

CAFAS® Reliability Booster Test

You may reference your notes, the CAFAS® items, and Booster class handouts during testing

PLEASE READ ALL QUESTIONS CAREFULLY BEFORE RESPONDING.

Multiple Choice: Choose the ONE best response.

1. What does “CAFAS®” stand for?
 - A. Children’s Assessment For Academic Status
 - B. Child and Adolescent Fair Access Screen
 - C. Common Assessment For Abilities Scale
 - D. Child and Adolescent Functional Assessment Scale

2. When is a CAFAS® rated for a client?
 - A. Intake only
 - B. Intake, Every three months while receiving treatment, Exit, (Optional: Follow-up)
 - C. Intake and Exit
 - D. Only when the client requests it

3. When completing a quarterly CAFAS® assessment, behaviors should be included from which time period?
 - A. Last 6 weeks
 - B. Last 2 weeks
 - C. Last 3 months
 - D. Last 6 months

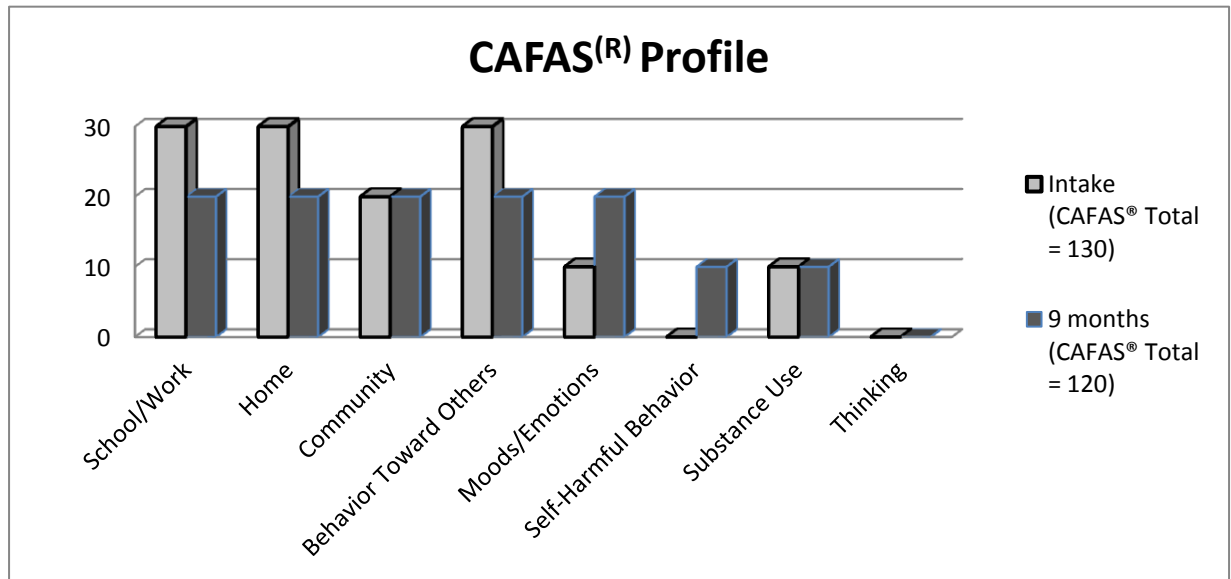
4. According to the Michigan Department of Community Health (MDCH) funding requirements, for what age range must all Seriously Emotionally Disturbed (SED) youth in the CMHSP system receive CAFAS® assessments?
 - A. 5 through 17
 - B. 6 through 18
 - C. 7 through 17 (or up to 21 if EPSDT)
 - D. 3 through 21

5. Which is the true statement?
 - A. Behaviors are rated on the CAFAS® when they are outside of age-typical expectations and result in direct or indirect negative consequences (functional impairments) for the child.
 - B. If the family views the child’s behavior as “normal” (e.g. getting into fights) you would not rate the behavior on the CAFAS®.
 - C. CAFAS® scores dictate treatment approaches
 - D. Any time a child displays noncompliant or inappropriate behaviors, they will have a score higher than zero (“0”) on the CAFAS®.

6. How many different caregiver households can be scored with the CAFAS® Caregiver subscales?
 - A. One
 - B. Two
 - C. Three
 - D. Four

