

Child and Adolescent Wellbeing Scale (CAWS): A Feasibility Study



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Introduction

- The Child and Adolescent Wellbeing Scale (CAWS) is a new observational assessment tool that was created to meet a need for a measure to assess child-level outcomes of trauma-informed interventions, care, and services (Cross & Purvis, 2019).
- The CAWS assessment is designed to be used for:
 - Clinical evaluation of the needs of children
 - Evaluation of change over time in children exposed to a trauma-informed intervention
- The foundation of the CAWS lies in the following:
 - Understanding of the developmental significance of parent-child relationships for children's wellbeing
 - Child-caregiver attachment and impact of relational trauma
 - Bath's Three Pillars of Trauma-Informed Care (Bath, 2008)
- The CAWS is a 25-item scale and consists of three subscales:
 - Connection (7 items)
 - Regulation (10 items)
 - Felt-Safety (8 items)
- The 5-Likert scale is used to indicate the level of agreement or disagreement with each statement regarding the child's state and/or behavior. Response options ranged from negative two to positive two (-2, -1, 0, +1, +2).

Objectives

Explore the **feasibility** (aims to find how achievable the scale is to complete), **acceptability** (aims to find how applicable and useful the scale is), and **appropriateness** (aims to ensure that the scale is measuring what it intends to measure) of the CAWS instrument.

Method

Participants

- Twenty mental health clinicians
- 95% white, 85% female, mean age 40.5 years, 100% Master's degree

Procedure

- Following CAWS training, each participant independently observed and rated 15 pre-recorded videos of child-caregiver dyad interactions
- Clinicians provided feedback on the CAWS instrument content and format after rating the videotaped interactions

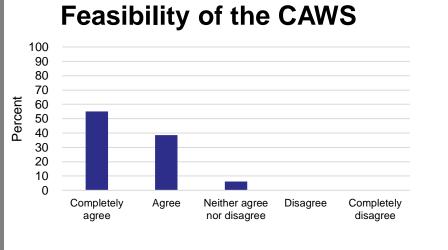
Materials

- 15 pre-recorded videos of interactions between children and their caregivers
- Child and Adolescent Wellbeing Scale (CAWS)
- Feedback forms based on the feasibility, acceptability, and appropriateness of intervention measures (Weiner et al., 2017)

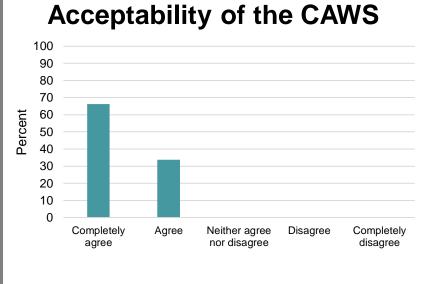
Analyses

• Feasibility, acceptability, and appropriateness: Descriptive statistics

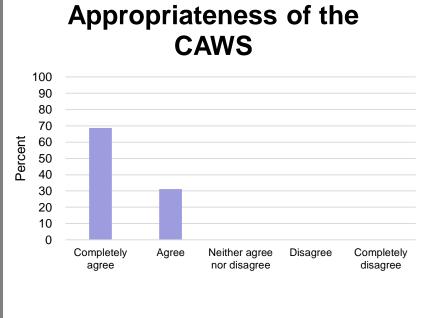
Results



93.75% of clinicians indicated that CAWS is a feasible instrument



100% of clinicians indicated that CAWS is an acceptable instrument



100% of clinicians indicated that CAWS is an appropriate instrument

Limitations and Future Research

Discussion

evaluation tool with excellent reliability,

feasibility, acceptability, and appropriateness.

proposing a new assessment instrument that

through the trauma-informed lens and in the

This new instrument has the potential to inform

practice helping service providers identify the

which has important implications for trauma-

needs of a child and document change over time,

relational context.

informed interventions.

This study fills the gap in the measurements by

examines the socio-emotional wellbeing of a child

This study demonstrates the CAWS as a promising

- The current study uses self-reported measures, which might lead to common method bias and potentially inflate the strength of the association between explored variables.
- Additional studies should further investigate the CAWS instrument's validity in more varied contexts and with a larger sample size.
- CAWS instrument would benefit from a reliability study focusing on CAWS applicability in field settings and its utility in measuring change over time.

