

EVALUATION OF SERVICES FOR CHILDREN AND ADOLESCENTS (CASA)

CASA

Objectives of the Instrument

This instrument has two main objectives:

- (1) Evaluate children's and adolescent's use of health and mental health services, substance abuse services, social services, special school services, juvenile justice services, and services provided by other professionals as a result of mental health or substance abuse problems.
- (2) Examine attitudes toward treatment and the obstacles in the use of services.

Organization of the Instrument

The CASA has 4 sections

- (1) Evaluation of health services for children
- (2) Detailed service-use form for children
- (3) Attitudes toward the services (receptivity and obstacles to obtain services)
- (4) Family's economic information

The CASA interview is designed to be used once a diagnostic interview has been completed, almost always the Psychiatric Evaluation of Children and Adolescents (CAPA), which contains demographic information, like age, date of birth, gender, race, and dates. In the event that the CASA interview is administered separately or with another structured interview, such information must be obtained.

In most cases, the interviewee easily remembers the specific responses and the interviewer codes them. If the interviewee cannot answer a question (because he/she cannot remember, is not sure of the details, or refuses to answer), the appropriate coding is X if the interviewee is a child or D (Don't Know) if the interviewee is a parent. The code used to skip a question or to identify a question as "not applicable", is S. In the event that the interviewer makes a mistake (for example, if he/she forgets to ask a question), the appropriate code is X.

INITIAL EVALUATION OF SERVICES

The interview begins with a revision made by the interviewer of the child's symptoms, with the purpose of centering the attention on the attainment of services due to mental health problems. As a result, the foundations for the coding of Objectives of Treatment in the Detailed Service-Use Form for Children can be set.

INITIAL EVALUATION OF SERVICES

All of the services coded in the CASA instrument must be related to the symptoms that can be coded in the CAPA interview or in any other detailed psychiatric interview. A distinction must be made between what is coded and what can be coded. Responses that can be coded are those for which the respondent used a service to solve a problem considered in the CAPA interview (e.g. a psychiatric, conduct, emotional, or substance abuse problem). It is not necessary for such problem to be coded a present in the last three months. The CASA interview gathers information about the types of services that children are using or have used some time to help them solve their psychiatric, conduct, emotional, or substance abuse problems (e.g. related to problems that can be coded in the CAPA interview). Therefore, if a child went to a psychologist when he/she was six years old or was in a special education classroom in 3rd grade, you can collect the data in the CASA interview in the Ever box, even if the problem was not coded in the last three months.

Although hyperactivity is not coded in the child interview, the treatment for hyperactivity/ADD can be coded in the child's CASA. Learning disabilities and mental retardation or developmental retardation cannot be coded in the CAPA interview either. We do ask, however, about the services that schools provide to take care of these problems because children with conduct/emotional problems usually have learning problems or developmental retardation as well and/or receive services to take care of these problems.

Visits to the doctor, emergency room or medication prescribed for physical symptoms can be coded if they are related to psychopathology that can be coded in the CAPA interview. For example, code a visit to the emergency room if an arm was broken during a fit or a fist-fight.

Each of the following four codifications is done for each service named in the Evaluation:

Ever Treatment

If the child has received treatment in a service center.

0 = No

2 = Yes

Ever/Onset

Date in which first use of service initiated. If the child has received services from 2 places in the same category, code the earliest contact.

Last 3 months

If a service of this type was used in the last three months.

Some longitudinal studies can choose to lengthen the time period somewhat (e.g. 4 or 6 months) depending on the frequency of contact with the interviewers. For the CCC study base interview, the primary period is 3 months. If a “yes” is coded here, a Detailed Service-Use Form For Children must be filled for said location. A different Detailed Service-Use Form For Children must be filled separately for each service used in the last 3 months.

0 = No

2 = Yes

The Initial Evaluation of Services must be completed prior to filling the Detailed Service-Use Form for Children. This will allow you and the interviewee to make sure that all the services are covered and coded appropriately before going into details about the recent use of services.

At the end of the Initial Evaluation of Services, ask the interviewee if he/she can remember any other place or people from whom he/she received services for any problem that the child might have had. Research has shown that a person’s memory and their comprehension of a given topic gets better as the process continues. Therefore, some person could have answered “no” in a prior category because he/she thought that you might ask later about a more relevant category. Give him/her the opportunity to make sure that the information he/she has given is complete.

INITIAL LIST FOR THE EVALUATION OF SERVICES

See the Appendix at the end of the glossary for a list of agencies/professionals that you will be able to find in the Granville, Franklin, and Warren Counties. This appendix offers a brief description of what each place/professional does and tells you where each service should be included in the Initial Evaluation of Services list. For services/professionals not included in the appendix, ask additional questions to obtain sufficient information that enables you to categorize such service. Always ask additional questions to obtain sufficient information about the service received. If you know where the child went to receive services, who provided the service, which service was provided, why was the child there, and any other detail that the interviewee can give you about the type of service/place, then you will have the necessary information to code the service appropriately. The descriptions/definitions that follow are not exhaustive. They indicate the key characteristics of each place that will help you code the services appropriately, and that will help you distinguish one place from another.

