

# PECFAS® Reliability Booster Training

Adapted from Presentations  
Created by:

Master Trainers

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# 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)
- Using Zoom
  - Chat Options (Direct Chats to Moderator)
  - 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” - 6 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



# Reminder: PECFAS is used...

- As criteria to consider in determining level of care (intensity of services)
- As an outcome measure (pre/post) to aid in tracking progress in treatment
- To aid the management cases during course of treatment
- To assess strengths and weaknesses for setting treatment goals
- For agency tracking, quality improvement, etc.
- As a common language for treatment collaboration and supervision



# Areas of Functioning

PECFAS Subscales

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

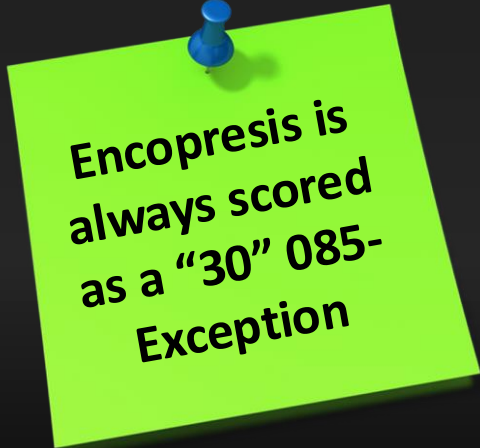


# PECFAS Subscale Refresher

Subscale	Measures:
School/Daycare /Childcare	Functionality in group education, daycare or childcare setting
Home	Observation of reasonable rules and performance of age-appropriate tasks
Community	Whether or not the rights of others and their property are respected/acts lawfully
Behavior Toward Others	Appropriateness of Child's daily behavior
Moods/Emotions	Modulation of the child's emotional life
Self-Harmful Behavior	Extent to which the child can cope without self-harmful behavior or verbalizations
Thinking	Ability of child to use rational thought processes and communicate with others

# Reminder: 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



# Reminder: 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**

# 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

# Environments to Consider

Preschool /  
School

School Bus

Daycare /  
Childcare

Sunday  
School /  
Story Hour

What about children 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.

# 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)



# Learning Consideration

- Do not rate if poor academic performance is *solely* due to:
  - Intellectual Disability or other serious, documented learning problems
  - Sensory deficits (EX: hearing problems)
  - Physical disability/impairment
- Items on the “No Impairment” level allow you to document these challenges

# 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



# Problematic Behavior

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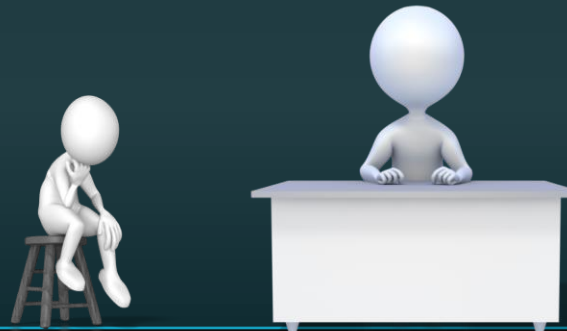
- 001 Asked to leave program due to behavior in program occurring during the rating period
- 003 Viewed as potentially harmful to others because of actions or statements
- 004 Harmed or made threat to hurt a teacher/peer/staff
- 005 Unable to meet even minimum requirements for program behavior
- 006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



# 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)



## Subscale Review 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.

## Subscale Review 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).

## Subscale Review 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

## Subscale Review 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.

## Subscale Review Question #5

Child care 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.

## Subscale Review 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).

## Subscale Review 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.

# 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



## Helpful Hints: Terms Referring to Frequency

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.

The word **occasionally** is often scored as a “0”.

