

The Child Advocacy and Assessment Program (CAAP)

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Trainee Booklet

The Team

Name	Title	CAAP Role
Niec, Anne	CAAP Director	Pediatrician
MacMillan, Harriet	Pediatrician/Child Psychiatrist	Consulting Psychiatrist and Pediatrician (on sabbatical)
Pietrantonio, Anna Marie	Social Worker	Clinical Specialist
Riggs, Debra	Child Life Specialist	
Spree, Sandra	Nurse	
Taylor, Julie	Child Life Specialist	
Canisius, Elisabeth	Pediatrician	Pediatrician (on leave)
Hawisa, Nura	Pediatrician	Pediatrician
Baird, Burke	Pediatrician	Pediatrician
McHolm, Angela	Psychologist	Psychologist (on leave)
Williams, Simon	Psychologist	Psychologist (covering)
Merz, Liz	Administrative Assistant	
DiFrancesco, Helen	Administrative Assistant	

Description of Program:

The Child Advocacy and Assessment Program (CAAP), located at the Children's Hospital at MUMC, primarily provides assessment and consultation services to children and families where any aspect of child maltreatment or parenting is an issue. In particular, the program provides assessments regarding child maltreatment, impact of child maltreatment, parenting capacity, sexual assault follow-up and counseling, and foster care consultation. Consultation services are provided to the Children's Aid Society and recently links have been made with Health Initiatives for Youth in Hamilton (previously known as Planned Parenthood). The team includes pediatricians, psychiatrists, social workers, nurses, and child life specialists. Inpatient and outpatient referrals are accepted. The overall aim of the program is to reduce the burden of suffering associated with child maltreatment through clinical, educational and research activities. The program is affiliated with the Offord Centre for Child Studies.

Child Maltreatment Assessment:

The child maltreatment assessment determines whether child maltreatment has occurred and the possible implications of this exposure. This assessment also provides suggestions as to the specific needs of the child and family and how they may benefit from various services. A general physical evaluation may be necessary for children who have experienced maltreatment and require a physical examination because of concerns with their health or for documentation of their health status.

Impact of Child Maltreatment Assessment:

The impact of maltreatment assessment determines to what extent children have been affected by exposure to maltreatment. The assessment also determines what the child's present and future needs will be and provides suggestions as to how these needs can be met most appropriately.

Parenting Capacity Assessment:

The parenting capacity assessment determines the parents' ability to care for their children and their children's needs. CAAP identifies weaknesses and strengths in the ability of the parent/caregiver to care for child(ren) and will then make recommendations to address the child's future development.

Sexual Assault Follow-up and Counseling:

This service provides assessment of children and youth following exposure to sexual abuse. Furthermore, CAAP will provide short-term supportive follow-up (emotional, psycho-educational, medical) for children, youth and their families regarding their experience of sexual abuse/assault.

CAS Consultation Service:

CAAP provides consultation services to the CAS (which there are two in Hamilton – one Catholic, CCAS, and the other non-denominational, CAS) regarding challenging cases one afternoon a month.

Intervention Services:

This service is targeted to assist with the care and treatment of children and their families who have been exposed to child maltreatment and are experiencing emotional/behavioural difficulties. Interventions may include individual treatment for children, consultation to caregivers, school personnel and other involved third parties.

Medical Care Clinic (MCC):

The MCC provides consultative medical care to children/youth (0 - 18 years) in care. Children and youth eligible for referral are those who do not have a family physician and who need a comprehensive medical assessment for the following reasons: admission medicals, discharge medicals, complex medical evaluation, annuals, physical examination and documentation re: physical, sexual abuse, neglect etc. The clinic will provide consultation and short term follow-up. If long-term care and follow-up is needed, these children will be referred elsewhere however, the clinic is able to provide consultation and support to the child/youth's primary physician. The medical clinic occurs every Tuesday and Thursday. Children/youth must be accompanied to their first appointment by either their primary worker and/or the foster parent.

