

## CBT+ Measures Cheat Sheet

**Child and Adolescent Trauma Screen (CATS).** The CATS has 2 sections: (1) Trauma Screen and (2) DSM5 sx. There are also impairment items. There is a self-report version for ages 7-17 years, and two caregiver versions (7-17 years; 3-6 years based on DSM5 criteria).

Trauma Screen section of the CATS. It is not scored.

Purpose:

Learn about trauma exposure history and provide validating feedback. Feedback contains the following clinical components: engagement, psychoeducation, exposure, and promoting adaptive cognitions.

Feedback:

Engagement [Validate experience]

*"I am so sorry that you went through that"; "Thank you for telling me about your experiences".*

Psychoeducation [Normalizing]:

*"You are not alone; lots of kids have had experiences like these." "I work with a lot of teens who have been through some similar things."*

Exposure [Model and support "facing up to fears" by talking about traumas endorsed]:

*"I see you said you were in a serious accident, what happened?"; "You had a scary medical procedure, tell me a little about that."; "You marked that you saw someone in your family get slapped, punched or beat up, how often did that happen?"; "You checked that being touched on the private parts was the worst, what made it the worst for you?"*

PTSD sx section of the CATS. It is scored.

Purpose:

Determine if there is a clinically significant level of PTS. It can also be used to meet the DSM5 diagnostic algorithm.

Add up the scores for the 20 PTSD sx (Self Report and Caregiver 7-17 years) to determine if the score is clinical **(15+)**. Or add up the score for the 16 PTSD sx (Caregiver 3-6 years) to determine if the level of PTS is clinical **(12+)**.

Feedback:

If non-clinical (<15).

Engagement [Validate coping skills]:

*“Impressive job. Even though you had those traumas, you have been able to cope effectively. What strengths do you have that you used?”*

Psychoeducation [Info re generalizing coping skills]:

*“Sounds like you didn’t try to avoid what happened but faced up to it and took active steps to manage your feelings. By the way, that is exactly the best thing to do for any kind of anxiety or worry.”*

If clinical **(15+)**.

Engagement [Validate distress]:

*“Your score is 25. Scores over 15 mean that you are dealing with thoughts and feelings that are stressful and upsetting. No wonder you are having a rough time.”*

Psychoeducation [Info about PTS and PTSD - Normalizing]:

**Young children:** *“kids have feelings and worries like yours after going through [NAME SOME OF CHILD’S TRAUMATIC EVENTS]. These feelings and worries can be hard. I see a lot of kids, and parents, who have feelings like these.”*

**Older children and parents:** *“These questions find out about feelings, thoughts, worries and behaviors that sometimes go with having been through traumas like [NAME SOME OF CHILD’S TRAUMATIC EVENTS]. Together these are called posttraumatic stress. Have you heard of that? I’ll write it down, and I can give you a handout. Posttraumatic stress is what some soldiers can get after war. Did you know that abuse causes even more posttraumatic stress than war? It is normal to have intense reactions right after a trauma. Usually the reactions lessen over time, but sometimes they can continue or even get worse. PTS is memories or reminders of the trauma that bring back the feelings and physical reactions from during the trauma. Because it feels bad, people naturally want to avoid those feelings so they avoid reminders of what happened or just shut down emotionally. Unfortunately, even though the avoidance works really well temporarily, avoidance doesn’t solve the PTS and can actually keep it going.”*

Engagement [Instilling hope]:

- *“We have a program that works really well for exactly these feelings and worries. It helps lower the stress so you/your child can feel normal again. You can start feeling better, maybe in just a few weeks.”*
- *“I’ll ask you/your child to try some new things that help change the way you are feeling. A big part of feeling better is facing up to memories about what happened. That can be hard sometimes, but it’s how people get better.”*
  - INTRODUCE ANALOGY (splinter, wound, falling off a bike/horse)

- **Older children and caregivers:** *“I’ve got a handout that describes our program. Let’s look at it together.”*
  - Provide TF-CBT handout and review

*Promoting adaptive cognitions [Info regarding treatment and prognosis]:*

- *“Even though these traumas happened and you are having reactions, you should know that the majority of people can and do get better from PTSD.”; “Humans are better than you might think at overcoming terrible experiences.”; “We have a treatment that works most 80-85% of the time called TF-CBT.”; “You will be able to get your life back. It might be a new normal, but it will be a good life.”*

### **Impairment Questions**

Not scored.

