

Children’s Actions, Relationships and Emotions Screening Tool (C.A.R.E.)

Introduction

The Children’s Actions, Relationships, and Emotions (C.A.R.E) is a forty-eight item questionnaire/scale designed to screen for behavioural issues in children, twenty-four to seventy-two months, within child care settings. The objective of assigning a specific score to a set of actions, relationship interactions, and emotions is to assist in planning and implementing developmental programming for the children. The scale is to be completed by child care professionals in a child care setting. The scale is scored using a four-point scale. The forty-eight items are arranged under three indices which yield individual scores. However it is the composite score, which is utilized in making decisions. The individual indices may be analyzed to determine the specific areas that a child may be experiencing behaviour challenges. The actions/behaviours index represents overt behaviours; the relationship index focuses on the child’s interaction with peers, adults, clothing, and substances; the emotions index examines the child’s self-perceptions and is more closely aligned with internalizing behaviours.

C.A.R.E. is not an actuarial tool – it cannot predict problems or severity of issues. It is not diagnostic and should never be used to label children or to determine a mental health diagnoses. No single tool or scale should ever be used in isolation to make any specific determination or evaluation. However, this directive is perhaps even more important for the preschool population. C.A.R.E. is a screening tool. Its purpose is to assist child care professionals in determining if specialized programming is appropriate for the child or if a referral, through the parent, to an outside agency should be considered. C.A.R.E is one of a variety of tools used by child care programs who participate in Quality Child Care Niagara to address the needs of children in their programs.

C.A.R.E has been developed over a three-year period. Its development began with the gathering of information, on child behaviours, from child care professionals within Niagara’s child care sector. That initial information was then complemented from observed characteristics in children referred to Pathstone Mental Health (Niagara’s Children’s Mental Health Agency). Specific behavioural themes and questions were then identified, with the intent to illicit information from the potential raters, about children in their settings. Following this a review of the literature was conducted further refining the questions. The Behaviour Checklist was then piloted without a scale to determine severity. In effect it was more akin to a structured interview that the rater processed through an internal dialogue.

C.A.R.E is in effect the second or revised version of the behaviour checklist. In this updated version the questions from version one were assessed for their strength in identifying children needing a

referral to Pathstone. The questions were also framed in a manner, which would support a scale to gauge severity. Those questions that weighted more heavily in consistently determining appropriate referrals to NCYS were kept and the other questions discarded. The questions were again thematically arranged. A four point likert-like scale was added 0-3. Weighting for this was determined by comparing like worded questions on C.A.R.E with similarly worded question stems from the Achenbach and the Connors that had been completed on children in child care settings. The future step will be to evaluate the responses on version 2. Through an empirical analysis we will also evaluate the extent to which the scale appropriately informs the respondent of the degree of the concern and its efficacy in directing the rater to a recommended level of intervention.

Purpose for Screening Preschool Children

The purpose of screening preschool children is to promote early identification and intervention with the intent to minimize the impact that behavioural issues will have upon the child in later life. This philosophy is utilized in programs such as Head Start. Screenings are used to gather data in order to recommend appropriate interventions for individual children. Research evaluates and supports ongoing programming.

There are inherent limitations associated with screening preschoolers. They are unique in that their cognitive and language abilities are limited (Bierman and Schwartz, 1986). Moreover, it is more difficult to accurately ascertain behavioural functioning compared to other areas of preschool functioning such as motor skills and academic achievement (Martin 1991). As well and perhaps most significant is that the range of normal development varies widely for preschoolers than older children. These limitations should not cause one to not screen or assess a preschooler. However, the rater should be cognizant for these real issues and the impact these limits place upon the accuracy of the screening results. As well once a child has been identified as having a potential behavioural problem the rater should be equally aware that the issues might be ameliorated quickly by direct or indirect interventions. Simply put the child should not be seen as always a behavioural problem.

Professional Requirements

C.A.R.E can be administered and scored by individuals who do not have formal training in clinical psychology, school psychology, counseling psychology, or related fields. However, the rater should carefully study the administration and scoring procedures presented within this instruction guide. In addition the rater should be knowledgeable of child development (two to six years of age) and should have experience with younger children.

Scoring and Decision Matrix

C.A.R.E has been developed to provide a scoring system, which will afford the rater the information necessary to plan for additional supports or to provide information to the parent/guardian around possible referrals. C.A.R.E yields three score ranges. Each range has been established to correspond with a decision matrix, which is connected to external referrals.

CARE has a one scoring range for 18 months to 42 months and a separate scoring range for children 43 months to 72 months. For children 24 months to 42 months, six questions are not scored nor counted in the range of scores.¹ The composite score range for this age group is 0-129. For the older cohort the score range is 0-144. There are two categories within the C.A.R.E tool, which will assist in determining how the scoring outcomes should be processed in terms of next step referrals. The categories are as follows:

- Score range
- Question stems

Score Range Category

Score Range A: 18-42 months

A score above 58 would meet the decision matrix criteria for a referral to the Family Intervention at Pathstone Mental Health

Score Range A: 42-72 months

A score above 77 would meet the decision matrix criteria for a referral to the Early Years program at Pathstone Mental Health

Score Range B: 18-42 months

A score between 40 and 57 generally meets the decision matrix criteria for those children who are supported by Early Years program at Pathstone Mental Health

Score Range B: 42-72 months

A score between 54 and 76 generally meets the decision matrix criteria for those children who are supported by the Early Years program at Pathstone Mental Health

Score range C: 24-42 months

A score between 27 and 39 would indicate the need to consult with a Community Resource Consultant

Score Range C: 42-72 months

A score between 38 and 53 would indicate the need to consult with a Community Resource Consultant

Note:

C.A.R.E., is not a diagnostic tool and referrals to outside agencies can only be done with the support and consent of the parents.