Educational Services:

CAAP also provides training and educational presentations covering a range of topics related to child maltreatment and parenting capacity. Learners from various disciplines are encouraged to participate in clinical experiences with the team. Trainees from psychology, psychiatry, pediatrics, child life and the undergraduate medical program typically attend rotations with CAAP.

Referral Process:

The Child Advocacy and Assessment Program accepts referrals from professionals in the community. Typically, referrals are from the CAS, CCAS, and physicians within the hospital and in the Hamilton and neighbouring communities.

Assessment Process:

The assessment process includes thorough interviews of all necessary family members and relevant community service providers. The number of interviews each patient participates in depends on the age of the individual and their relation to the assessment question. Typically three interviews (each an hour long) are conducted with each patient over approximately one month. Information gathered throughout these interviews are documented and presented in a final written report. The final report summarizes the information gathered, responds to the referral question, and provides recommendations.

See appendix A for Child Interview Details
See appendix B for Adolescent Interview Details
See appendix C for Parent Interview Details
See appendix D for Family Observation Details
See appendix E for Collateral Interview Details

Documentation:

Interview Notes:

Interviewers are expected to document their interviews with patients. It is important that detailed rough notes of the interviews are kept. All patients are seen by two CAAP members, one of whom is responsible for documenting the interview contents. Original notes are kept in the CAAP assessment file. In addition to these notes, a brief note is written to be added to the patients medical file stating that an interview with the CAAP team occurred and who the individuals present were.

Assessment Reports:

The final written report contains all information from parent and child interviews, collateral interviews (i.e. foster parents, relatives), and additional collateral information (i.e. medical notes for family physicians, report cards, psychoeducational assessment reports, therapy reports). This information is first presented, followed by the teams' impressions of each child and parent, which is then followed by a final summary that integrates all information. Recommendations are then provided.

CAAP members assume the responsibility for the report writing of individuals whom they have interviewed. They first document the content of these interviews in written form. This is not simply a transcription of the interviews, but involves compiling and integrating the content of the interviews into a coherent description. Information gathered in multiple interviews is not organized by interview, but by content.

Once all collateral information and documentation has been received CAAP members write impressions for the individual for whom they have assumed responsibility for. Impressions are not solely based on the interviews, but integrate collateral information.

At this point, the individual compiling the final report is responsible for ensuring that all team members' components are integrated into the final report. Once all pieces have been collected and included, the report should be reviewed and any inconsistencies between the pieces should be either corrected or addressed/explained within the report. A final summary must be written to integrate and summarize the entire report and to provide recommendations.

The summary paragraph should make reference to each individual who took part in the assessment and be consistent with the impressions of each. The quality of the relationships between each of the individuals involved in the assessment should also be summarized. The summary paragraph should then indicate CAAP's opinion regarding the referral question(s) and provide explanation and support for these opinions based on the assessment completed. Any exclusion of key informants should be explained, as well as the impact of their exclusion from the assessment. The summary paragraph should conclude with recommendations based on the complete CAAP assessment.

See the document titled "CAAP Report Format" for further details as to the format of the final report, including the content and structure of each of these components.

Clinic Days and Meetings:

Clinic times, times set aside for assessment interviews, include Tuesday afternoon, Team meeting begins at 1215 with clinic from 1300 up to 1700, Wednesday morning (930 to 1200) with team meeting 1215-1330, Thursday – dependent on patient scheduling, check patient list weekly and Friday morning (930 to 1330).

Research:

The Child Advocacy and Assessment Program is associated with ongoing research projects through their involvement with the Offord Centre for Child Studies.

Learner Roles:

The intern (as well as other learners) is seen as an integral member of the team during their time with CAAP. They are expected to participate in clinical activities and all aspects of team functioning including interviewing, taking notes, discussions, and taking responsibility for the coordination and completion of one report.