Purpose:

Determine whether sx are interfering with functioning.

Feedback:

*Engagement [Hook into treatment]: “This shows that your PTS symptoms are really making your life harder. We can help with that.”*

**Anxiety.** Two Measures of anxiety. SCARED Anxiety (8-17 years) OR General Anxiety Disorder7 (GAD7) 14+ years.

SCARED Anxiety. It is scored.

Purpose:

Determine if there is clinically significant level of anxiety.

Add up the score for the 5 sx to determine whether the symptom level is clinical (**3+**).

GAD7. It is scored.

Purpose:

Determine is clinically significant level of anxiety.

Add up the score for the 7 symptoms to determine whether the symptom level is clinical (**10+**).

Feedback:

If non-clinical (SCARED < 3; GAD <10).

*Validation. “This checklist measures anxiety. Anxiety is being too scared or worrying too much when you don’t need to. Everyone has times when they are anxious or worried, the key is when it is too much or too often. Your score means you are not having so much anxiety right now that would mean treatment is necessary. It also means that you must have some really good coping skills to get you through stressful moments. What are the coping skills you find most useful?”*

If clinical (SCARED **3+**; GAD **10+**):

Psychoeducation [Info about anxiety. Normalizing]: *“This checklist measures anxiety. Anxiety is being too scared or worrying too much when you don’t need to. Being anxious or worried all the time is very stressful and makes it hard to get along in life. The score tells if you have too much anxiety and could benefit from some help. Your score is over 3 which means you may be having too many feelings of anxiety and they are interfering with your life. It means you would benefit from learning some skills to help you worry less and feel better.”*

Engagement [Instilling hope. Hook into treatment]: *“CBT for anxiety is a treatment for anxiety that works really well. It helps lower the anxiety and worry symptoms so you can feel more relaxed and calm. If you practice the new skills you learn, you’ll start feeling better.”*

**Depression.** Two measures of depression. Moods and Feelings Questionnaire (MFQ) 8-17 years or Patient Health Questionnaire 9 (PHQ9) 13+ years.

MFQ. It is scored.

Purpose is to determine if there are clinically significant levels of depression.

Add up the score for the 13 sx to determine whether the symptom level is clinical (**11+**).

PHQ9. It is scored.

Purpose is to determine if there are clinically significant levels of depression.

Add up the score for the 9 symptoms to determine whether the symptom level is clinical (**10+**).

Check Question 9 and if greater than 0, assess suicidality.

Feedback:

If non-clinical (MFQ = <11; PHQ9 = <10)

Validation. *“This checklist measures depression. Depression is feeling sad, down, or thinking that nothing is going well or you can’t do anything right. Everyone has ups and downs and bad days. Depression is when the feelings are really serious and happen a lot. You have a pretty low score. That means you are not having the level of depression right now that would mean treatment is necessary. It also means that you must have some really good ways of getting yourself through stressful or hard times. What are some of the ways that work for you?”*

If clinical (MFQ > **11**; PHQ9 > **10**)

Psychoeducation [Info about depression, normalizing]: *“This checklist measures depression. Depression is feeling sad, down, or thinking that nothing is going well or you can’t do anything right. Everyone has ups and downs and bad days. But having depression means the feelings are really strong and keep going on. When people are depressed it is really hard to enjoy anything, get out in the world, or take steps towards goals. Your score is 16. This means you are having too much sadness and depressed feelings. We can work on some skills to help you feel better.”*

Engagement [Instill hope. Hook into treatment]: *“CBT is a treatment for depression that works really well. It helps lower depression symptoms so you can feel more energetic and positive and start meeting your goals. If you practice the new skills you learn, you’ll start feeling better.”*

**Pediatric Symptom Checklist-17 (PSC-17).** Measure of caregiver perception of the overall level of problems and the level of 3 subscales: attention problems, internalizing problems (e.g., sadness, anxiety) and externalizing problems (e.g., behavior problems). Children 4-17 years.

