

Washoe Family Assessment Battery

Following completion of consent forms, the Family Assessment Battery will be administered using a Computer-Assisted Self Interview (CASI) format. The CASI interview begins with an **Initial Instruction Screen** (see attached sample screen) followed by three **Demographic Information Questions** (see attached).

The remainder of the assessment battery consists of the following 10 instruments. (Descriptions provided for copyrighted instruments not attached.)

Attached:

- The Social Provisions Scale
- Adverse Childhood Experiences Survey
- Helping Relationship Inventory – Client
- Home Stability Measure (selected items)

Copyrighted Assessments:

Measure and Source

Child Behavior Checklist (Achenbach, 1991): Used by caregivers (or other individuals who know the child well) to rate a child's problem behaviors and competencies.

<http://www.aseba.org/schoolage.html>

<http://www.aseba.org/preschool.html>

Parenting Stress Index- Short Form (Abidin, 1983): Completed by parents to report stresses related to parenting. The PSI is designed for to identify parenting and family characteristics that fail to promote healthy development in children.

<http://www4.parinc.com/Products/Product.aspx?ProductID=PSI-SF>

Measure and Source

Brief Symptoms Inventory (Derogatis, 1993): Self reported measure of mental health symptoms in various domains; Somatization, Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, Psychoticism

<http://psychcorp.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=PAbsi>

Adult-Adolescent Parenting Inventory (Bavolek & Keene, 1999): Designed to assess the parenting and child rearing attitudes of parents and to assess if parents are at risk of child abuse or neglect.

<https://www.assessingparenting.com/assessment/aapi>

Readiness for Parenting Change Scale Abbreviated (Chaffin, et al., 2011): Designed to assess caregivers readiness to accept change adapted Subscales include:(a) Readiness to Change (b) Problem Recognition (c) Belief in Harsh Discipline (d) Attitude Toward the Program, and (e) Self-Efficacy

Chaffin, M., Funderburk, B., Bard, D., Valle, L. A., & Gurwitch, R. (2011). A combined motivation and parent-child interaction therapy package reduces child welfare recidivism in a randomized dismantling field trial. *Journal of Consulting and Clinical Psychology, 79*(1), 84-95

Resiliency Attitude Scale (Biscoe, & Harris, 1994): Designed to assess resiliency attitudes on eight subscales (a) Insight, (b) Independence, (c) Relationships, (d) Initiative, (e) Creativity, (f) Humor, (g) Morality, and (h) general resiliency.

Biscoe, B. & Harris, B. (1994). *R.A.S. Resiliency Attitude Scale manual (Adult version)*. Oklahoma City, OK: Eagle Ridge Institute, Inc.

Initial Instruction Screen (OMB number/expiration date to be added to screens upon receipt)

Thank you for agreeing to complete the Computer Assisted Self Interview (CASI). You will be asked to answer questions about your family interactions and relationships as well as your child(ren)'s progress. There are no right and wrong answers to these questions; we only ask that you answer them honestly.

There are ten sections. At the beginning of each section, the instructions will explain how to complete the questions that follow. You will see one question at a time.

You can choose to answer questions on your own or ask for help. At any time, you can let the interviewer know if you have questions, need to take a break, skip questions, or end the CASI.

The first few questions show you how this works. Press the space bar or use the mouse to click "CONTINUE" to move to the next screen.

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Continue >

Demographic Information Questions

What is [child's] ethnicity?

- 1) Hispanic or Latino
- 2) Not Hispanic or Latino

What is [child's] race? (select one or more)

- 1) Black or African American
- 2) White
- 3) Asian
- 4) American Indian or Alaska Native
- 5) Native Hawaiian or Other Pacific Islander
- 6) Other race

For all persons residing in the household, please enter their age and their relationship to you (up to 10 persons).

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Age (in years)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Relationship to Respondent

- Select Response...
- Select Response...
- Select Response...
- Select Response...
- Select Response...
- Select Response...
- Select Response...
- Select Response...
- Select Response...
- Select Response...

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The Social Provisions Scale

Instructions

In answering the next set of questions I am going to ask you, I want you to think about your current relationship with friends, family members, coworkers, community members, and so on. Please tell me to what extent you agree that each statement describes your current relationships with other people. Use the following scale to give me your opinion. (Hand a response card.) So, for example, if you feel a statement is very true of your current relationships, you would tell me "strongly agree". If you feel a statement clearly does not describe your relationships, you would respond "strongly disagree". Do you have any questions?