7. Which response indicates acceptable source(s) of information to reference when scoring the CAFAS®:
- | | |
|--|---|
| A. DSM criteria for diagnosis | B. The child's horoscope |
| C. Caregiver, youth, probation officer, academic records | D. The clinician's experience from treating other children and recognizing hidden/underlying issues |
8. What should you do if a caregiver or teacher reports that a child has a problem that the child denies (i.e. shoplifting)?
- | | |
|---|--------------------------------------|
| A. Score as if it is known to be true (the "Good Faith Rule") | B. Call Child Protective Services |
| C. Ignore it | D. Score based on the child's report |
9. Which statement best supports building collaborative relationships with caregivers?
- | | |
|--|--|
| A. Parents shouldn't be burdened with CAFAS® results as this is extraneous information to their role as parents. | B. Sharing CAFAS® assessment information can validate/confirm parent experiences and helps to establish rapport and trust. |
| C. The best time to introduce CAFAS® to caregivers is when it's necessary to explain why a youth no longer qualifies for services. | D. Time spent attempting to explain the CAFAS® to caregivers takes away from limited treatment time. |
10. The criteria for identifying a youth as being Pervasively Behaviorally Impaired (PBI) is Moderate(20) or Severe(30) impairment in which combination of CAFAS® subscales?
- | | |
|--|--|
| A. Self-Harm, Substance Use & Thinking | B. School, Home & Behavior Toward Others |
| C. Community & Substance Use | D. Moods & Self-Harm |
11. How do you rate the School subscale when the youth is on summer break?
- | | |
|---|--|
| A. You don't. | B. You guess how they would have behaved had they been in school during that time. |
| C. You rate their behavior during the time they were in school. | D. You only rate if they attend summer school. |
12. By CAFAS® rating guidelines, which item indicates the only excused or accepted reasons for missing school (e.g. that never count toward "absent" or "truant" items in the School subscale)?
- | | |
|---|--|
| A. Child is too afraid to attend school | B. Parents have been unable to take them |
| C. Physical illness, family vacation, or religious practice | D. Child is psychiatrically hospitalized or incarcerated |

13. Which CAFAS[®] item number is endorsed when a youth has not gotten into any serious trouble at school lately but is in an Emotionally Impaired (EI) class because his Individualized Education Plan (IEP) indicates that this support is necessary to maintain performance?
- A. 005
B. 017
C. 024
D. 029



14. The chart above compares a youth's Intake to 9 Month CAFAS[®] scores. Which one positive outcome indicator did the youth achieve?
- A. Meaningful and Reliable Improvement (Total Score improvement 20 points or more)
B. No more Severe impairments
C. No longer meets Pervasive Behavioral Impairment (PBI) criteria
D. Drop in CAFAS[®] Tier
E. No longer SED (Total CAFAS[®] Score dropped below 50)

True or False: Circle either True OR False

15. True or False: A child gets an automatic score of 30 (Severe) on the Home subscale if they are removed from their parents' home for any reason.
16. True or False: The accuracy of a CAFAS[®] rating might be influenced by the rater's interviewing skills.

Subscale Recognition: Circle the ONE best answer to support each question

17. Which subscales always have a score greater than zero when a child or adolescent: is failing school because they are too depressed to do the work?
- A. School & Substance Use
B. Home & Moods
C. School & Moods
D. Community & Self-Harmful Behavior

18. Which subscale always has a score greater than zero when a child or adolescent plays with fire and they are aware of the dangers?
- A. School
B. Home
C. Community
D. Behavior Toward Others
19. Which subscale always has a score greater than zero when a child or adolescent: smokes cigarettes?
- A. None
B. Home
C. Community
D. Substance Use
20. Which subscales always have a score greater than zero when a child or adolescent: is depressed and has a plan to commit suicide?
- A. Moods & Thinking
B. Home & Self-Harm
C. Moods & Self-Harm
D. Moods, Self-Harm & Thinking
21. When things aren't going her way this youth abruptly explodes into a temper tantrum. She typically yells, slams doors, threatens and screams at her parents for a long time before she calms down. Which CAFAS[®] subscale is this rated on?
- A. School
B. Community
C. Behavior Toward Others
D. Moods
22. Johnny got angry at his brother and physically assaulted him. His parents called the police and pressed assault charges. In this scenario, which CAFAS[®] subscale(s) will have a score greater than zero?
- A. Home, Community & Behavior Toward Others
B. Home
C. Moods & Thinking
D. Home, Moods & Thinking
23. This youth denies using drugs or alcohol but recently his friendships have changed. He now mostly hangs out with kids who are known to regularly use marijuana and spend their time "partying." Which item is endorsed?
- A. 155
B. 168
C. 172
D. 177
24. Which statement is **NOT** true? A child experiencing hallucinations might accurately have a "0" (Minimal or No Impairment) on the Thinking subscale if:
- A. The hallucinations are the result of a fever
B. The hallucinations occur because the youth is high from substance use
C. The perceptions are an accepted part of the youth's established religious culture
D. The youth could never have a "zero" if they experience hallucinations, regardless of the reason

25. Which of the following statements is the most accurate for the CAFAS[®] Thinking subscale?
- A. This subscale captures any type of unhealthy thoughts. Examples could include an adolescent who “car surfs” because he believes nothing bad will happen to him, a girl who refuses to take any responsibility for her own actions, and a boy who worries that his parents’ divorce is his fault.
 - B. This subscale captures relatively rare and extreme thought problems. These problems are often a result of irrational thought processes that go beyond just inaccurate thoughts. More often than not, youth with these problems have relatively severe diagnoses and need psychiatric intervention.
 - C. A youth who contemplates suicide will always get a Moderate or Severe rating on this subscale.
 - D. The child’s age, developmental level and cultural background has nothing to do with determining if their thoughts are abnormal or not.