The intern will interact with all members of the team and thus, supervision around cases may be with a number of persons. Having said this, the intern will have one designated supervisor during their stay with CAAP. If you are a psychology intern, you may be

asked to consider involving yourself in psycho-educational testing of a child or psychological testing of a parent who is a patient of CAAP and undergoing assessment with the team. This is optional and should be driven by your interests. The psychologist supervising your placement would be responsible for supervising such activity.

During your time at CAAP, you are invited to attend all the educational conferences, talks, activities that members participate in. A number of hospital-based rounds occur which may be of interest to you. In particular, psychiatry grand rounds occur on Wednesday mornings at St. Joseph's Hospital from 0900 to 1000 hours. At times, the team will attend if the rounds appear pertinent to our work or are of general interest. You are certainly welcome to attend these. Once monthly, teleconferenced rounds occur regarding child maltreatment which the team usually attends and occur during clinic hours Tuesday afternoon. The clinic would therefore be cancelled that day to accommodate the educational activity.

Learner Expectations:

As a member of CAAP it is expected that you are present during the clinic days you have agreed to attend. You will be in charge of certain patient files and will have access to computers, laptops and/or Dictaphones in order to complete notes. **Keeping up with your notes is essential.** Your supervisor will review your written documents in order to provide feedback to you. You may be asked to contact schools or other collateral sources for information regarding a case. It is important that those conversations be documented and inserted into the final report.

Confidentiality with paperwork is essential. All files **must** remain in the CAAP area and are not allowed to be taken from the hospital. Prior to your departure, all notes must be completed. **All rough notes must remain in the file.**

Your supervisor will schedule regular meetings with you. Should you have any concerns or questions, you should feel free to talk to your supervisor or any member of the team. It is our goal for you to feel comfortable in this setting.

You will be asked to provide information regarding your objectives for your rotation with CAAP during your internship prior to your start. It is CAAP's hope that we will help you fill your objectives or find ways for you to achieve them. You will be asked to keep a file of cases you are involved in, view, or participate in discussion with as a means of maintaining an awareness of the variety of patient contacts you have had during your experience. This file is to be handed in to your supervisor when you complete your rotation.

If you are going to be away or feel unwell please let us know in advance or call Liz or Helen at ext. 73687 or 73268.

Suggested Readings (these articles and books are available at CAAP)

1. Walsh C. et al. The relationship between parental psychiatric disorder and child physical and sexual abuse: findings from the Ontario Health Supplement. *Child Abuse & Neglect* 26 (2002) 11-22.
2. Budd K. et al. Clinical assessment of parents in child protection cases: An empirical analysis. *Law and Human Behaviour*, vol.25, No.1. 2001.
3. Reder P. and Lucey C. Significant Issues in the Assessment of Parenting. Chapter 1.
4. Minde K. Effect of Disordered Parenting on the Development of Children. Section III/Overview of Etiological Influences pp 398-410.
5. Lewis M. Psychiatric Assessment of Infants, Children, and Adolescents. *Child and Adolescent Psychiatry – a comprehensive textbook*. Chapter 37. pp447-463.
6. Finkelhor D. et al. The Victimization of Children and youth: A comprehensive, National Survey. *Child Maltreatment*, Vol.10, No. 1. February 2005 pp5-25.
7. Finkelhor D. et al. The effectiveness of Victimization Prevention Instruction: An evaluation of children's responses to actual threats and assaults. *Child Abuse & Neglect*, vol. 19, no. 2 pp141-153.

Appendix A: Child Interview

Purpose:

The purpose of the child interview is to determine the developmental level of functioning of the child, understand information regarding the family and the child's life, and review the child's emotional functioning.

Structure for Children:

The first visit with the child allows the interviewer to develop rapport with the child and sort out the child's developmental functioning. It is important to tell the child the number of sessions that they will be seen. It is important that children know that they will not have a longstanding relationship with the interviewers. At the last interview it is important to remind the child that this will be the last interview.

Questions for the child focus on the understanding of the visit, the content of the family and his or her present living arrangements. If the child is in care, it is important to get the child's understanding of this. Through play and age appropriate activities, questions are asked and every effort is made to support the child's comfort throughout the session.