¹ **The following questions are not factored into the scoring for children between the ages of 24 and 42 months: 17, 32, 38, 42, 48**

Rating Scale

Scoring is predicated upon the rater having established a relationship with the child for a period of at least twenty days. It is also assumed that prior to rating behaviour the environment of the program has been assessed and rated using ECERS-3. The C.A.R.E should only be initiated with parental consent based upon identifiable behavioural concerns.

The scale is 0 for never; 1 for sometimes; 2 for often; and 3 for very often. A guideline as to how to decide what each description translates to in terms of incidents is as follows:

- 0: it never occurs in the twenty-day period;
- 1: less than 5 times during a twenty day period
- 2: between 6 and 10 times in the twenty day period; and
- 3: more than 10 times in the twenty day period

Note these behaviours must be within the twenty-day period for the rater to endorse the corresponding number. If a child care professional determines that behaviours warrant the completion of C.A.R.E because a child has displayed concerns in a number of areas associated with behaviour and identified on C.A.R.E such as hits self, says no one likes me; is rude to adults; cries a lot the reason for using C.A.R.E cannot be calculated into the score.

Question Stems

There are also three question stems that have been identified as items for consideration. These questions have an impact upon scoring.

1. For children 18 months to 42 months where all two or three items for consideration are endorsed and
 - a) Scores between 16 and 35 a referral should be made to Pathstone Early Years
 - b) Scores above 35 a referral should be made to Pathstone Mental Health
2. For children 43 months to 72 months where two or three items for consideration are endorsed and
 - a) Scores between 16 and 30 a referral to Pathstone
 - b) Scores above 30 should be referred to Pathstone Mental Health

Defining the Questions

Although the entire number of question stems use language that is easily understood some of the terms are open to some degree of interpretation. We have provided guidelines for those terms that may be open to differing definitions.

Tantrums – may include any combination of the following:

- screaming
- jumping up and down
- throwing self on the floor

Confused

- uncertain of expectations
- disorientated
- cannot make simple decisions

Erratic

- behaviour is unpredictable with no visible antecedents
- mood changes often (at least two times an hour and must be at least 4 times during the day. Note there is no explanation for the change).

Disorganized

- has difficulty obtaining goal due to unsystematic way of problem solving.

Co-operative Play

- 2 or more children engaging in play with a special goal, i.e.: building a specific structure with blocks.

Rigid Routines

- needs to follow same routine
- unable to deal with change
- child tends to persevere on same routine on a daily basis

Agitated

- may present as restless and/or frustrated with regards to interacting with others

Child Name _____

Completed by _____

Below is a list of items that describe the child. For each item that describes the child over the past 20 days, please select.

- 0 - never
- 1 - sometimes (less than 5 times during the 20 day period)
- 2 - often (between 6-10 times in 20 day period)
- 3 - very often (more than 10 times in 20 day period)

The following questions are not factored into the scoring for children between the ages of 24 and 42 months: 17, 32, 38, 42, 48

	Actions - over the last 20 days of the child	0	1	2	3
1	Has used profanity				
2	Has been accident prone				
3	Has difficulty listening				
4	Has become easily frustrated				
5	Has become violent				
6	Has tried to scare peers				
7	Has appeared confused				
8	Has fallen asleep in class				
9	Has not attempted new tasks				
10	Has been erratic in daily routines				
11	Has used violent or threatening language				
12	Has a short attention span				
13	Has touched private parts				
14	Has appeared disorganized				
15	Has aggressive play with toys				
16	Has had a poor sense of boundaries				
17	Has been acting out				
18	Has engaged in dangerous behaviours				
19	Has said no one likes me				
20	Had had rigid routines				
21	Has taken things				
22	Has had sensitivity to touch				
	Total	0	0	0	0

	Relationships - over the last 20 days the child:	0	1	2	3
23	Had made sexualized comments				
24	Has not shared				
25	Has not engaged in parallel play				
26	Has difficulty making eye contact				
27	Has been bullied				
28	Has withdrawn from the group				
29	Has limited communication				
30	Has bullied others				
31	Has left peers abruptly				
32	Has lost friends				
33	Has difficulty returning to parent/guardian				
34	Has been disrespectful to teacher				
35	Has difficulty relating to peers				
36	Has problems with feel of clothing				
	Total	0	0	0	0
	Emotions - over the last 20 days the child:	0	1	2	3
37	Has appeared sad				
38	Has had tantrums				
39	Has repetitive behaviours				
40	Has acted fearful				
41	Has hit him/herself				
42	Has said I am no good at things				
43	Has attempted to or has run away				
44	Has cried for no reason				
45	Has screamed for no reason				
46	Has said I hate myself				
47	Has laughed when others were hurt				
48	Has many changes in mood				
	Total	0	0	0	0

Comments _____

Tabulate scores for each category	Total
Actions	0
Relationships	0
Emotions	0
Total Score	0

Number of Items for consideration (shaded areas) _____

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