

K-CAT[®] Pilot Initiative—Second Learning Collaborative



Center for Workforce
Excellence in EBPs

Powered by NYU McSilver

Agenda



Center for Workforce
Excellence in EBPs

Powered by NYU McSilver

Agenda for Webinar

- Intro/Welcome (CWE)
- Data (Ashley)
- Desk Review Summary (Hannah)
- K-CAT[®] New Developments (Hannah)
- Clinical Presentation (Paige)
- Q&A

Data



Center for Workforce
Excellence in EBPs

Powered by NYU McSilver

K-CAT Training

- **57 individuals from 10 agencies were trained in the K-CAT**
 - 7 people are no longer participating in the project
 - 1 was an intern and is not seeing cases
 - 8 supervisors were trained and not seeing cases
- **41 individuals from 9 agencies have completed at least one K-CAT assessment thus far**



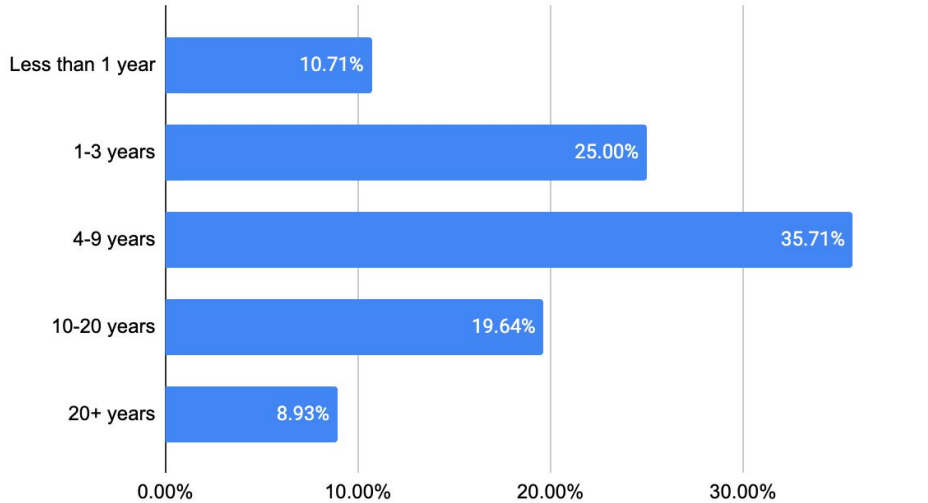
K-CAT Training Participant Demographics

- 84% individuals trained were female
- 75% of individuals trained were white
- 70% of individuals trained were between ages of 25-44
- 100% of individuals trained had a master's degree or higher
- 75% of individuals trained were licensed
 - 70% LMSW or LCSW
- 93% of individuals trained were full-time



K-CAT Training Participant Demographics

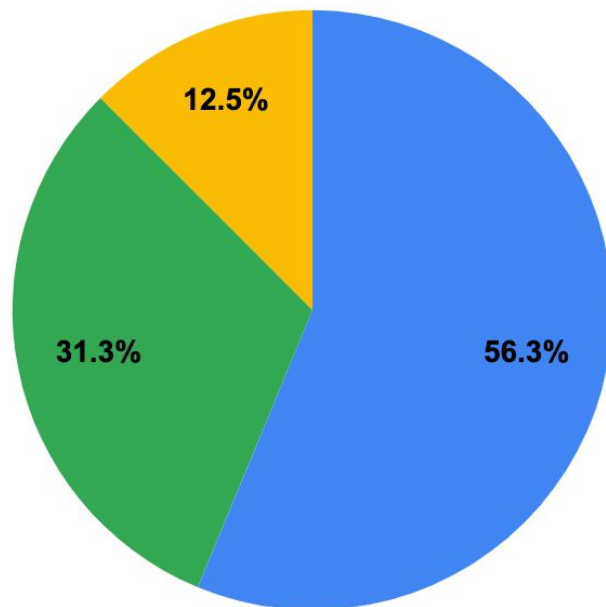
How many years have you been in practice?