At the outset of each session it is helpful to review with the child their week, how they are doing, and whether they recall the names of the interviewers. This eases the child into the session and helps to establish rapport. It is equally important at the end of sessions to ask the child what they will be doing for the rest of the day, or if they have anything exciting planned for the next week. Not only can this be informative as to the child's daily activities and so forth, but it helps the child adjust to the ending of the session and disengage.

It is helpful at some point (typically the second or third session) during sessions to explore a child's understanding of emotions. This can be done by playing the "Feeling Game." The child is asked to generate a list of feelings (e.g. happy, mad, sad, scared, worried, excited). While generating the list of feelings with the help of the assessor the child is asked to describe the feeling. These feelings are written down on pieces of paper and the assessor and child select a piece of paper one at a time. The child is asked to describe a time they felt each of the feelings. It is helpful if the assessor goes first and then participates throughout. For each feeling it is important to ask the child to i) describe a memory, ii) indicate how others would know they are feeling this way, and iii) who they would talk to if they felt this way. Note: This is used to encourage a child to talk about their feelings. Follow up on each of their responses as needed to assist with the overall purpose of the interview.

Example assessor responses for the feeling game;

Happy – I feel happy when I get home to see my puppy; I am happy when I get to go for dinner with my family

Mad – I feel mad when I don't get to do what I want

Sad –It makes me sad when I am sick and can't go to see my friends

Scared – I feel scared when I see a really big dog at the park

Worried – I feel worried when I have to go somewhere new

Other things to ask the child;

- What is it like coming here to talk to us?
- Who do you talk to when you are feeling.....(sad, mad, angry, etc)
- Who keeps you safe?
- If you were on an island who and what would you want on this island?
- If you had three wishes (anything at all) what would you wish for?

Observations to Note

At the end of the set of interviews, you should be able to describe the child's presentation, the child's developmental functioning, themes of the sessions, any information regarding disclosures of harm, people in their family and in their alternative caring situation, and the child's emotional state.

Collateral Information

Collateral information will be helpful to obtain regarding the child's involvement in an educational setting (school, pre-school) and in their alternative care situation or in their home with their biological family.

The Report

In the end you will be able to pull together an impression of this child that takes into account the child's developmental, social, emotional, behavioural and cognitive functioning.

Appendix B: Adolescent Interview

Purpose:

The purpose of the adolescent interview is to determine the cognitive and emotional functioning of the youth, and to understand information regarding the family and the youth's life.

Structure for Adolescents:

The adolescent interview is similar to the child interview in that it is important to set the stage for the adolescent regarding their understanding of why they are attending and the format of the sessions.

Once the above is set, it is sometimes helpful to gather identifying information by using the HEADS interviewing technique. Simply put, HEADS stands for the following:

- H – home situation (description of people in the family, location of home, present living situation etc.)
- E - education (school, grades, changes in grades)
 - eating (unusual behaviours, weight loss or gain, bingeing, restricting)
 - exercise (amount, type)
- A - activities (involvement in sports, job, problems with the law, counseling)
- D - drugs (prescriptive and illicit), alcohol use, cigarette smoking
- S - sexual orientation, sexual behaviours (use of protection, pregnancy, STI's)
 Sexual abuse experiences / bullying experiences / physical abuse experiences
 Suicidality – mood, thoughts, vegetative symptoms (concentration, energy, sleep)

It is also important to conduct a thorough mental status exam in order to assess the youth's emotional and behavioural well-being.

At times three interviews may not be needed with the adolescent depending on the amount of information shared. At times more interviews may be required. Flexibility is key in your interviewing technique.

Observations to Note

Throughout interviews with adolescents it is important to make note of your observations. Key observations to make include;

- Level of Cognitive Functioning
- Language Development
- Physical appearance
- Self care
- Unusual behaviours or movements
- Affect

At the end of the set of interviews, you should be able to describe the youth's presentation, the youth's developmental functioning, themes of the sessions, any information regarding disclosures of harm, people in their family and in their alternative caring situation, the youth's emotional state.

