has nervous habits (e.g., scratching or twitching)

Quiz Time!

- Type your answer in the chat including the scale score (30, 20, 10, 0) and the item number you'd chose based on the question given.
- DO NOT enter your answer until told to do so by the trainer

Moods/Emotions Question #1

4 year old girl is depressed and refused to go to school for 2 weeks after mother was diagnosed with breast cancer. Child seems worried and doesn't want to leave mother.

30

Item: 116

Rationale: Poor attendance (at least one day/wk) due to be with caregiver, fearfulness or anxieties), regardless of "good" reason.

Moods/Emotions Question #2

John's (age 5) feelings are hurt very easily if he makes even minor mistakes. He is more distressed by this than most kids his age.

10

Item: 133,134

Rationale: Sad, withdrawn, hurt or anxious if criticized:
feelings are too easily hurt

Moods/Emotions Question #3

5-year-old insists on sleeping in bed with her mother, despite mother wanting the child to sleep in her own bed, because child is extremely frightened of typical “old-house” creaks.

20

Item: 124

Rationale: Extremely tense or fearful [overreacts to sound or noises]

Moods/Emotions Question #4

5-year-old child generally acts her age but since a new baby sister has arrived, sometimes sucks her thumb.

0

Item: 145

Rationale: Item 145: occasional temporary regressions due to family circumstance.

Moods/Emotions Question #5

5 year old is sad much of the time, takes a long time to fall asleep at night despite trying, and has decreased appetite.

20

Item: 126

Rationale: Persistent sadness or unhappiness with sleeping and eating problems.

Moods/Emotions Question #6

4 year old child cries all day at preschool because “he wants to be with his mother,” and preschool staff have been unable to calm him.

30

Item: 115

Rationale: Expresses marked distress when away from caregiver and cannot be consoled [stays highly upset]).

Moods/Emotions Question #7

5 year old boy has become anxious- has nightmares about three times a week.

10

Item: 131,139

Rationale: Item 131: Anxious, fearful, tense or sad with: nightmares or stomachaches, nail biting, wakes up at night, has trouble getting to sleep. Item 139: nightmares or awakenings [at least 2 per week]

Moods/Emotions Question #8

4 year old child cries for long periods when left with the sitter, although sitter can usually calm child down after some time has passed.

20

Item: 123

Rationale: Overreacts to being away from caregiver, but can eventually be consoled.

Moods/Emotions Question #9

4 year old appears sad at daycare for a couple of days at a time then returns to normal “bubbly” self before showing signs of sadness again.

10

Item: 135

Rationale: Sad [or depressed or anhedonic] or anxious in at least one setting for a few days at a time)

Moods/Emotions Question #10

Child seems strange to other children because her mood often appears totally unrelated to what is happening around her.

30

Item: 114

Rationale: Viewed as odd or strange – emotional responses are incongruous (unreasonable, excessive) most of the time.

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.

Self-Harmful Behavior

30

150 Non-accidental self-destructive behavior – potential for or did self-injury

EX: Suicide attempt with intent to die; Persistent head-banging

151 Seemingly non-intentional self-destructive behavior – potential for or did self-injury and child aware of the danger (for a younger or inarticulate child making suicidal attempts, may use unsophisticated or incompetent methods)

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

20

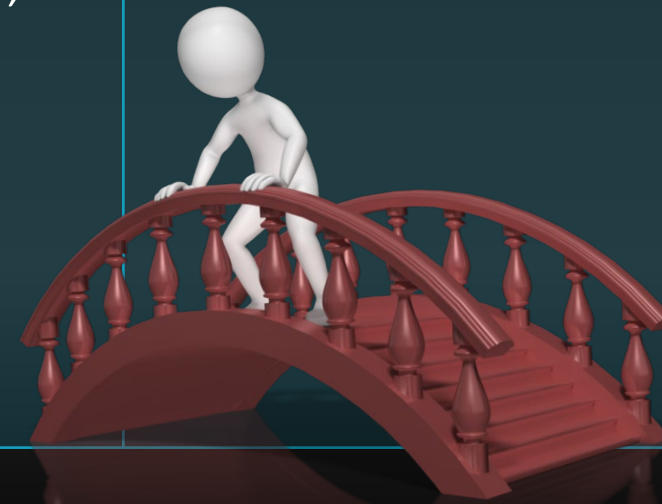
154 Non-accidental self-harm, mutilation, or injury which is non-life-threatening & non-trivial
EX: suicidal gestures without intent to die

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

10

157 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



Quiz Time!

