

GLOSSARY

CHILDREN AND ADOLESCENT PSYCHIATRIC ASSESSMENT (CAPA)

January 1998

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INTRODUCTION TO CHILDREN AND ADOLESCENT PSYCHIATRIC ASSESSMENT (CAPA)

INTERVIEW STYLE

The interviewer is expected to ask questions in a flexible but disciplined way. The questions do not have a fixed format, but all the items in each section should be assessed in order to determine the presence or absence of symptoms. In asking questions about a symptom, the interviewer should go into the context in which it has occurred, the factors that aggravate or alleviate it, and the consequences that this symptom has brought about. Interviewees are allowed to answer questions in their own words and describe their experiences and behaviors in their own way. Once the symptom has been exhaustively evaluated, all the information obtained will be used to code the behavior, emotions, or thought described by the interviewee with the corresponding levels of severity and definitions in the glossary.

During the interview, notes should be taken on the child's affective reactions and responses to situations and events in order to go into them later. For example, it is not enough to know that the child has been disobedient at school; it is also necessary to find out how s/he feels about that. Does the child seem defiant, amused, sad, or anxious about his or her behavior? Or, if the child reports that s/he has few friends, is s/he concerned or sad about this, or does s/he feel totally comfortable with the situation?

The interviewer has to obtain not just yes or no answers, but also details about the symptoms. It is the interviewer's job, not the child's, to decide what symptoms are present. Although the questions in the text are recommended, the interviewer should continue asking all the questions needed in order to clarify the information that is going to be coded.

With respect to the content of the question, the usual procedure is to begin with a question that defines the general area under consideration, follow up with more specific questions on the symptom to be coded, and end with general questions, in order to obtain examples of the behaviors or mental processes that are being reported. For example, when the interviewer is trying to find out about the interviewee's emotional state, s/he might begin with the question: "How have you been feeling over the last month?" A question like that can produce, on the one hand, a complete description of a depressive episode (in which case, all the corresponding items should be coded), or, at the other extreme, an undefined answer like "okay." In the latter case, it would be appropriate to ask another, more specific question, like "Have you felt unhappy or sad at any time?" If the answer to this question implies that the interviewee has been in low spirits, this should be clarified by general questions which seek to elicit examples, such as "Can you give me an example of a moment in which you felt that way?" or "How low did you feel at that moment?" or "How did you feel about yourself when you were low?" or "When was the last time that you felt that way?" If the questions indicate that the interviewee may have experienced a significantly depressive emotional state, additional questions should be asked in order to determine whether the symptomatic criteria are met.

The task always consists of establishing the symptoms in accordance with the criteria given by the glossary. A yes or no answer to a specific question does not determine the code. Occasionally it might be necessary to code a symptom as being present despite the fact that the interviewee categorically denies it, or, the other way around, according to the instructions in the glossary code it as not present despite the fact that the interviewee insists that it is present.

STRUCTURE OF THE SURVEY

Although a detailed guide has been provided on the use of questions, the suggested questions should be used depending on the demands of the interview. The survey provides three levels. First, there are Initial Assessment Questions that serve as entry points to the various sections of the interview. If it is found that the symptoms in the initial assessment are present, then the section should be completed; if not, the interviewer should go on to the next section. All the questions in the initial assessment are asked, unless the interviewee has provided the information needed for determining the presence or absence of the symptoms of the initial assessment. It is important to keep in mind the interviewee's level of understanding of the questions during the entire interview. Often it will be necessary to paraphrase the questions for some interviewees, and a particular effort should be made to ensure that younger interviewees understand what they are being asked.

If the answers to the properly phrased questions in the initial assessment are convincingly negative, then it will be necessary for us to ask more questions in that area and the interviewer should move on to another section. Likewise, if convincingly negative answers have already been obtained in another part of the interview, it will not be necessary to ask these questions, since it is the codes, and not the questions themselves, that should be consistent. Nevertheless, one should keep in mind that sometimes interviewees change their minds, so interviewers should be willing to return to sections that have already been covered or omitted if some new or more precise information emerges during the course of the interview.

The survey provided for each individual symptom has two levels:

***Questions marked with asterisks** and in bold face are questions that should be asked of all the interviewees who enter in the section, unless the information has already been provided.

Questions not marked with asterisks are additional questions, which are suggested in order to provide guidance in the process of clarifying symptom details. These questions, or similar ones, will always be asked whenever appropriate, in order to obtain the details necessary to clarify the symptoms.

The order in which the sections are completed is also flexible, since this order is determined by the indices of the symptoms expressed by the interviewees. For example, if in the beginning of the interview the child talks about his or her participation in fights or robberies, the section on disocial disorder should be completed at that time, despite the fact that this section appears at the end of the interview.

During the interview, notes should be made in the right margin of the page. The questions asked should be marked with a password, making a distinction between yes or no questions.

All interviews should also be recorded in order to go over them again in the office and be able to verify and finalize the codes.

SCOPE OF ITEMS ON THE INTERVIEW

The interview includes symptomatology relevant to a broad range of psychiatric disorders in children. This material can be grouped in a two-level structure.

In the first level, assessment is divided into three areas:

- i) Home and family life
- ii) School
- iii) Companion groups and free-time activities

Many children show disturbances only in certain scenarios, so this code provides an important reminder that assessing the setting in which a disturbance is manifested is as necessary as assessing its specific structure. The interview begins with an assessment of functioning within the family, the school, free time, and companions, giving some emphasis to coping strategies in order to avoid giving too much importance to the pathology in its initial stages. This promotes development of positive empathy with the child and his or her parents at the beginning of the interview, before beginning more difficult or threatening subjects.

For example, if the interviewer finds that the child experiences marked anxiety related to going to school, questions should be asked first about his or her situation, but then the interviewer should continue with questions necessary to complete the section on anxiety disorders. Once this is done, the interviewer should return to the questions on school functioning, if they have not been completed. Once the interviewer completes the section, he or she should move on to the next section. In this way specific aspects of the psychopathology will be able to be covered when the interviewer encounters them in any of the three general areas of functioning. Should the indices on important areas not occur spontaneously, specific questions have been provided for assessment purposes.

Nevertheless, the interviewer should always keep in mind that the interview is used not just to obtain a patient history, but also to assess the child's mental state at that moment, and that direct observations contribute significantly to that assessment. Thus, the CAPA interview represents a formalization of the clinical practice of taking the history of the current condition and doing an examination of the mental state.

Detailed notes should be taken of examples of symptoms or problems that are present. These notes provide important information for later cleaning of data, and also allows anyone who reads the entire interview to obtain a much more complete picture of the nature of the child's difficulties. This has exceptional value when one wishes to understand and annotate findings based on statistical analysis of the formal codes. Above all, it is important to take notes of the examples of psychotic symptoms, since it is often difficult to identify them with certainty in children.

CODIFICATIONS OF SEVERITY

One important element is precision in the codification of severity for individual symptoms. The “severity” of a symptom increases due to a series of aspects among which the interviewer should be able to distinguish:

- 1) the intensity of the symptom
- 2) the frequency with which it occurs
- 3) its duration when present
- 4) the period of time transpired since the first time it manifested itself, and
- 5) the degree of incapacity produced as a consequence of the symptoms.

Intensity

Level of intensity refers to the symptom’s strength or impact without considering such aspects as its frequency or duration. The first aspect of intensity is a threshold below which elements are not considered to be of clinical importance. This is necessary due to the fact that many “symptoms” (for example, anxiety or depression) represent aspects that are common and normal when they are present with low intensity. The second aspect of intensity is its level within the clinical sphere.

Criteria for intensity are necessarily different for different types of symptoms. The first group of symptoms consists of those intrapsychic phenomena that are normal when they are present to a lesser degree (such as worry). For these elements, the intensity of a symptom is usually assessed according to three dimensions:

- 1) **bursting into or interfering with** other mental activities (such as, for example, the case of worries that interfere with other thoughts),
- 2) **lack of modifiability**, or the child’s inability to modify the phenomenon through action, thought, behavior, or manipulation of the environment (such as when a sad child tries to cheer him- or herself up by playing football with friends),
- 3) **generalization**, or the degree to which symptomatic thoughts or emotions are present in a series of activities that have very little to do with the content of the symptom (as in the case of the child who is frightened when separated from his or her parents in situations where there is no threat of separation).

Note that these characteristics are coded only for the episode in which the symptom is manifested, and therefore are part of the codifications for frequency and duration.

The second group of symptoms includes those that have a *qualitative* difference that defines all the manifestations of the trait as abnormal, irrespective of its level of intensity. Obviously this includes psychotic phenomena, but there are other symptoms that can be assessed in the same way, since the presence of the trait has clinical relevance at any level of intensity, even though it does not necessarily imply that it is inherent to the disorder, as is the case with psychotic phenomena. For example, this approach is used with certain behavioral symptoms that are not very common (such as setting fires or running away from home), with developmental abnormalities not very common at certain ages (such as enuresis), and with other disturbances (such as derealization and depersonalization).

The third group of symptoms includes disturbances that are abnormal only when they are intense. This corresponds, for example, to items of behavioral disturbance such as disobedience and tantrums. Sometimes the intensity threshold is implicit in the definition of the symptom (for example, tantrums are defined in terms of attempts to do violence to persons or property), but on many occasions it is necessary to specify a minimum frequency combined with the requirement of generalization in all activities in order to establish the threshold.

The fourth group of symptoms might be considered an intermediate level between the second and the third, given that it includes symptoms that are common yet not universally expected at a lesser intensity, as is the case of the first group, intrapsychic phenomena, or the third group, behavioral disturbances. In view of the uncertainty as to what intensity is clinically relevant, the threshold has been set at a low level so that only clearly trivial manifestations are excluded. The specific requirements are established individually for each symptom. The glossary gives the precise rules for coding the intensity of each item throughout the interview. In most of them, the symptoms and the behavior are coded on an "intensity" scale of 4 points.

0 = The symptom is absent

1 = The symptom agrees with the glossary definition with respect to the definition, and meets most but not all of the intensity 2 criteria. It should also be coded as "1" when the available information suggests that the symptom meets the general concept inherent to the intensity criteria, but the details fall a bit short of the required specifications. N.B.: The code "1" should not be used for slight symptoms (code as 0) or when the information is not good or doubtful (code as X). In fact, code "1" is used only for symptoms that fall only slightly short of the intensity threshold in technical terms.

2 = The symptom is present at least at a minimum level of intensity as defined by the glossary.

3 = The symptom is present at a higher level of intensity, as defined by the glossary.

4 = In the Subjective Anxious Affect Section, the interviewee has not been in the situation for the last three months because he or she has avoided it, but he or she reports that the anxious affect would have been present if he or she had been in that situation.

D = The parent does not have sufficient knowledge to reach a code. Code the intensity as D if the parent reports that he or she does not have the information in question and cannot answer your question. If the parent says "so far as I know, no," or "I don't think so," code 0.

U = The child's answers indicate that he or she does not recognize that the concept applies to him or her or to others. As a result of this lack of recognition, it is not possible to assess whether a symptom has been present or not. (This code should not be used much, and only when there is clear evidence (after an appropriate and complete interrogation) that the interviewee does not understand the concept. It should not be used just because answers have been vague or imprecise; in that case, code X.)

S = Information omitted due to the structure of the interview or because it does not apply. The question does not apply (for example, menstruation dates are not coded for males) or the items are in omitted sections and are not covered because the answers to the assessment questions were in the negative.

N = The symptom is similar to the one that is being coded, and is of sufficient severity to merit attention, but it does not fit any definition in the glossary.

X = Not enough information, or the section has not been completed. Some items cannot be coded under this code (for example, those that cannot be coded as simply 0, 1, and 2), but in these cases the glossary does provide definitions.

If in a particular category of symptoms there is a **mixture** of levels of intensity, the average of those intensities is not calculated in order to reach a general code of intensity; the symptom is coded at its worst or highest level, with the following stipulations for categories of "emotional/affective symptoms (Worries, Anxiety, including Separation Anxiety, Rumination, Obsessions, Compulsions, Depression, and Mania): when a "mixture" of intensity levels 2 or 3 is reported, in order to code a general level 3 intensity the symptom should occur at that level continually for at least 1 week, or twice a week for 3 ½ consecutive weeks, or once a week for 7 consecutive weeks. However, if it is clearly a 3, the requirement of continually for 1 week does not apply. For frequency and duration, **all** the episodes that meet the criteria (both intensity levels 2 and 3) are included.

In the case of antisocial behavior, two additional aspects are coded:

- a) **Directionality:** What or who was the behavior directed toward?: that is, whether the behavior was directed against public property (such as an act of vandalism to a telephone booth), against strangers or property that does not belong to a previously identifiable person or persons (such as stealing a stranger's car), or against a specific person or persons (such as destroying an enemy's bicycle).
- b) **Alone/accompanied:** that is, whether the person carried out the act alone or in the company of other persons.

Some behaviors are also observed in relation to a situation or the setting; that is, where they occur: **home, school, or somewhere else.** A behavior should meet all the definition criteria for each individual setting in order to be coded as positive for that setting.

TIME: FREQUENCY, DURATION, AND ONSET

Primary period

The interview has been designed to examine the three months just prior to the interview. This period is called the primary period. Questions will only be asked about symptoms that occurred outside the primary period if during the primary period there were very few symptoms related to frequent acts.

Duration

For those symptoms that show a significant degree of continuity through time, the duration of each period should be coded. In this context, a period refers to each continuous manifestation of that particular symptom. Duration is coded as the period (almost always in hours and minutes) that most of the episodes lasted during the last three months.

The assessment of duration is coded for episodic symptoms, so it is not used when the concept of episode is not applicable to the symptom. Therefore, duration is not coded for symptoms that constitute separate acts (such as stealing, enuresis, or encopresis). The day is divided into three periods of five hours, so that a morning is coded as five hours, the afternoon has five hours, the night is coded as five hours, and "all day" is coded as 15 hours. If the symptom lasts until the precipitating factor is withdrawn (as in the case of anxiety resulting from a specific phobia), its duration is coded as 16.00 hours.

The definition for some symptoms requires a minimum daily duration; most symptoms require a duration of at least one hour per day to be coded. To meet this criterion, all episodes count, no matter how long or how short (how close to one another/how frequent) they are, but they must total at least one hour per day. For example, if a child is worried six times a day and each episode lasts at least 10 minutes, the total duration for that day is 01.00 hours, and the duration per episode is 00.10 hours. However, if some days the child is worried for 10 minutes three times a day, that day would not be included in calculating the average duration for the three-month period. See the section on hyperactivity to calculate the average for exceptions.

Frequency

it is necessary to code frequency for all symptoms that are not continuous. Frequency refers to the number of episodes or separate acts that have occurred during the last three months. If the frequency is more than 999, it should be coded as 999. If the symptom has been present continually, then it should be coded as 15 hours under duration and 90 under frequency.

To calculate the average frequency (or any aspect of the symptom or behavior), the general rule is that it is better to underestimate the symptomatology; below are the rules to follow in this process:

- a) 2-3 times per week = 2
- b) 3-5 times per week = 4
- c) 5-10 times per week = 7

For symptoms that are present at intensity level 3, the frequency codes reflect the frequency of the symptoms at both level 2 and level 3. The justification is that the intensity level indicates the worst manifestation of the symptom, and the frequency tells us how often (how close to each other/how frequently) the symptom has been present at a level that can be coded.

Symptom onset

The interviewer should record the date on which the interviewee began to experience any symptom that has been present during the primary period at an intensity level of 2 or higher. If the symptom has been present intermittently over a long period, then another rule is used: an asymptomatic period of one year or more is considered an interruption of the presence of the symptom, and the next appearance of the symptom after the interruption is considered the onset date. For example, if the child is without bladder control from the time he or she is born until he or she is two years old, and then there are three years under control, then he or she loses control two years later, recovers it after six months and then begins to wet his or her clothes 18 months later, the last date should be recorded as the beginning of enuresis. However, the code "ever" should be used to code the first manifestation of a symptom or behavior; in this case the rule of absence for 1 year is not used.

The onset dates are coded as current dates.

There are also certain rules that apply to the codification of doubtful dates:

- i) If information on just the year that the symptom or behavior occurred is obtained, that date is coded as 6/14 of that year (that is, midway through the year).
- ii) Likewise, if just the age (in years) at which the symptom began is obtained, it is coded as a date six months after the previous birthday (for example, if a child born on 1/1/78 says, "It began when I was seven years old," that date would be coded as 7/1/85). If the answer is "when I was three or four years old," the older age is coded for the onset date.
- iii) If the answer obtained is a season, the month is coded as 1 (January) for winter, 4 (April) for spring, 7 (July) for summer, and 10 (October) for fall.
- iv) If the grade in school is obtained as the onset date, the middle of the year is used for the month, 14 for the day, and 3 for the margin of error (refer to codes for margin of error below). For example, if someone says the symptom began in the third grade (and the child was in the third grade from September of 1984 until June of 1985), the onset would be 1/14/85, with a margin of error of 3.
- v) If the interviewee can identify the month, the day is coded as 14.
- vi) The first week is coded as day 7; the second, as day 14; the third, as day 21; and the fourth, as day 28.

Often it is very effective to be persistent in asking questions about dates related to key moments such as holidays, birthdays, and seasons of the year. That is, the interviewee can often remember onset dates that they could not specify before.

If the answer is "I've always been that way," try to help the interviewee specify the dates ("Were you that way in kindergarten/preschool? What about before that?"), but if he or she cannot manage to remember, use the date of birth.

Code C (Only in certain versions of the CAPA interview)

Often it is not possible to obtain an exact date, and therefore an additional code (Code C in the interview) is provided; this code takes into consideration the margin of error for the date recorded.

- 0 = The date is correct, down to the day.
- 1 = Not sure about the day.
- 2 = Not sure about the month.
- 3 = Not sure about the year.
- 4 = The symptom was present at least by the recorded date.

If the onset date is not known, that is, if it has been coded as "X," the onset date for the margin of error should be "S."

INCAPACITY

Two levels of impairment are distinguished with respect to incapacity in functioning:

- 1) **Partial incapacity**, which refers to an obvious decrease in functioning in a specific area.
- 2) **Severe incapacity**, which refers to total, or almost total incapacity in the ability to function in a specific area.

A series of general principles correspond to codes for incapacity:

1) In order to code as incapacity, the interviewer should be able to tell that the incapacity arises out of the presence of symptoms or disorders. For example, with a child who has lost their friends because their mother forbids them to have anything to do with them, the loss of friends is not coded as an incapacity. Even though this could of course have a limiting affect on their social life, it would not count as incapacity because it is not the consequence of the child's psychopathology. On the other hand, if the child was very frightened of leaving the house and lost their friends because of that, it would count as incapacity. In addition, if a child withdrew from a group of friends who used drugs and did not make or re-establish other friendships, that, too, would count as incapacity.

2) The specific psychopathological area responsible for the incapacity should be identified. It is not enough to code that the child was incapacitated in a certain way and had certain psychopathological problems. Each incapacity should be tied to the problems that apparently generated it. This is often difficult when children have multiple problems and incapacity, but it should still be attempted. However, this does not mean that an incapacity has to be assigned to one problem in particular. Sometimes it happens that several different symptoms contribute to one particular incapacity. When this is the case, each problem area that contributes to the incapacity should be coded.

3) Therefore, if an incapacity is seen as the consequence of other symptoms, then those other symptoms have to precede the onset of that incapacity. They must have resulted from a drop in a prior level of achievement or ability in order to be considered as the cause of an incapacity. Thus, a child who had been able to perform his or her work satisfactorily in school before could show a reduction in his or her ability to do acceptable work because he or she feels too unhappy to concentrate on his or her school work. This would be considered an incapacity as the consequence of affective symptoms. On the other hand, if a child who has always had poor performance becomes depressed, incapacity related to school work could be coded only as a consequence of the depression if his or her school performance drops below the previous level. If there were no further decrease, no incapacity related to depression would be recorded.

However, a problem arises in the case of symptoms that have been present for the child's whole life, since it is not possible to demonstrate deterioration resulting from symptoms because both symptoms and the adjudged incapacity would have been present simultaneously. In this situation, it would be acceptable to code it as such, so long as the incapacity can be linked directly to the symptoms. One example might be the level of social incapacity of a hyperactive child who has shown that behavior from childhood and therefore his or her relationship with his or her companions has always been disturbed.

An additional modification is allowed in the case of relationship problems, in which the incapacity can be adjudged in the absence of symptoms for those children who have difficulties with their primary relationships. In these cases, the general code for the incapacity is 2 or 3, the specific area of relationships is coded as 2, and the other codes for symptom areas as 0, except for the relationship that causes the problem.

If the interviewee has not been exposed to a specific social situation (for example, school) during the last three months, but there is clear evidence in the past that the incapacity might have been manifested if the child had been in the situation (for example, had conflictive relationships with his or her companions), then that incapacity is coded as present, and the date of onset must be determined. The code for intensity should not be greater than the highest level that had occurred previously. In cases such as this, the incapacity would often have contributed to not being able to be in the social situation that is under consideration.

4) The incapacitating effects of the psychopathology do not have to be the direct product of the child's behavior, but may be mediated by other persons. For example, if a child is expelled from school because of fights and constant problems and therefore falls behind academically, that would count as incapacity in school performance just as much as if the child had missed school because of his or her own anxiety or fear of leaving the house.

5) The rules for determining the dates of onset for incapacities are essentially the same as for determining the onset of symptoms. That is, first one makes a decision as to whether a specific incapacity was or was not present during the primary period of three months. If it was, then its onset is coded as the date on which the minimum required level as defined by the glossaries appeared. Once again, there is the stipulation that if the incapacity has been present only intermittently, the onset date is established at the moment at which the incapacity began again after the last period of one year (or more) without the incapacity. The dates on which partial incapacity worsened into total incapacity are also recorded.

FLOW OF INFORMATION

Often, a range of information of various kinds is needed in order to describe a symptom. For many items, the interviewer should determine (i) the presence (N.B., descriptions are very important), (ii) intensity, (iii) frequency, and (iv) duration of each individual event, (v) the onset date, and (vi) effects on other areas of functioning (incapacity).

It is important to obtain a total description of any symptom before going on to determine its frequency and duration, since it makes no sense to obtain this information for items that do not reach the symptom threshold.

Therefore, the preferred flow of questions is the following:

- Presence/absence
- Onset date
- Duration
- Frequency
- Incapacity

Is obvious that this procedure should not be followed slavishly. If the interviewee talks spontaneously about the frequency of his or her anxiety episodes, he or she should not be asked to change and talk first about duration.

CODING THE INTERVIEW

When the interview is completed, the coding for it should be determined as soon as possible, in consultation with the glossary.

If a mental state or behavior meets the criteria for two or more symptoms, it is coded only under the most specific title, that is, the item which includes the largest number of characteristics for that mental state or that behavior.

However, it is not unusual for a mental state or behavior to be coded under two items when those items refer to different aspects of that state or behavior. For example, a child who says that he or she feels depressed and also irritable should receive codes under both Depressed Mood and Irritability. Often, the glossary clarifies the relationships among several symptoms.

PRESENTATION OF PROBLEMS

WHETHER OR NOT THERE ARE DIFFICULTIES

This item is coded only in the versions of the CAPA interview used for referred interviewees. In them, the interviewer notes the child's or parent's point of view as to why the child was referred. The interviewer should ask questions to discover whether there are other problems that may have led to the referral. Write down verbatim what the interviewee sees as the main reason for the referral, even when you think there are other problems that may have been more important for the person who referred the child. If reasons are given for the referral, but the interviewee does not think that these are problems, and feels that he or she does not need help, code 0, but keep notes on the reasons for the referral. This item provides an opportunity to get a preliminary idea of the child's problems and the parent's attitudes toward those problems. This is important to ensure that this sensitive information is appropriately dealt with in later questions. It is also useful for the interviewer because it gives an idea of how the interviewee feels about health professionals, to which the interviewer belongs.

TYPE OF PROBLEM

If the child who had difficulties answered in the affirmative, code here the nature of those problems. Remember that you are recording his or her opinion and not yours this time. If the child does not perceive that he or she has difficulties, then code the types of problems as "S" (structurally absent); obviously, questions are not asked about these problems if the interviewee thinks that he or she does not have them.

Emotional problems: Includes Depression, Suicidal Thoughts and/or Attempts, Mania, Hypomania, Worries, Rage, Anxiety Disorders (includes separation anxiety, school anxiety, situational or fluctuating anxiety affect, eating disorders, post-traumatic stress disorder, obsessions, and compulsions).

Disocial problems: Includes stealing, fighting, running away, encounters with the police.

Problems with the use of drugs/alcohol: Includes any problem related to the use of substances. If legal problems are presented, also code the disocial problem.

Problems with hyperactivity/inattention: Includes problems related to attention deficit and hyperactivity.

Absenteeism from school: Includes unjustified absence *and* absenteeism due to Worry/Anxiety (in this case, also code the presence of an emotional problem).

Learning problem: Includes any academic difficulty or use of academic programs or special classes to improve school performance.

Problems with family relationships: Includes any difficulty related to relationships with family members, including relatives who do not live at home.

Other problems: Includes elimination disorders, Insomnia, Nervous tics, Somatic symptoms, Psychotic symptoms, and any problem not included in the previous categories.

SOURCE OF REFERRAL

This item is used only for interviewees who have been referred and is coded in the parent version of the CAPA interview. Code here the identity of the source of the referral, that is, the person who first established communication with the clinic. In situations in which a professional made a formal referral through the parent (such as for example sending a letter via the parent), code the professional. On the other hand, if the parent took action without formal communication by the professional, code the parent as the source of the referral.

FAMILY STRUCTURE, LIFE, AND FUNCTIONING

Section objectives

This section has five main objectives;

1) To establish empathy between the interviewer and the interviewee.

The greater the empathy between the interviewer and the interviewee, the greater the probability that the information gathered in the interview will be of higher quality. Empathy allows the interview to be much more pleasant for both people and makes the flow of information easier. The interviewer should appear friendly, alert, and interested, but without seeming too indiscreet. He or she should allow the interviewee to speak and not harass the interviewee with too many questions. Insofar as possible, a positive connotation should be given to the interviewee's interests and activities, and the interviewer should not adopt a disapproving attitude about his or her limitations and attitudes. Try to maintain empathy throughout the interview, although the first stages of the interview are especially important in order to set the tone for the rest.

2) To set the interview style.

At the beginning of the interview, the interviewee does not know what to expect of it or what type of information is going to be asked for. Therefore, the first stages of the interview are important because they provide the interviewee a chance to understand what is being required of him or her.

3) To obtain information on family structure, life, and relationships.

This section represents an extension of the original section on family life and relationships, to be used when more detailed information is required. In this section, the interviewer codes the dimensions of family function and dysfunction that have been shown by many studies to be related to childhood psychopathology. Many of these items are derived from the information that forms a part of the interview Child's Life Experiences and Long-Range Environmental Adversities (CLELEA), which was developed by Seija Sandberg and Michael Rutter at the Institute for Psychiatry.

4) Indicators for other sections of the interview.

This section makes it possible for us to obtain information indicating a pathology that we can ask questions about later.

5) To obtain information applicable to Incapacity codes.

Many of the questions in this section are applicable to the Incapacity codes. It is important that from the beginning of the interview, the interviewer consider the disorder at the level of both symptom and incapacity.

Organization of the Section

The section is organized in five sub-areas:

- 1) Family structure**
- 2) Family life and family relationships**
- 3) Relationship with parents and between parents**
- 4) Parents' psychopathology**
- 5) Relationship with siblings**

FAMILY STRUCTURE

SIBLINGS

In this context, “siblings” includes all the children (or adults 18 years of age or older) of the parents or substitute parents responsible for the care of the interviewee, whether related by blood or not, and they are listed in order of age (from oldest to youngest). Therefore, half brothers and sisters and other children from previous marriages who may or may not be biologically related to the interviewed child are counted, as are “adoptive siblings” (which may mean that either the sibling or the interviewee is adopted). This item includes siblings who live or do not live in the same house as the interviewed child. At this point in the interview, the purpose is to form a picture indicative of the current environment in the child’s home, with some understanding for the complications presented by the extense family.

For each sibling, indicate name, relationship to the child, sex, age, and whether he or she has been at home for one month during the primary period.

In the case of newborns, they do not have to have lived in the house for one month in order to be counted as residents of the house.

For siblings less than one year old, mark 0.

- 1 = sibling by both father and mother
- 2 = half brother or sister
- 3 = stepbrother or stepsister
- 4 = adoptive sibling
- 5 = unrelated child
- 6 = other related child (for example, cousins)
- 7 = biological parent who lives at home but does not play a parental role

A half sister or half brother is a child who has one of the parents in common with the interviewee. For example, when a mother remarries and has another child with her new husband, the half siblings would have the same mother.

A stepbrother or stepsister is related to the interviewee by marriage and does not share biological parents with the interviewee.

MULTIPLE BIRTHS

Indicate whether the interviewee is the product of a multiple birth. If so, code whether he or she considers himself or herself to be an identical or fraternal twin (triplet, etc.). Then code the interviewee’s position in that birth; the twin born first is coded as 1, even when he or she has older siblings.

Make a note of the evidence that exists for the identical/fraternal twinship.

Code the details of the birth order here only if the interviewee is a result of a multiple birth.

OTHER PERSONS IN THE HOUSEHOLD

Here, indicate the name and relationship to the child of any adult (except in adult sibling) who has lived in the house for at least one month during the last three months.

Some families have very complicated relationship patterns, and it is possible that some children with problems have lived in several places during the primary period of three months. The basis for these codes should be the place where the child has lived most of the time during the primary period, so long as there has been at least one parent figure in the house during that time (that is, a person who has assumed some responsibility for trying to control the child's behavior and disciplining him or her).

If the child has not lived at home for at least one month during the primary period, complete the Family Structure and Functioning section based on the last period of one month in which he or she did live in the house. If the child has lived with two different families for at least one month with each during the primary period, code the longest period. If there have been two placements of equal length, code the most recent.

If there are more than 10 persons in the household, omit those who have the least kinship with the child. If even more factors for discrimination are needed, omit those persons who have been in the house for the shortest length of time.

- 1 = biological father or mother
- 2 = adoptive father or mother
- 3 = stepmother or stepfather
- 4 = father or mother's partner living in the house (> 6 months)
- 5 = father or mother's partner living in the house (< 6 months)
- 6 = grandparents
- 7 = other relative
- 8 = paying tenant
- 9 = other
- 10 = substitute parent (foster parent)
- 11 = interviewee's partner who lives in the house
- 12 = interviewee's child

AGE AT TIME OF ADOPTION

Indicate the age (in years and months) at which the child was adopted by the current family, or the age at which the child was legally adopted by a stepfather or stepmother.

FOSTER HOME

If the child has ever been in foster care, code the number of foster homes and the date of the first placement.

If the child is in a foster home at the present time, code the placement date in that home.

MARITAL STATUS OF BIOLOGICAL PARENTS

This item refers to the current marital status of the biological parents. Thus, if a couple lived together for one year and then was married for five years before getting a divorce, it would be coded as 4 (divorced).

If the biological parents have a legally recognized consensual relationship as a marriage (that is, they have lived together for a period that the state defines as common-law marriage) then code the marital status as "common-law relationship > 6 months."

Biological parents who prefer to live separately or who are legally separated are coded as separated.

Note that this item refers only to the *biological* parents, and therefore does not necessarily have anything to do with the people who are now bringing up the child.

NUMBER OF YEARS THAT THE BIOLOGICAL PARENTS LIVED TOGETHER

This is the total number of years that the biological parents lived together, regardless of their marital status. Include the years in which the interviewee's biological parents lived together without being married, or the amount of time that the biological parents lived together before getting married.

ETHNIC/RACIAL ORIGIN OF BIOLOGICAL PARENTS AND INTERVIEWEE

This refers to the ethnic origin of the child and each of his or her parents. These categories have been established for all the projects that are funded by the Federal Government.

AI = American Indian or native of Alaska. A person with origins in any of the native peoples of North America and who maintains his or her cultural identity through affiliation with some tribe or community recognition.

AS = of Asian origin or from the Pacific Islands. A person with origins in any of the native peoples of the Far East, Southeast Asia, the Indian sub-continent, or the Pacific Islands. This area includes China, India, Japan, Korea, the Philippine Islands, and Samoa.

BL = Afro-American/Black African. A person with origins in any of the black races of Africa.

HI = Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American origin or culture, or of another Hispanic culture, regardless of the person's race.

WH = Non-Hispanic White. A person with origins in any of the native peoples of Europe, North Africa, or the Middle East.

OT = Other. A person whose origin has not been previously specified, or a person who insists that he or she has a mixed cultural identity.

If a parent or child has two lineages, code the main ethnic origin (that is, the ethnic group with which the parent most identifies, for which he or she considers him- or herself the part of, or the ethnic origin that he or she uses for tax documents). This demographic information is important, but if a parent insists on identifying him- or herself as a person of mixed lineage, code "other."

CHILD'S MARITAL STATUS

it is possible that in some cases the interviewee is already married. This item allows coding for a legal marriage.

FATHER/MOTHER FIGURES

The term **father/mother** refers to any adult who has lived in the child's house for at least 1 month and who assumed some responsibility in trying to control and discipline the child's behavior. Therefore, the father/mother's partner who lives in the house is considered a father/mother if he or she takes part in some way in the child's discipline or care.

For the Family Structure and Functioning section in its entirety, the terms Father/Mother #1 and Father/Mother #2 refer to father/mother figures in the house who have lived with the child for at least 1 month during the 3 months indicated in the family section. These people are coded as father/mother figures in the home.

The terms Other Father/Mother #1 and other Father/Mother #2 refer to parents who no longer lived at home. These may include biological parents, adoptive parents, step-parents, or other "parents" who have had an impact on the child's upbringing. These persons are coded as Father/Mother Figures Who Live in Another Place.

This section clarifies who have been coded as Father/Mother #1, Father/Mother #2, Other Father/Mother #1, and Other Father/Mother #2.

The indicators #1 and #2 are used in order to allow relatively unusual combinations to be coded (for example, two people of the same sex in the case of having two stepfathers, a gay or lesbian parent relationship, or two persons who are not married, as in the case of a mother and a grandfather).

For the Family Structure and Functioning section, the terms father and mother refer to father/mother figures in the home, except in the cases mentioned below. The information on people who live in the family home is coded separately under Other Persons in the House. The relationship between "parents" in the house is coded separately under Parent Relationship. The biological parents' marital status is also coded separately.

- 1 = biological father or mother
- 2 = adoptive father or mother
- 3 = stepfather/stepmother
- 4 = father's/mother's partner living in the house (≥ 6 months)
- 5 = father's/mother's partner living in the house (< 6 months)
- 6 = grandparent
- 7 = other relative
- 10 = foster father/mother
- 11 = unrelated adult who acts as a father/mother figure
- 12 = deceased biological father/mother
- 13 = deceased non-biological father/mother

Examples of codes for father/mother figures:

The child lives at home with both biological parents

If the child lives with both biological parents, code them throughout this section as Parent #1 and Parent #2.

If the biological parents have separated or divorced during the primary period and a parent who now lives somewhere else lived in the family house for at least 1 month, code the biological parents as Parent #1 and Parent #2.

The child lives at home with one biological parent

If the child lives with one biological parent and this parent's new partner, who acts as a parent, and the other biological parent lives somewhere else, code the parent and his or her new spouse as Parent #1 and Parent #2.

If the child lives with one biological parent without a new partner who acts as a parent, code that parent as Parent #1, and the absent biological parent as Other Parent #1. Given the possibility that the child has little contact and little relationship with the biological parent who lives somewhere else, it is possible that some of the questions will not apply and therefore should be coded with an "S."

If the biological parents are separated or divorced and share custody of the child for the same amount of time, the mother is coded as Parent #1 and her house is the one used for this section. If the mother is not available for the interview but the father is, then the father is coded as Parent #1 and his house is used for this section and the mother is coded as Other Parent #1.

The child lives at home without either of his or her biological parents.

If the child lives with his or her adoptive parents, foster parents, or stepfather and stepmother, and both participate in raising the child, code them as Parent #1 and Parent #2. If the child has some knowledge of or contact with his or her biological parents, code them as Other Parent #1 and Other Parent #2.

If there is only one adoptive parent, foster parent, or step-parents in the house, without any partner who acts as father/mother, code that person as Parent #1. Code the absent biological parents as Other Parent #1 and #2. If the ex-partner of Parent #1 (who is not a biological parent) acted as parent and still participates in the child's life, you can choose this person as Other Parent, instead of the biological parent with whom the child has no contact.

If the child lives with another adult (for example, a grandmother, aunt, or unrelated person) who has a partner who acts as a parent, code them as Parent #1 and Parent #2. Code the absent biological parents as Other Parent #1 and #2.

If the child lives with another adult (for example, grandmother, aunt, or unrelated person) who does not have a partner, code that adult as Parent #1. Code the absent biological parents as Other Parent #1 and #2.

Code aunts and uncles, grandparents, and adult siblings as parent ONLY when they act as parents, instead of coding the mother or the father. For example, if the interviewee lives with his or her mother and biological grandmother, but the grandmother does not act as a mother (as defined above), she would not count as Parent #2.

Child whose parents are deceased

If the interviewee's parents died during the primary period, code them as deceased. However, given that parent was alive for at least part of the primary period, code the information relevant to the child's relationship with that parent whenever possible throughout the Family Structure and Functioning section.

If the interviewee's parents died before the primary period, code them as deceased and fill in the following items about them: ethnic/racial origin of the biological parent, parents' psychological problems, parents' problems with substance abuse, and parents' arrests and trials.

RELATIONSHIP BETWEEN PARENT #1 AND PARENT #2

The following three items refer to the current "marital" relationship between the "parent" with whom the child lives and the "most significant adult" for that person.

In many families, this will be the relationship between the persons coded as Parent #1 and Parent #2 in the Family Structure and Functioning section. In other families in which the child lives with only one parent, the code is given to the "most significant adult" for the parent, who could be in an exclusive relationship

These items are organized hierarchically and only one of the three relationships should be coded as present. Code the highest in the hierarchy with a 2 and the others with a 0. If there is not a significant relationship with another adult, all of them are coded as 0.

MARITAL RELATIONSHIPS

A marital relationship is a legal marriage or any continuous relationship that a) has lasted for at least six months, b) has been present during the last three months, c) includes the partners who live together in the same house for at least one of the three months. A recently separated couple would be considered to have a marital relationship if the previous criteria are met.

N.B. Include homosexual couples if they fit the previous criteria.

EXCLUSIVE PARTNERSHIP

An exclusive relationship which has been maintained for at least three months, including at least one month during the last three months. The couple should also have remained in the child's house for at least 10 hours per week during at least one of the last three months.

OCCASIONAL EXCLUSIVE RELATIONSHIP

The relationship which meets the criteria for exclusive partnership, except that it does not meet the criterion of 10 hours in the family home.

FAMILY LIFE AND FAMILY RELATIONSHIPS

The questions in this section can help determine what things the family does together. All the codes in this section require that the interviewee have a general idea of the family relationships in question. Therefore, all the questions in this section should be asked before coding it.

Lives at home

This item is coded 0 (Yes) when the child has lived in the family home for at least one month during the primary period, regardless of whether he or she is living in the house or not at the time of the interview. If the child has not lived in the house for at least one month during the primary period, the item is coded 2 (No).

For children who have not lived at home for one month, the Family Structure and Functioning section will be based on the last month in which the child lived at home. If the child lived at home a few weeks during the primary period, you only have to count back the number of weeks needed to make a period of one month. For example, if the child lived at home for one week during the primary period, then you only have to count back three weeks.

The Family Structure and Functioning section will be omitted in some studies in which it is decided not to go back to the prior one-month period. In that case, the following items would still be filled in: list of siblings, multiple births, marital status of the biological parents, father/mother figures, ethnic/racial origin of the biological parents, whether the child has lived at home, number of weeks lived at home, other parents, parents' psychological problems, parents' problems with substance abuse, and parents' arrests and trials.

Note that the number of weeks that the child has lived at home during the last three months is also coded.

For children who have not lived at home for one month during the primary period, code the secondary period as the beginning of the one-month (or several week) period used for the family structure and functioning section.

If the child is at home for one month during the primary period, the secondary period would be coded as S.

*For longitudinal studies that utilize the CAPA interview, investigators can decide whether to use, discard, or adjust the use of the secondary period when the child no longer lives at home at the time of follow-up. This can vary depending on the study's needs. One of the directives (GSMS) stipulates that if for the subsequent follow-up phases of the CAPA interview, the child has not lived at home during the primary period (hospitalized, detained) the following items are coded: whether the child has lived at home (2), number of weeks that the child has lived at home, arguments with parents, quality of the relationship with other parents, arguments with other parents, siblings, biological parents' marital status, ethnic/racial origin, determination of father/mother figures, psychological problems, problems with substance abuse, and arrests, trials, and imprisonment of all father/mother figures. The other items in the Family Structure and Functioning section are coded as S. For the rest of the CAPA interview, make a note of any event that has occurred during visits to the house in the box for home and any event that has occurred in the place of hospitalization in the box for other place. In addition, for those cases in which the interviewee lived at home for part of the primary period, but that time adds up to less than one month of the primary period, utilize the secondary period as has been stipulated, so long as the first day of the secondary period does not precede the date of the previous year's CAPA interview. However, if that date does precede the previous year's CAPA interview, discard the secondary period, code the number of weeks that the child was living at home during the primary period (from one day to one week would be coded one week), and complete a codification as previously established.

RELATIONSHIPS WITH THE PARENTS AND BETWEEN THE PARENTS

There are two basic dimensions in relationships with parents: a quantitative aspect, that is, the time that is really spent sharing with the parents; and a qualitative aspect, or the quality of the relationship during that time.

ACTIVITIES WITH PARENTS

Activities in which the child participates with his or her parents are coded according to the degree of pleasure, dislike, or disinterest associated with those activities.

0 = All or most (at least 75%) of the shared activities are pleasant for the child.

2 = At least some (25-74%) of the shared activities produced tension, worry, or disinterest for the child.

3 = All or most (at least 75%) of the shared activities produced tension, worry, or disinterest for the child.

The codification is done regardless of the interviewer's points of view about whether those activities should or should not be pleasant, and regardless of their duration (this duration is coded under the item "time spent with parents"). If a relationship has changed during the primary period (for example, a negative relationship that improves after the child received treatment), code the worst that the relationship has been during the primary period.

COMMUNICATION BETWEEN CHILD AND PARENTS

Frequency of conversations between the child and each parent, regardless of who initiates a conversation and without taking into account whether the child or the parents enjoys it or not. An exchange should last at least five minutes to be considered a conversation.

Make a distinction between communication and arguments or criticism. A conversation is a verbal exchange in which there is no shouting or aggressive exchanges and which is not explicitly focused on issues of discipline or criticism.

Codifications are done for each parent separately.

Code the number of conversations that meet the criteria and occur during the primary period.

PARENT USES THE CHILD AS CONFIDANT

The parent talks about his or her own problems with the child, or seeks out the child for emotional support. For example, expects the child to console him or her when he or she feels bad emotionally.

Codifications are done for each parent separately.

2 = Sometimes the child is used as a confidant, but he or she is not the only person that fulfills that function.

3 = The child is the parent's only confidant.

TIME SPENT WITH PARENTS

Include the time spent with parents in any activity in which both the child and the parents participate (for example, pastimes, games, time used in taking the child to activities outside the home).

Do not include the time that the child spends at home but without sharing with his or her parents. A child can spend hours in his or her room, but this time does not count for this code. Many times initial questions about the time spent with parents are given answers such as "seventy hours a week." However, when additional questions are asked, it is discovered that the child spends most of this time in his or her room doing school work (homework/chores) or listening to music, etc. In order for this section to be coded correctly, it is necessary to get a description of the activities and create an outline of a typical day and typical weekend. These descriptions also provide valuable material for other codifications in this section. Passive activities are included here (such as watching television with the rest of the family or having the parent drive the child to certain activities) in which the child and parent are doing the same thing. It is not necessary for the parent or the child to enjoy the time together, and the time they spend arguing or complaining should be included.

The number of hours per week that the child spends with Parent #1 and Parent #2 are coded separately. When both parents take part in the activities, those hours are counted for each parent.

If it is reported that he or she spends less than one hour a week, code it as one hour in this case.

It is better to complete the codes for this item after having explored in detail the pattern of activities that the child shares with his or her parents. However, a good way to introduce the subject of activities in common is to ask how much time the child spends with his or her parents.

INADEQUATE PARENTAL SUPERVISION/CONTROL

The parent does not provide sufficient supervision of a child less than 18 years old, which is evidenced by his or her frequent lack of knowledge about where the child is, the child's activities, and who the child is with. Proof of inadequate control includes the inability to maintain effective control of the child's behavior or inadequately trying to do so, in addition to a lack of interest or an inability to intervene when the child's behavior diverges from the normal or can cause the child problems.

0 = Adequate supervision/control for the age and circumstances.

2 = Does not know where the child is at least once a week; or the parent is unable to exercise effective control at least once a week.

3 = Does not know where the child is at least five times a week; or the parent usually (more than 50% of the time) is unable to exercise effective control, or does not try to maintain it when the situation merits. The situation is also included here when the parent has stopped trying to discipline or supervise his or her child.

PARENTAL OVERINVOLVEMENT/OVERPROTECTIVENESS

One or both of the parents becomes too involved in the child's life or controls it too much, to the point of infantilization. For example, supervises his or her activities too much, does not allow independent behaviors appropriate for the child's age, and does not let the child make decisions (such as choosing his or her friends or clothes).

Do not include reasonable levels of disciplinary action, such as wanting to know where the child is at night, even when the child complains a great deal about these demands. The parents' attempts to control the child's contact with friends who have a bad influence over the child (for example, drug use) should not be counted as parental overprotectiveness.

The fact that a parent goes through an adolescent's room for fear that the child is using drugs would also not indicate overprotectiveness. However, intrusive and repeated inspections that do not seem to be justified by the child's behavior should be included.

Do not include culturally accepted interventions (for example, such as when a mother helps a teenage girl with a complex hairdo).

0 = Appropriate level of intervention for the child's age and situation.

2 = Defined infantilization (for example, dresses or washes the child at an age when that is no longer normal); forbids behaviors appropriate for the child's age or does not allow the child to make decisions.

3 = As in 2, but approaching extreme proportions.

It is very hard for parents to meet the criteria for overprotectiveness and lack of supervision simultaneously.

For adult children who live at home, consider the expectations that the parents have concerning control.

SEVERE PARENTAL DISCIPLINE

One or both parents utilize a severe, restrictive, or physical disciplinary style that results in punishments that are more severe than appropriate.

Physical punishment is coded only when it is obvious that it exceeds cultural norms. Therefore, a slap or occasional spankings should not be included, regardless of the interviewer's opinion about corporal punishment.

The rules for coding also require that the interviewer determine whether the general family environment, when discipline is not being applied, is basically caring, that is, supportive and affectionate. Once again the material obtained with respect to other items is important (for example, Positive Activities with Parents), so that this codification cannot be completed without having obtained an overall view of the family life.

Interviewers should be alert to the possibility of physical abuse when this item is positive. A code of 3, in particular, should be discussed with a supervisor, and when appropriate, the study protocol for handling possible cases of child abuse should be put into action.

In this section, severe restrictions on the child's activities for long periods of time are also included.

Each parent's disciplinary style is coded separately.

2 = a more severe disciplinary style than most parents, but applied in a generally caring environment.

3 = severe discipline applied coldly or often angrily, without there being a generally caring atmosphere.

NUMBER OF ARGUMENTS WITH PARENTS

Disagreements that last at least five minutes and result in disputes that may include raised voices, shouting, verbal abuse, physical aggression, or fighting.

Arguments are coded separately for Parent #1 and Parent #2.

ARGUMENTS WITH PHYSICAL VIOLENCE ON THE PART OF THE CHILD

The presence of arguments like those defined above, which include physical violence on the part of the child toward one of his or her parents.

ANOTHER TYPE OF PHYSICAL VIOLENCE ON THE PART OF THE CHILD (without arguments)

Any violence on the part of the child toward one of his or her parents, in the absence of an argument as defined above.

SELECTIVE NEGATIVE PERCEPTION

The parents perceive the interviewee more negatively than the other children in the house. But just because the child has more problems does not mean that he or she will be the object of a selective negative perception. In order to be coded in this way, the parent must believe that the child is difficult and should treat him or her differently than the other children. Include both verbal and behavioral treatment.

Consequently, a child who is subject to the same disciplinary rules as his or her siblings, but due to worse behavior received more punishment, would not be considered the object of a Selective Negative Perception. This category is reserved for children subjected to stricter disciplinary rules than those applied to his or her siblings.

0 = The interviewee receives the same treatment as the other children.

2 = The interviewee consistently receives treatment different from that of his or her siblings, in a negative way and in some areas.

3 = The interviewee is considered very different from the other children in the family and is subjected to very different rules or restrictions.

A code of 3 should be used only when the interviewee consistently receives more severe treatment than his or her siblings, and if there is evidence that even when the siblings act in a similar way, they are treated with less severity. In order to help clarify this coding, examples can be obtained of how the parents handle episodes of disobedience on the part of the interviewee and on the part of his or her siblings.

Each parent is coded separately.

OTHER PARENTS

Here, code any relationship that the child has with Other Parent #1 and Other Parent #2.

The number of visits, the average duration of each visit, and the number of calls or letters is also coded.

Relationship with other parent

S = No relationship (for example, never knew his or her mother, or the father left when the child was very small).

0 = There is no evidence of problems in the relationship with the absent parent.

2 = The relationship with the absent parent has negative aspects (for example, the child argues with the absent parent or resents his or her new partner). However, despite these difficulties, the relationship has clear positive aspects, and the child values it.

3 = The relationship with the absent parent is almost totally negative (for example, the child feels very unhappy until the visit is over, or is persistently difficult or out of control during visits that are made to or received from the absent parent). To be coded as 3, it is necessary that the child express the desire to avoid future visits with the absent parent.

The general relationship with an absent parent can be coded even when there has not been any contact with that person during the primary period.

NUMBER OF ARGUMENTS WITH OTHER PARENTS

Disagreements that last at least five minutes and result in disputes which may include raising the voice, shouting, verbal abuse, physical aggression, or fights.

Arguments with Other Parent #1 and Other Parent #2 are coded separately.

ARGUMENTS WITH PHYSICAL VIOLENCE ON THE PART OF THE CHILD

The presence of arguments like those defined above, which include physical violence on the part of the child toward one of his or her Other Parents.

OTHER TYPE OF PHYSICAL VIOLENCE ON THE PART OF THE CHILD (without arguments)

Any violence on the part of the child toward one of his or her Other Parents, in the absence of an argument as defined above.

PARENTAL DISCORD AND PSYCHOPATHOLOGY

ARGUMENTS BETWEEN PARENTS

Disagreements or lack of harmony between the parents at home, to which the child is a witness (because he or she hears it or sees it). There should be evidence of the lack of harmony, such as the presence of arguments that last at least five minutes and in which at least one of the parties raises his or her voice, shouts, engages in verbal abuse, physical aggression, or fights. If physical aggression is part of the argument, also be sure to code Violence between Parents as positive.

“Parents” refers to the two persons who live with the child as a couple and exercise a parental role. Include disputes between parents who are separated under Parents’ Relationships with Previous Partners.

Do not include situations in which the child assumes that his or her parents do not get along, in the absence of arguments as defined above.

0 = Absent

2 = Present

PHYSICAL VIOLENCE BETWEEN PARENTS

Any form of physical aggression on the part of either of the two parents. The physical aggression may include pushing, hitting, or throwing things at his or her partner. This item does not require a minimum length of time for the duration of the episode (cf. Arguments between Parents).

If the parent has had 10 arguments lasting longer than 5 minutes, and three of them included physical violence, the frequency code for Arguments between Parents would be 10 and the frequency code for Physical Aggression between Parents would be at least 3, or higher if physical aggression occurred in other arguments that lasted less than 5 minutes (for example, a mother yells at her husband for 2 minutes when she comes home after having drunk too much, and he hits her) or if any other episode of physical aggression has occurred.

CHILD’S PARTICIPATION IN ARGUMENTS OR VIOLENCE

The child participates in the arguments or physical violence between parents as defined above, whether taking an active part in them, protesting to the parents during the argument, withdrawing, or because one or both of the parents try to use the child as an ally in the argument. For example, a parent may try to persuade, or demand, that the child take his or her side or her join in when he or she criticizes his or her partner.

2 = The child feels bad about the arguments or violence between his or her parents at least part of the time, and manifests this by complaining to the parents during the argument, withdrawing, or showing other signs of upset such as crying.

3 = One or both of the parents try to involve the child actively in at least some of the arguments. In the presence of these demands, code as 3, even when the child refuses to respond to them.

DISSATISFACTION WITH THE PARTNER'S HELP

The interviewed parent expresses a lack of satisfaction with the distribution of work, child care, shopping, or any other domestic activity. Here, the interviewee's opinion and behavior are coded regardless of the interviewer's point of view about the quality of the partner's help.

2 = Dissatisfaction at least occasionally with certain aspects of his or her partner's help to the point that anger or arguments result.

3 = Almost total dissatisfaction with his or her partner's contribution in domestic aspects. Perceives that the partner contributes almost nothing positive.

Each parent is coded separately.

DISSATISFACTION WITH COMMUNICATION AND DECISION-MAKING

The parent expresses dissatisfaction with the quantity and/or quality of the communication between him or her and his or her partner, and/or dissatisfaction with the way in which decisions are made that affect them as a couple or a family.

2 = Some degree of dissatisfaction, which at least occasionally produces anger or arguments.

3 = Almost total dissatisfaction, in which there is satisfaction with almost no aspect of his or her partner's communications style or the process of decision-making.

APATHY

A summary of codifications based on the information obtained thus far. Apathy is present when a relationship between Parent #1 and Parent #2 is generally characterized by compound and or displeasure that leads not to arguments but rather to distancing and a lack of interest in the other person.

2 = The marital relationship is generally characterized by indifference or dislike, but with some care or cooperation in common activities by one of the parties.

3 = The marital relationship is characterized by the absence of caring and by apathy, indifference, dislike, and the desire to avoid the other person; with little cooperation in common activities.

PARENTS' RELATIONSHIP WITH PREVIOUS PARTNERS

RELATIONSHIP BETWEEN THE CHILD'S PARENT AND HIS OR HER PREVIOUS PARTNER

The relationship between the child's current parent (whether Parent #1 or Parent #2) and his or her previous partner, who has also served as the interviewee's parent (Other Parent #1 and Other Parent #2).

The Previous Relationship with Other Parent #1 and Other Parent #2 is coded on separate pages.

NUMBER OF CONTACTS

The number of calls, visits, letters, etc. during the primary period between Parent #1 or Parent #2 and his or her previous partner.

QUALITY OF THE RELATIONSHIP

Code the quality of the relationship between Parent #1 or Parent #2 and his or her previous partner.

S = There is no relationship (for example, when there has been no contact in 10 years)

0 = There is no evidence of problems in the relationship

2 = The relationship has some negative aspects

3 = The relationship is almost totally negative

ARGUMENTS BETWEEN THE PARENT AND HIS OR HER PREVIOUS PARTNER

Disagreements or lack of harmony between a parent at home (Parent #1 or Parent #2) and his or her previous partner, who served as parent (Other Parent #1 and Other Parent #2), to which the child is a witness (because he or she hears it or sees it). There should be evidence of the lack of harmony, such as the presence of arguments that last for at least five minutes and in which at least one of the parties raises his or her voice, shouts, engages in verbal abuse, physical aggression, or fighting. If physical aggression is part of the argument, be sure to also code Violence Between Parents as positive.

Do not include situations in which the child assumes that his or her parents do not get along, in the absence of arguments as defined above.

0 = Absent

2 = Present

PHYSICAL VIOLENCE BETWEEN PARENTS

Any form of physical aggression on the part of either of the two parents. Physical aggression may include pushing, hitting, or throwing things at the partner. This item does not require a minimum length of time for the episode (cf. Arguments Between Parents).

PARTICIPATION BY THE CHILD IN ARGUMENTS OR VIOLENCE

The child participates in the arguments, whether taking part in them, protesting to his or her parents during the argument, withdrawing, or because one or both of the parents try to use him or her as an ally in the argument. For example, a parent may try to persuade or demand that the child take his or her side or join him or her in criticizing the partner.

