

## Q & A: Administration Guide for the CASTER™

The Child and Adolescent Screener for Traumatic Events and Response (CASTER™) is a screening tool for trauma exposures and related responses in children and youth. It is meant to be used in the context of assessment prior to treatment for the appropriate treatment intervention to be selected.

The CASTER is designed for mental health professionals with training and experience in childhood trauma. The CASTER is typically used in clinical mental health services.

The CASTER should **NOT** be used for making determinations in child protection or criminal justice matters, as it is not a risk-prediction tool; rather, it is a clinical tool to support assessment and treatment of children and youth.

### **1. *Who should be administering the CASTER?***

The CASTER is designed for mental health professionals with training and experience in childhood trauma. The CASTER is typically used in clinical mental health services.

### **2. *Who should fill out the CASTER?***

- Any parent/caregiver of a child (ages 0-5 and/or 6–18 years) will fill out the “Parent/Caregiver Report”.
- Youth (age 12–18 years) will fill out the “Self-Report”.

Ideally, both youth and parent/caregiver complete the CASTER for youth aged 12–18.

### **3. *What are circumstances under which the CASTER may not be appropriate?***

The circumstances under which the CASTER may not be appropriate include:

- If the respondent (youth or parent/caregiver) expresses reservations or hesitancy about completing the CASTER.
- Situations where there is no opportunity to follow-up and debrief the CASTER in real time immediately upon completion.
- Situations where there is inadequate privacy for the youth or parent/caregiver to complete the measure.
- Crisis situations where the safety of the youth or parent/caregiver is not assured.

#### **4. *When should the CASTER be filled out?***

The CASTER is a screening tool and should be completed as part of the initial assessment process. It is important to have the necessary consent and rapport established to allow for safety to explore this sensitive material.

#### **5. *How should the CASTER be filled out?***

Youth or parent/caregivers should only fill out a double-sided printed version of the form (not a photocopied version). A photocopy does not capture shaded distinctions between the rows of items and may lead to completion errors.

Youth may disclose experiences and/or concerns on this form that they may not feel comfortable sharing in the presence of their parent/caregivers; therefore, youth and parent/caregivers should be given separate and private spaces to complete the CASTER.

Some youth or parents/caregivers may need additional support from the clinician to complete the form.

#### **6. *Where should the CASTER be filled out?***

Given the sensitive nature of the questions, the CASTER should be completed within a clinical setting with the support of a clinician. Youth and parents/caregivers should be provided separate and private spaces to complete the CASTER. They should be provided with as much time as needed for completion.

The clinician should be available to provide support and answer questions, if necessary.

#### **7. *What should the clinician do after the CASTER has been filled out?***

Before the youth/parent/caregiver leaves the meeting, the clinician should review the CASTER to make sure that it is complete and leave time to debrief with the respondent. The clinician should review any incomplete items to determine if there are questions and assist with completion where appropriate.

#### **8. *What about a duty to report?***

The youth or parent/caregiver may have disclosed information whereby the clinician has a duty to report or otherwise act on the information provided as per applicable laws or ethical standards.

The following items are critical items that may require immediate action:

## **Section ONE:**

- 11. Drug overdose for your child or someone close to your child
- 12. Learned about serious harm, injury, or abuse of a family member or someone close to your child
- 21. Hurt, bullied, or threatened in person or online by someone outside of the family
- 26. Physically hurt by parent/caregiver (e.g., hit, kicked, hit with object)
- 27. Physically hurt (e.g., hit, kicked, hit with object) by a close family member who is NOT a parent/caregiver
- 28. Harsh non-physical discipline by parent/caregiver (e.g., locked in room, withholding food)
- 29. Harsh or cruel criticism (e.g., threats, name calling, insults) by parent/caregiver
- 30. Not enough food, appropriate, or clean clothing, or other basic needs
- 31. Not enough affection, attention, or comfort from a parent/caregiver
- 32. Saw or heard conflict/violence between parents/caregivers (e.g., screaming, threatening, hitting, kicking)
- 35. Parent/caregiver with problematic drug or alcohol use, gambling, or other excessive behaviour (e.g., video games, social media, shopping)
- 36. Parent/caregiver with serious emotional or mental health problems
- 39. Highly sexual home (e.g., saw/heard adult sexuality, frequent sexual language)
- 40. Exposed to, made to do, or had sexual things done to them by someone in the family
- 41. Exposed to, made to do, or had sexual things done to them by someone outside the family
- 42. Been offered gifts, money, or drugs/alcohol to do sexual things
- 44. Kidnapped or abducted

## **Section TWO**

- 13. Risky or reckless behaviours that endanger themselves or others
- 15. Playing with matches, lighters, fire
- 41. Thinking or talking about harming or killing themselves
- 42. Suicide threats or attempts
- 43. Purposely harming themselves (e.g., cutting hitting themselves)
- 44. Thinking or talking about harming or killing others
- 45. Verbally or physically hurtful towards people
- 48. Using alcohol, inhalants, or recreational drugs

49. Concerning sexual behaviors (e.g. excessive sexual comments/ behaviors, preoccupation with accessing sexual media)

50. Trying to make others do sexual things touching others in a sexual way

### **9. What if a youth or parent/caregiver does not fill out the CASTER?**

A youth or parent/caregiver may choose not to complete the CASTER. For their records, agencies may want to note that the youth or parent/caregiver declined to complete the CASTER. The youth or parent/caregiver may be offered another opportunity to complete the CASTER, if appropriate.