PSC 17. It is scored for Total Problems and the 3 Sub-scales.

Purpose:

Learn the caregivers’ perceptions of the child and identify discrepancy with child self-report or clinical interview.

Add up the scores for Total Problems, Internalizing, Attention and Externalizing to determine if any scores are clinical. Total Problems **15+**; Attention **7+**; Internalizing **5+**; Externalizing **7+**.

**General Feedback:** *“This checklist measures your views on your child and his/her level of problems compared to other children. The total score measures **overall problems**. It is made up of three sub-scales that measure **problems** with attention, like difficulty concentrating, fidgeting, not getting tasks done; **problems** like sadness and anxiety or worries; and **behavior problems**, like disobedience, defiance, fighting. A score in the clinical range, over 15, means your child has significantly more problems than other children and probably could benefit by treatment.”*

If Total Score = Non-clinical (<15): *“Good news, your child does not score in the clinical range, or over 15. This means your perception of his/her general problem level is in the normal range. All children have ups and downs; good days and bad days, but that does not mean they have serious problems that require treatment. I am happy to give you some tips to handle the normal ups and down if you would like.”*

Total Score = Clinical (**15+**): *“Your child’s total score is over 15 which is in the clinical range. This score tells me that your child is really having trouble. I am glad you brought him/her in to see what kind of help would be best. I can tell you are concerned about him/her. Let’s review the results to see in what areas he/she is having difficulty to figure out what kind of help would be best. We have treatments that work so this is a good first step”.*

Attention = Non-clinical (< 7): *“Good news. Your child’s score on the attention sub-scale is in the normal range. Does that fit for you?”*

Attention = Clinical (**7+**) (Psychoeducation about attention problems): *“Your child’s score on the attention sub-scale is over 7 which is in the clinical range. This means you notice that your child has significantly more problems paying attention and following through compared to other children. It*

*may mean that he/she has ADHD. Have you heard about ADHD? This is a pretty common condition in children; about 5-7% of kids has it. It is very important to confirm whether that is the right diagnosis so that we can make sure your child gets the right treatment. Medication is the main treatment, but sometimes children also need help in learning to manage their behavior better in addition to the medicine. We can help parents or teachers learn how to help the children. Your child's primary care doctor can help evaluate whether your child has ADHD and should be on medication"*

Internalizing = Non-Clinical (< 5): *"Good news. Your child's score on this sub-scale is in the normal range. Does that fit for you? You are not concerned that your child has too much anxiety, sadness, withdrawal or worries?"*

Internalizing = Clinical (**5+**): *"Your child's score on the internalizing sub-scale is over 5 which is in the clinical range. This means that your child has significantly more anxiety, worry, depression or withdrawal than other children. Your child is likely feeling really bad on the inside and these feelings are getting in the way of everyday life. The good news is that we have effective treatments. Would you be interested to hear more about them?"*

Externalizing = Non-Clinical (<7): *"Good news. Your child's score on this sub-scale is in the normal range. That means your answers say that you don't see your child as having serious problems with behavior. Does that fit for you?"*

Externalizing- Clinical (**7+**): *"Your child's score on the externalizing sub-scale is over 7 which is in the clinical range. This means he/she has significantly more problems with defiance, disobedience, aggression and misbehavior than other children. These types of problems are very frustrating and can make family life unpleasant. Usually it turns out that they are bad habits that children have gotten into to get attention or get their way. The good news is we have effective treatments that can really improve the behaviors. The treatments that work will need you to be part of the plan because right now your child has too much control in a negative way. Would you like to hear more? about treatment?"*