2 = The child feels bad about the discussion/violence at least part of the time, and manifests this by protesting to the parents during the argument, withdrawing, or showing other signs of upset such as crying.

3 = One or both of the parents try to involve the child actively in at least some of the arguments. In the presence of these demands, code as 3, even when the child refuses to respond to them.

PARENTS' PSYCHOPATHOLOGY

PSYCHOLOGICAL PROBLEMS THAT THE PARENTS MAY EVER HAVE HAD

Psychological, nervous, or psychiatric problems that have led a parent to seek or receive treatment, enter a hospital, have produced family or social impairments, or that have resulted in a significant limitation in his or her general functioning. General functioning includes child care, the ability to function normally at work, and the ability to maintain normal social relationships (including marital relationships).

These codifications refer to the parent's entire life and not just to the last three months. Code with "S" only if the applicable father/mother figure does not exist in the child's life. Do not include problems caused by substance abuse or physical illness unless they are associated with clear psychological problems such as depression.

It is possible to code the boxes for Treatment and Medication as 2, without the parent necessarily receiving a code under Impairment in General Functioning (for example, the case of a parent who has taken medication for depression but whose principal functions have never been impaired due to depression).

Entering a hospital does not necessarily indicate impairment in general functioning. Impairment exists when the parent is available for carrying out the function (that is, when he or she is not hospitalized) but cannot do it adequately.

However, if a parent has been hospitalized at some time, it should automatically be coded that he or she has sought treatment.

Only include family therapy sessions if they were aimed at the parent's psychological problems and not just at the child's difficulties.

PROBLEMS WITH SUBSTANCE ABUSE THAT THE PARENTS MAY HAVE EVER HAD

A level of alcohol or illegal drug use that has led a parent to seek or receive treatment, enter a hospital that has produced family or social impairment, or has prevented general functioning. General functioning includes child care, the ability to function normally at work, and the ability to maintain normal social relationships (including marital relationships).

These codes refer to the parent's entire life and not just to the last three months. If the interviewee responds negatively to the questions about the use of alcohol and drugs during the primary period, be sure to also ask whether he or she has EVER had problems with alcohol or drugs.

PARENTS' SUBSTANCE ABUSE AT THE PRESENT TIME

Code the use of drugs at the present time if the parent has used illegal drugs during the last three months. The presence of problems caused by the use of drugs is coded separately. Do not include in this category the parent's use of alcohol that has not caused problems or led him or her to seek treatment. However, you should include the use of alcohol that has caused problems or led the person to seek treatment.

PARENTS' ARRESTS AND TRIALS

Here are coded the arrests and trials of the parents after their eighteenth birthday. These codes refer to the parent's adult life and not just to the last three months. Arrests for driving under the influence of alcohol and/or charges related to drugs should be coded here, even if questions have been asked about them in a previous section.

EVER BEEN ARRESTED

0 = No
2 = Yes

POLICE TOOK ACTION

0 = No
2 = Yes

WORST RESULT OF THE CHARGE

0 = Not guilty
2 = Parole/Community service
3 = Treatment order
9 = Fine
10 = Prison/house arrest

NUMBER OF YEARS IN PRISON

Code the total number of years and months that the parent was in prison during his or her life. A period of less than one month is coded as one month.

SIBLING RELATIONSHIP

RELATIONSHIP WITH SIBLINGS

Refers to the quality of the child's relationship with each sibling, regardless of where the sibling lives.

0 = The interviewee has a relationship with his or her sibling that is characterized by a generally positive tone. Interactions tend to be more harmonious than conflictive; common activities are generally pleasant; and they rarely try to avoid each other. They also share confidences.

1 = The interviewee has a "neutral" relationship with the sibling, as in the case of a teenager who is almost never at home and has little to do with his or her brothers or sisters.

2 = The interviewee has a relationship with the sibling characterized by a generally negative tone. Interactions tend to be more conflictive than harmonious; common activities are almost always avoided or turn out to be unpleasant.

S = The child has or knows about sibling relationships, such as half siblings, but basically has had no contact. Do not use S to indicate that there was a relationship but that they no longer see each other due to the fact that the relationship is negative. That would be coded more correctly as 2.

ACTIVITIES OUTSIDE SCHOOL

Objectives of the Section

This section has 7 main objectives.

(1) To establish empathy between the interviewer and the interviewee.

The greater the empathy between the interviewer and the interviewee, the greater the possibility that the information gathered in the interview will be of better quality. Empathy allows the interview to be much more pleasant for both persons and facilitates the flow of information. The interviewer should act friendly, alert, and interested, but without seeming too indiscreet. He or she should allow the interviewee to speak and not hound him or her too much with questions. Insofar as possible, the interviewer should give a positive connotation to the interviewee's interests and activities, and not adopt an attitude of censure throughout the interview, although the first stages of the interview are especially important in establishing the tone for the rest of the interview.

(2) To establish the style of the interview.

At the beginning of the interview, the interviewee does not know what to expect of it or what type of information will be asked of him or her. Therefore, the first stages of the interview are important because they provide the interviewee an opportunity to understand what is required of him or her.

(3) To provide the interviewer a general picture of the nature and quality of the child's activities outside the house and school.

(4) To facilitate access to the sections on symptoms, particularly those related to items concerning disocial disorder and hyperactivity in the child's behavior outside school.

(5) To facilitate access to the sections related to items on the child's mood and emotions, in particular by means of questions on the child's emotions relating to his or her own behavior.

(6) To facilitate access to the section on relationship with his or her companions.

(7) To facilitate access to the assessment of certain aspects of incapacity.

This section deals with the child's activities during non-school hours. Some of these activities (for example, theater groups) might be carried out inside the school, but they should not be part of the regular school program.

ACTIVITIES OUTSIDE SCHOOL

Although here no codes are entered, the information obtained should be kept in mind for the codes that arise later in the interview. A list of possible activities to consider is provided, but obviously it is not an exhaustive list, and interviewers should ask questions about any relevant activity that the child participates in.

- Collecting/Making things
- Sports/physical activities
- Going out to play with other children
- Reading
- Going shopping with friends
- Listening to music at school
- Playing musical instruments
- Playing with toys/games
- Singing
- Drawing
- Extracurricular activities
- Church/school/community activities
- Movies/plays/disco
- Work/chores
- Other constructive activity
- Taking part in plays
- Parties
- Computer games
- Taking part in school play
- Delivering newspapers
- Babysitting
- Watching television

NEIGHBORHOOD SAFETY

The child's subjective report on the safety of his or her neighborhood.

2 = Child feels that his or her neighborhood is not safe

3 = Child or parents limit the child's activities in the neighborhood because they perceive a lack of safety.

ARGUMENTS WITH OTHER ADULTS

NUMBER OF ARGUMENTS WITH OTHER ADULTS

Argument is defined here as a disagreement that lasts for at least five minutes and results in a dispute which may include raising the voice, shouting, verbal abuse, physical aggression, or fighting.

Include neighbors, coaches, Boy/Girl Scout leaders, etc.

ARGUMENTS WITH PHYSICAL VIOLENCE ON THE PART OF THE CHILD

The presence of arguments, as defined above, which include physical violence on the part of the child toward another adult.

OTHER TYPE OF PHYSICAL VIOLENCE ON THE PART OF THE CHILD (without arguments)

Any violence on the part of the child toward another adults in the absence of an argument, as defined above.

RELATIONSHIP WITH COMPANIONS

Section objectives

This section has six main objectives.

(1) To establish empathy between the interviewer and the interviewee.

The greater the empathy between the interviewer and the interviewee, the greater the possibility that the information gathered in the interview will be of better quality. Empathy allows the interview to be much more pleasant for both persons and facilitates the flow of information. The interviewer should act friendly, alert, and interested, but without seeming too indiscreet. He or she should allow the interviewee to speak and not hound him or her too much with questions. Insofar as possible, the interviewer should give a positive connotation to the interviewee's interests and activities, and not adopt an attitude of censure throughout the interview, although the first stages of the interview are especially important in establishing the tone for the rest of the interview.

(2) To establish the style of the interview.

At the beginning of the interview, the interviewee does not know what to expect of it or what type of information will be asked of him or her. Therefore, the first stages of the interview are important because they provide the interviewee an opportunity to understand what is required of him or her.

(3) To provide the interviewer a general picture of the nature and quality of the child's activities outside the house and school.

(4) To facilitate access to the sections on symptoms, particularly those related to items concerning disocial disorder and hyperactivity in the child's behavior with his or her companions.

(5) To facilitate access to the sections related to items on the child's mood and emotions, in particular by means of questions on the child's emotions respecting his or her behavior and his or her relationship with his or her companions.

(6) To facilitate access to the assessment of certain aspects of incapacity.

Here, several codings are done but one should also keep in mind the information obtained for the codings that arise later in the interview, particularly those related to incapacity.

Organization of the section

This section is organized as a single unit.

APPROPRIATE AGE OF THE CHILD'S FRIENDS

The degree to which the difference in age between the interviewee and his or her friends is two years or less. Friends in this context are those people with whom the interviewee spends his or her free time, and are not relatives.

- 0 = The difference in age with most friends is two years or less
- 2 = Most friends are two years or more older than the child
- 3 = Most friends are two years or more younger than the child

FREQUENCY OF CONTACT WITH COMPANIONS

The frequency with which the interviewee meets with other people who all are not relatives during his or her free time. The companions may be friends, acquaintances, or neighborhood companions.

- 0 = Sees at least one of his or her companions outside school more than once a week
- 2 = Sees at least one of his or her companions outside school between once a week and once every two weeks
- 3 = Sees at least one of his or her companions outside school every two weeks

BEST FRIEND

An intense, selective, and exclusive or semi-exclusive friendship with another child (of either sex) in which it is expected that the two children do things together and in which there is a preference for sharing confidences. Sharing confidences does not have to be reciprocal; this item only pertains to the interviewee's actions. Long-distance relationships with infrequent contact do not count. The shared confidences may include telling things that the child would not tell other people (not just sharing problems or secrets). Siblings are not coded as best friends.

To be coded as the minor interviewee's best friend, the friend cannot be more than five years older than the interviewee; if the interviewee is 18 years old or older, there are no restrictions on the best friend's age. There may be 1 or 2 "best friends" at a given moment, but if the friendship includes 3 or more companions, it would generally not be considered a "best friend" relationship. A boyfriend or girlfriend can be considered a Best Friend if he or she meets the criteria.

- 0 = Definitely has a best friend during the last year
- 1 = Unsure (includes 3 or more close friends described as "best friend")
- 2 = No best friend during the last year

In order to code that the interviewee has a best friend, he or she should confide in this person; therefore, if it is coded that the interviewee has a Best Friend, the interviewer also has to code that the interviewee has a Confidant Among Companions or a confidant in the family, if the best friend is a cousin who falls within the age parameters). However, if the interviewee does not have a Best Friend, he or she can still have a Confidant Among Companions (as in the case of a confidant who does not meet the other criteria for Best Friend, that is, an intense and exclusive relationship).

CONFIDANT

The presence of a confidant is evidenced when intimate emotions are shared with one or more persons selectively in that relationship. Desires, worries, personal “secrets,” aspirations, problems, fantasies, feelings of love or rejection, etc., can be shared, but this sharing should be done privately in the relationship, and should involve sharing some intimacies. The existence of confidants among the child’s companions and in the family are classified separately.

Siblings who are also confidants are coded under Relationships with Siblings.

0 = Definitely had a confidant with whom he or she has shared emotions during the last year
1 = Unsure (includes sharing emotions with a wider and non-exclusive group)
2 = No confidant

CONFIDANT AMONG COMPANIONS

The interviewee has a confidant, as defined above, among his or her friends, acquaintances, or neighborhood companions.

If a child meets the criteria for having a Best Friend, then, by definition, he or she also meets the criteria for having a Confidant Among Companions. However, a child may have a Confidant Among Companions without having a Best Friend.

CONFIDANT IN THE FAMILY

The interviewee has a confidant, as defined above, among his or her relatives. Include all relatives except siblings. Sibling Confidants are coded specifically under Relationship with Siblings. You should include other family members (for example, parents, aunts and uncles, cousins).

OTHER ADULT CONFIDANT

The interviewee has a confidant, as defined above, who is a non-related adult (for example, neighbor, teacher, coach).

DIFFICULTY IN MAKING FRIENDSHIPS OR MAINTAINING THEM

The child has difficulty making or maintaining friendships, which is shown by his or her few friendships or total absence of friends. The difficulty may be due to his or her inability to get close to other children (isolation), his or her aggressive relationships with other children (discord), or both. This item includes interviewees who have withdrawn from problematic groups of friends (such as friends who abuse drugs) and have not formed or re-established other friendships. Do not include worries or anxiety about friendship relationships, unless these concerns lead to difficulties in making or maintaining friendships.

2 = Definitely has difficulty in making or maintaining friendships, but has been able to maintain a friendship for at least three months from its beginning.

3 = Like #2, but has not had any friendship that has lasted for three months from its beginning.

ARGUMENTS WITH COMPANIONS

Argument here is defined as a disagreement that lasts for at least five minutes and results in a dispute which may include raising the voice, shouting, verbal abuse, physical aggression, or fighting.

If the interviewee reports having engaged in physical violence against a companion, in the absence of an argument, code appropriately under Fighting or Physical Attacks in the section on Disocial Disorder.

CONFLICTIVE RELATIONSHIPS WITH FRIENDS

The child has relationships with one or several friends that include substantial amounts of physical or verbal aggression or arguments. This interaction is coded even though it may be considered acceptable among some groups of companions.

Do not include sporadic arguments between companions. This item includes only relationships which have a general tone of conflict.

2 = Present with at least one friend

3 = Most friendships are characterized by their conflictive nature

SHYNESS WITH COMPANIONS

Reluctance to get close to other companions that he or she does not know very well.

0 = Absence

2 = Shyness that includes being uncomfortable in meeting new people with whom the child has no reason to feel discomfort, but without actively avoiding those contacts

If shyness is present, consider whether it does or does not meet the criteria for Social Anxiety. If so, both Shyness and Social Anxiety are coded as positive.

INTERVIEWEE IS THE OBJECT OF MOCKERY/AGGRESSION

The interviewee is particularly the object of mockery, physical attacks, or threats by other children. Include abuse by sibling(s).

0 = Absent

2 = The child says that he or she is the particular and preferred object of mockery and aggression. That is, he or she is chosen in particular for this type of attention.

Do not include children who report being the object of some aggression but not to a greater degree than their companions.

The frequency with which this occurs in three different environments is coded. If a prior period has been used for the section on home or school, use that period of time for this item.

LACK OF INTEREST IN OTHERS: "SCHIZOID"

The child has a general lack of interest in his or her companions; he or she does not seek greater contact with them, and lacks a sense of intimacy or involvement with other persons, often with limitations with respect to empathy/sensitivity toward other people's emotions.

If it has already been established that the child has a best friend or participates actively in other positive relationships with his or her companions, then it is not necessary to ask questions about a schizoid lack of interest, given that by definition, it cannot be present.

LACK OF EMPATHY/EMOTIONAL SENSITIVITY

A lack of recognition of and sensitivity to other people's emotions. Inability to perceive or detect the other person's emotions, regardless of the desire that the interviewee may have to respond to those emotions (that is, do not include a child who is aware of other people's emotions but responds with insensitive inattention to them). This inability is generalized and not specific to one particular relationship.

0 = Absence

2 = Present

BOYFRIEND OR GIRLFRIEND

A selective relationship with a person of the opposite sex that includes activities in common but that does not have to include sexual activity; or a relationship with a person of the same sex that includes sexual activity. In the second case, the interviewee should see the relationship as different from other friendships of the same sex because of its physical component.

Code this item as positive if the interviewee has had a Girlfriend or Boyfriend at any time during the primary period, even if he or she does not have a boyfriend or girlfriend at the present time.

If the interviewee has had sexual relations: Sexual activity that includes genital penetration or attempt at penetration, to which both persons consented. Homosexual activity that includes vaginal or anal penetration and or intercrural coitus counts here. Does not include forced sexual activity. This codification refers to the interviewee's entire life and not just to the last three months.

Total number of sexual partners: Code the number of partners with whom the interviewee has had consensual (on the part of the interviewee) sexual relations during his or her life.

Total number of pregnancies: Code the number of pregnancies that have resulted from the interviewee's sexual activity. This is coded for male interviewees as well.

Total number of children: Code the number of children that the interviewee has had, regardless of the child's place of residence. This item applies to male as well as female interviewees.

INDISCRIMINATE RELATIONSHIPS WITH ADULTS

It is reported that the child is friendly with almost any adult, to an unusual degree for his or her age of development, social group, and familiarity with the adult.

Often the child seems "needy" or "syrupy," and behaves inappropriately with non-close friends. This item should be coded as present only when the child's behavior is clearly outside normal limits. If there are doubts, code the item as absent. The child who is simply friendly or courteous with his or her companions would not be coded here.

2 = Makes no distinctions in his or her relationships with companions but the parent does not see this as a problem

3 = Makes no distinctions in his or her relationships with companions, to the point that the parent sees it as a problem

INDISCRIMINATE RELATIONSHIPS WITH COMPANIONS

It is reported that the child is friendly with almost all of his or her companions, to degree that is unusual for his or her development age, social group, and familiarity with a companion.

Often the child seems "needy" or "syrupy," and behaves inappropriately with non-close companions. This item should be coded as present only when the child's behavior is clearly outside normal limits. If there is doubt, code the item as absent. The child who is simply friendly or courteous with his or her companions would not be coded here.

2 = Does not make distinctions in his or her relationships with companions, but the parent does not see this as a problem.

3 = Does not make distinctions in his or her relationships with companions, but the parent sees this as a problem.

PERFORMANCE AND BEHAVIOR IN SCHOOL

Section objectives

This section has seven main objectives.

- (1) **To determine the quality of the child's school performance and skills.**
- (2) **To facilitate access to the sections on symptoms, particularly those related with items concerning disocial disorder and hyperactivity, which are obtained by reports on the child's behavior in school.**
- (3) **To assess the pattern and causes of absence from school.**
- (4) **To facilitate access to the sections related to items on mood and emotions, particularly by means of questions about the child's emotions concerning his or her own behavior.**
- (5) **To identify and clarify phenomena associated with separation anxiety disorders.**
- (6) **To facilitate access to the sections on relationships with his or her companions and activities outside school.**
- (7) **To facilitate access to the assessment of certain aspects of incapacity.**

Organization of the section

This section begins with general questions similar to those asked about the family, activities outside school, and relationships with companions. The rest of the section is divided into six sub-areas, each one with preliminary assessment questions that determine whether that sub-area will be completed:

- (1) **General information on school/work.**
- (2) **Pattern of absence from school (unjustified absence).**
- (3) **Worry/anxiety about school attendance.**
- (4) **Separation anxiety.**
- (5) **Pattern of absence from school (anxiety).**

SCHOOL PERIOD

During school-age years, children and teenagers spend a great deal of time in the school setting. Therefore, it is very important that we obtain a general picture of the interviewee's behavior specifically in the school environment. In order to be able to assess school behavior, it is necessary to ask the child questions about the period of time that he or she is at school. If during the primary period, the child was not attending school due to summer vacation, we would lack an entire symptomatology related to the school session. Therefore, it is necessary to go back to the last period of time in which the child was in school in order to obtain the information relevant to the school environment.

Ideally the child will have been *registered* in school for at least 4 weeks during the primary period, and *present* for at least 1 day a week for 4 weeks. Being registered in school for children 16 years old or older includes an expectation on the parents part that the child attend school. Therefore, children 16 years old or older who have left school without the parents' consent (approval), but who are still technically registered in school, are *not* considered registered.

If the child has been *registered* in school for at least 4 weeks during the primary period, and has been present for at least 1 day a week for 4 weeks, the time spent in school during the primary period will be sufficient to assess his or her school behavior. However, in some situations it will be necessary to use secondary and tertiary periods.

If the interviewee attended summer school, that counts as being registered in school. Remember that today in some school systems, schools open all year long.

Use of a secondary period

If the interviewee is not *registered* in school for at least 4 weeks during the primary period, it is necessary to go back to a secondary period in order to obtain a total of 4 weeks in which the interviewee was *registered* in school.

For example, if the interview is carried out in September and the interviewee was only registered in school for two weeks during the primary period, then it is necessary to go back to May in order to obtain two additional weeks in which the interviewee was registered in school.

The beginning date for the time period that the interviewer goes back to would be the beginning date of the secondary period.

If the interviewee was not registered in school *at any time* during the primary period, then it is necessary to go back to the last period of four weeks in which he or she was in school.

Then the number of weeks in which the interviewee was *present* for at least 1 day a week during the primary period and secondary period should be coded. For example, if the child was registered for 2 weeks during the primary period, and was *present* for 2 days each week, and then was registered and *present* the last two weeks of May (secondary period), the number of weeks in which he or she was present for at least 1 day a week will be 4.

Then the number of days in which the interviewee was *present* in school for at least half a day (3 classes) during the primary and secondary period, is coded.

Use of a tertiary period

In order to obtain an adequate picture of the interviewee's behavior in the school environment, the interviewee has to have been present in school for at least 1 day a week for 4 weeks. If the interviewee missed many days of class due to unjustified absences or worries/anxiety about school attendance, and therefore was not in school for at least 1 day a week for 4 weeks during the primary and/or secondary period, then it would be necessary to go back to a tertiary period, or to the last period in which the interviewee was present in school for 1 day a week for 4 weeks.

For example, if the interviewee has been registered in school for 6 weeks during the primary period, but due to many unjustified absences has only been *present* in school for 3 days of *one* week, it is necessary to go back to a tertiary period, or a period in which the interviewee was present in school for at least 1 day a week for 3 additional weeks, in order to reach a total of 4 weeks in which the interviewee was *present* for at least 1 day a week. The beginning date for this period would be the beginning date of the tertiary period.

Then the number of days in which the interviewee was *present* in school for at least half a day (3 classes) during the tertiary period is coded.

PRIMARY PERIOD: NUMBER OF WEEKS REGISTERED IN SCHOOL DURING THE LAST THREE MONTHS

Code the real number of weeks (0-12) that the interviewee was *registered* in school during the primary period. If there were vacations during the primary period, exclude those weeks (for example, the # of weeks from December to February would be 10, since the two weeks of Christmas vacation are excluded).

If the child was sick and missed a long period of time, that should also be excluded. The days the child misses school from time to time do not have to be subtracted.

If the child was not *registered* in school for at least 4 weeks during the primary period, then it is necessary to go back to a secondary period to obtain a total of 4 weeks in which the child was registered in school (for example, interviews done in September will have to go back to May in order for the number of required weeks to add up to 4).

PRIMARY PERIOD: NUMBER OF DAYS PRESENT

Code the number of days that the interviewee was present for at least half a day (3 classes) during the primary period.

PRIMARY PERIOD: NUMBER OF WEEKS IN WHICH HE OR SHE ATTENDED SCHOOL FOR AT LEAST 1 DAY A WEEK

Code the number of weeks in which the child was *present* in school for at least 1 day a week. Exclude the days he or she missed due to unjustified absence and/or time out of school due to worries/anxiety.

If a child was not *present* for at least 1 day a week for 4 weeks during the primary period, code the number of weeks in which he or she was present for at least 1 day a week, and also go back to a secondary and/or tertiary period to obtain a total of 4 weeks in which he or she was present in school for at least 1 day a week.

If the interviewee was *registered* in school for more than 4 weeks, but *present* for only 3 days, then use the tertiary period.

If the interviewee was *registered* for fewer than 4 weeks during the primary period, then the secondary period would be used in order to obtain at least 4 weeks in which he or she was registered in school. If during the primary and/or secondary period the interviewee was not present for at least 1 day a week for 4 weeks, then it would be necessary to go back to a period when the child was present in school for at least 1 day a week for 4 weeks (tertiary period).

SECONDARY PERIOD: BEGINNING DATE OF THE LAST PERIOD OF ONE MONTH IN WHICH HE OR SHE WAS REGISTERED IN SCHOOL

If the child was not *registered* in school for at least 4 weeks during the primary period, code the beginning date of the last 4 weeks in which the interviewee was registered in school (for example, interviews done at the beginning of September will have to go back to May in order for the number of required weeks to add up to 4).

The secondary period is a period of time of at least 4 weeks during which the child was registered in school.

SECONDARY PERIOD: NUMBER OF DAYS PRESENT

Code the number of days in which the interviewee was present for at least half a day (3 classes) during the secondary period.

SECONDARY PERIOD: NUMBER OF WEEKS IN WHICH HE OR SHE ATTENDED SCHOOL FOR AT LEAST 1 DAY A WEEK

Code the number of weeks in which the interviewee was really *present* in school for at least 1 day a week. Exclude the days that he or she missed due to unjustified absences or time out of school due to worries/anxiety.

If the interviewee was not *present* for at least 1 day a week for 4 weeks during the secondary period, code the number of weeks in which he or she was present for at least 1 day per week during the secondary period, and also go back to the tertiary period in order to obtain a total of 4 weeks in which he or she was present in school for at least 1 day a week.

TERTIARY PERIOD: BEGINNING OF THE LAST PERIOD IN WHICH THE INTERVIEWEE WAS PRESENT IN SCHOOL FOR AT LEAST 1 DAY A WEEK FOR 4 WEEKS

If the interviewee was not *present* for at least 1 day a week for 4 weeks during the primary and/or secondary period, code the beginning date of the last period in which he or she was present in school for at least 1 day a week for 4 weeks.

TERTIARY PERIOD: NUMBER OF DAYS PRESENT

Code the number of days in which the interviewee was present for at least half a day (3 classes) during the tertiary period.

ADDITIONAL SECTIONS RELATED TO THE SECONDARY AND TERTIARY PERIODS DURING THE ENTIRE CAPA INTERVIEW

During the entire CAPA interview, the additional sections correspond to the child's behavior in school situations. **If it was necessary to go back to a secondary or if tertiary period of time in order to obtain information about school, then it will also be necessary to use those periods, plus any time in school during the primary period, each time the school environment is discussed in any section of the CAPA interview.** The following is a list of sections of the CAPA interview that also deal with school; each one is followed by an explanation of the implications contained in the use of secondary and tertiary periods for that section.

Section on companions – If the interviewee has not seen his or her friends very often due to summer vacation, ask questions about the frequency of contacts with his or her companions during the school year and take into account this period when you code the section on companions.

Unjustified absence – If the interviewee has not attended school during the primary period due to unjustified absences, this is coded under Number of Days Absent During the Primary/Secondary Period. However, in order to obtain throughout the entire CAPA interview all the information related to the interviewee's behavior while he or she was registered and present in school, a secondary and/or tertiary period is needed.

Arguments – Arguments with teachers and companions in school are coded for the period of time during which the interviewee was actually attending school.

Worries/Anxiety about Attending School – Often if the child has not been in school at any time during the primary period, due to Worries/Anxiety about Attending School, he or she reports that he or she is no longer anxious about school because he or she is not attending. In order to obtain an accurate picture of why the interviewee is no longer attending school, it is necessary to obtain information about a period of time in which it was still expected that the child attend school and therefore he or she was experiencing anxiety. Using a secondary and/or tertiary period of time in this section will allow us to obtain information about a period in which the interviewee was actually present in school for at least 1 day a week.

The use of information on the tertiary period allows us to determine the reasons that the child was not attending school at the same time we avoid questions such as “What would happen if,” or “Would you feel anxious if you really had to go?”, which sometimes produce answers that do not help that all such as, “No, because I don't have to go.”

Obsessive/Compulsive – In this section the presence of Obsessive/Compulsive symptomatology is necessary in the school setting. In order to code the presence or absence of Obsessive/Compulsive symptoms in the school setting, use any period of time, whether primary, secondary, or tertiary that has been used for the school section, when the interviewee was present in school.

Behavior – For symptoms that require codification for frequency in the school setting, and all items related to the school setting, use any period of time, whether primary, secondary, or tertiary, that has been used for the school section, when the interviewee was present in school.

Hyperactivity – For all the items in Situational Specificity that require codification in the school setting, use any period of time, whether primary, secondary, or tertiary, that has been used for the school section, when the interviewee was present in school.

Maladjustment – For all symptoms related to the school setting, use any period of time, whether primary, secondary, or tertiary, that has been used for the school section, when the interviewee was present in school.

Incapacities – For all incapacities related to the school setting, use any period of time, whether primary, secondary, or tertiary, that has been used for the school section. An incapacity related to school can be coded if the interviewee was incapacitated during the secondary or tertiary period, but is not incapacitated at the present time because he or she did not attend school during the primary period.

If the interviewee is incapacitated *at the present time* by an incapacity not related to school, but the cause of the current incapacity is linked to a psychopathology that occurred during the secondary or tertiary period (for example, a current problem with the parents linked to too many unjustified absences from school during the secondary period), this incapacity not related to school and the symptomatic area related to school that contributes to the incapacity can be coded.

It is possible that an incapacity that occurred during a secondary or tertiary period is linked to a psychopathology that the interviewee is no longer experiencing during the primary period. In this case, the general incapacity can be coded as present, but the Symptomatic Area Causing the Incapacity is coded as 0 if no related symptomatology is coded in the CAPA interview during the primary period. For example, if the interviewee reports that he or she had an incapacity related to school performance during the Tertiary Period, and attributes that incapacity to a depression that he or she experienced during that Tertiary Period, incapacity in School Performance is coded as present, but Depression is not coded as a Symptomatic Area Causing Incapacity, unless some item in the section on Depression has been coded during the primary period.

For the section on incapacity, continue applying the general rule that incapacities should be linked to the symptomatology *coded* in the CAPA interview, when secondary and tertiary periods are used.

INFORMATION ON SCHOOL/WORK

GENERAL INFORMATION ON SCHOOL

For children who are still registered in school, general information is sought about school. This may include children with unjustified absences, or who have missed school due to anxiety or worry, but who are still registered in school.

Include students who are on vacation.

Information on those who have officially left school is coded under School Information for Those Who Have Left School.

SCHOOL

The types of school referred to are coded as follows:

0 = Regular school

1 = Alternative school (certificate programs/alternative diplomas, GED classes, night school, special classes for pregnant students, home schooling)

2 = School in treatment centers

3 = More than one type of school

The rules for the inclusion or exclusion of schools in treatment centers or alternative schools, and decisions as to whether to base these codes on the last period in which the child was in a regular school, depend on the study. Interviewers should be sure that these rules are clear.

GRADE (SCHOOL YEAR)

The interviewee's current school year. If the interview is carried out during the summer, record the grade (school year) that the interviewee just completed.

EVER REPEATED A GRADE (SCHOOL YEAR)

Code whether the interviewee has repeated a grade since he or she began the first grade (do not include having repeated kindergarten/pre-school). If the child has not yet begun the repeated grade, take note of the information but code 0.

0 = No

2 = Yes, has repeated a previous grade or is repeating it now.

SCHOOL INFORMATION FOR THOSE WHO HAVE LEFT SCHOOL

OFFICIALLY LEFT SCHOOL

Students sixteen years of age or older can officially leave school if:

- 1) the young person or parent informs the school by letter, telephone, or submission of an official drop form,
- 2) the young person has left school: parents and teachers no longer expect the interviewee to attend and the interviewee never goes to school. May have a 40 hour a week job.

Graduating is not the same thing as officially leaving school and is coded separately.

If the student leaves school and then registers again and/or graduates, then do not code that he or she officially left school.

Suspensions and expulsions are not included here, but rather in the section on incapacities.

Coded the date he or she left school. If the interviewee has left more than once, code the last time he or she left school.

SECONDARY PERIOD: BEGINNING DATE OF THE LAST ONE MONTH PERIOD IN WHICH THE INTERVIEWEE WAS REGISTERED IN SCHOOL

If the child was not *registered* in school for 4 weeks during the primary period because he or she officially left school, code the beginning date of the last 4 weeks that the interviewee was registered.

The secondary period is a period of at least 4 weeks during which the child is *registered* in school.

SECONDARY PERIOD: NUMBER OF DAYS PRESENT

Code the number of days the interviewee was present for at least half a day (3 classes) during the secondary period.

SECONDARY PERIOD: NUMBER OF WEEKS HE OR SHE ATTENDED SCHOOL FOR AT LEAST 1 DAY A WEEK

Code the number of weeks in which the interviewee was really *present* in school for at least 1 day a week. Exclude the days that he or she missed due to unjustified absence and/or time out of school due to worries/anxiety.

If the interviewee was not present for at least 1 day a week for 4 weeks during the secondary period, code the number of weeks in which he or she was present for at least 1 day per week during the secondary period, and also go back to the tertiary period in order to obtain a total of 4 weeks in which he or she was present in school for at least 1 day a week.

TERTIARY PERIOD: BEGINNING OF THE LAST PERIOD IN WHICH THE INTERVIEWEE WAS PRESENT IN SCHOOL FOR AT LEAST 1 DAY A WEEK FOR 4 WEEKS

If the interviewee was not *present* for at least 1 day a week for 4 weeks during the primary and/or secondary period, code the beginning date of the last period which he or she was present in school for at least 1 day a week for 4 weeks.

TERTIARY PERIOD: NUMBER OF DAYS PRESENT

Coded the number of days in which the interviewee was *present* for at least half a day (3 classes) during the tertiary period.

LAST GRADE (SCHOOL YEAR) COMPLETED

The last grade that the interviewee completed. If the interviewee left school in the middle of the school year, record the grade previously completed.

EVER REPEATED A GRADE (SCHOOL YEAR)

Code whether the interviewee has repeated a grade (school year) since he or she began first grade (do not include having repeated kindergarten/preschool). If the child has still not begun the grade (school year) repeated, take note of the information but code 0.

0 = No
2 = Yes

GRADUATED

If the student graduated from high school, code 0 (Yes).

PASSED HIGH SCHOOL EQUIVALENCY EXAM

Code whether the interviewee passed a high school equivalency exam after having left school or not having graduated.

If the interviewee officially left school and then completed a high school equivalency exam, code 2 (yes) for "officially left school," 2 (no) for "graduated," and 0 (yes) for "passed high school equivalency exam."

ALTERNATIVE SCHOOL

Code whether the interviewee has completed courses toward obtaining a certificate or alternative diploma, classes for the high school equivalency exam, night school, or special classes for pregnant students.

FREE OR REDUCED PRICE LUNCH PROGRAM

Mark for participation in a federal or other type program that offers free or reduced price lunches to children from families whose income does not reach a certain level. Code if the child qualifies for the program, regardless of whether he or she uses the benefit or not.

0 = No
2 = Yes

ARGUMENTS WITH TEACHERS

Argument here is defined as a disagreement that lasts for at least five minutes and results in a dispute that includes raising the voice, shouting, verbal abuse, or physical aggression or fighting.

ARGUMENTS WITH PHYSICAL VIOLENCE ON THE PART OF THE CHILD

The presence of arguments, as defined above, that include physical violence on the part of the child toward his or her teacher.

OTHER TYPE OF PHYSICAL VIOLENCE ON THE PART OF THE CHILD (without arguments)

Any violence on the part of the child toward his or her teacher, in the absence of an argument as defined above.

ARGUMENTS WITH SCHOOLMATES

Argument here is defined as a disagreement that lasts for at least five minutes and results in a dispute that includes raising the voice, shouting, verbal abuse, or physical aggression or fighting.

If the interviewee reports having had arguments with his or her schoolmates including physical violence, include those fights with physical violence in the frequency code for arguments, but also code physical violence in the Disocial Disorders section, under Fighting.

If the interviewee reports having engaged in physical violence against a schoolmate in the absence of an argument, code appropriately under Fighting or Physical Attacks in the section on disocial disorder.

GENERAL INFORMATION ON WORK

These two items refer to the primary period.

AFTER-SCHOOL WORK

Any paid work engaged in by a student who still attends school, except work required for receiving an allowance from parents. Jobs during summer vacations are included.

If the student is still in school and has an after-class job, or has had a job during the last three months, code yes (2) for "currently works after school," the number of hours worked during the last three months, and the date he or she began his or her first after-school job.

Also code whether the minor was ever fired from a job. This includes having resigned to avoid being fired. This does not include termination from temporary employment such as agricultural work or work as a lifeguard.

REGULAR WORK

If the interviewee has officially left school, code whether he or she has had a paying job for at least one month during the last 3 months. Take note of whether this is a job requiring fewer than 20 hours a week or more than 20 hours a week. Record the number of weeks that he or she worked at any type of job during the last three months and the date on which he or she began his or her first job after having left school.

Take note of the total number of jobs that he or she has had, whether he or she was ever fired from a job (include resignations to avoid being fired, but not layoffs). Record the longest period of time he or she was unemployed, that is, out of school and not working.

PATTERN OF ABSENTEEISM (UNJUSTIFIED ABSENCE)

TIME ABSENT FROM SCHOOL (UNJUSTIFIED ABSENCE)

The child does not get to school or leaves early without permission from school authorities, and without a normally acceptable excuse (such as illness or another excuse that would be acceptable for a school official), for reasons not associated with separation anxiety or fear of school. The reason might be that the child does not like school or wants to take part in other activities, whether with friends or alone. Absenteeism may also occur due to worries or anxiety, in which case both situations are coded as present.

Code the average number of half days missed during the School Period (the period during which the interviewee was registered in school for at least 4 weeks).

3 class periods = 1 half day
6 class periods = 2 half days
9 class periods = 3 half days

These class periods do not have to be consecutive. If the interviewee misses several classes, add them and divide by three to determine the number of half days missed.

Do not include the time that the interviewee has missed school due to worries/anxiety about school attendance or separation from his or her principal attachment figures. This is recorded under Time Absent from School (Worries/Anxiety).

Include skipping scheduled free periods (such as lunch) in addition to classes skipped without leaving the school grounds (for example, if the child hides in the bathroom during class hours). Do not include the time before school or between classes in which there are no class periods; this counts as Breaking the Rules, not as Unjustified Absence.

If the child has not left school (that is, parents and/or teachers expect the child to attend school), the time missed (even if it is extensive) counts as unjustified absence, even when the minor is old enough to have left school (more than 16 years old).

In cases in which the child missed fewer than three classes, mark 2 in "has missed school," 0 for number of half days, and S for section.

STAYS HOME SOME MORNINGS (UNJUSTIFIED ABSENCE)

The child stays at home and doesn't attend school for reasons that have nothing to do with worries or fears related to school or to separation. That is, the child might report that he or she doesn't like school, or that he or she thinks it's a waste of time, but doesn't fear going to school or leaving the house.

0 = has not stayed at home
2 = has stayed at home at least once during the last three months

HAS TO BE TAKEN TO SCHOOL (UNJUSTIFIED ABSENCE)

Parents or other adults (such as an attendance officer) have to take the child to school to be sure that he or she gets there, for reasons that have nothing to do with anxiety about leaving the house or going to school. Do not include children taken to school by other children or older siblings.

PARENTAL COMPLICITY (UNJUSTIFIED ABSENCE)

The child is missing school and meets the criteria for Time Absent from School (Unjustified Absence). The parents know that the child is not attending school, but do not take any measures to correct it.

If the parents have no knowledge of the child's unjustified absences, the item is coded as structurally absent.

0 = The child has missed school without excuse during the last three months and the parents have repeatedly and consistently tried to make him or her attend school (regardless of whether they were successful or not).

1 = The parents' attempts to make the child attend school have been sporadic and inconsistent.

2 = The child has missed school without excuse during the last three months and the parents have not tried to correct this situation.

S = The child has not missed school without excuse or the parents do not know that he or she has been absent.

RUNS AWAY FROM SCHOOL (UNJUSTIFIED ABSENCE)

The child either doesn't get to school or leaves school without permission before the school day is over, for reasons that have nothing to do with anxiety about going to school or being separated from his or her principal attachment figures.

Under this title three possible patterns are coded:

THE CHILD DOESN'T GET TO SCHOOL OR LEAVES AND RETURNS HOME (UNJUSTIFIED ABSENCE)

THE CHILD DOESN'T GET TO SCHOOL OR LEAVES EARLY BY HIMSELF OR HERSELF (UNJUSTIFIED ABSENCE)

THE CHILD DOESN'T GET TO SCHOOL OR LEAVES EARLY WITH SCHOOLMATES (UNJUSTIFIED ABSENCE)

LEGAL ACTION OR TREATMENT FOR MISSING SCHOOL

Code any legal action related to the court system for dealing with absenteeism due to worries and anxieties and also to unjustified absences. This item is divided into three subsections.

SCHOOL'S RESPONSE TO MISSING SCHOOL

- 0 = None
- 2 = Any disciplinary action on the part of the school
- 3 = Counseling or other therapeutic response

PROFESSIONAL PARTICIPATION FOR DEALING WITH ABSENTEEISM

- 0 = None
- 2 = Participation by any mental health services professional who would normally not be treating the child. Include school attendance officers, psychologists, doctors, etc.

LEGAL ACTION DUE TO ABSENTEEISM

- 0 = No
- 2 = Code here only when the legal action is in process. Do not code for threats to take legal action.

Legal actions may occur without the participation of professionals.

WORRY/ANXIETY ABOUT ATTENDING SCHOOL AND SEPARATION

Note that this section has a preliminary assessment structure that includes missing class due to worries/anxiety. However, this does not mean that the interviewee has to have missed school in order for the section to be completed. Any evidence of worries or anxiety about attending school and separation is sufficient reason to complete this section.

Note also that these specific worries are not noted in the section on Worries and do not have to meet the one-hour-per-day time criterion for “worrying.” This is an example of the CAPA interview’s general rule that says that if a mental state or behavior meets the criteria for two or more symptoms, then it is coded *only* under the more specific title, that is, the item that contains the largest number of characteristics for that mental state or behavior.

However, it will not be unusual for a mental state or behavior to be coded under two items, when those items refer to *different aspects* of this state or behavior. For example, an interviewee who describes feeling depressed and irritable at the same time would be coded under Depressive Mood and Irritability.

N.B.: For these items, worrying/anxiety does not have to last a minimum of one hour, as long as it meets the usual requirements of interfering with activities, being uncontrollable, and occurring in at least two activities. Anticipation worry should also be considered, just as anticipation anxiety is included in coding for Subjective Anxious Affect. This is especially important when the child has missed school with the complicity of his or her parents for some time, since in that case, it is possible that real worry or anxiety has not been present during the three previous months. However, the child may be very aware that worry or anxiety would have been present if he or she had attended school or felt pressure to do so, in which case worry or anxiety about attending school should be coded as present. If the child is not attending school at all, see the reference to PERIOD OF TIME below.

If the child says that he or she has missed class due to worries/anxiety, and then does not code under worries/anxiety about attending school in the section, it should be reconsidered whether he or she missed school due to worries/anxiety or there were actually unjustified absences.

PERIOD OF TIME

- 1) The part on Worry/Anxiety About Attending School is completed for the primary period if the child was registered for at least 1 month and present for at least 1 day a week for 4 weeks; if not, it is completed for the secondary or tertiary period.
- 2) The part on Worry/Anxiety due to Separation is always completed for the primary period, due to the notion that separation experiences may occur independently of being registered in or attending school.

WORRIES/ANXIETY ABOUT ATTENDING SCHOOL

Worry and/or Subjective Anxious Affect specifically related to the subject of attending school. The worry or anxiety might seem more or less reasonable in the interviewer's opinion, but this should not be taken into account. For example, the child who is clearly the victim of severe abuse, and therefore is afraid to go to school, counts here, as does the child who seems to have fear for no reason at all.

This item serves as a preliminary assessment, and codes are not entered. Therefore, there are no definitions for intensity. If worry or anxiety about attending school exists, then the time that the interviewee says that he or she missed school is coded under Time Out of School (Worries/Anxiety). On the other hand, if this worry or anxiety does not exist, then that time that the child missed school without unacceptable excuse is coded under Time Out of School (Unjustified Absence). He or she may also have missed school for reasons of both Unjustified Absence and Worries/Anxiety. In these situations, the total amount of time is divided between Unjustified Absence and Worries/Anxiety in the proportions described by the child or the parents.

WORRY/ANXIETY DUE TO SEPARATION

Worry and/or Subjective Anxious Affect (q.v.) specifically related to the subject of separation from attachment figures. Worry or anxiety may seem more or less reasonable in the interviewer's opinion, but this should not be taken into account.

In the initial assessment of Worries/Anxiety About Attending School and due to Separation, if the interviewee responds negatively to the questions related to Worries/Anxiety Due to Attending School, but responds positively to 1 or more questions about Separation Anxiety, complete both the section on Worries/Anxiety About Attending School and the sections on Separation. However, if the interviewee responds positively to questions related to Worries/Anxiety about Attending School and negatively to the questions in the initial assessment about Separation Anxiety, then only complete the section on Worries/Anxiety About Attending School and omit the section on Separation.

If symptoms in any of the two sections on Worries/Anxiety About Attending School or due to Separation are coded, then be sure to complete the part on Autonomous Nervous System.

ABSENCE FROM SCHOOL (WORRY/ANXIETY)

The child either does not get to school or leaves without permission before the school day is over, without a normally acceptable excuse (such as illness) because of Worries/Separation Anxiety or Worry/Anxiety About Attending School.

Code the average of half days missed during the school period (the period during which the interviewee was registered in school for at least 4 weeks) due to Worries/Anxiety About Attending School or Worry/Separation Anxiety.

3 classes = 1 half day

6 classes = 2 half days

9 classes = 3 half days

(round to the nearest multiple of 3)

WORRY/ANXIETY ABOUT ATTENDING SCHOOL

PERIOD OF TIME

The part on Worry/Anxiety about Attending School is completed for the primary period if the child was registered for at least 1 month and present for at least 1 day a week for 4 weeks; if not, it will be completed for any period of time in which he or she attended school during the primary period, plus the secondary or tertiary period.

WORRIES/ANXIETY ABOUT LEAVING THE HOUSE

Worry or Subjective Anxious Affect related to leaving the house to go to school. In this case, the worry or anxiety should be specifically related to the house rather than to school. Obviously, worries about both the house and the school may present themselves, in which case both should be coded.

2 = Has anticipatory anxiety or worry in at least two activities which cannot be completely controlled.

3 = Has anticipatory anxiety or worry, almost totally uncontrollable, in most activities.

ANTICIPATED FEAR OF ATTENDING SCHOOL

Worry or Subjective Anxious Affect related to the school situation. This includes fear about lessons, relationships with teachers, and relationships with schoolmates, or any other worry or anxiety directly related to the school situation.

Normal anxiety produced by exams or tests is not coded. Exclude worries or anxiety related to one test in particular, the week before the exam. However, worries or anxiety about school exams that occur at other times are coded.

2 = Has anticipatory anxiety or worry in at least two activities that cannot be completely controlled.

3 = Has anticipatory anxiety or worry, almost totally uncontrollable, in most activities.

FEAR OF WHAT MIGHT HAPPEN AT HOME WHEN HE OR SHE IS AWAY

Worries or Subjective Anxiety Affect related to the perception of the possibility that something bad is going to happen or may happen at home while the child is in school. Include fears or worries that may seem justified or realistic, such as that the child's mother might be beaten up by the boyfriend who has done so in the past, so long as the level of fears or worries fits the definitions for intensity. This item codifies specific worries about what may happen at home when the child is in school. This is distinguished from Worries About Possible Harm, which represents a real fear of what may happen to attachment figures when the child is separated from them. If the child has Fear of What Can Happen at Home When He/She Is Away, code here all the fears that may occur at school, and all the *unreal* fears that occur at school or in other situations where there are separations, under Fear of Possible Harm. Therefore, unreal fears that occur in school are coded under *both* items.

2 = Has Worry or Subjective Anxious Affect that interferes at in at least two activities and it is sometimes uncontrollable

3 = Has Worry or Subjective Anxious Affect that interferes in most activities and is uncontrollable almost all the time.

PHYSICAL SYMPTOMS RELATED TO SEPARATION

Complaints about physical symptoms (for example, stomach pains, headaches, nausea, or vomiting). These symptoms occur almost always when the parents or attachment figures are not present or are about to leave to go somewhere else. The symptoms may occur on school days or when the child anticipates leaving for school, or on other occasions in which a separation from the principal attachment figures occurs or is anticipated.

Code the frequency of days on which the interviewee experienced physical symptoms related to separation.

PATTERN OF ABSENCES (WORRY/ANXIETY)

STAYS HOME SOME MORNINGS (WORRY/ANXIETY)

The child stays at home without going to school due to worries/anxiety/emotional disorder. Do not include here children who stay at home simply because they don't like school, unless they are avoiding going to school due to worry, anxiety, or other emotional disorder. This type of absence from school would be coded under Pattern of Absenteeism (Unjustified Absence).

2 = Without significant attempts on the part of parents to take him or her to school

3 = With significant attempts on the part of parents to take him or her to school

HAS TO BE TAKEN TO SCHOOL (WORRY/ANXIETY)

The parents or other adult (such as a school attendance officer) have to take the child to school in order to be sure that he or she gets there, due to the fact that leaving the house or going to school gives the child anxiety. Do not include children taken to school by other children or older siblings.

0 = No

2 = Yes, on at least one occasion during the last 3 months

RUNS AWAY FROM SCHOOL (WORRY/ANXIETY)

The child either does not get to school or leaves school early without permission, for reasons of anxiety.

Under this title three possible patterns are coded:

THE CHILD DOESN'T GET TO SCHOOL OR LEAVES AND RETURNS HOME (WORRY/ANXIETY)

THE CHILD DOESN'T GET TO SCHOOL OR LEAVES EARLY BY HIMSELF OR HERSELF (WORRY/ANXIETY)

THE CHILD DOESN'T GET TO SCHOOL OR LEAVES EARLY WITH SCHOOLMATES (WORRY/ANXIETY)

SEPARATION ANXIETY

TIME PERIOD

The Separation Anxiety section is completed for the primary period.

WORRY/SEPARATION ANXIETY

Excess worries or fears, inappropriate to the stage of development, related to being separated from persons whom the affected child feels attached to. They have the same characteristics as Worries or Subjective Anxious Affect in general. (Does not require a total duration of one hour per day.) Typically, the child worries that something bad may happen to the principal attachment figure or that figure will go away and not come back or that the child himself or herself will get lost, hurt or die, causing separation from the principal attachment figures. There is no firm requirement as to age in considering someone an attachment figure, nor does he or she necessarily have to be one of the parents, although almost certainly the principal attachment figure will be a parent figure.

Sometimes one might think that the child suffers separation anxiety because he or she expresses anxiety about the possibility of being separated from his or her parents while he or she is hospitalized receiving treatment. In this case, additional questions should be asked in order to determine whether the anxiety is excessive and whether there is some proof that the child has experienced this anxiety before (prior to admission) and with respect to other situations in which he or she has anticipated a separation from his or her parents. Here, the interviewer should not take into consideration anxiety limited to the fear of an unusual (and potentially unpleasant) separation for the child, such as that represented by hospitalization.

2 = Subjective Anxious Affect or Worry interferes with at least two activities and is uncontrollable at least part of the time

3 = Subjective Anxious Affect or Worry interferes with most activities and is uncontrollable almost all the time

There are two sub-types of Worries/Separation Anxiety:

WORRIES/ANXIETY ABOUT POSSIBLE HARM

An unusual and persistent worry or fear that one of the principal attachment figures may suffer some harm, or fear that they may go away and not come back.

If the child feels Fear of What Might Happen at Home While He or She is Away and Also [sic] Fear of Possible Harm, code all *unreal* fears that occur, whether at school or in other separation situations, under Fear of Possible Harm, and all fears that occur at school under Fear of what would happen at home while he or she is away. Thus, the unreal fears that occur at school are coded under *both* items.

2 = Fear or Worry interferes with at least two activities and is uncontrollable at least part of the time

3 = Fear or Worry interferes with most activities and is uncontrollable almost all the time

WORRIES/ANXIETIES ABOUT DISASTROUS SEPARATION

A subjective anxious affect or unreal and persistent worry that an unexpected disastrous event (for example, a car accident, getting lost, or being kidnaped) is going to separate the child from the principal attachment figure; or that after the separation, a calamity will happen to the child (for example, an accident, mutilation, or death).

2 = Fear or Worry interferes with at least two activities and is uncontrollable at least part of the time

3 = Fear or Worry interferes with most activities and is uncontrollable almost all the time

Other Symptoms of Separation

REFUSAL TO SLEEP ALONE

A persistent reluctance or refusal to go to sleep without having a principal attachment figure nearby, or to sleep away from home.

2 = Sometimes refuses to sleep alone. Protests and tries to sleep with the parents, at least sometimes.

3 = Almost always refuses to sleep alone. Protests almost every night unless is permitted to sleep with parents

SLEEPS WITH A FAMILY MEMBER

Sleeps with a family member due to the fact that he or she persistently refuses to sleep (all night) without having a principal attachment figure nearby.

2 = Sometimes insists on sleeping with a family member

3 = Almost always insists on sleeping with a family member

GETS UP TO OBSERVE FAMILY MEMBERS

Gets up at night to verify that the attachment figures are present and/or free of danger. This does not include getting up to look at his or her own child if he or she has one.

2 = Sometimes gets up to check on family members, without waking them

3 = Wakes up family members when he or she checks them

AVOIDS SLEEPING AWAY FROM HOME

Avoids or tries to avoid sleeping far from the family, due to Subjective Anxious Affect or Worry Separation from home or family.

2 = Has avoided or tried to avoid it in the last three months, but has slept away from the family at some time

3 = Has avoided it and has never slept away from the family in the last three months

S = The opportunity to sleep away from his or her family has not presented itself during the last three months

DREAMS RELATED TO SEPARATION

Unpleasant dreams related to the subject of separation.

0 = Absent

2 = Can remember dreams about separation during the last three months

3 = Nightmares about separation have waked the interviewee up during the last three months

AVOIDS BEING ALONE

Persistently avoids staying alone, due to anxiety about being far away from attachment figures

2 = At least part of the time tries to avoid staying alone due to worry or anxiety, uncontrollable at least part of the time, related to being separated from attachment figures

3 = Almost always tries to avoid being alone due to an almost always uncontrollable worry or anxiety related to being separated from attachment figures

ANTICIPATORY ANXIETY

Signs or complaints of excessive anxiety when anticipating a separation from the principal attachment figures; crying, pleading with the parents not to go, or extreme sadness at being separated from his or her home or family.

2 = At times, uncontrollable anxiety related to possible separation from attachment figures. At least part of the time does not respond to efforts to reassure him or her and this occurs in at least two activities

3 = Anxiety, almost always uncontrollable, related to possible separation from attachment figures. Usually does not respond to efforts to reassure him or her and it occurs in most activities

WITHDRAWAL WHEN THE ATTACHMENT FIGURE IS ABSENT

Social withdrawal, apathy, sadness, or difficulty in concentrating on work or play when he or she is far away from attachment figure(s).

2 = Withdrawal, etc., sometimes uncontrollable, in at least two activities, when he or she is separated from attachment figure(s)

3 = Withdrawal, etc., almost always uncontrollable, in most activities, when he or she is separated from attachment figure(s)

ANXIETY WHEN ATTACHMENT FIGURE IS ABSENT

Signs or complaints of excessive anxiety, or extreme sadness at being separated from his or her home or relatives or attachment figures.

2 = Anxiety, etc., sometimes uncontrollable, in at least two activities, when he or she is not with the attachment figure(s)

3 = Anxiety, etc., almost always uncontrollable in most activities, when he or she is separated from the attachment figure(s)

WORRIES AND ANXIETIES

It is important to understand the distinction between worries and anxieties since these are distinct aspects of the psychopathology that are often confused in daily language. Worries are cognitive phenomena. That is, they refer to thoughts of a particular kind (see definition below). Anxiety, on the other hand, refers to a mood or feeling, specifically the feeling fear. Naturally, this feeling can be accompanied by a whole range of fearful thoughts, but the thoughts per se are not coded in the general assessments of anxiety. Worries often accompany anxiety, and if that is the case, they are both coded as present.

Objectives of this section

This section has 3 main objectives

- (1) To provide information for the diagnosis of a variety of anxiety disorders.
- (2) To facilitate access for coding the interviewee's general affect and, therefore, an access route to the section on depression.
- (3) To facilitate access to the assessment of the interviewee's functional Incapacity. [sic]

Organization of the section

The organization of this section is based on important distinctions between:

- (1) Worries as cognitive phenomena
- (2) Anxiety as an affect
- (3) Autonomic symptoms as manifestations of states of anxiety
- (4) Anguish crisis as a particular psychiatric syndrome
- (5) Avoiding situations that produce anxiety as a marker of the importance of the state of anxiety

Within each of these sub-areas, other distinctions are made associated with the situations in which worries, anxiety, autonomic symptoms, or anguish crisis occur.