Collateral Information:

Collateral information will be helpful to obtain regarding the youth's involvement in educational setting (school, pre-school) and in their alternative care situation or in their home with their biological family.

The Report:

In the end you will be able to pull together an impression of this youth that takes into account the youth's developmental, social, emotional, behavioural and cognitive functioning.

Appendix C: Parent Interview

Purpose:

The purpose of the parent interview depends on the referral question. If the assessment *is not* a parenting capacity assessment the parent interview is treated as a collateral interview and thus only information regarding the child's general functioning, experiences of maltreatment, and general life experiences is gathered. If the assessment includes a parenting capacity assessment the interview *also* includes a more thorough social history of the parent's life and an assessment of their parenting strategies and beliefs.

Structure of Interview:

All parent interviews include gathering information regarding the child(ren) in question. A developmental history of the child(ren) is crucial, including whether or not the pregnancy was planned, paternity, the pregnancy, the birth, ages of walking, talking, toileting, and temperament of the child during infancy and early childhood. Parenting strategies and beliefs are also explored, including who is involved in parenting (alone, partner, other sibs, childcare), what strategies do they use for misbehaviour, and their understanding of their child's needs. Information regarding the child(ren)'s day care and school history, both social and academic, is also obtained. Behaviours of interest of the child at home include; acting out and sexualized behaviours

It is also important to ask about child(ren)'s social and emotional functioning. (e.g. sleeping, eating, worries/anxiety, ocd, panic, overall mood, behaviours, self harm, soiling/wetting).

If the assessment includes a parenting capacity a social history is taken of the parent(s) as well. This includes gathering information regarding the parent's childhood experiences with their family of origin, their school performance, social experiences, and relationship history. This is followed by a mental status examination.

Observations to Note:

It is important to consider the parent's investment in their child's life, how the assessment impacts their self-presentation, and

The Report:

In the end, you will be able to pull together an impression of this youth that takes into account the youth's developmental, social, emotional, behavioural and cognitive functioning.

Appendix D: Family Observation

Purpose:

The purpose of the family observation is to gain further information regarding family relationships and dynamics.

Structure:

The family observation involves observing the family interact in an unstructured environment through a one-way mirror.

Observations to Note:

While observing the family play-session it is important to note;

- 1) How and what play activity is chosen
Who directs the activity?
 - 2) Parent(s) Presentation:
 - Level of Engagement of Parent in Activities
 - Level of Responsiveness to Each Child
 - Balanced Attending (How is Attention Divided Among Children)
 - Affect
 - Behaviours
 - 3) Child(ren)'s Presentation:
 - Level of Engagement of Child in Activities
 - Level of Responsiveness to Each Parent
 - Level of Responsiveness to Siblings
 - How do children relate to one another?
 - Affect
 - Behaviours
 - 4) Any Concerning Behaviours:
-

The Report:

The family observation is written as a separate section and incorporated into the larger report.

Appendix E: Collateral Interviews

Purpose:

The purpose of collateral interviews are to gain further information regarding a family's or a family member's life experiences, exposure to maltreatment, and general functioning. Collateral informants typically include extended family members, alternate caregivers (e.g. foster parents), teachers, and/or social workers.

Structure of Interview:

Collateral interviews differ from one another depending on the collateral informant's role with the family. However, all questions relate to the particular referral question.

Collateral informants are typically asked how the child in question is coping, what their feelings are towards the child and the quality of their relationship with the child (what does the child call them). They are asked about the child's functioning in various domains and/or their observations of a parent's parenting strategies and abilities.

Observations to Note:

Most of the collateral contacts are done by telephone. Those who are asked to attend clinic require an interview. It is important to understand the expertise of the individual giving the information regarding the case. For example a therapist may comment on the work he or she does with a parent but if this person has never been in the position to view that parent with their child then comments regarding parenting ability may not be appropriate.

