FAMILY ASSESSMENT OF NEEDS & STRENGTHS

Trauma Version

FANS-Trauma

An Information Integration Tool for Families Exposed to Traumatic Events

Manual

Version 1 Date: April 2013

The **FANS-Trauma** is an open domain tool for use in service delivery systems that address the needs and strengths of families who have been exposed to traumatic events.

For more information on the **FANS- Trauma** assessment tool, please contact one of the primary contributors below:

Laurel Kiser, Ph.D.
Kay Connors, LCSW
Sarah Gardner, LCSW
Fred Strieder, Ph.D.
LaVerne Dowling, Psy.D.
Family Informed Trauma Treatment (FITT) Center[1]
737 W. Lombard Street, 5th Floor
Baltimore, MD 21201
410-706-2490 (phone)
410-706-0022 (fax)
lkiser@psych.umaryland.edu

In collaboration with

John S. Lyons, Ph.D.
Endowed Chair of Child and Youth Mental Health Research
University of Ottawa
Children's Hospital of Eastern Ontario
401 Smyth Road, R1118
Ottawa, ON
jlyons@uottawa.ca
johnslyonsphd@yahoo.com

In developing the FANS-Trauma, we build off of several existing versions of the CANS, including the CANS-TEA (Kisiel, Lyons, Saxe, Blaustein & Ellis, 2002) and the Family Advocacy and Support Tool (FAST). Several of the trauma items were developed or adapted based collaborations with Cassandra Kisiel, Ph.D., Glenn Saxe, M.D., Margaret Blaustein, Ph.D., and Heidi Ellis, Ph.D., with the SAMHSA-funded National Child Traumatic Stress Network. Additionally, we want to acknowledge the work of all those individuals who made contributions to the development of the CANS family of instruments.

[1] The FITT Center is supported by funding form Substance Abuse Mental Health Services Administration (SAMHSA) as a member of the National Child Traumatic Stress Network.

INTRODUCTION AND METHODOLOGY

As families seek assistance in addressing problems that arise following exposure to trauma, the first step involves identification and assessment. A good assessment provides information to support service planning and communicates to the larger system of care about the needs and strengths of families. We have decided to use a uniform methodological approach based on the Child & Adolescent Needs and Strengths **(CANS)** to develop the **Family Assessment of Needs and Strengths – Trauma (FANS-Trauma)**.

The background of the **CANS** comes from prior work in modeling decision-making for psychiatric services. In order to assess appropriate use of psychiatric hospital and residential treatment services, we developed the Childhood Severity of Psychiatric Illness (CSPI). This measure was developed to assess those dimensions crucial to good clinical decision-making for expensive mental health service interventions. We have demonstrated its utility in reforming decision making for residential treatment (Lyons, Mintzer, Kisiel, & Shallcross, 1998) and for quality improvement in crisis assessment services (Lyons, Kisiel, Dulcan, Chesler & Cohen, 1997; Leon, Uziel-Miller, Lyons, Tracy, 1998). This measurement approach is face valid and easy-to-use, yet it provides comprehensive information regarding the clinical status of the child. This basic approach allows for a series of locally constructed decision support tools that we refer to as the Child & Adolescent Needs and Strengths **(CANS)**. Due to its modular design the tool can be adapted for local applications without jeopardizing its psychometric properties.

DESCRIPTION OF THE FANS-Trauma

The Family Assessment of Needs and Strengths – Trauma (**FANS-Trauma**) is an assessment tool designed with three overall purposes: 1) to document the range of strengths and needs exhibited by families affected by trauma; 2) to describe the contextual factors and systems that can support a family's adaptation from trauma; and 3) to assist in the management and planning of services for families with exposure and adaptations to traumatic experiences.

The **FANS–Trauma** is designed to be used either as a *prospective* assessment tool for decision support during the process of treatment planning or as a *retrospective* assessment tool based on the review of existing information for use in the design of high quality, family centered, trauma informed systems of services.

As a *prospective* assessment tool, the **FANS-Trauma** provides a structured assessment of families who have been exposed to trauma along a set of dimensions relevant to adaptation to trauma and trauma-specific treatment planning. Used as a **profile** based assessment tool, it is reliable and gives the clinician, the family and the agency, valuable existing information for use in the development and/or review of the family plan of care and case service decisions.

As *a retrospective* assessment tool, the **FANS-Trauma** provides an assessment of families currently in care and the functioning of the current system in relation to meeting the needs and strengths of these families. It clearly points out "service gaps" in the current services system. This information can then be used to design and develop the community-based, family-focused, trauma informed system of services appropriate for the target population and the community. In addition, the **FANS-Trauma** assessment tool can be used by providers and supervisors as a quality assurance/monitoring device. A review of the case record in light of the **FANS-Trauma** assessment tool will provide information as to the appropriateness of the family plan of care and whether individual goals and outcomes are achieved.

Although the question format is consistent methodologically with the CANS, the FANS-Trauma is structured somewhat differently than other CANS instruments. It is designed to measure needs and strengths of a family system that has been exposed to trauma as illustrated in Figure 1:

- The first section includes items intended to describe a family's exposure to trauma and other stressors.
- The second section includes items intended to describe the family as a unit.
- Each additional section includes items addressing the subsystems of the family starting with individual family members.

ADMINISTRATION OVERVIEW

When the **FANS-TRAUMA** is administered, each of the dimensions is rated on its own 4-point scale after the initial intake interview, routine service contact, or following the review of a case file. Even though each dimension has a numerical ranking, the **FANS-Trauma** assessment tool is designed to give a **profile** of the needs and strengths of the family exposed to trauma. *It is **not** designed to "add up" all of the "scores" of the dimensions for an overall score rating*.

There are three types of items in the FANS-Trauma, items measuring exposure to trauma and stressors, items measuring needs and items measuring strengths. All of the items have four levels with anchored definitions; these definitions are designed to translate into action levels (separate for needs and strengths).

