

Kempe Assessment Form (attached)

Suggestions for Conducting the Assessment

When a family in a target area scores positive on the screen, an assessment of needs and strengths for a family begins. To complete an assessment using the Family Stress Checklist (FSC) a family assessment worker (FAW) would arrange to meet with the family, either prenatally or within two weeks of the birth of their baby. In gathering information on the 10 items on the FSC, the following suggestions have proven helpful in facilitating the process of completing, documenting and scoring the FSC and providing appropriate information and referrals to the family.

- A. To establish quick rapport and lay the groundwork for building trust, a FAW would engage the family in an outgoing, friendly, nonjudgmental and respectful manner.
- B. While gathering information, the FAW helps create and maintain a comfortable environment by beginning with less personal items and weaving together the information being obtained in a relaxed, conversational style. To insure that families feel that they are being heard and respected, the FAW observes both verbal and non-verbal cues and responds appropriately in directing the flow of information being gathered.
- C. To minimize distractions, the FAW limits the amount of writing and note taking during the assessment process.
- D. As needs and strengths are expressed by the family, the FAW avoids
- E. making verbal and non-verbal value judgments on this information since these can inhibit the family from freely sharing negative feelings.
- F. The FAW must be careful not to promise assistance to meet the family's stated needs that cannot or would not be carried out by the family support worker or which are not in keeping with the agency's policies
- G. When asking #6 on the FSC, the FAW must first assess who is present and if this question would put the mother or baby at risk. If the father is present asking him first may help determine if the mother needs to be asked this at another time.
- H. When concluding the assessment, the FAW thanks the family for sharing, assures confidentiality (has a consent form signed) and offers appropriate information and/or referrals. It is important to leave each family with some written materials regarding parenting of newborns, as well as the name, phone number and address of the FAW and the agency they are representing.

After reviewing the intake summary gathered from the FSC conversation, the Home Visitor and Supervisor should complete the following notes form. This will assist the Home Visitor in focusing on the family's stressors/areas of concern.

Family Stress Checklist Notes

1. Childhood
2. Substance abuse, mental health, history of arrests
3. Previous or current CPS involvement
4. Self-esteem, available support, depression, coping skills
5. Stressors
6. Potential for violence
7. Expectations of baby's behavior
8. Discipline of children
9. How do you describe your baby?
10. Bonding/attachment

Sample Assessment

Case #:224110063

Date: August 25,1997

PERSONS PRESENT: MOB, BA, FAW. Assessment took place in the home of MOB's foster parents, where she lives with FOB and BA. It was clean and orderly.

MOB is a 20-year-old, gravida 1 Caucasian woman. She was neatly dressed and had also dressed the BA up for my visit. She directed me to the dining room where we sat at the table. The BA was sleeping in her infant seat on the dining room table.

FOB is a 29-year-old African American man. He has two children, ages 3 and 4 or 5 who live in Washington, D.C. He has not seen them since 1994.

BA is an 8-day-old female.

1. CHILDHOOD HISTORY: MOB's parents were married at 18; she was born two years later, and they were separated when she was two. They were divorced last year. MOB lived with MGF briefly and with his parents; then at 3 went to live with MGM. She reported that MGM never hit her, would discipline her by sending her to her room, making her write a phrase over and over, stand in the corner, not allow her to go out and play with her friends, or take away TV. MGM drank alcohol regularly, and was not home very much so that MOB was on her own a lot. MGF also drank everyday and was addicted to prescription drugs which he started taking for a disc problem. He entered a recovery program five years ago and has been clean and sober since then. MOB's only other sibling is MGF's 5-year-old child, who lives in Massachusetts with MGF and his wife.

MOB was raped twice when she was 13; she was hospitalized at 13 for a suicide attempt; as a result she was placed in foster care after her release, and has not lived with MGM since then, as it was determined that MGM could not supervise her adequately. She lived with one family for a short time, and then came to live with current family until she was 18 when she moved out to be on her own. MOB was hospitalized again at Hall Brooke because she was depressed and suicidal for two weeks when she was 16. At 18, she was raped again.