Strongly Disagree Disagree Agree Strongly Agree
1 2 3 4

1. There are people I can depend on to help me if I really need it. _____
2. I feel that I do not have close personal relationships with other people. _____
3. There is no one I can turn to for guidance in times of stress. _____
4. There are people who depend on me for help. _____
5. There are people who enjoy the same social activities I do. _____
6. Other people do not view me as competent. _____
7. I feel personally responsible for the well-being of another person. _____
8. I feel part of a group of people who share my attitudes and beliefs. _____
9. I do not think other people respect my skills and abilities. _____
10. If something went wrong, no one would come to my assistance. _____
11. I have close relationships that provide me with a sense of emotional security
and well-being. _____
12. There is someone I could talk to about important decisions in my life. _____
13. I have relationships where my competence and skills are recognized. _____
14. There is no one who shares my interests and concerns. _____
15. There is no one who really relies on me for their well-being. _____
16. There is a trustworthy person I could turn to for advice if I were having
problems. _____

- 17. I feel a strong emotional bond with at least one other person. _____
- 18. There is no one I can depend on for aid if I really need it. _____
- 19. There is no one I feel comfortable talking about problems with. _____
- 20. There are people who admire my talents and abilities. _____
- 21. I lack a feeling of intimacy with another person. _____
- 22. There is no one who likes to do the things I do. _____
- 23. There are people I can count on in an emergency. _____
- 24. No one needs me to care for them. _____

Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often**...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often or very often**...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes No If yes enter 1 _____
4. Did you **often or very often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often or very often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

HELPING REALATIONSHIP INVENTORY – Client (HRI-C)

1. How much input have you had in determining how the two of you will work together?
1 2 3 4 5
2. How much have you and your social worker discussed the specific problem(s) with which you want help?
1 2 3 4 5
3. How much input have you had in determining the specific problem(s) you are addressing in your work together?
1 2 3 4 5
4. To what extent have you and your social worker discussed the specific goal(s) you hope to accomplish in your work together?
1 2 3 4 5
5. How much input have you had in determining the goals you are working on?
1 2 3 4 5
6. To what extent have you and your social worker discussed the specific actions you will take to address your difficulties?
1 2 3 4 5
7. To what extent have you and your social worker discussed the specific actions your social worker will take to address your difficulties?
1 2 3 4 5
8. How much have you and your social worker discussed how your progress is going to be assessed?
1 2 3 4 5
9. How much input do you have in determining how you and your social worker will assess your progress?
1 2 3 4 5
10. To what extent have you and your social worker discusses your progress?
1 2 3 4 5

(HRI-C contd)

11. Do you feel your social worker pays attention to you?

1 2 3 4 5

12. Is your social worker's understanding of your difficulties similar to your own?

1 2 3 4 5

13. Does talking with your social worker help you get more organized about resolving your difficulties?

1 2 3 4 5

14. Does talking with your social worker have a calming, soothing effect on you?

1 2 3 4 5

15. Does talking with your social worker give you hope?

1 2 3 4 5

16. Does your social worker help you think more clearly about your difficulties?

1 2 3 4 5

17. Does talking with your social worker help you to believe more in yourself?

1 2 3 4 5

18. In general, do you feel you and your social worker see things in similar ways?

1 2 3 4 5

19. Does your social worker help you to think more clearly about yourself?

1 2 3 4 5

20. Do you feel that you and your social worker are alike in some ways?

1 2 3 4 5

* All of the items are measured with a 5-point Likert-type scale:

1 (not at all) 2 (a little) 3 (somewhat) 4 (a lot) 5 (a great deal)

Selected from Housing Questions -Zuravin & DePanfilis CASI:

1991-1993. Teenage motherhood: Its relationship to child abuse and neglect. Funded by the U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect 1988-1993. Grant No. 90CA1376. (Respondents were either CPS families or AFDC families without a CPS report).

1992-1996. Child Maltreatment Recurrences Among Families Served by Child Protective Services. Funded by U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect. Grant No. 90-CA-1497. (All respondents were involved with CPS due to at least one substantiated report of child abuse or neglect).

1-1 [WOLOCK] Now, I'd like to change the subject a bit and ask some questions about your housing arrangements and neighborhood. Which of the following best describes your housing now?

- | | | | |
|-----|---|----|-----------|
| | House/apartment owned by you | 01 | Go to 1-4 |
| | House/apartment rented by you | 02 | Go to 1-2 |
| | Live with a relative in their apartment/house | 03 | Go to |
| 1-2 | Live with a friend in their apartment/house | 04 | Go to |
| 1-2 | Live with a stranger in their apartment/house | 05 | Go to |
| 1-2 | Live in shelter | 06 | Go to 1-6 |
| | Live in jail | 07 | Go to 1-6 |
| | Live in an institution | 08 | Go to 1-6 |
| | Homeless | 09 | Go to 1-6 |

- 1-2. Do (you/the person you live with) live in a public housing project?
- | | |
|-----|---|
| No | 0 |
| Yes | 1 |

- 1-3. Do (you/the person you live with) live in Section 8 housing
- | | |
|-----|---|
| No | 0 |
| Yes | 1 |

1-4. [FROM WHEATON AND TURNER LIFE STRAINS SCALE] Please tell me how true this statement is: I would like to move but cannot. **GIVE R TRUE CARD**

- | | | |
|---------------|---|-------------|
| Not true | 0 | Go to 1-13 |
| Somewhat true | 1 | Go to 1-12a |
| True | 2 | Go to 1-12a |
| Very true | 3 | Go to 1-12a |

- a. How many months have you been feeling this way about where you are now?

