

General Guidelines and Helpful Reminders

This handout was designed to address some frequently asked questions and common errors made when rating the CAFAS. *It is not designed to replace the Training Manual.*

If after reviewing this document you still have questions, answers may be sought through the following options:

- Refer to your Training Manual
- Consult with your In-house Trainer
- Visit the CAFAS in Ontario website: www.cafasinontario.ca
- Register with the Communi-CAFAS wiki to access the FAQ list (if your question is not listed, please submit it!)
- Contact Nicole Benjamin de Perez, CAFAS Educator and Liaison at CAFAS in Ontario: nicole.benjamindeperez@sickkids.ca or 416.813.7654 x. 2636

RATING THE YOUTH

- 1) Any source of information can be used:
 - ☉ the youth ☉ parents ☉ teachers ☉ traditional clinical interview ☉ structured diagnostic interview ☉ medical records.
- 2) **Base your assessment on all information known to be true** about the youth at the time of the rating. If the youth denies a problem's existence when there is evidence otherwise, indicate that the problem is present.
- 3) For pre-post outcome studies, it is best if all raters use the same procedures for gathering information (e.g., talk to the same informants, use the same interview format).
- 4) Rate the youth at the most severe level of dysfunction occurring at any time during the time period being assessed.

WHEN TO RATE THE CAFAS/ FREQUENCY

- 1) You are asked to **complete the Entry CAFAS (T1) as close to the beginning of treatment as possible; typically within the first 2-3 client sessions.**
- 2) You are not assessing the behaviour during that first month of contact, rather you are assessing **the client's most severe behaviour in the month preceding treatment. If there is specific behaviour that prompted the referral, document this as well even if it doesn't represent the most severe behaviour. If a youth was delayed in getting to the agency for services, you may need to rate back to the time the youth was exhibiting the behaviour for which he/she was referred.**
- 3) The Ministry of Child and Youth Services requires that you complete an Entry CAFAS (T1) and an Exit CAFAS (T14). If your client is in treatment for a year, you are also required to rate an Annual CAFAS.

- 4) Best practice recommends that you conduct periodic CAFAS ratings, typically every 3 months and/or at transition points, in order to manage the best possible outcomes for the client.
- 5) Exit CAFAS (T14) can be rated when the client appears to have dropped out of treatment or is no longer in communication. Should this prove to be premature, you will return to the T14 rating and change it to a Tx that corresponds to the most appropriate timeline.
- 6) To close a case you must complete the Close Episode.
- 7) **Once a case file is closed, it is to remain closed.** Clients who return for services are to be given a new CAFAS file. You may use the same ID you did for their previous episode of treatment. Your Audit report will pick this up as an error, but we recognise that this is not in fact an error.

CAFAS CONSIDERATIONS

- 1) It is important to **be knowledgeable about the youth's/family's culture**. Try to understand the cultural context of the behaviour so you do not misinterpret behaviour. If in doubt, seek opinions of persons knowledgeable about the culture; e.g., the client's verbalisations 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").
- 2) **Try not to impose your own value judgments** that may be heavily influenced by your age, sex, social class, or cultural background; e.g., do not rate a youth as more impaired simply due to her status as an unwed mother.
- 3) **Rate behaviours appearing in the CAFAS**, even if they are more common in some cultural contexts (e.g. aggression).
- 4) To add context and balance to understanding the youth, you can make comments in the summary on the CAFAS assessment report (e.g. aggressive only when worried about the mother's welfare). (Be sure to rate strengths when using the software's aggregate reports).
- 5) For each scale **begin your assessment by reviewing items in the Severe Level**. Never start from the Minimum/ No Impairment end. **** Most severe level of dysfunction occurring at any time during the time period being assessed.**
- 6) **Normative behaviour** (non-referred) is defined by the "no or minimal impairment" behaviours. **(Please see the behaviour expectations for each subscale below).**
- 7) Use a **literal approach** in judging behaviour criteria. Attend to the limited and specific meaning of each item.
- 8) **Do not infer** that a problem exists on the basis of another problem, the underlying dynamics, or the youth's apparent diagnosis.
- 9) **Base your rating on what you have observed** or what has been reported by the youth or other informants. Rate the youth's functioning independent of previous diagnoses, prognosis, or presumed nature of the disorder.

CAREGIVERS

- 1) **Primary Family** – The Primary Family is considered to be the parent(s) who are rearing the youth or with whom the youth lives most of the time (e.g., biological parent, adoptive parent, grandmother). Where the youth was before treatment and where the youth will return. If there is more than one parent in the home, rate the parent having the greater level of impairment.
- 2) **Non-custodial Caregiver** – This is the parent(s) who has a psychological impact on the youth yet is non-custodial or is not living in the same home as the youth.
- 3) **Surrogate Caregiver** – This is the person(s) substituting as parent(s), such as foster parent(s).
- 4) Currently, agencies need to decide which of the following 2 approaches they will use to **track caregivers over time**:
 - a) *Score the same person* on the same scale over time. Example: if the mother is rated under “Primary Family” at intake, she is rated on that scale three months later, no matter what the current role may be.
 - b) *Score according to function*. Example: mother may be scored as “Primary Family” at intake, and rated on “Non-custodial Caregiver” scale if her role relative to the youth has changed. This is the preferable but not mandated option.