# 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



# 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

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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



## Subscale Review 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

## Subscale Review 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



## Subscale Review 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

## Subscale Review 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.

## Subscale Review 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.

## Subscale Review 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

## Subscale Review 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

# 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

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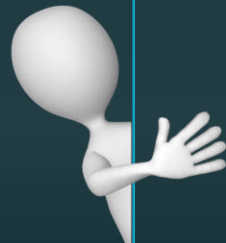
059 Associates or hangs around with older children who are involved in illegal or gang activities

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)

## Subscale Review 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

## Subscale Review 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.

## Subscale Review 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

## Subscale Review 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]



## Subscale Review 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

## Subscale Review 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

## Subscale Review 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).

# Behavior Toward Others

30

## SEVERE

Severe disruption or incapacitation

20

## MODERATE

Major or persistent disruption

10

## MILD

Significant problems or distress

0

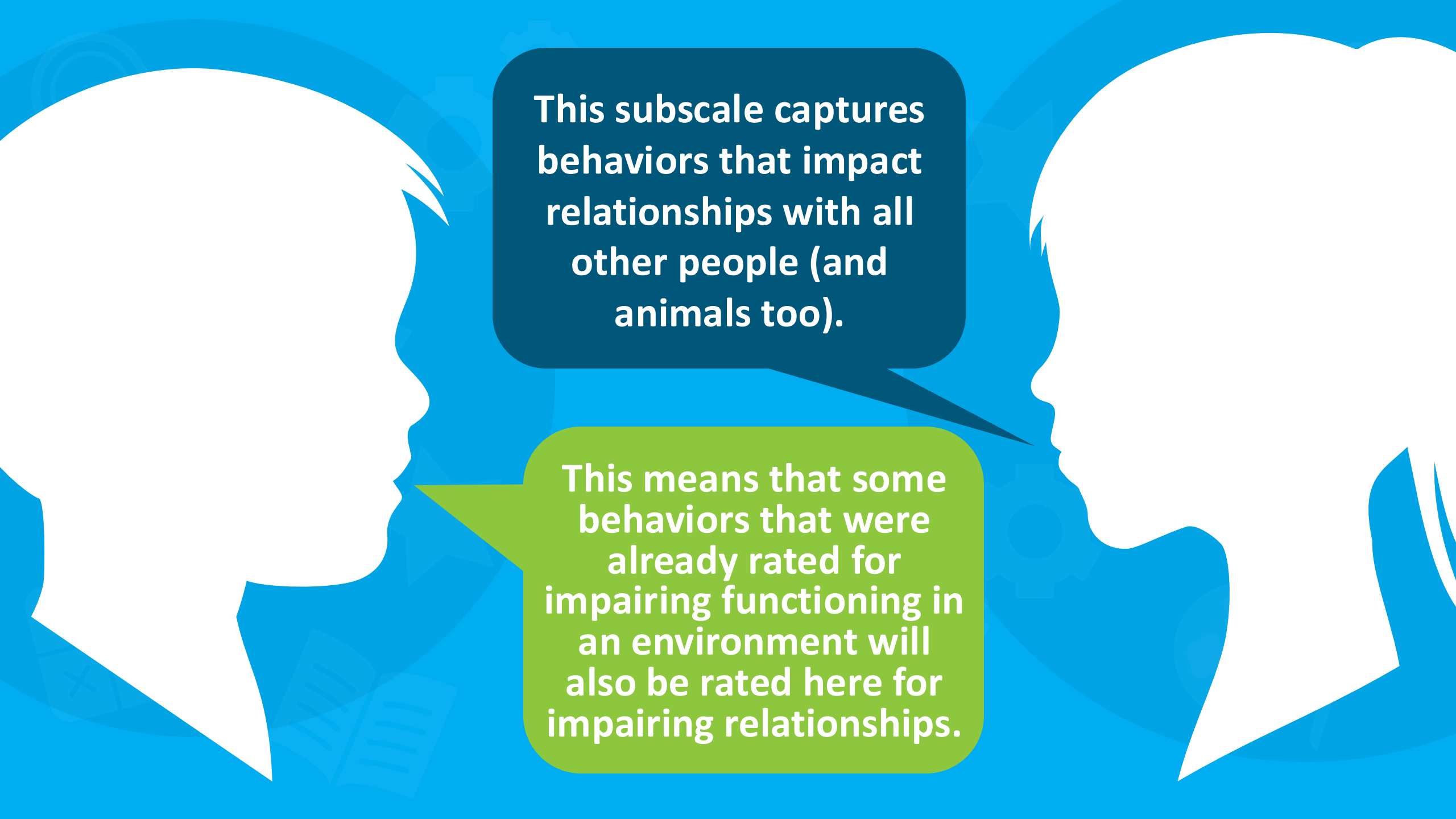
## MINIMAL/NO

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.**

# Detached and Unrelatable Behaviors

30

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

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

084 Always plays alone

084 Avoids interacting with other children



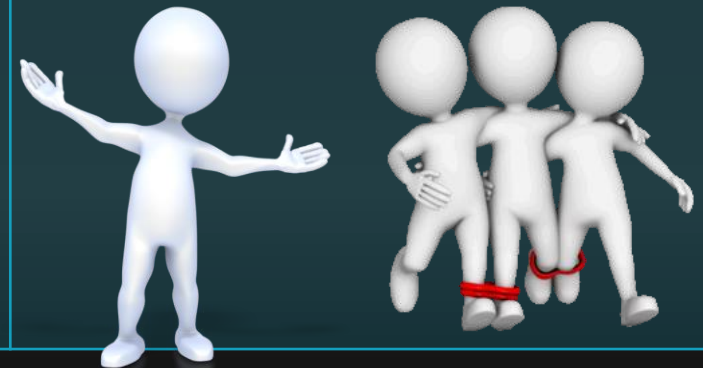
20

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

10

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



# Assaultive or Victimized Behaviors

30

20

10

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)

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

083 Deliberately physically cruel to animals

086 Behavior persistently inappropriate causing problems for others

087 Inappropriate sexual behavior in the presence of others or directed toward others (despite having been told that the behavior is inappropriate)

090 Persistently mean to others

091 Bullies others when with friends

091 Persistently bullies others

N/A



# Chronic Conflict Behaviors

30

N/A



20

- 086 Behavior persistently causing problems for others (EX: belligerence)
- 088 Deliberately and persistently annoying
- 089 Intense or prolonged anger outbursts
- 091 Harasses others when with friends
- 091 Persistently antagonizes others

10

- 095 Frequently argumentative
- 096 Temper tantrums
- 097 Quick tempered
- 098 Annoys others by teasing
- 099 Socially immature
- 100 Overreacts to others
- 101 Frequently sulks
- 101 Frequently stubborn
- 102 Has trouble sharing
- 103 Bossy
- 104 Plays too rough
- 105 Stays upset when not getting own way
- 106 Rejected by peers