The basic design for items measuring **exposure to trauma and stressors** is:

- **'0' indicates** there is ***no evidence of any trauma/stress of this type***
- **'1' indicates** there is evidence of a ***single incident of trauma or suspicion exists of trauma experiences***; or ***mild stressors***
- **'2' indicates** there is evidence of ***multiple traumas experienced***; or ***moderate stressors***
- **'3' indicates** there is evidence of ***repeated and severe incidents of trauma*** with medical and/or physical consequences; or ***major stressors***

The basic design of the ratings for **needs** is:

- **'0' indicates** that ***no action is necessary***; no need identified
- **'1' indicates *watchful waiting to see whether action is necessary*** (i.e. flag it for later review to see if any circumstances change) or prevention planning; a mild degree of need
- **'2' indicates** that ***action is necessary***; a moderate degree of need
- **'3' indicates** that intensive/immediate action is necessary; a severe degree of need

The basic design of the ratings for **strengths** is:

- **'0' indicates** a ***centerpiece strength***
- **'1' indicates** a ***strength that you can use in planning***
- **'2' indicates** a ***strength has been identified – must be built***
- **'3' indicates** *that* ***no strength has been identified***

To administer the **FANS-Trauma** assessment tool found at the end of this manual, the clinician or other service provider should read the anchor descriptions for each dimension and then record the appropriate rating on the **FANS-Trauma** assessment form. The FANS-Trauma is designed to be completed by a trained clinician following a conversation with the family. Information used to

complete the FANS-Trauma is typically gathered by the clinician over the course of 1-3 sessions with the family. The clinician completes the FANS-Trauma using the information gathered and checks back with the family if additional information is needed or if the clinician needs clarification prior to rating certain items. If there is disagreement between the clinician and the family about a certain need or strength, the clinician should work to understand the family's point of view. If agreement cannot be reached, the clinician should use the rating reflecting the family's point of view and make note of the disagreement.

Section 1 uses multiple time frames. Traumatic exposure items [1-11] are based on the family's history, Immediate Risk [12] is based on 30 days, Family Stressor items [13-17] are based on the last 12 months, while Military Transitions [18] is based on the family's history.

For the remaining sections, unless otherwise specified, *each rating is based on the last 30 days*. For baseline ratings, focus on the 30 days prior to beginning the assessment.

The **FANS-Trauma** is a tool for decision-support and as such, when items are rated, they are not meant to be an average or composite score across different family members within a dyad but to indicate areas of strength, concern or need. Thus if family subsystems function differently (i.e., extended family or parent-child relations), the rating is designed to indicate the subsystem with the greatest need and to identify that specific subsystem.

NOTES:
Since families are all unique and develop as a unit that consists of individual family members at different ages and stages:

- Family developmental issues should be considered when rating items. For example, in scoring "Relationships Between Caregiver/Child" the interactions between a seven-year-old and caregiver will be different than that of the caregiver and an adolescent. The later could have developmentally appropriate conflicts and issues of differentiation.
- Child needs and skills change developmentally so all items should be rated within the context of developmentally appropriate needs and skills. For example, in scoring "Child Interpersonal Skills" the social network of an adolescent varies significantly form that of a three-year-old. In scoring this item consider what would be expected of the youth depending on the developmental age.

OVERVIEW OF THE ITEMS

I. FAMILY TRAUMATIC CONTEXT

Exposure

1. Sexual Abuse
2. Physical Abuse
3. Emotional Abuse
4. Neglect
5. Medical Events
6. Family Violence
7. Traumatic Loss/Separation
8. Community Violence
9. Natural or Manmade Disasters
10. Political Violence
11. Cultural Violence

Risk

12. Immediate Risk

Stressors

13. Family Life Cycle Stressors
14. Neighborhood Safety
15. Community Resources
16. Financial Resources
17. Residential Stability
18. Military Transitions

II. FAMILY UNIT

Strengths

19. Family Communication
20. Closeness
21. Organization
22. Coping Skills
23. Family Efficacy
24. Savoring and Optimism
25. Spiritual/Religious
26. Family Rituals
27. Community Connections

Needs

28. Family Role/Boundary Appropriateness
29. Family Sense of Safety
30. Family Affect Management
31. Family Conflict
32. View of the World

III. ADULT

Strengths

33. Adult Interpersonal Skills
34. Adult Vocational Functioning

Needs

35. Adult Physical Health
36. Adult Mental Health
37. Adult Alcohol/Drug Use
38. Adult Criminal Behavior
39. History of Maltreatment of Children
40. Adult Adjustment to Trauma
41. Adult Affect Regulation
42. Adult Anger Management
43. Adult Sleep Problems

IV. CHILD

Strengths

44. Self-Regulation Skills
45. Day Care/School Functioning
46. Child Interpersonal Skills

Needs

47. Child Physical Health
48. Child Mental Health
49. Child Alcohol/Drug Use (10 or over)
50. Child Conduct Disordered Behavior
51. Cognitive Skills
52. Child Adjustment to Trauma
53. Child Affect Regulation
54. Child Attachment Difficulties
55. Child Anger Management
56. Child Sleep Problems

V. INTERGENERATIONAL

Strengths

57. Support and Assistance
58. Intergenerational Communication
59. Patterns of Protection

Needs
60. Family History of Mental Illness

VI. ADULT PARTNERSHIP

Strengths
61. Adult Partner Relationships

Needs
62. Partnership Relationship Stability
63. Partnership Affect Management
64. Anger Management within Partnership

VII. CAREGIVING

CAREGIVERS

Strengths
65. Caregiver's Responsiveness
66. Satisfaction/Meaning of Caregiving
67. Caregiving Efficacy

Needs
68. Caregiver's Boundaries
69. Caregiver's Supervision
70. Caregiver's Discipline
71. Caregiver Anger Management
72. Caregiver Burden/Stress