Note that for practical reasons which have to do with the organization of the interview, the items school phobia and separation anxiety are found in the section on school performance and behavior. The phenomena that are codable in those sections should *not* be included here.

WORRIES

WORRIES

A series of painful, unpleasant, or uncomfortable thoughts that cannot be voluntarily stopped and that occur during more than one activity, with a total daily duration of at least one hour.

Since almost everyone is worried at some time, it is necessary to particularly question the criteria used in this section. It is important to discard everyday worries and at the same time code unpleasant worries that interfere activities [sic] and are sometimes uncontrollable and have a minimum daily duration of one hour. Interference with activities refers not only to outside activities but also to internal mental activities.

2 = Worry interferes with at least two activities and is uncontrollable at least part of the time

3 = Worry interferes with most activities and is uncontrollable almost all the time

A child who does everything in his or her power to control his or her worries, such as running or riding a bicycle for three hours, or one who uses illegal drugs, should be coded as 3. Even when the interviewee says that his or her worries are controllable, these excessive and elaborate attempts to mitigate or stop the worries are an indicator of the severity of this symptom.

Make the distinction between Ruminations (which are not necessarily painful, unpleasant, or disturbing) and Obsessions (which are considered silly, absurd, or “ego-dystonic”). Conceptually, these distinctions are the most difficult to make at the beginning. Carefully compare and contrast the definitions of these items and see the detailed discussion of them under Ruminations, Obsessions, and Compulsions. It is particularly important to ask whether repetitive thoughts are painful or unpleasant since these are characteristics that define Worries.

The Content Areas further define the worry issues coded in the general assessment of Worries, and may be selected from the list which appears below. To code a Content Area as present, the worry has to interfere with uncontrollable and unpleasant activities and, alone or in combination with other worries that interfere and are uncontrollable, meet the one-hour-per-day duration criterion.

Worries about future events: Worries that meet the previous definition and are related to what will happen to the interviewee in the future or to what is going to happen in the future in general; for example, worrying about job possibilities or about a nuclear war.

Worries about past behavior: Worries that meet the previous definition and are related to the interviewee’s past actions, verbal expressions, or behaviors; for example, worrying about having offended someone several weeks ago.

Worries about abilities or performance: Worries that meet the previous definition and are related to the interviewee’s physical, intellectual, social, or emotional ability. For example, worrying about whether he or she is smart enough to pass a test, not being good at sports, or not having the nerve to invite a girl out on a date include worries about getting into college, about doing well on college entrance exams. Do not include concern about a test that only occurs during the week prior to the test.

Negative self-awareness: Worries which meet the previous definition, that somebody will think he or she is stupid, weak, inferior, or that they will laugh at him or her.

Worries about appearance: Worries that meet the definition above and are related to the interviewee's perception of his or her own appearance or what the interviewee thinks other people may think about his or her appearance.

Worries about money: Worries that meet the definition above and that are related to the worry about whether the interviewee or his or her family have enough money.

Other worries: Worries that meet the definition above and that do not fall under any of the content areas previously mentioned.

Some particular worries may meet two or more of these definitions. As always, the most specific category is the most appropriate one. If it is impossible to decide which category is the most specific, code the area that occurs first in the previous list.

The seven Content Areas for worries are used to obtain more information about the types of worries that a child has felt during the primary period or may be used as tools for later follow-up in case a child has given a negative response to worrying in general.

The symptom that is coded on this page is the occurrence of Worries that interfere, are sometimes uncontrollable, and last for at least one hour a day. These criteria distinguish "normal" worries or worries of a common level, from more incapacitating and impeding worries at the level of severity of the CAPA interview. Codes are entered for the general severity of the interviewee's worries and the total amount of time that the interviewee invests in worrying at the level of severity of the CAPA interview. Since the interviewee will probably report both "normal" worries and more severe worries, first determine which of the worries reported meet the criteria of the CAPA interview (i.e., bursting forth, being uncontrollable, unpleasant). Then determine the frequency and duration of the worries that meet the criteria of the CAPA interview only. It is possible that an interviewee worries about different subjects on the same day and therefore meets the criterion of one hour duration per day with more than one Content Area.

Each particular Content Area of worry does not have to last for one hour; however, for a Content Area to be coded present, it has to interfere, be uncontrollable and unpleasant, which alone or in combination with other worries that interfere and are uncontrollable, met the duration criteria for worrying for at least one hour a day.

N.B. although the various Content Areas for Worries may be added up to determine whether they meet the criterion of one hour a day's duration, do not reflect that sum in the duration code. That is, if the interviewee reported Worries that meet the criteria of 10 minutes duration 6 times a day, the duration is coded as 10 minutes, not as 60 minutes.

The following three examples will illustrate the point:

1. An interviewee reported that he or she felt a worry that interferes, that is unpleasant and sometimes uncontrollable, about his or her appearance and that lasted for 10 minutes 7 times a day. The interviewee meets all the criteria for a worry at the level of severity of the CAPA interview and would be coded 2 on intensity, 630 in frequency (7 x 90), and 00:10 in duration. The only Content Area that is coded positive (2) would be Worries about Appearance.

2. An interviewee reported that he or she felt a worry that interferes and is unpleasant and sometimes uncontrollable about going to college, that lasted for 40 minutes a day, but also reported that he or she felt a worry that interferes, that is unpleasant and totally uncontrollable about how well he or she played soccer for 30 minutes a day. The interviewee meets all the criteria for a worry at the level of severity of the CAPA interview and would be coded 3 on general intensity (see p. 6 of the glossary for the classification of general intensity of mixed intensities for emotional/affective symptoms), 180 on frequency (90 + 90), and 00:35 on duration (the average between 30 and 40 minutes). The Content Areas that are coded positive (2) would be Worries about the Future and Worries about Performance.

3. An interviewee reported that he or she felt a worry that interferes and is unpleasant and sometimes uncontrollable about what other people think about him or her and that sometimes lasted 20 minutes for 30 days of the primary period. The interviewee also reported that he or she felt a worry that interferes and, is unpleasant and totally uncontrollable about whether the family had enough money to live, which lasted one hour a day. The interviewee meets all the criteria for a worry at the level of severity of the CAPA interview and would be coded 3 on general intensity, 120 on frequency (30+ 90), and 00:50 on duration (the average of 30x for 20 minutes and 90x for 60 minutes: $30 \times 20 = 600 \text{ min.}$, $90 \times 60 = 5400 \text{ min.}$, so $600 + 5400 = 6000 \text{ min.}$ in total and $6000/120 \{\text{total \# of events}\} = 50$ minutes). The Content Areas that are coded positive (2) would be Negative Awareness of Self and Worries about Money.

WORRIES ABOUT PHYSICAL ILLNESSES (HYPOCHONDRIASIS)

All the characteristics of worry are present, but the worrying specifically concentrates on the possibility that the interviewee will suffer from an illness or physical defect; these worries may be well founded and not be excessive or unrealistic.

2 = Worry interferes with at least two activities and is uncontrollable at least part of the time

3 = Worry interferes with most activities and is uncontrollable almost all the time

If there are hypochondriac worries present, consider the possibility of Briquette's syndrome (Somatization Disorder). Any delusional interpretation or elaboration is coded under Delusional Hypochondriac Ideas.

EXCESSIVE NEED TO BE REASSURED

The interviewee tries to get other people to reassure him/her in at least two of his or her worries, but the worries continue anyway. The excessive need to be reassured can only be coded as positive if there are worries present; here any type of worries are included (e.g., "generic" or school-related worries, separation anxiety, and hypochondriasis).

2 = Tries to get other people to reassure him or her at least once a week but does not reach the point of interfering with the habitual course of interpersonal relationships

3 = Tries to get other people to reassure him or her to such an extent that it interferes with the regular course of relationships with at least one person, which is clear because this person loses patience or avoids contact with the interviewee

If it has been determined that the child does not qualify for any coding for worries at the level of severity of the CAPA interview (this includes school worries, separation worries, general worries, and worries about physical illnesses) then this item may be coded "S."

ANXIOUS AFFECT

NERVOUS TENSION

Sensations of “nervousness,” “nervous tension,” “being all keyed up,” “being agitated.” The sensation is unpleasant and should last for at least one hour a day.

Be careful to differentiate between Nervous Tension and other moods such as Depressive Mood or Subjective Anxious Affect, although those moods often coexist in the interviewee.

Do not include in this classification material coded under Separation Anxiety and Truancy (Worries/Anxiety) even though it meets the definition for Nervous Tension.

2 = Nervous tension interferes with at least two activities and is uncontrollable at least part of the time

3 = Nervous tension interferes with most activities and is uncontrollable almost all the time

If Nervous Tension is present, be sure to also complete Anguish Crisis and the corresponding Section on Anxious Autonomic Symptoms (even though the assessment of Subjective Anxious Affect is negative and the section has not been completed).

ANXIETY-CAUSING PREMONITIONS

Subjective Anxious Affect associated with an uncontrollable sensation of doom or that something terrible is going to happen. It should have a total daily duration of at least one hour.

This item refers to a feeling of vague, general doom that is not associated with any specific danger; for example, if one is about to board a trans-Atlantic flight and thinks that the plane might crash, that would be a worry, but it is too specific to be an anxious premonition.

2 = Anxiety-causing premonitions interfere with at least two activities and are uncontrollable at least part of the time

3 = Anxiety-causing premonitions interfere with most activities and are uncontrollable almost all the time

SUBJECTIVE ANXIOUS AFFECT (FEAR AFFECT)

Feeling of fear and apprehension. In this item, consider only the state of emotion and not the behavior that accompanies it.

This general item is not coded here, but is classified in Floating Anxiety and Situational Anxious Affect at the end of the section.

The assessment is independent, and is not affected by Nervous Tension or Anxious Premonitions.

Be careful to distinguish between Subjective Anxious Affect and other states of emotion, such as Depressive Mood or Nervous Tension, even though the states of emotion often coexist in the interviewee.

All anxious affect situations refer to stressful factors that cause anxiety and that, regardless of their immediate presence, affect the interviewee. The interviewee may experience anxiety without being confronted by the situation that causes anxiety, just by thinking about it.

Anguish

The situation that triggers the Subjective Anxious Affect leads to crying, lack of spontaneous speech, or withdrawing from the situation.

Avoidance

The anxiety may be avoided by not getting into situations that the person already knows produce it, so the interviewee may adopt routines that allow him or her to avoid the anxiety altogether. Avoidance procedures may be generalized to such a degree that the interviewee finds it practically impossible to leave the house. Do not code this symptom present unless you are quite convinced that the patient was avoiding a situation that made him or her anxious, even though not necessarily during the last three months. The simple fact of living a restricted life is not sufficient proof. On the other hand, the scope of the avoidance is not always clear to the interviewee, necessitating careful interrogation in order to clarify it.

Note that there are many avoidance techniques that do not imply that the interviewee will not leave his or her house (for example, insisting on being driven to school instead of taking a bus). Write an example of any avoidance mechanisms that you find.

Code the intensity according to the degree of generalization of the avoidance.

2 = The interviewee has developed routines that allow him or her to adopt a relatively normal lifestyle at the same time he or she avoids feared situations

3 = The interviewee lives a very restricted life due to his or her avoidance of feared situations

SOCIAL ANXIETY

Subjective Anxious Affect specific to social interactions. Carefully consider whether this item is present in children who say they are shy. The child should want to get involved socially with people that he or she knows.

Social anxiety is generally related to persons that he or she has just met. Although the question inquires about contacts with children of the same age/sex, you should inquire further about other persons, regardless of their age or sex. This symptom refers to generalized social anxiety. To code it, it is necessary to have evidence of *anxious affect*; it is not just when someone feels nervous about meeting people for the first time. Does not include someone who is always nervous about being around the person they are in love with or asking someone out on a date.

2 = The social anxiety interferes with at least two activities and is uncontrollable at least part of the time

3 = The social anxiety interferes with most activities and is uncontrollable almost all the time

4 = The interviewee has not been in the situation that causes anxiety for the last three months because he or she avoids it, but he or she reports that he or she would have felt anxious had he or she been in that situation

FEAR OF ACTIVITIES IN PUBLIC

Subjective Anxious Affect specific to public performance of activities that do not produce fear when they are done in private. Include getting undressed for physical education class, going to the bathroom at school or in other public places, eating in public, speaking in public in circumstances that normally would not cause anxiety (such as when asked a question in class).

Do not include situations generally associated with anxiety, such as acting in a school play or taking part in a public debate.

Do not include anxiety or tension before a game unless it interferes with performance.

1 = The fear interferes with at least one activity and is uncontrollable at least part of the time

2 = The fear interferes with at least two activities and is uncontrollable at least part of the time

3 = The fear interferes with most activities and is uncontrollable almost all the time

4 = The interviewee has not been in the situation that causes anxiety for the last three months because he or she avoids it, but he or she reports that he or she would have felt anxious had he or she been in that situation

AGORAPHOBIA

Subjective Anxious Affect specific to open spaces or crowds.

2 = The agoraphobia interferes with at least two activities and is uncontrollable at least part of the time

3 = The agoraphobia interferes with most activities and is uncontrollable almost all the time

4 = The interviewee has not been in the situation that causes anxiety for the last three months because he or she avoids it, but he or she reports that he or she would have felt anxious had he or she been in that situation

FEAR OF ANIMALS

Subjective Anxious Affect specific to certain “warm blooded” animals.

Insects, spiders, snakes, and birds are coded under Other Fears.

2 = The fear of animals interferes with at least two activities and is uncontrollable at least part of the time

3 = The fear of animals interferes with most activities and is uncontrollable almost all the time

4 = The interviewee has not been in the situation that causes anxiety for the last three months because he or she avoids it, but he or she reports that he or she would have felt anxious had he or she been in that situation

FEAR OF GETTING HURT

Subjective Anxious Affect specific to the possibility of getting hurt. Do not include anxious affect that is felt during an activity with a real potential of getting hurt.

2 = The fear of getting hurt interferes with at least two activities and is uncontrollable at least part of the time

3 = The fear of getting hurt interferes with most activities and is uncontrollable almost all the time

4 = The interviewee has not been in the situation that causes anxiety for the last three months because he or she avoids it, but he or she reports that he or she would have felt anxious had he or she been in that situation

FEAR OF BLOOD/INJECTIONS

Subjective Anxious Affect related to seeing blood, getting or witnessing injections, or anticipating an image of blood or injections.

Issues related to AIDS are not coded here.

2 = The fear interferes with at least two activities and is uncontrollable at least part of the time

3 = The fear interferes with most activities and is uncontrollable almost all the time

4 = The interviewee has not been in the situation that causes anxiety for the last three months because he or she avoids it, but he or she reports that he or she would have felt anxious had he or she been in that situation

OTHER FEARS

Other fears not specified in any other place. The reminder below is not an exhaustive list of possibilities.

2 = The fear interferes with at least two activities and is uncontrollable at least part of the time

3 = The fear interferes with most activities and is uncontrollable almost all the time

4 = The interviewee has not been in the situation that causes anxiety for the last three months because he or she avoids it, but he or she reports that he or she would have felt anxious had he or she been in that situation

LIST OF ANXIETY- OR FEAR-PRODUCING SITUATIONS

- Heights
- Elevators
- Insects and spiders
- Snakes
- Birds
- The dark
- Illnesses
- Scary things on television and in movies
- War
- Others

SITUATIONAL ANXIOUS AFFECT

Subjective Situational Anxious Affect meets the definition of Subjective Anxious Affect, but only occurs in certain situations or settings (e.g., open spaces).

Do not include in this codification material coded under Separation Anxiety and Truancy (Worry/Anxiety) even though it meets the definition of Subjective Situational Anxious Affect.

2 = The interviewee feels fear, or experiences an anticipatory anxiety which at least part of the time is uncontrollable in more than one activity, or requires that he or she be given excessive reassurance

3 = The interviewee feels fear, or experiences an anticipatory anxiety that is almost always uncontrollable in most activities

The frequency of Subjective Anxious Affect is a coding that summarizes the types of anxious affect. The intensity is a summary of the predominant anxiety, not the worst.

The frequency and duration of the anxiety episodes are not coded if, as a consequence of avoidance, the interviewee has felt no anxiety in the primary time period (i.e., the interviewee's code on intensity was 4 in all the symptom areas in the section). Likewise, the Anxious Autonomic symptoms are not considered present if total avoidance of the feared situation occurred throughout the entire primary period.

FLOATING ANXIOUS AFFECT

Subjective Floating Anxious Affect meets the definition of **Subjective Anxious Affect**, but the anxious affect is not associated with particular restriction situations. It can occur in any setting and often begins unpredictably and the interviewee cannot describe the specific environmental elements that bring on the anxiety. The anxious affect must have a total daily duration of at least one hour.

Note that **Subjective Floating Anxious Affect** and **Subjective Situational Anxious Affect** may coexist, in which case both should be coded present.

2 = The interviewee feels fear, or experiences an anticipatory anxiety which at least part of the time is uncontrollable in more than one activity, or requires that he or she be given excessive reassurance

3 = The interviewee feels fear, or experiences an anticipatory anxiety, almost always uncontrollable, even though he or she is given reassurance, in most activities

STARTLE RESPONSE

Exaggerated startle response to minor stimuli. Do not include being startled in response to situation which would make most people jump.

0 = Absent

2 = Exaggeratedly startled with minor provocations

DIFFICULTY CONCENTRATING

Difficulty concentrating or the mind “goes blank” when he or she feels anxious.

0 = Absent

2 = The inability to concentrate is sufficient to interfere with everyday activities

EASILY FATIGUED

The interviewee is easily fatigued when he or she feels anxious.

0 = Absent

2 = Feels fatigued after a little effort, but continues with immediate tasks

3 = Fatigue leads to a reduce in performance of immediate tasks

ANGUISH CRISIS

Anguish crisis is a specific episode of overwhelming Subjective Anxious Affect and a sudden startup in the Autonomic Nervous System and that the interviewee usually tries to stop by taking some definite action. The interviewee who has a phobia against traveling might have to get off the bus. The interviewee who becomes anxious when he or she is left alone might have to run out of the house. The forms of both floating anxiety and situational anxiety may give rise to an anguish crisis. If so, include both in the coding.

Anguish crises caused by delusional ideas or hallucinations are not included.

Anxiety premonitions may play a prominent role in what brings on the anguish crisis, and should be coded separately.

0 = Absent

2 = Anguish crisis of such severity that the interviewee ceases all activity that he or she is engaged in at that moment

FLOATING ANGUISH CRISIS

0 = Absent

2 = Anguish crisis not associated with any situation in particular

SITUATIONAL ANGUISH CRISIS

0 = Absent

2 = Anguish crisis that occurs in certain situations/settings

SENSATION OF UNREALITY DURING THE ANGUISH CRISIS

The interviewee experiences his or her surroundings as unreal; everything may appear faded, artificial, or dead during an anguish crisis.

DEPERSONALIZATION DURING THE ANGUISH CRISIS

The interviewee feels unreal; he or she thinks that he or she is acting a role, that he or she is separated from his or her own experience during an anguish crisis.

FEAR OF LOSING CONTROL DURING AN ANGUISH CRISIS

The interviewee feels as though he or she were “going crazy” or fears losing control over his or her body or mind (e.g., fear of urinating in public, falling, or creating a “scene”).

FEAR OF DYING DURING AN ANGUISH CRISIS

The interviewee feels that he or she may die or fears dying during an anguish crisis.

WORRY ABOUT FURTHER ANGUISH CRISES

Distress, worry, or anxious affect related to the possibility that another anguish crisis may occur.

CHANGE IN BEHAVIOR

Any change in behavior or common routine in order to avoid the possibility of another anguish crisis occurring. Or changes in behavior or routine in order to avoid the embarrassment or humiliation that the interviewee fears may accompany an anguish crisis.

WORRY ABOUT IMPLICATIONS

Worry or anxious affect related to the possible secondary consequences of having another anguish attack.

Do not include worries or fears such as those coded under Fear of Losing Control During an Anguish Crisis.

ANXIOUS AUTONOMIC SYMPTOMS

Autonomic Symptoms (see the reminder list below) accompanied by Subjective Anxious Affect. Questions will be asked only about these symptoms in relation to the fears that are coded as present in the section, i.e., which were actually experienced during the last three months.

Be sure to distinguish between anxious autonomic symptoms associated with an anguish crisis and anxious autonomic symptoms not associated with an anguish crisis, which are coded separately. It is possible that the interviewee may have both types at different moments.

LIST OF ANXIOUS AUTONOMIC SYMPTOMS

- Dizziness**
- Being or feeling in a daze**
- Faintness**
- Dry mouth**
- Chocking/Asphyxia**
- Difficulty breathing**
- Rapid breathing**
- Palpitations**
- Oppression or pain in the chest**
- Sweating**
- Nausea**
- Urinary frequency**
- Paresthesia**
- Lump in the throat/difficulty swallowing**
- Stomach upset/butterflies in the stomach**
- Diarrhea**
- Trembling/agitation/shaking**
- Flushing or chills**
- Paleness**
- Muscle pain**
- Nervousness**
- Restlessness**

SELECTIVE MUTENESS

Refusal or inability to speak to certain people or in certain situations, even though able to speak satisfactorily to other people in other situations. Do not include those who have difficulty speaking in all situations.

Also do not include here children who are always “grouchy” and/or do not want to discuss certain subjects with their parents, but who can participate in everyday conversations with their parents on subjects such as what they’re going to eat or where they are going to go shopping.

Selective Muteness refers to a change in the ability to speak exclusive to certain situations. If the child is never able to verbalize well, that does not count. If a symptom can be coded in both Selective Muteness and Fear of Speaking in Public, code this last item because it is more specific. If the interviewee exhibits selective muteness only when he or she is depressed, that counts, but it should be carefully distinguished from generalized muteness (i.e., the muteness that occurs in most or all situations), which is not coded here.

Typically, a child with Selective Muteness does not speak in one situation, for example, school, yet speaks freely in other situations. Do not include children who are too shy to speak in certain situations or those interviewees who cannot speak when they’re around a girl they like, or those who were too inhibited to speak with their doctor on first contact.

2 = Speech is limited in volume or amount, to the point that it substantially interferes with communication in certain situations or with certain persons. There should be a marked discrepancy with the satisfactory use of the child’s speech in other circumstances

3 = Almost total absence of speech in particular situations or with specific persons

RUMINATIONS, OBSESSIONS, AND COMPULSIONS

Objective of the Section

This section has one main objective:

- (1) To provide information relevant to the diagnosis of obsessive/compulsive disorders.**

Organization of the section

The section is organized as a single unit.

Ruminations

Extended and unproductive meditation about particular subjects, even though without the unpleasant quality of worry or the alienating quality of obsessions, with a total daily duration of at least one hour. Ruminations are purposeless thoughts that don't lead to anything and are neither pleasant nor unpleasant.

A worry is a thought about an unpleasant possibility (such as being turned down for a loan), while ruminations may be unpleasant but their content be neutral and purposeless.

2 = Ruminations interfere with at least two activities and are uncontrollable at least part of the time

3 = Ruminations interfere with most activities and can almost never be controlled

Situation

When the criteria for general intensity are met, code the frequency of Ruminations in each of these three specific situations: Home, School, or Elsewhere.

OBSESSIVE THOUGHTS

Recurrent ideas, thoughts, or images which the interviewee finds inopportune or undesirable, but does not see as external insertions, and which occur despite being considered excessive, irrational, useless, or absurd. The interviewee often describes him or herself by saying that he or she feels that he or she "has to" have the excessive thoughts even though he or she doesn't want to. When the interviewee is asked why he or she has to have those thoughts, the explanation may be vague but sometimes may contain the idea that something terrible (many times not specified) will happen if he or she doesn't.

A repetitive and purposeless thought (rumination) would be considered an Obsessive Thought if the interviewee describes that he or she has to think about it a certain number of times before stopping or that some specified or unspecified bad thing will happen to him or her if he or she does not think about it. For example, this would include an interviewee who thinks about what he or she ate for lunch today, but continues repeating the same thought 4 times, and if he or she doesn't "feel like it's okay," would repeat the thought in series of four until he or she "feels a sense of fulfillment." The interviewee might also say that if the thoughts are not repeated the "correct" number of times, he or she will have bad luck.

If there is doubt about the presence of Obsessive Thoughts, code them as absent when there is obsessive-compulsive disorder present. Description of the inopportune thoughts usually will be well-defined, so that a high threshold for coding is appropriate here. If the Obsessive Thoughts are associated with traumatic events and meet the criteria for coding in the section on Post-Traumatic Disorder Syndrome, code them there as well.

2 = The excessive thoughts interfere with at least two activities and are uncontrollable at least part of the time

3 = The excessive thoughts interfere with most activities and are almost always uncontrollable

Situation

When the criteria for general intensity are met, code the frequency of Obsessions in each of these three specific situations: Home, School, or Elsewhere.

RESISTANCE NOT MEETING THE CRITERIA FOR OBSESSIVE RITUALS

Resistance refers to the interviewee's attempts to avoid having the excessive thoughts or performing obsessive mental routines.

0 = Absent

2 = The interviewee tries to resist the excessive thoughts at least part of the time

3 = The interviewee usually tries to resist them

OBSESSIVE RITUALS

Recurrent and repetitive ideas, thoughts, or images or mental rituals carried out in order to reduce or eliminate mental discomfort generated by obsessive thoughts. Practiced despite being considered excessive, irrational, useless, or absurd.

2 = The Obsessive Rituals interfere with at least two activities and are uncontrollable at least part of the time

3 = The Obsessive Rituals interfere with most activities and are almost always uncontrollable

RESISTANCE TO OBSESSIVE RITUALS

Resistance refers to the interviewee's attempts to avoid obsessive rituals of thought.

0 = Absent

2 = The interviewee tries to resist the excessive rituals at least part of the time

3 = The interviewee usually tries to resist the excessive rituals

CONTENT OF THE OBSESSIONS

Code the subject or content of the obsessive ideas. The obsessions may belong to more than one subject group, in which case both or all the groups represented should be coded.

0 = Absent

2 = Present

The following categories will be considered:

Transmission of disease

The interviewee's obsessive thoughts center on the possibility of contracting or transmitting diseases. These thoughts often will be accompanied by compulsive disease-prevention rituals or excessive washing and similar things.

Magic, e.g., to ward off danger

The interviewee usually does not describe the obsessions or compulsions as possessing "magic" properties. What is sought here is to code the obsessions that seem to be maintained because the interviewee thinks that they protect him or her from some ill through an indirect and magical process. The interviewee usually cannot or does not know how to explain precisely how the danger is prevented and will often agree that the sensation of danger and the obsessive protection from it is silly, absurd, or ridiculous.

Related to sex

Code here obsessive concern with something sexual. Obsessions related to sex are frequently also characterized by concerns about dirtiness and disease.

Concerns about performance

Code here obsessions related to social, school, or sports performance and similar things.

Other

Code here obsessions that cannot be included under the four categories above.

COMPULSIONS

Repetitive, intentional, and purposeful acts associated with a subjective feeling of compulsion which arises from the interviewee and is not the product of any external force or entity, and which are carried out despite being considered excessive, irrational, useless, or absurd. When the interviewee is asked why he or she has to carry out the compulsive acts, the explanation given may often be ambiguous, but sometimes may contemplate the idea that something terrible (often not specified) will happen if he or she does not do it.

2 = The compulsions interfere with at least two activities and are uncontrollable at least part of the time

3 = The compulsions interfere with most activities and are almost always uncontrollable

To code the duration of compulsions, an episode is considered the length of time that the interviewee spends carrying out the compulsive ritual. For example, an interviewee who intermittently experiences a compulsion to touch the corner of the table 3 times before passing it might be coded only with a duration of one minute. However, in the case of an individual with more complex rituals which take longer or those who have a series of simultaneous compulsions, code the duration of the complete time that the person felt forced to perform the rituals (e.g., a person has a series of morning rituals to get dressed which he or she performs for two hours every day, would have a duration of two hours rather than coding the specific durations of the rituals related to shoes or the shirt).

If the interviewee reports that his or her ritualistic behaviors are controlled by an external force (e.g., radio waves, Martians), those behaviors are not Compulsions, but should be coded in the section on Psychosis.

If the Compulsions are associated with traumatic events and meet the criteria for coding in the section on Post-Traumatic Stress Disorder, code them there as well.

Resistance

Resistance refers to the interviewee's attempts to avoid performing his or her compulsions or routine compulsions.

2 = The child tries to resist performing the compulsive act at least part of the time

3 = The child usually tries to resist

Situation

When the criteria for general intensity are met, code the frequency of Compulsions in each of these three specific situations: Home, School, or Elsewhere.

TYPE OF COMPULSION

The five types of compulsion that appear below are coded. There may be more than one type present, in which case code them both or all as present.

Verifying

The interviewee feels forced to verify and re-verify things (at least 3 times), such as for example whether he or she has the keys or turned off the stove.

Avoiding

The interviewee compulsively avoids certain objects or situations, often for fear of being contaminated.

Touching

The interviewee feels forced to touch certain objects, often ritualistically, or to carry out rituals of touching diverse objects.

Washing/Cleaning

The interviewee feels forced to repeatedly wash or clean things, himself or herself, or the house, despite the fact that the object of the cleaning is already clean enough.

Repeating

The interviewee feels forced to repeat words or actions that are not those mentioned above.

Other

Code here any other compulsion that cannot be included in the five previous categories.

0 = Absent

2 = Present

OBSESSIVE SLOWNESS

Normal actions take an irrational length of time due to internal concerns about how to do things “correctly” or due to patterns of obsessive thought, although the interviewee cannot offer a clearer explanation of why the actions take him or her so long. The important point is that the interviewee’s physical movements are slower or paralyzing.

Movements and actions in progress (generally not associated with obsessions and compulsions) are performed more slowly as a consequence of the concern about doing things correctly or of the need to think about the obsessions a certain number of times. Do not include slowness in performing an action related to the rituals themselves. The person with a complex ritual for getting dressed can take hours in doing that, but if the physical movements implied in getting dressed are individually performed at a normal rate of speed (even though they are repeated over and over again), they do *not* constitute Obsessive Slowness. However, if the interviewee’s movements are slower than normal, or become paralyzed for a period of time, they would count as Obsessive Slowness.

Lesser degrees of slowness are not coded here.

2 = The obsessive slowness interferes with at least two activities and is unavoidable at least part of the time

3 = The obsessive slowness interferes with most activities and is almost always unavoidable

CASE EXAMPLE

The components of obsessive-compulsive phenomena are often difficult to differentiate and at this point it is necessary to include a description of the thought processes and actions implied by those phenomena.

The following example demonstrates the interaction of obsessive-compulsive phenomena:

A 15-year-old reported that recurrent thoughts and images about mutilating and murdering his family came to his mind. These thoughts and images were profoundly troubling to him, since he loved his family and did not desire them any harm although he had no intention of doing them harm. In addition, he was afraid that these thoughts would overwhelm him and was afraid of the possibility of causing them harm. He had tried not to think about this, but the thoughts came to his mind without invoking them. This constellation of thoughts and images constitutes an Obsessive Thought. The attempts to avoid the incessant thoughts represent Resistance to Obsessive Thoughts that Do Not Meet the Criteria for Obsessive Ritual.

After a few months the young man developed a way to avoid the intrusion of these Obsessive Thoughts, by concentrating on the route to school. He would follow the route to school in his mind, paying careful attention to certain points along the way. If he thought he had made a mistake in the order or performance of this complicated task, he had to begin again. In time, he felt the need to repeat the route again and again to assure himself that he had mentally traced it with absolute precision. The young man would say that he could understand that the need he felt to carry out this mental task was "stupid," but "he couldn't avoid it" because when he tried not to do it he became extremely anxious and the Obsessive Thoughts returned. What the young man describes are Obsessive Rituals, with Resistance to Obsessive Rituals.

When he was hospitalized, the nursing staff observed him "walking in slow motion" on several occasions and from time to time he looked "paralyzed" in the middle of a movement; for example, when he extended his hand to open a door his hand would stay in the middle of the air, unmoving, six inches from the doorknob, for 10 to 15 seconds. When he was asked what he felt at those times, he described himself as carrying out his Obsessive Rituals. In this way he was manifesting Obsessive Slowness.*

DEPRESSION

Objectives of this section

This section has 5 main objectives:

- (1) To provide information applicable to the diagnosis of various depressive disorders.**
- (2) To provide an opportunity to assess the interviewee's general state of emotion.**
- (3) To facilitate access to the section on worries and anxiety.**
- (4) To facilitate access to the section on suicide and self-destructive behavior.**
- (5) To facilitate access to the assessment of the interviewee's functional incapacities as a consequence of his or her psychiatric symptoms.**

Organization of the section

The section is divided into four sub-areas:

- (1) Depressive affect**
- (2) Conative problems**
- (3) Subjective Complaints about thoughts**
- (4) Depressive thoughts**

DEPRESSIVE AFFECT

DEPRESSIVE MOOD

The depressive mood's subjective feelings. The depressive mood may be described in many ways; for example, feeling unhappy, miserable, sad, in low spirits, "down," or grieving. To be coded here it must have a total daily duration of at least one hour. See p. 6 of the glossary for a coding of a combination of intensities 2 and 3.

Distinguish between other unpleasant feelings, such as for example Nervous Tension or Anxiety, and Apathy or Anhedonia (Loss of the Ability to Feel Pleasure). In addition, it is important to be sure that the mood itself is being coded and not the "expected" concomitants (such as apathy, self-deprecation, or crying). Items such as these are coded separately and if they are also used as evidence of depression, the interviewer will generate false relationships.

2 = The depressive mood sometimes interferes but sometimes is also relieved by pleasant events and activities and is uncontrollable

3 = Almost nothing can lift the mood

Do not include depression induced solely by the use of drugs or alcohol. Do not "assume" that because someone is using drugs or alcohol and has a depressive mood, the first causes the second. "Cause" in this case only refers to the situation in which a clear link exists between taking a "dose" of the substance and the episode of depressive mood. Unless the 1:1 link is clearly present, code Depressive Mood.

DEPRESSIVE MOOD EPISODE

2 = At least 1 week with 4 days of depressive mood

3 = Period of 2 consecutive weeks in which the depression was present for at least 8 days

PERIOD OF 2 CONSECUTIVE MONTHS WITHOUT DEPRESSION DURING THE LAST YEAR

0 = Yes

2 = No

DISTINCTIVE NATURE OF THE DEPRESSIVE MOOD

Refers to the depressive mood's subjective quality, which is different from that of common sadness; such as, for example, the sadness felt when a loved one dies. This item is unusual in the sense that it is the interviewee himself or herself and not the interviewer who basically decides on the code. Sometimes an interviewee will be able to clearly distinguish between normal "sadness" and "depression," and other times will describe his or her depression as essentially equal in affect to normal sadness. Nevertheless, a statement that the tone of his or her mood is like sadness, but much worse than any other sadness that the interviewee has ever felt, is not evidence of Distinctive Nature. The difference must be qualitative and not merely one of degree.

In coding this item, it is necessary to be sure that the interviewee knows what normal sadness or unhappiness is. Therefore, the coding should always be tied to an experience that may produce sadness, such as the loss of a pet.

0 = Absent

2 = The interviewee understands the nature of sadness and reports that the periods of depressive mood have a different nature

SEEMS UNHAPPY

The parents' assessment that the child always seems unhappy. The parent must consider this abnormal for the child's age and stage of development.

RELIEF OF DEPRESSIVE MOOD

This item refers to any means that the interviewee finds helpful in relieving his or her Depressive Mood. It is only applicable if 2 has been coded under Depressive Mood. Obviously if the Depressive Mood is not present as defined in the Glossary, then no relief can exist. If, on the contrary, the Depressive Mood is present at a scale of intensity of 3, then by definition it cannot be relieved.

Two possible mechanisms for relieving the mood should be considered:

- (i) **Relief through one's own means.** The interviewee relieves his or her Depressive Mood by actively taking part in other thoughts or activities.
- (ii) **Relief through external means.** Refers to a more passive process in which the interviewee finds that the mood is relieved when other activities or events occur without using them on purpose for that end.

Both mechanisms may be employed by any individual.

0 = No means of Relief ever employed

2 = A means of Relief employed at least part of the time

S = Relief does not apply; that is, 0 or 3 coded in the section on depressive mood

DIURNAL VARIATION IN MOOD

The Depressive Mood is consistently worse (lasting for at least 14 days, not necessarily consecutive, in the last three months) either during the first or second part of the day, regardless of external events. The interviewee must report a difference in the intensity of the depressive mood to an extent perceptible by other people, even though no one has noticed or mentioned it.

Two possible forms may be coded:

WORSE IN A.M. PERIOD

0 = Absent

2 = Present

WORSE IN P.M. PERIOD

0 = Absent

2 = Present

REPORT OF TEARY EYES AND CRYING

Refers to the fact that the eyes fill with tears or the interviewee cries in response to an internal state of unhappiness or sadness.

Do not code crying caused by the usual precipitants (such as sad situations, anger, having been hit or disciplined).

2 = When [the interviewee] feels unhappy, the eyes fill with tears or they cry uncontrollably at least part of the time in at least two activities

3 = When [the interviewee] feels unhappy, the eyes fill with tears or they cry almost always uncontrollably in most activities

SUBJECTIVE AGITATION

This symptom is a subjective state of marked *changes* in motor activity associated with the depressive mood. To a moderate degree, it is manifested by continuous movements of various parts of the body and an inability to be still. The severe level is expressed by pacing back and forth or aimlessly or by the inability to remain seated for very long. Either of the levels must be experienced as unpleasant and last for a total of at least one hour a day.

2 = The agitation is present in at least two activities and cannot be totally controlled, but sometimes with effort the interviewee can inhibit it

3 = The agitation is almost totally uncontrollable

ANGER AND IRRITABILITY

The three items that make up this section may be cause for confusion if great attention is not paid to the definitions. In essence, anger and irritability are being assessed at two levels: that of a propensity to *feelings* of anger (as in the case of Sensitive or Easily Upset) and that of angered behavior (such as in the case of Angry or Resentful). In these first two items, it is not necessary that change has been noted, so a child who has always been that way would be coded here as positive. Irritability requires, in addition, the presence of a growing propensity to feelings of anger and also angered behavior. It also requires that a change has been observed, but it does *not* stipulate that the mood or behavior occur more than in most children. Therefore, all these three items may be coded present in the same person.

SENSITIVE OR EASILY UPSET

Generally speaking, the child is more susceptible than most children to feelings of anger, temper, impatience, resentment, bad moods, or irritation, at the least provocation. If the frequency of the provocation equals 3 or more, code 2. If the frequency is less than 3, code 0.

This pattern does not necessarily have to represent a change in behavior.

0 = Absent

2 = Present

ANGRY OR RESENTFUL

The child is generally more susceptible than most children to manifestations of anger or resentment (irritability, shouting, fights, or bad moods) at the least provocation. If the frequency of the provocation equals 3 or more, code 2. If the frequency is less than 3, code 0.

This pattern does not necessarily have to represent a change in behavior.

0 = Absent

2 = Present

IRRITABILITY

Increase in the ease with which the feelings of anger, temper, impatience, resentment, or irritation directed externally are triggered in comparison with the interviewee's normal state; with a daily duration of at least one hour. The change (increase in the ease of triggering) may precede the primary period, but the changed state must be present in the primary period in order to be coded. These feelings must be expressed openly, at least to a certain extent, although the interviewee may report that he or she remains under control most of the time. Note that the coding is for a change in the usual probability of triggering anger in the interviewee and does not refer to the form the anger takes when it is triggered. Therefore, an interviewee who reports that he or she hits other people when he or she gets angry when before he or she controlled his or her feelings, but denies that he or she gets angry more easily than normal, would not be coded here as more irritable.

N.B.: The irritable mood per se would be coded, not just its manifestations; consequently, the codings for frequency and duration refer to the amount and duration of the episodes of this mood, not to episodes of impatience, shouting, or fighting.

2 = Irritability, present in at least two activities, which is manifested by at least one instance of impatience, shouting, or fighting, uncontrollable at least part of the time by the interviewee

3 = Irritability present in most activities, accompanied by impatience, shouting, or fighting, and almost always uncontrollable by the interviewee

EPISODE OF IRRITABLE MOOD

2 = At least 1 week with 4 days of irritable mood

3 = Period of two consecutive weeks in which the irritable mood was present for at least 8 days

PERIOD OF TWO CONSECUTIVE MONTHS WITHOUT IRRITABLE MOOD DURING THE LAST YEAR

0 = Yes

2 = No

LOSS OF AFFECT

The interviewee complains of having lost the former ability to feel or experience emotions. May recall a time when he or she did have that ability (although it may have been months or years ago) and is very clear that he or she has lost this and other affects. It is a subjective complaint and should not be confused with numbed affect, which is an observation.

2 = Loss of affect in at least two activities and uncontrollable at least part of the time

3 = Feels loss of almost all affect

CONATIVE PROBLEMS

BOREDOM

A state in which the interviewee feels that the activities in which he or she normally takes part are boring and uninteresting. Everyone gets bored sometimes, so code the interviewee positive only if he or she is bored for more time than not. But code positive even when the activities are really boring. The interviewee must think that there are other possible activities that would be more interesting even when he or she is not sure what those activities might be.

Distinguish between the loss of pleasure and loss of interest, in which nothing seems to have the potential for interest or the probability of causing pleasure.

2 = Boredom more than half the time

3 = Boredom almost all the time

LOSS OF INTEREST

Refers to the interviewee's diminution of interest in his or her usual occupations or activities. The interviewee has lost some interests or the intensity of interest has dropped. Everyone has interests of some kind, but the degree of diminution must be measured in the context of the scope and depth of the interviewee's usual activities. Take into consideration everyday school and home activities as well as free time, keeping him or herself well informed, taking an interest in clothes, food, appearance, toys, etc. Inevitably, those who enjoy more intense and more varied interests are initially more susceptible to losing interest than those who have never been greatly interested in things. Lost interests must not have been replaced with other interests, so do not include activities in which interest is lost by growing up or leaving behind certain activities to devote oneself to other new activities or by the pressure of work.

2 = Generalized diminution of interest in activities that are normally interesting

3 = The interviewee describes an almost total lack of interest

ANHEDONIA (LOSS OF THE ABILITY TO FEEL PLEASURE)

Complete (generalized) or partial loss or diminution of the ability to experience pleasure, enjoy things, or have fun during activities that previously were attractive to the child. Also refers to basic pleasures such as those experienced when eating a favorite food and, in adolescence, through sexual activities.

This item does not refer to Loss of Interest or inability to take part in activities or the loss of the ability to concentrate on reading, games, TV, or homework. Do not confuse this item with the lack of opportunity to do things as a possible consequence of Loss of Interest or too-strict parents. The comparison should be made with the enjoyment when the child is normal. This may not be accessible in episodes of long duration since children's preferences change as they grow up.

2 = Generalized diminution in pleasure in normally pleasant activities

3 = Almost nothing produces pleasure

SUBJECTIVE ANERGIA (LACK OF ENERGY)

The interviewee feels that he or she lacks energy in comparison with his or her normal state, and describes him or herself as tiring easily or excessively. Do not take into consideration the energy observed in the interviewee's responses during the interview. This symptom is only coded on the basis of the interviewee's subjective report of how he or she feels. It is a general coding of his or her total level of energy.

2 = Generalized listlessness and lack of interest

3 = Reports being almost totally without energy

Distinguish Subjective Anergia from Exhaustibility, Subjective Motor Slowness, Hypersomnia, and Insomnia, although it may code more than once, if the criteria for more than one are met.

SUBJECTIVE MOTOR SLOWING

The interviewee feels that he or she is slower in his or her movements and speech than in his or her normal state. Do not take into consideration the real speed of the interviewee's movements and responses during the interview. This symptom is only coded on the basis of the interviewee's subjective report. The episodes should last for a total of at least one hour a day.

2 = Slowness present and cannot be overcome in at least two activities

3 = Slowness present and cannot be overcome in most activities

SUBJECTIVE COMPLAINTS ABOUT THOUGHT

INEFFICIENT THOUGHT

The interviewee complains that he or she cannot think clearly or efficiently, even about simple matters, and the experience is unpleasant for him or her. His or her thoughts are confused and may tend to go around and around in circles without going anywhere (in which case consider the possibility of the presence of Rumination). This complaint is subjective and may contrast with the clear and efficient way the interviewee describes the symptom. Only the subjective complaint is coded. The daily duration must be at least one hour.

Do not include difficulties in thinking about school work that the interviewee finds difficult or complicated.

Code S if the thought disorder exhibits Thought Insertion, Comments, Withdrawal, or any type of delusional idea.

Distinguish between Subjective Slow Thoughts, which is the sensation that the thought has become slower. Distinguish it from Subjective Motor Slowing, which refers to the real production of speech and motor activities. Distinguish it from Ruminations, Worries, Poor Concentration, and Indecisiveness.

2 = The inefficient thought is sometimes uncontrollable in at least two activities

3 = The inefficient thought is almost always uncontrollable, and occurs in almost all situations that require clear thinking

INDECISIVENESS

Unpleasant difficulty in making decisions even in the simplest matters; it is a generalized difficulty and does not refer to making important life decisions in which the presence of uncertainty is reasonable. There is no criterion for duration here, since it is a general coding of the interviewee's ability to make decisions.

2 = The indecisiveness is sometimes uncontrollable in at least two activities

3 = The indecisiveness is almost always uncontrollable and occurs in relation to almost all decisions

SUBJECTIVE FEELING OF ACCELERATED THOUGHTS

Subjective feeling that thoughts pass through the mind at an unusually rapid speed. The speed with which thoughts follow one another is often perceived as unpleasant, unless the interviewee is in an Expansive Mood. The episodes of accelerated thoughts must last for at least one hour per day.

If this symptom is due exclusively to drug poisoning, do not code it here.

Distinguish this from Subjective Flight of Ideas, Observed Psychomotor Agitation, and Logorrhea, in which motor and speech manifestations are considered.

Distinguish it from Ruminations, which are specifically repetitive and unproductive, but which may be associated with rapid, slow, or normal speeds of thought. If the interviewee feels that the ruminations pass more quickly than usual through the mind, code positive for both Ruminations and Subjective Feeling of Accelerated Thoughts.

2 = The accelerated thoughts interfere with at least two activities and cannot be totally controlled

3 = The accelerated thoughts interfere with almost all activities and are almost totally uncontrollable

SUBJECTIVE FEELING OF SLOW THOUGHTS

Subjective feeling that thoughts pass through the mind at an unusually slow speed. Episodes of slow thoughts must last for at least one hour per day.

2 = The slow thoughts interfere with at least two activities and cannot be totally controlled

3 = The slow thoughts interfere with almost all activities and are almost totally uncontrollable

DEPRESSIVE THOUGHTS

In the definitions in this section, the term “sensation/feeling” is frequently used, despite the fact that the reference is really to cognitions. For most people, the term “sensation/feeling” implies both cognitive and affective elements. However, these items refer not to moods per se, but rather to certain cognitions, thoughts, opinions, or attitudes. That is, what is coded is the content of the thought, not its affective tone.

LONELINESS

Feeling of being alone and without friends, regardless of the apparent justification of that feeling. Contacts with adults and friendships with companions should be considered. Distinguish from feeling unloved. The child may feel alone and at the same time recognize that he or she is loved and vice versa. Episodes of loneliness must have a daily duration of at least one hour.

2 = The interviewee definitely feels lonely in a way that interferes with at least two activities and is uncontrollable

3 = The interviewee feels lonely most of the time

FEELS UNLOVED

A generalized feeling of being unloved and that no one cares about him or her or, at least, that he or she is not loved or cared for as much as most people, regardless of the justification of that feeling.

Distinguish this from loneliness.

2 = The interviewee feels that there are other persons who love or are concerned about him or her but that he or she is less loved than other people

3 = The interviewee feels that almost no one loves him or her, or almost never believes that someone loves him or her

SELF-DEPRECATION AND SELF-CONTEMPT

A generalized, unjustified feeling of inferiority with respect to other people (including unjustified feelings of loyalty). Self-contempt includes severe hostility aimed at oneself and accompanied by manifestations of antipathy or criticism.

Do not code delusional ideas here.

2 = The child considers himself or herself inferior than what appears justifiable, but does not see himself or herself as totally worthless, since in some activities he or she does not feel inferior

3 = The interviewee feels ugly and almost totally useless and with nothing that redeems him or her in almost all activities, or inferior to everyone else

Self-hatred is also coded 3.

SELF-PITY

A feeling that life or people have been unjustly unpleasant or disturbing and that the interviewee deserves something better.

Code regardless of its justification.

2 = The interviewee feels self-pity but believes that some aspects of his or her life have not been unjustly disturbing or unpleasant

3 = The interviewee thinks that nothing has happened as he or she deserves, and feels self-pity in almost all situations

PATHOLOGICAL GUILT

Excessive guilt due to insignificant or non-existent mistakes or behaviors. The interviewee recognizes that the guilt feeling is exaggerated (otherwise, code as delusional idea of guilt).

2 = At least partially and without possibility of change, the interviewee blames him or herself [but] does not generalize it to all negative events

3 = The interviewee generalizes this feeling of guilt to almost all the bad things that happen in his or her surroundings

DELUSIONAL IDEA OF GUILT

Blames him or herself for insignificant or nonexistent mistakes or behaviors. The interviewee may believe that he or she has brought ruin on his or her family due to being in his or her current condition or that his or her symptoms are punishment for not being better. Distinguish between pathological guilt without the elaboration of delusional ideas in which the interviewee is generally aware that the feeling of guilt originates in himself or herself and is exaggerated.

2 = The interviewee has the delusional idea of having done something wrong but there is a fluctuating awareness that his or her feelings are an exaggeration of normal guilt

3 = The interviewee has the non-modifiable delusional idea that he or she has committed some terrible sin, etc.

IDEAS OF REFERENCE

Subjective feeling of being conspicuous or being the object of comments in public. The comments seem to be mockery, criticism, or blaming.

2 = Simple ideas of reference

3 = Ideas of reference of guilt

Do not include situations in which the interviewee's description offers reasonable proof that in fact he or she was the object of attention or comments. The interviewee should recognize that he or she is too sensitive and that probably he or she is actually not the object of negative references.

SIMPLE IDEAS OF REFERENCE

In its moderate form, the indication for this symptom is exaggerated Self-Consciousness. The interviewee cannot avoid feeling that people stare at him or her on the bus, in stores, or in other public places and that they look at things about him or her that the interviewee would prefer them not to look at. The interviewee realizes that this feeling originates in him or herself and that he or she is not being looked at more than other people, but still cannot stop feeling that way. This feeling is disproportionate to any possible cause.

IDEAS OF REFERENCE OF GUILT

The characteristics of simple ideas of reference are present, but in addition the interviewee feels that he or she is being blamed for some action or attribute. He or she realizes that this feeling originates in him or herself, but still cannot stop feeling that way. This feeling is disproportionate to any possible cause. In the most intense form of this symptom, the interviewee really feels that he or she is being accused of some action or attribute worth feeling guilty about. He or she realizes that this feeling originates in him or herself, but cannot avoid feeling it.

If the interviewee actually has some physical characteristic that might cause people to look at him or her, code S unless the interviewee's self-reference is completely out of proportion to the degree of that physical characteristic.

If the interviewee is irrationally convinced that he or she is the object of attention or comments, consider whether there are Delusional Ideas of Reference. If after a detailed questioning there is still some doubt as to whether Delusional Ideas of Reference represents the appropriate coding, code this symptom as *Ideas of Reference*.

IMPOTENCE

The interviewee feels that there is little or nothing that he or she can do to improve his or her situation or psychiatric state, even though he or she perceives that such a change would be welcome. This is a generalized feeling.

2 = The interviewee feels impotent and cannot always modify his or her feelings, but can manifest positive expectations of being able to help him or herself

3 = The interviewee expresses an almost total lack of hope of being able to help himself or herself

HOPELESSNESS

The interviewee has a dark, negative, and pessimistic vision of the future, and little hope that his or her situation can improve. This is a generalized feeling.

2 = The interviewee feels hopeless and cannot always modify his or her feelings, but can manifest positive expectations about the future

3 = The interviewee expresses an almost total lack of hope for the future

SUICIDAL AND SELF-DESTRUCTIVE BEHAVIOR

Objectives of this section

This section has two main objectives:

- (1) To assess self-destructive behavior and suicidal acts and attempts by the interviewee.**
- (2) To facilitate access to the section on depression.**

Organization of the section

This section has been organized in two sub-areas:

- (1) Suicidal ideation and behavior**
- (2) Deliberately self-destructive behavior with no intention to take one's own life**

THOUGHTS ABOUT DEATH

Thoughts related to death and dying, whether referring to oneself or others. Includes thoughts related to being the victim of a fatal accident or murder and thoughts about how sad other people will feel when the interviewee is dead. Include in this coding thoughts about not wanting to go on living or that life is not worth living and he/she doesn't want to go on living. If the interviewee has specific thoughts about taking his or her own life, code under Suicidal Thoughts.

2 = Present, but does *not* include thoughts about wanting to die. The thoughts must interfere with at least two activities and be at least sometimes uncontrollable.

3 = Includes thoughts about wanting to die. The thoughts must interfere with at least two activities and be at least sometimes uncontrollable. Do not include thoughts about taking one's own life; these are coded under Suicidal Thoughts.

SUICIDAL THOUGHTS

Specific thoughts about taking one's own life, by any means. These thoughts may accompany thoughts about death in general, or might be present if the interviewee reports a plan to commit suicide or an attempt in the past.

Do not include plans to commit suicide.

2 = At least sometimes uncontrollable suicidal thoughts which are recurrent in at least two activities

3 = Usually uncontrollable suicidal thoughts which interfere with most activities

PLANS TO COMMIT SUICIDE

Refers to suicidal thoughts in which the interviewee considers plans to commit a suicidal act. If the person has already attempted to commit suicide, determine whether a plan existed before the suicide attempt.

2 = A specific plan, considered on more than one occasion, but which did not lead to any action

3 = A specific plan, considered on more than one occasion, which led to taking specific actions, such as saving pills

Observe that these definitions are mutually exclusive. Obviously a plan to commit suicide is a form of suicidal thought. However, given the specificity of the coding rule, considering a plan to commit suicide would be coded only as Plan to Commit Suicide and not as Suicidal Thought.

LIFETIME SUICIDAL BEHAVIOR

Attempt to cause harm to oneself, with the intention of taking one's own life, which occurred at any time in the interviewee's life. Code here, regardless of how improbable it was that the attempt would cause death, as long as the interviewee intended to die.

0 = Absent

2 = Present

SUICIDE ATTEMPTS

Episodes of deliberate self-destructive, or potentially self-destructive, behavior, including some intention to die at the time the attempt was carried out.

Distinguish the previous category from Self-destructiveness Without Suicide Attempt.

If the parent is not sure that the child intended to die, code the item positive anyway if the parent can describe an act which is clearly harmful to the child. However, in order for this item to be coded in the child's CAPA interview, the child must report that there was at least some intention to die.

0 = No

2 = Yes

SUICIDE ATTEMPT METHODS

Indicate which of the following methods was employed in the suicide attempt according to the definition above. More than one method may have been used, in which case you should code both or all methods that were used.

Overdose of prescription or over-the-counter medication
Overdose of illegal drug
Hanging
Stabbing/cutting
Shooting
Throwing him or herself in front of moving vehicle
Other

INTENTION TO COMMIT SUICIDE

Code the highest degree of intention to commit suicide manifested in a suicide attempt. Do not include here potentially self-destructive behavior without the intention to commit suicide; those cases are coded under "Suicidal" Behavior Without Intention to Take One's Own Life.

The codes "Ever" and "3 months" are coded separately.

1 = The interviewee reports having had a slight intention to take his or her own life, but told other people about those intentions or reassured him or herself that his or her risk of dying was minimal

2 = Intention to take his or her own life, but associated with enough ambivalence that the intention was not absolutely clear

3 = Clear (or almost clear) intention to commit suicide, expressed with little or no ambivalence or uncertainty. If [the interviewer] cannot decide between code 2 or 3, code 2.

SEVERITY OF THE SUICIDE ATTEMPT

Code here the degree to which life was at risk as a result of the most serious suicide attempt.

