

CAFAS INFORMATION FOR CLINICIANS

As I am sure you have heard by now, CAFAS is here!



In Ontario's MOHLTC and MCSS funded Mental Health Agencies serving children and youth, the lack of a shared outcome measure has resulted in a service delivery system in which treatment effectiveness is seldom addressed, and assessment and treatment are seldom co-ordinated. The Community Health Systems Resource Group took on the task of finding a standardized intake/outcome assessment instrument which would measure the level of functioning over time and could be used across service delivery systems.

The CAFAS was chosen from various other instruments/systems, such as the CBCL, the SCIS, the GAF, etc. The Ontario CAFAS Group piloted this measure in the Toronto area before the tool was mandated in approximately 110 agencies. The data collected will support the development of an infrastructure to support and improve growth in service delivery in approximately 110 mental health agencies servicing children and youth.

WHAT IS THE CAFAS??

The CAFAS functioning stands for the **Child and Adolescent Functional Assessment Scale**. (Hodges, 1990;1994). It measures the degree of impairment in functioning in children and adolescents with emotional, behavioural, psychiatric, psychological, or substance use problems. It is a "snap shot" picture of the client at a particular point in time. The CAFAS is arranged in 8 subscales. Functioning is rated in School/Work, Home, Community, Behaviour Towards Others, Moods/Emotions, Self-Harmful Behaviour, Substance Use, and Thinking.

There are 2 Caregiver Scales which look at Material Needs and Family/Social Support (use of these caregiver scales is optional).

WHO CREATED THE CAFAS?

The CAFAS was developed by Professor Kay Hodges at the University of Eastern Michigan. The CAFAS has demonstrated good reliability, validity, clinical acceptability, and utility as an outcome measure.

WHO ADMINISTERS THE CAFAS?

Actually, no one “administers” the CAFAS. It is a clinician rated instrument utilizing a list of behaviours that the clinician chooses from. Clinicians are trained and given certificates that will be updated regularly to prevent “Rater Drift”. The best person to rate the youth would be the clinician who knows him/her the best. It is preferable that this same clinician rates the pre and post treatment CAFAS.



IS IT EASY TO RATE?

After you have had the opportunity to take the training session that is arranged by your agency, you will be well on your way to effectively using this tool. As with anything else that is new, using it more often will increase your confidence and skill level. It should take a reliability trained clinician approximately 10 minutes to do.

WHY DO WE NEED A TRAINING SESSION?

It is important to establish reliability on the CAFAS so that we are all using the same “rules”. Differences in rating need to reflect differences in the client, not differences in rating style. “Rater Drift” will be addressed in regular follow-up sessions.

WHAT’S IN IT FOR ME AS A CLINICIAN?

As there are so many changes taking place, it is understandable if there is some hesitation in adopting this new tool. However, there are many advantages for yourself in your daily work. Cases can then be assigned to the appropriate level of treatment. An active case management approach, using ongoing outcome information to monitor progress and usefulness of treatment modalities, will provide a more integrated approach to service delivery. It will give agencies a common reference point in which to work together for the benefit of the client.

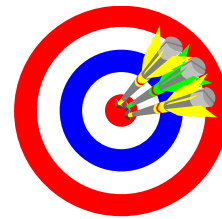


USEFULNESS FOR THE TEAM?

Planning days will take on new meaning! Data collection will give teams information needed for planning service delivery, e.g. where you would like to focus your resources (limited as we all are these days!); what treatment modalities are the most effective; where are the gaps in the system; are you spending too many clinician hours in areas that are non-productive?

WHAT ABOUT CONSUMER FRIENDLY?

When initially looking at the CAFAS, it can appear overwhelming. Sharing the results of the scoring with clients and/or their families, especially the Profile Graph, allows them to be participants in the decision making process. This is, in fact, a key indicator of client/family satisfaction to be involved in the treatment planning.



CAFAS® in Ontario

Dr. Melanie Barwick, Team Lead
Nicole Benjamin de Perez, Education/Community Liaison
Karen Fennell, Admin and Training Coordinator
Cristina Vlad, Software Database Analyst
Behnaz Shirazi, Software Database Analyst

CAFAS® in Ontario Office
Hospital for Sick Children
Community Health Systems Resource Group
555 University Avenue
Toronto, ON
M5G 1X8
Office (416) 813-7168
Toll Free: 1-866-515-1574
Fax (416) 813-7258
Email : karen.fennell@sickkids.ca
Web Page: www.cafasinontario.ca