- Type your answer in the chat including the scale score (30, 20, 10, 0) and the item number you'd chose based on the question given.
- DO NOT enter your answer until told to do so by the trainer

Self-Harm Question #1

4 year old boy has talked about wanting to kill himself several times. Says he doesn't really want to be dead.

20

Item: 155

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

Self-Harm Question #2

5 year old girl runs out into the busy street when angry even though parents have made her aware of the danger.

30

Item: 151

Rationale: Seemingly accidental self-destructive behavior has resulted or could likely result in serious self injury (runs into path of car, opens car door in moving vehicle) and child is aware of the danger.

Self-Harm Question #3

6 year old boy likes to play “Superman” by jumping down a couple of steps with his “cape” flowing behind him.

0

Item: 159

Rationale: Behavior is not indicative of self-harm

Self-Harm Question #4

5-year-old girl used scissors to cut her arm repeatedly after being transferred to a new school. Denied wanting to kill herself.

20

Item: 154

Rationale: Non-accidental self-harm, mutilation or injury which is not life-threatening but not trivial [suicidal gestures or behavior without intent to die; cuts self)

Self-Harm Question #5

5 year old has numerous small marks on hands. He indicated that it is from using a paper clip to scratch himself.

10

Item: 157

Rationale: Repeated non-accidental behavior suggesting self-harm yet behavior is very unlikely to cause any serious injury [pinching or scratching skin with dull object]

Self-Harm Question #6

5 year old boy repeatedly bangs head hard against the wall despite efforts to stop him.

30

Item: 150

Rationale: Non-accidental self-destructive behavior has resulted in or is likely to result in serious self-injury or self harm [suicide attempt])

Self-Harm Question #7

5-year-old boy says that he is going to kill himself with his toy gun after frequently telling family members that he doesn't want to live anymore.

30

Item: 152

Rationale: Has a plan to hurt self, even if impractical or nonlethal

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 daycare situation
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

Odd Communications

30

162 Communications which are impossible or extremely difficult to understand due to incoherent thought or language

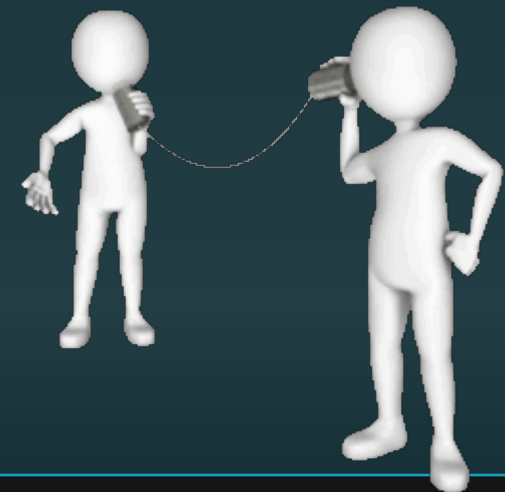
163 Speech or nonverbal behavior is extremely odd & is non-communicative (echolalia, idiosyncratic language) as seen in autism

20

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

10

177 Eccentric or odd speech, relative to other children of the same age



Limited Communication

30

166 Refuses to talk or is selectively mute (and not due to documented physical or sensory disability, etc.)

167 Does not respond when spoken to (and not due to documented physical or sensory disability, etc.)

20

175 Extremely limited in expressing self verbally (and not due to documented physical or sensory disability, etc.)

10

180 Limited in ability to express self verbally (more than other children of the same age) (and not due to documented physical or sensory disability, etc.)