CAREGIVING SUBSYSTEM STRENGTHS
73. Collaboration
74. Consistency

VIII. CAREGIVER-CHILD RELATIONS

Strengths
75. Relationships Between Caregiver/Child

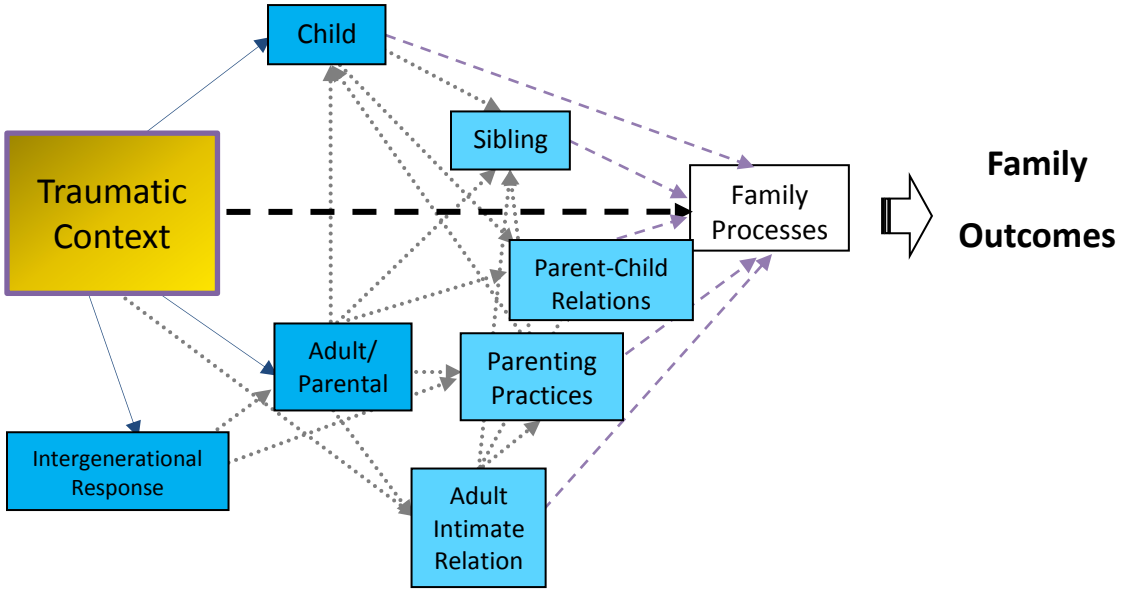
Needs
76. Caregiver/Child Relationship Stability

IX. SIBLING RELATIONS

Strengths
77. Relationships among Siblings

Needs
78. Sibling Relationship Stability
79. Sibling Conflict

Figure 1: Systemic Response to Trauma



I. THE FAMILY TRAUMATIC CONTEXT

In this section, the rater is interested in the experiences that the family has had regarding trauma and stressors. These traumas and stressors could have occurred to any one member of the family, multiple family members, or to the whole family together.

1. SEXUAL ABUSE – *This rating describes the family's experience of sexual abuse. Sexual abuse is defined as sexual behavior that occurs between a child and a person who is older or who is in a position of authority over the child.*

0	There is no evidence that any member of the family has experienced sexual abuse.
1	There is a suspicion that a family member has experienced sexual abuse. This could include evidence of sexually reactive behavior in any family member as well as exposure to a sexualized environment or Internet predation. A family member who has experienced secondary sexual abuse (e.g., witnessing sexual abuse, having an extended family member sexually abused) also would be rated here.
2	Family member has experienced one or more incidents of sexual abuse but this abuse was not chronic or severe. This might include a child who has experienced molestation without penetration on a single occasion.
3	Family member has experienced severe or chronic sexual abuse with multiple episodes or lasting over an extended period of time. This abuse may have involved penetration or multiple perpetrators.
List family members exposed:	

2. PHYSICAL ABUSE – *This rating describes the family's experience of physical abuse. Physical abuse is defined as behavior that causes physical harm to a family member. Physical abuse occurs between a child or other vulnerable family member and a person who is in a position of authority.*

0	There is no evidence that any member of the family has experienced physical abuse.
1	There is a suspicion that a family member has experienced physical abuse. Spanking without physical harm or threat of harm also would be rated here.
2	Family member has experienced moderate physical abuse and/or repeated forms of physical punishment (e.g., hitting, punching).
3	Family member has experienced severe and repeated physical abuse with intent to do harm and/or that caused sufficient physical harm to necessitate hospital treatment.
List family members exposed:	

3. EMOTIONAL ABUSE – *This rating describes the degree of severity of emotional abuse, including verbal and nonverbal forms. Emotional abuse refers to frequent situations when a vulnerable family member is insulted, sworn at, put down, or threatened with physical harm.*

0	There is no evidence that any member of the family has experienced emotional abuse.
1	Family member has experienced mild emotional abuse. For instance, a child may experience some insults or is occasionally referred to in a derogatory

	manner by caregivers.
2	Family member has experienced moderate emotional abuse. For instance, a child may be consistently denied emotional attention from caregivers, insulted or humiliated on an ongoing basis, or intentionally isolated from others.
3	Family member has experienced severe emotional abuse over an extended period of time (at least one year). For instance, an intimate partner may be threatened/terrorized.
List family members exposed:	

4. NEGLECT – *This rating describes the severity of neglect. Neglect refers to the failure to provide for the basic needs (physical, educational, medical, and emotional) of family members.*