The interviewee may or may not be familiarized with the language we use to categorize the services. Familiarize yourself with the different services so that you can offer examples of the types of places/professionals that each category entails.

TREATMENT FOR PATIENTS HOSPITALIZED FROM ONE DAY TO THE OTHER

Psychiatric hospital— hospital that offer services for psychiatric problems only.

Psychiatric unit of a general hospital— psychiatric unit within a hospital that offers services for a wide array of diseases.

Detox unit or unit for patients hospitalized due to problems with alcohol/drugs— offers care to patients hospitalized in a unit that provides specialized treatment for substance use/abuse. It can be an independent treatment unit, a psychiatric hospital, or a general hospital.

Medical unit for hospitalized patients— Unit in a general hospital (not designed specifically for the treatment of psychiatric problems or problems associated with substance use). The treatment, however, must respond to a problem covered in the CAPA interview.

Residential treatment center— A center with areas limited to treatment (e.g. the residence is not in the community and the child receives education in he residential treatment center). Includes camp houses in non-habited places. Also includes cabins in a treatment center with a delimited area. Detention centers, training schools, and prisons/jails are coded separately.

Detention Center/Training School (Vocational School)/ Prison — Adult jails, detention centers, training schools (vocational school). Includes time served in a home for youth operated by the juvenile justice system.

Youth home/emergency refuge— Placement from one day to the other in a community-based residence with 3-15 beds. Detention homes for youth are coded as Detention Centers.

Foster homes with trained parents — Foster parents have been trained to serve the mental health/conduct needs of the children. Can be also referred to as special care foster homes, foster homes for treatment, or trained parents' home. If the interviewee cannot identify any of these concepts, code 0 here, but leave the foster home coding in the CAPA interview. If more than two children are placed in this home, code it as a youth home.

Boarding school — Boarding school located in a place not designed specifically to serve the mental health needs of children. In these cases, code residential areas for the care of children (e.g. orphanage).

MENTAL HEALTH TREATMENT IN AN EXTERNAL CLINIC (AMBULATORY)

Day Hospital/Partial hospitalization— A diurnal program that treats conduct and/or emotional problems. The program could include Educational Services. Must include a therapeutic component. (e.g. group sessions, individual therapy). In general, the child must attend at least 3 consecutive hours. Exception to the 3 hour rule: We do not have an appropriate place in the CASA interview to code ambulatory services provided in a hospital (e.g., a psychiatric hospital). We have decided to code them under the day hospital/partial hospitalization heading. Write the real amount and duration of contacts (do not inflate them in order to comply with the 3-hour requisite for this place).

External clinic for the treatment of drug and alcohol use (ambulatory) — Ambulatory services provided by a treatment center for substance abuse. Do not include the services for substance abuse received in a mental health center (code these under mental health center).

Mental health center — Ambulatory services provided under the Mental Health Services Program of the area.

Community health center — Community center funded by public grants that provides general health services.

Crisis intervention center — Ambulatory services available in a center with professional personnel that provides services to intervene in crises (e.g. rape, suicide attempt).

Home counseling/crisis intervention services — Services provided by or for professionals in the family's home. It must be part of a renown program of home services. Do not include home visits from social workers or isolated visits from monitoring agents (case managers) or other mental health clinical specialists.

Private professional services— Health care professionals that provide private services, among which we can find psychiatrists, psychologists, social workers, psychiatric nurses. Do not code if the interviewee visits such professional under the medical coverage of a publicly funded agency (as would be the case with a private professional who also attends patients in a mental health care center with which he/she is affiliated). Code here the professionals under Carolina Alternatives contract.

OTHER PROFESSIONAL HELP

School counselor/School psychologist/ School social worker— Include here visits to a school counselor, school psychologist or school social worker only if the visit was related to something covered in the CAPA interview (e.g. do not include visits to discuss course curriculum or counseling to select a university/career).

Special education/Limitations due to emotional or conduct problems— Include services provided in a special education class, a room with delimited areas, or a school with delimited areas. To code in this category, the child must have abandoned (or never attended) a regular school. You can code here also vocational rehabilitation services.

Special education/Learning disability/Mental retardation— Include special education for developmental disabilities, learning disabilities, and other problems not coded in the CAPA interview. As in special education/LECP, the student must have abandoned/not attended a regular classroom to be coded in this category. Do not code academic **SUPERDOTADOS?**

School tutoring— Include tutoring for developmental disabilities or limitations due to emotional or conduct problems. If it is part of a special education class, code more specifically under special education. If the child is already in a regular school, but has an individualized learning program, code under School Tutoring. Do not include here tutoring programs with classmates even when they are formally structured by the school; code under Help from Classmates.

Social services — Code visits to social workers or social services at home. You can code in this section of the CASA interview only if the Social Services Department is responding to the child's problems. Do not code right to assistance of other family members. If a therapeutic foster home is mentioned, additional questions must be asked to determine if it is a therapeutic foster home in which the parents have been trained. If it is, do not code here; code under Foster Home with Trained Parents. If it is a regular foster home, code as social services in the "General Services Use" page, but do not code in the CASA interview.