Odd Cognitions

30

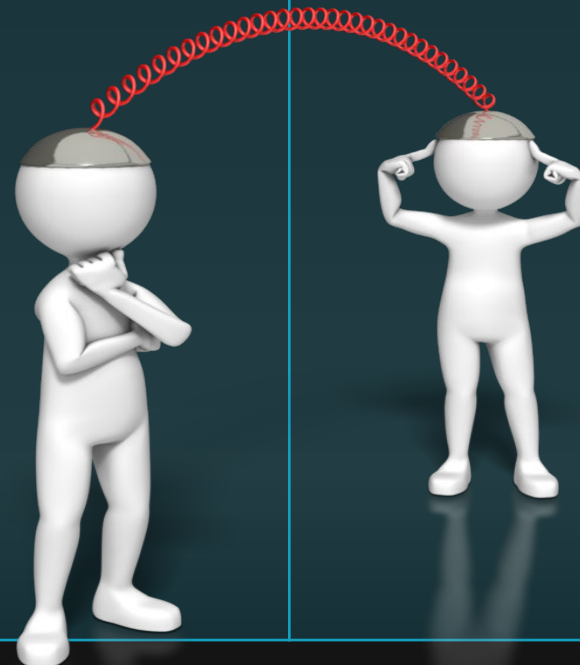
N/A

20

174 Preoccupying cognitions or fantasies with bizarre, odd, or gross themes, given child's age

10

178 Often expresses unnatural or strange ideas for his/her age



Non-Purposeful or Odd Behaviors

30

165 Most of the time involved in aimless, non-purposeful activities

168 Repeats an idea, thought, or action over and over (e. g., rocking)

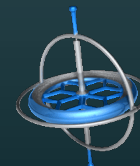
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171 Frequent and strange or odd behavior (e.g., eats non-food items, smears feces)

173 Frequently involved in aimless, non-purposeful activities

10

N/A



Apparent Faulty Sensory Perceptions

30

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

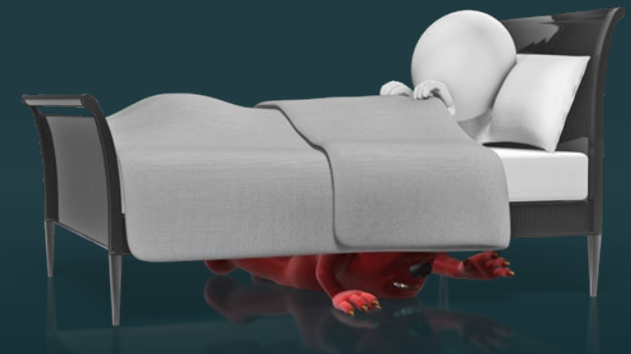


20

172 Apparent intermittent hallucinations that interfere with normal functioning

10

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



Quiz Time!

- Type your answer in the chat including the scale score (30, 20, 10, 0) and the item number you'd chose based on the question given.
- DO NOT enter your answer until told to do so by the trainer

Thinking/Communication Question #1

4 year old child sometimes pretends to talk to “imaginary friends” (i.e., pretends that friends are in the car or at the restaurant with family). Mother reports that her brother did the same thing at her age.

0

Item: 182

Rationale: Thought, as reflected by communication, is not disordered or eccentric when compared to other children of same age

Thinking/Communication Question #2

6 year old boy constantly rocks back and forth in his seat, humming loudly. He has been removed from specialized preschool classroom for the disruption that he caused to the classroom environment.

30

Item: 168

Rationale: Repeats an idea thought or action over and over [e.g., repeatedly rocks body or head

Thinking/Communication Question #3

Teacher reports that a 5 year old is preoccupied with death; he is constantly drawing pictures of dead people and animals. His interest in this, as reflected in writing and artwork, is much more than is typical for kids his age. Referred to counselor for these concerns.

20

Item: 174

Rationale: Preoccupying cognitions or fantasies with bizarre, odd or gross themes

Thinking/Communication Question #4

4 year old won't talk to others outside of his family, despite being capable of doing so; he hasn't been diagnosed with any physical or sensory disability. Mother says that this is unusual for her family/culture.

30

Item: 166

Rationale: Refuses to talk is selectively mute – NOT due to physical or sensory disability, speech impediment or lack of familiarity with English)

Thinking/Communication Question #5

5 year old child frequently shares thoughts that are disorganized and not relevant to situation, more than other children of the same age.

20

Item: 170

Rationale: Communications are disorganized; more than other kids same age

Thinking/Communication Question #6

6 year old expresses that others are out to get him, blames explosive behaviors on command voices, and states that he sees aliens when he looks outside.