## Subscale Review 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.

## Subscale Review 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)

## Subscale Review 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)

## Subscale Review 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.

## Subscale Review 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])

## Subscale Review 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)

## Subscale Review 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

# Moods/Emotions

30

## SEVERE

Severe disruption or incapacitation

20

## MODERATE

Major or persistent disruption

10

## MILD

Significant problems or distress

0

## MINIMAL/NO

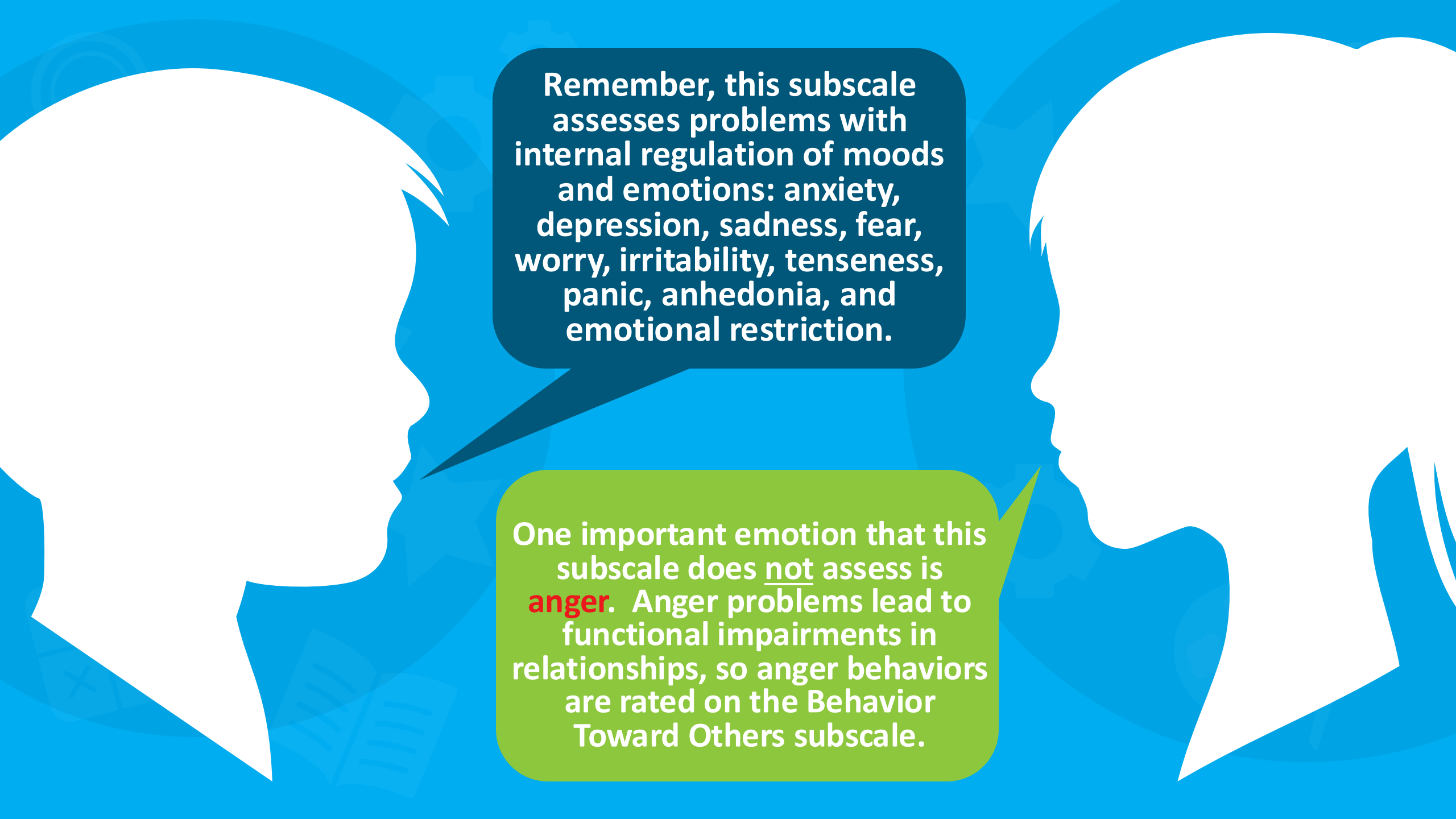
No disruption in functioning

## Behaviors to Assess

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

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





Remember, 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 ( $\geq 2$  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

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20

10

**115** Marked distress when separated from caregiver and cannot be consoled

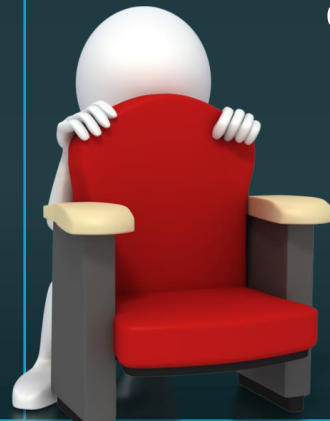
**116** Fear, anxieties, or desire to be with caregiver lead to poor attendance at school or daycare (absent  $\geq 1$  day/week on average)

**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)

## Subscale Review 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.



## Subscale Review 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.

## Subscale Review 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]

## Subscale Review 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.

## Subscale Review 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.

## Subscale Review 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]).

## Subscale Review 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]

# 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

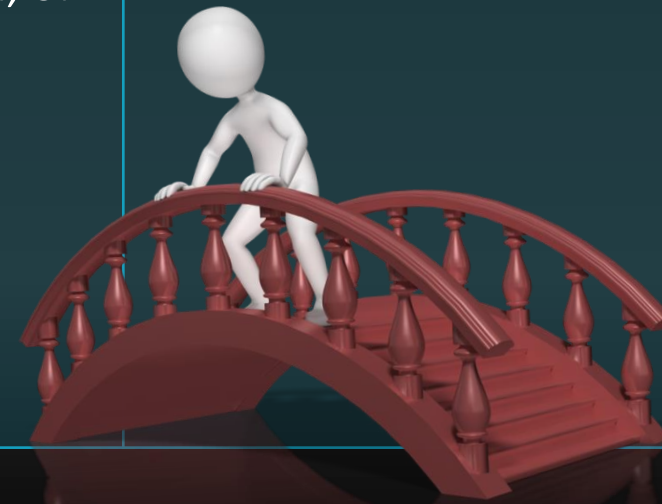
**154** Non-accidental self-harm, mutilation, or injury which is non-life-threatening & non-trivial  
EX: suicidal gestures without intent to die

**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



## Subscale Review 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

## Subscale Review 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.

## Subscale Review 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 tendencies toward self-harm.

## Subscale Review 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)

## Subscale Review 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]

## Subscale Review 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])

## Subscale Review 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

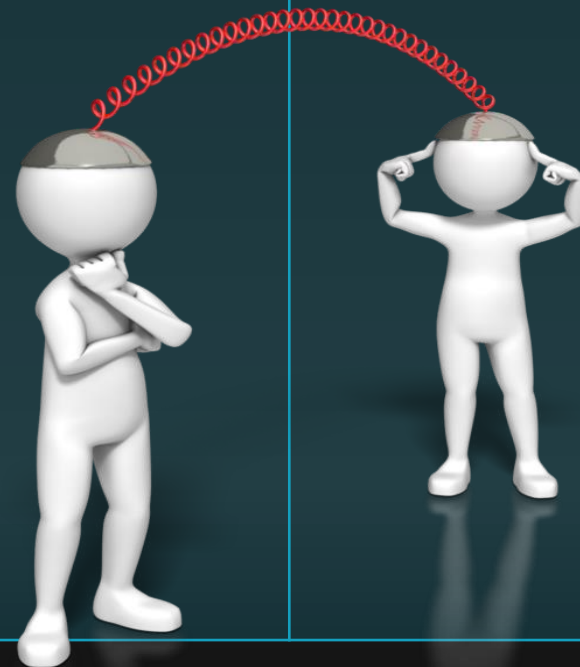
N/A

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)

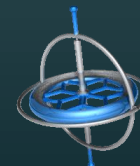
20

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

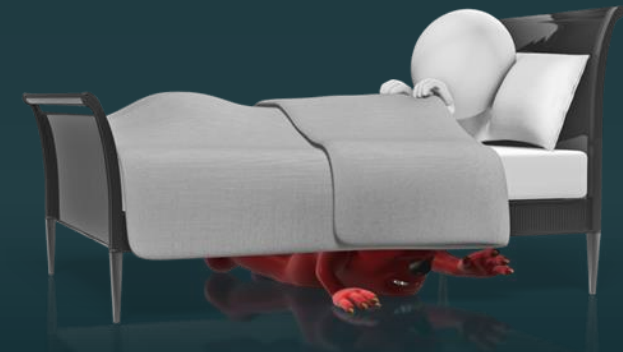


20

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



# Subscale Review 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



## Subscale Review 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

## Subscale Review 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

## Subscale Review 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)

## Subscale Review 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

## Subscale Review 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)

## Subscale Review 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)

# 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 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)

# 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

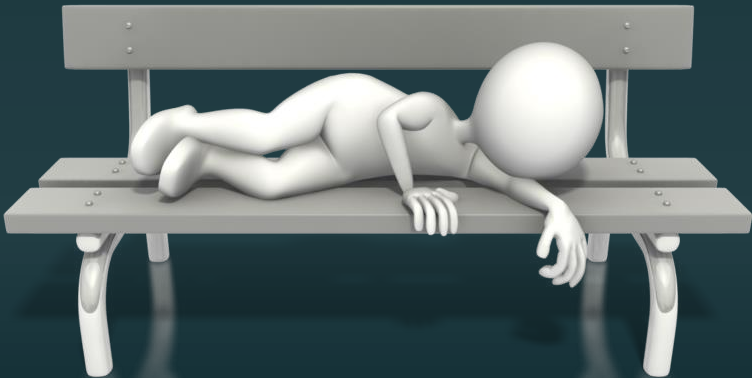
20

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

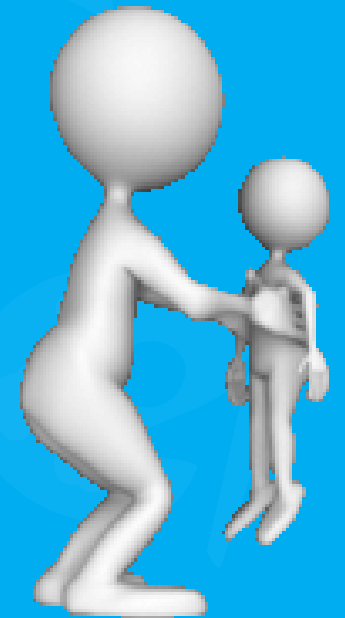
- Protection from harm
- Skill development
- Problem-solving communication

# 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

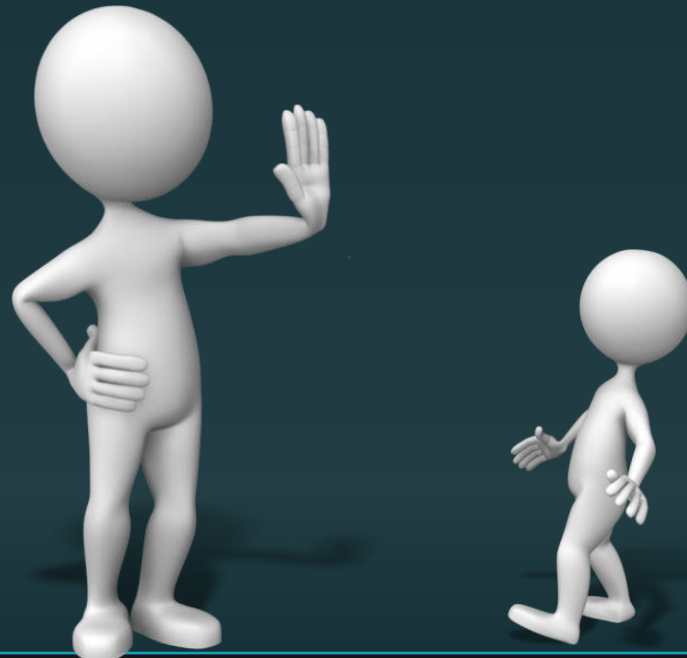
30

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 Word Document and email it to 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 shows a user interface with a top navigation bar containing the following tabs: Your Information, Upcoming Events, Event Training Completed, Online Courses, Training Videos, Self Reporting, and Reminders. A red arrow points from the 'Transcript' menu item in the left sidebar to the 'Event Training Completed' tab. Below the navigation bar, a card displays the text 'PECFAS INITIAL TRAINING 11/19/18 & 11/20/18'. A date '11/19/2018' is circled in red, with a red arrow pointing to it from the text 'Click here to view your certificate!' located below the card.