Parole officer/ Juvenile detention counselor — Code here the services of a court counselor or a parole officer. Include here Community Based Alternatives. If the child is in a detention center, jail, etc, code under a more specific heading. If the child received services from a court counselor or a parole officer, in addition to being incarcerated, you can code here. Also code here correction officers for adults.

Family doctor/other Doctor— Services received from an MD, not a psychiatrist. Include any visit to a pediatrician, family doctor, etc. in private or public practice in which the parent/child looked for help for emotional/conduct problems.

Hospital emergency room — Code only visits to the emergency room if the visit has an evident relation to psychopathology (e.g. a broken arm during a fit, an injury during a suicide attempt, car accident while being intoxicated, broken nose as a result of a serious fight, etc.) If the child went to the emergency room as part a of the process of admission to a hospital, include here.

Religious counselor — Priest, minister, rabbi, etc. The religious counseling is different from that of a “private professional” in that the respondent may or may not be charged for the service received. If an ordered, spiritually prepared individual lends services without charging, code as “religious counselor”. If a similar person has a license to act as a therapist and charges for his/her services, code as “private professional.”

Other healer/(alternative therapist) — You can include here practitioners such as: spiritual healers, quack doctors, spiritistics, witch doctors, traditional indigenous quack doctors, herbalist, healer who cures with roots, new-age practitioners, naturist, person who heals by imposing his/her hands.

OTHER “NON-PROFESSIONAL” HELP

Hotline for intervention in times of crisis — Telephone line with personnel mainly composed of volunteers whose primary interest is to provide help and refer people who are going through an emotional crisis to an adequate place for intervention. If the patient visits, in person, the center that provides such help, code under “center for crisis intervention”.

Self-help group — For example, Alcoholics Anonymous, Narcotics Anonymous or AL-ANON/Alateen. Do not include self-help groups for parents, like, for example, Tough Love, AMI, Families-CAN, or CHADD, which aim to help parents deal with their own problems/worries (as a consequence of their children’s problems).

Help from adult family members — The child looked for help from adult family members for problems covered in the CAPA interview. You can include parents, uncles, aunts, grandparents, etc. To include siblings, such sibling(s) must meet two criteria: they must be older than 18, and be at least 5 years older than the child. If the sibling does not meet these criteria, code as help from peers.

Help from a non-professional adult — The child looked for help from adults with whom he/she has no consanguineous or political relationship (e.g. neighbors, friend’s parents, Boy/Girl Scouts leader). Include ad litem guardians here.

Help from friends — The child looked for help from his/her peers for problems/topics covered in the CAPA interview. You can include family members (e.g. siblings, cousins, etc.) If the family member is under 18 years and there is no age difference superior to 5 years.

USE OF GENERAL SERVICES

The use of general services not limited to the use of services due to emotional, conduct, or substance-use problems during the last year or in the last three months. *This page has been designed to gauge the number of children that used any of these services for whichever reason.* Double-coding is allowed for services that have been mentioned previously in the interview as used to treat emotional, conduct, or substance-use problems if such problem is within the appropriate time frame. A detailed general service-use form will not be filled, unless the completion of one such form was required previously due to the existence of emotional, conduct, or substance-use problems during the last three months, as coded in the CASA interview. Do not duplicate the detailed service-use forms.

SPECIAL SCHOOL SERVICES — Includes any special services (inside the classroom, special education room, in a classroom with delimited area, or in a school with delimited area). Do not code academically SUPERDOTADO.

SERVICES PROVIDED BY THE DEPARTMENT OF SOCIAL SERVICES — Include any service that the child received from the Department of Social Services. You can include services for the entire family (such as AFDC) as well as services that focus on the child (for example, foster home, and protection or minors).

CONTACT WITH THE COURTS OR JUVENILE JUSTICE SERVICES — Include any contact with correctional institutions for adults or minors.

HEALTH PROFESSIONALS — Include any visit to a doctor or other health professional (e.g. medical assistant, nurse, alternative medicine provider) for any reason (also routine visits e.g. medical checks as well as medical care related to illnesses or injuries).

SERVICES PROVIDED IN A MENTAL HEALTH INSTITUTION FOR OTHER PROBLEMS NOT RELATED TO THE INTERVIEWEE'S MENTAL HEALTH — The purpose here is to register contacts with mental health care professionals for problems that do not pertain to the child. For example, if the child participates in family therapy because his/her brother/sister has emotional/conduct problems.

DETAILED SERVICE-USE FORM FOR CHILDREN

If treatment or help is received as treatment for an emotional, conduct, or substance-use problem during the 3 months prior to the interview, a Detailed Service-Use Form For Children must be completed for such place. In this way, even when only one Initial Evaluation of Services for Children is completed, a changing number of Detailed Service-Use Forms For Children can be filled, depending on the amount of professionals with which the child had some contact during the last three months. Generally, only one Detailed Service-Use Form For Children is completed for each place that appears in the Initial Evaluation. If the child consults various professionals in the same location, all of them must be included when the total number of visits, etc. is calculated, and the questions related to quality must refer to the general experience in such location. Nonetheless, if the child received services in two different places, or from two different professionals in similar places (e.g. from two private service providers; as well as from VGFW and from Mental Health Centers for Ambulatory Patients), then a Detailed Service-Use Form For Children must be filled for each of them separately.