1 = Slight: Medical attention not necessary, not required

2 = Moderate: Sought or required medical attention (for example, suture a wound, pump stomach)

3 = Serious: The suicide attempt resulted in loss of consciousness, the need to provide resuscitation, artificial respiration, blood transfusion, or surgical intervention

DRUG OR ALCOHOL POISONING AT THE TIME OF THE SUICIDE ATTEMPT

Refers to the consumption of alcohol or drugs before the suicide attempt in enough quantity or in a short enough time to permit the inference that the interviewee was under the effects of the alcohol or drugs at the time of the attempt.

2 = The interviewee had drunk alcohol or used drugs, but did not show significant effects at the time of the suicide attempt

3 = Definitely poisoned, drunk, or drugged at the time of the suicide attempt

“SUICIDAL” BEHAVIOR WITH NO INTENTION OF DYING

Acts that threaten suicide with no intention of taking one's own life. Examples are grabbing a gun and threatening to shoot in order to control other people's behavior, or taking an overdose in order to make the parent regret disciplining the child. This does not include verbal threats. If the parent cannot determine whether this self-destructive behavior did or did not express the attention to die, code it as unintentional.

NON-SUICIDAL ACTS INTENDED TO CAUSE ONESELF PHYSICAL HARM

NON-SUICIDAL ACTS INTENDED TO CAUSE ONESELF PHYSICAL HARM

Refers to mutilation and other potentially self-destructive acts (e.g., cutting veins or burning oneself with cigarettes) which are not accompanied by the desire or intention to die. Do not include rituals associated with sub-cultures such as self-inflicted burns in order to demonstrate "courage" or join a gang; acts of self-mutilation considered socially acceptable by children of the same age, such as tattoos or recording initials on the skin for decorative purposes, should not be included here.

2 = Acts not requiring medical treatment

3 = Acts requiring medical treatment

EVER NON-SUICIDAL ACTS INTENDED TO CAUSE ONESELF PHYSICAL HARM

Code the total number of occasions in the course of the interviewee's life in which he or she has carried out non-suicidal acts for the purpose of causing him or herself physical harm, according to the definitions above.

Include only harmful acts that require medical treatment (intensity 3).

TYPE OF DYSPHORIA OR SELF-MUTILATION

Growing feeling of highly unpleasant interior tension, freed through an act of self-mutilation (generally cutting the arms or wrists). Obviously this item is only asked if non-suicidal acts intended to cause physical harm occur. The duration of dysphoria includes the period of increasing tension and the act itself.

0 = Absent

2 = Present

HYPOMANIA AND MANIA

Objectives of this section

This section has three main objectives:

- (1) To evaluate the symptomatology applicable to the diagnosis of hypomania, mania, and cyclothymia.**
- (2) To facilitate access to the section on depression.**
- (3) To facilitate access to the assessment of functional incapacity caused by psychiatric disorders.**

Organization of this section

This section has been organized into two (2) sub-areas:

- (1) Manic disorder**
- (2) Other manic symptoms**

Requires the presence of manic disorder, as coded in (1), before the symptoms in (2) are considered present.

MANIC DISORDER

EXPANSIVE MOOD

Feelings of euphoria or elation, *lasting for at least one hour*, representing a substantial change in the interviewee's usual mood and not arising as a response to specific situations.

2 = The expansive mood interferes with situations that do not cause elation, but sometimes can be controlled if it is inappropriate

3 = The expansive mood interferes and is uncontrollable in almost all activities

Do not code here if the interviewee was under the influence of alcohol or drugs when he or she felt very happy (euphoric).

In response to an introductory question, many interviewees say that they have experienced such an episode, but when they are asked to provide an example, their descriptions make reference to feelings of happiness because of something good that has happened to them. It is then critical that detailed descriptions be provided if correct coding is to be done here.

Do not include interviewees who describe feeling unusually good, successful, powerful, or "excited" in the period of "revving up" before a sporting event.

EPISODIC EXAGGERATED ACTIVITY

Periods of exaggerated activity which may or may not be directed toward a goal, which represent a marked change in the interviewee's usual mood, and which last a total of at least *four hours* per day.

2 = Episodic exaggerated activity organized and directed toward achieving a goal, which is clear from appropriate behaviors and from the fact that the person is able to complete tasks

3 = Poorly organized or chaotic episodic exaggerated activity, including taking part in inappropriate activities or the failure to complete almost all tasks

Do not code here if the Episodic Exaggerated Activity always occurred under the influence of drugs or alcohol. The activity should not be in response to a specific situation (such as the urgent need to study for an exam or earn additional money in order to buy tickets to a concert), or in response to a threat or disciplinary action if a task is not completed. The person interviewed must also recognize that this is an unusual situation.

IRRITABILITY WITH EXPANSIVE MOOD OR EPISODIC EXAGGERATED ACTIVITY

Both Irritability and Expansive Mood or Episodic Exaggerated Activity (as defined in this glossary) have been present at the same time or during the same 24-hour period.

0 = Expansive Mood or Episodic Exaggerated Activity not accompanied by Irritability

2 = Expansive Mood or Episodic Exaggerated Activity accompanied by Irritability

S = No Expansive Mood, Episodic Exaggerated Activity, or Irritable Mood

DEPRESSIVE MOOD WITH EPISODIC EXAGGERATED ACTIVITY

Both Depressive Mood and Episodic Exaggerated Activity have been present during the same 24-hour period. The two symptoms, separately, must satisfy the corresponding criteria for each one, or, if they rapidly alternate back and forth, both, together, should last for at least one *continuous* hour at a level that meets the other minimum criteria for both.

0 = Absent

2 = Present with both symptoms, whether separately or at the same time, meeting the intensity level "2" criterion

Period of 2 (continuous) months without Depressive Mood or Episodic Exaggerated Activity during the last year.

0 = Yes

2 = No

DEPRESSIVE MOOD WITH EXPANSIVE MOOD

Both Depressive Mood and Expansive Mood have been present during the same 24-hour period. The two symptoms, separately, must satisfy the corresponding criteria for each one, or, if they rapidly alternate back and forth, both, together, should last for at least one *continuous* hour at a level that meets the other minimum criteria for both.

0 = Absent

2 = Present, with both moods, whether separately or at the same time, meeting the intensity level "2" criterion

Period of 2 (continuous) months without Depressive Mood or Expansive Mood.

0 = Yes

2 = No

OTHER MANIC SYMPTOMS

SUBJECTIVE FLIGHT OF IDEAS

This symptom is the subjective aspect of the flight of ideas. Images and ideas passing quickly through the mind, each one suggesting other images at great speed when the interviewee is in an Expansive Mood or Expansive/Irritable Mode, or in a period of Episodic Exaggerated Activity or Episodic Exaggerated Activity/Irritable Mood, or Irritable Mood. This state persists for at least one hour a day.

Distinguish from Subjective Triggering of Thoughts.

2 = The flight of ideas that interfere with normal thought and includes at least two activities, but retains something of the process of coherent thought, even though an effort is required in order to maintain control

3 = The flight of ideas that interfere so much that it is practically uncontrollable by the interviewee and almost totally disorders normal thought

SUBJECTIVE LOGORRHEA

Subjective description of periods of rapid speech with a feeling of pressure to express words and ideas when the interviewee experiences Expansive Mood or Expansive/Irritable Mood, or period of Episodic Exaggerated Activity or Episodic Exaggerated Activity/Irritable Mood, or Irritable Mood.

2 = Logorrhea which interferes with normal communication in at least two activities, but some coherent communication is possible, even though an effort is required to maintain control

3 = Logorrhea which interferes with and is uncontrollable which basically prevents any normal communication.

SUBJECTIVE INCREASE IN MOTOR ACTIVITY

Feeling of greater physical energy or ability than normal, manifested in motor activity. When the interviewee experiences Expansive Mood or Expansive/Irritable Mood, or a period of Episodic Exaggerated Activity or Episodic Exaggerated Activity/Irritable Mood, or Irritable Mood, the interviewee is more active than normal, does not tire easily, and has the feeling that his or her movements are quick.

2 = The subjective increase in motor activity entails greater activity only in the field of the interviewee's usual activities, includes at least two activities

3 = The interviewee adopts new physical activities as a result of greater motor activity

REDUCTION IN THE NEED TO SLEEP

During the period of mood disorder, the interviewee felt sufficiently rested with at least one hour of sleep less than usual per night for at least one week.

Distinguish from Insomnia, in which the reduction in sleep is associated with a feeling of not having rested well.

2 = Sleeping 1-2 hours less than usual per night

3 = Sleeping more than 2 hours less than usual per night

IDEAS AND ACTS OF GRANDEUR

Level of self-esteem or self-worth much higher than usual, such as feeling oneself wonderfully healthy or exceptionally able or intelligent, when experiencing Expansive Mood or Expansive/Irritable Mood or periods of Episodic Exaggerated Activity, or Episodic Exaggerated Activity/Irritable Mood, or Irritable Mood.

The border line between this symptom and the delusional idea of grandeur is difficult to draw, except that ideas of grandeur are simply exaggerations of the interviewee's normal state. For example, he or she may really be able or intelligent, or have a particular ability, while the delusional idea implies a clearly false identification or statement, for example, that the interviewee is a famous musician or pop star. In either of the two cases, however, people tend not to tell that they have this symptom.

2 = The ideas are present, but do not translate into actions

3 = The ideas translate into actions

POOR JUDGMENT

Non-characteristic behavior carried out without consideration of the possible negative consequences while experiencing Expansive Mood or Expansive/Irritable Mood, or periods of Episodic Exaggerated Activity or Episodic Exaggerated Activity/Irritable Mood, or Irritable Mood. Some people evidence poor judgment all the time, but that is not coded here because this item requires that the behaviors be uncharacteristic of the person and be directly associated with the manic mood.

2 = Behavior which definitely constituted poor judgment but that falls within what would be considered socially acceptable, though irresponsible (e.g., get extremely drunk, spend the night at a party when expected home, speak to other people in a vulgar and impertinent way)

3 = Behavior which is beyond the bounds of what is considered irresponsible behavior (e.g., brazenly insult authority figures or take off clothes in a public place), socially accepted, and is irresponsible, and it probably entails some type of negative consequence such as getting fired or arrested

INCREASE IN ADAPTIVE ACTIVITY IN COMPARISON WITH USUAL LEVEL

To consider increases in the appropriate level of participation or activity associated with school work, family or friends, interests, and activities during periods when experiencing Expansive Mood or Expansive/Irritable Mood, or periods of Episodic Exaggerated Activity or Episodic Exaggerated Activity/Irritable Mood, or Irritable Mood. The interviewee may seem more energetic or friendly than usual. It may be more fun to be with him or her. The critical element in coding for this symptom is that the expansive mood is associated with better rather than worse functioning. At other times during the period under evaluation, the expansive mood might be associated with adverse effects, such as poor judgment; in that case, both should be coded as present. Do not include adaptive responses to a sudden need to meet deadlines or avoid punishment.

0 = Absent

2 = Increase in adaptive activity in at least two activities

3 = increase in adaptive activity in almost all activities

SOMATIZATION

Objectives of this section

This section has five main objectives:

- (1) To provide an assessment of the interviewee's subjective attitude toward his or her health.
- (2) To provide diagnostic information applicable to certain "hysterical," "psychosomatic," or "somatization" disorders.
- (3) To facilitate access to the sections on Truancy and Separation Anxiety through assessment of the malaise and pain associated with truancy or separation.
- (4) To facilitate access to the assessment of Depression and Anxiety which is evidenced by the interviewee's concern with his or her health.
- (5) To facilitate access to the assessment of functional incapacity.

Organization of this section

This section has been organized as a single unit:

Clearly, calling a complaint an example of somatization is a highly deductive step. Generally speaking, complaints about physical aches and pains should be accepted at face value unless there is a good reason to doubt their organic origin.

If there is a somatization disorder present, it will not be necessary to dig very deep to obtain a description of the symptoms. In fact, the interviewer will have to use all his or her skill to go on to another subject. On the other hand, it is necessary to do a careful interrogation about medical opinions, consumption of medication, and changes in lifestyle, in order to make an appropriate description of these syndromes.

If it is clear that some symptom derives solely from drug or alcohol poisoning, it should not be coded here. However, the secondary effects of over-the-counter or prescription medication should be included here.

The assessment is for symptoms which occurred during the last three months, except symptoms of sickness which the interviewee self-evaluates as his or her condition for his or her entire life. The rest of the section will be coded in the section on life experiences.

When adding up symptoms to determine whether one has a positive preliminary assessment, and the symptoms are directly related to a specific disease, such as for example leukemia, the symptoms (associated with leukemia) are counted as a single symptom for somatization. Pregnancy is not considered a somatization symptom. If the person interviewed mentions one or more symptoms associated with pregnancy (e.g., edema, nausea), count them as a single symptom toward the assessment.

In the questionnaire a series of assessments is carried out on each symptom described by the interviewee:

Missing School or Work

0 = Did not miss school or work due to symptom

2 = Missed at least one day of school or work

Doctor

The interviewee reports having consulted a doctor (include practitioners of alternative medicine such as chiropractors, etc.) about a particular symptom. This contact may include consultations by telephone; it is not necessary that the child visit the doctor in person.

0 = No medical consultation

2 = Any medical consultation related to the symptoms

Medication

A particular symptom led to the consumption of medication or the search for another treatment (including alternative medical remedies such as those used in homeopathic medicine). Include over-the-counter medication only if it was prescribed by a doctor in order to relieve that symptom in particular. Do not include self-prescribed medication.

0 = No medication or other treatment prescribed (such as surgery)

2 = Surgery/medication prescribed and accepted for the symptom

Change in Lifestyle

A particular symptom made the interviewee change some aspects of his or her lifestyle so that his or her functioning was impaired. For example, may have been forced to remain in bed or use a wheelchair.

The incapacitating function must also be considered for assessment in the section on Handicap.

0 = No change in lifestyle

2 = Presents changes in lifestyle

Onset of Symptom

The onset should be dated even though the symptom did not result in seeing a doctor, taking medication, or changing his or her lifestyle.

HEADACHES AND ABDOMINAL PAINS

Headaches and abdominal pains must occur at least once a week during the primary period and each episode must last for at least one hour. Do not average the codes for duration in order to determine whether the headaches and abdominal pains satisfy the criteria. That is, here it does not count that the headaches lasted only 30 minutes in the first half of the primary period and two hours in the second half.

Include headaches and abdominal pains already included under Physical Symptoms on School Days.

If the headaches and abdominal pains do not satisfy the criteria, they do not count as a symptom for the assessment.

PAINS

Muscle and joint pains. This item does not include headaches or stomach aches, which are coded separately, or pains as a consequence solely of his or her participation in sports activities.

2 = Describes pains that occur at least three times a week

3 = Pains present almost constantly

AVOIDANCE

0 = Absent

2 = Avoids or has stopped activities due to pain

FEELING BAD

This item describes a generalized feeling of illness or malaise.

2 = Feels physically worse than usual

3 = Feels physically bad almost all the time

SICKLY

The interviewee indicates that he or she has been sick for most of his or her life. That is, he or she considers that he or she has suffered from some type of illness (generally vague and unspecified) for considerable periods of time. The interviewer does not have to be convinced that the symptoms are or once were present as described, or that they were due to some physical illness.

Although this item codes a generalized self-perception of an entire lifetime of health problems, in order to be coded as positive, the person interviewed must say that he or she considers him or herself “sickly” during the primary period.

0 = Absent

2 = Present

SOMATIC SYMPTOMS

Nervous System

Difficulty swallowing

Loss of voice

Deafness

Double vision

Blurred vision

Do not include blurred vision due to eyesight disorders such as myopia (nearsightedness) or presbytia (hyperopia or farsightedness).

Blindness

Fainting or loss of consciousness

Loss of memory

Attacks or convulsions

Difficulty walking

Paralysis or muscle weakness

Urinary retention or difficulty urinating

Other unexplained “neurological symptoms”

GASTROINTESTINAL

Feeling of having a lump in the throat

Abdominal pain

Nausea

Vomiting, except during pregnancy

Intolerance to a variety of foods

Bloated (full of gas)

Diarrhea

FEMALE REPRODUCTIVE SYSTEM

Painful menstruation

Excessive bleeding

PAIN

Back pain

Pains in the joints or extremities

Pain in the genital area except during coitus

Pain when urinating

Headaches – Once in the section, all headaches may be coded, including those weekly headaches that lasted one hour and were coded in the initial assessment as well as headaches that occur on school days and that are coded in the section on School Worry/Anxiety.

Other pains

Symptoms related to the CARDIO-PULMONARY SYSTEM

Difficulty breathing

Tachycardia

Chest pains

Dizziness

EATING BEHAVIOR

Objectives of the section

This section has three main objectives:

- (1) To provide an assessment of the individual's food-related behavior and to allow diagnosis of Anorexia Nervosa or Bulimia Nervosa.**
- (2) To provide evidence of an appetite disorder associated with a mood disorder.**
- (3) To provide evidence of retarded growth.**

Organization of this section

This section has been organized as a single unit.

REDUCTION IN APPETITE

Reduction in normal appetite, or reduction in interest in or enthusiasm for food, lasting for one consecutive week.

2 = The consumption of food has definitely fallen to a level below normal due to a loss of appetite of one week or more duration

3 = It is only possible to get the interviewee to eat through insistence by parents or other source of persuasion

WEIGHT LOSS

Code only a significant loss of weight (at least two pounds). Code the number of pounds lost during the last three months.

0 = Absent

2 = Present

EXCESSIVE APPETITE

An increase in appetite that is abnormal for the interviewee, lasting at least one week. May have been present during the three previous months even though reduction in appetite and loss of weight was also reported.

0 = Absent

2 = The interviewee has consumed much more food than usual for one week or more

INCREASE IN WEIGHT

Code only significant weight gains. Code the total number of pounds gained during the last three months.

0 = Absent

2 = Present

Code only significant weight gains. Do not include weight gains as a consequence of pregnancy or as a consequence of fluid retention during menstrual cycles. Do not include weight gains since the child's birth as a consequence of normal development; code only obvious or excessive weight gains. In this case, the onset will be the onset of the excessive weight gain. Does not include pre-menstrual weight gain.

It is possible to code both weight gain and weight loss occurring during the primary period. Do not code the net result; simply record the total number of pounds gained and lost during that period.

EATING TENDENCIES

The child will eat only a limited variety of food atypical of his or her stage of development or for his or her social group. Do not include simple aversion to cabbage, etc., which is typical of many children of school age. In order to be coded, eating tendencies must be widespread and restrictive, to the point that they generally interfere with family meals.

2 = The interviewee eats foods only if they are part of his or her eating tendencies

3 = Eating with others is difficult due to exaggerated tendencies

ANOREXIA/BULIMIA

INTENTIONAL WEIGHT LOSS

Intentional attempts to lose weight by dieting or any other method, for any reason.

A “diet” means any effort to lose weight through a deliberate restriction in calorie consumption (regardless of how well it has been followed). Do not include diets prescribed by a doctor or other health professional or the parent.

“Exercise” means any physical activity performed with the specific intention to lose weight. Do not include activities such as jogging which are intended to promote general health, except when the interviewee indicates that weight loss is an additional goal. Do not include exercise regimes prescribed by a doctor or other health professional or the parent.

A series of methods for losing weight are coded.

| | |
|-----------------|------------------------------|
| Diets | Laxatives |
| Vomiting | Appetite suppressants |
| Exercise | Diuretics |
| Drugs | Others |

Code positive all methods of weight control that have been used during the last three months.

CONCERN WITH FOOD AND THE CONSUMPTION OF FOOD

Spends unusual and excessive lengths of time thinking or worrying about food and consumption of food, with a total daily duration of at least one hour.

Usually this concern is about weight loss and diets and an intense interest regarding the caloric value of food, etc.

2 = Thoughts or worries related to food or the consumption of food interfering with at least two activities and uncontrollable at least part of the time

3 = Thoughts or worries related to food or the consumption of food interfering with most activities and almost always uncontrollable

WORRYING ABOUT GETTING FAT

A series of painful, unpleasant, or uncomfortable thoughts related to getting or being fat or obese, with a total daily duration of at least one hour.

2 = The concern about getting or being fat or obese interferes with at least two activities and is sometimes uncontrollable

3 = The concern about getting or being fat or obese interferes with almost all activities and is almost always it uncontrollable

Occasionally it will be hard to tell whether particular thoughts related to food, diet, and excess weight should be coded under Preoccupation about Food and Consumption of Food or under Worry about Getting Fat. Every effort should be made to obtain enough information to be able to separate these items; however, if it turns out to be impossible, code them as Worry about Getting Fat.

On the other hand, when neither Preoccupation about Food and Consumption of Food or Worry about Getting Fat satisfies the criterion of worrying for one hour a day, but the two symptoms combined last for one hour a day, code Worry about Food and Consumption of Food positive, and determine the codes for frequency, duration, and onset in the *combined* symptoms.

DISTORTED BODY IMAGE

Unreal conviction that the interviewee is fatter than he or she really is. Do not code here persons who are really fat who realistically report being fat.

2 = The interviewee has a persistent and unreal conviction that he or she is fat, but sometimes can be convinced that he or she is not overweight

3 = The interviewee's conviction as to his or her obesity is unshakable

BULIMIA (BINGING)

Discrete and recurrent episodes of uncontrollable, excessive, and rapid eating of high-calorie and easily eaten foods, lasting several hours at the most, during which the interviewee usually tries to be alone and often stops because the individual gets a stomach ache, vomits, or falls asleep. However, episodes of binging in which the interviewee is accompanied by another person (or persons) are coded that way if the episodes satisfy the criterion of being discrete and secret.

Do not include individuals who generally have large appetite, or public exhibitions of gluttony. Do not include "binging" at snacks (for example, coming home from school or after playing sports) when there is no intention to keep it secret, even though there may be no one around.

2 = Binging sometimes uncontrollable

3 = Binging almost always uncontrollable

Episode ended by:

Code here the presence or absence of a variety of elements which generally characterize the conclusion of a binge episode.

Abdominal pain**Self-induced vomiting****Sleep****Social isolation while the episode lasts****After bingeing, the interviewee feels:**

Code here the presence or absence of feelings of depression, guilt, shame, and low self-esteem after bingeing.

Depression**Guilt, shame, and/or low self-esteem****AMENORRHEA**

Absence of menstruation for at least three consecutive months after the onset of regular menstruation or periods. In order for the initial menses or periods to be considered regular, there must have occurred at least three consecutive monthly periods. Do not code here if the young woman is pregnant.

Onset = Date on which the monthly period should have begun, after the beginning of regular menstruation.

SELF-EVALUATION WHICH DEPENDS ON ONE'S FIGURE AND WEIGHT

The interviewee's self-evaluation depends in large part on his or her figure or weight. Therefore, he or she feels that his or her worth as a person and the evaluation made by his or her companions or other people are in large measure influenced by his or her figure or weight.

This item refers only to interviewees who consider themselves too heavy. It should not be coded for underdeveloped children who consider themselves too thin or who do not feel muscular enough.

SLEEP PROBLEMS

Objectives of this section

This section has three main objectives:

- (1) To provide an assessment of sleep disorders.**
- (2) To facilitate access to the assessment of mood disorders.**
- (3) To facilitate access to the sections on Eating Behavior and other sections on vegetative symptoms.**

Organization of the section

This section has been organized as a single unit.

Changes in the sleep pattern determine access to this section. For positive coding, the following three items have to be accompanied by a subjective feeling of needing to sleep more. Do not include, for example, children who are sent to bed very early and remain awake but who feel rested enough the next day, or children whose parents insist that they stay in bed until it's "time to get up" when they wake up early, ready to begin the day.

INSOMNIA

Disorder of the interviewee's normal sleep pattern which entails a reduction in the amount of time that the interviewee remains asleep.

Problems sleeping are coded here even if medication is being taken for it, but indicate whether medication is being taken.

If the interviewee is in prison or another new or stressful setting or if the regular sleep pattern has been interrupted due to a turn on the night shift, the arrival of a new baby, or some other reason, do not code here as insomnia.

Code the frequency and onset date of the symptoms for insomnia in general (e.g., for initial, middle, and terminal insomnia of the sleep period). Frequency codes should code the *number of days* in which the insomnia occurred, not according to the number of episodes of insomnia. Therefore, if an interviewee reports one hour of initial insomnia, one hour of middle insomnia, and one hour of terminal insomnia every day for the last three months, the frequency would be ninety (not 270).

However, any episode of middle insomnia which lasts for less than one hour will not be considered in coding the frequency for general insomnia.

2 = The insomnia covers a period of 1 to 2 hours

3 = The duration of the insomnia is longer than or equal to 2 hours per night

INITIAL INSOMNIA

Difficulty getting to sleep at night. Code the time required to fall sleep.

MIDDLE INSOMNIA

Waking up at night except to urinate. Include waking up early in the morning if the interviewee goes back to sleep.

It is unusual for children to wake up during the night on a regular basis, so code 1 for any middle insomnia that lasts less than one hour and 2 and 3 as defined above. Thus, although the general coding for insomnia may be 0, middle insomnia can still be coded as 1.

WAKING UP EARLY IN THE MORNING (TERMINAL INSOMNIA)

The interviewee wakes up early in the morning and cannot go back to sleep.

Do not include waking up early in the morning if the interviewee goes back to sleep. This pattern is included under Middle Insomnia.

2 = The interviewee wakes up at least one hour earlier than usual and cannot go back to sleep

3 = The interviewee wakes up at least two hours earlier than usual and cannot get back to sleep

MEDICATION FOR INSOMNIA

Make note here of any prescription or over-the-counter medication used specifically for trying to improve the interviewee's sleep pattern (including anti-depressants if they are used to help with insomnia). Make note of the name of the medication. Also include the medication prescribed for insomnia under Prescription Medication, Incapacity Section. However, if the interviewee takes medication which was prescribed for other people to combat the insomnia, code it under Sedatives in the section on Drug Use.

Even when there is no insomnia, the medication taken to combat insomnia should be coded. This allows coding a person who does not experience insomnia (general intensity of 0) because he or she takes medication.

HYPERSOMNIA—INCREASED NEED FOR SLEEP

The total of hours slept are more than one hour more than normal, except when for some reason the normal hours of sleep have been interrupted. Do not code as positive if sleep during the day plus sleep during the night is normal (that is, the interviewee takes naps to compensate). Distinguish from Fatigue or Loss of Interest which causes sleepiness.

2 = The hypersomnia occurs in at least two activities and is sometimes uncontrollable

3 = The hypersomnia occurs in almost all activities and is almost always uncontrollable

RESTLESS SLEEP

The interviewee describes restless sleep. Restless sleep may occur with insomnia, hypersomnia, or alone.

0 = Absent

2 = Present

INSUFFICIENT REST DESPITE SLEEPING

The sleep disorder does not meet the criteria for insomnia, but the interviewee says that when he or she wakes up he or she has not rested enough. If the sleep problems meet the criteria for insomnia, omit insufficient rest despite sleeping.

0 = Absent

2 = Present

NIGHTMARES

Alarming dreams that wake the interviewee with a markedly unpleasant affect upon waking (which is possibly followed by a rapid feeling of relief). Nightmares involving separation issues are coded under Separation Dreams, and are not included here.

0 = Absent

2 = Alarming dreams which have awakened the interviewee on at least three occasions during the last three months

TIREDNESS

Feeling of being tired or fatigued at least half the time.

2 = Feels tired at least half the time

3 = Feels tired almost all the time

FATIGUE

The interviewee gets tired or "worn out" easier than usual.

2 = An increase in fatigue which does not meet the criteria for 3

3 = Even easy tasks make the interviewee quickly feel worn out, and recovery is slow

NIGHT FEARS

Episodes during sleep when the child is not totally conscious and does not wake up, but seems to be terrified and usually screams. The child does not remember what happened.

0 = Absent

2 = Present

SOMNAMBULISM

Sleepwalking.

0 = Absent

2 = Present

ELIMINATION DISORDERS

ENURESIS

Involuntary urinary incontinence in the child's bed or underwear.

Do not include episodes of urinary incontinence directly and exclusively associated with clear physical illnesses, or directly and exclusively associated with a lack of sanitary facilities.

2 = Any episode of nocturnal enuresis which entails the involuntary passage of a substantial amount of urine (i.e., exclude the minor moisture associated with carelessness in hygiene or with excessive sneezing/laughing).

The distinction is made between daytime and nighttime incontinence.

Previous one-year period of nighttime continence

0 = No

2 = Yes

Age of first nighttime continence

0 = No

2 = Yes

Daytime Enuresis

2 = Any episode of daytime enuresis which meets the criteria for nighttime enuresis

Previous one-year period of daytime continence

0 = No

2 = Yes

Age at first daytime continence

Age (and months) when the interviewee experienced the last episode of urinary incontinence prior to one year's continence.

ENCOPRESIS

Fecal incontinence in inappropriate places.

1 = Underwear occasionally very stained with feces but no pieces of feces

2 = Feces passed into underwear or sleeping garments but not deposited in inappropriate places

3 = Feces deposited selectively, with apparent control, in clearly inappropriate places (such as on a piano or in a drawer)

MEDICAL REASON FOR THE SYMPTOM

The symptom is due to a medical problem, illness/disease, or medication.

0 = Absent

2 = Present

Consistency of feces

2 = Soft/runny/formless

3 = Formed

Primary/secondary

2 = Prior period of bowel control which lasted for at least six months

3 = No prior period of bowel control that lasted as long as six months

Smearing

2 = Does not smear

3 = Deliberately smears and does so to walls and other objects (include here anal masturbation)

CONSTIPATION

Reduction, at least by one-third, in the frequency of elimination of feces in comparison with the interviewee's usual state, lasting for at least one week.

2 = Reduction in the frequency but normal consistency

3 = Reduction in the frequency of evacuations of and exaggeratedly hard consistency

MEDICAL REASONS FOR THE SYMPTOM

The symptom is due to a medical problem, illness/disease, or medication.

0 = Absent

2 = Present

TRICHOTILLOMANIA

TRICHOTILLOMANIA

Repetitive action of pulling out hair, entailing noticeable loss of hair. The interviewee may report that he or she cannot resist the impulse to pull his or her hair out and may say that he or she experiences a growing feeling of tension that is relieved when the hair is pulled out.

2 = Noticeable but partial loss of hair

3 = Almost total or total lack of hair on the head

TENSION BEFORE PULLING HAIR OUT

0 = Absent

2 = The interviewee experiences a growing feeling of tension before pulling his or her hair out

RELIEF AFTER PULLING HAIR OUT

0 = Absent

2 = The interviewee experiences a relief of tension as a result of pulling hair out

TICS

(REPORTED) MOTOR TICS

Tics are sudden, rapid, stereotyped, repetitive, arrhythmic, predictable, coordinated, and purposeless contractions of functionally related muscle groups. They can usually be stopped for a period of time and can usually be imitated (e.g., blinking, grimacing, wrinkling the nose, pursing the lips, shrugging shoulders, shaking arms, etc.).

Observed tics are coded in another place. Here, the attempt is to get the child to tell about his or her tics. If it is observed that the child has a tic but doesn't mention it, call his or her attention to it but do not insist if you do not receive an answer.

To be coded, tics must occur at least ten times a day and must have occurred for at least one week during the last three months.

Code even if the tics appear to be the consequence of medication.

2 = A single motor tic

3 = More than one type of motor tic

(REPORTED) VOCAL TICS

Vocal tics are sudden, rapid, stereotyped, repetitive, predictable, and purposeless phonic productions (e.g., whistling, coughing, shouting, barking, groaning, gurgling, clicking the tongue, clearing the throat, hissing, cursing).

To be coded, tics must occur at least ten times a day and must have occurred for at least one week within the last three months.

Code even if the tics appear to be the consequence of medication.

2 = A single vocal tic

3 = More than one vocal tic, including coprolalia (vocal tics which contain obscenities)

COPROLALIA

Complex vocal tic which includes saying obscenities.

0 = Absent

2 = Present

HYPERACTIVITY/ATTENTION DEFICIT DISORDER

The material applicable to the diagnosis of Hyperactivity and Attention Deficit Disorder is gathered only in the interview with the parent(s), since information provided by children about this subject is considered unreliable.

Objectives of this section

This section has four main objectives:

- (1) **To gather information applicable to the diagnosis of Hyperactivity/Attention Deficit Disorder.**
- (2) **To facilitate access to the section on Disocial Disorder, since there is a considerable overlap of behaviors between these two diagnoses.**
- (3) **To facilitate access to the section on Affective Disorders by determining what the interviewee feels about behavioral disorders.**
- (4) **To facilitate access to the assessment of Functional incapacity.**

Organization of the section

This structure of this section is slightly different from the rest of the interview due to the demands of the various diagnostic systems. There are three sub-areas: overactivity, lack of attention, and impulsiveness. The concept of overactivity includes two items employed to assess this section. The remaining items are completed only if the initial assessment symptoms are present; a range of individual behavior is evaluated, but information about the onset of these symptoms is not gathered. Then a totalization is done for each sub-area.

Note, however, that the concept of controllability has an additional element here, like many other items relevant to defiant and disocial negativistic disorders in which control by reprimand is added to the usual idea of self-control. Therefore, it is necessary to find out whether the reprimand or discipline can help to control the occurrence of these symptoms. In addition, if a parent has to devote a great deal of effort to controlling the interviewee's behavior, or has given up trying to control the interviewee's behavior, that should be considered as evidence of a lack of control and insertion.

If the reprimand has to be repeated within a short period of time (10 minutes), then it is considered that the child's behavior does not respond to reprimands and therefore the behavior is not considered controllable.

Here we are looking for patterns characteristic of the way the child acts. Therefore, if an example is given that occurs only one or two times and was not very characteristic of the child, it does not count here.

The question is whether he or she *controls* his or her behavior and **not** whether he or she *could control* it if he or she wanted to (or was not disobeying or being naughty). Many parents are convinced that their children could exercise this control if they only wanted to; this belief should not be seen as evidence of controllability.

Ten-minute rule

Some behaviors are not coded if the child can stop them for longer than ten minutes when he or she is asked to (without being reminded during the ten minutes). The ten-minute rule refers to an average of ten minutes.

The ten-minute rule applies to Agitation, Difficulty in Remaining Seated When Asked, and Difficulty in Concentrating on Tasks Requiring Sustained Attention, all of which have their corresponding duration boxes. This ten-minute rule may be applied to Speaks Too Much and Does Things Silently if you have difficulty making a general determination. For the other generalized items and the items in the section on Impulsiveness, control for 10 minutes is not applicable.

Duration

Note that in averaging the period of time that the child persists at a task, it should be coded high rather than low; five minutes without becoming restless is less serious than three minutes. Thus, the usually conservative approach to duration is maintained; for example, 9 to 10 minutes = 10, and 5 to 10 minutes = 8.

Types of activities:

The interviewer looks for good examples of three different kinds of activities for the child.

The CAPA interview provides several examples of each type of activity. Other activities mentioned previously in the CAPA interview may be used as possible examples if they clearly correspond to the definition for one of the categories. Remember, however, that it is the purpose of this section to look for good examples, not doubtful examples.

Once an agreement has been reached about the examples, they can be used throughout the entire section as a summary for the three types of activities. Once the parent is clear about the differences between the types of activities, the interviewer may modify the questions on the CAPA interview by using the examples, without having to repeat the definitions for the types of activities each time. The interviewer may prefer to refer occasionally to the definitions of the categories of activities and will need to be flexible depending on how clearly the parent understands.

(1) Other imposed activities: Activities that require concentration and that an adult asks the interviewed child to do.

Key examples are schoolwork or homework. The activities may also be related to work if the interviewee is not in a position in which the school or home sets expectations for him or her. However, sometimes the parents do not know much about these activities, so this category will be marked with a D (doesn't know) or an S (structurally absent).

(2) Self-imposed activities: Activities which require concentration and that the child has decided to do without anyone requiring it.

The CAPA interview contains several examples: building a model, doing woodwork, sewing, reading comic strips, playing table games, cards. Other examples include Nintendo and other computer games.

(3) Passive activities: Activities that require no particular concentration.

Examples include eating, watching television, listening to music.

If after considerable questioning the parents cannot provide 2 examples for one of the categories above, code D in the box corresponding to that category.

If despite making an effort to be creative, homework is the only other imposed activity that it has been possible to obtain, we have sometimes used homework for different classes – for example, math and English –to satisfy the need for two activities in order to code a 2. This is allowed for the pages that detail the other imposed variables. For the more generalized questions such as Avoids Tasks That Require Sustained Mental Effort, which do not have a box for other imposed, self-imposed, or passive activities, homework counts as a single activity.

N.B. Over time, different versions of the Hyperactivity section have been used in different versions of the CAPA interview. Administration of the Hyperactivity section for versions 3.0, 4.0, and 4.1 were discussed above. The **Initial Assessment** versions of the CAPA interview (**Initial Assessment 1, Initial Assessment 2**) and the version in **Modified Assessment 4.3** incorporate the same conceptual framework but without the division of activities into the categories of other imposed, self-imposed, and passive activities. Certain boxes for duration have also been eliminated. The interviewer can always use the “ten-minute rule” for Agitation, Difficulty Remaining Seated When Asked, and Difficulty Concentrating on Tasks Requiring Sustained Attention. The “ten-minute rule” may be applied to Speaks Too Much and Does Things Silently if you have trouble making a general determination. For the other generalized items and the items in the section on Impulsiveness, control for 10 minutes is not applicable.

OVERACTIVITY

RESTLESSNESS

0 = No
2 = Yes

Other Imposed, Self-imposed, or Passive Activities:

S = Initial assessment negative

2 = Present in at least two activities and at least occasionally is uncontrollable by the child him or herself or by reprimand

3 = Present in most activities and is almost never controllable whether by the child or by reprimand

RESTLESSNESS – IN SPECIFIC SITUATIONS

Unnecessary movements of parts of the body while generally stationary (e.g., tapping the foot, wiggling around in the chair). This item codes the occurrence of Restlessness in three specific situations and in activities that the child considers to be the most interesting. Therefore, this item assesses how the child behaves in three settings under optimal conditions (e.g., interesting, or less boring, activities that have a greater possibility of retaining the child's attention longer than activities of little interest to him or her).

2 = Uncontrollable at least sometimes by the child or by reprimand, in at least two interesting activities in any situation

3 = Almost never controllable by the child or by reprimands in the most interesting activities

Code the following three situations:

0 = Absent
2 = Present

(A) Restless while playing or taking part in activity that the child considers interesting at home

(B) Restless during the most interesting (or least boring) class

(C) Restless during an interesting activity elsewhere (not home or school)

RESTLESSNESS

DIFFICULTY REMAINING SEATED WHEN ASKED

0 = No

2 = Yes

OTHER IMPOSED, SELF-IMPOSED, AND PASSIVE ACTIVITIES

S = Initial assessment negative

2 = Present in at least two activities and is at least occasionally uncontrollable by the child him or herself or by reprimand

3 = Present in most activities and is almost never controllable whether by the child or by reprimand

RUNS AROUND TOO MUCH OR CLIMBS ON THINGS

2 = Present in at least two activities and is at least occasionally uncontrollable by the child him or herself or by reprimand

3 = Present in most activities and is almost never controllable whether by the child or by reprimand

CONSTANTLY IN MOTION

2 = Present in at least two activities and is at least occasionally uncontrollable by the child him or herself or by reprimand

3 = Present in most activities and is almost never controllable whether by the child or by reprimand

RESTLESSNESS – IN SPECIFIC SITUATIONS

Increase in unnecessary body movements (e.g., getting up and walking around). This item codes the occurrence of Restlessness in three specific situations and in activities that the child considers the most interesting. Therefore, this item assesses how the child behaves in the three settings under optimal conditions (e.g., interesting, or less boring, activities which have a greater possibility of retaining the child's attention longer than less interesting activities).

2 = Uncontrollable at least sometimes by the child or by reprimand, in at least two interesting activities in any situation

3 = Almost never controllable by the child or by reprimand in the most interesting situations

Code in the following three situations:

0 = Absent

2 = Present

(A) Restless while playing or taking part in activity that the child considers interesting at home

(B) Restless during the most interesting (or least boring) class

(C) Restless during an interesting activity in a place different from home or school).

TALKS TOO MUCH

2 = Present in at least two activities and is at least occasionally uncontrollable by the child or by reprimand

3 = Present in most activities and is almost never controllable whether by the child or by reprimand

DIFFICULTY IN DOING THINGS SILENTLY

2 = Present in at least two activities and is at least occasionally uncontrollable by the child or by reprimand

3 = Present in most activities and is almost never controllable whether by the child or by reprimand

LACK OF ATTENTION

LACK OF ATTENTION

Lack of attention refers to the child's inability to keep himself or herself involved enough in tasks appropriate to his or her age and stage of development to allow them to be appropriately completed.

If the parent or teacher has developed specific routines to help the child complete tasks (for example, simplifying instructions or repeating them often or removing the child from contact with all external stimuli), those routines are evidence of the presence of a codable problem.

DIFFICULTY IN CONCENTRATING ON TASKS THAT REQUIRE SUSTAINED ATTENTION

Difficulty in concentrating on particular tasks that require sustained attention. Distinguish from Difficulty Following Instructions.

0 = No

2 = Yes

Other Imposed, Self-imposed, or Passive Activities:

S = Initial assessment negative

2 = Present in at least two activities and is at least occasionally uncontrollable by the child him or herself or by reprimand

3 = Present in most activities and is almost never controllable whether by the child or by reprimand

DIFFICULTY FOLLOWING OTHER PEOPLES' INSTRUCTIONS

Difficulty following instructions implies difficulty in following and completing a series of particular instructions or a sequence of tasks (which is not due to defiant negativistic behavior or lack of understanding). The ten-minute rule does not apply, since the child has to be able to follow instructions for more than 10 minutes.

Make a distinction between Following Instructions from Disobedience. For the codes in this section, consider situations in which the child is apparently willing to follow instructions, tries to, but can't. In contrast, the disobedient child who questions the need to follow instructions, refuses to, and/or is not willing to try. Both situations may be present.

2 = Present in at least two activities and is at least occasionally uncontrollable by the child him or herself or by reprimand

3 = Present in most activities and is almost never controllable whether by the child or by reprimand

AVOIDS TASKS REQUIRING SUSTAINED MENTAL EFFORT

2 = Present in at least two activities and is at least occasionally uncontrollable by the child him or herself or by reprimand

3 = Present in most activities and is almost never controllable whether by the child or by reprimand

EASILY DISTRACTED BY EXTERNAL STIMULI

Distracted during activities which require concentration. External stimuli may include looking out the window, hearing to people talk, hearing to the television or music. Generally speaking, daydreaming is not coded here, unless the daydreaming is caused by an external stimulus.

2 = Present in at least two activities and is at least occasionally uncontrollable by the child him or herself or by reprimand

3 = Present in most activities and is almost never controllable whether by the child or by reprimand

OFTEN GOES FROM ONE INCOMPLETE ACTIVITY TO ANOTHER

Going from one activity to another without completing the first one, so that the difficulty in focusing on one task until completion is obviously due to these changes. Do not include situations in which the individual simply takes rests for a snack, etc., and then returns to the original task. What is being questioned is the child's ability to keep him or herself focused on the original task without becoming distracted.

Changing within one type of activity or between different types of activities, code all types of activities involved.

2 = Present in at least two activities and is at least occasionally uncontrollable by the child him or herself or by reprimand

3 = Present in most activities and is almost never controllable whether by the child or by reprimand

OFTEN LOSES THINGS THAT ARE NECESSARY FOR TASKS/ACTIVITIES AT SCHOOL OR AT HOME

0 = No

2 = Yes

OFTEN APPEARS NOT TO BE LISTENING TO WHAT PEOPLE ARE SAYING TO HIM OR HER

2 = Present in at least two activities and is at least occasionally uncontrollable by the child him or herself or by reprimand

3 = Present in most activities and is almost never controllable whether by the child or by reprimand

DOES NOT PAY PROPER ATTENTION TO DETAILS AT SCHOOL OR OTHER WORK

2 = Present in at least two activities and is at least occasionally uncontrollable by the child him or herself or by reprimand

3 = Present in most activities and is almost never controllable whether by the child or by reprimand

COMMITS CARELESS ERRORS

2 = Present in at least two activities and is at least occasionally uncontrollable by the child him or herself or by reprimand

3 = Present in most activities and is almost never controllable whether by the child or by reprimand

LACK OF ATTENTION – IN SPECIFIC SITUATIONS

Lack of attention refers to the child's inability to keep himself or herself involved enough in tasks appropriate for his or her age and stated development to allow these tasks to be completed appropriately. Therefore, this item codes the occurrence of Lack of Attention in three specific situations and in activities that the child considers most interesting. This item assesses how the child behaves in three different settings under optimal conditions (e.g., in interesting or less boring activities which have a greater probability of holding the child's attention longer than less interesting activities).

2 = At least occasionally uncontrollable for the child or by reprimand in at least two interesting activities in any situation

3 = Almost never controllable whether by the child or by reprimand in the most interesting situations

Code in the following three situations:

0 = Absent

2 = Present

(A) Lack of attention while playing or taking part in an activity that the child considers interesting at home

(B) Lack of attention during the most interesting (or least boring) class

(C) Lack of attention during an interesting activity in a place different from home or school or high school

IMPULSIVENESS

IMPULSIVENESS

A *pattern* of conduct in which the consequences of acts are not adequately considered. Everyone is occasionally impulsive, but here codification requires that the impulsiveness be a trait characteristic of the child's behavior.

Codes are based on the presence of impulsive patterns in several areas. Distinctions are not made with respect to location, type of activity, or motivation until the end of this section. Durations are not coded and the ten-minute rule does not apply here.

OFTEN ACTS BEFORE THINKING

2 = Present in at least two activities and is at least occasionally uncontrollable by the child him or herself or by reprimand

3 = Present in most activities and is almost never controllable whether by the child or by reprimand

DIFFICULTY WAITING FOR HIS OR HER TURN IN GAMES OR GROUP SITUATIONS

2 = Present in at least two activities and is at least occasionally uncontrollable by the child him or herself or by reprimand

3 = Present in most activities and is almost never controllable whether by the child or by reprimand

ANSWERS QUESTIONS ABRUPTLY AND INAPPROPRIATELY

2 = Present in at least two activities and is at least occasionally uncontrollable by the child him or herself or by reprimand

3 = Present in most activities and is almost never controllable whether by the child or by reprimand

OFTEN BLURTS OUT ANSWERS IN THE CLASSROOM

2 = Present in at least two activities and is at least occasionally uncontrollable by the child him or herself or by reprimand

3 = Present in most activities and is almost never controllable whether by the child or by reprimand

OFTEN INTERRUPTS OR BLOCKS OTHERS

2 = Present in at least two activities and is at least occasionally uncontrollable by the child him or herself or by reprimand

3 = Present in most activities and is almost never controllable whether by the child or by reprimand

OFTEN GETS INVOLVED IN PHYSICALLY DANGEROUS ACTIVITIES

This should be a behavior in which the child could be hurt, that is, runs a real risk of physical harm.

2 = Present in at least two activities and is at least occasionally uncontrollable by the child him or herself or by reprimand

3 = Present in most activities and is almost never controllable whether by the child or by reprimand

IMPULSIVENESS – IN SPECIFIC SITUATIONS

A pattern of conduct in which the consequences of his or her acts are not adequately considered. This item codes the occurrence of Impulsiveness in three specific situations.

2 = Present in at least two activities and is at least occasionally uncontrollable by the child him or herself or by reprimand

3 = Present in most activities and is almost never controllable whether by the child or by reprimand

Impulsive actions motivated by anger, revenge, or resentment

0 = No

2 = Yes

Impulsive actions *not* motivated by anger, revenge, or resentment

0 = No

2 = Yes

Both may be present.

DISOCIAL DISORDER

The items in this section are not necessarily mutually exclusive. Items coded under the section on Stealing, for example, may also be coded under Delinquency if the police had to be involved.

Objectives of this section

This section has five main objectives:

- (1) To elucidate a broad range of disocial behaviors in three settings:**
 - (A) school**
 - (B) home**
 - (C) other places.**
- (2) To assess the use of cigarettes, alcohol, and other drugs by the interviewee.**
- (3) To facilitate access to the section on Hyperactivity/Attention Deficit Disorder in the interview with the parents, since there is a considerable overlap between these disorders and Disocial Disorder.**
- (4) To facilitate access to the sections dealing with affective symptomatology through the interviewee's report of his or her mood and his or her feelings about his or her behavior.**
- (5) To facilitate access for assessing Functional incapacity.**

Organization of the section

This section has been organized into eight main sub-areas:

- (1) Defiant Negativistic Behavior**
- (2) Stealing**
- (3) Deceit**
- (4) Disocial problems involving violence**
- (5) Delinquency**
- (6) Use of tobacco**
- (7) Use of alcohol**
- (8) Use of illegal drugs**

Situation

For most items in this section, it is necessary to make note of the *frequency* of occurrence of the behavior in question.

There are three possible codable situations:

- Home**
- School**
- Other place**

The general intensity may be coded as present so long as the behavior is manifested either in two different situations (e.g., at home and at school) or in two different ways in the same situation.

If the behavior is present in only one situation, then that behavior (e.g., disobedience) must be manifested in at least two different ways at least; for example, if the child is disobedient at home only when he or she is asked to pick up his or her room, but obeys in any other situation at home, then it doesn't count. However, if at school he or she refuses to keep quiet in class (after being asked to do so) **and** insists on painting obscene drawings on the blackboard, then it counts. Furthermore, if the only form of disobedience is talking in history class, it doesn't count; however if he or she talks in history class **and** in English class, it does count.

If the behavior is present in two or more places, then a manifestation of the behavior in each one of the two settings is enough to code general intensity. If you have to go into the past for the section on Home or School, those periods are used to question the child and code the items in the section on Disocial Disorder.

Reprimand

For symptoms which mention a stipulation in the coding rule about receiving a reprimand when the child has been caught doing something wrong; if he or she has never been caught (e.g., stealing or disobeying) and therefore cannot be reprimanded, the symptom is considered present as long as the other criteria are satisfied.

Direction/Intention

Most items in this section require a code of "directed." This refers to the objective of the behavior in question.

- (A) Directed against communal property (e.g., benches in the park)
- (B) Directed against property belonging to an unknown person or persons (e.g., slashing car tires randomly in a parking lot)
- (C) Directed against property belonging to a known person (e.g., intentionally breaking a neighbor's window)

Do not include accidental destructive acts, such as breaking a window while playing ball.

Alone/Accompanied

Most items in this section require coding for whether the behaviors reported are usually performed when the child is alone or accompanied.

0 = Alone

2 = Often accompanied, but less than 50% of the time

3 = Accompanied 50% of the time or more

Coding for ever

Some items on the interview are of a sort that is rarely done, but are very significant even though they have only occurred once. In these cases, special codes are provided.

Ever: Frequency

Refers to the frequency with which the behavior occurs *over the entire course* of the interviewee's life.

Ever: Onset

Refers to the first time that the behavior occurred *over the entire course* of the interviewee's life.

Ever: Use of Weapons

A weapon is any object or instrument used for violent purposes against another person. Refers to items generally available such as sticks and stones as well as to items manufactured to be used as weapons, such as knives or firearms.

0 = Absent

2 = Weapon used on only one occasion

3 = Weapon used on more than one occasion

DEFIANT NEGATIVISTIC BEHAVIOR

BREAKING THE RULES

Violation of rules at school or elsewhere EXCEPT at home. Breaking laws and/or probation violations do not count here.

2 = The child disobeys/breaks rules related to at least two activities and at least sometimes responds to reprimands by openly disobeying

3 = If the failure to obey/breaking the rules occurs in most activities and the child sometimes responds to reprimands by arguing or defying the authority of the person reprimanding him or her

N.B. "Failure to obey/breaking the rules" at home is considered disobedience, since families usually do not have formal rules.

DISOBEDIENCE

Refers to refusing to carry out specific instructions when directly given. Distinguish from breaking the rules, which refers to the violation of formal rules.

2 = The disobedience occurs in at least two activities and the child sometimes does not respond to reprimands

3 = The disobedience occurs in most activities and the child sometimes responds to reprimands by arguing or defying the authority of the person reprimanding him or her

When the child's behavior satisfies both the criteria for Breaking the Rules and Disobedience, both may be coded. Breaking rules and negative interaction between the child and an authority figure must be considered two different components of the same behavior.

VIOLATION OF CURFEW

Staying out late despite the fact that parents forbid it. Do not include accidental lateness caused by circumstances over which the interviewee has little or no control.

Does not include violating the curfew imposed by probation, which is coded as violation of probation.

0 = Absent

2 = Present

ANNOYING BEHAVIOR

Taking part in activities that are annoying or that make his or her companions, siblings, or adults angry. The child's intention is not necessarily to annoy, but his or her behavior clearly irritates (etc.) those who interact with him or her.

Do not include annoying behaviors which correspond to the definition but which are the consequence of unintentional acts such as clumsiness or not understanding the rules of games.

2 = The irritating etc. behavior occurs in at least two activities and at least occasionally the child does not respond to reprimands

3 = The irritating etc. behavior occurs in most activities and the child sometimes responds to reprimand by arguing or defying the authority of the person who is reprimanding him or her

RESENTFUL OR VINDICTIVE

The child reacts to situations in which he or she cannot get his or her own way, to a disappointment, or to an interpersonal disagreement with adults or companions with deliberate attempts to do the other person harm or take revenge. For example, pinching, biting, or trying to get the other person into trouble.

Do not include behavior coded under Lying, Malicious Rumors, Aggression, Cruelty, or Abuse.

0 = Absent

2 = Present

One difference between Annoying Behavior and Resentful or Vindictive Behavior is that the intention is to make the person feel *angry* in the first case and *unhappy* in the second.

These two items are considered less specific than Breaks the Rules or Disobedience, so that if a behavior satisfies the criteria for both Annoying Behavior and Disobedience, but its intention was not specifically to annoy, then it should be coded under Disobedience. However, if the child's intention was to annoy, then it will be coded under Annoying Behavior *and* Disobedience, since these two items will then refer to separate components of the behavior. It is also possible to "double code" a behavior in which several dynamics are included; for example, the child disobeyed his or her teacher and annoyed another child during the same behavior.

CURSING/BAD WORDS

The use of curses or obscene language which has neither the approval nor the support of the adults before whom this type of language is used.

Does not include cursing among companions when there are no adults present or with adults who tolerate that language (e.g., who do not object to their children cursing).

The relative “badness” of the obscenities depends on the culture and the community. Therefore, each individual study requires a list of words or expressions included or excluded. In general, however, the use of words or expressions which the adults who hear them disapprove of counts as cursing.

2 = Curses in the presence of adults, but occasionally does not when reprimanded

3 = Curses in the presence of adults and does not control him or herself when reprimanded

If the cursing or use of bad words also satisfies the criteria for Failure to Obey/Breaks the Rules, it should be coded under Cursing/Bad Words, which is more specific.

STEALING

STEALING

Stealing refers to taking something that belongs to another person with the intention of depriving the owner of its use. Thus, it is distinguished from borrowing, although the distinction may sometimes not be clear.

Does not include articles which will eventually be distributed to people, including the child (such as food from the refrigerator or erasers for school).

Here the concept of being directed against someone refers to the identity of the victim, not to a deliberate intention on the part of the perpetrator to harm that individual specifically. Therefore, stealing a small amount of money from one of his or her parents, with no intention of harming that parent, is considered to be directed against a specific person or persons.

Stealing at home or from the family

Stealing articles not available for general use but not directed against a particular person or persons.
Stealing directed specifically against a particular person or persons.

Stealing at school

Stealing articles not available for general use, but not directed against a particular person.
Stealing directed specifically against a particular person or persons.

If the interviewee is expelled from school for stealing, code it here and in Incapacity.

Stealing elsewhere

Stealing articles not available for general use, but not directed against a particular person.
Stealing directed specifically against a particular person or persons.

Articles stolen from home or school may be coded even though the child has not been at home or at school for a period of one month during the primary period. If you have gone back to the home or school section, those periods (e.g., secondary and/or tertiary) are used when the section on Stealing is coded.

PATTERN OF STEALING

Code here the patterns of stealing shown by the interviewee. More than one may be present. Code only those items which have actually occurred mainly during the last three months, coding them even though on other occasions other forms of stealing may have occurred. Codes for Ever are made in the usual way, but only for Breaking and Entering and Stealing with Confrontation or Real Violence.

Stealing alone**Stealing with another person****Stealing with a group (of at least three persons, including the interviewee)**

Shoplifting: Stealing, alone or company, in a store that is open for business. Acts with stealth and does not imply a confrontation with store employees or the public. Being discovered may provoke a confrontation, but the intention is to avoid it.

