

## 5) BCFPI Scales - CYMH, Functioning, Family, Caregiver and Descriptive Risk Items.

The scales described below are used selectively for appropriate age groups, as indicated *{at the end of the scale description}*

1. **Regulating Attention, Impulsivity and Activity Level.** This 6-item scale is composed of items that describe the child's ability to sustain attention, complete tasks, avoid distractions, and regulate activity level and impulsive responding. High t-scores on this scale reflect overactive and impulsive behaviour and correspond to the types of problems experienced by children with ADHD as described in the DSM5. *{not used for 8-17 mo. questionnaire}*
2. **Cooperating** This 6-item scale is composed of items reflecting the extent to which the child is engaged in cooperative relationships with others. High t-scores reflect noncompliant, defiant, resentful relationships with adults and peers. These behaviours correspond to Oppositional Defiant Disorder in the DSM5. *{used in all questionnaires}*
3. **Regulating Conduct** This 6-item scale reflects serious rule violations and antisocial behaviour. Because the items on this scale occur infrequently in nonclinical normative populations, high t-scores will result when a small number of items are endorsed or several items are endorsed at a low level. These questions correspond to the Conduct Disorder Scale in the DSM5. *{not used in 8-18 mo. or 18-36 mo. questionnaires}*
4. **Regulating Callous-Un caring Behaviour** This 6-item subscale reflects concerns regarding limited prosocial emotions and behaviours. High t-scores on this subscale reflect a callous and unemotional interpersonal style across settings and relationships and correspond to the DSM-5's Callous-Unemotional specifier for a more severe form of Conduct Disorder. *{only used for 6-19 yr. questionnaire}*
5. **Separating from Parents** This 6-item scale reflects the extent to which the child is able to separate comfortably from parents. High t-scores reflect difficulties separating from parents and correspond to Separation Anxiety Disorder in the DSM5. *{not used in 8-18 mo. or 18-36 mo. questionnaires}*
6. **Managing Anxiety** This 6-item scale is composed of items reflecting the extent to which the child worries about past, present, and future events. High t-scores on this scale reflect difficulties with anxiety and correspond to Anxiety Disorder in the DSM5. *{not used in 8-18 mo. or 18-36 mo. questionnaires}*

7. **Responding to Change** This 6-item subscale is composed of items reflecting the extent to which the child reacts negatively to new places, situations, activities, or people, changes in routines, or loud noises. High t-scores on this subscale reflect temperamental difficulties with responding to change and reactivity thought to be precursors of later difficulties with anxiety and worry. *{only used in 8-18 mo. or 18-36 mo. Scales}*
  
8. **Managing Mood** This 6-item scale is composed of questions reflecting interest or enjoyment of life and general mood. High t-scores on this scale suggest that the child may be losing interest in activities and relationships that have previously been a source of pleasure. High t-scores on this scale reflect difficulties with mood and correspond to Major Depressive Disorder in the DSM5. *{not used in 8-18 mo. or 18-36 mo. questionnaires}*
  
9. **Expressing Emotion** This 6-item subscale is composed of items reflecting the extent to which the child seems unreactive, withdrawn, bland, and apathetic, shows little emotion, pleasure, or interest in usual activities or exploring, has a flat expression, and seems not to care what happens. High t-scores on this subscale are thought to reflect difficulties with expressing emotion thought to be precursors of later difficulties with mood. *{only used in 8-18 mo. or 18-36 mo. Scales}*
  
10. **Regulating Social Anxiety** The 6-item scale reflects concerns regarding fearful behaviour in social situations. High t-scores on this scale reflect difficulties with social anxiety and correspond to the DSM5's Social Anxiety Disorder. *{not used in 8-18 mo. or 18-36 mo. questionnaires}*
  
11. **Regulating Compulsive Behaviour** This 6-item scale reflects concerns regarding repetitive behaviours such as hand washing, checking, ordering, or cleaning, and preoccupation with persistent rituals and routines. High t-scores on this scale reflect difficulties with compulsive behaviour and correspond to the DSM5's Obsessive-Compulsive Disorder. *{not used in 8-18 mo. or 18-36 mo. questionnaires}*
  
12. **Sleeping** The 6-item scale reflects concerns regarding difficulty falling and staying asleep, sleeping less than other children, waking at night, and not having a regular sleep schedule. High t-scores on this scale reflect difficulties with sleeping behaviour and correspond to the DSM5's Sleep-Wake Disorder. *{only used in Parent questionnaires for kids between 8 months and 3 years}*
  
13. **Eating** The 6-item scale reflects concerns regarding eating only a few particular foods or too little, not eating appropriate foods, not seeming to get hungry, not seeming to have a regular eating pattern, and refusing to eat. High t-scores on this scale reflect difficulties with eating behaviour and correspond to the DSM5's Feeding and Eating Disorder. *{only used in Parent questionnaires for kids between 8 months and 3 years}*