RECORD IN MONTHS. USE MONTH CARD.

- 1-5. How many rooms are in this house/apartment, not counting bathrooms?

1-6. INTERVIEWER: SHOW R MONTH CARD. ASK THE FOLLOWING QUESTION: About how long have you been living here in your current residence? [PROGRAMMER: NEED LOGICAL CONSISTENCY WITH 1-7]

RECORD IN MONTHS

- 1-7. In the last 12 months, (or since we last talked to you – for follow-up interviews), approximately how many times have you moved?

If none, skip to 1-8

If more than one, ask 1-7a

- a. How many of these moves were in your own neighborhood?

1-8. In the last 12 months (or since the last interview for follow-up interviews) [INTERVIEWER - SHOW LAST INTERVIEW ON CALENDAR], have you been evicted from any of the places you lived?

No	0
Yes	1

[NOTE TO PROGRAMMER: R'S WHO ARE HOMELESS, LIVING IN SHELTER, JAIL, OR INSTITUTION, SKIP TO 1-10 – unless they have been homeless – skip to 1-11a1 or living in a shelter, jail, or institution for 12 months or longer – then skip to 1-11]

- 1-9 Would you tell me HOW MANY PEOPLE HAVE BEEN LIVING IN YOUR HOUSE/APARTMENT BESIDES YOURSELF for at least the last two weeks? (Programmer – skip out if living in shelter, institution, homeless, or jail)

(0=nobody but Respondent and her children)

1-10. [ADAPTED FROM WOLOCK] **INTERVIEWER: GIVE R FREQUENCY CARD AND SAY:** Now I'm going to read some statements about housing problems. Tell me how frequently during the last year you had the problem. **INTERVIEWER: IF RESPONDENT ASKS 'WHICH HOUSE', YOU NEED TO EXPLAIN THAT THESE QUESTIONS REFER TO ANY PLACE SHE LIVED DURING THE LAST YEAR, NOT JUST WHERE SHE IS LIVING NOW.**

a. How frequently during the last year did you have problems with the stove, refrigerator, or kitchen sink not working?

Not at all	0
Not too frequently	1
Frequently	2
Very frequently	3

b. How frequently during the last year did you have problems with the bathroom sink, toilet, or bathtub not working.

Not at all	0
Not too frequently	1
Frequently	2
Very frequently	3

c. How frequently during the last year did you have problems with overcrowding in your home, that is not enough space for everyone to sleep, live, and have some privacy.

Not at all		0
Not too frequently	1	
Frequently		2
Very frequently	3	

d. How frequently during the last year did you have problems with unsafe or dangerous conditions in your house/apartment that could hurt someone -- like holes in the floor, holes in the walls, broken out windows.

Not at all		0
Not too frequently	1	
Frequently		2
Very frequently	3	

e. How frequently during the last year did you have problems with not enough heat or hot water.

Not at all		0
Not too frequently	1	
Frequently		2

Very frequently 3

f. How frequently during the last year were there problems with rats or mice in your house/apartment?

Not at all		0
Not too frequently	1	
Frequently		2
Very frequently	3	

g. How frequently during the last year were there problems with roaches or bugs in your house/apartment?

Not at all		0
Not too frequently	1	
Frequently		2
Very frequently	3	

h. How frequently during the last year did you not have enough of the following things: chairs, tables, mattresses, blankets, sheets, pots, or dishes.

Not at all		0
Not too frequently	1	
Frequently		2
Very frequently	3	

1-11. [JANET HARDY G-2] Has there ever been a time when you were homeless, that is you did not have a regular place of your own to stay (does not include living with others, like relatives)?

no	0	skip to 1-13
yes	1	ask a

a1. When was the last time you were homeless? **INTERVIEWER: GIVE R RECENCY CARD**

within last two weeks	01	
two weeks to less than one month ago		02
one month to six months ago	03	
six months to less than one year ago		04
in the last 12 months	05	
REF	97	
DK	98	

1-12. [DIS-ASP, ITEM R58] Has there ever been a period when you had no regular place to live, you were homeless, for at least a month (does not include living with others, like relatives)?

no	0	skip to 1-13
yes	1	ask a1

a1. When was the last time you had no regular place to live for at least a month? **INTERVIEWER: GIVE R MODIFIED RECENCY CARD**

this month	01	
one month to six months ago		02
six months to less than one year ago		03
in the last 12 months	04	
more than 12 months ago	05	
REF	97	
DK	98	

1-13. [DIS-ASP, ADAPTED ITEM R57, PAGE 92] Have you ever wandered or traveled around for a month or more without having any idea ahead of time of how long you were going to stay, or where you were going to live, or where you were going to work?

no	0	skip to next Chapter
yes	1	ask a1

a1. When was the last time this happened? **INTERVIEWER: GIVE R MODIFIED RECENCY CARD**

this month	01	
one month to six months ago		02
six months to less than one year ago		03
in the last 12 months	04	
more than 12 months ago		05
REF	97	
DK		98