



Understanding COVID-19,
Trauma, and Children's Mental
Health: Utilizing the FACT to
Guide Interventions

Questions & Answers

Presented by Eric Culqui, MA, PPS, and Terri Sisson, EdS

PAR™ • 16204 N. Florida Ave. • Lutz, FL 33549 • 1.800.331.8378 • www.parinc.com

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Q: When and where will the recording of this webinar be available?

A: The recording of the webinar and handout materials are available on the [PAR Training Portal](#).

Q: Can we see a sample score report? Do you have a list of the questions in the assessment?

A: There is a sample score report on the FACT [product page](#) under the “Resources” tab. This report includes questions, with some of the questions redacted.

Q: Are CPD/CEUs provided if we attended this training? Will we get a certificate of attendance?

A: NASP CPDs are not available for this webinar; however, a certificate of attendance will be sent to those who participated in the live session.

Q: How much does the FACT cost?

A: Please visit the [product page](#) for pricing and other relevant information.

Q: Can you review the information included on the FACT scales and what they measure?

A: Four clinical scales (Behavior, Emotional, Physiological, Academic), one index (Trauma), and a supplemental Resiliency scale paint a broad picture of students’ functioning. Two validity scales are also provided.



Q: How many questions are on the FACT?

A: The FACT Teacher Form consists of 79 items and takes approximately 10 minutes to complete.

Q: Does the FACT contain questions addressing suicidality?

A: There are questions about self-harm and engaging in self-injurious behaviors—but none specifically about suicidality. The questions about self-harm and self-injurious behavior can point to a follow-up with the student regarding suicidal ideations or attempts.

Q: As a school psychologist, how would I go about sharing the FACT with a teacher? Do we send a link or give them the website?

A: The FACT Teacher Form is a digital-only product. Using your [PARiConnect](#) account, you would email a link to the intended teacher.

Q: Is there a paper version of the FACT Teacher Form, or is it only available online?

A: Currently, the FACT Teacher Form is available only in digital format via PARiConnect.

Q: Is this a tool that a private-practice LMFT can use with a student outside of school? Can they initiate it through the outside therapeutic relationship?

A: While a community mental health provider could use the FACT Teacher Form, it was



designed to be completed by a classroom teacher or other educator familiar with the student's typical behavior and day-to-day functioning. Coordinating with the child's guardians and school staff would be a possible method to get the FACT Teacher Form completed.

Q: Will there be an adult version of the FACT later? Is there an anticipated release date for parent/child forms?

A: The FACT is designed for children ages 4–18 years. There are no current plans to create an adult version. However, PAR publishes the Trauma Symptom Inventory, Second Edition (TSI-2), which is designed for ages 18–88 years and is available on our [website](#).

The FACT Parent and Self-Report Forms are currently in development and will be released in the near future. Please keep an eye on the [PAR website](#) for updates.

Q: Would we need consent to give something like this?

A: Yes. Consent from a child's parents or legal guardian would most likely be needed prior to requesting a teacher to fill out the FACT Teacher Form.

Q: Does this give intervention recommendations based on the ratings?

A: The FACT report is a score report only and does not include intervention recommendations. Future updates to the report may include recommendations.

Q: Would this be used in place of a BASC or in conjunction with a BASC (or other social/emotional



rating scale)?

A: The BASC-3 is a broadband measure, while the FACT is a narrowband measure. A practitioner should not rely on one measure alone for any diagnosis or educational placement. Broadband and narrowband measures work well in conjunction with one another, along with other assessments, for diagnostic and placement purposes.

Q: Has there been any comparison of FACT scores with other groups of students who have not been exposed to trauma, like those with depression, anxiety, etc.?

A: The FACT was given to several different clinical groups—ADHD, externalizing disorder, internalizing disorder, and trauma-related disorder. Control groups matched on age, grade, gender and ethnicity. This was a mixed clinical group, rather than separating those with specific diagnoses (depression, anxiety, etc.).

As expected, individuals in the mixed clinical group had significantly higher raw scores on the Behavior scale, Academic scale, and Trauma Index as compared with the matched control group. Similarly, individuals in the mixed clinical group also scored higher on the Physiological and Emotional scales, though the differences did not meet clinical significance. Also, it was not surprising that the Resiliency raw scores for the control group were significantly higher, with a medium effect size.

Q: How is learning loss being measured?