Child and Adolescent Wellbeing Scale

	-2	-1	0	1	2		N/A
Avoids or does not seek proximity to the caregiver	0	0	0	0	0	Periodically seeks proximity with caregiver	0
2. Appears uncomfortable toward caregiver (e.g., tense or guarded posture)	0	0	0	0	0	Appears comfortable toward caregiver (e.g., physically relaxed posture, familiarity with caregiver)	0
3. Does not look to caregiver for verbal and/or nonverbal social cues	0	0	0	0	0	Demonstrates verbal and/or nonverbal social referencing (e.g., looks to caregiver for reaction and/or imitates caregiver's response)	0
4. Does not engage with caregiver (e.g., avoids eye contact, touch, behavior matching, playfulness)	0	0	0	0	0	Engages with caregiver (e.g., eye contact, touch, behavior matching, playfulness)	0
5. Does not appear to enjoy caregiver's presence (e.g., does not smile or laugh in response to caregiver)	0	0	0	0	0	Appears to enjoy caregiver's presence (e.g., smiles, laughs in response to caregiver)	0
6. Does not appear emotionally attuned with caregiver (e.g., no shared affect, does not try to mirror/talk about thoughts/feelings)	0	0	0	0	0	Appears emotionally attuned with caregiver (e.g., shared affect, tries to mirror/talk about thoughts/feelings)	0
7. Appears to not feel comforted (fearful, wary, clingy, whiny) when caregiver is present	0	0	0	0	0	Appears to feel comforted when caregiver is present	0

	-2	-1	0	1	2		N/A
Child's emotions appear to be inappropriate to the situations observed (e.g., continually anxious, furtive, hyper)	0	0	0	0	0	Child's emotions appear to be appropriate to the situations observed (e.g., calm, in control of self, label emotions)	0
2. Unable to communicate needs appropriately	0	0	0	0	0	Able to communicate needs appropriately	0
Recovery from setbacks appears difficult and prolonged (e.g., does not return to previous activity or emotional state or does so after a period of dysregulation)	0	0	0	0	0	Appears to recover from setbacks quickly (e.g., returns to previous activity or emotional state within a few minutes)	0
Does not appear to recover from setbacks through co-regulation with caregiver	0	0	0	0	0	Appears to recover from setbacks through co-regulation with caregiver	0
5. Avoids, is upset, or is overwhelmed by tasks or situations that are challenging	0	0	0	0	0	Seeks, embraces, and/or enjoys tasks or situations that are challenging	0
6. Difficulty staying on task and/or is easily distracted (e.g., walks away, focus is elsewhere)	0	0	0	0	0	Stays on task and is able to focus attention	0
7. Lacks self-discipline (e.g., mpulsive actions, hyper silliness, cantrums)	0	0	0	0	0	Demonstrates self-discipline (e.g., asking permission, waiting patiently)	0
Demonstrates limited executive functioning relative to age (e.g., poor planning, organization, goal-directed activity)	0	0	0	0	0	Demonstrates robust executive functioning relative to age (e.g., attention, planning, organization, goal-directed activity)	0
9. Lacks self-awareness (e.g., unaware of own feelings, interests, preferences, needs)	0	0	0	0	0	Demonstrates self-awareness (e.g., aware of own feelings, interests, preferences, needs)	0
10. No display of emotion (e.g., indifference, flat affect)	0	0	0	0	0	Expresses emotions clearly (e.g., labels or shows joy, frustration)	0

	-2	-1	0	1	2		N/A
Facial expression is flat, frowning, scowling, tense, or fearful	0	0	0	0	0	Displays warm or relaxed facial expression (e.g., smiles, soft eye contact)	0
Appears hyper vigilant, jumpy, and/or wary	0	0	0	0	0	Appears centered and well- balanced (e.g., easy-going, relaxed, assured, calm, untroubled)	0
Appears closed off to experiences (e.g., freezes or withdraws)	0	0	0	0	0	Appears open to experiences (e.g., willing to try new things)	0
 Voice tone is agitated, rigid, whiny (baby talk) and/or child does not speak 	0	0	0	0	0	Voice tone is resonant/musical and conveys warmth	0
Appears disengaged and/or lacks interest and curiosity toward caregiver	0	0	0	0	0	Appears engaged, interested, and/or curious toward caregiver	0
6. Is not interactive with others (e.g., plays independently or withdraws)	0	0	0	0	0	Is consistently interactive with others	0
7. Does not explore physical or social environment	0	0	0	0	0	Explores physical or social environment	0
8. Does not demonstrate playfulness (e.g., rigidity,						Demonstrates playfulness (e.g.,	

References

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