MOB reported that FOB's mother died when he was 10 and his father when he was 18. His MGM helped to raise him. He was punished with a switch by his mother every week. His father would beat him with his hands when he did something wrong. MOB did not know how often this occurred; she reported that PGF was a large man.

Score: MOB FOB
10 10

2. SUBSTANCE ABUSE, MENTAL ILLNESS OR CRIMINAL HISTORY: MOB began smoking cigarettes at age 8; at 12 she began drinking alcohol, starting with beer. In recent years, her drink of choice has been rum. She would drink a pint at a time; usually only on weekends if she was not working the next day. She also smoked pot every day, and has continued to do so until she became pregnant. She cut down on cigarettes to half a pack during the pregnancy and stopped drinking altogether. She denied any other

drug use; only once getting a joint that was laced with angel dust. MOB reported depression and a suicide attempt for which she was hospitalized. She was put on antidepressants and saw a therapist for a year. She was hospitalized again at 16 (while still in school) for two weeks because she was feeling suicidal. Again, she took medication, but only for a short time. She saw a psychiatrist and a therapist at the Child Guidance Center. She stopped taking the meds on her own, and says she has not had a recurrence of the depression or the suicidal thoughts. MOB denied any criminal history, only two traffic violations.

MOB reported that FOB was arrested in Washington, D.C. for dealing drugs and served time in jail prior to moving to CT; he has been a user of "love boat" (angel dust). MOB reported that he stopped using it this summer. She said that he drinks beer, but only on the weekends, one 40 ounce an evening. He was arrested last spring when she was about 4 months pregnant for criminally raping her. She called the police on him. She reported that he had been drinking and had a "black-out" as he did not remember anything the next day. She later dropped the charges.

Score: MOB FOB
10 10

3. PREVIOUS OR CURRENT CPS INVOLVEMENT: Although MOB reported that she had done a lot of babysitting, she denied any CPS involvement. Unknown for FOB.

Score: MOB FOB
0 U

4. SELF-ESTEEM, AVAILABLE LIFE-LINES (POSSIBLE DEPRESSION), COPING SKILLS: MOB reports that her relationship with her biological mother has improved in recent years: during her long labor, she visited MGM between visits to the hospital; they have gone shopping together for BA. Relationship with MGF has also gotten better and he is supportive at a distance, but he came to the hospital at the time of her delivery. MOB reported that when she has concerns she turns to FOB. She said "I have told him everything about me and I know everything about him." If MOB has concerns about FOB, she turns to her godmother. FOB is thrilled with BA and helps her with everything, "except he hasn't changed a diaper yet." She talked about the group of friends she used to "run" with, and she still sees. She reported that FOB also has a group of friends that he gets together with on weekends. She reported that her godparents are very supportive of them and also help with the BA. MOB graduated high school and had plans to attend a culinary institute in RI. Although she had secured several loans and scholarships, she still did not have enough money to pay the costs. She worked until last January and then went on City Welfare. She is now on State assistance; she plans to go back to work before her 21 months is up. She went for her first prenatal visit within the first 12 weeks and was compliant with her appointments.

MOB reported that FOB has also finished high school. He is working now and helps to support the family. She reported that he has no family as both his parents and his grandmother who helped to raise him are dead. MOB was concerned that I might be from the State, as FOB is not supposed to be living with her.

Score: MOB FOB
5 5

Rating Scale for Family Stress Checklist

The purpose of the rating scale is to assist FAWs in objectively completing the Family Stress Checklist. The Family Stress Checklist questions should be scored as follows: 0 = Normal, 5 = Mild, and 10 = Severe. The Rating Scale is copyrighted by the Hawaii Family Support Center (formerly the Hawaii Family Stress Center).

#1: Parent Beaten or Deprived as Child

(0) – Normal

- a) No corporal punishment.
- b) Spankings (less than six times ever with hand, belt, stick, etc., which left no bruises).
- c) Received consistent nurturing.

