ABSTRACT
Psychosocial disturbances are pervasive mental health illnesses affecting 1 out of 10 children in America. The Child and Adolescent Functioning Assessment Scale (CAFAS) is a benchmark instrument assessing adolescent impairment in day-to-day functions. This study will examine the extent to which subsets of the CAFAS behavior dimension may be correlated with subsets of the performance dimension.

RELEVANT LITERATURE
The CAFAS is a multi-dimensional instrument measuring adolescent functioning across two dimensions (behavior oriented and performance oriented). The CAFAS consists of eight critical subscales (Figure 1) and has been identified as an instrument used to assess psychosocial functioning among children and adolescents. The methodological approach in the preponderance of extant studies utilized subscales as either solely dependent or independent variables. These studies offered less information regarding the correlation between subsets of the behavior and performance scales. Identifying behavior dimension subsets that are correlated to performance dimension subsets can provide critical information conducive to structuring interventions for children and adolescents undergoing psychosocial treatment.

PROBLEM
The CAFAS is a multi-dimensional instrument measuring adolescent functioning across two dimensions (behavior oriented and performance oriented). The CAFAS consists of eight critical subscales (Figure 1) and has been identified as an instrument used to assess psychosocial functioning among children and adolescents. The methodological approach in the preponderance of extant studies utilized subscales as either solely dependent or independent variables. These studies offered less information regarding the correlation between subsets of the behavior and performance scales. Identifying behavior dimension subsets that are correlated to performance dimension subsets can provide critical information conducive to structuring interventions for children and adolescents undergoing psychosocial treatment.

PURPOSE
The purpose of this quantitative study is to expand the body of knowledge on the CAFAS subscales and their usefulness in identifying new treatment modalities for children and adolescents diagnosed with psychosocial impairment. For the purposes of this study the eight CAFAS subscales will be divided into two broad dimensions: (a) performance oriented and (b) behavior oriented (Figure 1).

DATA ANALYSIS
Question 1: Canonical correlation analysis, a = .05, will be used to assess the relationship between the behavior subscales and the performance subscales. Specifically, the approach is used to see if particular subsets in one dimension (behavior) are related to subsets in another dimension (performance).

Question 2: This question will be analyzed by converting identified dimension gender correlation coefficients into z-values (Fishers r to z procedure) and then assessing statistical difference between the observed z-values.

LIMITATIONS
This study will be limited to child and adolescents located in two servicing regions located in central Idaho. The population consists primarily of Caucasian individuals. Therefore, the results of this study cannot be generalized beyond this population. The use of a non-experimental design will limit internal validity.

SOCIAL CHANGE IMPLICATIONS
The implications for positive social change include the potential to identify day-to-day behavior that may be able to predict performance. These potential relationships can aid child services facilities in identifying appropriate intervention strategies aimed toward reversing negative performance outcomes; getting the child back to a more preferred functional state. There is an potential for Health and Human Services policy-makers to better allocate limited resources aimed toward effective and efficient treatment. Coordinating agencies (Figure 2) stand to benefit from this knowledge as there is a potential to understand the relationship between adolescent behavior and performance.

PROCEDURES
A non-experimental ex post facto design using archival data will be employed to address the research investigation. CAFAS data collected during child and adolescent initial intake sessions will be used for this study. A minimum of 400 intake records will be randomly selected from the adolescent treatment facility database.

Figure 1. Graphical depiction of the CAFAS dimensions and associated subscales.

Figure 2. Graphical depiction of coordinating agencies.