Length of Time with Current Agency:

- 18% less than 1 year
- 48% 1-3 years
- 27% 4-9 years
- 7% 10+ years

Why did you sign up for the K-CAT training? (Select All)



● Required by supervisor/agency ● Personal Interest ● Recommended by colleague/peer



Center for Workforce
Excellence in EBPs

Powered by NYU McSilver

Aggregate Results



Center for Workforce
Excellence in EBPs

Powered by NYU McSilver

K-CAT Completion

- **445 TOTAL**
 - 326 paired interviews were completed
 - 163 completed by caregivers
 - 163 completed by youth
 - 324 of the paired interviews were completed at one time point
 - 2 of the paired interviews were completed at 2 time points
- 32 assessments were completed by caregivers only (their child did not complete)
 - 29 caregiver only assessments were completed at one point in time
 - 3 caregiver only assessments were completed at two time points
- 87 assessments were completed by youth only (their caregiver did not complete)
 - 75 youth only assessments were completed at one point in time
 - 12 youth only assessments were completed at two points in time

Language K-CAT Completed

Of the K-CATs administered:

- English: 393 (88%)
- Spanish: 52 (12%)
 - 2 sites have administered the K-CAT in Spanish



K-CAT Completion Time

- Average time by Child: 13.05 minutes (782.6 seconds)
- Average time by Adult: 8.23 minutes (493.5 seconds)
- Average time Overall: 10.93 minutes (656.0 seconds)



Probability of Diagnosis: Top Two Areas

Across all children: **ADHD and Generalized Anxiety Disorder** top two areas that client would receive diagnosis if full diagnostic interview was administered

36% of children had suicide warning flag

Probability of Diagnosis: a number that represents the probability that a client would receive a given diagnosis if a full diagnostic interview was administered where 0 represents the lowest probability and 1 represents the highest probability

Produced for each of the modules only if both the child and a caregiver have completed the module

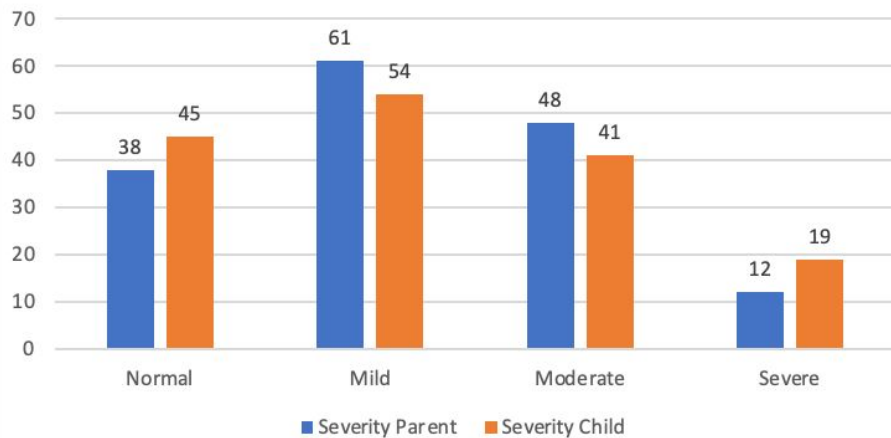
Co-Occurring Probability of Diagnosis

- 31% of children have probability of diagnosis scores of more than one diagnosis
- The most common co-occurring diagnosis scores are for ADHD and ODD

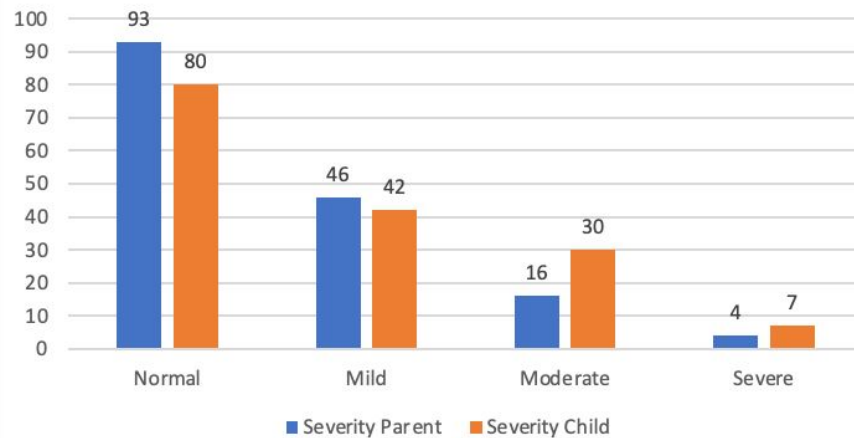


Severity Ratings by Parent + Child

ODD Severity Category

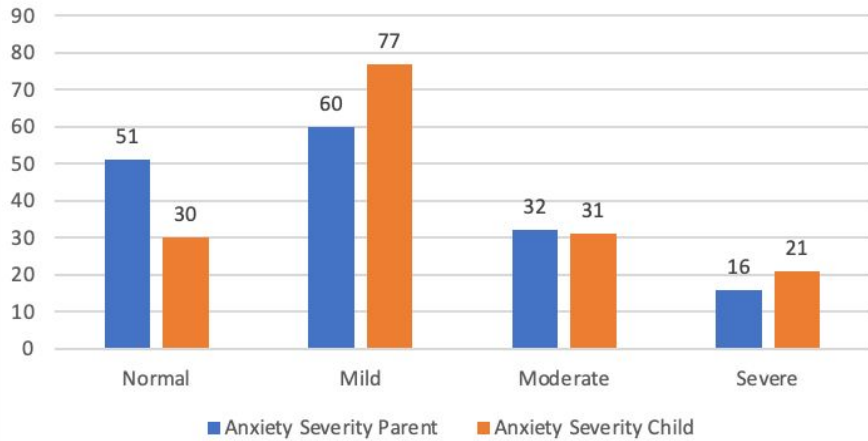


CD Severity Category

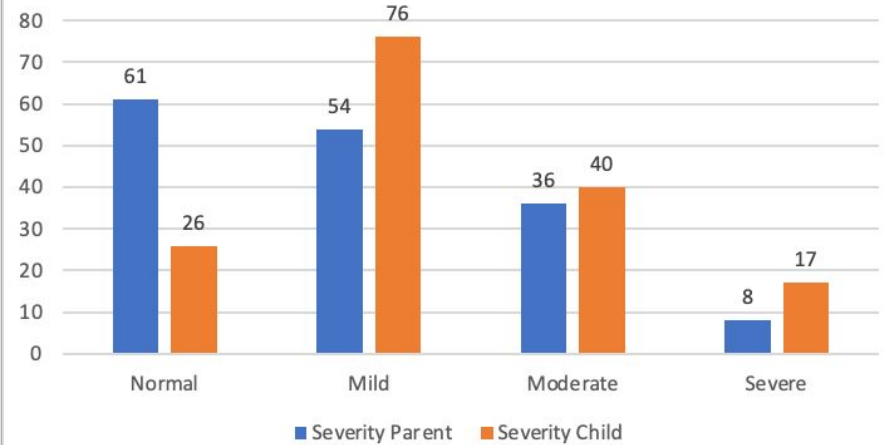


Severity Ratings by Parent + Child

Anxiety Severity Category

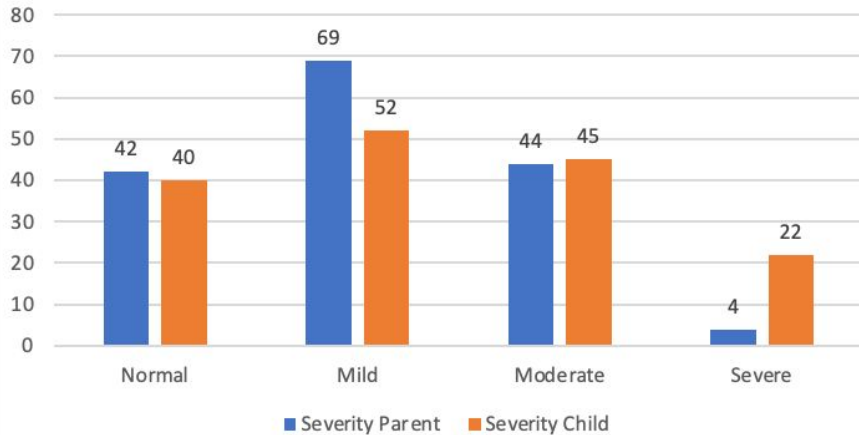


Depression Severity Category

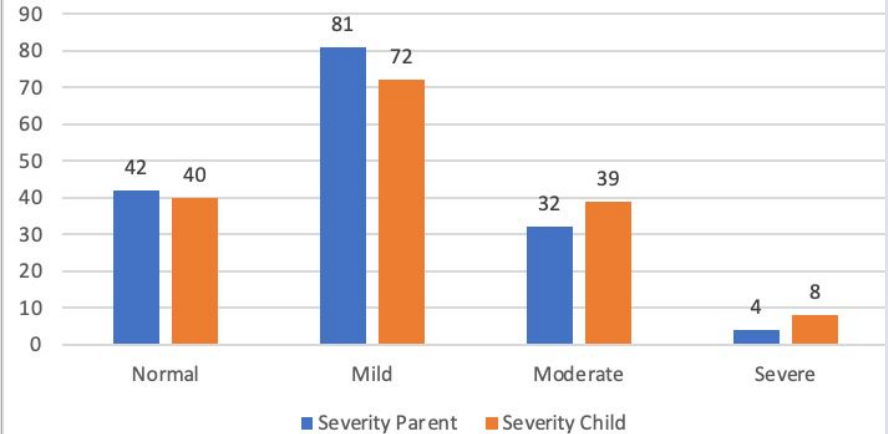


Severity Ratings by Parent + Child

ADHD Severity Category



Mania Severity Category



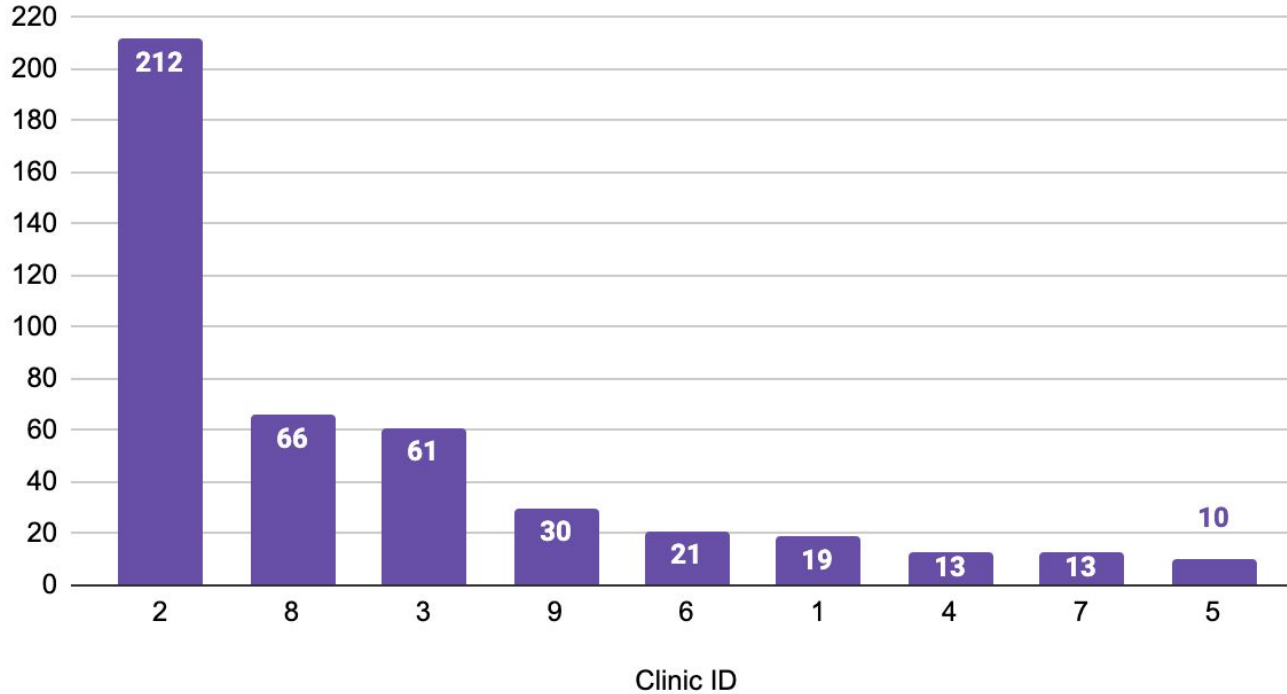
K-CAT Completion by Clinic



Center for Workforce
Excellence in EBPs

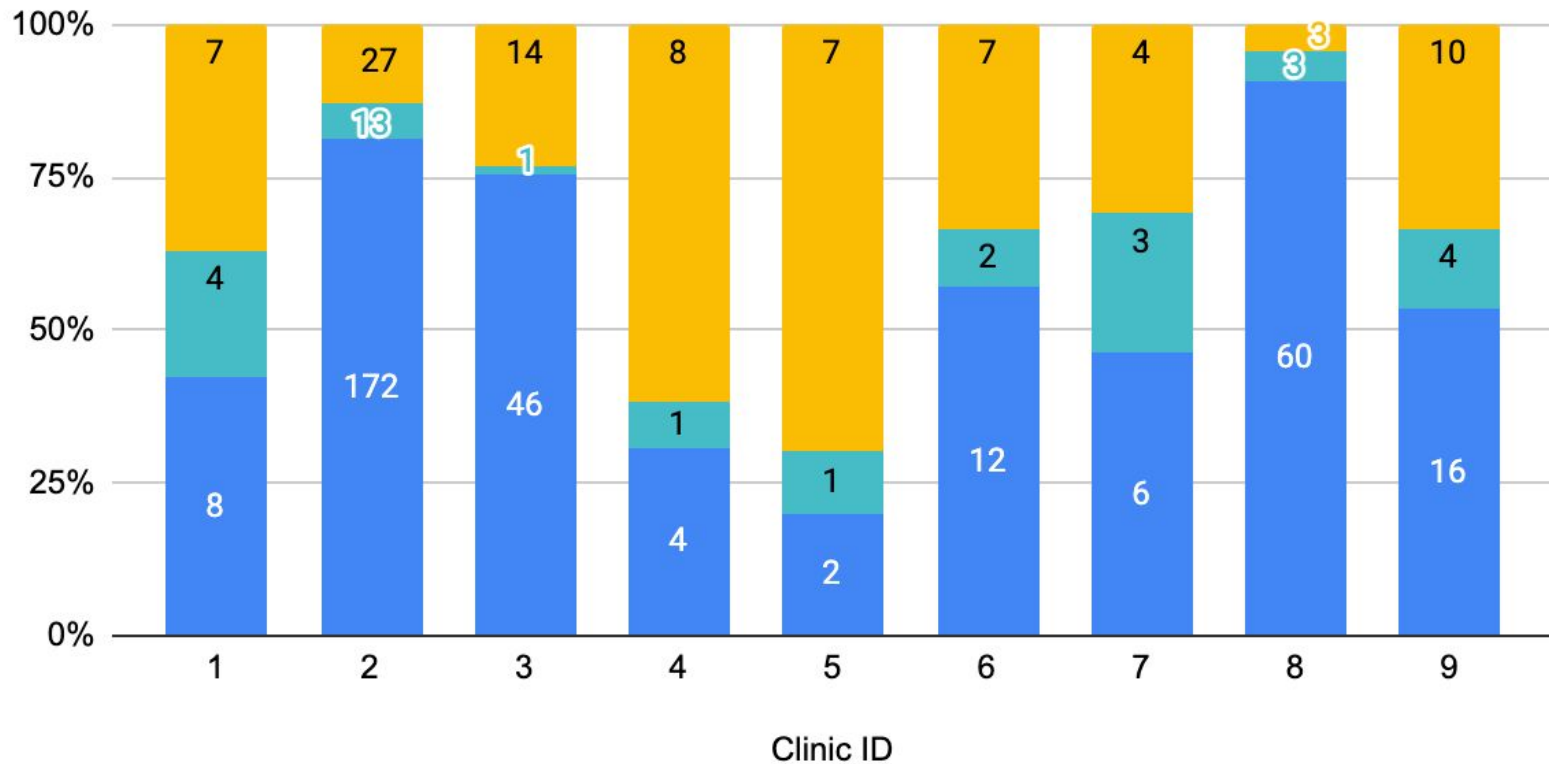
Powered by NYU McSilver

K-CAT Completion by Clinic



K-CAT Completion by Clinic

Child Parent Paired



Desk Review Summary



Center for Workforce
Excellence in EBPs

Powered by NYU McSilver

Desk Review Topics

- Difficult vocabulary:
 - ATT is in the process of adjusting the item bank to improve understanding of questions.
 - This also includes a full review of the “enemy” items