PLACE OF TREATMENT

Code the Place of Treatment using the Codes for Treatment Places enumerated in page 16 of the Detailed Service-Use Form For Children (e.g. I1=psychiatric hospital; P6=hospital emergency room). This location code HAS to correspond to a service coded "yes" during the last 3 months in the Initial Evaluation of Services. For example, if the child received services from a psychiatric hospital during the last three months, there must be a Detailed Service-Use Form For Children with place of treatment = I1. This is the only way that information analysts have to attach the Detailed Service-Use Form For Children with the Initial Evaluation of Services.

NAME OF THE PLACE/PROFESSIONAL

Write the name of the place where services were provided (e.g. Dillon School; VGFW Area Program). If the place = O7, P5, P7, P8, write the name of the professional. If the place = N3, N4, N5, write the relationship with the person who helps with the child (e.g. uncle, aunt, friend, neighbor). The more information you can provide here, the better. The agency, the position and the name of the person are useful pieces of information.

PROFESSIONAL TREATMENT FOCUS

Code here, in order of importance, the area or areas of psychopathology that were object of treatment received in the place of service. To determine such order, consider the reason for the conduct, the information related to the purpose of treatment that the interviewee remembers, and the kind of service provided.

AMOUNT OF VISITS/DAYS

Code the amount of days that the interviewer spent in a hospital from one Day to the Other, the amount of visits to an Ambulatory service, or the number of times that the interviewee obtained help from another professional or “non-professional. If the child received services from various professionals in the same type of place, combine the visits to all professionals to calculate the total number of visits to said place during the last 3 months.

DURATION OF VISIT

Average duration of visit (in minutes). In the case of various professionals in a same place, calculate the average duration with all the professionals in such place to register an average duration.

INITIATION OF ACTUAL TREATMENT

Write the date in which the child started using the place for the actual treatment. Establish the date in which the actual treatment episode began with the professional/place. The actual episode is defined as the current treatment (include programmed recesses like summer and holidays). The treatment initiation date can be prior to the primary period. **For all other questions in this section, however, we want the interviewee to concentrate his/her attention on the last 3 months.**

STILL RECEIVES TREATMENT

The mother/father considers that the child is still registered in this place (the day of the interview)?

DATE IN WHICH HE/SHE STOPPED ATTENDING DURING THE PRIMARY PERIOD

The date of the last contact with the professional/place of treatment that occurred during the primary period, but to which he/she is no longer attending.

REASONS TO STOP TREATMENT

Code the reasons to stop treatment in order of perceived importance (reason #1 is the most important reason to stop the treatment).

Guide for specific codings:

1 = (a) number of predetermined sessions/days or (b) mutual agreement decision (professional and child/mother/father) that the treatment must be ended. If the decision to stop the treatment was determined by health care plan limitations or the directed health care system, code under the more specific code 10.

2 = Father-mother/both did/do not consider that the treatment was helping the child to get better, so they stopped attending.

3 = The child got better, so he/she stopped going to treatment.

4 = The father/mother or the professional were in disagreement in terms of the nature of the problems (e.g., the father/mother thought that substance use was causing the problem while the professional thought that family relationships were the problem).

5 = Disagreement on the treatment or the treatment plan.

6 = Specific complaint that cannot be coded as 4, 5, or 7.

7 = The father/mother considered that the child and/or the family was/were being discriminated against because of their demographic, socioeconomic, religious, or ethnic characteristics.

8 = The professional is no longer available. Aside from moving or closing of office, also code here if the child no longer meets the criteria to receive services from the professional (e.g. because of his/her age he/she is no longer included in the services to children).

9 = Can include refuse to attend and/or refuse to participate. Refusal does not necessarily imply a confrontation or fight for power with the professional or the father/mother.

10 = Include any limitation in the restriction imposed by a third party who pays. This can include a change of insurance coverage for the child. Also code here if the professional is no longer available because he/she was excluded from a group of professionals.

11 = Perceived difficulty to pay bills from own pocket. The perception is enough to code here (the family does not need to demonstrate that they cannot pay).

12 = The family moved out of the covered geographical area or moved so far away that the parent or the child considered the distance problematic. You can include distance obstacles even when they do not imply that the professional moved out of the area.

13 = Other. Use this code with reserve, ONLY if codes 1-12 clearly do not apply.

REASON TO SUSPEND TREATMENT

Write verbatim the phrase or phrases that the parents use to explain why the child stopped attending treatment. As with other verbatim responses, if the response is unusually long, gather the most important details and write “[MORE]” at the beginning of the response. This will cue the people who analyze the information that they must go to the original interview to see the entire response.

The rest of the Detailed Service-Use Form For Children is completed ONLY if the respondent received hospitalization or ambulatory services, or services from family doctors/other M.D. DO NOT fill for other professional or “non professional” help.

