Contextual Assessment Inventory for Families: Initial Screening

The purpose of this inventory is to identify situations in which your child is more likely to show problem behavior. Typically, this inventory would be filled out by a parent. However, it may also be appropriate for the inventory to be filled out by another family member or person who knows the child well, has lived with the child for at least one year, and is at least 18 years old.

Please note the time when you begin to fill out this survey. You will be asked how long it took you to complete this survey at the end.

	ID#(researcher use of	only)			
Your name:	Date:				
Your street address:					
Your e-mail address:	Your phone number:				
The best way to reach you is by (circle one): mail	e-mail phone (during day)	phone (during evening)			

CAI Families Time 1 Contextual Assessment Inventory for Families: Initial Screening Part I: Background Information

		C		ID#
Date:				(researcher use only)
Relationship to the child yo	ou are rating (e.g. m	nother, father, si	ster, grandmother):	
If you are not a biological p	parent, please indica	ate how long yo	ou have known the child	l:
On average, how many hou	rs per day do you s	pend with your	child on weekdays?	
			on weekends/hol	idays?
Child's age:	Child's sex (circ	ele one): M	F Child's diagnosis	:
IQ Score if known (e.g. sco	re from WISC or S	stanford-Binet I	Q test)	
Please circle the number the	at best corresponds	to how well yo	ur child is able to com	nunicate:
Poor		Average	E	Excellent
1	2	3	4	5
List the name, the dosage le	evel, benefits, and s	side effects of ea	ach medication that you	ar child currently takes:
Name of Medication	Dosage Lev	el	Observed Benefits of Medication	Observed Side Effects of Medication
Example: Paxil	10 mg 2x/da	ny Le	ess compulsive behavior	Fatigue during the day

Please list any chronic health problems that your child has (e.g. diabetes, seizures, etc.)

Please list any psychiatric problems that your child has (e.g. anxiety, depression, obsessive-compulsive
disorder, bipolar disorder, etc.)

Continue on the back of this page if more space is needed for any of the questions.

Instructions

Listed below are some of the most common types of problem behavior. Please rate how often your child has shown aggression, self-injury, tantrum behavior, and noncompliance *over the past year*. When you do the rating, please circle *only one number* for each item. You may also circle "Never" or "Don't Know" if appropriate. Examples are given to illustrate each type of problem behavior. Please keep in mind that your child may show other examples of these problem behaviors, and you should also consider these when rating your child's behavior.

Please rate how often your child has shown aggression, self-injury, tantrum behavior, and noncompliance *over the past year*.

		Rarely		Sometimes		Often
(1) Aggression (e.g. <i>Hurts others</i> : hits, kicks, pinches, head butts, bites, punches, scratches others; pulls others' hair. <i>Destroys property</i> : breaks, rips, tears objects. <i>Threatens others</i>)	Never Don't Know	1	2	3	4	5
(2) Self-injury (e.g. hits head, bangs head on walls or other objects, bites hands, slaps or punches own face)	Never Don't Know	1	2	3	4	5
(3) Tantrum Behavior (e.g. angry crying or screaming)	Never Don't Know	1	2	3	4	5
(4) Noncompliance (e.g. refuses to do tasks, pushes away work materials, runs away from adults, falls to floor and refuses to move)	Never Don't Know	1	2	3	4	5
(5) Other problem behavior Please list other problem behaviors, not covered above, that you find upsetting.	Never Don't Know	1	2	3	4	5

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Please answer the following questions with regard to your child's *overall problem behavior during the past year.*

(1) Overall, my child's problem behavior occurs:

Rarely		Often		
1	2	3	4	5
(2) Overall, the in	tensity of my	child's problem behavior is:		
Mild		Moderate		Severe
1	2	3	4	5
(3) Overall, my ch	nild's problem	n behavior disrupts our family	y life:	
A little		Somewhat		A lot
1	2	3	4	5
(4) Overall, my ch	nild's problem	n behavior upsets me:		
A little		Somewhat		A lot
1	2	3	4	5
(5) Overall, my ch	nild's problem	n behavior upsets him or her:		
A little		Somewhat		A lot
1	2	3	4	5

Please circle the number that best represents the overall quality of the relationship between you and your child *over the past year*.

UNSATISFYING		SATISFYING
2	4	5
The majority of my interactions with my child are awkward, unpleasant, and stressful. I do not feel particularly close to my child, and oftentimes, it is difficult for us to find any "common ground."	The majority of my interactions with my child are neutral, that is, not particularly good or bad. While I care for my child, I don't feel particularly close or "connected" to him/her in any meaningful way. Page 4	The majority of my interactions with my child are enjoyable, satisfying, and interesting. Together, we share a warm, open, balanced relationship. I find that we have a lot in common and enjoy

each other's company. Part II: Individual Items with Specific Examples

CAI Families Time 1

Instructions

Listed below are different situations that may make your child more likely to show problem behavior. Some of these situations may trigger problem behavior immediately, and others may put your child in a bad mood, causing problem behavior later on. Examples are given of each situation. Please read through these examples, keeping in mind the experiences you have had with your own child *over the past year*. Although these examples are given to illustrate each situation, you should remember that *many other examples are also possible*. In Part III, you will rate how likely it is that your child will show problem behavior in each of the situations described. When you clearly understand each item, you should continue on to Part III to rate your child. Note: "your child" simply refers to the child you are rating, whether or not the child is actually your son or daughter.

SOCIAL

The following items describe aspects of the social environment that may make it more likely that your child will show problem behavior.

1. Disagreement or argument with or among family members, peers, or other people

Examples: Your child shows problem behavior when he or she argues with a peer over a toy, when he or she argues with you about school, or when he or she witnesses an argument between family members or peers.

2. Recently disciplined or reprimanded

Examples: Your child shows problem behavior when you discipline or reprimand him or her for making a mess during dinner, running away from you in public, or not listening to your instructions.

3. Peer or other person is teasing your child

Examples: Your child shows problem behavior when a peer calls your child "stupid", or when a peer makes fun of your child's appearance.

4. Hurried or rushed

Examples: Your child shows problem behavior when you hurry your child to get ready in the morning to avoid being late for school, or when you rush your child in order to make an appointment on time.

5. Not enough attention from parents, peers, or others

Examples: Your child shows problem behavior when you are busy and can't pay attention to him or her, when peers ignore your child on the playground, or when a favorite person is not available to socialize with.

6. Frustrated because he or she has trouble communicating with you about what he or she wants or needs

Examples: Your child shows problem behavior when you can't understand what he or she is trying to say, or when he or she points to something and you do not understand what he or she wants.

7. Denied access to what he or she wants

Examples: Your child shows problem behavior when he or she asks for a toy or food and is told that he or she can't have it.

8. Bad day at school or other daytime activity

Examples: Your child shows problem behavior in the *evening*, and you know that *earlier in the day*, he or she had trouble with teachers, peers at school, co-workers, or experienced some other unpleasant social event in the community.

ACTIVITIES AND ROUTINES

The following items describe aspects of your child's activities or routines that may make it more likely that your child will show problem behavior.

9. A preferred activity ends or is no longer possible

Examples: Your child shows problem behavior when he or she is told to stop playing with his or her toys and get ready for bed, or when important personal items are lost and broken.

10. Activities or routines that are difficult, frustrating, disliked, or boring

Examples: Your child shows problem behavior when he or she is having trouble tying his or her shoes, when he or she is doing homework, when he or she is told to brush her teeth, when he or she is told to take a bath.

11. Activity is too long

Examples: Your child shows problem behavior when he or she is asked to do activities that take too long. (Activities that require longer engagement than your child is able to tolerate.)

12. Activity is too noisy and/or crowded

Examples: Your child shows problem behavior when he or she is taken shopping in a busy mall, or when he or she is participating in a loud birthday party, or when he or she hears a vacuum cleaner.

13. Having to wait

Examples: Your child shows problem behavior when he or she has to wait in a line, wait in a waiting room, or has to ride in a car for a prolonged period of time before reaching his or her destination.

14. Medical appointments or medical settings

Examples: Your child shows problem behavior when he or she is examined by a doctor or a dentist.

15. Changes in routine, or has to deal with new and unfamiliar situations

Examples: Your child shows problem behavior when you have to change his or her bath time, when a new babysitter comes, when he or she has to go with you into an unfamiliar store in the community.

16. Transitions between settings or activities

Examples: Your child shows problem behavior when he or she has to move from one setting to another (e.g. from home to the school bus, from a shopping mall to the family car) or switch activities (e.g. from playing outside to playing inside).

BIOLOGICAL

The following items refer to your child's state of health, as well as physical conditions that may make it more likely that your child will show problem behavior.

Medications

17. Side effects of medication or changes in medication

Examples: Your child shows problem behavior when first put on medication, when the dosage level of his or her medication is increased or decreased, when your child switches from one medication to another, or when your child is taken off medication.

Illness

18. Illness or pain

Examples: Your child shows problem behavior when he or she experiences discomfort due to a cold, constipation, ear infection, stomachache, menstruation, or other physical ailment.

Body States

19. Feeling tired

Examples: Your child shows problem behavior when he or she is tired because of physical activity or lack of sleep.

20. Feeling hungry or thirsty

Examples: Your child shows problem behavior when he or she hasn't eaten for several hours.

21. Feeling hot and uncomfortable

Examples: Your child shows problem behavior when he or she is uncomfortable because of hot and/or humid weather, when the room is too warm, or when sweating after a lot of exercise.

22. Feeling frightened, worried, anxious, or agitated

Examples: Your child shows problem behavior when he or she sees a large dog, hears thunder, is in a dark room, or is fearful due to a psychiatric condition, such as obsessive-compulsive disorder, or some other anxiety disorder.

23. Feeling sad or depressed

Examples: Your child shows problem behavior when in a he or she is sad or depressed due to a death in the family, other personal loss or disappointment, or is in a depressed mood due to a psychiatric condition, such as bipolar disorder or major depression.

24. Sexual frustration

Examples: Your child shows problem behavior as a consequence of not being able to meet his or her sexual needs.

Part III: Contextual Assessment Inventory

Instructions

For each item, please rate how likely it is that your child will show problem behavior in the situation described. Please circle *only one number* per item. When completing the ratings, consider your child's problem behavior *over the past year*. If the situation doesn't apply to your child, you should circle NA (Not Applicable). For example, if your child is a boy, then item #23, menstrual discomfort, is not applicable to your child. Therefore, you should circle NA for that item. Given that family members have different roles and experiences within the family, you may not have had experience with your child in a given situation. If you have not had experience with your child in the situation described, you should circle DK (Don't Know). For example, item # 3 refers to peers teasing your child, and item # 8 refers to your child having a bad day at school. If you have no clear knowledge of your child in these situations, then you should circle DK. *Please do not guess on any items*. If you are not sure how your child would respond in a given situation, you should circle DK. If you do not understand an item, you should refer back to the item examples described in Part II.

SOCIAL

The following items describe aspects of the social environment that may make it more likely that your child will show problem behavior.

Please rate how likely it is that your child will show problem behavior in the situations described. When completing the ratings, consider your child's problem behavior *over the past year*.

	Not Likely	S	Somewhat Likely		Very Likely	Don't Know	Not Applicable
1. Disagreement or argument among family members, peers, or other people	1	2	3	4	5	DK	NA
2. Recently disciplined or reprimanded	1	2	3	4	5	DK	NA
3. Peer or other person was teasing your child	1	2	3	4	5	DK	NA
4. Hurried or rushed	1	2	3	4	5	DK	NA
5. Not enough attention from parents, peers, or others	1	2	3	4	5	DK	NA
6. Frustrated because he or she has trouble communicating with you about what he or she wants or needs	1	2	3	4	5	DK	NA
7. Denied access to what he or she wants	1	2	3	4	5	DK	NA
8. Bad day at school or other daytime activity.	1	2	3	4	5	DK	NA

Are there any other types of social interactions that make it more likely that your child will show problem behavior?

ACTIVITIES AND ROUTINES

The following items describe aspects of your child's activities or routines that may make it more likely that your child will show problem behavior.

Please rate how likely it is that your child will show problem behavior in the situations described. When completing the ratings, consider your child's problem behavior *over the past year*.

	Not Likely	S	omewhat Likely		Very Likely	Don't Know	Not Applicable
9. A preferred activity ends or is no longer possible	1	2	3	4	5	DK	NA
10. Activities or routines that are difficult, frustrating, disliked, or boring	1	2	3	4	5	DK	NA
11. Activity is too long	1	2	3	4	5	DK	NA
12. Activity is too noisy and/or crowded	1	2	3	4	5	DK	NA
13. Having to wait	1	2	3	4	5	DK	NA
14. Medical appointments or medical settings	1	2	3	4	5	DK	NA
15. Changes in routine, or has to deal with new and unfamiliar situations	1	2	3	4	5	DK	NA
16. Transitions between settings or activities	1	2	3	4	5	DK	NA

Are there any other factors related to activities or your child's routine that make it more likely that he or she will show problem behavior?

BIOLOGICAL

The following items refer to your child's state of health and physical conditions that may make it more likely that your child will show problem behavior.

Please rate how likely it is that your child will show problem behavior in the situations described. When completing the ratings, consider your child's problem behavior *over the past year*.

<u>Medications</u>	Not Likely	9	Somewhat Likely		Very Likely	Don't Know	Not Applicable
17. Side effects of medication or changes in medication	1	2	3	4	5	DK	NA
Illness							
18. Illness or pain	1	2	3	4	5	DK	NA
Body States							
19. Feeling tired	1	2	3	4	5	DK	NA
20. Feeling hungry or thirsty	1	2	3	4	5	DK	NA
21. Feeling hot and uncomfortable	1	2	3	4	5	DK	NA
22. Feeling frightened, worried, anxious or agitated	1	2	3	4	5	DK	NA
23. Feeling sad or depressed	1	2	3	4	5	DK	NA
24. Sexual frustration	1	2	3	4	5	DK	NA

Are there any other factors related to medication, illness, or your child's body state that make it more likely that he or she will show problem behavior?

How long did it take you to complete this survey?
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Department of Psychology
State University of New York at Stony Brook

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