- 14. Affect Regulation** Derived from the *Affect Regulation Checklist* (Morretti 2003) These two - 3 item – subscales assess two dimensions of affect regulation. **Affect Dysregulation** refers to the problems in controlling internal feelings of distress and reestablishing a state of equilibrium or calm. **Affect Suppression** refers to the tendency to distance oneself or avoid experiencing, thinking about, or expressing uncomfortable feelings. Both (or either) affect dysregulation and affect suppression may be features of previously discussed DSM related conditions. (V2 Youth Questionnaires, and V3 Parent Questionnaires for kids 6 -17 years old)

See [Simon Fraser University/Research](http://www.adolescenthealth.ca/measures-1) (www.adolescenthealth.ca/measures-1) for details regarding the preceding Affect Regulation Checklists and the following Adolescent Attachment and Avoidance Checklist.

See [SFU Attachment Programs](http://www.adolescenthealth.ca/connect-attachment-programs) (www.adolescenthealth.ca/connect-attachment-programs) regarding related Attachment treatment programs (see scale, below)

See [SFU /journal-articles-and-books](http://www.adolescenthealth.ca/journal-articles-and-books) (www.adolescenthealth.ca/journal-articles-and-books) for an helpful list of research and programming related to Affect Regulation and Attachment programs.

- 15. Adolescent Attachment and Avoidance** Derived from the *Adolescent Attachment Anxiety and Avoidance Inventory* (AAAAI, Moretti 2003) these two - 3 item - subscales, assess the two underlying dimensions of parent-child attachment. **Adolescent Attachment Anxiety** refers to hyperactivation of the attachment system and expressed in fear of parental rejection and abandonment, and a persistent need for reassurance. **Adolescent Attachment Avoidance** refers to suppression of the attachment system and expressed in reluctance to seek closeness or share feelings or thoughts with parents, and persistence on independence. Both (or either) attachment anxiety and attachment avoidance may be features of previously discussed DSM related conditions. (V2 Youth Questionnaires, and V3 Parent Questionnaires for kids 6 -17 years old)

### BCFPI Composite Scales

- **Externalizing Behaviour.** This scale is composed of the 6-item Regulating Attention, Impulsivity, and Activity Level subscale, the 6-item Cooperating subscale, the 6-item Regulating Conduct subscale, and the 6-item Regulating Callous-Uncaring Behaviour subscale. An Externalizing score is computed only if all age-appropriate Externalizing subscales have been computed.
- **Internalizing Behaviour.** This scale is composed of the 6-item Separation from Parents subscale, the 6-item Managing Anxiety (or Responding to Change) subscale, the 6-Item Managing Mood (or Expressing Emotion) subscale, the 6-item Regulating Social Anxiety subscale, and the 6-item Regulating Compulsive Behaviour subscale. An Internalizing score is computed only if all age-appropriate Internalizing subscales have been computed.

- **Regulating Senses and States.** This 12-item scale is composed of the 6-item Eating and the 6-item Sleeping subscale. A Regulating Senses and States score is computed only if both Regulating Senses and States subscales have been computed.
- **Total Problems.** This scale is composed of the Externalizing Problems Scale, the Internalizing Problems Scale, and the Regulating Senses and States Scale. A total problem score is computed only if all age-appropriate Mental Health subscales have been computed.

### Child Functioning Scale

The Child Functioning Scales reflect the extent to which the Mental Health problems reviewed above are perceived to adversely affect the child's social participation, the quality of the child's social relationships, and school participation and achievement. High T scores on the Child Functioning Scale' subscales reflect more severe functional impairment. To determine which area contributed to high scores on this subscale, the response to each item should be examined in the listing of questions printed with the **Standard Parent Report**.

### Impact on Family Scale.

This 6 item scale reflects the extent to which the child's problems are perceived to have influenced the family's activities (external social networks) and family comfort (internal family functioning). These items include the extent to which the child's behaviour influences visits to/from friends and relatives, the family's ability to use child care, and the family's ability to take the child on shopping trips. High T scores on this scale suggest that the child is perceived to limit the family's relationships with others and mobility in the community and to be a source of conflict and anxiety within the family. High T scores on this scale reflect greater impairment in family functioning.

### Risk Factors

- **Informant Mood.** This 6 item scale is derived from the Centre for Epidemiologic Studies -Depression (CES-D) 20-item scale. High T scores reflect symptoms of depression such as depressed mood and activity, attentional problems, sleep difficulties, and loss of appetite.
- **Family Functioning.** This is a 6 item scale derived from the McMaster Family Assessment Device's (FAD) 12-item General Functioning scale (Epstein, Baldwin, & Bishop, 1983). High T scores on this scale suggest difficulties with problem solving, communication, support, or general relationships.

### Descriptive sections in questionnaires for 8 months to 6 years

- 7 questions re the parent's judgement re the child's capacity re 7 developmental domains
  - 7 questions re the parent's concern re the child's capacity re 7 developmental domains
- 8 questions re whether the child experienced specific stressors in their lives