TYPE OF SERVICE RECEIVED

Read each service out loud to the respondent. Indicate if it was part of the treatment for that place/professional. Remember that we are interested in the services obtained during the last 3 months ONLY.

PAGE 20

Read the introduction at the top of the page. Read each question.

0 = No

2 = Yes

MEDICATION PRESCRIBED FOR EMOTIONAL OR CONDUCT PROBLEMS

Step 1. At the beginning of the interview, ask the parent to bring all **prescribed medication** that the child is **currently taking (or during the last 3 months) for emotional or conduct problems**. The medication could have been prescribed by any doctor, nurse, mental health professional, or an alternative medicine practitioner. If the medicine is not brought, ask additional questions to obtain the required information. The “Prescribed Medication” section (page 255 in the glossary) can be of help here.

Step 2. Determine if the medication was **prescribed by the professional y this specific place**. Make sure that you code only the medication that was truly prescribed in the specific place for which you are completing the detailed service-use form for children. Any medication prescribed in any other place will be coded in another detailed service-use form for children corresponding to such place. Do not include this information if this medication is only **administered** in this place.

MEDICATIONS

1. Write the **name of the medication** as it appears on the label.
2. Write the **number of milligrams** on the first dose level.
 - 2a. Write the amount of doses with those milligrams administered in 24 hours.
3. Sometimes the dose varies in different times of the day (for example, the night dose is different from the daily dose). When the dose varies, write the **number of milligrams of this second dosage level**.
 - 3a. Write the **amount of doses administered in a 24 hour period** in this second dosage level.
4. Write the **name of the doctor who prescribes** as it appears on the label.
5. Write the date in which the medication was **first prescribed for the current treatment episode**. However, if the medication was **prescribed for the first time in another place**, and the **child has been taking this medication continuously** since it was prescribed for the first time, and the **doctor at this new place is currently prescribing the same medication**, use the date in which the medication was prescribed for the **first time**.
6. Ask the parent if the doctor explained what problems or symptoms this medication is used for.
7. If the response is yes, write what the medication is for, according to the interviewee. Again, if the verbatim response is too long, write [MORE] at the beginning of the response.
8. Ask, what side effects must you observe or control? Write the verbatim response. Write [MORE] if the response does not fit in the space provided.
9. Write the amount of side effects that the interviewer mentioned in question 8.
10. The frequency with which the doctor controls how the child responds to medication. The ^ symbol means "or more frequently". The categories must be mutually exclusive. For example, if the child is evaluated every 3 weeks, you would check monthly or ^ because the child is not controlled on a weekly basis. This code must reflect the real visits to control the effects of medication.
11. Indicate if the interviewer was able to see the medication to obtain information. The precision of information increases when it is done this way.

Rx2 - Rx4:

Repeat questions 1-11 for any other medication prescribed in a given place.

PARENTAL PARTICIPATION

Code the amount of sessions that the parent(s) attended to in the last 3 months. When the CASA interview is used in combination with the CAPA, code here parent #1 and parent#2 (parental figures who have lived with the child at home at least during one month during the last 3 months). Code other parent #1 or other parent #2 (e.g. biological parent that does not live with the child) under Other family participation.

Write the amount of sessions that the parent(s) attended to. Dropping off or picking up the child from the sessions does not count as attendance. You can include the meetings with the professional before or after the child's session. Do not include telephone contacts.

OTHER FAMILY PARTICIPATION

Code the amount of sessions to which other family members went in the last 3 months. The rules for coding are the same as for parental participation.

LEVEL OF PARTICIPATION

Code the interviewee's perception about the adequacy of parental or family participation in his/her treatment.

0 = Adequate participation

2 = The interviewee thinks that participation was insufficient

3 = The interviewee thinks that participation from other family members was too extensive

HEALTH PROFESSIONALS (CARE PROVIDERS) (Interview with parents only)

Read the introduction in the upper portion of the page. Give the response card to the interviewee (e.g. "always true,"...) and read each phrase to the interviewee. If the interviewee says that the phrase does not apply in his/her case or that he/she cannot answer, write an "S" in the "never true" column.

EFFICACY OF TREATMENT

If the interviewee answers “no”, ask additional questions to clarify whether “no” indicates an absence of change in an area that has been (and still is) problematic or if such topic never constituted a problem for the child’s parent.

SATISFACTION

If the response is “no”, write the response verbatim in the lines provided. Write [MORE] at the beginning of the response if such response does not fit in the space provided.

EXPENSES PAID BY THE FAMILY FROM THEIR OWN POCKET

You should only include payments made from the family’s own pocket. Do not include unpaid or expected bills.

0 = The child’s parents paid for the entire service

1 = The child’s parents paid part of the expenses

2 = The child’s parents did not pay any of the expenses

S = no charge

AMOUNT PAID BY THE FAMILY IN THE LAST 3 MONTHS

Write the real amount in dollars that the interviewee and his/her family paid for the service during the last 3 months. This must refer to the amount paid in the last 3 months, not the billed amount, if the totals are different.