Breaking and entering: Includes entering a house, building, or store to steal.

Stealing in a car: Entering a car to steal.

Stealing a motor vehicle or taking it for a joyride: Includes the child's attempts to steal a motor vehicle; also includes the occasions on which the child takes and drives away a car/motorcycle without permission (e.g., joyriding), although his or her intention is not to steal it but rather to use it for his or her own purposes.

Do not include using the father's/mother's/family car, unless the child's intention was to steal it and not bring it back. If the child took the car after being denied permission to use it, code it under disobedience.

Stealing that entails confrontation but without the use of violence: The victim is confronted directly and demand is made that money or articles be handed over; may include direct or implicit threats (e.g., has a weapon) but does not actually get to the point of violence.

Stealing that entails violent acts against the victim: The victim is directly confronted or stalked in some way and some violent act occurs. For example, the victim is kicked or beaten.

Use of weapons: Includes any articles which might be used to threaten or intimidate a victim. Includes carrying a weapon even though concealed and even though it is not used.

RESULT OF THE STEALING

Here the disciplinary action taken against the child as a result of the stealing is coded; these punishments are of a "social" nature. Disciplinary actions of an "official" or legal nature are coded in the section on Delinquency.

Restricted activities with companions

Restricted activities with adults

Other punishment by family or others

Forbidden from entering facilities or organization/suspended or expelled from school

BREAKING PROMISES

Failure to carry out actions about which one has directly given his or her word to another person. Does not include behavior which satisfies the requirements for lying. Breaking promises does not require an intention to deceive at the time the promise was made.

This item refers to promises about specific acts. A vague promise to do better work at school, without a specific act, method, or requirement by which keeping the promise can be judged is too general. If examples of specific acts cannot be obtained and you can only obtain these general promises, divide by 4 to obtain frequency. If the result is less than one, code one.

0 = No

2 = Yes

DECEIT

LYING

Distorting the truth with the intention to deceive other people.

Do not include the use of fake ID.

0 = No

2 = Lying for one's own benefit, missing school, etc., or in order to avoid punishment in at least two activities which do not result in getting other people in trouble

BLAMING

Distorting the truth with the intention to deceive other people by blaming another person.

0 = No

2 = Lying in at least two activities, entailing that another person will be blamed for the interviewee's minor offenses or get into another kind of trouble; or lies which, if believed, would have the same result.

"CONNING"

Lying in order to obtain articles or favors with a monetary value of at least \$10.00.

2 = Simple lies

3 = "Conning" implies some plan to develop or carry out the deceit

PSEUDOLOGY

Distorting the truth with the intention to deceive other people, but with a fantastic quality in which no immediate benefit except self-aggrandizement is perceived.

2 = Fantastic lies in at least two situations and at least sometimes uncontrollable

3 = Fantastic lies in most situations and almost always uncontrollable

CHEATING

Attempt to get better grades in school (copying homework or the answers on tests), or to be more successful in other situations through unfair means.

2 = Cheating in at least two activities and at least occasionally without responding to reprimands if caught

3 = May cheat in many or most activities and almost never reacts to reprimands if caught

MINOR FORGERY

Intentional non-illegal imitation of documents, letters, or signatures for personal purposes. Includes inducing other people to falsify documents for personal purposes. Does not include illegal acts.

Includes forging a note to school about being sick without the parents' consent.

0 = No

2 = Behavior which is not illegal and probably does not lead to police intervention, such as forging the parents' signature on report cards or excuses for illness

Code the setting (home, school, other place) in which the forgery was to be used, not necessarily where it was committed; e.g., forging a parent's signature on notes to school while at home would be coded under School setting rather than under Home setting.

MAJOR FORGERY

Intentional and illegal imitation of documents, letters, or signatures for personal purposes.

Include inducing other persons to forge documents for personal purposes. Include only illegal acts.

Do not include forging the parent's signature on a credit-card transaction *with the parent's consent*.

Include the use of parent's (or other person's) credit cards in which the interviewee is not authorized to sign, *does so without permission*.

Do not include here the use of the parent's (or other person's) credit cards in which the interviewee is authorized to sign, *does so without permission*. These transactions are coded under Stealing.

0 = No

2 = Illegal acts such as credit card fraud, forging ID cards, etc.

RUNNING AWAY FROM HOME

Leaving home with the deliberate intention of being temporarily or permanently absent. Note that the child's intention of staying away is of vital importance. Evidence of that intention is required in the behavior in order to code the item positive.

2 = The interviewee has the intention of leaving at the time of running away, but returns or is returned before spending the night away from home. Some preparation must have been made that would allow the interviewee to stay away from home, such as packing a suitcase, taking some loved possession, or buying a one-way ticket.

3 = As in two, but spends at least one night away from home

The duration is coded in days/hours.

If the interviewee has run away from home more than once during the primary period, code the longest episode under duration. In addition, running away may be coded if the interviewee ran away from a place that is not his or her "home" (wherever he or she was staying at that moment, e.g., in a facility for hospitalized patients, group home, foster home, etc.).

Code of "ever" for running away from home: Code here only episodes at intensity level of 3 (away from home for at least one night). This item is coded 0 if the interviewee has never run away, or he or she only ran away for a few hours.

Ever Onset is the first time that the interviewee ran away and was away from home for at least one night.

ACCESS TO WEAPONS

Access to, possession of, and carrying weapons such as firearms, knives, other weapons used offensively or defensively (e.g., chains or brass knuckles, pellet pistols, BB guns) and other items of personal defense (e.g., tear gas, stun guns, bats).

FIREARMS

Access to/Possession of Firearms

1 = A member of the family has a firearm, but the child does not have access

2 = The child has access to a firearm belonging to a member of the family or friend, but does not have his or her own firearm

3 = The child has one or several firearms and may have access to other firearms

Includes firearms belonging to a member of the family or friend to which the child has access. Do not include situations in which a young person simply knows someone who might give him or her a firearm if he or she needed or wanted one.

If the child has his or her own hunting rifle which the parent keeps locked up after each time hunting, code 1, not 3 (unless the child has access to the weapons cabinet, in which case 3 is appropriate).

Pistol/Revolver

0 = No

2 = Yes

Shotgun or Rifle

0 = No

2 = Yes

Other Firearm (Semiautomatic, Machine Gun, and Others)

0 = No

2 = Yes

If the interviewee has no access to firearms in the primary period and therefore codes a 0 for Access to/Possession of Firearms, then Type of Firearm and whether the interviewee Carries Firearm to School are structurally absent (S).

CURRENTLY CARRIES A FIREARM

Carries a firearm while he or she goes out for purposes other than hunting. Carrying a small-caliber pistol or BB gun for purposes of protection is coded under Other Firearms.

0 = Has not carried a firearm during the last three months

2 = Has sometimes carried a firearm

3 = Usually carries a firearm

CARRIES A FIREARM TO SCHOOL

Carrying a firearm to school, including keeping it in the car, locker, or other place at school. Therefore, this item includes all persons who carry a firearm (e.g., have a firearm with them) to school, and those who have a firearm available at school.

0 = No

2 = Sometimes

3 = Usually

EVER: ACCOMPLICE IN A SHOOTING

Being in the company and the presence of a person who shoots at another person. Include occasions when the person being accompanied fired but the victim was not hit. Being an accomplice entails being involved with the perpetrator, not simply being a witness to the event.

0 = No

2 = Yes

EVER: SHOT AT ANOTHER PERSON

Shooting at another person with a firearm. Includes occasions when the interviewee shot but the victim was not hit.

0 = No

2 = Yes

EVER: WOUNDED ANOTHER PERSON WITH A FIREARM

Includes having wounded another person by shooting whether this person was or was not the victim.

Do not include here hitting someone with the pistol.

0 = No

2 = Yes

KNIVES

Carrying a knife as a weapon or to protect oneself.

CURRENTLY CARRIES A KNIFE

Carrying a knife when going out for purposes other than hunting. Pocket knives are not coded here unless they are carried for protection against an aggressor.

0 = Has not carried a knife for the last three months

2 = Has sometimes carried a knife

3 = Usually carries a knife

CARRIES A KNIFE TO SCHOOL

Carrying a knife to school, including keeping it in the car, in the locker, or in another place at school. Therefore, this item includes all those people who carry a knife (e.g., have a knife with them) to school and those who have a knife available at school.

0 = No

2 = Sometimes

3 = Usually

OTHER WEAPONS

Carrying another weapon, except a firearm or knife, for offensive or defensive purposes. Includes, for example, brass knuckles or chains. Include pellet pistols or BB guns only if used for offensive or defensive purposes, not if used for hunting.

CURRENTLY CARRIES ANOTHER WEAPON

Carrying Another Weapon for purposes other than hunting.

0 = Has not carried another weapon during the last three months

2 = Has sometimes carried another weapon

3 = Usually carries another weapon

CARRIES ANOTHER WEAPON TO SCHOOL

Carries Another Weapon for purposes other than hunting.

0 = No

2 = Sometimes

3 = Usually

OTHER ITEMS OF PERSONAL DEFENSE

Carrying equipment designed for personal defense, such as tear gas, stun guns, or bats. If firearms, knives, or other weapons are used for purposes of personal defense, code them in the more specific categories of Firearms, Knives, and Other Weapons.

CURRENTLY CARRIES OTHER ITEMS OF PERSONAL DEFENSE

0 = Has not carried items of personal defense for the last three months

2 = Has sometimes carried items of personal defense

3 = Usually carries items of personal defense

CARRIES ITEMS OF PERSONAL DEFENSE TO SCHOOL

Carries Other Items of Personal Defense to school, including keeping them in the car, in the locker, or in another place at school. Therefore, this item includes all those persons who carry Items of Personal Defense (e.g., have Items of Personal Defense with them) to school, and those who have Items of Personal Defense available at school.

0 = No

2 = Sometimes

3 = Usually

BEHAVIORAL PROBLEMS INVOLVING VIOLENCE

LOSING COMPOSURE

Discrete episodes in which there is shouting or name-calling but without violence and not meeting the criteria for a tantrum.

0 = Absent

2 = Present

TANTRUMS

Discrete episodes of outbreak of temper, frustration, or upset manifested by shouting, crying, or tantrums, and which entails violence or attempts to harm persons or property.

Tantrums may be coded even though a code for Loss of Composure cannot be given.

The violence or harm done during a tantrum does *not* constitute Vandalism or Aggression.

2 = Non-destructive violence directed only against property (e.g., slamming doors, kicking, etc.)

3 = With destructive violence (e.g., breaking windows) or violence against persons

VANDALISM

Harm to, or destruction of, property without the intention of self-benefit. Here writing on the desks at school does not count, but writing on other school property does.

2 = Writing graffiti, carving on trees, or similar acts which do not really destroy the object's functions

3 = Other acts which imply harm to, or destruction of, property

SETTING FIRES

Setting fires without permission. Children, and particularly adolescents, often receive permission to light bonfires or camp fires, but they are not included here. Give this code if a fire was started without permission after permission was refused. This code is also used if the permission would have been denied had it been asked for.

2 = Deliberately setting fires without permission, but without the intention of causing damage

3 = Deliberately setting fires without permission, with the intention of causing damage

VIOLENCE AGAINST PERSONS

FIGHTING

Physical fights in which both (or all) those involved begin the fight. A child can be provoked to fight, but both must have been involved in the fight. Otherwise, code as Aggression. If there are doubts about whether to code an episode of interpersonal violence as a fight or an aggression, code it as a fight.

Do not include arm wrestling or friendly fights between siblings. However, any other fight between siblings with a serious intention is included.

Victims who "fight" only to defend themselves should not be coded here or under Aggression.

The worst result of fighting during the last three month period is noted.

2 = Fighting in which none of those involved suffers any physical harm

3 = One or some of those involved suffer some physical harm as a result of the fight (e.g., black eye or cuts and scratches)

FIGHTS RESULTING IN SERIOUS INJURY

0 = No

2 = As a result of a fight, one or some of those involved fractured some extremity, had to be hospitalized, or was unconscious for some time

AGGRESSION AND CRUELTY

Attack or attempt to cause harm to another person without the other person wanting to fight.

Sexual aggressions are not included here, but rather under Forced Sexual Activity.

Victims who fight only to defend themselves should not be coded here or under Fighting.

Note the worst result of some aggression or episode of cruelty during the last three months.

2 = Aggression in which no one suffered physical harm

3 = The victim suffered physical harm as a result of the aggression (e.g., black eye or cuts and scratches)

AGGRESSION RESULTING IN SERIOUS INJURY

0 = No

2 = As a result of an aggression one or some of those involved fractured some extremity, had to be hospitalized, or was unconscious for some time

USE OF WEAPONS

A weapon is any object or instrument used for violent purposes against another person. Refers to generally available article or objects, such as sticks and stones, as well as weapons manufactured for attack or aggression. These weapons include knives or firearms.

- 0 = Absent
- 2 = Weapon used on one occasion only
- 3 = Weapon used on more than one occasion

CRUELTY AGAINST PERSONS

Aggression which entails deliberately causing pain to or terrorizing the victim beyond aggression caused by excited/agitated states of emotion. Include hitting, cutting, or burning a person who is tied up, ritualistic imposition of pain, and sadistic violence or terror.

Forced Sexual Activity involving more violence than necessary to simply force the sexual act (for example, keep kicking the victim of a rape after the sexual act is completed) is coded under both Cruelty Against Persons and Forced Sexual Activity.

- 2 = Cruelty in which no one suffered any physical harm
- 3 = The victim suffered physical harm as a result (e.g., black eye or cuts)

ABUSE

Attempt to force another person to do something against his or her will using threats, violence, or intimidation; the act should be considered beyond the normal or acceptable range of behavior.

Sexual aggression is not coded here (but rather under Forced Sexual Activity). Differentiate from resentful and vindictive, which does not include an attempt to force a person to do something against his or her wishes.

- 2 = Use of threats alone
- 3 = Presence of violence

FORCED SEXUAL ACTIVITY

Use of verbal, physical, or emotional aggression to force sexual activity, against the victim's will. Both women and men may have initiated Forced Sexual Activity.

- 2 = Use of threats only
- 3 = Presence of violence

SEXUAL ACTIVITY FOR SELF-BENEFIT

Taking part in sexual activity in order to obtain money, goods, or drugs.

0 = Absent
2 = Present

CRUELTY TO ANIMALS

Deliberate activities which entail doing harm to animals. Do not include activities such as killing insects, pulling worms apart, or crushing frogs, considered generally acceptable.

Do not include hunting or fishing, regardless of your personal opinion.

Shooting at "non-domestic" animals (e.g., wild birds or rabbits, squirrels, rats, etc.) with a pellet gun does not count here, since it is similar to hunting. To be coded here, the interviewee must have done something to an animal that is considered socially or culturally unacceptable or deviant.

2 = Clear cruelty which does not entail noticeable or permanent harm to the animal

3 = Acts which entail noticeable or permanent damage to the animal

LETTERS, TELEPHONE CALLS, AND MALICIOUS RUMORS

Sending anonymous, nasty, obscene, cruel, or unpleasant letters to any person or persons; or making telephone calls of that kind; or starting malicious rumors.

Malicious rumors are not limited to those spread by letter or telephone. They may be spread in many different ways, particularly through gossip.

Consider whether the various aspects of rumors should be coded here and/or under Resentful and Vindictive. Code the malicious and/or anonymous qualities here; additionally code the intention of hurting another person's feelings and getting them in trouble under Resentful and Vindictive.

2 = Letters or telephone calls to, or spreading rumors about, strangers

3 = Letters or telephone calls to, or spreading rumors about, persons with whom the interviewee has had personal contact

DELINQUENCY

CONTACT WITH THE POLICE

Any contact with the police throughout the entire course of the interviewee's life as a consequence of items reported in the section on Disocial Disorder or of any behavior regarding which it is suspected that a suit or complaint may be filed.

"Simple interrogations" by the police that are not related to any particular action on the part of the young person (such as being questioned about something that the young person saw) are intentionally excluded. Do not include questions about the young person's behavior or alleged behavior (something that the young person did or might have done) regarding which a complaint may have been filed.

EVER: CONTACT WITH THE POLICE

0 = Absent

2 = Present

CONTACT WITH THE POLICE

0 = Absent

2 = Present during the last three months

ACTION TAKEN BY THE POLICE

0 = No subsequent action. There was contact, but no investigation (e.g., the young person was stopped, questioned, but a complaint was not filed).

1 = Settled by the police. A complaint was filed, which the police investigated. The young person may not have been under custody. The police may have decided that it was not appropriate to take additional measures, or the victim may not have wanted to take the young person to court, or was perhaps satisfied by being paid by the parents for damages.

Settlement by the police is coded only if the interviewee was arrested; a simple oral or written warning would not count here.

2 = Settlement by the court's juvenile counselor. Also known as detour through the court's juvenile counselor. The complaint was evaluated by the court's juvenile consultant; he or she spoke with the young person, his or her parent, the victim, and possibly the prosecutor; and then decided to resolve the case outside the courts using community-based alternatives (services such as counseling, treatment, mediation, young people's job program, etc.).

3 = Accused. A petition in which charges are filed against the young person. The formal complaint and the charges were sent to the court secretary to ensure a hearing.

If the case is pending and has not yet gone to court, code 3 = accused and S for the result of the trial.

RESULTS OF THE TRIAL

Code the highest level.

Note that there are two levels of court trial, juvenile courts and superior courts. The results of the trial in the courts are different but related.

Juvenile cases involve two stages: in the first place, decision by the juvenile court as to whether the act was or was not criminal. If it is determined that the act is not criminal, the case is not tried. If the case is not tried, code 0 (see Results of Trial). If the case is tried, then the court decides what will happen to the young person.

If the case of a young person from 14 to 17 years old is sent to superior court, once before the court, the following may occur: it is determined that he or she is not guilty 1, community service 3, juvenile or adult probation 2,4, or 5, treatment 6, sent to a training school 10, referred to superior court 11, superior court levies a fine 12, or prison 13.

0 = Charges withdrawn. In juvenile court, the judge decides that the act was not criminal and therefore it does not go to trial.

1 = Not guilty. In superior court, the judge/jury determines that the young person is not guilty.

2 = Unsupervised probation/restitution. The court frees the young person into the custody of the parents and generally requires that the young person attend school or work and obey his or her parents, and possibly confine him or her to his or her home. An agreement about financial compensation may be reached with the victim.

3 = Community service. The court frees the young person and requires that he or she give a certain number of hours of work that the court considers appropriate for the young person's age and ability, within a set period of time.

4 = Supervised probation only. The juvenile court assigns the young person to a court counselor who will act as his or her probation officer. The young person must contact at certain hours, but the court counselor usually completes the social history and follow-up evaluation of the home.

Superior court may order probation and juvenile or adult evaluation for young people.

5 = Supervised probation with order for treatment. The court orders the young person to be evaluated/receive treatment. The order for treatment may include programs such as psychiatric evaluation, substance-abuse programs, orientation about sexual abuse, residential treatment centers.

6 = Order for treatment without probation.

7 = Weekend detention. Court-ordered detention (of one night, 24 hours, 48 hours, or more) in a detention center. In this area, the Juvenile Home serves as a temporary detention center for young people who have been accused or whose case has been tried, or who are waiting to be located in a residential treatment center.

8 = Camp in a place far away from civilization. Referred to a camp program by the court. The persons in charge of the camp and the young person decide whether it is appropriate that he or she attend. This disposition is less severe than a training school.

9 = Suspended internment in training school. The court orders imprisonment- internment in a training school (usually for serious offenses) but halts/suspends the internment so that the young person may participate in a community program.

10 = Internment in training school. The court orders the young person to enter a training school once it is convinced that resources in the community have been exhausted or that they are inadequate for the type of criminal offense.

11 = Referred to superior court. In view of the severity of the crime, the judge sends the case to superior court (so that the young person may be tried as an adult). The young person must be 14 years old or older. The process entails a probable cause hearing and a bail hearing.

12 = Fine. Once in superior court, the judge/jury may determine that a fine is appropriate.

13 = Internment in prison. If the superior court determines that the young person is guilty, he or she may be sent to prison. Young people from 14 to 17 years old may receive a life sentence but not a death sentence.

EVER: PROBATION

- 0 = No probation
- 2 = Juvenile probation
- 3 = Adult probation
- 4 = Probation

EVER: VIOLATION OF PROBATION/PAROLE

Code the total number of violations reported by the interviewee.

These violations may have had various consequences.

- A) Some violations which the probation officer may not know about.
- B) In other cases the probation officer may know about the violations but decide not to return the case to court; he or she may have met with the young person to discuss the necessity of meeting the conditions of probation. The decision may depend on whether it is a habitual or isolated violation.

USE OF TOBACCO

Several studies which use the CAPA interview may gather slightly different items of information about tobacco products and the onset of consumption. When the studies vary, follow the instructions on the page of the CAPA interview corresponding to the study.

USE OF CIGARETTES

Make a note of the date of the first time the interviewee smoked. In coding the *frequency* for ever, code the greatest *number* of cigarettes that the interviewee has smoked in one day. The code for *onset* refers to the first time that he or she smoked regularly or the *first time* that he or she smoked the largest number, depending on the study. The interviewee will know whether he or she is a habitual smoker. Should more specificity be needed, consider someone who smoked every day for one week as a habitual smoker. Currently smokes refers to the number of cigarettes that the interviewee smoked habitually per day during the last three months.

Use of snuff and chewing tobacco

Make a note of the date of the first time that the interviewee tried snuff or the first time he or she chewed tobacco. In coding the frequency for ever, code the greatest amount of snuff or chewing tobacco that the interviewee has ever used per week. The Ever onset refers to the first time that the interviewee used these substances with regularity, or the first time that he or she used the greatest amount, depending on the particular study.

Snuff is a tobacco derivative in powder form which is sold in small cans. One can is equal to 10 portions/chews. Frequency is coded as the number of half cans used per week. Chewing Tobacco is a substance in the form of leaves sold in bags. One bag is equal to three ounces, or approximately six portions/chews. Frequency is coded as the total number of half bags used per week.

ATTEMPTS TO ABSTAIN

Effort to stop using tobacco, which lasts for at least eight hours. Attempts to cut down on consumption/abstain include only failures. If a person tried to cut down on his or her consumption from two times to once a week and managed to maintain his or her consumption at that level, it would not count here. The duration of Attempts to Stop are coded in Days/Hours. Forced abstention (e.g., in an interned patient unit) is not included as an attempt to Reduce Consumption/ Abstain. However, in this situation, the symptoms of abstaining from nicotine may be coded if the criteria for entering that section have been met. In addition, forced abstention from the use of tobacco **may** be coded under Cessation of Symptoms in the Section on Incapacity.

Symptoms of abstaining from nicotine

If the interviewee smoked at least five cigarettes per day or used snuff or chewing tobacco at least five times a week during the primary period, then the section on abstaining from nicotine should be completed.

The symptoms of abstaining from nicotine include:

| | |
|--------------------|---|
| Urges to smoke | Restlessness |
| Irritability | Increased appetite |
| Anxiety | Bradycardia (slowing of the heart rhythm) |
| Poor concentration | |

For the purpose of assessing whether these Symptoms were due to abstinence from nicotine, it is necessary to determine whether the symptoms disappeared when the interviewee used nicotine again.

USE OF ALCOHOL AND ILLEGAL DRUGS

Objectives of this section

This section has two main objectives:

- (1) To assess the interviewee's use, abuse, and dependency on substances
- (2) To facilitate access to the section on maladjusted behavior

Organization of the section

This section has been organized in three sub-areas:

- (1) **General assessments regarding the use of alcohol and drugs**
- (2) **Specific assessments regarding the use of Alcohol**
- (3) **Specific evaluations regarding the use of Drugs [caps sic]**

GENERAL ASSESSMENT REGARDING THE USE OF ALCOHOL AND DRUGS

EVER: HAVE USED

Include any use of alcohol or illegal drugs. In the case of alcohol, include use with parent authorization.

DATE ON WHICH BEGAN TO USE WEEKLY

For interviewees who have used the substance at least once a week for four consecutive weeks, code the date on which he or she began this regular use. It is not necessary for the respondent to have used it weekly during the entire primary period; this item may be coded if there is evidence of weekly use for at least throughout one of the three months.

DATE ON WHICH BEGAN TO USE DAILY

For interviewees who have drunk alcohol or have used drugs for at least five days a week for four consecutive weeks, code the date on which they began to use it for at least five days a week.

A state which results from the excessive ingestion of alcohol or drugs. Each substance is associated with certain behavioral and psychological changes.

For all substances, the symptoms of poisoning are coded only if they occurred during the last three months. It is considered that a person is poisoned when any of the indicated symptoms are present; if the interviewee says that he or she has been poisoned during the last three months, but presents no symptom of poisoning, the code for poisoned during the last three months is 0.

WISH TO REDUCE CONSUMPTION

At certain moments the interviewee has thought that he or she would like to reduce his or her consumption of alcohol. Does not require having done so.

0 = No wish to reduce consumption

2 = Wish to reduce consumption

RECOMMENDATION TO REDUCE CONSUMPTION

On at least one occasion parents, friends, professionals, or other persons have recommended or warned the interviewee that he or she should reduce his or her consumption of alcohol.

0 = Parents or other persons have never advised reducing consumption

2 = Recommendation to reduce consumption

ATTEMPTS TO REDUCE CONSUMPTION

Efforts to reduce consumption of the substance, in which the attempts to reduce consumption or abstain altogether failed. If a person tried to reduce consumption from two times a week to once a week and was successful in maintaining it at that level, this attempt would not count.

0 = Has not attempted to reduce or abstain from consumption over the last three months

2 = Attempted to reduce or abstain from consumption during the last three months

The duration of the attempts to abstain is coded in Days/Hours.

Forced abstinence (e.g., in an interned patient unit) is not included as an attempt to Reduce/Abstain From Consumption. However, in this situation the symptoms of abstinence may be coded if the criteria for entering that section are met. In addition, forced abstinence from use of substances is coded under Cessation of Symptoms in the Section on Incapacity.

SYMPTOMS OF POISONING

Ataxia –Defective muscle coordination; staggering

Bloodshot eyes –Blood vessels in the eyes dilated and visible

Blurred vision –Blurred vision, difficulty focusing

Diplopia –Double vision

Dry mouth –Lack of saliva production, causing a dry mouth

Dysarthria – (Refer to slurred speech)

Flushing –Sudden reddening of the face

Hallucination –A false perception in the absence of external stimuli. May be auditory, visual, olfactory, or tactile

Hyperacusis –Increase in auditory perception or heightened sensory perception in general (e.g., sounds sound louder, lights and colors look brighter)

Attention/Memory affected –Reduction in the ability to pay attention or difficulty remembering

Lack of coordination – Difficulty producing smooth muscle movements. The interviewee will often describe having difficulty moving his or her arms and hands satisfactorily

Increase in appetite – An increase in the desire to consume food, which is sometimes known as “the munchies”

Lethargy –Lack of energy; indolence

Nausea/Vomiting –Unpleasant feeling in the stomach, or vomiting

Numbness/Reduction in response to pain –Lack of sensation or diminution in sensitivity to pain

Nystagmus –Difficulty in focusing the vision adequately, or the eyes jump from side to side or move involuntarily

Dilation of pupils –Expansion in the diameter of the pupils, which does not occur simply as a response to low light levels

Slurred speech (dysarthria) –The person slurs his or her speech due to an impediment of the tongue or other muscles necessary for speech

Stupor/Loss of consciousness – Loss of consciousness or a state of lethargy, lack of reaction, and immobility

Tachycardia –Rapid heartbeats

Tremor –Trembling/shaking in one or more parts of the body

Unstable walk –Difficulty walking a straight line, falls, hits or knocks things over, general insecurity while standing

OTHER CHANGES IN BEHAVIOR

The evidence of additional changes in behavior also requires that the section on Maladaptive Behavior be completed.

Anxiety –Unpleasant emotional state with elements of anguish and helplessness

Apathy – A lack of emotion or interest

Distorted perception –Alteration in perception so that objects change shape, size, or color, or persons change in appearance

Delusional idea – False belief; an incorrect interpretation that other people cannot believe

Derealization – The emotion that the surroundings have changed and are unreal

Depersonalization –Feeling of loss of identity or feeling of not being real

Dysphoria –Depressed or discouraged state of emotion; feeling of low spirits or dejection

Euphoria –Happy state of emotion; feeling of elation

Grandiosity –Exaggerated feeling of grandeur, power, and/or influence. If the grandiosity becomes a delusional idea (Delusional Idea of Grandeur) code the Delusional Idea as present also

Hyperalertness –Increase in sensitivity and state of alertness regarding surroundings; jumpy

Psychomotor agitation –Manifestation of tension or anxiety through psychomotor hyperactivity (e.g., wringing the hands, biting the nails, tapping a pencil, pacing back and forth, etc.).

Psychomotor retardation –Slow movements

Feeling that time is moving slower – The speed of events seems to be moving slower

Social withdrawal –Wish to spend time alone and avoid social interaction

Suspiciousness/Paranoid ideation –

Synaesthesia –Distorted sensory experiences (e.g., visualizing a sound [such as seeing music], or feeling a color [such as that the color blue feels cold and the color red feels hot])

SYMPTOMS OF ABSTINENCE

Tearfulness –The eyes water/weep

Orthostatic hypotension –Feeling dizzy or faint when he or she stands up

Piloerection –Hair on end

Rinorrhea –Nasal drip

USE OF ALCOHOL

NUMBER OF DRINKS

An average is taken of the number of drinks per week during the three-month period. This weekly average is obtained regardless of the frequency of episodes of ingestion and/or amount consumed (e.g., if the interviewee only drank once but consumed 10 drinks, you will take an average of that number across three months). An average of less than 1 drink per week is equal to 1 drink per week.

The following are guides to determine alcohol consumption:

1 drink = 1 ounce
1 pint = 16 drinks
1 fifth = 25 drinks
½ gallon = 64 drinks

The following discussion should be helpful in coding tastes or sips of alcohol, or alcohol consumed as part of a religious practice.

Communion: If the interviewee has consumed alcohol during communion, that use counts for Ever Used Alcohol but is not included in the calculations for the three-month period of Number of Drinks per week or for Frequency of episodes of drinking. If this is the only use of alcohol by the interviewee, code 2 for Ever Used Alcohol, note the Onset for the first time, code 0 for Number of Drinks during the three-month period, S for frequency of drinking episodes, 0 for Ever Used Without Permission, and S for the rest of the section. If there were also other uses of alcohol, code the earliest onset date, but do not include the communion in the calculations for Number of Drinks per week or Frequency of drinking episodes.

Sips: Likewise, if the interviewee has only taken sips of alcohol, with or without the permission of his or her parents, this is coded Ever Used Alcohol but is not included in the calculations for the three-month period of Number of Drinks per week or Frequency of drinking episodes. Coding is the same as for communion, except that Ever Used Without Permission may be positive.

Other consumption: We take the average for the number of drinks per week during the three-month period (excluding sips and communion as indicated above). If, for example, someone drinks three drinks twice in the primary period, but does not drink on other occasions, we do not want to lose that information; therefore, if the average is less than 1 drink, code one drink per week. When the response for averaging drinks per week is more than 1, but not a round number, we do not round to the higher number because we generally underestimate rather than overestimate the symptomatology.

USE OF ALCOHOL WITHOUT PERMISSION

Drinking alcohol without the permission of a responsible adult, whether the alcohol was obtained legally or illegally.

ALONE/ACCOMPANIED

A coding for whether the reported drink occurred while alone or accompanied.

0 = Alone

2 = Often accompanied, or 25 - 49% of the time

3 = Accompanied 50% of the time or more

SOURCE OF ALCOHOL

Code the means the interviewee used to obtain the alcohol that he or she drank without permission. He or she may have used more than one means during the last three months, in which case include them all.

Paying someone to buy alcohol for the interviewee is coded under Bought by the Interviewee.

USE OF DRUGS

INITIAL ASSESSMENT OF USE OF DRUGS

Code if the interviewee has Ever used any of the drugs included in the initial assessment questions.

0 = No
2 = Yes

For all drugs used, complete the applicable sections. Each section has a similar structure; however, each substance varies in terms of the signs of poisoning and the symptoms of abstinence.

Instructions such as "Ever Used Weekly (at least once a week for one month)" or "Ever Used Daily (at least 5 days a week for one month)" refer to 4 consecutive weeks.

DRUG TRAFFICKING

The interviewee sells illegal drugs to other people, or provides drugs to other people in exchange for goods or services (including sexual favors).

2 = The interviewee sold drugs from 1-5 occasions only
3 = The interviewee sold drugs on six occasions or more
4 = Same as 3, but the value of the drugs the interviewee sold was greater than \$1000 throughout his or her life

VALUE OF DRUGS SOLD DURING THE LAST THREE MONTHS

Code the total value of all the drugs that the interviewee sold during the last three months.

DEFINITIONS OF SPECIFIC DRUGS

Cocaine: An alkaloid obtained from coca leaves, sold in the form of white powder.

Crack: Alkaloidal cocaine (in concentrated form), an almost pure form of cocaine, sold as cream-colored crystals that can be smoked. Its name derives from the sound it makes when it is heated. Unlike the use of concentrated cocaine, smoking crack does not require that the substance first be mixed with a solvent to eliminate contaminants. The high is reached faster and is more intense than that produced by inhaling cocaine. The rocks can also be pulverized, mixed with tobacco, and smoked in a cigarette.

Ice: A very concentrated form of amphetamine in the form of a small white rock.

USE IN COMBINATION

The use of alcohol in combination with another substance during the last three months.

0 = No

2 = Less than 50% of the time

3 = Greater or equal to 50% of the time

USE IN COMBINATION WITH DRUGS

The use of a specific substance in combination with one or more substances. Use in combination refers to the last three months alone. If the person interviewed used more than one drug in combination with the specified substance during the last three months (not necessarily at the same time), an 8 will be coded (Used with More than One of the Groups).

ROUTE OF ADMINISTRATION

Code the way the drug was administered during the last three months. Methods include Oral, Smoked, Concentrated (smoking or inhaling smoke from the residue boiled until cocaine/crack dissolves in solvent), Inhaled, Injected. If more than one method has been used, code them all. It is possible to pulverize, dissolve, or prepare a suspension with pills and then inject it, so remember to ask about that.

There is a code for Ever for injected. The substance may be injected subcutaneously/IM (under the skin or into a muscle) or intravenously (into a vein).

EVER SHARED NEEDLES

A lifetime coding for interviewees who have Ever shared needles.

0 = No

2 = Yes, trying to take hygienic precautions

3 = Yes, without taking hygienic precautions

ADDITIONAL CHANGES IN BEHAVIOR

In addition to the signs of poisoning, for some substances additional changes in behavior due to the use of the substance are also coded.

Refer to the list of Additional Changes in behavior at the beginning of the Section on Use of Drugs and Alcohol in the glossary.

In order to demonstrate that there have been additional changes in behavior, it is also required that the section on maladjusted behavior be completed.

MOOD DISORDER DUE TO HALLUCINOGENS

Dejected Mood, Subjective Anxious Affect, or Expansive Mood manifested over period of three weeks beginning at the first use of the hallucinogen (LSD, PCP, psilocybin), and lasting at least 24 hours after ending each use.

2 = The mood changes have occurred only in relation to the use of hallucinogens

3 = The mood changes have occurred [both] in relation to the use of hallucinogens and independent of them

Take careful notes on the symptomatology associated with the use of hallucinogens.

Although this coding is done in the section on PCP, it refers to all use of hallucinogens. Therefore, be sure to also include any use of LSD and psilocybin which leads to Mood Disorder Due to Hallucinogens.

PERCEPTION DISORDER AFTER USE OF HALLUCINOGENS

The interviewee has a second experience of one or more of the perceptual symptoms which characterize his or her use of a hallucinogen despite not having used the hallucinogens during a 24-hour period.

2 = The symptoms interfere with at least two activities and are at least sometimes uncontrollable

3 = The symptoms interfere with almost all activities and can almost never be controlled

Anguish

During a period in which the interviewee has a subsequent experience of perceptual symptoms, he or she [also] experienced Subjective Anxious Affect or another unpleasant state of emotion.

2 = The symptoms interfere with at least two activities and are at least sometimes uncontrollable

3 = The symptoms interfere with almost all activities and can almost never be controlled.

CHANGES DUE TO MALADAPTATIVE BEHAVIOR

Objectives of this section

This section provides an opportunity to review the negative psychosocial effects in an individual as a consequence of substance use. Not all items are applicable to all substances, and the questionnaire only contains coding boxes for the substances that are appropriate to each item.

It is possible to “code the same item more than once” throughout the Section on Maladaptative Behavior, as in the category Stealing (found in the section on Disocial Disorder) and Crimes Related to Substances, or Fighting and Uninhibited Aggression; these codes are not mutually exclusive, because what we code here is the relationship between the behavior and the substance use.

Organization of the section

This section has been organized as a single unit:

If the criteria for completing the section have been met due to the use of some substance, then you could ask about all the substances that the interviewee has used during the last three months, even though not all the substances that he or she has used meet the criteria for entering the section. Once in the section, if you code 0 for intensity, note S also. If you code an intensity of 2 or 3, code correspondingly for each substance that has been used during the last three months and then 0 (rather than S) for the substances that have not been used during the last three months.

IRRESISTIBLE NEED TO CONSUME THE “SUBSTANCE”

A feeling of need or craving to consume the “substance” which at least sometimes interferes with any other thought or activity. This desire cannot always be controlled except by using the “substance” or an alternative.

2 = At least some days feels an uncontrollable craving for the “substance” which interferes with his or her thoughts or other activities unless it is satisfied

3 = Almost every day feels an uncontrollable craving for the “substance” which interferes with almost all of his or her activities unless it is satisfied

USES THE SUBSTANCE TO IMPROVE HIS OR HER MOOD

The interviewee explains that he or she uses the “substance” in an attempt to relieve depression, dysphoria, anxiety, or irritability, or another disturbing mood disorder. The purpose is to induce and increase the sensation of well-being when he or she feels “bad.” Do not include consumption of the “substance” to “stimulate him or herself” the when the interviewee feels basically all right.

2 = The interviewee sometimes uses the “substance” to improve his or her mood (less than 50% of the time)

3 = The interviewee usually uses the “substance” to improve his or her mood (\geq 50% of the time)

TIME DEDICATED

Amount of time dedicated to behavior related to the “substance,” including activities associated with obtaining and consuming the “substance” and the time dedicated to planning and thinking about how to get and consume the “substance” or recover from the effects of using the substance.

The general intensity is the total time dedicated each day to getting, consuming, and recovering from all substances. This is coded at a level 2 or 3 only if the average time spent is at least one hour per day. The average time dedicated per day is an average of the total number of hours that the interviewee dedicated to activities related to the drug during the primary period, divided by ninety days. Therefore, if the interviewee used marijuana for 40 days during the primary period – 2 hours per day –and cocaine for 30 days during the primary period –five hours per day –the average daily use during the primary period would be $02:34 = ((2 \times 40) + (5 \times 30)/90) = 80 + 150/90 = 230/90 = 2.56 \text{ hours} = 2:34 (.56 \times 60 \text{ minutes} = 34)$.

Intensity is coded separately for each drug, and due to the patterns for combining substances, the severity of general intensity cannot necessarily be attributed to one drug in particular. Therefore, it is possible that the general intensity is 3 (more than three hours per day) but the individual intensities for the drugs used may be 0 (less than one hour per day).

0 = Less than one hour per day

2 = 1-3 hours per day

3 = More than 3 hours per day

WEEKLY COST OF ALL SUBSTANCES DURING THE LAST THREE MONTHS

The weekly cost of substances throughout the three-month period is averaged and is only coded if the time spent reflects an average of at least one hour per week.

TOLERANCE

Irresistible need to consume a greater amount of the “substance” (at least 50%) to produce the psychological or behavioral changes associated with use of the “substance” that were experienced before. Also code here the ability to tolerate at least 50% more of the “substance” before experiencing undesired secondary effects, or becoming poisoned (for example, feeling nauseated after drinking nine cans of beer when before six cans would have produced that effect).

0 = Absent

2 = Needs to use the “substance” at least 50% more than before in order to obtain the desired effect, or can tolerate at least 50% more than before

EXCESS CONSUMPTION

Consumes more of the “substance” than he or she had intended to on a particular occasion. For example, getting drunk when the interviewee had intended to only have a couple of drinks.

If the consumption is excessive on a regular basis, consider whether the interviewee’s behavior also meets the definition for a Limited Repertoire of “Substance” Use.

0 = Absent

2 = Sometimes the interviewee uses the “substance” more than he or she had intended

UNCONTROLLABLE USE OF THE “SUBSTANCE”

An episode in which, whatever the original intentions, the interviewee continues using the “substance” until he or she cannot use it anymore because he or she becomes physically incapacitated (e.g., nausea or loss of consciousness), or because there is no more “substance” available.

This refers to a marked loss of control and not to moderate consumption, say until he or she has drunk the two bottles of beer that were in the refrigerator.

2 = Sometimes (less than 50% of the time) cannot stop

3 = Usually (more than 50% of the time) cannot stop until the “substance” runs out or until he or she cannot use it anymore because he or she becomes physically incapacitated

If the use of substances by an interviewee in one particular episode meets the criteria for both Excessive Consumption and Uncontrollable Use, code the behavior under Uncontrollable Use, since that is more specific.

LIMITED REPERTOIRE OF SUBSTANCE USE

The interviewee tends to use the “substance” in the same way in any situation, even though the pattern of use is inappropriate. For example, drinking until he or she becomes poisoned as long as there is alcohol available, or drinking the same amount whether alone or accompanied.

This implies the relatively strong use of the substance (usually alcohol) without considering the social circumstances.

USE OF A “SUBSTANCE” IN THE MORNING

Use of a “substance” within two hours after getting up. Interviewees will often describe needing the “substance” in order to “pick up their spirits” in the morning, so you should always ask them about this. Many interviewees also try to be sure, before they go to bed, that they will have enough “substance” for the following morning.

If the interviewee feels that he or she needs the “substance” but does not use it, the behavior may be coded as Irresistible Need for the Substance.

UNINHIBITED AGGRESSION

After using the “substance,” the interviewee has had an verbal or physically aggressive behavior in a way that is not characteristic of his or her behavior when not under the effects of the “substance.”

Do not include aggression which is typical of the interviewee would not under the influence of the “substance.” Stimulants seem to be particularly likely to take away the interviewee’s inhibitions so that he or she commits acts of aggression; therefore, you should pay particular attention to obtaining descriptions of how interviewees act when they are “upset.”

Be sure to include incidents of verbal and physical aggression in the coding for frequency.

Do not include shy persons who acquire greater confidence and are more open when they have used substances, unless they become unreasonable and behaved inappropriately.

Consider whether the episodes of Uninhibited Aggression meet the criteria for coding in the section on Disocial Disorder.

2 = While under the influence of the “substance,” the interviewee has behaved in a verbally aggressive way which is not characteristic of his or her behavior

3 = While under the influence of the “substance,” the interviewee has behaved in a physically aggressive way that is not characteristic of his or her behavior

UNINHIBITED SEXUALITY

After using the “substance,” the interviewee behaves in a sexually provocative or aggressive way which is not characteristic of his or her behavior when not under the influence of the “substance.”

Do not include shy persons who may use the “substance” to get up the nerve to invite someone out.

2 = While under the influence of the “substance,” the interviewee has behaved in a sexually uninhibited way which is not characteristic of his or her behavior at least once during the last three months

3 = The interviewee has assaulted someone sexually while under the influence of the “substance” during the last three months. In this context, sexual aggression refers to asserting oneself with sexual attitudes that are unwelcome to the object of those attitudes and which entail physical contact (for example, kissing or caressing a person who did not desire it)

Do not include sexual comments or undesired verbal attentions.

Consider whether the episodes of Uninhibited Sexuality meets the criteria for coding in the section on Disocial Disorder.

If an episode satisfies the criteria for both Uninhibited Aggression and Uninhibited Sexuality, coded as a 3 under Uninhibited Sexuality and *not* under Uninhibited Aggression.

POOR JUDGMENT

Refer to the definition in the section on Mania. The definition that appears here is identical except that it is not necessary that the interviewee be in a state of Euphoric Mood or Episodic Exaggerated Activity, and he or she must be under the influence of a “substance.”

2 = Behavior which definitely entailed poor judgment but is considered irresponsible though socially acceptable behavior (e.g., getting drunk, spending the night at a party when expected at home, speaking in a vulgar and impertinent way to other people)

3 = Irresponsible and socially unacceptable behavior (e.g., insulting authority figures or taking off one's clothes in public) which, therefore, will entail some type of negative consequence such as getting fired or arrested

The poor judgment that leads to dangerous activity should not be coded here, but rather under Dangerous Activities, to avoid being coded twice.

PROBLEMS AT HOME

Problems in relationships with parents or siblings as a consequence of the use of “substance.” The definitions of problems that appear here are exactly the same as those in the section on Incapacity and refer to Incapacities related to any aspect of life and family relationships. Therefore, these are intentionally coded twice in order to allow the greater detail by type of drug provided by the questionnaire at this point. Thus, if there is some Incapacity in family relationships that is due to problems with alcohol/drugs and it is coded 2 or 3 in the section on Incapacity, there should also be a code of 2 or 3 here. Code here the highest level of Incapacity due to the use of alcohol or drugs and then determine what substances are responsible for the problems. Likewise, a code of 2 or 3 here implies that there must have been a 2 or a 3 in at least one of the sections on Incapacity in the family, with a sub-code of 2 in the box on alcohol/drugs.

2 = Partial incapacity

3 = Total incapacity

PROBLEMS WITH FRIENDSHIPS

Problems with relationships with companions at school or elsewhere as a consequence of the use of “substance.” The definitions of problems that appear here are exactly the same as those in the section on Incapacity. Therefore, these are intentionally coded twice in order to allow the greater detail by type of drug provided by the questionnaire at this point. Thus, if there is some Incapacity in relationships with companions that is due to problems with alcohol/drugs and it is coded 2 or 3 in the section on Incapacity, there should also be a code of 2 or 3 here. Code here the highest level of Incapacity due to the use of alcohol or drugs and then determine what substances are responsible for the problems. Likewise, a code of 2 or 3 here implies that there must have been a 2 or a 3 in at least one of the sections on Incapacity in relationships with companions, with a sub-code of 2 in the box on alcohol/drugs.

2 = Partial incapacity

3 = Total incapacity

REDUCTION IN ACTIVITIES

A reduction in spare-time activities as a consequence of the use of “substance.” Include a reduction in activities that is related to loss of interest, loss of pleasure in those activities, or the fact that the interviewee does not have time for other activities due to activities related to drugs. This definition is exactly the same as that which appears under Spare-Time Activities in the section on Incapacity. Therefore, these are intentionally coded twice in order to allow the greater detail by type of drug provided by the questionnaire at this point. Thus, if there is some Incapacity related to spare-time activities that is due to problems with alcohol/drugs and it is coded 2 or 3 in the section on Incapacity, there should also be a code of 2 or 3 here. Code here the highest level of Incapacity due to the use of alcohol or drugs and then determine what substances are responsible for the problems. Likewise, a code of 2 or 3 here implies that there must have been a 2 or a 3 in at least one of the sections on Incapacity in spare-time activities, with a sub-code of 2 in the box on alcohol/drugs.

2 = Partial incapacity

3 = Total incapacity

SCHOOL/WORK AFFECTED

Negative effects at school/work and lower performance than expected as a consequence of the use of “substance.” The definition is exactly the same as that which appears under Performance at School and at Work in the section on Incapacity. Therefore these are intentionally coded twice in order to allow the greater detail by type of drug provided by the questionnaire at this point. Therefore, if the Incapacity due to Performance at School and at Work which is due to problems with alcohol/drugs was coded 2 or 3 in the section on Incapacity, here there should also be a code of 2 or 3. Likewise, a code of 2 or 3 here implies that there must have been a 2 or a 3 in the section on Incapacity in Performance at School and at Work, with a sub-code of 2 in the box for alcohol/drugs.

2 = Partial incapacity

3 = Total incapacity

DANGEROUS ACTIVITIES

Activities which represent physical danger for the interviewee or other persons, carried out while under the influence of “substance,” such as driving while poisoned, or climbing an electric pole on a dare.

When an incident meets the criteria for both Poor Judgment and Dangerous Activities, code it under Dangerous Activities and not under Poor Judgment.

CRIME RELATED TO THE USE OF SUBSTANCES

Illegal activities carried out in order to obtain “substance” or obtain money to buy “substance” or which is associated with being under the effects of the “substance.” Include drug dealing and prostitution if they satisfy the criteria indicated in the previous sentence.

The intensity can be coded for illegal activities such as Breaking and Entering even though there is no drug dealing or prostitution.

Illegal activities that are coded here can also be coded in the section on Disocial Disorder.

Two sub-areas are coded.

DRUG DEALING

0 = Absent

2 = Present

Drug dealing can also be coded as Drug Dealing at the beginning of the section on Drugs.

PROSTITUTION

0 = Absent

2 = Present

Prostitution can also be coded as Sexual Activity for Money in the section on Disocial Disorder.

Onset refers to the first time that any illegal activity associated with the use of substances was carried out.

PROBLEMS WITH THE LAW

Any contact with the police related to “substance” use or dealing. Police contacts here are coded also under Contact with the Police in the section on Disocial Disorder. If some contact with the police did not begin in the primary period, but is still active (e.g., probation for prior law breaking) it will be coded here; this should be reflected in the interviewer’s notes.

EMOTIONAL LABILITY

Unstable moods that range from excessive joviality to feeling of misery or anxiety. The emotional lability should be coded here only if it is marked enough to lead to effects that seem inappropriate to the situation (such as copious and apparently unprovoked crying in a bar), or which seem to have interfered with the normal course of conversation or activities. The emotional lability may occur during excessive use of “substance” or between excessive uses of “substance.”

2 = The emotional lability interferes with at least two activities and is at least occasionally uncontrollable

3 = The emotional lability interferes with almost all activities and can almost never be controlled

PHYSICAL PROBLEMS

Any physical problem which arises directly from the poisoning (such as those which arise as a consequence of injuries caused by an accident while poisoned) or which the doctor has told the interviewee is related to the use of “substance.”

2 = Physical problems which have led to contact with a health-care provider (including visits to the emergency room)

3 = Physical problems which have led to hospitalization

TEMPORARY MEMORY LOSS

Episodes of amnesia which last for at least one hour and occur as a consequence of episodes of excessive use of "substance."

0 = No

2 = Yes

LOSS OF CONSCIOUSNESS

Episodes in which the interviewee consumes the "substance" until he or she loses consciousness.

0 = No

2 = Yes

PSYCHOTIC DISORDERS

Objectives of the section

This section has four main objectives:

- (1) **To provide coding for a broad range of psychotic symptoms. This task requires clinical skills and particular attention, because it is easy to overdiagnose psychotic phenomena. When this section is completed, perhaps more than in any other, it is very important to make note of some examples of the phenomenon described by the interviewee.**
- (2) **To facilitate access to codings for functional incapacity due to psychiatric symptoms.**
- (3) **To facilitate access to the section on mood disorders and in particular the section on Depression.**
- (4) **To facilitate access to the assessment of the Functional Incapacity that arise [sic] from psychiatric disorders.**

N.B. The section on Psychosis is not coded for symptoms temporarily related to periods of substance use (alcohol and/or other psychoactive substances) which occur at no other time.

There are long and short forms available for the section on Psychotic Disorders. The long or short form will be used depending on the requirements of the particular study. However, use of the short form requires that interviewers be aware of the content of the long form in order to assure satisfactory coding of the psychotic phenomena.

Organization of the section

This section is divided into three sub-areas:

- (1) **Disorders of perception and hallucinations**
 - (A) Distortion in perception
 - (B) Visual hallucinations
 - (C) Auditory hallucinations
 - (D) Other hallucinations
 - (E) General assessments of hallucinations
- (2) **"Psychotic" thought abnormalities**
- (3) **Delusional ideas**
 - (A) Delusional ideas per se
 - (B) Delusional interpretations
 - (C) General assessment of the delusional idea

DISORDERS OF PERCEPTION AND HALLUCINATIONS DISTORTION IN PERCEPTION

Objectives of the section

This section has three main objectives:

- (1) To evaluate the presence of certain symptoms that may be normal phenomena, to a slight degree, especially in adolescence.**
- (2) To avoid overdiagnosis of psychotic symptoms by carefully differentiating the items in this section from these symptoms.**
- (3) To facilitate access to the sections on psychosis, wherever required.**

Interviewers should keep a high threshold for completing this section. In response to positive answers to initial assessment questions, verify whether the symptoms are the consequence of other conditions such as being half asleep, being sick or feverish, having an attack or convulsion. (On page 297 (of the questionnaire for children) or on page 256 (of the questionnaire for parents) you will find a list of these phenomena, which will help you recognize perception phenomena that are often confused with hallucinations.) Also see the list in the Glossary.

Take accurate notes. If you determine that one of these other conditions is responsible, code the evaluation as a 0 and do not complete the rest of the section.

On the other hand, in the light of some evidence that hallucinations, delusional ideas, or other abnormalities are present, it is better to complete the section to avoid ignoring important symptomatology. The most complete notes possible should be taken, including a word-by-word list of the interviewee's expressions.

Organization of the section

This section is organized as a single unit.

DEJA VU

The interviewee has the feeling that he or she has seen or experienced and lived the current situation before. The interviewee knows that this feeling is not correct.

0 = Absent
2 = Present

JAMAIS VU

The interviewee has the feeling that a familiar situation is not familiar, but he or she knows that this feeling is not correct.

0 = Absent
2 = Present

DEREALIZATION

The interviewee experiences the feeling that his or her surroundings are not real. The classroom, the bus, or the street seem to be stage sets populated by actors rather than real people going about normal tasks. Everything may look colorless, artificial, and dead.

In the least intense form of the symptom, the interviewee will simply experience a lack of color and life, so that any tendency toward artificiality tends to be exaggerated. People seem to be simulating their emotions. Code this condition as 2.

In a more severe form of the symptom, the interviewee feels “as if the world were made of plastic,” “as if he or she were not really there,” as if “people were puppets with no life of their own.” Code this condition as 3.

The interviewee retains a certain degree of understanding and knows that the condition is abnormal.

Do not include any delusional explanation or formulation of this experience in the coding.

DEPERSONALIZATION

The interviewee feels as though he or she were not real, as though he or she were playing the role of a character rather than being spontaneous and natural, feels that he or she is an impostor, a fake, the shadow of her real person. Feels a distance from his or her experiences, as though he or she were observing them from a great distance or the wrong end of a telescope. This condition should be coded as 2.

A more severe form of the symptom occurs when the interviewee feels as though he or she were really dead. He or she may feel that when he or she looks at him or herself in the mirror he or she cannot see a good reflection, or that part of his or her body does not belong to him or her, or that he or she lives in a totally different “parallel world” and cannot interact with this one. Code this condition as 3.

Often derealization is present at the same time, and should be coded separately. The interviewee retains a certain degree of understanding and knows that the condition is abnormal.

Do not include any delusional explanation or formulation of this experience in the coding.

CHANGES IN PERCEPTION

Heightened Perception

Sounds seem exaggeratedly clear, loud, or intense; colors seem more brilliant or beautiful; details of the surroundings seem to stand out in a particularly interesting way; and any sensation may be experienced exceptionally vividly. The design of a piece of wallpaper or the cracks in the ceiling may insistently stand out.

Once the experience has passed, the interviewee often has difficulty remembering it or describing it, and the interviewer should use his or her good judgment in order to code its presence. In this case, code as 1.

2 = Has had an acute perception which has clearly and definitely been present, however briefly, during the last three months

Diffuse Perception

This symptom is the opposite of Heightened Perception. The interviewee experiences that things are dark or gray, uniform, and uninteresting and dull. Taste and appetite are dulled, colors may seem muddy or dirty, sounds ugly or impure.

Once the symptom has gone away, the interviewee may have difficulty remembering it or describing it, so the interviewer should use good judgment in coding its presence. In these cases, code it as a 1.

2 = The symptom has been clearly and definitely present, however briefly, during the last three months

Diffuse Perception should be coded as present only when a perceptual change can definitely be established, e.g., lack of interest would not count.

Other change in perception

Include here any change in perception not included under the symptoms for Heightened or Diffuse Perception. The interviewee may complain that objects change shape or color or that people change appearances.