0	There is no evidence that any member of the family has experienced neglect. The caregiver provides for the physical, educational, medical, and emotional needs of the child.
1	Family member has experienced mild or occasional neglect. Children may have been left at home alone with no adult supervision. There may be occasional intended or unintended failure to provide adequate supervision of children, educational access, and/or needed medical care, Children's emotional needs may be ignored.
2	Family member has experienced moderate neglect. This includes repeated episodes of intended or unintended failure to provide adequate food, shelter, clothing, educational access, or medical care, with corrective action needed.
3	Family member has experienced severe neglect including frequent and prolonged absences by adults without minimal supervision, and failure to meet basic physical, educational, medical, and emotional needs on a regular basis.
List family members exposed:	

5. MEDICAL EVENTS – *This rating describes the severity of medical events that the family has faced.*

0	There is no evidence that any member of the family has experienced any serious medical events. Family member may have experienced mild medical procedures including minor surgery (e.g., stitches, bone setting). Resolution of the medical event was immediate.
1	Family member has experienced medical events including major surgery or injuries requiring hospitalization. Families dealing with illnesses requiring crisis management over an extended period of time (i.e., emergency room visits needed to stabilize condition), such as asthma, would be rated here.
2	Family member has experienced life threatening medical events which have resolved without related death of a family member, prolonged separations, or significant change in functioning or capacity.
3	Family member has experienced life threatening medical events, including the related death of a family member, prolonged separations, or significant change in functioning or capacity.

List family members exposed:

6. FAMILY VIOLENCE – *This rating describes the severity of exposure to family violence, including domestic violence. Family violence refers to physical fighting in which family members might get hurt. Physical abuse is not considered here.*

0	There is no evidence of family violence.
1	Family member has experienced mild violence between family members. This might include slapping or pushing.
2	Family member has experienced moderate violence between family members. This might include repeated episodes of family violence but no significant injuries requiring emergency medical attention have occurred.
3	Family member has experienced repeated and severe episodes of violence between family members. This might include when significant injuries or death have occurred;. weapons have been used;. a restraining order is currently in place; or a family member is incarcerated due to family violence.
List family members exposed:	

7. TRAUMATIC LOSS/SEPARATION – *This rating describes the level of traumatic loss experienced by the family. Traumatic loss refers to the untimely or sudden death/separation of a family member or close family friend. The circumstances surrounding this death/separation often include violence. Details of the event are gruesome, terrifying, or horrific.*

0	There is no evidence that any member of the family has experienced traumatic loss of family members or significant others.
1	Family member has experienced the traumatic loss of one family member, close family friend, or significant other. This event occurred sometime in the past, perhaps in the previous generation.
2	Family member has experienced the recent traumatic loss of one family member, close family friend, or significant other (2 years or less).
3	Family member has experienced multiple traumatic losses of family members, close family friend, or significant others. These may include both recent and past losses.
List family members exposed:	

8. COMMUNITY VIOLENCE – *This rating describes the severity of exposure to community violence [including school and workplace violence].*

0	There is no evidence that any member of the family has witnessed or experienced violence in the community.
1	Family member has witnessed or experienced mild community violence. Family member has not been directly impacted by the community violence (i.e. violence not directed at family or friends) and exposure has been limited to occasional fighting or other minor forms of violence or criminal activity in the community.
2	Family member has witnessed or experienced moderate community violence. This might include witnessing the significant injury of others in

	her/his community; having friends/neighbors injured as a result of violence or criminal activity in the community; being the direct victim of violence/criminal activity that was not life threatening; or witnessing/experiencing chronic or ongoing community violence.
3	Family member has witnessed or experienced severe community violence. This might include the death of friends/neighbors/family members in her/his community as a result of violence; being the direct victim of violence/criminal activity in the community that was life threatening; or experiencing chronic/ongoing impact as a result of community violence (e.g., family member injured and no longer able to work).
List family members exposed:	

9. NATURAL OR MANMADE DISASTERS – *This rating describes the severity of exposure to either natural or man-made disasters.*

0	There is no evidence that the family has been exposed to natural or man-made disasters.
1	Family member has been exposed to disasters second-hand (i.e. on television, hearing others discuss disasters). This would include second-hand exposure to natural disasters, such as a fire or earthquake, or man-made disaster, including car accident, plane crashes, or bombings.
2	Family member has been directly exposed to a disaster or witnessed the impact of a disaster on a family member or friend. This would include a family member who has been injured in a car accident or fire.
3	Family member has been directly exposed to a disaster that caused significant harm or death to a loved one or there is an ongoing impact or life disruption due to the disaster (e.g., house burns down, caregiver loses job, move to another community, separation from support system).
List family members exposed:	

10. POLITICAL VIOLENCE – *This rating describes the severity of exposure to war, terrorism, or torture. Terrorism is the use of violence or the threat of violence to instill fear, intended to coerce or to intimidate governments or societies in the pursuit of political, religious, or ideological goals. Terrorism may include attacks by individuals acting in isolation (e.g., sniper attacks).*

0	There is no evidence that any member of the family has been exposed to political violence, war, terrorism, or torture.
1	Family's community has experienced an act of terrorism, but the family was not directly impacted by the violence. Family does not live in war-affected region or refugee camp. Friends or extended family may have been exposed to political violence, war, terrorism, or torture.
2	Family has been affected by political violence, war, terrorism, or torture. Family members may have witnessed others being injured in war or terrorist attacks; may have suffered minor injuries in war; or may have lived in an area where bombings, fighting, or terrorist attacks took place. Family may see daily signs of the attack in their neighborhood (e.g., destroyed

	building). Family may have spent an extended amount of time in refugee camp. Family may have been forcibly displaced due to war.
3	Family has experienced major effects of political violence, war, terrorism, or torture. Family members may have feared for their lives during war due to bombings or shelling very near to them. A family member may have been directly injured, tortured, or kidnapped. A family member may have served as a soldier, guerrilla, or other combatant in her/his home country. The family may have lost one or both parents during war or one or both parents may be so physically or psychologically disabled from war that they are not able to provide adequate caretaking of their family.
List family members exposed:	

11. CULTURAL VIOLENCE – *Cultural violence refers to exposure to conflict or violence related to friction between a family's own cultural identity and the predominant culture in which the family lives.*

0	There is no evidence that any member of the family has been exposed to conflict or violence related to their cultural identity.
1	Family has some mild or occasional exposure to cultural violence. This may include stressful circumstances resulting from friction between the family's cultural identity and their current living situation.
2	Family has been affected by conflict or violence related to their cultural identity. Family member(s) may have witnessed others being harassed or injured due to their identity or may have suffered minor injuries in incidences related to their cultural identity. Family may see daily signs of hatred and violence in their neighborhood.
3	Family has experienced major effects of cultural violence. Family members may have feared for their lives during incidences related to cultural violence. A family member may have been directly injured, tortured, or disappeared.
List family members exposed:	

12. IMMEDIATE RISK – *This item refers to the family's **current** (30 days) risk of exposure to any of the previously rated traumas.*

0	Family has no current risk of exposure to any trauma.
1	Family is at mild or limited risk of exposure to trauma.
2	Family is at moderate risk of experiencing trauma.
3	Family is at severe or high risk of experiencing trauma or is currently experiencing trauma.
Family at risk of exposure to: (circle all that apply): sexual abuse, physical abuse, emotional abuse, neglect, medical events, traumatic loss, family violence, community violence, natural or manmade disaster, political violence, or cultural violence.	
List family members at immediate risk:	

13. FAMILY LIFE CYCLE STRESSORS – *This item describes the family's current (last 12 months) experience of life cycle stressors such as births, entry into school, marriages, separations or divorces, or the death of an elder family member.*

0	The family is not currently experiencing disruptive family life cycle transitions.
1	The family is experiencing a mildly disruptive family life cycle transition.
2	The family is experiencing a single family life cycle transition that is moderately challenging or disruptive.
3	The family is experiencing either multiple family life cycle transitions simultaneously or a single family life cycle transition that is severely disrupting normal family functioning and taxing its available resources.

14. NEIGHBORHOOD SAFETY – *This item describes the current characteristics (last 12 months) of the neighborhood where the family lives (within several blocks) pertaining to violent events (e.g., gang violence, robberies, muggings, rapes, assaults, physical fights, episodes of arson, vandalism) or significant tensions (e.g., gang activity, drug activity, verbal fights, disagreements between others in the neighborhood, extreme bullying).*

0	Neighborhood is safe, no recent history of violent events or significant tensions. Residents of neighborhood are not generally concerned with their physical or emotional safety or the safety of their property. Caregivers feel comfortable sending their children out to play in neighborhood.
1	Neighborhood has history of one incident of violence or significant tensions. Residents of neighborhood feel safe most of the time, although they express some need to be aware of environmental events in order to assure safety. Caregivers still feel comfortable sending their children out to play in neighborhood, but are aware of need to monitor children frequently.
2	Neighborhood has history of more than one violent event or significant tensions. Residents express concerns about their physical or emotional safety as well as the safety of their property. Caregivers frequently do not feel safe to send children out to play and may restrict their activity to the home or some secure, structured agency (such as clubs, child centers, etc).
3	Neighborhood has ongoing, chronic history of multiple violent events or significant tensions. Residents do not feel that neighborhood is safe and feel frequent direct threats to their physical and emotional safety. Residents do not feel that their homes are secure or that their property is safe. Caregivers never feel comfortable sending children out to play in neighborhood and restrict their activity to the home. Caregivers do not feel comfortable sending children to structured agencies in neighborhood because of the level of threat.

15. COMMUNITY RESOURCES – *This item describes the community resources available to the family.*

0	The community has sufficient resources so that there are few limitations on what can be provided for family members.
1	The community has the necessary resources to help address the major and basic needs of family members but these resources might be stretched.
2	The community has limited resources that are often not sufficient to meet the needs

	of family members.
3	The community has severely limited resources available and is not able to assist the family in meeting the needs of its members.

16. FINANCIAL RESOURCES – *This item refers to the income and other resources available to family members (particularly caregivers) that can be used to address family needs.*

0	No difficulties. Family has financial resources necessary to meet needs.
1	Mild difficulties. Family has financial resources necessary to meet most needs; however, some limitations exist.
2	Moderate difficulties. Family has financial difficulties that limit their ability to meet basic family needs.
3	Severe difficulties. Family experiencing financial hardship, poverty.

17. RESIDENTIAL STABILITY – *This item refers to the stability of the family's housing over the past 12 months. This does not refer to the risk of placement outside of the family home for any member of the family.*

0	Family has stable housing for the foreseeable future.
1	Family has some mild difficulties maintaining housing. This may be due to difficulty paying rent or utilities or conflict with a landlord, that has not resulted in the family having to move.
2	Family has moderate difficulties maintaining housing. Family has had to move due to difficulty paying rent or utilities or conflict with a landlord.
3	Family has severe difficulties maintaining housing. Family has had to move multiple times or experienced homelessness.

18. MILITARY TRANSITIONS – *This item refers to the family's military service commitments of one or more family members. This item is based on the family's history.*

0	Family not experiencing any transitions related to military service. Families with no members involved in military services would be rated here.
1	Family anticipating a transition related to military service in the near future or family experienced a transition in the past which was challenging.
2	Family currently experiencing a challenging transition related to military service.
3	Family has experienced multiple challenging transitions related to military service and is currently experiencing another challenging transition.

II. THE FAMILY UNIT

Instruct the family that for the purposes of this part of the interview, the family unit should include individuals working together to make sure that daily concrete and emotional needs of children and adults are being addressed. This does not have to be limited to one household but should be limited to those individuals involved in keeping daily family life running. Have the family identify who is included in this family unit and note that on scoring sheet.

19. FAMILY COMMUNICATION – *This item refers to the extent and quality of communication within the family. It should only be about communication within the family unit not within subsystems in the family (e.g., adult partnership, siblings).*

0	Family demonstrates significant strengths in communication. Communication is characterized by dynamic, reciprocal exchanges within the family. Communication is predominately open and direct. Family members are able to engage in sustained dialogue to problem-solve and manage conflict.
1	Family demonstrates adequate communication strengths. Family members generally communicate well with some exceptions. Communication is generally open, but the family may have difficulty sharing about difficult issues. Family members are often, but not always, able to engage in sustained dialogue to problem-solve and manage conflict.
2	Family demonstrates limited communication strengths. Family members sometimes communicate well. However, their communication is typically not reciprocal or direct. Problems with communication limit the frequency with which communication occurs. On occasion, family members are able to engage in sustained dialogue to problem-solve and manage conflict.
3	Family demonstrates no communication strengths. Communication among family members is seldom reciprocal and is generally indirect, if it occurs at all. Family is not able to engage in sustained dialogue to problem-solve and manage conflict.

20. CLOSENESS – *This item refers to the amount of time the family spends in shared activity, their enjoyment of family activity, and the emotional bonding that family members have amongst each other.*

0	Family members are involved in each other's lives. Family members like to spend free time with each other. Although family members have individual interests they still enjoy each other's company. Family members get along very well with each other. Family members feel very close to each other.
1	Family members are moderately involved in each other's lives. Family members like to spend some free time with each other. Family members have individual interests and although family members enjoy each other's company, these interests are at times chosen over family time. Family members get along reasonably well with each other. Family members feel moderately close to each other.
2	Family members are minimally involved in each other's lives. Family members come together when needed, but they typically spend little free time with each other. They normally do not enjoy each other's company and prefer to spend time away from family. Family members often do not get along very well. Family members feel

	minimally close to each other.
3	Family members are seldom involved in each other's lives. Family members do not like to spend free time with each other. Family members never get along well. Family members do not feel close to each other.

21. ORGANIZATION – *This rating should be based on the ability of family members to participate in or direct the organization of the household, services, and related activities.*

0	Family demonstrates significant organizational strengths. Family is well organized and efficient in working together to coordinate household, services, and activities. Family successfully accomplishes the routines and tasks of daily family life.
1	Family demonstrates adequate organizational strengths. Family is mostly organized and able to coordinate and support household, services, and activities. They may have occasional difficulties in accomplishing the routines and tasks of daily family life, for example, may be forgetful about appointments or fail to get to school or work on time.
2	Family demonstrates limited organizational strengths. Family has the ability to carry out some critically important tasks but has difficulty organizing or coordinating household, services, and activities. Family frequently fails to carry out the routines and tasks of daily family life.
3	Family demonstrates no organizational strengths. Family is unable to organize and coordinate their household, services, and activities. Daily family life is chaotic.

22. COPING SKILLS – *This rating indicates the family's coping and problem solving skills related to successfully negotiating stressors.*

0	Family demonstrates strong coping and problem solving skills. Coping skills are well developed and the family is able to flexibly and successfully problem solve to manage stressors.
1	Family demonstrates adequate coping and problem solving strengths. The family is generally able to use their skills for managing distress and can effectively engage in problem solving strategies. Coping and problem-solving skills may become less flexible when stressors are high.
2	Family demonstrates limited coping and problem solving strengths. For example, the family uses a narrow set of coping strategies that are rigidly applied to most situations. However, these are frequently inadequate for coping with distress and the family can easily become overwhelmed.
3	Family demonstrates no known or identifiable coping or problem solving strengths. The family is quickly overwhelmed and cannot develop any strategies to manage stressors.

23. FAMILY EFFICACY – *This rating should be based on the family's belief that it is effective in achieving its goals and able to successfully manage daily family life and handle stressors.*

0	Family believes in itself and has confidence in its ability to successfully deal with family life. The family takes on problems and stressors with the attitude that they will be able to handle whatever happens.
1	Family believes that they are able to handle most situations adequately. Family

	members can be tentative about their ability to manage stressors at times.
2	Family has limited expectations about its ability to handle situations successfully. Family members are often surprised when they are successful at dealing with problems.
3	Family feels that it fails or is unable to handle most situations. Family members act based on the premise that "we are not able to cope with the things that happen to us".

24. SAVORING AND OPTIMISM – *This rating should be based on the family's view of its future and their ability to remain hopeful when faced with life's challenges. This is intended to rate the family's positive future orientation including the ability to express joy and share positive life experiences.*

0	Family has a strong and stable optimistic outlook on life. Family is future oriented. Family acknowledges and celebrates good things that happen and looks forward to continued good times.
1	Family is generally optimistic. Family is likely to be future oriented, but has difficulty expressing a positive future vision when under stress. Family adequately acknowledges and celebrates good things that happen.
2	Family may believe that some aspects of their life are positive, but has difficulty maintaining an overall positive view of itself and the family's future. Family is limited in its acknowledgement and celebration of positive life experiences.
3	Family has difficulty seeing any positives about itself or its life. Family does not acknowledge any positives in their family life. Family may be overly pessimistic and believes that negative outcomes to important events are inevitable and there is nothing that can be done to prevent the negative outcomes. Family outlook for the future is bleak. Alternatively, the family is not able to articulate a vision of its future.

25. SPIRITUAL/RELIGIOUS – *This rating should be based on the family's involvement in spiritual or religious beliefs and activities.*

0	Family possesses strong moral and spiritual strengths. Family members may be very involved in a religious community or may have strongly held spiritual or religious beliefs that sustain the family on a daily basis.
1	Family possesses moral and spiritual strengths that support the family in times of need. Family members may be involved in a religious community.
2	Family possesses limited spiritual or religious strengths. Family members may have little contact with religious institutions or are highly conflicted about spiritual or religious beliefs or practices.
3	Family possesses no identified spiritual or religious beliefs or involvement in a spiritual or religious community.

26. FAMILY RITUALS – *Family rituals are activities and traditions that are part of the family's heritage, including the way the family celebrates holidays, spends leisure time together, or shares meals. Family rituals may include daily activities and traditions that are culturally specific (e.g., praying toward Mecca at specific times, eating a specific diet, being able to speak one's primary language with others).*

0	Family consistently and deliberately practices rituals in accord with its family heritage and cultural identity.
1	Family is generally able to practice rituals consistent with its family heritage and cultural identity. Family sometimes experiences obstacles to the performance of these rituals.
2	Family can identify and tries to practice rituals but experiences significant barriers. Family is often prevented from practicing rituals consistent with its family heritage and cultural identity.
3	Family is unable to practice rituals consistent with its family heritage and cultural identity.

27. COMMUNITY CONNECTIONS – *This rating should be based on the family's level of involvement in their community, including accessing natural supports. Natural supports refer to help that you do not have to pay for. This could include friends and families or a church or other organization that helps the family in times of need.*

0	Family maintains significant and extensive long-term ties with the community. This includes substantial natural supports to assist in addressing most family, caregiver, and child needs. For example, family members may belong to community groups (e.g., community center, neighborhood watch) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.
1	Family maintains adequate community ties although they may be relatively short term (e.g., past year). Family has natural supports but some limitations exist whereby these supports are insufficient to address some family and child needs.
2	Family maintains limited ties and/or natural supports from the community.
3	Family maintains no known ties or natural supports from the community.

28. FAMILY ROLE/BOUNDARY APPROPRIATENESS – *Family roles and boundaries refer to the ability of family members to perform their roles within the family (e. g., parent, older sibling, grandparent, etc.) while separating themselves as individuals and consistently communicating their respect for each family member's role as well as the hierarchy of authority established in the family.*

0	Adaptive roles and boundaries. Family has strong, appropriate roles and boundaries among members. Clear hierarchies are maintained.
1	Mostly adaptive roles and boundaries. Family has generally appropriate boundaries and hierarchies. May experience some minor blurring of roles during times of high stress.
2	Limited adaptive roles and boundaries. Family has difficulty maintaining appropriate boundaries and/or hierarchies. Some significant role problems exist.
3	Significant difficulties with roles and boundaries. Family has significant problems with establishing and maintaining reasonable roles, boundaries, and hierarchies. Significant role confusion or reversals may exist.

29. FAMILY SENSE OF SAFETY – *This item refers to the degree to which family members feel safe in the home.*

0	All family members feel that they live in a safe home environment.
1	Family members feel that they live in a home environment that presents some mild risks. This may include alcohol/drug abuse or gang membership of family members, but no immediate risk is present. They feel safe most of the time while at home.
2	Family members feel that they live in a home environment that presents moderate risk. This may include fears about abuse or family violence. The unpredictability of threats to safety cause family members to frequently worry about their own safety or the safety of another family member.
3	Family members feel that they live in a home environment that presents severe risk. Individuals in the family feel scared most of the time and believe that they face immediate risk of significant physical harm.

30. FAMILY AFFECT REGULATION – *This item refers to the family unit's process of initiating, maintaining, or modulating the occurrence, intensity, or duration of emotion-related discourse across a whole range of emotions.*

0	Family unit displays no difficulties co-regulating emotional responses. Family members recognize and respond appropriately to the affect expressed. Family is able to express strong emotions, both positive and negative, when appropriate, and maintain control. Emotional responses are appropriate to the situation.
1	Family unit displays some minor difficulties with affect regulation. Family members generally recognize and respond appropriately to the affect expressed, but there are some miscues and miscommunications. Family could have some difficulty tolerating and expressing intense emotions and become uncomfortable in response to emotionally charged stimuli. Family members may be more watchful or hypervigilant in general.
2	Family unit displays moderate problems with affect regulation. Family may exhibit marked shifts in emotional responses (e.g., from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g., normally restricted affect punctuated by outbursts of anger or sadness). Family may deal effectively with positive emotions but may be unable to tolerate or express negative affect. At times, family members' affect may be inconsistent with the situation.
3	Family unit displays severely dysregulated affect. Affective communication among family members is often misunderstood. Family members demonstrate severe problems as evidenced by unpredictable mood and inability to modulate emotional responses (feeling out of control of their emotions or emotionally "shut down"). Family may exhibit tightly contained emotions with intense outbursts under stress. Affect expressed is generally not consistent with the situation.

31. FAMILY CONFLICT – *This item refers to how the family deals with disagreements.*

0	Family seldom argues and negotiates disagreements appropriately.
1	Family seldom argues, but when conflicts arise resolution is difficult.
2	Family is generally argumentative and conflict is a fairly constant theme in family

	interactions.
3	Family is constantly arguing and disagreements characterize family interaction. The family is unable to maintain civil communication during disagreements; yelling, name calling, and cursing are common.

32. VIEW OF THE WORLD – *This item refers to the family's understanding of how the world operates and what place, power, or purpose the family holds in the world.*

0	Family's actions, stories, and beliefs express trust in others, a sense that rules are fair, and a predictable notion of right versus wrong.
1	Family's actions, stories, and beliefs portray some people as trustworthy and that many rules are fair, but the family at times lacks clarity on right versus wrong.
2	Family's actions, stories, and beliefs express discouragement with others and with society. They express doubt about whether to trust others and often choose to disregard rules.
3	Family's actions, stories, and beliefs see the world as unpredictable and unfair and people as dangerous. The family may express distorted rules or they do not see society's rules as applying to them.

III. ADULT FAMILY MEMBER STATUS

In some families there are many adults. They have various responsibilities and roles in the family that may or may not include caregiving for children. Please identify ALL of the adults (21 years and older) in the family who assume responsibilities for family management and describe each adult separately on the scoring sheet provided using the items described below.