30

Item: 164

Rationale: Strange or bizarre behavior indicating an inability to distinguish fantasy from reality)

Thinking/Communication Question #7

4 year old frequently eats pencil erasers

20

Item: 171

Rationale: Frequent and strange or odd behavior (eats non-food items, smears feces)

Thinking/Communication Question #8

6 year old child frequently paces around the living room. He does it for no apparent reason and does not want to be disturbed while doing it.

20

Item: 173

Rationale: Frequently involved in aimless, non-purposeful activity... if involved with this most of the time (and meets other criteria) is (30) 165)

Thinking/Communication Question #9

4 year old girl sometimes has trouble expressing self verbally, more than other children her age, resulting in the child often feeling frustrated and showing these frustrations in physical ways (throwing down pencil, banging head with fists, hitting others, etc.).

10

Item: 180

Rationale: Limited ability to express self verbally

Thinking/Communication Question #10

5 year old has odd speech patterns, more than other children his age, which sometimes make it difficult for others to understand him.

10

Item: 177

Rationale: Communications that are eccentric or use odd speech (more than others of same age)

Preamble – Caregiver Scales

- Reflects on caregiver resources & caregiving environment
- Consider all caregivers within the home
- Not necessarily a reflection of “good” or “bad” parenting
- Often factors are beyond the caregiver’s immediate control, or the child’s needs are simply too great for the environment currently available



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)

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

Preamble – Caregiver Material Needs

- Lack of material needs must negatively impact child’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

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

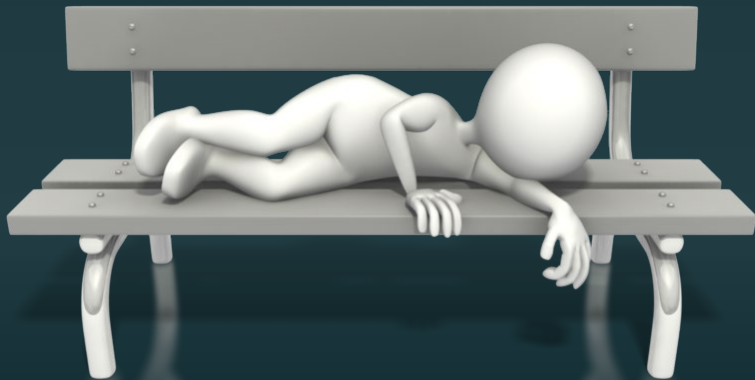
20

187 Frequent negative impact on child's functioning

187 A major disruption in the child's functioning

10

189 Occasional negative impact on the child's functioning



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

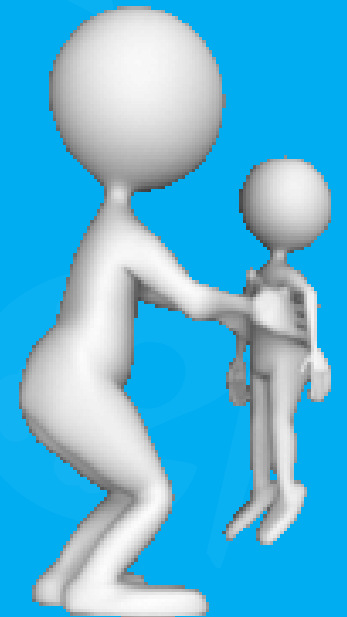
- Protection from harm
- Skill development
- Problem-solving communication

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

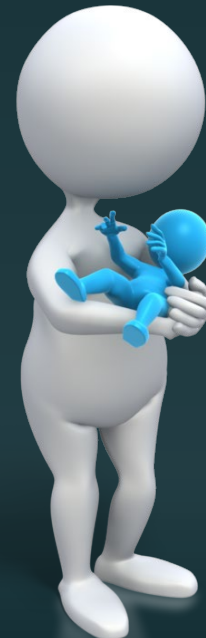
30

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



20

206 Child's developmental needs cannot be adequately met



10

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



Parental Judgment and Functioning

30

196 Gross impairment in parental judgment or functioning. EX: psychosis, substance abuse, severe personality disorder, severe intellectual disability