(5) – Mild (rate as 5 if one or more applies)

- a) Spankings, more than six times, no bruises.
- b) Received intermittent nurturing.
- c) Witnessed physical abuse of sibling.
- d) Witnessed spousal abuse of parents.

(10) – Severe (rate as 10 if one or more applies)

- a) Severe beatings, including bruising.
- b) Raised by more than two families.
- c) Raised by one or more families, but with no nurturing parent model.
- d) Bizarre psychological abuse (i.e., made to eat in garage or doghouse).
- e) History of running away from home.
- f) Constantly scapegoated as "black sheep" of family.
- g) History of sexual abuse.
- h) Removed from home or abandoned.
- i) Raised in family where one or both parents are alcoholics or drug addicted.
- j) "Don't remember" their childhood.

#2: Parent with Criminal/Mental Illness/Substance Abuse

(0) – Normal

- a) No arrests or one time mild offense (i.e., teenage shoplifting or stealing a car). Do not include any crime against a person.
- b) No drug use.
- c) One time experimental use of any drug.
- d) No alcohol use or occasional use up to one drink per day if this is not seen as problem by family (if seen as a problem rate as Mild).
- e) Occasional drunkenness up to once per month if not seen as a problem by family (if seen as a problem, rate as Mild).
- f) Never required psychiatric care.

(5) – Mild (rate as 5 if one or more applies)

- a) More than one minor traffic violation or record of one minor juvenile or adult crime (speeding, minor theft).
- b) Any drug use more than once (rate as Severe any drug use during pregnancy).
- c) Drinking regularly with more than one drink per day or drunkenness more than once a month (if seen as a problem, rate as Severe).
- d) History of or currently seeing psychiatrist/psychologist for minor life crisis (i.e., counseling to improve life, rather than therapy for psychiatric problem).
- e) Parent demonstrates ongoing rehabilitation (for more than two years) but with history of:
 - 1. Multiple mild offenses/arrest;
 - 2. Crime against a person (i.e., assault and battery, armed robbery);
 - 3. Prison term;
 - 4. Heavy drug use;
 - 5. Alcoholism or heavy drinking; or
 - 6. Mental hospitalization or long-term psychiatric care.

(10) – Severe (rate as 10 if one or more applies)

- a) Chronic pattern of criminal activity.
- b) Current or recent prison term (within last two years), driving under influence of alcohol or history of theft, burglary, felonies, prostitution.
- c) Chronic heavy use of any drug, including marijuana.
- d) History of recurrent episodes of heavy drug use, even if not currently using (i.e., heroin addict, now reformed, but who has repeatedly reformed and returned to heroin in the past).
- e) Any drug use at any time during pregnancy whether pregnancy known or not.
- f) Current chronic heavy drinking/alcoholism.
- g) History of recurrent episodes of alcoholism, even if presently "dry."
- h) Any drinking/drug use, regular or occasional, which results in violent episodes.
- i) Current indications and/or diagnosis of psychosis (i.e., medication prescribed by psychiatrist or history of hospitalization).
- j) Chronic pattern of psychiatric problems.
- k) History of diagnosed schizophrenia or sociopathic behavior.

#3: Parent Suspected of Abuse in the Past

(0) – Normal

(5) – Mild (rate as 5 if one or more applies)

- a) Official report of mild abuse; children not placed in foster care or removed from home.
- b) Chronic use of illicit drugs with children present but not where parents are "out of it."
- c) Abuse suspected, but not confirmed.

(10) – Severe (rate as 10 if one or more applies)

- a) Official report of serious abuse/death.
- b) Mysterious death of sibling.
- c) Children placed in foster care/removed from home.
- d) Child allowed to use any illicit drug (ever).
- e) Child present with adult using any substance where parent is unable to care for child due to intoxication.
- f) Child abuse suspected in previous marriage for either parent.