Once the symptom has gone away, the interviewee may have difficulty remembering it or describing it, so the interviewer should use his or her best judgment in coding its presence. In these cases, code it as 1.

2 = The symptom has clearly and definitely been present, however briefly, during the last three months

CHANGES IN THE PERCEPTION OF TIME

The interviewee's perception of time seems to change so that events seem to occur very slowly or very quickly or change speed or not end. It might seem that time stops completely.

Once the symptom goes away, the interviewee may have difficulty remembering it or describing it, so the interviewer should use good judgment in coding its presence. In this case, code it as 1.

2 = The symptom has clearly and definitely been present, however briefly, during the last three months

DELUSIONAL MOOD

The interviewee has the feeling that his or her familiar surroundings have incomprehensibly changed; he or she may not be able to describe it but it seems especially significant for him or her. He or she can only say that everything seems strange and that he or she cannot understand what's happening. It may seem to be a terrible or threatening experience or may simply seem to the interviewee that he or she is confused.

2 = The interviewee tries to offer an explanation which is expressed in the form of a delusional idea

3 = The interviewee manages to understand the meaning of these feelings of confusion when a delusional concept or delusional idea is formed

Code 3 only when this delusional crystallization has been present during the last three months.

Differentiate from Derealization and Depersonalization.

The delusional mood sometimes results in a primary delusional idea. This is coded separately if it occurs.

PERCEPTUAL PHENOMENA WHICH ARE OFTEN CONFUSED WITH HALLUCINATIONS THAT REACH A DIAGNOSTIC LEVEL IN CHILDHOOD

HYPNAGOGIC HALLUCINATIONS

Hallucinations that occur only when the interviewee is falling asleep, and not when he or she has simply lain down in bed or is in the dark. Generally, they are very vivid and should be differentiated from dreams.

HYPNOPOMPIC HALLUCINATIONS

Hallucinations that occur when a child is waking up from a dream. Should also be differentiated from dreams.

EIDETIC IMAGINATION

Some children have the ability to voluntarily produce vivid and almost perfect visual images that are never confused with reality.

ELABORATED FANTASIES

Refers to experiences typical of the fantasy games of childhood in which most children clearly admit their fantasies, but which some children reiterate with apparent conviction. These are distinguished from hallucinations by the absence of a clearly experienced perception.

IMAGINARY PLAYMATES

The child describes a clear image of another child in the objective external space, whom he or she treats as though he or she were real, has complex interactions with this image. Nevertheless, most of the time the child will recognize that this is only a creation of his or her imagination.

ILLUSIONS

Illusions are false perceptions stimulated by perceptions that are momentarily transformed. Often they are due to unsatisfactory perceptual resolution (darkness, noisy place, etc.) or lack of attention or confusion, and are corrected when the attention is focused on the external sensory stimuli or when the perceptual resolution improves.

HALLUCINATIONS

AUDITORY HALLUCINATIONS

NONVERBAL HALLUCINATIONS AND NONSPECIFIC VERBAL HALLUCINATIONS

Nonverbal hallucinations

This symptom includes noises, distinct words, which have no real origin in the subject's external world, but which also have no explicable origin in his or her bodily processes and which the interviewee considers alien to his or her own mental processes. Therefore, does not include tinnitus or the sound of the interviewee's heart, or the memory of a musical piece. The consciousness is clear. Any auditory hallucination which takes the form of recognizable words is excluded.

2 = The interviewee hears sounds such as music, tapping, the noise made by central heating, etc., which can be shown not to be occurring in reality and which are not part of the interviewee's memories, or voluntary imaginings, or the interviewee hears grumbling or mumbling but cannot understand the words (although occasionally he or she may "know" what it is that is being said without hearing the words).

Nonspecific verbal hallucinations

This symptom excludes *non-verbal* auditory hallucinations. The most frequent form of this symptom is a voice calling the interviewee's name or simply saying one or two words (often the voice of someone with whom the interviewee has shared strong affective bonds; the typical situation occurs a short time after mourning). The consciousness is clear.

Be careful to differentiate this symptom from delusional ideas of reference in which the interviewee believes that other people are talking about him or her, usually in a pejorative way, because he or she thinks that he or she sees people giving him or her meaningful looks while they converse, or thinks a comment aimed particularly at him or her is being made, but cannot actually hear the words that are being said. In most of these cases, the interviewee does not experience auditory hallucinations; rather, this is a *delusional misinterpretation*. If you have doubts in this situation, do *not* code both the auditory hallucinations and the delusional ideas of reference as present; instead, give preference to the latter.

3 = The interviewee hears a voice (which may include being called), but not recognizable words

HALLUCINATIONS ASSOCIATED SPECIFICALLY WITH MOURNING

The interviewee has suffered a recent loss (during the past year) and hears only the dead friend or relative. These hallucinations are often brief and may even be comforting. The hallucinations should be limited to the voice or other sounds (e.g., footsteps) of the person who died and should have arisen after the death of the person during the last 12 months.

VERBAL HALLUCINATIONS THAT SPEAK ABOUT THE INTERVIEWEE

This symptom includes only one or several voices which the interviewee hears talking about him or her and which, therefore, refer to him or her in the third person. The consciousness is clear.

Do not include voices which say just one or two words, which are included under Nonspecific Hallucinations.

Be careful to differentiate this symptom from delusional ideas of reference in which the interviewee believes that other people are talking about him or her, usually in a pejorative way, because he or she thinks that he or she sees them giving him or her significant looks while they converse, or thinks that a comment directed specifically at him or her is being made, but does not actually hear or cannot hear the words that are being said. In most of these cases, the interviewee does not experience auditory hallucinations; rather, this is a *delusional misinterpretation*. If you have doubts in this situation, do *not* code both the auditory hallucinations and the delusional ideas of reference as present; rather, give preference to the latter.

2 = The interviewee hears the voice commenting on his or her thoughts or actions, talking about him or her in the third person

3 = The interviewee hears voices talking to each other about him or her in the third person

VERBAL HALLUCINATIONS THAT SPEAK DIRECTLY TO THE INTERVIEWEE

This symptom includes only one or several voices which the interviewee hears and which speak directly to him or her. The consciousness is clear.

Do not include voices which say just one or two words, which are included under Nonspecific Hallucinations.

Do not include voices which talk about the interviewee in the third person.

Take care to differentiate this symptom from delusional idea [sic] of reference in which the interviewee believes that other people are talking about him or her, usually in a pejorative way, because he or she thinks that he or she sees them giving him or her meaningful looks while they converse, or thinks that a comment aimed specifically at him or her is being made, but does not actually hear the words that are being said. In most of these cases, the interviewee does not experience auditory hallucinations; instead, this is a *delusional misinterpretation*. If you have doubts in this situation, do not code both the auditory hallucinations and delusional ideas of reference as present; instead, give preference to the latter.

2 = The tone and content denote liking, support, or neutrality

3 = The tone and content denote hostility, menace, or accusation

LOCATION OF THE EXPERIENCES OF AUDITORY HALLUCINATION

HALLUCINATIONS

The hallucinations are experienced as occurring in the outside world.

0 = Absent; 2 = Present

PSEUDOHALLUCINATIONS

The pseudohallucinations are experienced as occurring inside the interviewee's head or mind, but have other qualities of a perception.

0 = Absent; 2 = Present

(Both may be present)

VISUAL HALLUCINATIONS

VISUAL HALLUCINATIONS IN A STATE OF CLEAR AWARENESS

2 = The interviewee simply sees amorphous images, shadows, or colored lights

3 = The interviewee sees objects, people, images which other people cannot see. The consciousness is clear. The visions seems to be in the outside world (true hallucination) or inside the interviewee's mind (pseudohallucinations)

Differentiate from the misinterpretation of a real stimulus (such as an anxious person who believes there is an intruder in the shadows). These should be coded as illusions if they meet the criteria.

HALLUCINATIONS SPECIFICALLY ASSOCIATED WITH MOURNING

The interviewee has suffered a recent loss (during the last year) and hears only the deceased friend or relative. These hallucinations are often brief and may even be comforting. The hallucination should be limited to seeing the dead person and should have arisen after the death of the person during the last 12 months.

LOCATION OF THE EXPERIENCES OF HALLUCINATIONS

Visual hallucinations

The hallucinations are experienced as occurring in the outside world.

0 = Absent; 2 = Present

Visual pseudohallucinations

The pseudohallucinations are experienced as occurring inside the interviewee's head or mind, but have other qualities of a perception.

Code 0 = Absent; 2 = Present

(Both may be present)

HALLUCINATIONS OCCURRING ONLY AS PART OF A CONVULSION

The interviewee may have almost any variety of visual experience, from complete scenes observed as though they were occurring on stage to streaks of light. Small animals are not particularly characteristic. Include both hallucinations and pseudohallucinations. The hallucination should be limited to the period during or immediately after an epileptic seizure.

2 = The interviewee only sees amorphous images, shadows, or colored lights

3 = The interviewee sees objects, people, images that other people cannot see

HALLUCINATIONS OCCURRING ONLY IN BLURRED SENSORIUM (THE PERSON IS NOT ALERT)

The hallucinations are limited strictly to a period of high fevers, illnesses, or post-traumatic confusion when the interviewee's consciousness is blurred.

2 = The interviewee only sees amorphous images, shadows, or colored lights

3 = The interviewee sees objects, people, images which other people cannot see

OTHER HALLUCINATIONS

OLFACTORY HALLUCINATIONS AND DELUSIONAL IDEAS

Simple olfactory hallucinations, such as the smell of an orange peel or a perfume, or the smell of “death” or something burning, which other people cannot smell, are coded as 2. Be sure that there are no more-obvious causes such as sinusitis or a misinterpretation of a smell which is in fact present.

If the experience is formulated in terms of delusional ideas, e.g., the interviewee not only smells gas but also believes that gas is being introduced into the room intentionally, code as 3.

If the interviewee believes that he or she himself has the smell, code this as a delusional idea that the interviewee gives off an odor. Of course, these two symptoms may coexist.

Insofar as possible, be careful to exclude epileptic phenomena when olfactory or gustatory hallucinations are reported.

DELUSIONAL IDEA THAT THE INTERVIEWEE GIVES OFF AN ODOR

The interviewee believes that he or she gives off an odor (although no one else can smell it). Exclude concern with body odor, e.g., in an anxious interviewee who sweats a lot.

Differentiate from other olfactory hallucinations and delusional formulations.

Enuretic and encopretic interviewees who think they smell urine or feces are not coded here. If the interviewee does indeed give off an odor, code this in the section on appropriate observation and do not code it here.

2 = The interviewee is not sure or simply believes that it is possible

3 = The interviewee is sure that he or she gives off an odor and that others notice it and in consequence react

OTHER HALLUCINATIONS AND DELUSIONAL FORMULATIONS

Refers to hallucinations other than auditory, visual, or olfactory, e.g., the food tastes burned or acid, something seems to be touching him or her, feels ants walking over his or her skin.

Usually it is impossible to tell whether these experiences are really hallucinatory or delusional. Delusional formulations are coded in the corresponding section. Some interviewees [**sic**] will code the experience here and under delusional formulations. Others will code it only in one of these categories.

Exclude other obvious explanations for the experience.

2 = The interviewee does not formulate in a delusional way

3 = There are delusional formulations present

“PSYCHOTIC” THOUGHT ABNORMALITIES

THOUGHT INTRUSIONS/INSERTION

The essence of the symptom is that the interviewee experiences the feeling that thoughts which are not his or hers are introduced into his or her mind. The symptom is not having unusual thoughts (for example, if he or she believes that the devil makes him or her have bad thoughts), but rather that the thoughts are not his or her own. Occasionally the interviewee may say that he or she doesn't know where the alien thoughts come from, even though he or she clearly understands that they are not his or her own.

2 = In very rare cases, the interviewee may state that they come from his or her own unconscious mind, even though consciously experiencing them as foreign

3 = In the most common case, the foreign thoughts are said to be introduced into the mind from outside by means of radar or telepathy or other means. In those cases, there is also a delusional explanatory idea. However, the code of 3 does not depend on the presence of a delusional explanatory idea, but rather simply on the conviction that there are foreign thoughts present which were introduced from outside.

This symptom is often recorded as present based on inadequate evidence. Interviewees often answer in the affirmative to the initial question without having understood it. If interviewers also do not have specific symptoms in mind, but rather a more general approximation, and therefore do not ask more important additional questions, coding errors will of necessity occur. The symptom is very significant from a diagnostic point of view; therefore, great care should be taken not to code it as present without solid evidence and a written example.

Below, some problems are given which tend to confuse and often lead to a false positive coding:

- (I) Some interviewees, due to the fact that they have an inappropriate intellectual level or deficient verbal ability, cannot understand what is being asked them or provide an answer that can be coded. In those cases, do not give them the benefit of the doubt: use U, if there is the possibility that the symptom has not been included.
- (II) Other symptoms such as Inefficient Thought, Subjective Flight of Ideas, and Ruminations are often confused with this symptom. The interviewer, however, should have no trouble, since in none of these cases is there the experience that foreign ideas are being introduced into the mind.
- (III) Auditory pseudohallucinations (voices introduced into the mind) may be very difficult to distinguish, since occasionally the interviewee cannot say whether the experience is a voice or a thought. Code those cases as auditory pseudohallucinations. If the experience is of a spoken thought which is not foreign to the interviewee, code as Thought Emission or Sharing Thoughts.

- (IV) The interviewee may explain the experience of Thought Insertion in a delusional way (e.g., due to hypnotism or telepathy). In those cases, code both symptoms as present. Nevertheless, if the interviewee simply complains that he or she is being influenced, or simply that someone is reading his or her mind, be careful! Delusional Idea of Influence is not the same thing as Thought Insertion. In particular, the delusional idea that someone is reading the interviewee's mind or that there is telepathy or hypnotism present does not mean that he or she is experiencing thought insertion. Often it means that somehow people seem to know what he or she is thinking (whether they can infer his or her thoughts from his or her behavior or they seem to have extraordinary powers). Similarly, the delusional idea of religious influence does not ipso facto mean thought insertion; although the content of the thought maybe influenced by God or the devil, etc., the thoughts usually are those of the interviewee.
- (V) An excited interviewee may talk as though his or her thoughts were coming from somewhere else, e.g., they are so wonderful that it appears they are coming from the sun, so good that they have to have come from God, etc. But in those cases, the interviewee knows that they are his or her own thoughts. If he or she describes them as thoughts from "God," it is only a manner of speaking.

THOUGHT EMISSION OR THOUGHT SHARING

2 = The interviewee says that his or her thoughts seem to be loud in his or her head, as if someone standing nearby could hear them. If the thoughts repeat, code it as "Thought Echo."

3 = The interviewee experiences that other people actually share his or her thoughts, often a large number of people (regardless of the means suggested by the interviewee; but usually identified as some form of "Emission").

This symptom is rare. It must be differentiated from Delusional Idea of Mind Reading. Interviewees often say that someone is reading their mind, without having had the experience of thought emission. What they mean is that other people can read in their expression or deduce from their habits what they are probably thinking. Mind reading can also be a delusional explanatory idea. For example, if the interviewee has an extensive system of delusional ideas of reference, so that it seems to him or her that someone is following him or her wherever he or she goes, or that people are making signals to him or her, it is possible that he or she may say that whoever it is that is organizing this can read his or her mind and in that way know where he or she is going and tell the other people how to react to him or her. Thought Emission is only coded when the interviewee actually experiences that other people share his or her thoughts. There is rarely any doubt about whether the symptom is present, since even an unintelligent or uneducated patient can describe it with considerable precision.

Differentiated from pseudohallucinations in that the interviewee hears voices in his or her mind, not through his or her ears. The voice, however, does not represent the interviewee's thoughts.

Differentiated also from Thought Theft, in which an emission or sharing of thoughts is not experienced, but rather thoughts withdraw so that the interviewee is left without thoughts. Refer to the definition of Thought Insertion. The general comments also apply to the symptom described, which is often coded positive based on insufficient evidence.

ECHOED THOUGHT OR COMMENTS

The interviewee experiences the feeling that his or her thoughts are echoed (not just expressed aloud) with a very brief interval between the original and the echo. However, it is possible that the repetition is not a simple echo but rather has undergone some subtle or exaggerated qualitative change.

2 = The repetition may not be a simple echo but rather have undergone a subtle or exaggerated qualitative change

3 = The interviewee experiences foreign thoughts in association with his or her own thoughts, or as comments on his or her own

This experience is very rare but when it occurs, the interviewee may describe it exactly. It is not the same thing as voices commenting on the interviewee's thoughts.

Refer to the definition for Thought Insertion. The general comments apply to the present symptom also, which is often coded positive based on insufficient evidence.

BLOCK THOUGHTS OR THOUGHT THEFT

Blocked thoughts is extremely rare. It should only be coded as present when the evaluator is quite sure that it is present. If there is any doubt, it is probably not present.

The interviewee experiences that his or her thoughts suddenly stop unexpectedly while they flow freely and in the absence of any feeling of anxiety. When it occurs, it is quite dramatic and happens on several occasions.

2 = The interviewee simply experiences that his or her thoughts suddenly stop

3 = It is possible that the interviewee cannot describe a pure theft of thoughts, but sometimes it is very recognizable as a delusional explanatory idea or thought theft. The interviewee says that his or her thoughts have been removed from his or her mind so that he or she has no thought whatsoever.

Differentiated from the similar condition of Delusional Idea of Depersonalization, in which the interviewee may say that he or she has no thoughts but not that his or her thoughts have suddenly stopped or that they have been stolen. What allows the symptom to be recognized is the element of thought theft. The theft of thought may be present without the need for experiencing blocked thoughts.

Differentiated also from Thought Emission or Sharing Thoughts, in that the interviewee has many thoughts but feels that they are at the disposal of other people in addition to him or herself.

DELUSIONAL IDEA OF MIND READING

Usually a delusional explanatory idea. Often occurs jointly with Delusional Idea of Reference or Misinterpretation, which requires some explanation of how it is that other people know so much about the interviewee's future movements. May be a formulation of Thought Emission, Thought Insertion, Auditory Hallucinations, Delusional Idea of Control, Delusional Idea of Persecution, or Delusional Idea of Influence. It may even occur with Delusional Expansive Idea (the interviewee) wants to explain how Einstein, for example stole his or her original ideas). It is extremely important that it not be confused with diagnostically more important symptoms such as Thought Insertion or Thought Emission.

Exclude those who believe that people can read their minds because they belong to a group which practices "mind reading."

2 = The interviewee seriously considers the possibility that someone can read his or her mind, but is not sure

3 = Conviction as to the delusional idea

DELUSIONAL IDEAS

PARTIAL AND COMPLETE DELUSIONAL IDEA

Most of the symptoms of delusional ideas are coded in terms of whether there is a partial or complete conviction. The partial delusional idea is expressed with doubt, like a possibility that the interviewee considers but about which he or she is not certain.

If the interviewee has been completely convinced for the last three months, that is, if he or she has acted as though the delusional belief were true, it must be coded as 3 regardless of the degree of conviction at the time of the interview.

However, if the presence of delusional ideas cannot be established, but rather is at the stage in which it is only a possible explanation of an unusual experience, code it as 2.

DELUSIONAL IDEAS OF CONTROL

This is a symptom, like Thought Insertion and Thought Emission, which tends to be coded present when in fact it is not. The essence of the symptom is that the interviewee experiences that his or her will is replaced by that of some other force or agency. Unless the interviewer is confident that the interviewee has actually had this experience during the last three months, the symptom must be coded as absent.

The basic experience can be formulated in several ways. The interviewee may believe that the words of another person are being expressed through his or her own voice, or that what he or she writes is not his or her own. He or she may also believe that he or she is possessed, a zombie or robot controlled by another person's will, and even that his or her bodily movements are under the control of another power.

2 = Partial delusional ideas

3 = Conviction as to the delusional ideas

A simple statement that the interviewee "is being controlled" or "is being influenced" is not sufficient to code the symptoms as present. The interviewee can just mean that his or her life is planned or guided by destiny/fate, or that the future is present embryonically, or that he or she does not have much willpower. He or she may think that certain voices are giving him or her orders. He or she may mean that he or she believes that God is omnipotent and controls everything, including him or herself, or that he or she is God (this is a delusional religious idea). None of these alternatives will be included if the essential element is absent. Only a careful cross-examination can determine whether there is really a delusional idea of control present.

Do not include here if an agitated interviewee says that he or she is under "God's control" meaning that his or her will is significantly strengthened as though it came from God.

NOTES ON STATES OF "POSSESSION"

The difference between hysterical or culturally acceptable states of possession and the delusional idea of control lies first in the *state of awareness*. Hysterical or culturally acceptable states of possession occur in a state of dissociation. Delusional ideas of control, in a state of clear consciousness.

A second differentiating aspect is that the subcultural state of possession is a culturally normative experience, that is, *the interviewee's statement that he or she is possessed has the support of other members of his or her group*. The hysterical state of possession is perhaps not supported, but its subcultural origins should be clear and the motivation for the symptom will generally be obvious. The Delusional Idea of Control should not be coded as present if there is any doubt about these two points.

The third point is that subcultural states of possession have the effect of improving the ego, since the interviewee identifies him or herself with a more powerful being. The Delusional Idea of Control, however, expresses an experience of loss rather than acquisition of identity, and is often based on other abnormal experiences that are coded elsewhere.

DELUSIONAL IDEAS OF REFERENCE

Ideas of reference are coded elsewhere. The Delusional Idea of Reference consists of a formulation of this experience to the degree in which it involves other *persons*. Therefore, what he or she said may have a double meaning, or someone may make a gesture that the interviewee interprets as a deliberate message, for example, the fact that a man crosses his legs is interpreted as that the interviewee is homosexual. The whole neighborhood may seem to be whispering about the interviewee, beyond what seems reasonably possible, or he or she may see references to his or her person on television or in the newspapers. The interviewee may hear someone on the radio or on television comment about a subject about which he or she is thinking at that very moment (incidentally, this is not considered Thought Emission, which is a specific experience and should be coded separately). It would seem that someone is following the interviewee, that his or her movements are being watched, and that what he or she says is being recorded.

The Delusional Idea of Reference may be based on guilt (people blaming or accusing the interviewee) or on elation (they are interested in the interviewee because he or she is so important and remarkable) or it may be a primary Delusional Idea, a sudden conviction that a particular gesture or series of events refers to the interviewee and has special meaning. Code here any aspect referring to the delusional idea and the other characteristics where applicable.

Consider also auditory hallucinations. Of course it is possible that the interviewee has both symptoms, but they are not the same. If the interviewee believes that people are talking about him or her or that they are making comments so that he or she hears them, it is probably a misinterpretation and not that the person is hearing voices. A careful interrogation should allow the interviewer to determine whether one or both symptoms are present.

DELUSIONAL IDEAS OF MISINTERPRETATION AND ERRONEOUS IDENTIFICATION

This symptom is an extension of the Delusional Idea of Reference, since it deals with the fact not only that people can refer to the interviewee directly, but also that situations can apparently be created which have special meaning. It appears that everything has been organized with the purpose of testing him or her; things are arranged in a way that has special meaning for him or her; signs on the street, advertisements on buses, and patterns of colors seem to have been placed there to transmit a message. So much so that it would appear that entire armies of people have been hired simply to find out what the interviewee is doing or to send him or her a message. He or she may think that he or she sees people from his or her distant past standing directly in his or her path to remind him or her of something. The interviewee does not necessarily feel persecuted or grandiose or interpret these beliefs in a delusional way; he or she may simply feel confused about why these things are happening.

2 = Partial delusional ideas

3 = Conviction as to the delusional ideas

DELUSIONAL IDEAS OF PERSECUTION

The interviewee believes that someone, some organization, or some force or power is trying to do him or her harm in some way, harm his or her reputation, cause him or her bodily injury, drive him or her mad, or cause his or her death.

This symptom may take many forms, from a direct belief that people are persecuting him or her to a strange and complex plot with all sorts of formulation and overtones of science fiction.

Does not simply include a delusional idea of reference, e.g., that someone is following/persecuting or spying on the interviewee, unless the interviewee believes that the intention is to do him or her harm, in which case code both symptoms as present.

2 = Partial delusional ideas

3 = Conviction as to the delusional ideas

DELUSIONAL IDEAS OF HELP

The interviewee believes that someone, some organization, or some force or power is trying to help him or her. This delusional idea may arise in order to explain experiences which are expressed as Delusional Idea of Reference (in the same way that the delusional idea of Persecution may arise). The Delusional Idea of Assistance may be simple, e.g., people signal the interviewee to persuade him or her to be a better person, because they want to help him or her; or complicated, e.g., angels organize everything so that the interviewee's life is guided more beneficially. The Delusional Idea of Grandeur and the Delusional Religious Idea may both be present at the same time.

2 = Partial delusional ideas

3 = Conviction as to the delusional ideas

DELUSIONAL IDEA OF GUILT

This symptom seems to be based in a depressive mood. The interviewee believes that his or her current condition is the ruin of his or her family and that the symptoms are punishment for not getting better/recovering.

2 = The interviewee may have a fluctuating awareness that his or her feelings are an exaggeration of a normal guilt feeling

3 = In the more severe form of the symptom, in which the interviewee has the delusional conviction that he or she has gravely sinned, or has committed some terrible crime, or ruined the world, e.g., the delusional idea may have a quality of grandiosity. He or she may feel that he or she deserves punishment, even death or the fires of hell. He or she may say that his or her offense and the punishment that he or she deserves should not be talked about, in which case he or she may be able to draw it.

Differentiate from pathological guilt without delusional formulation, in which the interviewee is generally aware that the guilt originates within him or herself and is exaggerated

DELUSIONAL IDEAS OF DEPERSONALIZATION OR NIHILISM

The interviewee is strongly convinced that he or she does not have a brain, that there is a void in his or her skull, that there are no thoughts in his or her head, etc. Exclude Delusional Formulation, e.g., that some force or agency has taken over the interviewee's mind and body in such a way that now he or she has another identity and has no will of his or her own.

2 = Partial delusional ideas

3 = Conviction as to the delusional ideas

DELUSIONAL HYPOCHONDRIAC BELIEF

In many ways this symptom resembles the Delusional Idea of Depersonalization. The interviewee feels that his or her body is not healthy, that it is rotten or sick and for only a brief time may be persuaded that this is not true.

2 = Partial delusional ideas

3 = Conviction as to the delusional ideas

If this symptom is more intense, so that the interviewee has the delusional conviction that he or she has an incurable cancer, that his or her intestines have been paralyzed or are rotting, etc., code as 3. Sometimes it is hard to decide whether the symptom is Nihilistic or Hypochondriac, such as when the interviewee says that he or she is empty and has no inner existence because all of his or her insides have rotted. In this case, it is legitimate to code both symptoms as positive. In general terms, if you have doubts, it is preferable to code Delusional Hypochondriac Belief rather than Nihilistic.

SIMPLE DELUSIONAL IDEA RELATING TO APPEARANCE

The interviewee has an intense feeling that there is something wrong with his or her appearance. He or she sees him or herself as old, ugly, or dead, his or her skin is cracked, his or her teeth crooked, his or her nose too large, or his or her body crooked. Other people do not notice anything particularly wrong, but it is only possible to persuade the interviewee of this for a moment. It is possible that there is just one particular complaint, but there is no formulation (e.g., if the interviewee says that he or she has a metal nose, code as Fantastic Delusional Idea).

2 = Partial delusional idea

3 = Conviction as to the delusional ideas

If the interviewee has actually taken action based on the delusional idea, e.g., has had his or her teeth pulled or has had plastic surgery on his or her nose or has consulted a surgeon, etc., during the last three months, code it as 3.

Exclude Negative Awareness of Him or Herself, worry about a real skin disease, e.g., acne, etc. Differentiate from Depersonalization and Delusional Idea of Depersonalization.

Differentiate from the body image disorder Anorexia Never bowl sock, which is related specifically to a misinterpretation of what being fat is.

DELUSIONAL IDEAS OF GRANDEUR (ABILITY/IDENTITY)

Delusional Ideas of Grandiose Abilities

The interviewee believes that he or she has been chosen by some power, or by fate, for a mission or with some special purpose, due to his or her unusual talents. He or she may think that he or she has the ability to read people's minds, or that he or she has a special ability to help people, that he or she is much smarter than other people, that he or she has invented machines, composed music, solved mathematical problems, etc., which most people would not understand.

Delusional Ideas of Grandiose Identity

The interviewee believes that he or she is famous, rich, a pop star or superhero, or sports hero, a person with a title or related to prominent people. He or she may think that he or she has been replaced and that his or her real parents belong to royalty, that they come from another planet, etc.

Note: Fantasies of grandiose abilities and grandiose identification are characteristic of many childhood games in particular those of young male groups (Batman, Superman, etc.). These are not coded here, unless they possess the additional necessary characteristics that define them.

2 = Partial delusional ideas

3 = Conviction as to the delusional ideas

EXPLANATIONS OF THE DELUSIONAL IDEAS

Include here any explanation or formulation of the delusional ideas or about other abnormal experiences (as defined in this questionnaire) e.g., explanations of Thought Emission in terms of occult phenomena or mental control of an extraterrestrial being.

2 = Partial delusional ideas

3 = Conviction as to the delusional ideas

PRIMARY DELUSIONAL IDEAS

Primary Delusional Ideas are based on sensory experiences (perceptual delusional ideas) in which an interviewee suddenly becomes convinced that a particular constellation of events have special significance. For example, an interviewee who had a liver biopsy felt, when the needle was introduced, that he had been chosen by God. Often, the moment at which the delusional idea occurred can be precisely described. The delusional idea can only be explained in delusional perceptual terms and it is not shared by other members of the society or culture. It often occurs after a delusional mood. The experience often results in Delusional Ideas of Reference or Misinterpretation, but may lead to Delusional Religious Ideas or Delusional Ideas of Grandeur or Persecution or to other types of Delusional Explanatory Ideas. The interviewee should be able to describe the experience precisely. If there is doubt about the primary nature of the delusional idea, do not code it here. Also code delusional ideas which the interviewee uses to explain or which are the result of the primary delusional ideas. Of course, do not include delusional ideas which serve to explain another phenomenon, such as Thought Insertion, Hallucinations, subcultural beliefs, etc., which constitute the majority.

2 = Partial delusional ideas

It will rarely be necessary to code the Primary Delusional Idea as partial, because the primary delusional idea is accepted with conviction.

3 = Conviction as to the delusional ideas

DELUSIONAL IDEAS NOT SPECIFIED ELSEWHERE

Morbid Jealousy

The interviewee thinks, for no reason, that his or her partner/spouse/lover is unfaithful.

If the interviewee still has doubts about this but cannot avoid feeling that this may be the case, or if he or she considers the possibility without allowing him or herself to be totally convinced, code 2.

If the interviewee looks for evidence, interprets innocent patterns of events as evidence, or makes accusations of unfaithfulness, code 3. Jealousy between siblings is not coded here, since jealousy has to be specifically sexual.

Delusional ideas of being pregnant

The interviewee believes that she is pregnant even though circumstances make it clear that she cannot be. Women who say they are pregnant must be considered to be so, except when there is solid evidence to the contrary, e.g., menstrual history, negative physical examination, and possibly a negative urine test.

Delusional sexual ideas

Any other delusional idea with a sexual content, for example, a fantasy lover or change of sex is included here.

2 = Partial delusional ideas [Note that in the Spanish, "idea" is singular, while the adjectives are plural.]

3 = Conviction as to the delusional ideas

GENERAL ASSESSMENT OF DELUSIONAL IDEAS AND HALLUCINATIONS

Consider delusional ideas and hallucinations in the following codifications:

SYSTEMATIZATION OF DELUSIONAL IDEAS

0 = The delusional ideas and hallucinations are not formulated in a general system which affects a great deal of the interviewee's experience. Include encapsulated delusional idea or isolated hallucinations.

2 = Some systematic formulation, but there are substantial areas of the interviewee's experience that are not affected.

3 = The interviewee interprets practically all experience in terms of delusional ideas.

AVOIDANCE REGARDING DELUSIONAL IDEAS AND/OR HALLUCINATIONS

0 = No suspicion of attempt to hide something

2 = The interviewer suspects that there may be delusional ideas or hallucinations deep down, but the interviewee does not hide much of the psychopathology

3 = The interviewer suspects that there is considerable worry with delusional ideas or even a system of delusional ideas, but the interviewee tries to hide it

CONCERN/WORRY WITH DELUSIONAL IDEAS AND HALLUCINATIONS

2 = At least sometimes uncontrollably concerned/worried about delusional ideas or hallucinations in at least two activities

3 = Uncontrollably concerned/worried with delusional ideas or hallucinations in most activities

BEHAVIOR BASED ON DELUSIONAL IDEAS OR HALLUCINATIONS

2 = During the last three months the interviewee has acted following the delusional ideas and hallucinations or has expressed them in public (e.g., outside the limited circle of people who might react with understanding). However, this has not resulted in a severe social disorder or social crisis.

3 = As in 2, but the public action or expression has produced a severe social disorder or social crisis, e.g., the interviewee has attacked a stranger following the orders of a voice that is the product of a hallucination

THEMATIC CONGRUENCE OF DELUSIONAL IDEAS OR HALLUCINATIONS WITH MOOD DISORDERS

The degree to which the content of the delusional ideas or hallucinations is coherent with Excited or Depressive Mood.

2 = Partial congruence of mood

3 = Total congruence of mood

Associated Mood: Depressed Mood

0 = Absent

2 = Present

Associated Mood: Excited

0 = Absent

2 = Present

TEMPORAL CONCURRENCE OF DELUSIONAL IDEAS AND HALLUCINATIONS WITH MOOD DISORDER

The degree, onset, and course of the delusional ideas and hallucinations are temporarily related to the onset and course of a mood disorder of sufficient severity to be coded elsewhere on the interview. The associated mood may be Depressive, Excited, or Irritability Mood.

2 = Partial temporal concurrence; e.g., delusional ideas or hallucinations which are occasionally associated with other mood disorders

3 = Delusional ideas or hallucinations are present only in association with the mood disorder

HALLUCINATIONS OR DELUSIONAL IDEAS OCCURRING ONLY DURING PERIODS OF INPUT OF ALCOHOL OR OTHER PSYCHOACTIVE SUBSTANCES

The onset and cause of the delusional ideas or hallucinations are temporarily related to periods of alcohol and/or psychoactive substance use, and do not occur at other times.

LIFE EXPERIENCES

Objectives of the section

This section has three main objectives:

- (1) To provide information about the events which produce stress in the child's life and setting.
- (2) To provide information on events which may potentially cause the type of symptoms recorded in other sections of the CAPA interview, or those often attributed with causing that type of symptoms.
- (3) To facilitate access to the section on Post Traumatic Stress Disorder (PTSD).

Organization of the section

1. The section studies two types of events that produce stress.
 - (A) Experiences in life which are considered potential causes of symptoms related to PTSD only if they occurred in the primary period.

The onset of the events in A are generally found in the three-month period. Exceptions are Lives/Works/Attends School in a Chronically Unsafe Setting and Reduction in the Standard of living, which may precede and extend beyond the primary period, and any onset clearly marked as "Onset Ever."

- (B) Experiences in life which are considered potential causes of symptoms related to PTSD if they occur at any point in the child's life.

The onsets are clearly differentiated as "three months" or "ever."

2. Initial Assessment of Post Traumatic Stress Disorder.

LIFE EXPERIENCES

The interviewee's life experiences are those events which occur during the interviewee's life and setting which have the potential to cause the symptoms that are coded in other sections of the CAPA interview, or those frequently attributed as causing those symptoms. For each event, one investigates whether it actually occurred, and in those cases one obtains a detailed description. In the case of events such as earthquakes, civil uprisings, or war, one obtains details about to what extent the interviewee was involved in it (e.g., an earthquake caused damage to the building where he or she was).

DANGER TO LIFE

It is considered that an event represents a threat to the interviewee's life if there is at least a reasonable possibility that he or she might have died as a consequence of it. For example, if the interviewee's house burns down and the family barely manages to escape, this would be considered a threat to the interviewee's life; being in San Francisco during the 1990 earthquake would not represent a threat to the interviewee's life unless the interviewee was, for example, in a house that collapsed.

SEVERE PHYSICAL INJURY

Physical harm which leaves the victim incapacitated or with visible deformities one year after the event, or which probably would leave the victim incapacitated or with visible deformities after one year.

ASSESSMENT PERIOD

Note that some events (e.g., the arrival of a new child in the home, change of school) are coded only if they occur during the primary period; others (e.g., the death of a loved one; pregnancy) are coded if they ever occurred.

In the case of severe physical illnesses, it is necessary to inquire both about occurrences of ever and relapse or recurrence of the symptoms during the primary period.

ATTRIBUTION

If any event has occurred which meets the criteria for a coding of intensity "2" or higher, ask the interviewee whether this event has affected any of the problems (symptom areas) which were already discussed in other sections of the CAPA interview. (These problem areas only need to be codable in the CAPA interview. It is not necessary that they have reached the coding threshold.) Up to 3 of the 17 areas indicated may be specified.

01 = Missing school

02 = Separation anxiety

03 = Worries/anxiety

04 = Obsessions/compulsions

05 = Depression

06 = Mania

07 = Physical symptoms

08 = Food behavior

09 = Hyperactivity/attention deficit disorder

10 = Disocial disorder

11 = Alcohol/drugs

12 = Psychosis

13 = Relationships with Parent #1 and/or Parent #2

14 = Relationships with Other Parent #1 and/or Other Parent #2

15 = Relationships with other adults

16 = Relationships with siblings

17 = Relationships with companions

INITIAL ASSESSMENTS FOR POST TRAUMATIC STRESS DISORDER

If an event has occurred which meets the criteria for a coding of intensity 2 or more, a two-tier initial assessment is used to determine whether there are Post Traumatic Stress Disorder symptoms present. First the interviewee is asked about Painful Memories; if there were Painful Memories, the presence or absence of Avoidance and Hypervigilance is determined. If the three items on the initial assessment are positive, then the box on the initial assessment of PTSD is marked for that event in the interviewee's life.

Painful Memories

Painful and distressing memories, thoughts, or images of the event in the interviewee's life that he or she does not wish to recall. In the case of small children, there may be a repetitive game or specific representation of the trauma.

0 = Absent
2 = Present

Avoidance

The interviewee makes an effort to avoid thoughts, feelings, or conversations about the events, or the interviewee avoids situations which might bring on a painful memory of the event, e.g., avoiding going to certain places, activities, or seeing certain persons.

0 = Absent
2 = Present

Hyperactivation

Symptoms of anxiety or an increase in activation which were not present before the trauma, or which the trauma exacerbated, which might include difficulty in falling asleep or remaining asleep, hypervigilance (increase in the general level of awareness and mental sharpness toward the interviewee's surroundings, in the absence of an imminent danger, which might manifest itself as an exaggerated surprise reaction, nervousness, inspection of the setting in search of signs of danger, or taking special precautions to avoid danger). Some individuals report that they experience irritability, anger, or difficulty in concentrating or completing tasks.

0 = Absent
2 = Present

GROUP A EVENTS

CHILDREN WHO HAVE RECENTLY MOVED INTO THE HOME

Child or children who are going to live permanently in the interviewee's home.

Includes children recently born to or adopted by the parents, foster children, or children from a previous relationship. Do not include children who are visiting or children who will remain for an undetermined period of time until their own parents can take them (e.g., cousins that stay in the house while their mother is in the hospital). Code only this item [**misplaced modifier**] if the interviewee's parent figure is going to take care of the new child as though it were his or her own child.

Code each child with the identification numbers used on pp. 4-6.

PARENTS' SEPARATION

The parent figures separated during the primary period. One of the parent figures moved away from home, apparently permanently. Either of the parents may have begun divorce proceedings.

Do not code if the parent intends to return, regardless of how long or indefinite the period of absence may be (e.g., if the parent is in military service and has been assigned overseas or is on active duty).

PARENTS' DIVORCE

The parents' divorce proceedings, which began before the primary period, have been completed.

NEW PARENT FIGURE

A new parent figure moved into the child's home due to a new marriage or the fact that what appears to be a permanent relationship has been established. Do not code this item unless the relationship satisfies at least the criteria for an exclusive relationship and the individual assumes the role of a parent toward the interviewee, e.g., assumes some responsibility in attempting to control the child's behavior and discipline.

MOVING AWAY FROM HOME

The interviewee moved from one residence to another during the primary period. Include only cases in which the intention was that the move be permanent, that is, do not code as a move if the family went on vacation or the interviewee went to prison or was sent off to school. If the move occurred during the primary period, ask about the parents' separation, change of school, and loss of friendships. Code Painful Memories, etc., related to the Move, only if they can be attributed directly to the move and not to the loss of parents, friends, etc., that accompanies the move.

CHANGE OF SCHOOLS

The interviewee was registered in a new school during the primary period.

1 = Routine change with other schoolmates, including friends. Code here, even though the interviewee says that he or she does not have any friends at school, as long as there has not been a change in the composition of the group of schoolmates that moves from one school to another.

2 = Routine change, but in the new school [the interviewee] does not have friends from his or her former school. Code 2 if other children from the same school also changed, but are not the interviewee's friends. If the child moved/changed residences during the summer between elementary school and high school and in consequence is going to a high school without his or her friends, code 2.

3 = Non-routine change. The child moved during the school year, without friends.

LOSS OF BEST FRIEND DUE TO MOVE

Change of the interviewee's or best friend's house and/or school resulting in the termination of a close relationship, and the non-availability of the other person with whom to share confidences. Code 0 if the relationship is maintained after the move by means of telephone calls, letters, and/or visits. Do not consider loss of the best friend due to a fight, or the loss of a girlfriend or boyfriend, which are coded under Breakup With His or Her Best Friend and Breakup With Girlfriend or Boyfriend.

BREAKUP WITH BEST FRIEND

Loss of best friend due to conflict or fight. Loss means that the interviewee and/or his or her friend are no longer willing to do things together or share confidences. The rupture may occur at the instigation of the interviewee or the friend or both. Include ruptures in which the best friend refuses to continue the relationship even though the interviewee is willing to do so.

BREAKUP WITH GIRLFRIEND OR BOYFRIEND

The relationship with a girlfriend or boyfriend ends due to some conflict, "the fact that he or she doesn't love me anymore," or geographic move. Do not include romantic relationships that become simple friendships without a conflict having occurred, or romantic relationships maintained by telephone, through letters and/or visits.

LIVES/ATTENDS SCHOOL/WORKS IN ENVIRONMENT OF CONSTANT INSECURITY

The interviewee lives/attends school/works in an area which is considered constantly unsafe or dangerous. The onset may precede the primary period. If the situation existed, but ended, during the primary period, it must have been present during at least one month of the primary period in order to be coded. In cases in which the person is in that situation at the end of the primary period, and has been in it for less than one month, it can be coded by showing the onset and rounding off the duration to one month. It is not probable that one incident or person make a neighborhood, school, or workplace unsafe in general.

ARREST OF PARENT

The arrest of any parent figure during the primary period. This may include Parent #1, Parent #2, Other Parent #1, Other Parent #2, as identified in the CAPA interview. Arrested means taken into custody, whether charges were lodged or not. If the parent was arrested on more than one occasion, or if both parents were arrested, code the arrest which most disturbed the interviewee.

REDUCTION IN STANDARD OF LIVING

Noticeable reduction in the family's standard of living as demonstrated by its inability to pay bills, the need to sell things, the need to move (including moving in with relatives), requesting help from welfare or food stamps, inadequate food, clothing, and heating. May be the consequence of changes in the family's condition and needs such as the parents' separation or divorce, death, taking in additional dependents, high medical bills, or loss of family income due to reduction in hours of work, layoffs, or loss of job, inability to find work, underemployment, loss of job benefits, exhaustion of savings, etc. The onset may precede the primary period; however, the child should be old enough to notice the change.

FORCED SEPARATION FROM THE HOME

The interviewee must be removed from the home against his or her will for periods of at least one week. Include visits to grandparents, other relatives and friends, considered necessary by the adults (e.g., mother hospitalized), not the child's desire or interest (e.g., summer camp). Do not include visits or camps in which the child is accompanied by a parent figure, even though the interviewee did not want to go.

If there has been a separation of one complete week (7 consecutive days), code the total number of separations in the primary period. If the child was removed from the home for three periods of two weeks, code as 3. Then code the total number of days in which he or she was separated during the primary period. Thus, for those three separations of two weeks, code 42.

DIAGNOSIS OF PHYSICAL ILLNESS/DISEASE

The interviewee was diagnosed with an illness which entails a risk of death during the next 20 years (e.g., AIDS, lymphoma) or a chronic incapacity (e.g., diabetes, multiple sclerosis). Do not include illnesses from which the interviewee has completely recovered or will probably recover completely even though they may be serious. Code the onset date for ever and the date of any resurgence or relapse during the primary period.

ACCIDENT

Serious physical harm involuntarily caused by the subject him or herself or by other persons. Examples are boating or airplane accidents. Code only if the harm threatens the interviewee's life or entails a risk of disfiguration or long-term incapacity.

Do not include as physical harm that which may be coded as Suicide Attempt or Self-destructive Harm Without Intention to Take One's Own Life.

Threat to life is understood to mean the existence of a reasonable possibility that the interviewee might die. Long-term means that the interviewee will be incapacitated or disfigured for at least one year from the date of the accident.

If an accident leads to a chain of events (e.g., a car accident which caused a fire), code under the first event. If the first event was a fire (e.g., a fire at home or in the woods), code under Fire.

If the damage/harm is intentional, code under Victim of Physical Violence or Physical Aggression.

GROUP B EVENTS

From this point on, events are coded if they have ever occurred.

In column B1 of the control sheet note whether the event occurred in the primary period, and in column B2 if it occurred before that.

PREGNANCY

There are separate sections for girls (pregnant) and males (get someone pregnant). This section allows the interviewer to obtain details for up to three pregnancies and their consequences, plus the associated symptoms.

Parents are asked about the pregnancy, but not about Sexual Relations.

Be sure that the interviewee understands the meaning of the term pregnant; use the word with which the interviewee feels most comfortable. Do not use the word abortion unless the interviewee does so first. Begin this section with another reminder that the interview is totally confidential. Remember that the young woman may be pregnant at the time of the interview.

Pregnancy refers to the nine months after conception. A girl cannot be pregnant if she has not had sexual intercourse. A boy cannot have gotten a girl pregnant if he has not had sexual relations with her. Do not include episodes in which the girl thought that she might be pregnant or in which a boy thought that he might have gotten a girl pregnant, if this was not the case.

For each pregnancy, obtain the date of conception and the date on which the interviewee found out about the pregnancy.

Intentionality

0 = The pregnancy was planned. Include here pregnancy planned by the interviewee, even though the partner was not in agreement, or did not realize that the interviewee was planning the pregnancy

2 = The pregnancy was not planned, but the interviewee was happy about it. Code here even though the partner was not happy about the pregnancy

3 = The pregnancy was not planned and the interviewee was not happy about it. Code here even though the partner was happy with the pregnancy

Termination of Pregnancy or Birth

Establish how the pregnancy ended and complete this section on Termination or Birth. If the interviewee or the interviewee's girlfriend is still pregnant, find out what is going to happen and complete this section taking into consideration the most probable form of termination at the time of the interview. If the decision has not been made, code as 0 ("still pregnant").

Premature Termination

Code the type of premature termination.

2 = Miscarriage; loss of the fetus without the interviewee or other person having taken any action to cause it

3 = Loss of the fetus as a result of an action taken by the interviewee or another person or persons

Find out the date on which the pregnancy ended and the total number of weeks that the girl was pregnant at the date of termination

Participation in the decision to abort refers to the degree to which the interviewee took part in the decision to abort. Complete this section only if 3 was coded in Premature Termination. Do not complete this item if there was no abortion, even though the interviewee might indicate that he or she wanted to abort.

0 = Interviewee's decision. Other persons might or might not have been consulted

2 = Other persons made the decision, but the interviewee agreed with it. If the interviewee is a male and his girlfriend made the decision with his approval, code it here

3 = Other persons made the decision ignoring the interviewee's desires. Include here if the girlfriend aborted against the boyfriend's will

Birth

Complete this section if the pregnancy continued until the last trimester (more than 24 weeks), even if the birth was premature. Code the current state of the pregnancy: e.g., if the mother kept the baby for several months and then gave it up for adoption, code it as adoption.

1 = Still pregnant

2 = Stillborn: the baby was born dead

3 = Perinatal death: the baby died during the first week of life

4 = Live birth, mother (or father and mother) kept the baby

5 = Live birth, father kept the baby

6 = Live birth, child adopted/cared for by another member of the family. Code if the child is recognized as the subject's child

7 = Live birth, child in government foster home

8 = Live birth, child given up for adoption outside the family

Code the birth date and date of current placement.

Participation in Decision to Place the Child

If more than one decision has been made, code with regard to the most recent decision

0 = Interviewee's decision, with or without consulting other people

2 = Other people made the decision, but the interviewee agreed. Code 2 if the interviewee is a male and the baby's mother made the decision with his approval

3 = Other people made the decision, against the interviewee's desires. Code 3 if the interviewee is a male and the baby's mother made decision, even though he did not agree

4 = For a male, code 4 if he refused to become implicated in the decision

If a section on pregnancy was completed, ask what part of the pregnancy most disturbed the interviewee. Complete the sections on attribution and painful memories for that part. For example, for one person, discovering that she was pregnant might be the most disturbing; for another person, it might be giving the baby up for adoption.

DEATH OF A LOVED ONE

The death of someone close to the interviewee: biological parents, other parent figure, other relatives with whom the interviewee had close bonds (e.g., a grandmother who brought the interviewee up), another adult who has had a meaningful place in the child's life, child (e.g., an adult who served as a confidant), the interviewee's child, or a pet for whom the interviewee had great affection. If the interviewee's child died within one week of having been born, code under Birth, Stillbirth, or Perinatal Death, and not here. Code the death of a sibling or companion in the following section. If the interviewee reports more than two deaths of this type, code the most upsetting.

DEATH OF A SIBLING OR COMPANION

Death of the interviewee's sibling (include stepbrother or -sister, adoptive sibling, or foster brother or -sister), best friend, girlfriend or boyfriend, or other friend or companion.

- 1 = Biological sibling
- 2 = Stepbrother or -sister/adoptive brother or -sister/foster brother or sister
- 3 = Best friend, girlfriend or boyfriend
- 4 = Other friend
- 5 = School acquaintance

Cause of Death

- 2 = Physical illness/disease
- 3 = Accident
- 4 = Suicide
- 5 = Natural disaster (flood, earthquake)
- 8 = Fire
- 6 = War or terrorism
- 7 = Riot or urban violence
- 9 = Noxious agent
- 10 = Physical violence
- 11 = Physical abuse
- 12 = Captivity

Ask specifically about suicide in the group of companions. Do not include deaths when the interviewee knew about the death but did not know the victim personally.

NATURAL DISASTER

Events which are not caused by intentional human actions (e.g., floods, hurricanes, tornados) in which some person died or received serious injury or in which there was great damage to property or an important risk of death or serious harm. Code only if the interviewee or his or her home was within the limits of the disaster area. Do not include disasters that the interviewee simply knew about (e.g., having seen Hurricane Hugo on television), or if the family had moved from the danger area and the current home was not damaged.

FIRE

Fire, whether accidental or deliberate, in which some person died or was seriously injured or there was extensive damage to property or a serious risk that those results might occur.

Do not include fires caused as a consequence of another natural disaster (e.g., an earthquake), or events produced by man (e.g., a bombing), which are coded under the triggering cause (Natural Disaster, War).

Code whether the fire occurred accidentally or intentionally.

WAR OR TERRORISM

The interviewee has lived for at least one day in an area in which there was a disturbance to the civil order, e.g., in a country at war or in an area in which civil war or terrorism has altered the normal pattern of life.

Do not include here gang wars; code them under Riot or Urban Violence.

WITNESS TO AN EVENT WHICH CAUSED, OR MIGHT HAVE CAUSED, DEATHS OR SERIOUS INJURIES

The person was a witness, but not the victim, of an event which represented a serious threat to life or risk of serious physical injury.

Serious means that there was a reasonable possibility of death or severe physical injury.

Severe means physical harm such as loss of consciousness, fracture of an arm or leg, or injuries requiring a transfusion.

Includes seeing a person shot or killed, hearing a person raped or beaten in an adjoining room, seeing another person die or be seriously injured in accident.

Do not include events seen in movies or on the news.

If the interviewee was also at risk, code the event under "Accident," "War," "Riot," etc., as applicable. Include here only serious events in which the interviewee ran no personal risk.

Code the relationship of the injured person or persons to the interviewee. If there was more than one person involved, code only the nearest relationship.

- 0 = Absent
- 2 = Harm to a stranger
- 3 = Harm to an acquaintance
- 4 = Harm to a friend
- 5 = Harm to a family member

Perpetrator

Code whether the interviewee knew the perpetrator of the event (e.g., the driver of the car that killed the pedestrian). If there was more than one perpetrator, code the nearest relationship.

- 0 = No perpetrator
- 2 = Perpetrator not known
- 3 = Acquaintance
- 4 = Friend
- 5 = Family member

LEARNED OF AN EVENT WHICH CAUSED, OR MIGHT HAVE CAUSED, DEATHS OR SERIOUS INJURY

The interviewee learned about, but did not witness, an event which represented a threat to the life of a loved one, or a threat that person might be seriously injured.

“Serious” means that there was a reasonable possibility of death

“Severe” means physical harm such as loss of consciousness, broken arm or leg, or injury requiring transfusion.

“Loved one” means a relative of the first or second degree, or a close friend. Relatives of the first degree include the interviewee’s parents, siblings, spouse, or children. Relatives of the second degree include aunts and uncles, cousins, and grandparents.

Include a loved one’s being shot, raped, beaten, or being seriously injured in accident.

If the interviewee was also at risk, code the event under “Accident,” “War,” “Riot,” etc., as applicable. Include here only events in which the interviewee ran no personal risk.

Do not include here the Death of a Loved One or the Death of a Sibling or Companion.

Perpetrator

Code whether the interviewee knew the perpetrator of the event. If there was more than one perpetrator, code the closest relationship.

- 0 = No perpetrator
- 2 = Perpetrator not known
- 3 = Acquaintance
- 4 = Friend
- 5 = Family member

LEARNED OF EXPOSURE TO A NOXIOUS AGENT

The interviewee learned that he or she had been exposed to a noxious agent capable of causing death or serious physical harm (e.g., chemicals, environmental pollutants such as PCP in the soil, infectious agents such as HIV, radiation after a nuclear accident, or the accidental ingestion of a toxic substance such as a pesticide). Do not include fluoridated water or exposure to diseases that are not usually fatal, such as, regardless of the interviewee's opinion.

CAUSING DEATH OR SEVERE INJURIES

The interviewee caused an event which caused other peoples' death or severe physical injury. Include causing a car accident, shooting another person, and starting a fire which caused injury to others. Include situations in which the interviewee accompanied another person who harmed others and in which the interviewee was somehow involved in the cause of the harm.

Do not code an *unimplicated* witness, even though he or she accompanied the person who caused the harm. Do not include delusional guilt about events which are not under the interviewee's control. Code intensity, degree of kinship with the person injured, and intentionality. If there was more than one person involved, code the closest relationship and the level of greatest intentionality.

Injured Person

- 2 = Stranger
- 3 = Acquaintance
- 4 = Friend
- 5 = Family member

Intentionality

- 0 = The harm was accidental. Include situations in which the interviewee only intended to scare the victim
- 2 = The interviewee intended to harm or wound the victim
- 3 = The interviewee intended to kill

VICTIM OF PHYSICAL VIOLENCE (WHICH IS NOT ABUSE)

The interviewee was the victim of intentional physical violence. One or more persons have used physical force against the interviewee with the possibility of causing his or her death or injuring him or her. The injuries may have been serious, entailing the fracture of an arm or leg, loss of consciousness, or may have required hospitalization, or may have been less serious, for example, a black eye, cuts, or bruises. Include totally purposeless violence (e.g., aggression, fight, torture) and violence used to obtain something belonging to the interviewee (e.g., mugging/robbery).

Code the degree of kinship with the aggressor:

Aggressor

- 2 = Known companion
- 3 = Known adult who is not a family member
- 4 = Unknown adult
- 5 = Unknown companion
- 6 = More than one person

Do not include abuse by a family member; if so, code under Physical Abuse.