ATTITUDES TOWARD SERVICES FOR CHILDREN AND ADOLESCENTS

The following questions ask about the interviewee's general receptivity toward the youth's use of services and the personal receptivity to services for the child in such family. The circumstances and the feelings that serve as obstacles for the use of specific services are explored. This section is administered to ALL interviewees.

RECEPTIVITY

In general terms, to what degree does the person think that the professional services are beneficial for emotional and conduct problems and that they respond appropriately to serious problems.

0 = Considers that the professional services are an appropriate response to serious emotional or conduct problems among youth.

1 = Considers that the professional services are probably appropriate for serious problems among youth.

2 = Considers that the professional services probably are not appropriate for serious problems among youth.

3 = Considers that the professional services are definitely not appropriate even for serious emotional or conduct problems among youth.

The General Receptivity, Personal Receptivity, and the Parental Receptivity are coded individually.

If the interviewee does not inform any problem in the entire CAPA interview, ask him/her about General Receptivity, Personal Receptivity, and Parental Receptivity toward the services, and then go on to the Obstacles to Services section. When the CASA interview is administered to one of the parents, go on to Other Familial Information. (Some studies, like the GSMS, could prefer the Obstacles section to be administered to each interviewee).

For the CCC interview, determine if the obstacles section will be completed using the "Administration of the Obstacles Section" page. Administer the obstacles section if you have coded problem perceptions, necessary help, topics, difficulties, problems, or symptoms that were mentioned in the interview, if handicaps were coded, or if services were used in the last three months. If you have a doubt whether you should administer the Obstacles section, DO IT.

PERCEPTION OF OBSTACLES TOWARD SERVICES

The interviewee says that certain circumstances or feelings influenced in his/her decision to look for treatment for problems or influenced his/her response in the services section.

In the interview with the parent, the interesting point is the *parent's* receptivity toward the services and the *parent's* perception of the obstacles that maintain him/her away from services for his/her child.

In the child's interview, the interesting point is the *child's* receptivity toward the services and the *child's* perception of the obstacles that maintain him/her away from services.

For each obstacle, the degree of familial obstruction is potentially coded on three levels:

- (1) For all the individuals who complete the obstacles section, does the person express any feeling that suggests that the focal area has been an obstacle?
- (2) If the child had symptoms in the last 3 months, did this obstacle affect the access or the use of services?
- (3) If the services were used in the last 3 months, did this obstacle affect the use of such services?

FEAR, DISLIKE, OR DISTRUST OF PROFESSIONALS

Preoccupation or uneasiness in regards to the use of services caused by the interviewee's fear, dislike, or distrust in talking to the professionals.

PRIOR NEGATIVE EXPERIENCES WITH PROFESSIONAL(S)

Preoccupation or uneasiness in regards to the use of services caused by the interviewee's prior negative experiences with a professional or professionals.

SHAME

Resistance to use the service as a result of feeling ashamed of admitting that he/she has a problem and that he/she needs to seek for help to solve such problem. Also, an inability to talk with other people about topics make him/her susceptible.

ANTICIPATION OF NEGATIVE REACTIONS

Resistance to use services caused by the expectancy of a negative reaction from the family, friends, or others because he/she is seeking for help to solve an emotional or mental problem.

ANTICIPATION THAT THE CHILD MAY BE REMOVED FROM THE HOUSE

Resistance to use services caused by fear that the child could be sent out of the house. Does not include fear that the child may be hospitalized.

ANTICIPATION OF LOSS OF PARENTAL RIGHTS

Refusal to use services caused by the fear that the parents may lose their parental rights.

INFORMATION ABOUT SERVICES

Difficulty to obtain services caused by lack of information about where to obtain services or how to make arrangements to receive them.

TIME

Resistance to use services caused by lack of time to receive treatment or to make arrangements to receive treatment.

COSTS

Inability to use services or sub-use of services caused by the perception that they may not be able to pay for such services.

TRANSPORTATION

Resistance to use services caused by the difficulty to get to the treatment place.

SLOWNESS OR BUREAUCRATIC HINDRANCES

Difficulties in the attainment of services caused by organizational obstacles of the agency or the professional.

THE SERVICE IS NOT AVAILABLE

A given service is not locally available. For example, a particular service, like bioretrofeeding could be available in an urban location and not in a rural one.

REFUSAL TO PROVIDE THE TREATMENT

The hospital, service agency, professional, etc. refuses to treat the interviewee. The reasons for such refusal can include booked schedule, complete installations, payments or lack of medical insurance, and liability issues.

CHILD OR PARENT REFUSAL TO OBTAIN TREATMENT

The child does not want to use the available treatment or the parent does not allow the child to attend. Do not code if a couple of sessions were missed. Code here when they say that they do not even want to begin treatment. Code also here if the child attends to one session, the professional accepts him/her, but he/she never returns.

LANGUAGE

The resistance to use services is due to the lack of professionals who speak the family's language. Do not include speech problems of a parent or child whose mother tongue is Spanish.

OTHER OBSTACLES

Resistance to use services caused by any other factor that does not adjust more specifically to the preceding categories.