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

20

207 Marked impairment in parental judgment or functioning. EX: emotional instability, psychiatric illness, substance use, physical illness

10

N/A



Supervised Home

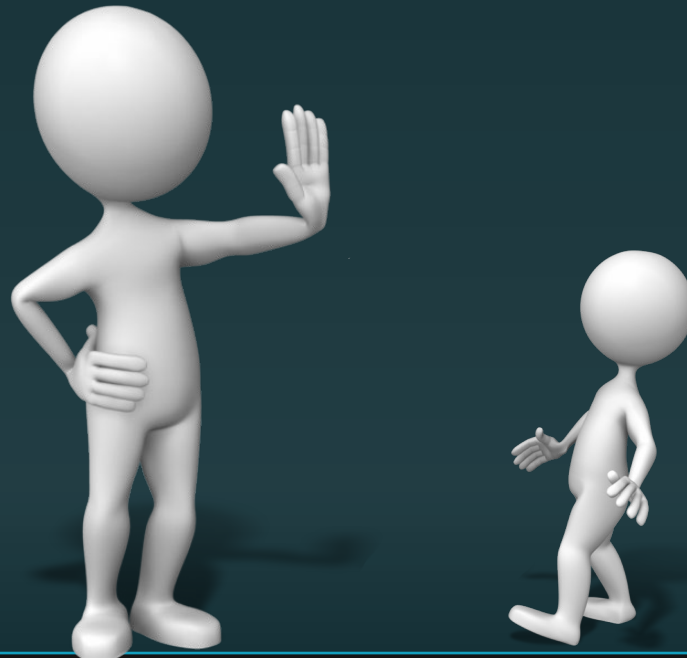
30

197 Caregiver does not want child to return to the home

204 Marked lack of parental supervision or consistency in care. EX: allows child to “roam” or be under the influence of older, impulsive children

20

212 Not able to provide adequate supervision or consistency in care over time



10

217 Not able to provide adequate firmness

Safe Home Environment

30

20

10

198 During the rating period, child is subjected to sexual abuse in the home by a caregiver

199 During the rating period, child is subjected to physical abuse or neglect in the home

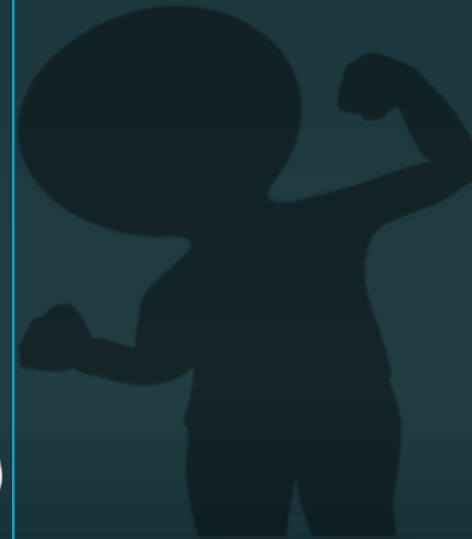
200 Child currently removed from the home due to sexual abuse, physical abuse, or neglect.

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

EXPTN: Parent's rights terminated

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

N/A



Family Violence or Conflict Management

30

197 Frankly hostile, rejecting to child

202 Severe or frequent domestic violence



20

211 Domestic violence or serious threat of domestic violence

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

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

10

215 Frequent family arguments and/or misunderstandings resulting in bad feelings

216 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 PECFAS item).
- Please remain muted while in the “testing room” and you must have your video on **AT ALL TIMES**

The Reliability Test: Vignettes

- 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 you certificate on DWC.



Where is My Certificate?

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

The screenshot displays a user interface with a top navigation bar containing 'Your Information', 'Upcoming Events', 'Event Training Completed', 'Online Courses', 'Training Videos', 'Self Reporting', and 'Reminders'. A dropdown menu is open on the left, listing 'My Required Courses', 'Self Report Certifications', 'Transcript', 'My Profile', 'Update Password', 'Notifications', 'Support', 'DWC Policies', and 'Log-Out'. A red arrow points from 'Transcript' to the 'Event Training Completed' tab. Below the navigation bar, 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 the text 'Click here to view your certificate!'.