A: I'm always concerned about the objectivity/subjectivity of some of the questions. The teacher can answer about something that is observable, but how do they know what is going on in the child's mind (e.g., does the child think about catastrophes in school?) if the child does not directly express this. A follow-up student interview would be useful until the Self-Report Form is released.



Q: What about COVID trauma—if you are seeing impediments to functioning but are not aware of any other specific trauma, would this be appropriate?

A: When two people encounter a similar situation, one may respond with tolerable stress while another will develop a trauma response. This is true of COVID-19, too. Some children will return to school fully functioning, others will struggle, and still others may have resulting trauma (either from dealing with COVID-19 or from being in a home with ACEs for a prolonged period of time).

If a child has a trauma response, whether from COVID-19 or some other trauma, the FACT is a strong measure of how the trauma impacts their functioning.

If you suspect that the student's response is mainly from COVID-19, you may want to use the FACT in conjunction with the [PASS-12 \(Pandemic Anxiety Screener for Students\)](#). Just 12 questions, the PASS-12 is also authored by Dr. Steven G. Feifer and assesses the impact of a pandemic on a student's everyday functioning.

Q: At which tier of support do you feel the FACT is most helpful? Would you suggest the FACT be used for Tier 3 students only?

A: In a 3-tiered model such as Multi-tiered Systems of Support, the use of the FACT Teacher Form would be more dependent on the individual context of the student in question more than the tier or tiers at which they are receiving support. While the FACT Teacher Form is ideal for completing a psychological–educational assessment, it is not limited to students being considered for special education eligibility, as trauma, unfortunately, can potentially affect all students.

Q: If children are not told what *not* to do (e.g.,



unacceptable behaviors such as "no yelling out"), how do they know what is acceptable?

A: The fundamental intention of Positive Behavior Interventions and Supports (PBIS) is to increase pro-academic behaviors by creating a roadmap for success. This can include direct instruction and reinforcement of positive behaviors. However, children will often engage in negative behaviors despite best efforts. A well-structured discipline matrix stating clear behavioral guidelines and consequences is also key to a well-developed PBIS program.

Q: How can a school help a child or family if the trauma is at home, there are no issues at school, and the family is receiving support from public agencies, but homework completion is being impacted?

A: If the trauma response is only in the home, with no issues at school, it will be important to continue the community support. Often, when students have a significant number of ACEs in the home, or even lack of family support, homework completion suffers. Schools should be cognizant of these issues and support whenever possible. Some school districts have waived homework requirements, or provided a study hall type of environment, in such cases.

Q: I'm seeing many autistic students who are showing signs of trauma after COVID-19. It looks like this test may not be valid for non-speaking students. Can you share any info you have on that?

A: Some of the questions will be based on the verbal communication capabilities of the child. However, non-verbal children with autism do communicate in variety of ways.



Depending on the specific context of the non-verbal child being evaluated, individual item responses should be reviewed to inform overall analysis of the Trauma Index and Scale scores of the FACT.

Q: Is this a good tool for students who are selectively mute (or suspected as being selectively mute)?

A: Selective mutism is an anxiety-based disorder. If trauma is suspected, the FACT would be a good narrowband measure to include to determine the impact of suspected trauma on the child's functioning. As part of a comprehensive evaluation, best practice suggests a broadband social–emotional measure, as well an additional narrowband measure, be given—in this case, an anxiety measure.

Q: What are some examples of how the FACT would be used in a comprehensive evaluation, either for initial eligibility or re-evaluation?

A: For children evaluated when trauma is suspected, the FACT Teacher Form would best be used as a narrowband social–emotional measure in conjunction with a broadband measure.

Q: How can this be used with emotional/behavioral disturbance (EBD) eligibilities?

A: The FACT is not diagnostic in nature and will not indicate if a child meets eligibility criteria for emotional disturbance or diagnostic criteria for an emotional/behavioral disorder. However, if trauma is suspected, the FACT Teacher Form would be a useful narrowband social–emotional measure to use in conjunction with a broadband measure.



Q: How long/well does a teacher need to know a child in order to administer the FACT Teacher Form?

A: The FACT manual states that "the FACT Teacher Form Research Edition is designed to be completed by any individual who's had extended contact with the student (ages 4–18 years) in an academic setting." The generally accepted guidance for "extended contact" is 60 to 90 days.

For more information, please visit parinc.com or call 1.800.331.8378