RELATIVE IMPACT OF OBSTACLES

Interviewee's value judgment of the relative importance of an obstacle to the service.

Code the 3 most important obstacles according to the order mentioned by the interviewee.

If the interviewee discussed some items, but they were not coded, order the coded items according to the importance attributed to them by the interviewer, followed by the worries that were not coded (but were discussed by the interviewee) in the order of importance mentioned by the interviewee.

AFFECTED SERVICES

List of the professionals/non professionals/treatment places for which services were most affected by the aforementioned obstacles.

OTHER FAMILY INFORMATION

PARENTS' EDUCATION

Code the highest level of education completed by each parent.

- 1 = 0-8 years completed
- 2 = some high school
- 3 = GED
- 4 = Graduated high school
- 5 = Post high school training (vocational, technical, training for a specific job)
- 6 = Some university (0-2 years 0
- 7 = 2-year associate degree
- 8 = Some university (more than 2 years 0
- 9 = 4 year university diploma
- 10 = Some graduate school or training in professional college
- 11 = Completed graduate school or professional degree

PARENTS' EMPLOYMENT AND OCCUPATION

CURRENT EMPLOYMENT SITUATION

Code the employment situation of each of the parents. If more than one response applies, code the one that sheds more income.

- 1 = Full time employee
- 2 = Full time or part time employee
- 3 = Part time employee (1 or more jobs)
- 4 = Does not work outside the house
- 5 = Student
- 6 = Retired
- 7 = Disabled
- 8 = Unemployed

If the parent is a student, retired, disabled, or unemployed, ask him/her about the most recent period of the last employment for Type of Employment, Occupation, and Industry.

TYPE OF EMPLOYMENT (CURRENT OR MOST RECENT)

The parent's type of employment. If the parent is a student, retired, disabled, or unemployed, ask him/her about the most recent period of the last employment.

- 1 = Private corporation employee
- 2 = Government employee
- 3 = Own business
- 4 = Works without pay

OCCUPATION (CURRENT OR MOST RECENT)

The occupation refers to the parent's specific type of work (e.g. teacher, dental hygienist, manager, etc.). Write the 3-digit code from the Census Industry and Occupation Index.

INDUSTRY (CURRENT OR MOST RECENT)

Industry refers to the parent's type of business (e.g. university, dentist office, chemical products factory, etc.) Write the 3-digit code from the Census Industry and Occupation Index.

DATE OF LAST EMPLOYMENT

Code the date of the last time in which the parent was employed, if he/she is not employed at the time of the interview.

FAMILY'S ECONOMIC INFORMATION

Information about the payment of health care, health insurance coverage, and general finances is obtained at the end of the interview.

COVERAGE

The parent's perception about how the family's income cover the economic needs.

- 0 = Very good
- 1 = Good
- 2 = Bad
- X = Don't know

SOURCES OF INCOME

Include all the family's sources of income in order of magnitude (if possible).

FAMILY INCOME

Total of annual family income, without subtracting taxes, including all wages, salaries, investments, social security, pension, unemployment, incapacity insurance, marital support, child support, and public aide.

RESPONSIBILITY OF PAYMENT OF HEALTH CARE

Person responsible of making arrangements to pay health care services.

- 0 = Parent
- 1 = Other
- 2 = Child

PRIVATE HEALTH INSURANCE

Child's private health insurance coverage.

- 0 = Private health insurance (SSS, Blue Cross [local equivalent])
This response implies that the interviewee/parent has free selection of health professional
- 1 = Health Insurance (HMO, Generally dictates the place where the patient goes to get medical attention, at least in what the institution or the specific doctor is concerned)
- 2 = Private insurance but does not know the name
- 3 = Not covered by private medical insurance
- 5 = Insurance, but does not know what type

MEDICARE

The child's coverage under Medicare

- 0 = Part A and Part B
- 1 = Part A only
- 2 = Part B only
- 3 = Medicare but does not know which part
- 4 = Not covered by medicare
- 5 = Insurance, but does not know what type

MEDICAID OR OTHER PUBLIC PROGRAM

The child's coverage under Medicaid or Other public program

- 0 = Covered by Medicaid
- 1 = Covered by other public program
- 2 = Covered by other public program, but does not know which
- 4 = Not covered by medicaid
- 5 = Insurance but does not know what type

INSURANCE BY COVERAGE

For the group of items that specify coverage (whether private or public), if more than one insurance policy or type of coverage exists, the responses will represent a compound.

- 0 = Covers all
- 1 = Covers part
- 2 = Covers some, but does not know if all or part
- 3 = Does not cover

LIMITS FOR HEALTH CARE SERVICES

- 0 = No limit
- 2 = Limit, but has not been reached
- 3 = Limit has been reached

CHILD AND ADOLESCENT IMPACT ASSESSMENT (CAIA)

Instrument Objectives

The instrument has two main objectives

- (1) Evaluate the impact to the family of having a child with mental health or substance abuse problems.
- (2) Give the parent an opportunity to concentrate in him/her and his/her partner in terms of their needs in taking care of the child's necessities.