CAFAS SOFTWARE

- 1) If you do not have a copy of the handout **CAFAS Software Instructions for Clinicians v5.4** – access it on our website (www.cafasinontario.ca). It should have been included in your training package. Updated versions may be requested by your In-house Trainer or by contacting Nicole Benjamin de Perez: nicole.benjamindeperez@sickkids.ca
- 2) **Admission date**: the date the client began treatment
- 3) **Assessment date**: the date the clinician completed the CAFAS .
- 4) **Client ID**: The Ministry of Children and Youth Services is adamant that CAFAS, BCFPI and CYNH fund data for each client can be linked. The BCFPI “Client ID” must be entered onto the CAFAS “Client Identification Number” (on the Client Identification and Background screen).
- 5) There are THREE steps required to **close a CAFAS**:
 - a) Complete an Exit CAFAS (T14)
 - b) Enter Service Delivery information
 - c) Close the file
- 6) If you have administrative rights concerning the CAFAS software make sure you have a copy of the handout **CAFAS Software Instruction for Administrators v. 5.4**. Updated versions are accessible on our website (www.cafasinontario.ca) or may be requested by your In-house Trainer or by contacting Nicole Benjamin de Perez: nicole.benjamindeperez@sickkids.ca

DATA EXPORT

- 1) Agencies and organizations are required to export their data to the Hospital for Sick Children on a quarterly basis. A schedule is posted on the website: (<http://www.cafasinontario.ca/data.asp>)
- 2) Data export is demonstrated during Software training and is detailed in the handout **CAFAS Software Instruction for Administrators v. 5.4** which is accessible on our website.
- 3) Explicit instruction for exporting data can be found on our website (www.cafasinontario.ca). If you encounter difficulty after training and referring to the instructions on the website, contact Cristina Vlad, CAFAS Data Analyst: cristina.vlad@sickkids.ca

TRAINING

- 1) **Training is available at no charge** for MCYS funded groups for Reliability certification, Train the Trainer and Software. Training is available in both French and English. To request training, contact Karen Fennell, Administrative Coordinator for CAFAS in Ontario: karen.fennell@sickkids.ca or 416.813.7168

BEHAVIOUR EXPECTATIONS by Subscale

School/Work

- Grade average is “C” or above average or performs up to abilities
- Attends school regularly
- Not disruptive to group process.
- Behaves in a way that does not interfere with their own or with others’ ability to learn or work
- Can meet expectations without undue supervision by others
- Adheres to work schedules
- Follows instructions and orders
- Satisfactorily carries out assigned duties

Home

- Behaves in a safe manner
- Non-threatening, non-intimidating
- Respectful of property in home (i.e., home, belongings of other household members, yard, etc.)
- Follows household rules
- Follows expectations. Ex: bedtime, curfew, completes chores
- Trustworthy regarding no runaway behaviour

Community/ Delinquency

- Obeys laws, and, if on probation, conditions of probation
- Respects property of others or public Property
- Refrains from : Physical aggression; Sexual misconduct/mistrust; Fire-setting (anywhere – even in the home)

Behaviour Toward Others

- Behaves in a safe manner around others.
- Able to interact with people and animals without making them feel uncomfortable
- Has age-appropriate skills for interacting with others
- Judgment does not jeopardize the welfare of others or unreasonably inconvenience them

Moods/ Emotions

- Depression, sadness, moodiness or irritability may be experienced but are managed so as to prevent extended negative impact
- Anxiety, worries, fears, tenseness or panic feelings may be experienced but are managed so as to prevent extended negative impact
- Youth displays a full range of emotions that correspond in expression & intensity to experienced situations.
- Avoidance does not interfere with life tasks
- Others do not experience youth as having bizarre moods

Self-Harmful

- Youth is free from desires and attempts to hurt him/herself
- Youth can cope without resorting to self-harmful behaviour or verbalization

Substance Use

- Does not engage in substance use that is maladaptive, inappropriate and/or disruptive to normal functioning
- No usage or only occasional use with no negative consequences (i.e., no intoxication or getting high)

Thinking

- Communications are logical and coherent
- Perceptions (i.e., what you see, hear, feel, smell, taste) are based in reality
- Cognitions (thinking) are based in reality
- Level of awareness and memory are not grossly impaired for age



Caregiver – Material Needs

- Caregiver provides food, shelter, clothing, medical care, and shelter for child such that the youth's functioning and development of skills are not impeded

Caregiver – Family/ Social Support Scale

- Caregivers can satisfactorily meet the special needs of the child without jeopardizing other family members
- Caregiver exercises good parental judgment so that he/she can provide a safe, secure, and healthy home environment in which the youth's developmental needs can be met
- Caregiver protects the youth from abuse, or, if abuse occurs, provides the physical and emotional support the youth needs
- Caregiver provides a home and adequate supervision of the youth's activities (whether in or outside of the home)
- Family environment is free of domestic violence, hostility, or pervasive conflict