### **10. What if the CASTER is incomplete?**

There are several reasons that all the questions may not be completed. The clinician should review the items that have not been completed with the youth/parent/caregiver to determine if they did not understand the question, were unsure how to fill it out, or were not comfortable answering. If the client feels that they can then answer the question, they should do so.

## How to Introduce the CASTER

### **Step 1: Introduce the form:**

**Please read the following when introducing the CASTER to Youth:**

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*"I would like you to fill out this questionnaire. It will take about 15-20 minutes to complete. It will help me understand past events in your life that you may have experienced. It will also help me to understand how issues you may be having may or may not be related to past upsetting events. This information will help me understand how to best support you."*

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(It may be appropriate to review the limits of confidentiality immediately before administering the CASTER. See Step 2, below.)

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*"I will leave you to complete this on your own. If you find that a question is not clear, you can leave it blank, and I can help you answer it when I return. The questionnaire is optional; however, the more information I have, the better I can help you."*

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**If you feel that the youth may have difficulty completing the questionnaire, you can suggest:**

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*“If you would prefer, I can stay and help you complete the questionnaire.”*

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**Please read the following when introducing the CASTER to Parent/Caregivers**

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*“Please fill this out based on your child’s experience, to the best of your knowledge.”*

*“If yourself have a history of traumatic experiences, filling out this questionnaire may bring up uncomfortable feelings and memories. This is entirely voluntary, and it is intended to help us understand your child. Please feel free to stop at any point and let me know how I can support you”.*

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(It may be appropriate to review the limits of confidentiality immediately before administering the CASTER. See Step 2, below.)

**If you feel that the parent/caregiver may have difficulty completing the questionnaire, you can suggest:**

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*“If you would prefer, I can stay and help you complete the questionnaire.”*

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**Alternatively:**

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*“If there are questions that you are unsure of, you can always leave them blank, and we can look at them together – and answer them – after you have completed the rest.”*

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**In circumstances where there are concerns regarding the maturity or reading level of the youth or parent/caregiver, you may want to ask:**

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- *“Would you like me to go through this with you or would you like to fill it out on your own?”*
  - *“If you are not clear what a word or question means, even if you think you know what a word or question means, you can ask me.”*
  - *“If you would prefer, I can stay and follow along with another copy of the questionnaire as you complete yours.”*
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### **Step 2: Review Confidentiality:**

It is crucial to review confidentiality and its limits when beginning any service. It may be appropriate to review the limits of confidentiality immediately before administration, as the CASTER may be administered sometime after the limits to confidentiality have been discussed.

### **Step 3: Explain how to complete the form:**

After introducing the CASTER, please go through and explain each section to the youth/parent/caregiver to ensure they understand how the form should be completed.

### **Section ONE**

- ***Page 1 Exposures: “Which of the following have you ever experienced?” (Self-Report) - Check which applies.***
- ***Page 1 Exposures: “Which of the following has your child ever experienced?” (Parent/Caregiver Report) – Check which applies.***

It is important to explain that, for each question, they need to select YES or NO based on the **child/youth’s** experience.

The youth or parent/caregiver should choose either YES or NO for each question - not both. If they are unsure, they can leave it blank and discuss the question with the clinician afterwards.

If the answer is YES, the youth or parent/caregiver then selects how much the event currently affects the child/youth.

- If the event does not currently affect the child/youth, they would choose “**Not at All.**”
- If the event moderately affects the child/youth, they would choose “**Somewhat.**”
- If the event greatly affects the child/youth currently, they would choose “**Very Much.**”

## Section TWO

The clinician can introduce this page with:

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“These questions will help me understand some of the challenges you are dealing with now.” (Self-Report)

“These questions will help me understand some of the challenges that your child is dealing with now.” (Parent/Caregiver Report)

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- **Page 2 Symptoms: “During the past 6 months, how often have you experienced the following? (Self-Report) – Circle which applies.**
- **During the past 6 months, how often has your child experienced the following? (Parent/Caregiver Report) – Circle which applies.**

*Each item is rated as **Never, Sometimes, or Often.***

Ask the youth or parent/caregiver to circle only ONE option (**Never, Sometimes or Often**). If they are unsure, they can leave it blank and discuss afterwards. \*

*\*Be sure to clarify that “**Sometimes**” includes a single occasion.*

## Section TWO

### Family Stability Questions

Review these questions with them and point out that all refer to since birth:

#### Self-Report

- Since birth, how many TIMES has a parent/important caregiver (e.g., stepparent, foster parent, grandparent) left your life in a significant way?
- Since birth, how many TIMES have you lived away from parents/important caregivers (e.g., foster care, group home, with extended family)?
- Since birth, how many DIFFERENT schools have you attended?

#### Parent/Caregiver Report

- Since birth, how many TIMES has a parent/important caregiver (e.g., stepparent, foster parent, grandparent) left your child's life in a significant way?
- Since birth, how many TIMES has your child lived away from parents/important caregivers (e.g., foster care, group home, with extended family)?
- Since birth, how many DIFFERENT schools has your child attended?

#### Providing Additional Comments:

*"If you want to add other information or make a comment about anything you shared on the CASTER, please note it in "Additional comments" space (page 1 and 2) and "Other concerns" (page 2). (Self-Report and Parent/Caregiver Report).*

Remember to check the CASTER after the youth/ parent/caregiver has completed it to ensure that everything is filled in properly. If items are left blank, bring the item to the attention of the youth or parent/caregiver, and clarify why it is left blank (did not want to answer, did not understand question, etc.).
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