Organization of the Instrument

The CAIA is a section with separate questions concerning:

- a) Economic impact
- b) Impact over family relationships
- c) Impact over other relations
- d) Restrictions in activities
- e) Responsibility for problems
- f) Impact over the feelings on personal well-being

If problems are not informed during the entire Child and Adolescent Psychiatric Assessment (CAPA), the Impact Assessment can be obviated. The operationalization of "no existing problems" should be determined at the beginning of all the studies so that the primary investigators can decide the circumstances under which the CAIA should be administered.

For the CCC study, observe the norms provided in the page titled "Administration of the CAIA". If the interviewer codes any perceived problem (code as 1 or 2) or needs help (code as 1 or 2), or any difficulty, problem or symptom during the CAPA interview, or any incapacity, then the CAIA must be completed. If for any reason, these criteria are not met but the interviewer thinks that the CAIA must be administered, then do it.

Complete the subjective coding of the severity of the child's problems.

These guides attempt to avoid the administration of the CAIA in cases in which it would be completely absurd to administer such interview (e.g. the parent of a child who is completely "well"). If you have any doubts whether to administer the CAIA or not — ADMINISTER IT.

ECONOMIC ASSESSMENT

EXPENSES

Economic expenses associated with the attainment of services for the child's emotional or conduct problems. Includes medication costs.

0 = No costs

1 = Affordable expenses

2 = Expenses that had an impact on other areas of the family's budget

Do not include income lost due to the child's problems, this is coded under Loss of Income

Impact of Expenses

1 = Uses savings

2 = Must reduce other expenses

3 = Must work overtime or another job

Debts

2 = Incurred in debts but does not anticipate serious problems with the payment

3 = Incurred in debts and anticipates serious problems with the payment

LOSS OF INCOME

Loss of income as a result of the attainment of professional services for the child's emotional or conduct problems, or the need to offer more care in the home or other things directly associated with the child's problems.

0 = No loss of income

2 = Time lost in employment or loss of hours

3 = Could not work or was fired

Do not include real expenses incurred as a result of the child's problems, these are coded under Expenses.

The parent's, child's and other family member's Loss of Income are coded separately.

IMPACT ON THE FAMILY AND OTHER RELATIONS

IMPACT ON THE PARENT'S CURRENT RELATIONSHIP

Impact of the child's emotional or conduct problems on the "parents' marital relationship".

Both positive and negative impact are coded.

IMPACT ON THE PARENT'S PREVIOUS PARTNER

Impact of the child's emotional or conduct problems on the parent's relationship with the "other parent" who no longer lives at home.

The other parent can be a biological parent who lives in another place or another person who lives in another place and has played a significant role in the child's upbringing.

Both the impact on the rupture of the prior relationship and the impact on the current relationship with the previous partner are coded.

IMPACT ON THE PARENT'S RELATIONSHIP WITH OTHER CHILDREN

Impact of the child's emotional or conduct problems on the parent's relationship with other sons or daughters/

If there are no other sons or daughters at home, go on to Impact over Other Relationships.

IMPACT ON OTHER CHILDREN

Impact of the child's emotional or conduct problems on the relationships between other children who live at home. Include the impact of the interviewee's problems in the other child's/children's conduct.

Include the relationships with the child object of the study as well as the relationship between other children living at home.

IMPACT ON THE RELATIONSHIP WITH OTHER FAMILY MEMBERS

Impact of the child's emotional or conduct problems on the relationship with other family members.

Include the relationship with grandparents, siblings or other close family members.

IMPACT ON RELATIONSHIPS WITH FRIENDS

Impact of the child's emotional or conduct problems on the parent's relationships with the child's friends.

RESTRICTION OF ACTIVITIES

RESTRICTION ON THE PARENT'S PERSONAL ACTIVITIES

Restrictions on the parent's personal life and daily activities as a result of the child's problems.

Do not include change of employment that is coded under Expenses and Loss of Income, or change in the family's social activities, that are coded under Restrictions on the Family's Social Activities.

RESTRICTION ON THE FAMILY'S SOCIAL ACTIVITIES

Restrictions on the family's social life as a result of the child's problems.

STIGMA

The child's problems have made the parent feel that others disapprove or blame him/her.

ATTRIBUTION OF CAUSES OF PROBLEMS

Cause of the child's problems, according to the parent. The problems can be attributed to various causes or individuals.

The key codes are the responses to emphasized questions. Other questions may be asked to give the parent the idea, but it is not necessary to ask all questions.

Include self-blame of a parent who feels responsible of causing the child's problems, or the absence of progress in the child while confronting his/her problems.

1 = Imprecise or undefined attribution

2 = Partially responsible of the child's problems

3 = Completely or almost completely responsible of the child's problems

IMPACT ON FEELINGS OF PERSONAL WELL-BEING

PSYCHOLOGICAL ADAPTATION

Parent's psychological adaptation to the child's problems

This item is coded different from Depression, Worries, Tiredness and/or other mental or physical health problems of the parent associated with or influenced by the child's emotional or conduct problems.