The Report:

Information gathered during collateral interviews is incorporated into the report, as it pertains to each particular family member.

Child Advocacy and Assessment Program - Child Interview Checklist

Introduction:

- Introduce individuals in room and roles
 - Ask about observation (learners behind the mirror)
 - Note taker (so we do not forget the information they provide)
 - What is their understanding of the session
 - Explain CAAP and the purposes of the assessment 1) to understand and assess the family situation and what they have been through, 2) in order to determine what the family needs, 3) so that we can make suggestions as to what will best help the family
 - Discuss confidentiality 1) 3 limits 2) they are able to state what they do not want written, and 3) report written for referral source
-

Home:

- Where are they presently living & composition of household
 - What is their experience in this household
 - Family of origin compositions
 - Experiences of growing up in family of origin
 - History of CAS involvement
 - Parental use of discipline
 - Relationships with siblings and parents
 - What do they want for their family, why, and what do they think is needed to attain what they want
-

School:

- Involvement in sports and activities
 - Appetite, diet (what do they eat and are they dieting), intent to gain or lose weight or muscle
 - School performance
 - Involvement with clubs and organizations
 - Social life
-

Feelings:

- What are their greatest strengths and weaknesses
 - What would they like in the future (re: school, work, home, family)
 - Best and worst memories
 - What other losses have they experienced
 - 3 Wishes (what are they and why chosen)
 - Feelings game
-

Maltreatment:

- Emotional (yelling, criticized, put downs)
- Neglect (food, clothing, supervision)
- Physical (spanking, hitting)
- Sexual (inappropriate touching, sexual acts)

- Exposure to violent or sexual acts (including exposure to pictures, videos, acts)
-

Observations to Note:

- Level of Cognitive Functioning
- Language Development
- Knowledge of Colours, Shapes

Child Advocacy and Assessment Program - Adolescent Interview Checklist

Introduction:

- Introduce individuals in room and roles
 - Ask about observation (learners behind the mirror)
 - Note taker (so we do not forget the information they provide)
 - What is their understanding of the session
 - Explain CAAP and the purposes of the assessment 1) to understand and assess the family situation and what they have been through, 2) in order to determine what the family needs, 3) so that we can make suggestions as to what will best help the family
 - Discuss confidentiality i) 3 limits 2) they are able to state what they do not want written, and 3) report written for referral source
-

Home:

- Where are they presently living & composition of household
 - What is their experience in this household
 - Family of origin compositions
 - Experiences of growing up in family of origin
 - History of CAS involvement
 - Parental use of discipline
 - Relationships with siblings and parents
 - What do they want for their family, why, and what do they think is needed to attain what they want
-

Exercise, Eating and Education:

- Involvement in sports and activities
 - Appetite, diet (what do they eat and are they dieting), intent to gain or lose weight or muscle
 - School performance
-

Activity:

- Involvement with clubs and organizations
 - Social life
-

Drug Use:

- Smoking
 - Other Drugs
 - Alcohol
-

Sexuality:

- Sexual preference
- Sexual activity
- Method of birth control (if relevant)

Mental Status:

- ❑ Mood most days? At home? At school? With friends? (X/10)
 - ❑ Anxiety:
 - Describe self as a worrier? What percentage of their day is spent worrying?
 - What do they worry about? (themes, phobias)
 - Shyness, social anxieties?
 - Panic attacks?
 - Rumination/thoughts they can't get out of their heads?
 - Need to repeat acts or things they have to do?
 - Orderly, perfectionistic, OCD?
 - Q: Social anxiety, PTSD, SM, Separation anxiety
 - How do they cope when worried? With change?
 - ❑ Depressive Symptoms
 - Frequency and duration of depressed mood
 - Suicidal ideation/intent
 - coping strategies
 - ❑ Acting out behaviours:
 - How is anger expressed?
 - Listen to rules/noncompliance?
 - Theft, lying, secretiveness, and physical aggression?
-

Maltreatment:

- ❑ Emotional (yelling, criticized, put downs)
 - ❑ Neglect (food, clothing, supervision)
 - ❑ Physical (spanking, hitting)
 - ❑ Sexual (inappropriate touching, sexual acts)
 - ❑ Exposure to violent or sexual acts (including exposure to pictures, videos, acts)
-

Observations to Note:

- ❑ Level of Cognitive Functioning
- ❑ Affective presentation
- ❑ Language Development
- ❑ Physical appearance
- ❑ Self care
- ❑ Unusual behaviours or movements

Child Advocacy and Assessment Program - Parent Interview Checklist

Introduction:

- Introduce individuals in room and roles
 - Ask about observation (learners behind the mirror)
 - Note taker (so we do not forget the information they provide)
 - What is their understanding of the session
 - Explain CAAP and the purposes of the assessment 1) to understand and assess the family situation and what they have been through, 2) in order to determine what the family needs, 3) so that we can make suggestions as to what will best help the family
 - Discuss confidentiality 1) 3 limits 2) they are able to state what they do not want written, and 3) report written for referral source
-

Current Situation:

- Where are they presently living & composition of household
 - Employment situation
 - History of CAS involvement
 - What do they want for their family, why, and what do they think is needed to attain what it is they want
-

Developmental History for the Child(ren):

- Planned pregnancy and paternity?
 - Complications during pregnancy or birth
 - Developmental milestones of child on time (ages of walking, talking, toileting)
 - Temperament of the child during infancy and early childhood
 - Who is involved in parenting
 - Parenting strategies and beliefs
 - Understanding of their child's needs
 - Child(ren)'s day care and school history, both social and academic
 - Acting out behaviors
 - Child(ren)'s social and emotional functioning. (e.g. sleeping, eating, worries/anxiety, OCD, panic, overall mood, behaviours, self harm, soiling/wetting).
-

Social History:

- Family of origin compositions
- Experiences of growing up in family of origin
- History of CAS involvement
- Parental use of discipline
- Relationships with siblings and parents
- School and work history
- Relationship with peers, past and present
- Dating relationship history

Mental Status:

- ❑ Mood most days? At home? At school? With friends? (X/10)
- ❑ Anxiety:
 - Describe self as a worrier? What percentage of their day is spent worrying?
 - What do they worry about? (themes, phobias)
 - Shyness, social anxieties?
 - Panic attacks?
 - Rumination/thoughts they can't get out of their heads?
 - Need to repeat acts or things they have to do?
 - Orderly, perfectionistic, OCD?
 - Q: Social anxiety, PTSD, SM, Separation anxiety
 - How do they cope when worried? With change?
- ❑ Depressive Symptoms
 - Frequency and duration of depressed mood
 - Suicidal ideation/intent
 - coping strategies
- ❑ Sleep
- ❑ Energy
- ❑ Appetite
- ❑ Self-esteem and self-concept
 - Strengths and weaknesses
 - Plans for the future
- ❑ Acting out behaviours:
 - How is anger expressed?
 - Drug use
 - Ever arrested

Maltreatment (their child(ren)'s and themselves):

- ❑ Emotional (yelling, criticized, put downs)
- ❑ Neglect (food, clothing, supervision)
- ❑ Physical (spanking, hitting)
- ❑ Sexual (inappropriate touching, sexual acts)
- ❑ Exposure to violent or sexual acts (including exposure to pictures, videos, acts)
- ❑ **Observations to Note:**

**Child Advocacy and Assessment Program
Family Observation Form**

Activities Chosen:

What Activities are Chosen?

How are they Chosen?

Who Directs the Activity?

Parent(s) Presentation:

Level of Engagement of Parent in Activities

Level of Responsiveness to Each Child

Balanced Attending (How is Attention Divided Among Children)

Affect

Behaviours

Child(ren)'s Presentation:

Level of Engagement of Child in Activities

Level of Responsiveness to Each Parent

Level of Responsiveness to Siblings

How do children relate to one another?

Affect

Behaviours

Concerning Behaviours:

Other Notes: