

Research Abstract
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**Using the CAFAS to Identify Empirically-Based Treatments and Level of Care
Needed for Individual Youths in Foster Care.**

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Over the last 15 years, numerous evidence-based treatments have been identified to treat behavioral problems, depression, and anxiety. These types of problems are often seen in children in foster care; however, the literature to date suggests that these children often do not receive needed mental health evaluations or services. Furthermore, there are no studies determining whether the treatment received matched the child's needs. Reviews of the literature on outcome of child therapy have concluded that traditional "relationship therapy" is ineffective (Weisz & Weiss, 1993; Weiss, Catron, & Harris, 2000). Given these findings, persons in charge of purchasing therapeutic services for children in foster care should specify to providers the type of treatment they think the child would benefit from. This would require that these "brokers" of services have a means of determining the child's needs and knowledge of the general literature on evidence-based treatments.

In this report, the youth's pattern of scores across the eight youth scales on the Child and Adolescent Functional Assessment Scale (CAFAS: Hodges, 1989) is used to classify the youth into the following "client type" categories: thinking problems, maladaptive substance use, self-harm potential, delinquency, severe mood (depression and/or anxiety), problematic behaviors (in school, at home, or in interactions with others) with moderate mood, problematic behaviors (without moderate mood), moderate mood (without moderate behavioral problems), and adjustment problems with impairment. The classification is hierarchically arranged, such that conditions higher up in the list are more complex and often require further investigation before treatment can be planned (CAFAS Tiers®, Hodges, 2002). Previous research with the classification system has confirmed that the categories form a continuum in terms of: overall severity of impairment at intake (as indicated by total score on the CAFAS), presence of risk factors, and likelihood of still scoring in the clinical range (versus non-clinical) at the end of treatment.

Data on a sample of 4,777 youths served by public mental health in Michigan were analyzed. For each client type, data were presented on demographic characteristics, presence of various risk factors (i.e., previous out-of-home placement, current placement, whether currently in custody of the state, previous juvenile justice involvement, previous hospitalization for psychiatric problems, and impaired caregiver), and the outcomes from pre to post treatment.

In terms of practical implications, the algorithm for assigning a youth to a CAFAS client type was reviewed and evidence-based treatments corresponding to each client profile were described. The treatment techniques used, the various manuals available to help with maintaining fidelity of treatment, and the evidence of treatment efficacy were presented for each of the client types. For youths rated as severely or moderately impaired on the School, Home, or Behavior Toward Others subscales of the CAFAS, one of the various parent management training programs available would be indicated. Since research findings (Xue, Hodges, & Wotring 2002) have documented significantly poorer outcome for youths with impairment across settings (e.g., in school and at home, not just at home), these youths should be identified at intake or program entry and provided with additional services or an extra strength intervention. For youths rated as severely or moderately impaired on the Moods/Emotions subscale of the CAFAS, there are various programs available for cognitive behavioral treatment of depression as well as for treatment of anxiety. A cognitive behavioral treatment specifically developed for children who have been sexually abused was also presented. Although this treatment has not been subjected to a randomized control study, the existing data are very encouraging. Evidence-based treatments for youths, who are severely or moderately impaired on the Community scale, indicating delinquency, were also described, including therapeutic foster care.

It is important that providers and workers who broker for services for children in foster care be informed of evidenced-based treatments and have a means of identifying the treatments that would likely meet a child's needs. While treatment is in progress, providers and workers can rate children on the CAFAS periodically to determine if the treatment selected appears to be meeting the youth's needs. Given that there are limited funds available for each youth, using these funds wisely, by overseeing the services provided and following the child's progress, seems critical.

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