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BACKGROUND & PURPOSE

- Physical, social, & attitudinal environmental factors affect participation of children & youth with disabilities in home, school & community contexts
- The Child & Adolescent Scale of Environment (CASE) [6] has been identi as a promising measure of environmental factors [7, 8].
- The CASE is an adaptation of the Craig Hospital Inventory of Environmer Factors (CHIEF), an instrument initially designed to assess environmentation barriers experienced by adults with disabilities [9].
- The CASE was designed as part of the Child & Family Follow-up Survey (CFFS), a parent-report measure to assess outcomes & needs of childre youth with acquired brain injuries & their families. Now it can be used sep from the CFFS & for children/youth with other conditions [10, 11].
- The CASE is brief but has good coverage of environmental domains in the International Classification of Functioning [12] & is free, publically availab requires no formal training to use [6-8].
- It has reported evidence of test-retest reliability (ICC = 0.75), internal consistency (Cronbach's α = 0.84 & 0.91) & construct validity [2,6-8; 13-1
- Prior factor analyses identified 4 main factors (58% of the variance expla
 - Problems associated with home / community (includes inadequate information, problems with government policies);
 - School-related problems (support, assistance, services, equipment, attitudes);
 - Problems with physical design of school, home & community;
 - Other family / neighborhood problems (family stress, problems with finances, inadequate transportation, & neighborhood crime / violence) [6]
- A key criticism of the CASE is that most psychometric evidence comes fr studies on children & youth with acquired brain injuries.
- The purpose of this study was to further examine the validity of the CASE for Canadian youth ages 11 to 17 years with a broad range of chro conditions and disabilities.

METHODS

- Baseline data examined from large longitudinal study on predictors of cha in quality of life of youth (ages 11-17) with disabilities from 8 children's rehabilitation centers in Ontario, Canada [11, 17, 18].
- The CASE includes 18 items that ask parents/guardians about the impact problems that their child directly or indirectly encounters with physical, so attitudinal environment features of the child's home, school & community.
- Items rated on a 3-point scale (1=no problem; 2=little problem; 3= big problem; 2=little problem; 3= big pr
- Higher CASE scores indicate greater impact of environmental problems
- Data analyses: Internal scale structure & consistency (Exploratory fact analyses & Cronbach's α); Convergent validity (Pearson correlations); Discriminant / known groups validity (Independent t-tests, Analysis of Vari Scheffés Post-hoc comparison tests)

PARTICIPANTS (n= 430 youth with disabilitie

- Youth mean age was 14 years (SD=2.2); 55% were male
- 35% had cerebral palsy, 14% acquired brain injury, 9% autism spectrum disorder, 8% spina bifida, 8% cleft lip/palate, 8% developmental delay 4% amputation, **3%** communication disorders & **13%** other conditions
- Parents' mean age was 45 years (SD = 6.5); 88% were female
- English spoken in 90% of families' homes, French in 2%, Others in 8%

Further validation of the Child & Adolescent Scale of Environment (CASE): Youth with disabilities

RESULTS: Internal Structure & Consistency

| Exploratory Factor Analysis | | Factor ' | 1 Fa | actor 2 | Factor 3 |
|---|---|---|--|---|--|
| | | Community / | Home | Resources | Physical Design / |
| CASE items | | Resource | S SCHOOL | I RESOUICES | Access |
| 1. Home: Physical design | | 0.105 | - | 0.015 | 0.782 |
| 2. Community: Physical design | | 0.103 | | 0.017 | 0.846 |
| 3. School: Physical design | | -0.049 | | 0.389 | 0.631 |
| 4. Community/Home: Support | | 0.613 | | 0.430 | 0.199 |
| 5. School: Support | | 0.207 | | 0.852 | 0.073 |
| 6. School: Attitudes | | 0.195 | | 0.791 | 0.129 |
| 7. Community: Attitudes | | 0.445 | | 0.475 | 0.148 |
| 8. Assistive Devices/Equipment | | 0.381 | | 0.232 | 0.479 |
| 9. Community/Home: Assistance | | 0.654 | | 0.311 | 0.099 |
| 10. School: Assistance | | 0.202 | | 0.815 | 0.111 |
| 11. Transportation | | 0.265 | | 0.122 | 0.576 |
| 12. School: Programs/services | | 0.315 | | 0.653 | 0.106 |
| 13. Community: Programs/services | | 0.622 | | 0.221 | 0.264 |
| 14. Family Finances | | 0.750 | | 0.078 | 0.209 |
| 15. Family Stress | | 0.683 | | 0.167 | 0.210 |
| 16. Community: Crime & Violence | | 0.428 | | 0.088 | -0.021 |
| 17. Government agencies/policies | | 0.709 | | 0.107 | 0.207 |
| 18. Information | | 0.611 | | 0.292 | -0.084 |
| Variance explained (total = 55.02%) | | 21 970/ | 1 | 8.64% | 14.51% |
| Color-coded factor loadings ind Internal Consistency: Cront Community / Home Resourc | icate items used to bach's alphas we es (0.85); Scho | ere moderate to h ol Resources (0. | oscales igh for the CASE 85); Physical De | (0.89); & facte | or subscales: |
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• 3-factor scale solution similar to previous 4-factor solution & accounted for large proportion of variance.

• 3 factor subscales had moderate to high internal consistency suggesting they might be good estimates of 3 CASE environment dimensions.

 CASE scores significantly correlated with CAFI & CASP scores in expected directions & magnitudes (convergent validity evidence).

• Similar to other studies, youth with higher CASE scores (more problematic environment) had lower CASP scores (less extent or more restricted *participation*) & higher CAFI scores (*more severe impairment*) [2, 7, 13-16].

Scores appear to discriminate for condition & impairment type/ severity, but not for age or sex.

• Youth expected to have greater physical & social environmental problems (e.g., cerebral palsy, autism spectrum disorder, spina bifida), had higher CASE scores than youth expected to have less environmental problems (e.g., cleft lip/palate, amputation).

 Study design features limited generalizability & statististical conclusion validity (i.e., unequal representation of conditions; lack of data on race, ethnicity & socio-economic status; most youth had cerebral palsy & were from English-speaking families living in Ontario, Canada).

• Further CASE psychometric testing needed using larger, more diverse samples to include confirmation of 3 factor scale solution & examination of responsiveness to change in scores over time.



DISCUSSION

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For more information about the CASE: http://sites.tufts.edu/garybedell/measurement-tools/