Threatened with a weapon

- 0 = Absent
- 2 = A weapon was used to threaten but not injure the interviewee
- 3 = A weapon was used to injure the interviewee

PHYSICAL ABUSE

The interviewee has been the victim of intentional physical abuse or injury by a family member. Include any type of physical violence against the interviewee which was severe enough to leave marks, bruises, or cuts, or require medical treatment. Include burns if they were deliberately inflicted. Include violence which meets the criteria for abuse even though the intention was to punish the interviewee for misbehavior.

Do not include socially accepted physical punishment, unless it was applied with unusual severity.

“Family members” include parent figures, grandparents, other adult members of the family, and siblings if the sibling had a position of power over the interviewee.

Do not include fights between siblings.

Aggressor

- 2 = Parent at home
- 3 = Parent not living at home
- 4 = Sibling at home
- 5 = Sibling not living at home
- 6 = Other adult relative

Code any object used to threaten or injure. A belt, comb, or cigarette may be considered weapons if used intentionally to harm the interviewee to a greater degree than socially accepted punishment.

If there was abuse, complete this section on **Seeking Aid**. If not, go to the section on Sexual Abuse.

IF THE ABUSE MEETS THE CRITERIA INCLUDED IN THE DEPARTMENT OF SOCIAL SERVICES GUIDELINES, REPORT TO YOUR GROUP LEADER IMMEDIATELY AFTER COMPLETING THE INTERVIEW, FILL OUT A REPORT FORM FOR THE INTERVIEWEE'S FILE, AND BE SURE THAT THE CORRESPONDING REPORTS ARE SENT TO THE APPROPRIATE AGENCIES.

SEEKING AID (Physical Abuse)

Three forms of support for requests for aid are coded: listening, which would provide social support and emotional relief; personal intervention, which entails that the individual personally seek to avoid repetition of the situation; and intervention in which a professional agency is involved, which may include calling the police, contracting a service agency, referring children to those services, or taking the child out of the home.

Responses which do not offer aid include refusing to listen, refusing to become implicated, denying the truth of the story, or threatening to hurt the child if he or she ever tells another person about it.

An interviewee may tell a companion about it (including a sibling up to five years older); a family member (including a sibling more than five years older); or another adult. The interviewee may tell more than one person. If he or she tells people of different categories about it, code each one's response. If he or she tells several people of the same category, code the highest level of response of each person in that category.

CAPTIVITY

Held against his or her will, usually by an older person, for example, kidnaped by the parent during a legal disagreement over custody or being held as hostage in a robbery.

Do not include "being grounded" as a punishment, penance, or demanding that he or she stay with an undesired person or in an undesired place for legitimate reasons, e.g., day care, camp, hospital, or prison.

2 = Held against his or her will for at least one day in frightening but not necessarily life-threatening circumstances (e.g., kidnaped by parent)

3 = Held for at least one hour in circumstances that include the possibility of death, severe injury, sexual or physical assault, or never seeing his or her family again (e.g., kidnaped for ransom)

SEXUAL ABUSE OR RAPE

Episode of sexual abuse in which a person (perpetrator) involves the child or adolescent in activities whose purpose is to sexually gratify the perpetrator. These activities may include kisses that make the child feel uncomfortable, genital caresses (on top of or underneath clothing), oral-genital or oral-anal contact, sexual relations with penetration or anal or the use of objects.

Sexual abuse does not include medical examinations or mutually desired relations with a companion.

Rape is a sudden and unexpected event (generally isolated) which entails non-consensual sexual relations.

If more than one episode or more than one perpetrator are reported, code the first and the most recent.

Take detailed notes, including the questions asked and the child's responses, word for word.

The section on Sexual Abuse has a section on preliminary assessment. If there is evidence of sexual abuse, complete the remaining sections on Coercion, Seeking Aid, Attribution, and Painful Memories. If there is no evidence of sexual abuse, go on to Other Event.

Coercion (Sexual Abuse)

Coercion is defined as the use of threat or violence to force the child to participate in activities whose purpose is to sexually gratify the perpetrator. If more than one incident of sexual abuse or more than one perpetrator are reported, code the first and the most recent.

2 = Slight threat of injury or death, but criticism, repayment, or threats of loss of privileges are used to force the child

3 = Threats of death or physical injury to the victim or other person, but without the use of force

4 = Use of force which entails a threat of death or injury to the interviewee or another person

Seeking Aid (Sexual Abuse)

Three forms of support or requests for aid are coded: listening, which would provide social support and emotional relief; personal intervention, which entails that the individual personally seek to avoid repetition of the situation; intervention in which a professional agency is involved, which may include calling the police, contacting a service agency, referring the child to these services, or taking the child out of the home.

Responses which offer no aid include refusing to listen, refusing to become implicated, denying the truth of the story, or threatening to hurt the child if he or she ever talks about it to another person.

An interviewee may tell a companion about it (including a sibling up to five years older); a family member (including a sibling more than five years older); or another adult. The interviewee may tell more than one person. The if he or she tells people of different categories about it, code each one's response. If he or she tells several people of the same category, code the highest level of response of each person in that category.

The child may tell more than one person and obtain a support response from one and a response which offers no support from another.

IF THE ABUSE MEETS THE CRITERIA INCLUDED IN THE DEPARTMENT OF SOCIAL SERVICES GUIDELINES, REPORT TO YOUR GROUP LEADER IMMEDIATELY AFTER COMPLETING THE INTERVIEW, FILL OUT A REPORT FORM FOR THE INTERVIEWEE'S FILE, AND BE SURE THAT THE CORRESPONDING REPORTS ARE SENT TO THE APPROPRIATE AGENCIES.

OTHER EVENT

Any painful event in his or her entire life which has made the interviewee feel terribly bad, upset, frightened, or confused.

POST TRAUMATIC STRESS

Objectives of the section

The section has two main objectives:

- (1) To provide information on the effects of particularly stressful events in the child's life and setting which may be associated with PTSD.
- (2) To determine whether the events which could have caused symptoms coded in some other section of the CAPA interview are in fact related to PTSD.

Organization of the section

The section has several subsections:

- | | |
|---|------------------------------------|
| 1 | Acute responses to traumatic event |
| 2 | Intrusive ideas |
| 3 | Hyperactivation |
| 4 | Dulling |
| 5 | Other behaviors |

As you are completing the section on the interviewee's Life Experiences, verify on the control list the events that resulted in painful memories, avoidance, and hypervigilance during the primary period.

Group A events will only be coded if they occurred during the primary period. Group B events are coded having occurred in the primary period or before, as long as they have caused painful memories, avoidance, and hypervigilance during the primary period. Check in column B1 if the event occurred during the primary period and B2 if it occurred prior to that period.

If there is more than one mark in the left-hand column (e.g., Group A or B1), ask which of the events was the most disturbing and complete the section on PTSD symptoms for that event. Then, if there is a mark in column B2, complete a second copy of the section on PTSD symptoms for that event, referring to the symptoms that occur in the primary period.

If more than one event has been marked in column B2, ask which of them has been the most disturbing during the primary period, and complete the section for that event. Do not enter the section on PTSD symptoms until you have asked about all the events on the list and completed the initial assessment for all the relevant events.

EVENT OCCURRING IN THE LAST THREE MONTHS

If more than one event has been associated with the three symptoms of the initial assessment of PTSD (painful memories, avoidance, hypervigilance), ask which of the events, of all those marked in Group A and B1 (e.g., all those which meet the criteria for completing the PTSD section during the primary period), was most disturbing.

EVENT WHICH EVER OCCURRED IN THE INTERVIEWEE'S LIFE

In the second place, if any of the group B2 events on the control list ever occurred, e.g., events which ever occurred outside the primary period, ask which of them was the most disturbing.

Code the number of events on page 340 of the Questionnaire for Children and on page 297 of the Questionnaire for Parents. Complete first the PTSD section for Group A/B1 and a second time for the group B2 event.

ACUTE RESPONSES TO THE TRAUMATIC EVENT

Responses at the time of the event, including emotional responses, physical responses, and fantasies.

ACUTE EMOTIONAL RESPONSES

Emotional responses to the event when it occurred. It is a subjective account even though several of the categories are similar to those on the CAPA interview, the interviewee does not need to meet the CAPA interview criteria to code these responses.

All items are coded:

0 = Absent

2 = Present

Surprise Feeling that the event was unexpected or unpredictable

Impotence Recognizing that he or she has no power to change the event's consequences

Derealization The interviewee experiences that his or her surroundings are unreal; everything may seem colorless, artificial, or dead

Fear Being fearful, frightened, or apprehensive

Worry Unpleasant or uncomfortable thoughts about lack of safety/security or death

Anger Feeling anger, resentment, annoyance, or fury

Emotional dulling Feeling absolutely nothing or the sensation that his or her feelings are substantially dulled; the interviewee may indicate that he or she is in a state of shock

Disgust/Revulsion Sensation of repugnance to the content of the event

Out of control Sensation that he or she cannot control his or her own feelings, thoughts, or actions in response to the event; must be differentiated from impotence and control over the event

Sadness Feeling sad, melancholy, unhappy, or miserable at the time of the event

Confusion Loss of mental acuity or the ability to think clearly during the event

Emotional distancing Feeling unreal in the context of the event

Guilt Feeling that the interviewee should or could have avoided and changed the consequences of the event, without considering his or her real ability to do so

Betrayal Feeling that some aspect of the event has violated interpersonal trust

Embarrassment Feeling of being restrained and distressed in the context of the event

ACUTE SOMATIC RESPONSES

Physical responses to the event when it occurred.

All the items are coded:

0 = Absent

2 = Present

Dizziness/faintness

Dry mouth

Shortness of breath/asphyxia

Difficulty breathing

Rapid breathing

Palpitations

Heaviness or chest pain

Sweating

Nausea

Frequent need to urinate

Stomach upset

Diarrhea

Trembling/shaking

Muscle pain

Flushing

Pallor

Paresthesia

Lump in the throat

Cramp/stomach cramps

FANTASIES DURING THE TRAUMATIC EVENT

Intervention fantasies

During the event, the interviewee imagines him or herself doing something extraordinary to stop the event.

0 = Absent

2 = Present during the event and carried out (e.g., running toward a burning building to try to put out the fire)

3 = Present during the event but not carried out

Rescue fantasies during the event

During the event, the interviewee imagines that a *third person* rescues the person at risk (e.g., an adult, the police, God, or a third person somehow ends the event)

0 = Absent

2 = Present during the event and carried out

3 = Present during the event but not carried out

Revenge fantasies

During the event, the interviewee imagines that something punishes the “cause” of the trauma. It is possible to imagine that the punishment comes from the interviewee or from someone, or from some other thing.

0 = Absent

2 = Present during the event and carried out (e.g., shooting an intruder who attacks the interviewee’s mother)

3 = Present during the event but not carried out

This section attempts to understand the cognitive processing of the trauma, moment by moment. Imagine that a child is witness to his or her mother’s rape. At first he or she may see him or herself doing something to stop the attack (an intervention fantasy), or may fantasize that they are rescued (rescue fantasy) or that he or she does something to punish the perpetrator (a revenge fantasy). These cognitions serve to maintain cognitive control and therefore disconnect him or herself from the feeling of impotence. Often the worst moment in the trauma occurs when the child is really defenseless both internally and with respect to the externally event.

Intervention fantasies which entail that the child did something to stop the trauma, usually by taking on an exaggeratedly powerful role. For example, the child may imagine that he or she picks up a stick and chases the rapist out of the home.

Rescue fantasies entail action by a third party, such as an adult family member, God, or the police, who intervenes in the scene and stops the trauma.

Rescue fantasies entail that something horrible occurs to the perpetrator and therefore ends the trauma and punishes the perpetrator. It is the sense of punishment or "revenge" that distinguishes revenge fantasies from intervention fantasies. If the fantasy contains elements of both, code both

Carried out indicates whether the child's fantasy came true during the event. In other words, carried out indicates an action that ends the impotence; not carried out indicates that the event went on regardless of the fantasized actions.

INTRUSIVE IDEAS

PAINFUL MEMORY OF THE EVENT

Undesired, painful, and distressing recollections, memories, thoughts, or images of events in the interviewee's life. The painful memories may be induced by external or non-external stimuli.

PAINFUL MEMORIES INDUCED BY EXTERNAL FACTORS

Painful memories induced by external factors or stimuli such as images, sounds, odors, or particular situations.

2 = The painful memories break into at least two activities and are uncontrollable at least part of the time

3 = The painful memories break into most activities and are almost always uncontrollable

Avoidance

2 = Avoids situations which may bring on painful memories at least part of the time, but not to the extreme of preventing a normal lifestyle

3 = The avoidance interferes in the course of normal life and activities and causes a very limited lifestyle

PAINFUL MEMORIES NOT INDUCED BY EXTERNAL FACTORS

Painful memories not induced by external factors or stimuli.

May be responses induced internally in reaction to emotional states, feelings, particular thoughts, autonomic nervous system symptoms, bodily sensations, or any other internal factor or stimulus. If the internal stimulus is a response to an external stimulus, code as Memory Induced by External Factors.

The memories may also occur without any obvious relationship to internal or external factors or stimuli.

2 = The painful memories interfere with at least two activities and are uncontrollable at least part of the time

3 = The painful memories interfere with most activities and are almost always uncontrollable

Normal inhibition

0 = Absent

2 = Uses normal thoughts or activities for the purpose of reducing painful memories

Obsessive inhibition

0 = Absent

2 = Uses obsessive thoughts or rituals in order to reduce painful memories

Compulsive inhibition

0 = Absent

2 = Uses compulsive behaviors in order to reduce painful memories

Obvious to other people

0 = No

2 = Child reports that other people notice changes in behavior (anxiety, daydreaming, etc.) during the times of Painful Memories

Autonomic effects

2 = Changes in the autonomic nervous system as a response to painful memories, but not reaching the level of anguish crisis

3 = Anguish crisis as a response to painful memories

INTENTIONAL RECOLLECTION

Intentional recollection of the event.

Intentional recollection is indicative of attempts on the part of the individual to understand and accept the event. In some situations, the intentional recollection may be both painful and pleasant, such as thinking about a loved one who has died. On the contrary, Painful Memories are always painful and undesired.

WORRY

0 = Absent

2 = Present

SADNESS

0 = Absent

2 = Present

ANGER

0 = Absent

2 = Present

GUILT

0 = Absent

2 = Present

FEELING OF CONTROL

Persistent and growing feeling of control and a reduction in the feeling of negative/anxious affect associated with the active memory.

0 = Absent

2 = Present

INABILITY TO REMEMBER

Inability to remember important aspects of the event, such as the names and faces of the people who were present or the event chronology.

Do not include deliberate efforts not to remember the event.

1 = Some difficulty in remembering certain aspects of the event which may generally overcome through an effort to remember

2 = Not possible to remember at least some aspects of the event, even making an effort to do so

3 = Most or all of the details of the event cannot be remembered

Many traumatized interviewees present temporal and/or spatial distortions in their memories of the trauma, maintaining other well preserved recollections in their memory; some suffer from partial amnesia (cannot remember parts of the event). Total amnesia is uncommon except in sexual abuse. Thinking that the trauma lasted longer than it really lasted or putting more distance between oneself and the trauma than there actually was are examples of distortions. Therefore, code distortions as 1, microamnesia as 2, and total amnesia as 3.

REEXPERIENCING THE EVENT

Behaving or feeling as though the event were occurring all over again. The experience may include a sensation that one is reliving the event, illusory or hallucinatory phenomena, or flashbacks. Flashbacks entail hallucinatory phenomena of sufficient intensity to alter perception of the real world to a substantial degree.

Include anguish crises in which the mental content of the anguish episode is related to the event.

Include these phenomena even though they may have occurred while under the effects of alcohol or drugs.

Do not include nightmares.

2 = Able to report on sensory phenomena associated with the event, but aware of his or her surroundings to at least a certain point

3 = No or almost no awareness of the real surroundings (flashbacks)

Associated Anguish

0 = No associated anguish crisis

2 = With anguish crisis

Hypnagogic State (while asleep)

0 = Absent

2 = Present

Hypnopompic State (on waking up)

0 = Absent

2 = Present

Nighttime

0 = Absent

2 = Present

Daytime (when awake and active)

0 = Absent

2 = Present

NIGHTMARES

Frightening dreams which wake the interviewee up and whose content is related to the event (whether about the event or that makes the interviewee remember it). The unpleasant sensation is obvious upon waking up and may be immediately followed by feelings of relief.

0 = Absent

2 = Present

AUTONOMIC EFFECTS

2 = Notices changes in the autonomic nervous system as a response to the nightmares

3 = Has anguish crisis as a response to the nightmares

Need for Support

0 = Absent

2 = Upon waking from the nightmare, seeks someone to reassure him or her or seeks to maintain contact for a limited time, less than fifteen minutes

3 = Upon awakening, seeks someone to reassure him or her or seeks to maintain contact for a longer period of time (e.g., does not return to his or her own bed, conflict arises about the excessive need to be reassured)

Anticipated Need for Support

0 = Absent

2 = At bedtime, seeks someone to reassure him or her or seeks to maintain contact for a while (e.g., sleeping ritual which lasts for fewer than fifteen minutes)

3 = Seeks someone to reassure him or her or seeks to maintain contact for a longer period of time (e.g., does not want to go to bed, or conflict arises about the excessive need to be reassured)

EXCESSIVE ACTIVATION

Non-restorative sleep

Alteration in the interviewee's normal pattern of sleep since the event occurred which does not meet the criteria for insomnia but makes the interviewee not feel rested when he or she wakes up and feel tired during the day.

2 = Present but does not interfere with his or her functioning

3 = Present and interferes with his or her functioning

ACTIVATION

Activation refers to tonic activation, that is, the symptom is present during part of the time in the absence of internal or external stimuli that produce the symptoms. For example, the interviewee may report that he or she feels irritable 50% of the time in the absence of triggering factors.

2 = Symptom present 0-25% of the time

3 = Symptom present 26-50% of the time

4 = Symptom present 51-75% of the time

5 = Symptom present 76-100% of the time

EXACERBATION LINKED TO STIMULI

Exacerbation linked refers to an increase in the symptom occurring as a reaction to an internal or external stimulus related to the trauma.

The exacerbation linked to stimuli may occur both when there is a very pronounced preexisting tonic activation and when there is no activation.

0 = Absent

2 = Symptom occurs or increases in response to stimuli which make the interviewee remember or relive the event

LACK OF ATTENTION

Difficulty remaining alert and concentrated enough to complete tasks that require concentration and are appropriate to the interviewee's age and stage of development.

2 = Present but does not interfere with his or her functioning

3 = Present and interferes with his or her functioning

ANGER

Greater ease in expressing anger, bad mood, impatience, resentment, or annoyance.

2 = Present, but does not interfere with his or her functioning or relationships

LACK OF CONTROL OF ANGER

Since the event occurred, the interviewee has had more attacks of rage due to the fact that he or she cannot control his or her expressions of anger as well as he or she once could.

HYPERVIGILANCE

Higher level of awareness and general alertness toward his or her surroundings without the existence of imminent danger. Hypervigilance may be manifested as a reaction of exaggerated surprise, jumpiness, studying the surroundings for signs of danger, or taking special precautions to avoid danger (for example, the interviewee tries to always sit with his or her back against a wall).

1 = Subjective hypervigilance which is not manifested by any other obvious change in his or her behavior

2 = Behavioral manifestations of hypervigilance such as studying the surroundings to be sure that there is no danger, but which do not limit his or her activities to a great extent

3 = Behavioral manifestations of hypervigilance which prevent the interviewee from carrying out many normal activities

Exaggerated Startle Reaction

Since the event occurred, he or she shows greater susceptibility to feeling startled at unexpected stimuli.

2 = Present, but not noticeable by other people

3 = Present and obvious to other people

DULLING

EMOTIONAL DISTANCING

Generalized subjective sensation of having lost emotional contact with other persons, which arose after the event happened.

2 = Feels that it is harder than before the event to make emotional contact with people, but has not reduced his or her social contacts

3 = Has reduced his or her social contacts because it is harder to make emotional contact with people

LOSS OF AFFECT

Loss of the ability which he or she had before the event to feel or experience emotion.

Code loss of positive and negative affect separately.

Loss of positive affect

2 = Loss of affect in at least two activities which is uncontrollable at least part of the time

3 = Feels that he or she has lost affect in almost all activities

Loss of negative affect

2 = Loss of affect in at least two activities which is uncontrollable at least part of the time

3 = Feels that he or she has lost affect in almost all activities

LOSS OF EMOTIONAL EXPRESSION

Since the event occurred, the interviewee cannot or will not express emotions with the intensity that he or she did before the event.

Do not include lack of expressiveness which precedes the event, unless it clearly reflects an exacerbation since the event happened. The loss of positive and negative emotional expression are coded separately.

Loss of positive emotional expression

2 = Less able or willing to show or talk about emotions, or to discuss subjects with positive emotional content or which stimulate positive emotions

3 = Almost always unwilling or unable to show or talk about emotions, or discuss subjects with positive emotional content or which stimulate positive emotions

Loss of negative emotional expression

2 = Less able or willing to show or talk about emotions, or to discuss subjects with negative emotional content or which stimulate negative emotions

3 = Almost always unwilling or unable to show or talk about emotions, or discuss subjects with emotional content or which stimulate negative emotions

OTHER BEHAVIORS

GAMES WHICH DRAMATIZE/PORTRAY THE EVENT

Games through which activities that recapitulate all or some aspects of the event are dramatized/portrayed (e.g., interest in crashing play cars after being witness to a car accident).

0 = Absent

2 = Present to a greater degree than before the event

3 = Game which reenacts the event has become the most frequent or dominant game subject

DANGEROUS ACTIVITIES

An increase in activities which put the interviewee or other persons in danger since the event occurred.

0 = Absent

2 = Present

INCREASE IN ATTENTION GIVEN TO RELIGION

Increase in the interest or practice of religious ideas and rites since the event happened in the interviewee's life.

1 = Subjective report of a greater interest in, or mental attention to, religious matters. Include here an increase in reading religious material

2 = Increase in the level of religious practice, including normal prayer

3 = Increase in religious practice including obsessive rituals and compulsive behavior

DIMINUTION IN ATTENTION GIVEN TO RELIGION

Reduction in interest or practice of religious ideas and rites since the event occurred.

2 = Subjective report of a lesser interest in, or mental attention to, religious matters. Include here a reduction in the reading of religious material

3 = Reduction in the level of religious practice, including normal prayer

FOREBODINGS

After the event, the child has developed superstitious beliefs or practices to mitigate the event or prevent it or other possible or imagined events from happening again.

1 = Superstitious beliefs which do not cause an observable behavior

2 = Superstitious beliefs which have caused an observable behavior (e.g., carrying an amulet or rabbit's foot)

3 = Activities which meet the criteria for obsessive rituals or compulsive behavior

FEELING OF GUILT DUE TO HAVING SURVIVED

Conviction or subjective feeling that he or she is responsible for the event or for not having prevented it or feeling that the interviewee should have replaced (been in the place of) another person who was more seriously affected.

0 = Absent

2 = Present

REVENGE FANTASIES

The interviewee imagines something that punishes the "cause" of the trauma. May imagine that the punishment comes from the interviewee or from another person or thing.

0 = Absent

2 = Present

CHANGE IN EXPECTATIONS FOR THE LONG-TERM FUTURE

Significant change in the interviewee's expectations for the future, including the expectation that some or all adult roles will not be achieved. Code without taking into account justification, except in the case of children with illnesses which put their life at risk.

2 = Expects to reach adulthood, but does not expect much in terms of what he or she will be as an adult (e.g., does not think that he or she will get married, have a job, or children); or thinks that will probably reach adulthood but is not sure

3 = Does not expect to survive to adulthood

INCAPACITY

Objectives of the section

This section has two objectives:

- (1) To determine the areas in the child's life whose functioning has deteriorated due to his or her problems and to determine the degree of deficiency
- (2) To determine what symptoms or behaviors caused the incapacity and to determine the onset date of the incapacity

Organization of the section

The section is organized as a single unit.

Throughout the section, two levels of disorder or deterioration of functioning are identified:

0 = Absent

2 = Partial incapacity; refers to a noticeable reduction in functioning in one particular area. If the person can still do things but does not do them well, or does them slowly, then code as Partial Incapacity.

3 = Severe incapacity; refers to a total or almost total incapacity to function in one particular area

If both Withdrawal and Discord are present, determine the severity of the Incapacity (2 or 3) and code the same intensity code for both.

With the exception of life-long symptoms mentioned below, most incapacities require a reduction or change in functioning. The reduction may precede the primary period but must be present also during the primary period.

GROUPS OF SYMPTOMS THAT CAUSE INCAPACITY

0 = Absent

2 = Present

Symptoms Responsible for the Incapacity

To assess/code an incapacity, it must be able to be demonstrated that it arose due to the presence of some symptoms in particular or behaviors characteristic of a disorder. For example, in the case of a child who has lost friendships because his or her mother would not let him or her come in contact with them, this loss of friendship should not be coded as incapacity. Although there may have been a destructive effect on his or her social life, it cannot be coded as incapacity because it was not secondary to any psychopathology on the part of the child. However, it would be coded if the child were separated from friendships who use drugs, or if the child were afraid of leaving the house and lost his or her male friends for that reason.

The specific area of psychopathology responsible for the secondary incapacity should be noted. It is not enough to record that the child had certain incapacities and that the child had certain psychopathological problems. Each incapacity must be linked to the problems that appear to have generated it. This is often difficult with children who have multiple problems and incapacities, but it should always be attempted. However, this does not mean that a particular incapacity should be assigned to a single problem. Occasionally it will happen that several symptoms of different types will contribute to one incapacity in particular. When this is the case, each problem area that contributes to the incapacity should be recorded.

In consequence, if it is determined that an incapacity is secondary to other symptoms, then those other symptoms must have been present before the onset of the incapacity. They must also be the cause of the reduction in the previous level of achievements or expertise if they are to be considered as resulting in an incapacity. So a child who could formerly do work sufficiently well in class might show a reduction in his or her ability to produce acceptable work, because he or she felt too unhappy to concentrate satisfactorily on his or her lessons. This would be considered an incapacity secondary to the affective symptoms. On the other hand, if the child was always a low-performing student and then became depressed, an incapacity related to his or her schoolwork, secondary to the depression, will be recorded only if his or her work fell with respect to his or her already low previous level. If it did not fall more, then an incapacity related to the depression would not be recorded.

A modification to this rule may be made in the case of problems with relationships, in which the existence of incapacity is allowed in the absence of symptoms for those children with difficulty in their primary relationships. In these cases, the general score for incapacity is coded as 2 or 3, while the score for the groups of symptoms is 0, except for the specific problem of relationship. Therefore an incapacity with his or her siblings might be coded as caused by problems in relationships with siblings.

Life-long Symptoms/Behaviors

In the case of symptoms which have been present for the whole life, it will be impossible to demonstrate a reduction in the functioning secondary to the symptoms, because both the symptoms and the incapacity are present simultaneously. In this case, and as long as the incapacity may be directly related to the symptoms, it is acceptable to code it as such. An example would be the social incapacity of a hyperactive child who has shown that conduct from an early age and therefore has always had problematic relationships with his or her companions.

Uncoded Situation

If during the three preceding months, the interviewee has not initiated or has not found him or herself in a particular social situation (such as school), but it is clear from past experience that the incapacity would have manifested itself had the interviewee been in the situation (e.g., discordant relationships with his or her companions), then the incapacity will be coded as present and the onset date will be determined. The intensity coding must not be higher than the highest previously experienced intensity. Often in a situation such as that, the incapacity will have contributed to the failure in the social situation under consideration.

The incapacitating effects of the psychopathology do not have to be directly due to the child's behavior; they may be mediated by other people. For example, if the child is expelled from school because of constant fighting and causing problems, and as a consequence the child falls behind academically, this will be considered an incapacity in school performance, just as though the child had not gone to school because of anxiety about leaving his or her home.

Onsets

The rules for determining the date of onset of an incapacity are essentially the same as those used to determine the date of onset of symptoms. That is, first a decision is made whether a particular incapacity was present during the primary three-month period. If it was, then the onset date coded is the date on which the incapacity appears at the level of the minimum criterion required by the definition in the glossary. If the incapacity was present only intermittently, the date on which the incapacity manifested itself again after the last period of one-year (or more) without incapacity will be determined to be the onset date. The dates on which the incapacities became exacerbated and went from being partial incapacities to complete incapacities are also recorded.

This section on Incapacity cannot be omitted even though problems have not been coded on the CAPA interview. If you have enough information, it is not necessary to ask all the questions.

GROUPS OF SYMPTOMS THAT CAUSE INCAPACITY

Missing School

Separation Anxiety

Worries/Anxiety

Obsessions/Compulsions

Depression

Mania

Physical Symptoms – Include symptoms coded under somatization, sleep disorders, tics, and elimination problems.

Food Behavior

Hyperactivity/Attention Deficit Disorder

Disocial Disorder – Include problems (if any) caused by the use of tobacco.

Alcohol/Drugs – Do not include use of tobacco

Psychosis

Relationships with Parent #1 and/or Parent #2

Relationships with Other Parents

Relationships with Other Adults

Relationships with Siblings

Relationships with Companions – Include relationships with siblings that do not live with the child.

Life Experiences/Post Traumatic Stress Disorder

TYPES OF INCAPACITIES IN RELATIONSHIPS

Withdrawal: Incapacity which entails that the child is unwilling or unable to relate or speak to other people. Includes both the interviewee's withdrawal with respect to other people and other people's withdrawal with respect to the interviewee.

Discord: Incapacity which implies aggression, arguments, fights, or disruptive behavior.

If both are present, determine the severity of the incapacity (2 or 3) and code the same intensity code for both Withdrawal and Discord.

PARENT RELATIONSHIP – PARENT #1, PARENT #2, OTHER PARENT #1, OTHER PARENT #2

Change in the child's ability to maintain a relatively harmonious relationship with the parent with a positive and affectionate communication. The incapacity may imply withdrawal (unwilling or unable to relate or talk to the parent) or discord (aggression, arguments, fights, or disruptive conduct).

The incapacities are coded separately for Parent #1, Parent #2, Other Parent #1, Other Parent #2.

RELATIONSHIP WITH SIBLINGS AT HOME

Change in the child's ability to live in reasonable harmony with a sibling or siblings. Some arguments or fights are inevitable, but harmonious conversations or interactions should prevail. Siblings should not be in constant competition for the parents' attention or time. The incapacity may imply withdrawal (unwilling or unable to relate or talk to the sibling) or discord (aggression, arguments, fights, or disruptive behavior).

PERSONAL CARE

Reduction in the child's ability to keep him or herself clean and neat to an appropriate degree for his or her age. The change must be marked enough for there to be obvious changes in terms of appearance or odor, or changes that require unusual efforts on the parents' part to maintain an appropriate appearance.

CHORES AT HOME

Reduction in the child's willingness or ability to do reasonable chores at home such as keep his or her room straight, help with chores or in the yard.

HOMEWORK/SCHOOLWORK

Reduction in the child's willingness or ability to do reasonable homework/schoolwork.

LEAVING THE HOUSE

Reduction in the child's ability to leave the house without difficulty in order to take part in activities appropriate for the child's stage of development.

SCHOOL PERFORMANCE

Deterioration in the schoolwork that the child used to do but no longer does, diminution in performance (drop in grades) or a notable lowering of his or her position in the class. Do not include children who, due to problems of intelligence, are limited with respect to their school performance.

SUSPENSION FROM SCHOOL (TEMPORARY EXPULSION)

Excluded from school for a period of time. Do not include suspensions (expulsion from class) within school.

EXPULSION FROM SCHOOL

Was expelled from one school in particular.

RELATIONSHIP WITH TEACHERS

Deterioration of the child's relationship with his or her male teachers. May be shown by the need for the teachers to use more discipline, or by withdrawal in contact with teachers with whom the child formally had good relations. The incapacity may imply withdrawal (unwilling or unable to relate or speak to the teacher) or discord (aggression, arguments, fights, or disruptive conduct).

If the child has problems with just one teacher and gets along with the others, do not code it as incapacity.

RELATIONSHIP WITH COMPANIONS AT SCHOOL

Reduction in the interviewee's ability to establish relationships of mutual interest and to carry out activities with his or her companions at school such as talking and doing activities together. Includes the loss of friendships or withdrawal from activities with companions. The incapacity may imply withdrawal (unwilling or unable to relate or talk to companions) or discord (aggression, arguments, fights, or disruptive conduct).

If the child has distanced him or herself from those friends who use drugs at school and has not established other relationships, code it here.

SPARE-TIME ACTIVITIES

Normal after-school activities must be reduced by at least one-third and to degree outside normal variation. Reduction in participation should be in response to some symptom and not that [the child] has lost interest for some reason.

RELATIONSHIP WITH ADULTS IN SPARE-TIME ACTIVITIES

The incapacity may imply withdrawal (unwilling or unable to relate or talk to adults) or discord (aggression, arguments, fights, or disruptive conduct).

RELATIONSHIP WITH COMPANIONS

Reduction in the interviewee's ability to establish relationships of mutual interest and to carry out activities in his or her spare time such as talking and doing activities together. Includes the loss of friendships or withdrawal from activities with companions. The incapacity may imply withdrawal (unwilling or unable to relate or talk to companions) or discord (aggression, arguments, fights, or disruptive conduct).

If the child has distanced him or herself from those friends who use drugs in school and has not established other relationships, code it here.

WORK

Inability to do part-time or full-time work adequately as a result of the symptomatology. This includes summer and vacation jobs as well as work after school, work of less than 20 hours, and full-time work for those who have officially left school.

Performance at work should be below the norm in some way. It is not enough that the interviewee describe work as harder or tired. Include those cases in which the interviewee lost a job or has not had a job due to the symptomatology, including use of drugs. Do not include not getting a job due to laziness.

Losing a job or being fired from a job due to the symptomatology must also be coded under General Information on Work.

There are two alternatives available for coding Treatment and Placements that may have resulted from the child's psychopathology. A simple two-page format that has only a minimum amount of information and a long assessment on treatment and placement, Children and Adolescents Services Assessment (CASA).

TREATMENT

Referrals to professional agencies that deal with the child's symptoms or behavior. Note the name of the place where he or she received the treatment and the professionals who attended him. The treatment may be coded even though the symptoms are not coded on the CAPA interview.

Probation counts as treatment. Prison does not.

PLACEMENT IN RESIDENTIAL CENTERS

Change in the residential placement of the child as a consequence of psychological or behavioral problem disorder. Includes stays in prison and as a hospitalized patient. Remember to code Parent Relationships, Sibling Relationships, etc., if these symptom areas led to the internment, even though it may have been coded S in the Family Section due to the amount of time spent in the home during the primary period.

PRESCRIPTION MEDICATION

Any medication prescribed by a medical professional (whether conventional or alternative medicine) or given by a parent or guardian. Do not include analgesics taken less than once a week for sporadic headaches, etc. Those medications should be included, however, if they are taken with greater regularity.

Do not include other people's prescriptions that the child takes (which is coded under substance use).

Minor Tranquilizers—Sedatives

Ativan
Buspar
Inderal
Valium
Xanax

Stimulants

Cylert
Benedrine
Dexedrine
Ritalin

Major Tranquilizers-Neuroleptics

Clozaril (Clozapine)
Haldol
Mallaril
Navane
Stelazine
Thorazine

Antidepressants—Tricyclics, MAOIs, etc.

Anafranil (Clomipramine)
Norpramin (Desipramine)
Tofranil (Imipramine)
Marplan
Prozac
Wellbutrin

Lithium—Antimanic/Mood Stabilizer

Lithium (Lithobid)

Other:

Any other medication prescribed by medical professional or given by a parent.

- Aspirin (if taken more than once a week)
- Asthma medication
- Birth control pills
- Blood pressure medication

Also include anticonvulsants, antiepilepsy medications, or impulse-control medications such as:

- Catapres
- Clonidine
- Tegretol

CESSATION OF SYMPTOMS

Code any symptom coded on the CAPA interview which has stopped during the three-month primary period.

If the symptom is still present in part, it cannot be coded as having ceased. For example, if the child stopped using drugs but still drinks, do not code cessation of Alcohol/Drugs.

END OF THE INTERVIEW

Objectives of the section

This section has three objectives:

- (1) To provide an opportunity for the interviewee to talk about other problems or concerns that have not been touched upon so far.
- (2) To provide a way of bringing the interview to an end by going over what things are problems for the child and which problems he or she needs help with.
- (3) To facilitate access, if desired, to the detailed assessment of service use (CASA).

Organization of the section

The section is organized as a single unit.

PERCEPTION OF PROBLEMS

The interviewee's perception of which of the problems talked about during the interview represent a problem for the child.

The problems mentioned by the interviewee are coded in the section of the CAPA interview in which they were discussed. It is not necessary that the symptoms be coded on the CAPA interview to be coded here.

0 = None

1 = Doubtful

2 = Definite

NEED FOR AID

The interviewee's perception of the areas in which the child needs help for some problem.

The aid mentioned by the interviewee is coded in the section of the CAPA interview in which it was discussed. It is not necessary that the symptoms be coded on the CAPA interview to be coded here.

0 = None

1 = Doubtful

2 = Definite

EVALUATION OF SERVICES FOR CHILDREN AND ADOLESCENTS (CASA)

CASA

Objectives of the Instrument

This instrument has two main objectives:

- (1) Evaluate children's and adolescent's use of health and mental health services, substance abuse services, social services, special school services, juvenile justice services, and services provided by other professionals as a result of mental health or substance abuse problems.
- (2) Examine attitudes toward treatment and the obstacles in the use of services.

Organization of the Instrument

The CASA has 4 sections

- (1) Evaluation of health services for children
- (2) Detailed service-use form for children
- (3) Attitudes toward the services (receptivity and obstacles to obtain services)
- (4) Family's economic information

The CASA interview is designed to be used once a diagnostic interview has been completed, almost always the Psychiatric Evaluation of Children and Adolescents (CAPA), which contains demographic information, like age, date of birth, gender, race, and dates. In the event that the CASA interview is administered separately or with another structured interview, such information must be obtained.

In most cases, the interviewee easily remembers the specific responses and the interviewer codes them. If the interviewee cannot answer a question (because he/she cannot remember, is not sure of the details, or refuses to answer), the appropriate coding is X if the interviewee is a child or D (Don't Know) if the interviewee is a parent. The code used to skip a question or to identify a question as "not applicable", is S. In the event that the interviewer makes a mistake (for example, if he/she forgets to ask a question), the appropriate code is X.

INITIAL EVALUATION OF SERVICES

The interview begins with a revision made by the interviewer of the child's symptoms, with the purpose of centering the attention on the attainment of services due to mental health problems. As a result, the foundations for the coding of Objectives of Treatment in the Detailed Service-Use Form for Children can be set.

INITIAL EVALUATION OF SERVICES

All of the services coded in the CASA instrument must be related to the symptoms that can be coded in the CAPA interview or in any other detailed psychiatric interview. A distinction must be made between what is coded and what can be coded. Responses that can be coded are those for which the respondent used a service to solve a problem considered in the CAPA interview (e.g. a psychiatric, conduct, emotional, or substance abuse problem). It is not necessary for such problem to be coded a present in the last three months. The CASA interview gathers information about the types of services that children are using or have used some time to help them solve their psychiatric, conduct, emotional, or substance abuse problems (e.g. related to problems that can be coded in the CAPA interview). Therefore, if a child went to a psychologist when he/she was six years old or was in a special education classroom in 3rd grade, you can collect the data in the CASA interview in the Ever box, even if the problem was not coded in the last three months.

Although hyperactivity is not coded in the child interview, the treatment for hyperactivity/ADD can be coded in the child's CASA. Learning disabilities and mental retardation or developmental retardation cannot be coded in the CAPA interview either. We do ask, however, about the services that schools provide to take care of these problems because children with conduct/emotional problems usually have learning problems or developmental retardation as well and/or receive services to take care of these problems.

Visits to the doctor, emergency room or medication prescribed for physical symptoms can be coded if they are related to psychopathology that can be coded in the CAPA interview. For example, code a visit to the emergency room if an arm was broken during a fit or a fist-fight.

Each of the following four codifications is done for each service named in the Evaluation:

Ever Treatment

If the child has received treatment in a service center.

0 = No
2 = Yes

Ever/Onset

Date in which first use of service initiated. If the child has received services from 2 places in the same category, code the earliest contact.

Last 3 months

If a service of this type was used in the last three months.

Some longitudinal studies can choose to lengthen the time period somewhat (e.g. 4 or 6 months) depending on the frequency of contact with the interviewers. For the CCC study base interview, the primary period is 3 months. If a “yes” is coded here, a Detailed Service-Use Form For Children must be filled for said location. A different Detailed Service-Use Form For Children must be filled separately for each service used in the last 3 months.

0 = No

2 = Yes

The Initial Evaluation of Services must be completed prior to filling the Detailed Service-Use Form for Children. This will allow you and the interviewee to make sure that all the services are covered and coded appropriately before going into details about the recent use of services.

At the end of the Initial Evaluation of Services, ask the interviewee if he/she can remember any other place or people from whom he/she received services for any problem that the child might have had. Research has shown that a person’s memory and their comprehension of a given topic gets better as the process continues. Therefore, some person could have answered “no” in a prior category because he/she thought that you might ask later about a more relevant category. Give him/her the opportunity to make sure that the information he/she has given is complete.

INITIAL LIST FOR THE EVALUATION OF SERVICES

See the Appendix at the end of the glossary for a list of agencies/professionals that you will be able to find in the Granville, Franklin, and Warren Counties. This appendix offers a brief description of what each place/professional does and tells you where each service should be included in the Initial Evaluation of Services list. For services/professionals not included in the appendix, ask additional questions to obtain sufficient information that enables you to categorize such service. Always ask additional questions to obtain sufficient information about the service received. If you know where the child went to receive services, who provided the service, which service was provided, why was the child there, and any other detail that the interviewee can give you about the type of service/place, then you will have the necessary information to code the service appropriately. The descriptions/definitions that follow are not exhaustive. They indicate the key characteristics of each place that will help you code the services appropriately, and that will help you distinguish one place from another.

The interviewee may or may not be familiarized with the language we use to categorize the services. Familiarize yourself with the different services so that you can offer examples of the types of places/professionals that each category entails.

TREATMENT FOR PATIENTS HOSPITALIZED FROM ONE DAY TO THE OTHER

Psychiatric hospital— hospital that offer services for psychiatric problems only.

Psychiatric unit of a general hospital— psychiatric unit within a hospital that offers services for a wide array of diseases.

Detox unit or unit for patients hospitalized due to problems with alcohol/drugs— offers care to patients hospitalized in a unit that provides specialized treatment for substance use/abuse. It can be an independent treatment unit, a psychiatric hospital, or a general hospital.

Medical unit for hospitalized patients— Unit in a general hospital (not designed specifically for the treatment of psychiatric problems or problems associated with substance use). The treatment, however, must respond to a problem covered in the CAPA interview.

Residential treatment center— A center with areas limited to treatment (e.g. the residence is not in the community and the child receives education in he residential treatment center). Includes camp houses in non-habited places. Also includes cabins in a treatment center with a delimited area. Detention centers, training schools, and prisons/jails are coded separately.

Detention Center/Training School (Vocational School)/ Prison — Adult jails, detention centers, training schools (vocational school). Includes time served in a home for youth operated by the juvenile justice system.

Youth home/emergency refuge— Placement from one day to the other in a community-based residence with 3-15 beds. Detention homes for youth are coded as Detention Centers.

Foster homes with trained parents — Foster parents have been trained to serve the mental health/conduct needs of the children. Can be also referred to as special care foster homes, foster homes for treatment, or trained parents' home. If the interviewee cannot identify any of these concepts, code 0 here, but leave the foster home coding in the CAPA interview. If more than two children are placed in this home, code it as a youth home.

Boarding school — Boarding school located in a place not designed specifically to serve the mental health needs of children. In these cases, code residential areas for the care of children (e.g. orphanage).

MENTAL HEALTH TREATMENT IN AN EXTERNAL CLINIC (AMBULATORY)

Day Hospital/Partial hospitalization— A diurnal program that treats conduct and/or emotional problems. The program could include Educational Services. Must include a therapeutic component. (e.g. group sessions, individual therapy). In general, the child must attend at least 3 consecutive hours. Exception to the 3 hour rule: We do not have an appropriate place in the CASA interview to code ambulatory services provided in a hospital (e.g., a psychiatric hospital). We have decided to code them under the day hospital/partial hospitalization heading. Write the real amount and duration of contacts (do not inflate them in order to comply with the 3-hour requisite for this place).

External clinic for the treatment of drug and alcohol use (ambulatory) — Ambulatory services provided by a treatment center for substance abuse. Do not include the services for substance abuse received in a mental health center (code these under mental health center).

Mental health center — Ambulatory services provided under the Mental Health Services Program of the area.

Community health center — Community center funded by public grants that provides general health services.

Crisis intervention center — Ambulatory services available in a center with professional personnel that provides services to intervene in crises (e.g. rape, suicide attempt).

Home counseling/crisis intervention services — Services provided by or for professionals in the family's home. It must be part of a renown program of home services. Do not include home visits from social workers or isolated visits from monitoring agents (case managers) or other mental health clinical specialists.

Private professional services— Health care professionals that provide private services, among which we can find psychiatrists, psychologists, social workers, psychiatric nurses. Do not code if the interviewee visits such professional under the medical coverage of a publicly funded agency (as would be the case with a private professional who also attends patients in a mental health care center with which he/she is affiliated). Code here the professionals under Carolina Alternatives contract.

OTHER PROFESSIONAL HELP

School counselor/School psychologist/ School social worker— Include here visits to a school counselor, school psychologist or school social worker only if the visit was related to something covered in the CAPA interview (e.g. do not include visits to discuss course curriculum or counseling to select a university/career).

Special education/Limitations due to emotional or conduct problems— Include services provided in a special education class, a room with delimited areas, or a school with delimited areas. To code in this category, the child must have abandoned (or never attended) a regular school. You can code here also vocational rehabilitation services.

Special education/Learning disability/Mental retardation— Include special education for developmental disabilities, learning disabilities, and other problems not coded in the CAPA interview. As in special education/LECP, the student must have abandoned/not attended a regular classroom to be coded in this category. Do not code academic **SUPERDOTADOS?**

School tutoring— Include tutoring for developmental disabilities or limitations due to emotional or conduct problems. If it is part of a special education class, code more specifically under special education. If the child is already in a regular school, but has an individualized learning program, code under School Tutoring. Do not include here tutoring programs with classmates even when they are formally structured by the school; code under Help from Classmates.

Social services — Code visits to social workers or social services at home. You can code in this section of the CASA interview only if the Social Services Department is responding to the child's problems. Do not code right to assistance of other family members. If a therapeutic foster home is mentioned, additional questions must be asked to determine if it is a therapeutic foster home in which the parents have been trained. If it is, do not code here; code under Foster Home with Trained Parents. If it is a regular foster home, code as social services in the "General Services Use" page, but do not code in the CASA interview.

Parole officer/ Juvenile detention counselor — Code here the services of a court counselor or a parole officer. Include here Community Based Alternatives. If the child is in a detention center, jail, etc, code under a more specific heading. If the child received services from a court counselor or a parole officer, in addition to being incarcerated, you can code here. Also code here correction officers for adults.

Family doctor/other Doctor— Services received from an MD, not a psychiatrist. Include any visit to a pediatrician, family doctor, etc. in private or public practice in which the parent/child looked for help for emotional/conduct problems.

Hospital emergency room — Code only visits to the emergency room if the visit has an evident relation to psychopathology (e.g. a broken arm during a fit, an injury during a suicide attempt, car accident while being intoxicated, broken nose as a result of a serious fight, etc.) If the child went to the emergency room as part a of the process of admission to a hospital, include here.

Religious counselor — Priest, minister, rabbi, etc. The religious counseling is different from that of a “private professional” in that the respondent may or may not be charged for the service received. If an ordered, spiritually prepared individual lends services without charging, code as “religious counselor”. If a similar person has a license to act as a therapist and charges for his/her services, code as “private professional.”

Other healer/(alternative therapist) — You can include here practitioners such as: spiritual healers, quack doctors, spiritistics, witch doctors, traditional indigenous quack doctors, herbalist, healer who cures with roots, new-age practitioners, naturist, person who heals by imposing his/her hands.

OTHER “NON-PROFESSIONAL” HELP

Hotline for intervention in times of crisis — Telephone line with personnel mainly composed of volunteers whose primary interest is to provide help and refer people who are going through an emotional crisis to an adequate place for intervention. If the patient visits, in person, the center that provides such help, code under “center for crisis intervention”.

Self-help group — For example, Alcoholics Anonymous, Narcotics Anonymous or AL-ANON/Alateen. Do not include self-help groups for parents, like, for example, Tough Love, AMI, Families-CAN, or CHADD, which aim to help parents deal with their own problems/worries (as a consequence of their children’s problems).

Help from adult family members — The child looked for help from adult family members for problems covered in the CAPA interview. You can include parents, uncles, aunts, grandparents, etc. To include siblings, such sibling(s) must meet two criteria: they must be older than 18, and be at least 5 years older than the child. If the sibling does not meet these criteria, code as help from peers.

Help from a non-professional adult — The child looked for help from adults with whom he/she has no consanguineous or political relationship (e.g. neighbors, friend’s parents, Boy/Girl Scouts leader). Include ad litem guardians here.

Help from friends — The child looked for help from his/her peers for problems/topics covered in the CAPA interview. You can include family members (e.g. siblings, cousins, etc.) If the family member is under 18 years and there is no age difference superior to 5 years.

USE OF GENERAL SERVICES

The use of general services not limited to the use of services due to emotional, conduct, or substance-use problems during the last year or in the last three months. *This page has been designed to gauge the number of children that used any of these services for whichever reason.* Double-coding is allowed for services that have been mentioned previously in the interview as used to treat emotional, conduct, or substance-use problems if such problem is within the appropriate time frame. A detailed general service-use form will not be filled, unless the completion of one such form was required previously due to the existence of emotional, conduct, or substance-use problems during the last three months, as coded in the CASA interview. Do not duplicate the detailed service-use forms.

SPECIAL SCHOOL SERVICES — Includes any special services (inside the classroom, special education room, in a classroom with delimited area, or in a school with delimited area). Do not code academically SUPERDOTADO.

SERVICES PROVIDED BY THE DEPARTMENT OF SOCIAL SERVICES — Include any service that the child received from the Department of Social Services. You can include services for the entire family (such as AFDC) as well as services that focus on the child (for example, foster home, and protection or minors).

CONTACT WITH THE COURTS OR JUVENILE JUSTICE SERVICES — Include any contact with correctional institutions for adults or minors.

HEALTH PROFESSIONALS — Include any visit to a doctor or other health professional (e.g. medical assistant, nurse, alternative medicine provider) for any reason (also routine visits e.g. medical checks as well as medical care related to illnesses or injuries).

SERVICES PROVIDED IN A MENTAL HEALTH INSTITUTION FOR OTHER PROBLEMS NOT RELATED TO THE INTERVIEWEE'S MENTAL HEALTH — The purpose here is to register contacts with mental health care professionals for problems that do not pertain to the child. For example, if the child participates in family therapy because his/her brother/sister has emotional/conduct problems.

DETAILED SERVICE-USE FORM FOR CHILDREN

If treatment or help is received as treatment for an emotional, conduct, or substance-use problem during the 3 months prior to the interview, a Detailed Service-Use Form For Children must be completed for such place. In this way, even when only one Initial Evaluation of Services for Children is completed, a changing number of Detailed Service-Use Forms For Children can be filled, depending on the amount of professionals with which the child had some contact during the last three months. Generally, only one Detailed Service-Use Form For Children is completed for each place that appears in the Initial Evaluation. If the child consults various professionals in the same location, all of them must be included when the total number of visits, etc. is calculated, and the questions related to quality must refer to the general experience in such location. Nonetheless, if the child received services in two different places, or from two different professionals in similar places (e.g. from two private service providers; as well as from VGFW and from Mental Health Centers for Ambulatory Patients), then a Detailed Service-Use Form For Children must be filled for each of them separately.

PLACE OF TREATMENT

Code the Place of Treatment using the Codes for Treatment Places enumerated in page 16 of the Detailed Service-Use Form For Children (e.g. I1=psychiatric hospital; P6=hospital emergency room). This location code HAS to correspond to a service coded "yes" during the last 3 months in the Initial Evaluation of Services. For example, if the child received services from a psychiatric hospital during the last three months, there must be a Detailed Service-Use Form For Children with place of treatment = I1. This is the only way that information analysts have to attach the Detailed Service-Use Form For Children with the Initial Evaluation of Services.

NAME OF THE PLACE/PROFESSIONAL

Write the name of the place where services were provided (e.g. Dillon School; VGFW Area Program). If the place = O7, P5, P7, P8, write the name of the professional. If the place = N3, N4, N5, write the relationship with the person who helps with the child (e.g. uncle, aunt, friend, neighbor). The more information you can provide here, the better. The agency, the position and the name of the person are useful pieces of information.

PROFESSIONAL TREATMENT FOCUS

Code here, in order of importance, the area or areas of psychopathology that were object of treatment received in the place of service. To determine such order, consider the reason for the conduct, the information related to the purpose of treatment that the interviewee remembers, and the kind of service provided.

AMOUNT OF VISITS/DAYS

Code the amount of days that the interviewer spent in a hospital from one Day to the Other, the amount of visits to an Ambulatory service, or the number of times that the interviewee obtained help from another professional or “non-professional. If the child received services from various professionals in the same type of place, combine the visits to all professionals to calculate the total number of visits to said place during the last 3 months.

DURATION OF VISIT

Average duration of visit (in minutes). In the case of various professionals in a same place, calculate the average duration with all the professionals in such place to register an average duration.

INITIATION OF ACTUAL TREATMENT

Write the date in which the child started using the place for the actual treatment. Establish the date in which the actual treatment episode began with the professional/place. The actual episode is defined as the current treatment (include programmed recesses like summer and holidays). The treatment initiation date can be prior to the primary period. **For all other questions in this section, however, we want the interviewee to concentrate his/her attention on the last 3 months.**

STILL RECEIVES TREATMENT

The mother/father considers that the child is still registered in this place (the day of the interview)?

DATE IN WHICH HE/SHE STOPPED ATTENDING DURING THE PRIMARY PERIOD

The date of the last contact with the professional/place of treatment that occurred during the primary period, but to which he/she is no longer attending.

REASONS TO STOP TREATMENT

Code the reasons to stop treatment in order of perceived importance (reason #1 is the most important reason to stop the treatment).

Guide for specific codings:

1 = (a) number of predetermined sessions/days or (b) mutual agreement decision (professional and child/mother/father) that the treatment must be ended. If the decision to stop the treatment was determined by health care plan limitations or the directed health care system, code under the more specific code 10.

2 = Father-mother/both did/do not consider that the treatment was helping the child to get better, so they stopped attending.

3 = The child got better, so he/she stopped going to treatment.

4 = The father/mother or the professional were in disagreement in terms of the nature of the problems (e.g., the father/mother thought that substance use was causing the problem while the professional thought that family relationships were the problem).

5 = Disagreement on the treatment or the treatment plan.

6 = Specific complaint that cannot be coded as 4, 5, or 7.

7 = The father/mother considered that the child and/or the family was/were being discriminated against because of their demographic, socioeconomic, religious, or ethnic characteristics.

8 = The professional is no longer available. Aside from moving or closing of office, also code here if the child no longer meets the criteria to receive services from the professional (e.g. because of his/her age he/she is no longer included in the services to children).

9 = Can include refuse to attend and/or refuse to participate. Refusal does not necessarily imply a confrontation or fight for power with the professional or the father/mother.

10 = Include any limitation in the restriction imposed by a third party who pays. This can include a change of insurance coverage for the child. Also code here if the professional is no longer available because he/she was excluded from a group of professionals.

11 = Perceived difficulty to pay bills from own pocket. The perception is enough to code here (the family does not need to demonstrate that they cannot pay).

12 = The family moved out of the covered geographical area or moved so far away that the parent or the child considered the distance problematic. You can include distance obstacles even when they do not imply that the professional moved out of the area.

13 = Other. Use this code with reserve, ONLY if codes 1-12 clearly do not apply.

REASON TO SUSPEND TREATMENT

Write verbatim the phrase or phrases that the parents use to explain why the child stopped attending treatment. As with other verbatim responses, if the response is unusually long, gather the most important details and write “[MORE]” at the beginning of the response. This will cue the people who analyze the information that they must go to the original interview to see the entire response.

The rest of the Detailed Service-Use Form For Children is completed ONLY if the respondent received hospitalization or ambulatory services, or services from family doctors/other M.D. DO NOT fill for other professional or “non professional” help.

TYPE OF SERVICE RECEIVED

Read each service out loud to the respondent. Indicate if it was part of the treatment for that place/professional. Remember that we are interested in the services obtained during the last 3 months ONLY.

PAGE 20

Read the introduction at the top of the page. Read each question.

0 = No
2 = Yes

MEDICATION PRESCRIBED FOR EMOTIONAL OR CONDUCT PROBLEMS

Step 1. At the beginning of the interview, ask the parent to bring all **prescribed medication** that the child is **currently taking (or during the last 3 months) for emotional or conduct problems**. The medication could have been prescribed by any doctor, nurse, mental health professional, or an alternative medicine practitioner. If the medicine is not brought, ask additional questions to obtain the required information. The “Prescribed Medication” section (page 255 in the glossary) can be of help here.

Step 2. Determine if the medication was **prescribed by the professional y this specific place**. Make sure that you code only the medication that was truly prescribed in the specific place for which you are completing the detailed service-use form for children. Any medication prescribed in any other place will be coded in another detailed service-use form for children corresponding to such place. Do not include this information if this medication is only **administered** in this place.

MEDICATIONS

1. Write the **name of the medication** as it appears on the label.
2. Write the **number of milligrams** on the first dose level.
 - 2a. Write the amount of doses with those milligrams administered in 24 hours.
3. Sometimes the dose varies in different times of the day (for example, the night dose is different from the daily dose). When the dose varies, write the **number of milligrams of this second dosage level**.
 - 3a. Write the **amount of doses administered in a 24 hour period** in this second dosage level.
4. Write the **name of the doctor who prescribes** as it appears on the label.
5. Write the date in which the medication was **first prescribed for the current treatment episode**. However, if the medication was **prescribed for the first time in another place**, and the **child has been taking this medication continuously** since it was prescribed for the first time, and the **doctor at this new place is currently prescribing the same medication**, use the date in which the medication was prescribed for the **first time**.
6. Ask the parent if the doctor explained what problems or symptoms this medication is used for.
7. If the response is yes, write what the medication is for, according to the interviewee. Again, if the verbatim response is too long, write [MORE] at the beginning of the response.
8. Ask, what side effects must you observe or control? Write the verbatim response. Write [MORE] if the response does not fit in the space provided.
9. Write the amount of side effects that the interviewer mentioned in question 8.
10. The frequency with which the doctor controls how the child responds to medication. The ^ symbol means "or more frequently". The categories must be mutually exclusive. For example, if the child is evaluated every 3 weeks, you would check monthly or ^ because the child is not controlled on a weekly basis. This code must reflect the real visits to control the effects of medication.
11. Indicate if the interviewer was able to see the medication to obtain information. The precision of information increases when it is done this way.

Rx2 - Rx4:

Repeat questions 1-11 for any other medication prescribed in a given place.

PARENTAL PARTICIPATION

Code the amount of sessions that the parent(s) attended to in the last 3 months. When the CASA interview is used in combination with the CAPA, code here parent #1 and parent#2 (parental figures who have lived with the child at home at least during one month during the last 3 months). Code other parent #1 or other parent #2 (e.g. biological parent that does not live with the child) under Other family participation.

Write the amount of sessions that the parent(s) attended to. Dropping off or picking up the child from the sessions does not count as attendance. You can include the meetings with the professional before or after the child's session. Do not include telephone contacts.

OTHER FAMILY PARTICIPATION

Code the amount of sessions to which other family members went in the last 3 months. The rules for coding are the same as for parental participation.

LEVEL OF PARTICIPATION

Code the interviewee's perception about the adequacy of parental or family participation in his/her treatment.

0 = Adequate participation

2 = The interviewee thinks that participation was insufficient

3 = The interviewee thinks that participation from other family members was too extensive

HEALTH PROFESSIONALS (CARE PROVIDERS) (Interview with parents only)

Read the introduction in the upper portion of the page. Give the response card to the interviewee (e.g. "always true,"...) and read each phrase to the interviewee. If the interviewee says that the phrase does not apply in his/her case or that he/she cannot answer, write an "S" in the "never true" column.

EFFICACY OF TREATMENT

If the interviewee answers “no”, ask additional questions to clarify whether “no” indicates an absence of change in an area that has been (and still is) problematic or if such topic never constituted a problem for the child’s parent.

SATISFACTION

If the response is “no”, write the response verbatim in the lines provided. Write [MORE] at the beginning of the response if such response does not fit in the space provided.

EXPENSES PAID BY THE FAMILY FROM THEIR OWN POCKET

You should only include payments made from the family’s own pocket. Do not include unpaid or expected bills.

0 = The child’s parents paid for the entire service

1 = The child’s parents paid part of the expenses

2 = The child’s parents did not pay any of the expenses

S = no charge

AMOUNT PAID BY THE FAMILY IN THE LAST 3 MONTHS

Write the real amount in dollars that the interviewee and his/her family paid for the service during the last 3 months. This must refer to the amount paid in the last 3 months, not the billed amount, if the totals are different.

ATTITUDES TOWARD SERVICES FOR CHILDREN AND ADOLESCENTS

The following questions ask about the interviewee's general receptivity toward the youth's use of services and the personal receptivity to services for the child in such family. The circumstances and the feelings that serve as obstacles for the use of specific services are explored. This section is administered to ALL interviewees.

RECEPTIVITY

In general terms, to what degree does the person think that the professional services are beneficial for emotional and conduct problems and that they respond appropriately to serious problems.

0 = Considers that the professional services are an appropriate response to serious emotional or conduct problems among youth.

1 = Considers that the professional services are probably appropriate for serious problems among youth.

2 = Considers that the professional services probably are not appropriate for serious problems among youth.

3 = Considers that the professional services are definitely not appropriate even for serious emotional or conduct problems among youth.

The General Receptivity, Personal Receptivity, and the Parental Receptivity are coded individually.

If the interviewee does not inform any problem in the entire CAPA interview, ask him/her about General Receptivity, Personal Receptivity, and Parental Receptivity toward the services, and then go on to the Obstacles to Services section. When the CASA interview is administered to one of the parents, go on to Other Familial Information. (Some studies, like the GSMS, could prefer the Obstacles section to be administered to each interviewee).

For the CCC interview, determine if the obstacles section will be completed using the "Administration of the Obstacles Section" page. Administer the obstacles section if you have coded problem perceptions, necessary help, topics, difficulties, problems, or symptoms that were mentioned in the interview, if handicaps were coded, or if services were used in the last three months. If you have a doubt whether you should administer the Obstacles section, DO IT.

PERCEPTION OF OBSTACLES TOWARD SERVICES

The interviewee says that certain circumstances or feelings influenced in his/her decision to look for treatment for problems or influenced his/her response in the services section.

In the interview with the parent, the interesting point is the *parent's* receptivity toward the services and the *parent's* perception of the obstacles that maintain him/her away from services for his/her child.

In the child's interview, the interesting point is the *child's* receptivity toward the services and the *child's* perception of the obstacles that maintain him/her away from services.

For each obstacle, the degree of familial obstruction is potentially coded on three levels:

- (1) For all the individuals who complete the obstacles section, does the person express any feeling that suggests that the focal area has been an obstacle?
- (2) If the child had symptoms in the last 3 months, did this obstacle affect the access or the use of services?
- (3) If the services were used in the last 3 months, did this obstacle affect the use of such services?

FEAR, DISLIKE, OR DISTRUST OF PROFESSIONALS

Preoccupation or uneasiness in regards to the use of services caused by the interviewee's fear, dislike, or distrust in talking to the professionals.

PRIOR NEGATIVE EXPERIENCES WITH PROFESSIONAL(S)

Preoccupation or uneasiness in regards to the use of services caused by the interviewee's prior negative experiences with a professional or professionals.

SHAME

Resistance to use the service as a result of feeling ashamed of admitting that he/she has a problem and that he/she needs to seek for help to solve such problem. Also, an inability to talk with other people about topics make him/her susceptible.

ANTICIPATION OF NEGATIVE REACTIONS

Resistance to use services caused by the expectancy of a negative reaction from the family, friends, or others because he/she is seeking for help to solve an emotional or mental problem.

ANTICIPATION THAT THE CHILD MAY BE REMOVED FROM THE HOUSE

Resistance to use services caused by fear that the child could be sent out of the house. Does not include fear that the child may be hospitalized.

ANTICIPATION OF LOSS OF PARENTAL RIGHTS

Refusal to use services caused by the fear that the parents may lose their parental rights.

INFORMATION ABOUT SERVICES

Difficulty to obtain services caused by lack of information about where to obtain services or how to make arrangements to receive them.

TIME

Resistance to use services caused by lack of time to receive treatment or to make arrangements to receive treatment.

COSTS

Inability to use services or sub-use of services caused by the perception that they may not be able to pay for such services.

TRANSPORTATION

Resistance to use services caused by the difficulty to get to the treatment place.

SLOWNESS OR BUREAUCRATIC HINDRANCES

Difficulties in the attainment of services caused by organizational obstacles of the agency or the professional.

THE SERVICE IS NOT AVAILABLE

A given service is not locally available. For example, a particular service, like bioretrofeeding could be available in an urban location and not in a rural one.

REFUSAL TO PROVIDE THE TREATMENT

The hospital, service agency, professional, etc. refuses to treat the interviewee. The reasons for such refusal can include booked schedule, complete installations, payments or lack of medical insurance, and liability issues.

CHILD OR PARENT REFUSAL TO OBTAIN TREATMENT

The child does not want to use the available treatment or the parent does not allow the child to attend. Do not code if a couple of sessions were missed. Code here when they say that they do not even want to begin treatment. Code also here if the child attends to one session, the professional accepts him/her, but he/she never returns.

LANGUAGE

The resistance to use services is due to the lack of professionals who speak the family's language. Do not include speech problems of a parent or child whose mother tongue is Spanish.

OTHER OBSTACLES

Resistance to use services caused by any other factor that does not adjust more specifically to the preceding categories.

RELATIVE IMPACT OF OBSTACLES

Interviewee's value judgment of the relative importance of an obstacle to the service.

Code the 3 most important obstacles according to the order mentioned by the interviewee.

If the interviewee discussed some items, but they were not coded, order the coded items according to the importance attributed to them by the interviewer, followed by the worries that were not coded (but were discussed by the interviewee) in the order of importance mentioned by the interviewee.

AFFECTED SERVICES

List of the professionals/non professionals/treatment places for which services were most affected by the aforementioned obstacles.

OTHER FAMILY INFORMATION

PARENTS' EDUCATION

Code the highest level of education completed by each parent.

- 1 = 0-8 years completed
- 2 = some high school
- 3 = GED
- 4 = Graduated high school
- 5 = Post high school training (vocational, technical, training for a specific job)
- 6 = Some university (0-2 years 0
- 7 = 2-year associate degree
- 8 = Some university (more than 2 years 0
- 9 = 4 year university diploma
- 10 = Some graduate school or training in professional college
- 11 = Completed graduate school or professional degree

PARENTS' EMPLOYMENT AND OCCUPATION

CURRENT EMPLOYMENT SITUATION

Code the employment situation of each of the parents. If more than one response applies, code the one that sheds more income.

- 1 = Full time employee
- 2 = Full time or part time employee
- 3 = Part time employee (1 or more jobs)
- 4 = Does not work outside the house
- 5 = Student
- 6 = Retired
- 7 = Disabled
- 8 = Unemployed

If the parent is a student, retired, disabled, or unemployed, ask him/her about the most recent period of the last employment for Type of Employment, Occupation, and Industry.

TYPE OF EMPLOYMENT (CURRENT OR MOST RECENT)

The parent's type of employment. If the parent is a student, retired, disabled, or unemployed, ask him/her about the most recent period of the last employment.

- 1 = Private corporation employee
- 2 = Government employee
- 3 = Own business
- 4 = Works without pay

OCCUPATION (CURRENT OR MOST RECENT)

The occupation refers to the parent's specific type of work (e.g. teacher, dental hygienist, manager, etc.). Write the 3-digit code from the Census Industry and Occupation Index.

INDUSTRY (CURRENT OR MOST RECENT)

Industry refers to the parent's type of business (e.g. university, dentist office, chemical products factory, etc.) Write the 3-digit code from the Census Industry and Occupation Index.

DATE OF LAST EMPLOYMENT

Code the date of the last time in which the parent was employed, if he/she is not employed at the time of the interview.

FAMILY'S ECONOMIC INFORMATION

Information about the payment of health care, health insurance coverage, and general finances is obtained at the end of the interview.

COVERAGE

The parent's perception about how the family's income cover the economic needs.

- 0 = Very good
- 1 = Good
- 2 = Bad
- X = Don't know

SOURCES OF INCOME

Include all the family's sources of income in order of magnitude (if possible).

FAMILY INCOME

Total of annual family income, without subtracting taxes, including all wages, salaries, investments, social security, pension, unemployment, incapacity insurance, marital support, child support, and public aide.

RESPONSIBILITY OF PAYMENT OF HEALTH CARE

Person responsible of making arrangements to pay health care services.

- 0 = Parent
- 1 = Other
- 2 = Child

PRIVATE HEALTH INSURANCE

Child's private health insurance coverage.

- 0 = Private health insurance (SSS, Blue Cross [local equivalent])
This response implies that the interviewee/parent has free selection of health professional
- 1 = Health Insurance (HMO, Generally dictates the place where the patient goes to get medical attention, at least in what the institution or the specific doctor is concerned)
- 2 = Private insurance but does not know the name
- 3 = Not covered by private medical insurance
- 5 = Insurance, but does not know what type

MEDICARE

The child's coverage under Medicare

- 0 = Part A and Part B
- 1 = Part A only
- 2 = Part B only
- 3 = Medicare but does not know which part
- 4 = Not covered by medicare
- 5 = Insurance, but does not know what type

MEDICAID OR OTHER PUBLIC PROGRAM

The child's coverage under Medicaid or Other public program

- 0 = Covered by Medicaid
- 1 = Covered by other public program
- 2 = Covered by other public program, but does not know which
- 4 = Not covered by medicaid
- 5 = Insurance but does not know what type

INSURANCE BY COVERAGE

For the group of items that specify coverage (whether private or public), if more than one insurance policy or type of coverage exists, the responses will represent a compound.

- 0 = Covers all
- 1 = Covers part
- 2 = Covers some, but does not know if all or part
- 3 = Does not cover

LIMITS FOR HEALTH CARE SERVICES

- 0 = No limit
- 2 = Limit, but has not been reached
- 3 = Limit has been reached

CHILD AND ADOLESCENT IMPACT ASSESSMENT (CAIA)

Instrument Objectives

The instrument has two main objectives

- (1) Evaluate the impact to the family of having a child with mental health or substance abuse problems.
- (2) Give the parent an opportunity to concentrate in him/her and his/her partner in terms of their needs in taking care of the child's necessities.

Organization of the Instrument

The CAIA is a section with separate questions concerning:

- a) Economic impact
- b) Impact over family relationships
- c) Impact over other relations
- d) Restrictions in activities
- e) Responsibility for problems
- f) Impact over the feelings on personal well-being

If problems are not informed during the entire Child and Adolescent Psychiatric Assessment (CAPA), the Impact Assessment can be obviated. The operationalization of "no existing problems" should be determined at the beginning of all the studies so that the primary investigators can decide the circumstances under which the CAIA should be administered.

For the CCC study, observe the norms provided in the page titled "Administration of the CAIA". If the interviewer codes any perceived problem (code as 1 or 2) or needs help (code as 1 or 2), or any difficulty, problem or symptom during the CAPA interview, or any incapacity, then the CAIA must be completed. If for any reason, these criteria are not met but the interviewer thinks that the CAIA must be administered, then do it.

Complete the subjective coding of the severity of the child's problems.

These guides attempt to avoid the administration of the CAIA in cases in which it would be completely absurd to administer such interview (e.g. the parent of a child who is completely "well"). If you have any doubts whether to administer the CAIA or not — ADMINISTER IT.

ECONOMIC ASSESSMENT

EXPENSES

Economic expenses associated with the attainment of services for the child's emotional or conduct problems. Includes medication costs.

0 = No costs

1 = Affordable expenses

2 = Expenses that had an impact on other areas of the family's budget

Do not include income lost due to the child's problems, this is coded under Loss of Income

Impact of Expenses

1 = Uses savings

2 = Must reduce other expenses

3 = Must work overtime or another job

Debts

2 = Incurred in debts but does not anticipate serious problems with the payment

3 = Incurred in debts and anticipates serious problems with the payment

LOSS OF INCOME

Loss of income as a result of the attainment of professional services for the child's emotional or conduct problems, or the need to offer more care in the home or other things directly associated with the child's problems.

0 = No loss of income

2 = Time lost in employment or loss of hours

3 = Could not work or was fired

Do not include real expenses incurred as a result of the child's problems, these are coded under Expenses.

The parent's, child's and other family member's Loss of Income are coded separately.

IMPACT ON THE FAMILY AND OTHER RELATIONS

IMPACT ON THE PARENT'S CURRENT RELATIONSHIP

Impact of the child's emotional or conduct problems on the "parents' marital relationship".

Both positive and negative impact are coded.

IMPACT ON THE PARENT'S PREVIOUS PARTNER

Impact of the child's emotional or conduct problems on the parent's relationship with the "other parent" who no longer lives at home.

The other parent can be a biological parent who lives in another place or another person who lives in another place and has played a significant role in the child's upbringing.

Both the impact on the rupture of the prior relationship and the impact on the current relationship with the previous partner are coded.

IMPACT ON THE PARENT'S RELATIONSHIP WITH OTHER CHILDREN

Impact of the child's emotional or conduct problems on the parent's relationship with other sons or daughters/

If there are no other sons or daughters at home, go on to Impact over Other Relationships.

IMPACT ON OTHER CHILDREN

Impact of the child's emotional or conduct problems on the relationships between other children who live at home. Include the impact of the interviewee's problems in the other child's/children's conduct.

Include the relationships with the child object of the study as well as the relationship between other children living at home.

IMPACT ON THE RELATIONSHIP WITH OTHER FAMILY MEMBERS

Impact of the child's emotional or conduct problems on the relationship with other family members.

Include the relationship with grandparents, siblings or other close family members.

IMPACT ON RELATIONSHIPS WITH FRIENDS

Impact of the child's emotional or conduct problems on the parent's relationships with the child's friends.

RESTRICTION OF ACTIVITIES

RESTRICTION ON THE PARENT'S PERSONAL ACTIVITIES

Restrictions on the parent's personal life and daily activities as a result of the child's problems.

Do not include change of employment that is coded under Expenses and Loss of Income, or change in the family's social activities, that are coded under Restrictions on the Family's Social Activities.

RESTRICTION ON THE FAMILY'S SOCIAL ACTIVITIES

Restrictions on the family's social life as a result of the child's problems.

STIGMA

The child's problems have made the parent feel that others disapprove or blame him/her.

ATTRIBUTION OF CAUSES OF PROBLEMS

Cause of the child's problems, according to the parent. The problems can be attributed to various causes or individuals.

The key codes are the responses to emphasized questions. Other questions may be asked to give the parent the idea, but it is not necessary to ask all questions.

Include self-blame of a parent who feels responsible of causing the child's problems, or the absence of progress in the child while confronting his/her problems.

1 = Imprecise or undefined attribution

2 = Partially responsible of the child's problems

3 = Completely or almost completely responsible of the child's problems

IMPACT ON FEELINGS OF PERSONAL WELL-BEING

PSYCHOLOGICAL ADAPTATION

Parent's psychological adaptation to the child's problems

This item is coded different from Depression, Worries, Tiredness and/or other mental or physical health problems of the parent associated with or influenced by the child's emotional or conduct problems.

OBSERVATION ITEMS

Objectives of this section

This interview not only gathers historical information, but also includes an evaluation of the child's current mental state.

The section has two main purposes:

- (1) Allow the interviewer to make direct observations of the child's appearance, conduct, speech, social interaction, and affect.
- (2) Allows the interviewer to summarize the quality of the interview and provide the information gathered during such interview.

This is best coded immediately after the interview (at home or in the car).

Organization of the section

The section is organized in 8 subareas:

- (1) **Child's physical appearance**
- (2) **Responses to separation**
- (3) **Observations of motor skills**
- (4) **Speech**
- (5) **Social use of language and social interaction**
- (6) **Observations of the mood**
- (7) **Hallucinations and Obnubilation (???)**
- (8) **Quality of the interview**

CHILD'S PHYSICAL APPEARANCE

CHILD'S PHYSICAL ATTRACTIVENESS

This code measures the attractiveness of the child's appearance and conduct according to the interviewer.

- 0 = Good looking, better than average
- 1 = Common
- 2 = Not too attractive
- 3 = Not attractive at all

PERSONAL CARELESSNESS

Consider the cleanliness, condition of the hair, make-up, and clothing, whether or not the child has shaved if he is old enough to do so. Only code personal carelessness in this item if there is an evident lack of attention in each of the areas of personal appearance. Take in consideration the opportunities that the interviewee has had to take care of his/her appearance— do not code personal carelessness because the interviewee is in pajamas if he/she has not had the opportunity to dress differently.

Do not include simple personal disarrangement. The personal carelessness must be significant and evident to be coded as 2.

- 2 = Personal carelessness in one appearance area or if the interviewee smells like sweat.
- 3 = Evident personal carelessness in more than one area or if the interviewee smells like urine or feces.

STRANGE APPEARANCE

This symptom is coded only if strange details in the interviewees appearance (clothing, hair, or make-up) are present. These details must be obviously idiosyncratic of the interviewee.

Do not include a small degree of eccentricity or if the degree of eccentricity is high, but appropriate to a group in specific, e.g. *hippies*, *punks*, *mods*, etc. The principal criteria is if the strange appearance is determined by the interviewee's psychiatric symptoms.

Do not include mannerisms or poses that are coded in another section.

- 2 = The interviewee uses clothing or ornaments with idiosyncratic meaning.
- 3 = The total impression is highly strange and would call the attention of a less-sophisticated individual (e.g. in a provincial town, a young person was seen wrapped in silver paper "to protect him/herself from the rays").

APPEARANCE APPROPRIATE FOR THE AGE

The degree to which the child represents his/her actual age.

- 0 = The child's appearance is, in general, congruent with his age group
- 1 = The child looks younger than what he/she really is
- 2 = The child looks older than what he/she really is

RESPONSES TO SEPARATION

EMOTIONAL ANGUISH DUE TO SEPARATION FROM PARENTS

Code only changes in the child's emotional state that result directly from separation. The child can become anxious or cry or take hold of his/her parents, in spite of the explanation. The child can search for the interviewer's approval or can run back to his/her parents.

Exclude only reactions to changes in situation (e.g. anxiety due to a strange environment or madness due to the interruption of a game in the waiting room).

0 = Separation without anxiety

1 = Requires additional tranquilization, but goes with interviewer and does not attempt to return

2 = Stressed protest or refusal to separate expressed by holding on to parents

3 = Separation is impossible or cannot be taken without protest or persistent anxiety

CRITICISMS TOWARDS PARENTS

The degree of criticism of the child towards his/her parents during the interview.

0 = No criticisms

2 = Some criticisms towards parents during the interview

3 = Frequent or excessive criticisms towards parents during the interview

OBSERVATIONS OF MOTOR SKILLS

SLOWNESS OR HYPOACTIVITY

The interviewee feels abnormally still or walks abnormally slow or takes too long to initiate movements. The symptom must be evident.

Indicate if the interviewee is taking any medication (e.g. major tranquilizers) that could contribute to the slowness.

0 = Were not observed

2 = Present during part of the interview but there are periods of normal activity or hyperactivity

3 = The interviewee's movements are slow during the entire interview.

GROSS MOTOR AGITATION

The interviewee shows motor agitation not related to fits. Runs around the room, jumps, shakes his/her arms from side to side, or maybe screams or screeches. Can throw objects or become aggressive or destructive.

Make the distinction between this conduct and agitation in which the interviewee feels anxious more than mad and does not become aggressive, destructive, or savage.

2 = Only a short episode during the interview with other periods in which the agitation does not interrupt the interview.

3 = More than one episode, or continuous and it is impossible to interview the subject due to his/her agitated conduct.

MOTOR RESTLESSNESS

Redundant movements of parts of the body while the interviewee is still, e.g. cannot sit still, scratches him/herself, stomps his/her feet repeatedly, plays with his/her fingers, polishes his/her appearance, etc.

Exclude restlessness that only occurs during a discussion o with topics of great emotional weight. Make a distinction between this and mannerisms and stereotypes. Check if the child can stay still if asked to do so.

2 = Restlessness during part of the interview

3 = Restlessness during the entire interview in spite of being asked to stay still.

MOTOR UNREST

Refers to unnecessary or inappropriate bodily movements during an activity. These movements imply changing places, for example, standing up and walking from side to side during the interview, changing the entire posture while drawing, etc.

Check if the child can sit still if asked to do so.

Indicate if the interviewee is taking any medication (e.g. major tranquilizers) which could contribute to the unrest.

2 = Unrest during part of the interview

3 = Unrest during the entire interview in spite of being asked to sit still.

MOTOR TICS

Tics are coordinated, quick, stereotyped, repetitive, abrupt, non-rhythmic, predictable, and non-purposeful contractions of groups of muscles that are functionally related. Generally, they can be suppressed voluntarily during a period of time. They can be generally imitated, e.g. winking, grinning, moving the nose, puckering the mouth, shrinking the shoulders, moving the arms, etc. The interviewee can try to disguise these movements as abrupt arm movements, for example, of unrest or as if he/she was polishing his/her appearance.

2 = Only one type of motor tic

3 = More than one type of motor tic

Frequency (approximate amount of tics per hour)

More than 10

More than 100

VOCAL TICS

Quick, stereotyped, repetitive, abrupt, predictable, non-purposeful vocal productions, e.g. whistling, coughing, screeching, barking, grunting, trilling, cracking the tongue, clearing the throat, hissing, etc.

2 = Only one type of vocal tic

3 = More than one type of vocal tic

Frequency (approximate amount of vocal tics per hour)

More than 10

More than 100

STEREOTYPE

Stereotype are voluntary movements that are done in a uniform, repeated, frequent, rhythmic manner, often during long periods of time to the expense of all other activities; e.g. rocking, moving the fingers rapidly, slapping, spinning.

The self-destructive stereotyped conduct is coded in another section. Mannerisms are defined separately and are not coded here.

2 = Repeated 3 times or more, but are not continuous
3 = Almost continuous

Frequency (approximate amount of stereotype per hour)

More than 10
More than 100

POSES AND MANNERISMS

Mannerisms are strange stylizations of movements made with a specific purpose, e.g. unusual hand movements while shaking another person's hand. Always write an example. Do not include stereotypes or restless movements even though they can coexist.

Poses are strange, stylized modifications of an adaptive pose generally particular to the interviewee, frequently suggestive of a special meaning or purpose. The interviewee can assume or maintain an uncomfortable pose during a considerable period of time.

Include sustained or unusual poses of the extremities, as is the posture of a "bailarina balinesa" fingers.

0 = Absent
1 = Present

COMPULSIONS/RITUALS

The interviewer observes phenomena that could have or could have not been described by the interviewee during the interview, but that are considered to meet the criteria for compulsions, viz.: "Repetitive, intentional, purposeful actions that are associated with a subjective feeling of compulsion. These actions come from the interviewee, are not product of an external force or entity, and are done in spite of being considered excessive, irrational, useless, or absurd".

Repetitive, intentional actions, but without an intentional purpose (unnecessary), that seem to come from a subjective compulsion, are not the result of an external force or entity, and are done in spite of being considered excessive, irrational, useless, or absurd.

0 = Absent
1 = Present

POTENTIALLY SELF-DESTRUCTIVE BEHAVIOR

Include definitely harmful behavior as well as behavior that is expected to cause the interviewer pain or discomfort, without causing real harm, like slapping him/herself in the face.

Do not include biting his/her nails.

0 = No intent of self-harm

2 = Isolated action of self-destructive behavior, e.g. bites his/her arm when he/she is mad, pulls his/her hair out, kicks his/her own shin bone.

3 = Definitely present, hits him/herself repeatedly with his/her own hands, pulls his/her hair, bites him/herself, etc.

CATATONIC MOVEMENTS

Nowadays, catatonic movements rarely occur. Do not code them unless there is very little doubt about their existence. Write what you observe.

Negativism occurs when the interviewee repeatedly does the opposite of what he/she is being asked to do, e.g. if asked to open his/her hand, he/she closes it with more strength. The behavior is not part of a game nor is simply a pattern of behavior of opposition.

Ambitendence is the fluctuation between two alternate actions that compete among each other, e.g. the interviewee begins to extend his/her arm to shake the interviewer's, but then he/she retreats his own hand, and then extends it again.

Flexibility cerea is a condition in which the muscles of an extremity become rigid, and the arm, if moved passively, moves without abrupt movements. If the arm is raised to a specific position, the patient will leave it that way during 15 seconds.

Mithegen is the excessive cooperation in a passive movement. The interviewer can force the interviewee to assume uncomfortable poses pressing with the tips of his/her fingers.

0 = Absent

1 = Present

TONE OF VOICE: HIGH

Lack of modulation of volume while speaking which inhibits social communication. Do not include properly modulated loud tone of voice properly modulated that responds to an emotional context, e.g. do not count speaking loud when mad even when the madness is considered irrational.

Exclude talking loud due do deafness.

Ask the interviewee to talk at a lower tone of voice and write his/her response.

0 = Normal tone of voice

2 = Sometimes talks too loud for the context, but responds if asked to speak at a lower tone of voice.

3 = Talks too loud during part of the interview in spite of being asked to speak at a lower tone of voice.

TONE OF VOICE: LOW

Lack of modulation of volume while speaking which inhibits social communication. Do not code properly modulated low tone of voice that responds to an emotional context, e.g. lowering the voice when talking about the recent loss of a loved one.

Ask the interviewee to speak louder.

Do not code interviewees who cannot produce a normal tone of voice due to medical reasons.

0 = Normal tone of voice

2 = Lowers the voice so much that it is impossible to hear him/her, but responds if asked to speak louder.

3 = It is impossible to hear him/her during most of the interview, in spite of being asked to speak louder.

SLOWNESS WHILE SPEAKING

There are long pauses before the interviewee answers and/or words come out very slowly. The interviewee can stop answering and it is necessary to remind him/her to answer before he begins doing so. It may be impossible to conclude the interview because the interviewee is too slow and it is not possible to get him/her to talk quicker.

The less evident degrees of this symptom are coded as (2). Always give the interviewee the benefit of the doubt in what education, fluidness, and ability to use the language. If there is some doubt, code the symptom as absent.

Make a distinction between limited amount of speech (often associated with slowness) and refusal to talk, or the general lack of cooperation.

2 = Evident slowness while responding about emotionally charged topics, which interferes with the progress of the interview.

3 = Severe slowness during the entire interview which interferes with the progress of the interview.

MUTISM

The child remains silent during most of the interview.

2 = The interviewee is almost mute, rarely speaks and when he/she does so, he/she uses monosyllabic words (a "mute" interviewee can talk a lot outside the context of the interview).

3 = The interviewee does not pronounce a single word.

PRESSURE OF SPEECH

The interviewee talks too much and seems to be under pressure to emit words. Highly fast form of speech which makes it impossible for the interviewer to interrupt.

2 = Only parts of the interview are characterized by this, or only shows some of the characteristics, but not others. (Even when the impression, in general, is definitely abnormal)

3 = Most of the interview is characterized by this.

ARTICULATION

Deficient enunciation of the normal array of sounds while speaking; include substitution of consonants, e.g. r/g, and omissions.

Take note of any anomaly.

Include the physical impediment that affects the ability to articulate words (sometimes occurs after a cerebral hemorrhage)

Include lisping here.

Exclude local dialects and foreign accents.

0 = Clear enunciation of most attempted sounds; it is easy to understand what the interviewee is saying.

2 = The interviewee can be understood, but has a specific or limited difficulty to articulate (write what the difficulty is based on)

3 = Sharp difficulty to understand the interviewee's speech due to difficulties in articulation.

STUTTERING

Way of talking characterized by the frequent repetition or lengthening of sounds, syllables or words; or, alternately, by wavering or frequent involuntary pauses that interrupt the rhythmic fluidness of speech, and that the speaker tries to avoid or overcome.

2 = The stutter does not make the conversation slower

3 = The stutter makes the conversation slower

RAMBLING

An accelerated rhythm while talking that causes lack of fluidness in the conversation, but without repetitions or wavering, nor characterized by a level of severity that causes a deterioration in the general understanding of what is being said. The way of talking is erratic or non-rhythmic, with quick and abrupt beginnings that generally involve defective phrasing patterns (e.g. abrupt and alternated pauses that produce groups of words that are not related to the grammatical structure of the sentence).

2 = Present, but does not interfere sharply with communication, e.g. does not make the interview slower.

3 = Significantly interferes with communication; makes the interview slower.

ORTHOEPY

Orthoepy refers to the emphasis, tone, melody and variability of the voice while speaking. For example, the tone of voice can be raised or lowered at the end of the sentence to impart emotional or grammatical information.

Write any unusual characteristic that is observed.

Exclude regional accents.

Exclude anomalies that clearly respond to an illness that is present at the time of the interview, for example, stuffy nose.

0 = Normal and appropriate variation of the tone of voice

2 = Little variation in the tone; an artificial and exaggerated rhythm, but does not result obviously peculiar for a lay person

3 = Strange tone and inappropriate emphasis, or sharp and exaggerated cadence.

STEREOTYPED PHRASES

Phrases that are repeated in a uniform manner when the context does not require for such uniformity. Such phrases interfere in the sentences that contain them and do not adapt to the circumstances of the social context. Normal speech rarely or never includes these stereotyped phrases.

Include delayed ukelele

PROVIDE EXAMPLES

0 = Rarely or never uses stereotyped phrases

1 = The way of speaking is principally spontaneous, but with some stereotyped phrases

2 = Frequent stereotyped expressions, but also some productive speech

3 = Almost all of the speech is composed of stereotyped phrases

INCOHERENT SPEECH

The interviewee's grammar is distorted (e.g. "All are going he she the first wife") or answers that have nothing to do with the question ("What color is the grass?" "Red") or uses excessively pedantic phrases that few understand, or changes topics without a reason ('bishop's move) or there is no logical connection between a part of the sentence and another, or between one sentence and the next one. For example:

"We have witnessed the fall of the crown of radio by Roman Catholics and, however, when one considers the drinks in the store, God saw that Noah, did lose his reason, does not have anyone there to watch for them."

"I did suggest, that the intrinsic or congenital feeling, or the refinement of disposition would be a miracle that results from God's that we would have to assume the entire opposite."

Grammatical immaturity is not coded here.

Take into consideration deficient education, lack of intelligence, or lack of command of the language.

Always write an example.

Distinguish between hypomaniac context while speaking: 'escape of ideas' is the displacement of speech from one topic to the other which is fairly easy to follow due to phonic associations (assonance) or the conceptual associations of the 'white-black-coffin' type.

'Bishop's move' is a completely unexpected change in topic, without apparent connection (or only a very refined interpretation could find its meaning). Both symptoms can be present simultaneously.

NB: The fluidness of delirious ideas is not necessarily incoherent.

The interviewee could talk about delirious ideas in a completely coherent way.

2 = Lesser degree of incoherence that results in the understanding of a part of what the interviewee wants to say

3 = The interviewee's speech is completely incoherent as in the aforementioned examples

OBJECTIVE ESCAPE OF IDEAS

Words are incorrectly associated with each other due to their meaning or rhyme (phonic association/assonance) (white-black-coffin, fascist cut, and split) in such a way that the discourse loses its purpose and the interviewer diverges from the original topic.

Also, can provide comments about non-pertinent events, like someone who sneezes outside the room, e.g. "Is going to get an ETC. I call it etcetera treatment or bear cubs picnic."

There is also frequent play of words.

Always write an example of what is said.

Make a distinction between this and the 'bishop's move' where it is very difficult to see where the change in topics comes from.

2 = There is a sharp escape of ideas, but it is still possible to understand part of what the interviewee is saying.

3 = The entire conversation is like this in such a way that it is impossible to complete a useful interview.

LACK OF CONTENT IN SPEECH

The interviewee is so imprecise that he/she provides little information. The imprecision reaches such a high level that it is difficult to follow what he/she wants to say. The lack of content can be reached through repetitions, evasions, contradictions, digressions, not finishing sentences, or the use of extremely general terminology. The interviewee could or could not speak freely, but it is necessary to take into consideration the level of education, language development, and intelligence.

Examples should be provided.

An example of lack of content in speech could be:

P "Do you like the hospital?"

R "Well, hmm...not as much as, uh..I don't know how to say this. It is not the same to be in the hospital than, hmm... working...uh...working is not exactly the same, hmm...very similar, but, of course, it is not the exact same thing".

2 = The imprecision circumscribes to specific topics, which often times have great emotional weight.

3 = The imprecision is present throughout the entire interview

SELF-DIRECTED EXPRESSION

Self-directed expression clearly does not fit into the social context of the interview, e.g. does not speak directly to the interviewer when answering questions or during the conversation.

Non-pertinent or incoherent responses or comments to the interviewer's questions are considered as social and non-social speech. Include talking, mumbling, or whispering spontaneously to him/herself, continuing to speak when the question has already been answered, screaming to "voices", silent movements of the lips, etc.

Do not code self-directed expression as present unless it clearly corresponds to the definition. If you have a doubt, exclude it. Always give the interviewee the benefit of the doubt in what education, fluidness, and ability to use the language is concerned.

Stereotyped phrases or socially directed ukelele are not coded here, but the use of repetitive information not oriented toward social communication will be included here (e.g. huge amounts of information).

2 = Definitely present, but are not an evident characteristic of the interview (only occur during a limited period of time or in a limited array of topics)

3 = An evident characteristic throughout the interview (in which case the interview will, probably, be incomplete)

SOCIAL USE OF LANGUAGE AND SOCIAL INTERACTION

PROVISION OF INFORMATION

Interviewee's availability to talk about topics that have no emotional weight.

A good response is a reasonable narration without the need of many additional questions after the initial question. This item is only judged in relation to open-ended questions and is, as a result, associated mainly with the material at the beginning of the interview.

0 = Offers a reasonable narration without the need of multiple additional questions after the initial question

2 = The interviewee limits him/herself to respond only specific questions at the beginning of the interview, but responds with greater detail to the proceeding questions.

3 = The interviewee never produces a free flow of information.

N = Offers great amount of detail or a large amount of irrelevant information.

AMOUNT OF RECIPROCAL SOCIAL COMMUNICATION

A good response includes abundant use of verbal and non-verbal behavior (no matter the ability that is reached) for social *exchange*. This ability will be apparent during the first part of the CAPA interview.

0 = Abundant use of verbal or non-verbal behavior for social *exchange*, e.g. many chats, comments, and observations that seem to have a reciprocal purpose.

2 = Some reciprocal social communication (as in 0), but less frequent/abundant or less common in the amount of contexts in which it is used (independent of the amount of non-social communication)

3 = Most of the communication is oriented towards objects (e.g. asking for things) or consists in answering questions, or ukelele, or relates to particular worries; little or no social chat or exchange.

QUALITY OF SOCIAL APPROXIMATION

Quality of the interviewee's attempts to begin a reciprocal social interaction and the interviewee's interest in the interviewer's reaction to the social interaction more than to the topic.

0 = Integrates the facial expression, gestures and words to communicate a social intention.

1 = A somewhat strange social approximation; these approximations can sometimes be personal demands or be related to the interviewee's interests, but there is an attempt to involve the interviewer in a discussion related to such interests.

2 = Lack of integration of the verbal and non-verbal aspects, and the social quality of the approximations to the interviewer, this includes bringing to bear the interviewee's worries without any attempt to involve the interviewer in a discussion related to such interests.

3 = Almost no social approximation of any kind

QUALITY OF THE SOCIAL RESPONSE

Typical interviewees have a varied array of reactions to a social situation. The interest of this item is the lack of modulation of the child's questions and asseverations in response to the organizational requisites of the interview and the interviewer, and the interview's social demands.

0 = Wide array of reactions in accordance to the social situation

2 = Responds to the social situation but is socially inappropriate or awkward or not always regular.

3 = Little or no reaction to the interviewer's attempts to get the interviewee interested

INAPPROPRIATE QUESTIONS AND COMMENTS

If the content of the question is extremely inappropriate, it is not necessary to repeat it. Exclude the social lack of inhibition *with* social meaning.

0 = Questions and comments that are appropriate considering the conversation and the environment

1 = Some questions and comments are *socially* inappropriate because of the amount of repetitions and/or their content

2 = Frequently asks inappropriate questions or makes inappropriate comments

3 = The conversation consists mainly of inappropriate questions/comments

ARRAY OF FACIAL EXPRESSIONS

Repertoire of facial expressions exhibited by the child during the interview. The child can exhibit a wide, reduced, strange, or normal array of facial expressions. Synchrony with the emotional content of the topics under consideration is not required.

0 = Use of an appropriate array of facial expressions

1 = Some expressions, but rigid, artificial, or mechanic

2 = Limited use of facial expressions

3 = Reduced amount of facial expressions or complete absence of such expressions

N = Unusual or strange expressions

EMOTIONAL RECEPTIVITY TOWARDS THE INTERVIEWER

Refers to the child's emotional receptivity toward the interviewer. To code as '0', the child should show an appropriate array of variable emotions in response to what the interviewer says and to the way he/she conducts him/herself. That is, the child should react appropriately with preoccupation, pleasure, anguish, or other emotions required by the specific situation.

0 = Emotionally responds to the interviewer in a normal manner; exhibits an array of emotions that are appropriate to the interview's situation (but could, nevertheless, exhibit excess of emotions).

2 = Limited emotional response toward the interviewer; definitive evidence of an appropriate reaction, but with emotional restrictions

3 = Evident lack of emotional reaction towards the interviewer

GENERAL QUALITY OF EMPATHY

Evaluation of the ease of interaction between the interviewer and the interviewee.

0 = Comfortable interaction with the interviewer, which is appropriate in the specific context

2 = Certain ability to maintain contact but in an awkward, artificial, or mechanic manner

3 = Greatly eccentric interaction or interaction of only one of the parts which results in a very uncomfortable interview

NEGATIVE DEFYING BEHAVIOR

The interviewee is, deliberately, not cooperative. For example, he/she can sit in a chair far away and refuse to sit closer when he/she is asked to, or he/she can look at the ceiling and whistle instead of answering the questions.

Exclude interviewees whose lack of cooperation is due to fatigue or hunger.

2 = At least one episode of behavior that shows lack of cooperation or deliberate opposition that delays the interview

3 = Most of the interview is characterized by a lack of cooperation or deliberate opposition

UNUSUAL VISUAL CONTACT

There is an abnormal quality in the reciprocal visual contact between the interviewee and the interviewer.

Unusual visual contact and the evasion of visual contact can coexist.

0 = Appropriate look with subtle changes that are linked to another conversation

1 = Maintains social visual contact in a deficient manner with sustained and/or distant looks

2 = Only looks when asked for attention; rarely or never initiates socially appropriate visual contact

3 = Little or no socially appropriate visual contact; no spontaneous use of sight to initiate, finish, or control social interaction.

AVOIDANCE OF VISUAL CONTACT

Judgment of the amount of visual contact that the interviewee exhibits. The interviewee can avoid visual contact, due to shyness, in which case the interviewee can seem shy or embarrassed and look down at the floor, or displeasure, in which case the interviewee will look toward another side in a sarcastic manner. The visual contact, when reached, can be very normal. Avoidance of visual contact and unusual visual contact can coexist.

2 = The interviewee avoids visual contact during part of the interview, but the quality of the visual contact can be normal (e.g. it is not necessary to code it as unusual visual contact)

3 = The interviewee evades visual contact during most of the interview, but the quality of the visual contact *could* be normal, e.g. anomalies of quality are not coded here.

SOCIAL DISTANCE/POSTURE

Adequacy of the posture and changes in distance between the interviewee and the interviewer. Making concessions to the unusual circumstances of a psychiatric interview, the child should sit at an appropriate distance from the interviewer, tilt towards the front to show interest, etc.

0 = Posture and changes are appropriate in terms of distance between the interviewee and the interviewer.

1 = Sustains a more or less appropriate distance but with limited changes or with an extremely relaxed or rigid posture (*does not* include standing up and walking away). However, if there is doubt in terms of the distance/posture, code 1)

2 = Definitely inappropriate position; stays too far away and/or suddenly gets extremely close

N = Very strange social posture, not inappropriate distance (e.g. hide the head behind the arms or turning the back towards the interviewer)

SOCIAL LACK OF INHIBITION

Can include talking too much or an uninhibited way of talking, standing up, walking away, touching the interviewer, or closing his/her eyes.

Does not include aggression, unacceptable habits, or behavior mainly associated with a high level of activity, as it would be to run from side to side. On its own, socially disturbing behavior is not enough to code social lack of inhibition, it should be accompanied by consciousness of social conventions (of what is socially inappropriate).

0 = No obvious lack of social inhibition

1 = Impertinence/occasional lack of inhibition and somewhat ingenuous or lacking perception in the social aspect, but not to the point of feeling embarrassed.

2 = Definitive lack of appreciation of social conventions in the interview. Definitely lacks normal social inhibitions and sometimes conducts him/herself in a socially embarrassing way (can include interviewees with which the interviewer continuously structures the situation to minimize this behavior in such a way that the only occur sometimes)

3 = Sharp lack of social inhibition; the interviewee seems to have no consciousness of the social conventions and the social requisites in such a way that his/her behavior is frequently embarrassing or inappropriate

PROTESTS OR LAMENTS

Protests refer to the demands or sustained protests, or demands made in a tone that is louder than the child's normal tone of voice. Can be verbal or non-verbal (cries are coded in another place).

Laments refer to continuous complaints made in a conversational tone.

Can be verbal or non-verbal.

Code only if the protests or laments are a repeated and perturbing characteristic of the interview, in spite of petitions to stop. Occasional complaints are expected and should not be coded here.

0 = Absent

2 = Disturbs part of the interview, but the child responds when he/she is asked not to do so

3 = Disturbs the entire interview, in spite of being asked not to do so

UNUSUAL WORRY ABOUT SPECIAL INTERESTS/ACTIVITIES

For example, a popular singer, dinosaurs, bus schedules, or the Guinness Book of World Records. If it were for the child, the interviewee would talk about this topic most of the time.

0 = There is no object, activity, or topic of conversation that worries him/her abnormally

1 = An unusually special interest but does not disturb during the interview

2 = Sharp worry that bothers and that occasionally interferes with the interview

3 = Sharp worry that interferes considerably with the interview

SOCIALLY UNACCEPTABLE HABITS

Includes sticking his/her finger in his/her nose, etc., but not fits, destructive or aggressive behavior, or stereotypes. Also exclude unusual behavior that is coded elsewhere in the section of items of observation.

0 = None

1 = Occasional and/or partially dissimulated socially unacceptable habits

2 = Frequent, repeated, not dissimulated socially unacceptable habits (sticking his/her finger in his/her nose, scratching the genital area, etc.)

3 = Not dissimulated, constant show of socially unacceptable habits during the entire interview

FITS

An active show of feelings of fury that are manifested by screaming, screeching, crying, hitting, throwing objects, kicking the floor, or aggression. Some of these associated items are also coded elsewhere. The display must last at least 15 seconds.

0 = Absent

2 = Present

DESTRUCTIVE CONDUCT

The interviewee breaks, destroys or mutilates something during the interview. This item does not refer to breaking things apart to see how they work, nor includes clumsiness.

0 = Absent

2 = Present

INTERPERSONAL AGGRESSION

Threats of violence or attempt of physical violence

0 = No threats or attempt of violence

2 = Threats of physical violence

3 = Attempts, or not, to throw things or to hit another person

OBSERVATIONS OF THE MOOD

SMILES AND LAUGHTER

- 0 = Appropriate and varied use of smiles
- 1 = Smiles in a limited and artificial manner
- 2 = Rarely smiles, or does so inappropriately
- 3 = No smile
- 4 = Excessive smiles that seem to have no connection with social interaction

EXPRESSION OF SADNESS

Refers to maintaining an expression of sadness during most of the interview, to the extent that it seems unusual for the material under discussion.

- 2 = Can sometimes be counteracted discussing some neutral or pleasant topic.
- 3 = Almost never gets better even when discussing a neutral or pleasant topic.

ANXIETY

The interviewee maintains a tense and worried look and posture during most of the interview, to the extent that it seems unusual for the material being discussed. Can sound and seem scared and worried. His/Her voice and hands could shake.

- 2 = Can sometimes be counteracted discussing some neutral or pleasant topic.
- 3 = Almost never gets better when discussing a neutral or pleasant topic.

TRASTORNO OF THE AUTONOMIC NERVOUS SYSTEM

Signals of dysfunction of the autonomic nervous system, hyperventilation or frequent sighing, blushing, sweats, cold hands, enlarged pupils or faints. More than one of these autonomic signals must be present.

- 0 = **Trastornos** of the autonomic nervous system are not observed.
- 1 = Occasional or mild **trastornos** of the autonomic nervous system like blushing, getting pale, or sweating when under tension.
- 2 = Trastornos of the autonomic nervous system that occur in various occasions when under tension.
- 3 = Trastornos of the autonomic nervous system disturb the interview

CRYING

His/Her eyes get full of tears or cries during the interview, but is not associated or a direct consequence of separation from the parents.

0 = No tears observed

2 = Tears or tearing associated only with topics or circumstances of emotional weight

3 = Continuous tearing

EFFUSIVENESS

Refers to the degree of inappropriate animation, enthusiasm, and smiling face during most of the interview, which seems unusual considering the material being discussed.

2 = Can sometimes be counteracted discussing neutral material

3 = Almost never gets better even when discussing neutral material

IRRITABILITY

The interviewee irritates easily, thus incurring in irritable, defensive, or antagonistic behavior during the interview.

Exclude ***gross motor excitement*** in which the interviewee turns violent and can attack someone or destroy objects. Both symptoms, of course, can occur at the same time.

2 = Can sometimes be counteracted discussing neutral material

3 = Almost never gets better even when discussing neutral material or it is necessary to interrupt the interview due to the irritability

SUSPICION

The interviewee's suspicion invades his/her behavior and/or attitudes during the interview.

2 = Sometimes can be counteracted discussing neutral or pleasant material

3 = Almost never gets better even when discussing neutral or pleasant material.

PERPLEXITY (CONFUSION)

The interviewee seems perplexed. He/She cannot construct the explanation of the experiences that seem rare to him/her. These can include delirious ideas of reference, changes in perception, inopportune thoughts, etc., or the interviewee simply seems disoriented.

The perplexity can coexist with suspicion, in particular when the interviewee does not know exactly what he/she feels suspicious about, but he/she feels that there is something to be suspicious about. Both symptoms, however, are separate, and should be coded independently.

2 = Sometimes can be counteracted by changing the topic

3 = Almost never gets better by changing the topic

WEAKNESS OF MOOD

The interviewee's mood is changing. At one time he/she can feel scared, and, at some other time, he/she feels confident. Euphoria can alternate with depression, or hostility with kindness. Include different degrees of manifestation of a specific mood, e.g. fluctuations between normal animosity and exaltation. Include all variants, e.g. consider only weakness of mood, not the type of mood that is exhibited. The degree of change in mood should be sharply anomalous.

The interviewee's mood typically changes in response to the topic under discussion. To qualify them here, the changes must be unusually evident in what amplitude and level of change is concerned. Thus, for example, tearing while discussing the loss of a loved one would not count; but tears that alternate immediately with smiles and jokes while discussing topics of general interest, like relationships with peers, are considered proof of weakness of mood.

2 = Changes in amplitude of mood and the level of change in mood are evidently anomalous, but in general, depend on the topic.

3 = Changes in amplitude of mood and the level of change in mood are evidently anomalous, but independent from the context of the interview.

BLUNT AFFECT

This term refers to bluntness of affect, emotional indifference, and apathy. Essentially, the symptom implies a reduction in the emotional reactivity in connection with the topics discussed. The interviewee's face and voice lack expression, he/she shows no interest in the interview and does not respond emotionally to changes in topics of conversation; shows indifference when distressing topics are discussed (whether or not these topics relate to delirious ideas). The array of *emotional* expression is very limited.

Make a distinction between the incongruence of affect in which the affect is expressed, but is totally unrelated with the affect that is regularly expected.

2 = Bluntness is not uniform e.g. sometimes the interviewee responds with affect to the context, but at other times, the affect seems blunt. Responds with some affect, but definitely less than what is expected.

3 = Severe and uniform bluntness, not modified by the context.

INCONGRUENT AFFECT

The array of emotional expressions is not necessarily reduced (it could have increased), but the expressed emotion has no relation to what is expected. For example, an interviewee laughs while discussing a sad episode.

The absence of emotions when they are expected is coded as blunt affect and not as incongruent affect/

2 = The incongruence of affect occurs only sometimes during the interview

3 = The incongruence of affect occurs frequently

DISTRACTION

The interviewee's attention is caught by trivial stimuli that occur while the interview is taking place, such stimuli are usually not noted and would not produce a reaction, and are not expected to interfere with the interview.

The interviewee can argue about the design of the wallpaper instead of answering to a question, or interrupt him/herself to talk about the furniture or about the sound made by someone passing by.

Write an example.

2 = Occurs often but the interviewee's attention can be rescued without disturbing the interview.

3 = Occurs throughout the entire interview and disturbs its progress

HALLUCINATIONS AND Obnubilation

BEHAVES AS IF HE/SHE SUFFERS FROM AUDITIVE HALLUCINATIONS (VOICES)

You can assume from the interviewee's behavior that the interviewee suffers from auditive hallucinations. His/Her lips move without producing any sounds, or screams something occasionally as if he/she were responding, looks around or up to where voices seem to be coming from. Be careful with interviewees who seem to laugh with themselves given that this happens frequently due to embarrassment or shyness and it is not necessarily a signal of auditive hallucinations.

2 = The interviewee seems to be hallucinating during part of the interview

3 = The interviewee seems to be hallucinating during the entire interview

OBSERVED MENTAL OBNUBILATION

Inadequate understanding of external impressions, with perplexity, fluctuating impairment of attention, orientation, and receptivity.

0 = Completely oriented

2 = Obnubilation

3 = Acute delirious ideas with changes of conscience that looks like a trance and can include visual hallucinations.

STUPOR

Complete absence of voluntary movement (except eye movement), but without obnubilation or deterioration of conscience. You will be able to see patients in sub-stupor talking in a very limited way.

0 = Absent

2 = Interviewee in sub-stupor (the interviewee can respond briefly to questions with monosyllables)

3 = Stupor

QUALITY OF INTERVIEW

ADEQUACY OF INTERVIEW

Code your subjective impression of the quality of the information collected during the interview. The interviewee, on occasions, may have refused to give adequate descriptions of the symptoms or may have tried deliberately to mislead the interviewer. Psychotic phenomena could have lead to complaints or information that seems obviously impossible or, at least, highly misleading.

2 = The interview is inadequate, only in some specific parts of the interview. Write the sections where it is likely that the information cannot be trusted/

3 = The entire interview is inadequate

Code the following items:

ADEQUACY OF INTERVIEW

MISLEADING RESPONSES OR LIES

DID NOT ORALLY ANSWER MANY OF THE QUESTIONS

CAUTIOUS INFORMANT

REFUSED TO CONTINUE

DETERIORATED CONSCIOUSNESS

INTOXICATED WITH ALCOHOL OR DRUGS

PLACE INAPPROPRIATE FOR INTERVIEW

POOR HOME ENVIRONMENT

Code the negative physical qualities of the home environment, in particular those that refer to unpleasant or insecure qualities that affect the child. Do not code here except in cases in which it is evident that the house does not meet the minimum requisites to be inhabited.

2 = Inadequate home environment or meets minimum requirements to be inhabited reflected by a deteriorated structure (large areas with chipped paint, broken doors or windows), evidently uncomfortable temperature or large amounts of dirt

3 = Home environment that does not meet the minimum requirements to be inhabited evidenced by severe structural damages (holes in the ceiling or the walls), extended interruption of heat or water, broken tubes, exposed and insecure electric wires, unpleasant smell not related to preparation of meals, dirt and infested by plagues.

ADDITIONAL COMMENTS

Include any additional comment about the child, the parents, or the interview in general.