#4: Low Self-Esteem, Social Isolation, Depression, No Lifelines

(0) – Normal

- a) Close to at least one family member (i.e., sees regularly and/or can and does call on them for serious problems).
- b) Happy and content with life at present.
- c) Sees and enjoys other people regularly.
- d) Parent can name more than one lifeline and will actually use them.
- e) Parent has phone and transportation.

(5) – Mild (rate as 5 if two or more apply)

- a) Not close to family, with no hostility.
- b) Discontent with life, but sees this as temporary.
- c) Sees and enjoys other people at least once a week.
- d) Parent can name one lifeline only and will actually use it.
- e) Parent has no phone with none available and/or no transportation.
- f) Not high school graduate.
- g) Parent demonstrates difficulty in coping with life stresses.
- h) Late prenatal care (automatic 5).
- i) Unemployed, not seeking work.

(10) – Severe (rate as 10 if one or more applies)

- a) Not close to family, with hostility.
- b) Very unhappy or depressed with life and sees this as permanent, or does not see immediate end to situation.
- c) Rarely sees other people with little or no enjoyment.
- d) Parent can name no lifeline.
- e) Parent can name a lifeline, but will not actually use it.
- f) Parent will not "burden" anyone with problems; feels has to handle by self.
- g) Parent unable to cope with life stresses (i.e., current drug, alcohol, or criminal activity).
- h) History of childhood abuse and/or neglect without resolution.
- i) History of lifestyle (i.e., prostitution) or expressions of low self-esteem.
- j) No prenatal care.
- k) Chronically unemployed. Unable to keep job.

#5: Multiple Crises or Stresses

(0) – Normal

- a) Parent can name nothing that is stressful.
- b) Parents argue occasionally, but soon resolve without violence and do not see this as problem (if seen as problem, rate as Mild).
- c) Finances are not a big problem for family although they may not have "enough" money.

(5) – Mild (rate as 5 if two or more apply or if one listed under Severe applies)

- a) Parents argue frequently without violence, and do not see this as problem (if seen as problem, rate as Severe).
- b) Parents argue occasionally without violence but see this as stressful.
- c) Finances are "tight" but parent feels he/she can "manage."
- d) Recent loss of loved one who did not serve as lifeline.
- e) Recent change of job, with history of good work stability.
- f) Recent move, but previously in one place more than one year.
- g) Living situation seen as inadequate, but not stressful by family,
- h) One separation with no current threat of divorce.
- i) Multiple crises with which parent demonstrates good coping and does not feel overwhelmed.

(10) – Severe (rate as 10 if two or more apply)

- a) Parents constantly in conflict with or without violence.
- b) One parent very afraid of other parent.
- c) Finances cause much stress to parent.
- d) Chaotic lifestyles with continual crises which parent feels unable to handle.
- e) Multiple separations and/or threat of divorce (end of relationship).
- f) Recent loss of loved one who served as lifeline.
- g) Frequent job changes.
- h) Frequent moves.
- i) Living situation seen as stressful by parents (i.e., temporary, overcrowded, conflicts).
- j) Any other stress parent mentions which is constantly present in his/her life and with which he/she is unable to cope or does not see hope of escape.

#6: Violent Temper Outburst

(0) – Normal

- a) No violence.
- b) Yelling, screaming, leaving when angry.

(5) – Mild (rate as 5 if one or more applies)

- a) Parent throws things when angry, but not at people.
- b) Parent pushes or gives slaps when angry (not more than once in past two years).

(10) – Severe (rate as 10 if one or more applies)

- a) Parent hits or kicks when angry to leave lasting marks (i.e., bruises, black eye).
- b) Parent has history of violent behavior to others (i.e., assault, murder).
- c) Parent throws things at people.
- d) Parent breaks up house in uncontrollable rage.
- e) One parent is afraid of violence in spouse, though no history of violence.
- f) Parent afraid he/she may lose control.