 - The K-CAT® was validated using the existing item bank. Changes to the item bank must be carefully considered and prevent validation issues.
- Suicide Warnings:
 - Suicide warnings can be generated based on both Active and Passive suicide questions (questions from other modules like Depression).
- New templates available for use
 - K-CAT® with SUD and Suicide
 - K-CAT® without SUD
 - K-CAT® without Suicide
 - K-CAT® without SUD and Suicide



Survey Results / Responses

- Back button: Because of the adaptive nature of the assessment, a back button isn't possible as each new question relies on the responses to the previous questions. If participants feel they answer "incorrectly" or by mistake, that's ok!
- Talking to parents / clients about the purpose of the K-CAT® is important. If you're sending remotely, you'll want to be sure that parents know to expect an email or text.
- Giving an approximate time frame to caregivers / children ahead of time is helpful so that they know what to expect.



Sample Changes

Original Question	Edited Question
I was impulsive.	I was impulsive (I acted without thinking).
I was blue.	I was blue (I felt very down or sad).
I “conned” other people.	I “conned” (tricked or took advantage of) other people
I was often irritable.	I was often irritable (easily annoyed or angered).
I had increased motor activity and energy.	I needed to move more and had more energy.



Center for Workforce
Excellence in EBPs

Powered by NYU McSilver

Available Resources

- **K-CAT® Desk Review Summary** - overview of desk reviews
- **K-CAT® Interpretations Guide** - resource for understanding the scores
- **Child and Parent / Caregiver-facing information sheet** - helpful guide to discussing the K-CAT® with children and parents / caregivers
- **K-CAT® Module Overview** - short overview of each of the modules
- **K-CAT® Step-by-step Guide** - a handy tool to walk through the different steps of using the Control Panel



Reminders

- The K-CAT® is designed to be completed by the child and parent / caregiver *on their own*. Assistance *can* be provided but should be done on a specific question basis. The K-CAT® itself isn't a conversation but the results of the assessment can help to jump-start a conversation.
- The results of the K-CAT® should be considered in the larger context – What do you know? What's new?
- The K-CAT® should be completed with all new intakes AND one client should be followed longitudinally by doing the K-CAT® every month.



K-CAT[®] New Developments



Center for Workforce
Excellence in EBPs

Powered by NYU McSilver

K-CAT-PTSD

- Now available in all templates within your accounts
- Scoring categories differ:
 - No evidence of PTSD
 - Possible PTSD
 - PTSD Definite or Highly Likely
- Average of 6 questions administered
- Based on a modification of the Child PTSD Symptom Scale for DSM-5 (CPSS-5), a measure of PTSD for traumatized youth based on DSM-5 criteria.



Clinical Presentation



Center for Workforce
Excellence in EBPs

Powered by NYU McSilver

K-CAT[®] Advantages

- **Comprehensive:** Assesses up to 9 mental health domains
- **Efficient:** full battery takes less than 10 minutes for youth and caregivers to complete
- **Electronic administration** seems to increase acceptability
- **Response bias** seems to be lower
- **Multi-informant measurement:** offers both self- and parent-report versions
- Useful for both **identifying mental health concerns** and **tracking symptom change over time**

Administering the K-CAT[®]

- Child and caregiver should complete the K-CAT[®] **on their own** either remotely or in the clinic.
- If the child needs help, the clinician instead of the caregiver should provide help.
- If you are concerned about the validity of K-CAT[®] responses, it may be helpful to look at item-level output on score report and follow up with youth or caregivers *after they have completed the K-CAT[®]*.

Administering the K-CAT[®]

- **Modules that include both youth and caregiver report:** Anxiety, Depression, Mania, Attention-Deficit/Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), Conduct Disorder (CD)
- **Modules that include youth report only:** Suicide, Substance Use Disorder (SUD), Post-Traumatic Stress Disorder (PTSD)

Interpreting the K-CAT[®]

Results for each module include:

- **Severity score:** continuous score rated on a 100-point scale
- **Category:** normal, mild, moderate, or severe; or, low risk, medium risk, high risk
These may differ between the youth and caregiver assessment; the higher of the two is typically the better estimate to use.
- **Precision score:** the degree of certainty of the severity score
- **Probability of diagnosis score:** the probability that a child would receive a given diagnosis if they were given a full diagnostic interview

*A **suicide warning** will appear if youth score in the severe range on the K-CAT[®]-SS

Example score report:

- 14-year-old male presenting for psychiatric evaluation
- Prior ADHD diagnosis
- Positive screen on ASQ

	Child Ratings	Caregiver Ratings
Suicide	Category: severe Severity: 62.1 Precision: 3.2	N/A Prob of suicide: 0.978
Anxiety	Category: normal Severity: 29.2 Precision: 6.4	Category: moderate Severity: 53.8 Precision: 4.3 Prob of GAD: 0.164
Mania	Category: mild Severity: 44.9 Precision: 4.7	Category: mild Severity: 51.0 Precision: 4.4 Prob of BP: 0.028
ODD	Category: severe Severity: 67.8 Precision: 5.4	Category: moderate Severity: 63.2 Precision: 3.0 Prob of ODD: 0.907
ADHD	Category: mild Severity: 44.8 Precision: 6.1	Category: moderate Severity: 56.5 Precision: 5.1 Prob of ADHD: 0.609
Depression	Category: moderate Severity: 63.0 Precision: 5.0	Category: moderate Severity: 57.5 Precision: 3.9 Prob of MDD: 0.163
CD	Category: moderate Severity: 54.9 Precision: 5.0	Category: moderate Severity: 69.9 Precision: 4.8 Prob of CD: 0.511

Qualitative follow-up can also be useful:

- Item level results available on CAT-MH[®] control panel
- For instance, item level endorsements on the K-CAT[®]-SS by the case example shown here

+ Lately, I just can't be bothered to do anything.

- Not at all
- Just a little
- Somewhat
- Quite a bit
- Very much

+ I felt alone.

- Not at all
- Just a little
- Somewhat
- Quite a bit
- Very much

+ I felt worthless.

- Not at all
- Just a little
- Somewhat
- Quite a bit
- Very much

+ I stopped enjoying anything.

- Not at all
- Just a little
- Somewhat
- Quite a bit
- Very much

+ I felt everyone would be better off without me.

- Not at all
- Just a little
- Somewhat
- Quite a bit
- Very much

+ My life wasn't worth living.

- Not at all
- Just a little
- Somewhat
- Quite a bit
- Very much

I made a suicide attempt (I tried to kill myself).

- No
- Yes

I had a plan for how I would kill myself.

- Not at all
- Just a little
- Somewhat
- Quite a bit
- Very much

I thought about killing myself.

- Not at all
- Just a little
- Somewhat
- Quite a bit
- Very much

Q & A



Center for Workforce
Excellence in EBPs

Powered by NYU McSilver