#7: Rigid and Unrealistic Expectations of Child

(0) – Normal

- a) No information, but shows concern (i.e., has books, plans to ask doctor).
- b) Expects walking between 9 to 15 months, but will not worry until 15 months.
- c) Expects toilet training to begin at 1½ to 2 years.
- d) Will pick up crying baby or expresses concern regarding possible illness.
- e) Shows concern for physical and emotional need of baby.

(5) – Mild (rate as 5 if one or more applies)

- a) Any expectations of walking earlier than above, but without rigidity (i.e., this is not essential to parent).
- b) Any expectations of toilet training earlier than above, but without rigidity, as in "a".
- c) Any expectations of walking/toilet training unreasonably beyond normal (i.e., walking at four years) may be indications of parent unwilling to or unable to detect serious development lags.
- d) Worries about spoiling the baby, but tolerant of normal annoying behavior.
- e) Will let baby cry for up to ½ hour, but expresses concern for needs of baby.
- f) Fear of being unsuccessful parent.

(10) – Severe (rate as 10 if one or more applies)

- a) Any rigid expectation of walking or toilet training earlier than above (i.e., this is very important to parent).
- b) Intolerance of normal annoying behavior or excessively concerned about spoiling.
- c) Parent says he/she or spouse cannot stand crying baby and will become angry with same.
- d) Parent expresses no concern for needs of baby.
- e) Parent will not check on or be concerned regarding baby crying longer than ½ hour.
- f) Parent feels that infants and children intentionally misbehave out of malice and must be dominated to ensure "respect."
- g) Parent has no information, and has no plans to acquire information.

#8: Harsh Punishment of Child

(0) – Normal

- a) None for infant.
- b) Physical punishment not used or used as secondary strategy to withdrawal of privileges and "time out." When the child is punished physically no implements (spoon, paddle or stick) are used.

(5) – Mild (rate as 5 if one or more applies)

- a) Yelling at infant.
- b) For older children, use of physical punishment, no implements used or bruises.

(10) – Severe (rate as 10 if one or more applies)

- a) Physical punishment used for infant.
- b) Shaking of baby.
- c) Implements used on older children. Physical punishment leaves bruises.
- d) Parent was abused as child and sees this as justified or as the right way to discipline.

#9: Child Difficult and/or Provocative as Perceived by Parents

(0) – Normal

- a) Not present.
- b) Child's behavior viewed as normal part of growth process.

(5) – Mild (rate as 5 if one or more applies)

- a) Baby is wakeful, colicky, irritable, or so perceived by parents.
- b) Baby seen as sometimes difficult, but positives also mentioned.

(10) – Severe (rate as 10 if one or more applies)

- a) Baby's behavior seen by parents as provocative (i.e., "He wants to make me angry so he cries").
- b) Baby seen as having no good points.
- c) Baby is constantly difficult, or so perceived by parents.
- d) Baby seen as deserving of physical punishment.

#10: Child Unwanted or At Risk for Poor Bonding

(0) – Normal

- a) Baby is very much wanted, whether planned or unplanned.
- b) Parent displays warmth when talking about baby.
- c) Child rearing looked upon as positive life change.

(5) – Mild (rate as 5 if one or more applies)

Baby is wanted but is premature.

Parent initially wanted abortion or adoption, but now feels positive with changes being made in lifestyles to accommodate new addition to family.

Unmarried parents.

Prolonged separation from parents (i.e., longer than one week).

(10) – Severe (rate as 10 if one or more applies)

- a) Baby is unwanted (i.e., not coming at good time in parent's life and parent unsure if able to handle situation).
- b) Baby must have certain characteristics if parent is going to love it (i.e., certain sex, looks, personality, etc.).
- c) Parent is not the natural father of baby, whether or not he states that wants baby.
- d) Baby seen as burden on lifestyles.
- e) No positive statements made about pregnancy or child rearing.
- f) Baby with many medical problems and/or physical deformities.
- g) Expects baby to patch up relationship; makes FOB responsible; baby has to love parents.

Guide to Gathering Assessment Information

The purpose of this guide is to provide the FAW worker with an interview style which has been found to be effective when conducting interviews with potential program participants.

1) When you were little and you did something wrong, what did your parents do? Did they spank you, yell at you, send you to your room, or what? If spanked, ask:

- a. What did they use - a belt, a stick, their hand or what?
- b. Was that hard enough to leave marks that lasted a few days or just a couple of weeks?
- c. Did you ever run away from home?

How about Joe, what did his parents do when he did something wrong... (as above)?

Listen for:

- Did abuse actually occur?
- Regardless of facts, did parents perceive themselves as abused?
- Did parent receive nurturing as a child?
- Was family "dysfunctional"? (i.e., alcohol/drug abuse or mental illness).

2) Have you or Joe ever been arrested for anything? If yes, ask:

- a. What was that for?
- b. Did you/he have to go to jail?
- c. When was that?
- d. Have you/he had any trouble since then?

Listen for:

- Is this a current problem?
- Is this a generally anti-social or violent person?

Do you use any drugs, like speed, pot, acid, or LSD, cocaine, uppers, downers, heroin, or pills? How about Joe – does he use any of those? If yes, ask:

- a. How often do you/he use – every day, a couple of times a week, or just once in a while? Or
- b. How much do you use – so that you're/he's pretty much out of it every day or just occasionally at parties?

Listen for:

- Is this a problem for the family?
- How heavy is the drug use?
- Does this interfere with normal family functioning?

How about alcohol – do you or Joe drink? If yes, ask:

- a. Is that a problem for either of you or do you just have a drink once in a while?

Listen for:

- Is this a problem for the family?
- Does the drinking interfere with normal family functioning? How do parents react to alcohol - go to sleep or become violent?

3) Have you or Joe ever seen a psychiatrist or psychologist for any period of time? If yes, ask:

- a. When was that?
- b. What was that for?
- c. Are you (he) still seeing him (her) now?

Listen for:

- Is there a current mental health problem?
- How serious is it?
- Is this parent capable of caring for a child?

Have you ever been involved with CPS? If yes, ask nature of involvement. Be sure to find out:

- a. Why?
- b. When?

4) Are you close to your family now or don't you see them much? How about Joe - is he close to his family or doesn't he see them much?

Listen for:

- Is the family of parent a true support system?
- If not close, is this an indication of lack of nurturing in childhood?

Do you two get to go out much or do you pretty much stay at home? If yes, ask:

- a. Is that okay with you?
- b. Is that okay with Joe?

Listen for:

- Boredom with life.
- "Prisoner" status of mother.
- Individual truly content to be home/alone.

When you get home with baby, who will be there to help you?

Listen for:

- Who is this mom's support group?
- Is she close to her family?

When you have problems or are feeling down, do you have someone to talk to or do you more keep things to yourself? If you're really down or you have a really bad problem, who can you call?

Listen for:

- Does parent have any lifelines?
- Does parent actually use these lifelines?

5) What's the biggest hassle (pressure, stress, concern, worry) in your life right now? If mentions any ask:

- a. Is anyone helping you with that?
- b. What else is a hassle for you now?
- c. How is housing?
- d. How is relationship?
- e. How are your finances?

What about Joe, what's hassling him now?

Listen for:

- Level of stress for parent.
- Coping skills in dealing with stress.
- Could parent be overwhelmed by this baby?

6) What do you do when you get really mad (angry)? Do you yell and scream, throw things around the house, hit Joe, cry, or what? If hits, ask:

- a. Do you give him a slap or do you really punch him out?

What about Joe - what does he do when he's really mad? Does he yell and scream, throw things, hit you or someone else or what? If hits, ask:

- a. Is that a slap or does he really punch you out enough to leave marks on you?

Listen for:

- Is this a current problem?
- Did FOB hit mom during pregnancy? Does he hit others? Does mother hit FOB or others?
- Is mom afraid of FOB?
- Might this baby be in danger due to FOB's or mom's lack of impulse control?

7) One of the things we want to know is what parents know about babies:

- a. When would you expect your baby to start walking?
When would you worry if your baby weren't walking?
- b. When would you expect to start toilet training your baby?
When would you worry if your baby weren't toilet trained?
- c. Now let me give you a situation – say you've had your baby home from the hospital for awhile and you've fed and changed the baby and he/she should be comfortable and ready to go to sleep. You put the baby to bed and he/she starts crying. What will you do?

If says, "Let it cry," ask: "Okay, it's been half an hour and the baby is still crying. What are you going to do?"

- d. Are you afraid of spoiling the baby?

How about Joe, what would he do about that crying? Does he know much about babies?

Listen for:

- Rigid ideas about spoiling or child development.
- Concern of parent only for own needs, rather than baby's needs.

8) Have you thought about how you will discipline the baby? How will you discipline and when will you begin?

Listen for:

- A baby/toddler expected to "show respect" and obey and remember warnings.
- Harsh punishment for toddler.
- A gross lack of knowledge regarding child development.

9) So you have a girl/boy - is that what you wanted? How does he/she compare with your other children?

Listen for:

- Had to be boy/girl.
- Is ugly, cry baby - looks like (departed) boyfriend, etc.
- Does this parent think this baby is (or will be) a lot of trouble/inconvenience?

10) How did you feel when you first found out you were pregnant? Are things pretty much the same now or have they changed?

How did Joe feel when he first found out you were pregnant? How does he feel now? Is he going to be helping you with the baby?

Listen for:

- Does the parent want to keep this baby?
- How great a chance is there that this parent will not be able to bond to this baby?
- Does the parent display warmth when discussing the baby?
- Are there certain characteristics that this baby must have if the parent is going to love it?

Throughout the interview, listen for:

1. Is this family isolated? Do they have lifelines?
2. Does this family have adequate coping skills? Do they know where to go for help when they need it and will they do so?
3. Is this family under a lot of stress?
4. Is there violence in this family?
5. Do both parents want the baby?
6. Will parents see this baby as a baby or a possession/adult?
7. Were parents adequately nurtured as children?
8. Is there a drug, alcohol, mental illness or criminal problem in this family?
9. Do parents get along well and how do they resolve conflicts?

ASSESSMENT INTAKE SUMMARY WORKSHEET

The purpose of the Summary Worksheet is to provide FAW trainees space to practice documenting and scoring after role playing the assessment process.

Date of Assessment: _____

I. Who was present at the assessment?

II. Family Stress Checklist Information

MOB FOB

1) Childhood History
MOB: How nurtured? _____

MOB: How disciplined? _____

FOB: How nurtured? _____

FOB: How disciplined? _____

MOB FOB

2) a. Drugs/Alcohol: _____

b. Criminal History: _____

c. History of Mental Illness: _____

MOB FOB

3) Current/Past CPS History for MOB/FOB: _____

MOB FOB
____ ____

4) Isolation, Self-Esteem, Coping/Problem Solving Skills/Prenatal Care

a. Lifeline: _____

b. Social Relationship _____

c. High School Grad/Work History: _____

d. Prenatal Care: _____

MOB FOB
____ ____

5) Stressors/Concerns

a. Relationships: _____

b. Housing: _____

c. Finances: _____

d. Other Concerns: _____

MOB FOB
____ ____

6) Potential for Violence (anger management for MOB/FOB):

MOB FOB
____ ____

7) Expectations

a. Walking: _____

b. Toilet Training: _____

C: Crying Baby: _____

MOB FOB

8) Discipline Issues

a. How (for infant): _____

b. How (for toddler/child): _____

MOB FOB

9) Perception of Infant: _____

MOB FOB

10) Bonding/Attachment Issues

a. How did MOB/FOB feel about the pregnancy? _____

b. How do MOB/FOB feel about the baby now? _____

C: Married/Unmarried: _____

TOTAL SCORES:

MOB FOB

Parent's Strengths: _____

FAW Concerns: _____