33. ADULT INTERPERSONAL SKILLS – *This item is used to refer to the interpersonal skills of the individual as they relate to others. This refers to relationships outside the family.*

0	Significant interpersonal skills and strengths. Adult is seen as well liked by others and has significant ability to form and maintain positive relationships. Adult has multiple close friends and is friendly with others. Social connections are a focus of adult's life or well-being.
1	Adequate interpersonal skills and strengths. Adult has formed positive interpersonal relationships with peers. Adult may currently not have many friends, but has a history of making and maintaining friendships with others.
2	Limited interpersonal skills and strengths. Adult has some social skills that facilitate positive relationships with peers but struggles to maintain current healthy relationships. Has an erratic history of making and maintaining healthy friendships with others.
3	No known interpersonal skills or strengths. Adult currently does not have any friends, nor has he/she had any friends in the past.

34. ADULT VOCATIONAL FUNCTIONING – *This item refers to the adult's work effectiveness including, but not limited to, attendance, productivity, and relationships with co-workers.*

0	Adult demonstrates significant strengths in vocational functioning. Adult is fully employed with no problems at work. Alternatively, adult may not be seeking employment or chooses to be a full-time homemaker.
1	Adult demonstrates adequate strengths in vocational functioning. Adult is having or has had occasional problems related to attendance, productivity, or ability to get along with co-workers. Adult may be partially employed, employed significantly below her/his level of education/experience/training due to these problems, but still has a history of being consistently employed.
2	Adult demonstrates limited strengths in vocational functioning. Adult is working but is having or has had moderate problems related to attendance, productivity, or ability to get along with co-workers. Adult maybe temporarily unemployed because of such difficulties or has an erratic employment history.
3	Adult demonstrates no strengths related to vocational functioning. Adult is chronically unemployed and lacks basic education/experience/training, and regularly has work related problems.

35. ADULT PHYSICAL HEALTH – *Physical health includes medical and physical challenges faced by the adult that impacts her/his functioning in the family.*

0	Good health. No physical health limitations that require assistance or impact on her/his ability to carry out family responsibilities. Adult may have a physical health

	diagnosis but it is well controlled and does not interfere with functioning.
1	Adequate health. Some mild physical health limitations that do not require assistance and only minimally impacts functioning within the family.
2	Fair health. Moderate physical health limitations that make it difficult or prevent her/him from functioning in the family without assistance.
3	Poor health. Severe health limitations that make the adult physically unable to carry out family responsibilities.

.

36. ADULT MENTAL HEALTH – *This item refers to mental health needs that impact on the adult's functioning in the family (not substance abuse or dependence).*

0	No mental health challenges. Adult has no signs of any notable mental health problems.
1	Mild mental health challenges. Adult may have mild problems with adjustment, may be somewhat depressed, withdrawn, irritable, anxious, or agitated. She/he does not require assistance and these symptoms do not interfere with her/his ability to function in the family.
2	Moderate mental health challenges. Adult has a diagnosable mental health problem(s) that makes it difficult or prevents her/him from being able to function in the family without assistance.
3	Severe mental health challenges. Adult has a serious psychiatric disorder and is unable to carry out family responsibilities.

37. ADULT ALCOHOL/DRUG USE – *This item includes problems with alcohol, tobacco, illegal drugs, and/or prescription drugs that impact on the adult's ability to function as part of the family.*

0	No problems with alcohol or drug use. The adult has no signs of any notable substance abuse problems.
1	Mild problems associated with alcohol or drug use. The adult may have mild problems with work that result from occasional use of alcohol or drugs but they do not require assistance or interfere with her/his ability to function in the family at this time.
2	Moderate problems associated with alcohol or drug use. The adult has a diagnosable substance-related disorder. Substance use makes it difficult or often prevents her/him from being able to function in the family without assistance.
3	Severe difficulties with alcohol or drug dependence. The adult is currently addicted to either alcohol, drugs, or both and is unable to function in the family.

38. ADULT CRIMINAL BEHAVIOR – *This item rates the criminal behavior of adult household members.*

0	No evidence that the adult has ever engaged in criminal behavior.
1	Adult has a history of criminal behavior but has not been incarcerated.
2	Adult has a history of criminal behavior resulting in a conviction or incarceration.
3	Adult has a significant history of criminal behavior resulting in multiple incarcerations.

39. HISTORY OF MALTREATMENT OF CHILDREN – *This item describes whether the adult has any prior history of maltreating a child in her/his care.*

0	No evidence of any history of maltreatment
1	Adult's maltreatment of children is limited. She/he has one incident of protective services' involvement.
2	The adult has two indicated incidents of protective services' involvement.
3	The adult has three or more indicated incidents of protective services' involvement and/or has been involved in an incident that ended in the termination of parental rights.

40. ADULT ADJUSTMENT TO TRAUMA – *This rating describes posttraumatic reactions faced by adult family members, including emotional numbing and avoidance, nightmares, and flashbacks that are related to their own traumatic experiences or to the traumatic experiences of their children.*

0	Adult has not experienced any significant trauma or has adjusted well to traumatic experiences.
1	Adult has some mild problems with adjustment due to trauma. She/he may have an adjustment disorder or other reaction that might ease with the passage of time. Or, she/he may be recovering from a more extreme reaction to a traumatic experience.
2	Adult has moderate symptoms associated with traumatic experiences. Adult may have nightmares or other notable symptoms of Post Traumatic Stress Disorder (PTSD) or complex trauma.
3	Adult has severe traumatic distress as a result of traumatic experiences. Symptoms are frequent and intense and may include intrusive thoughts, hyper-vigilance, constant anxiety, and other common symptoms of PTSD or complex trauma.

41. ADULT AFFECT REGULATION – *This rating describes the adult's ability to identify, communicate, and modulate affect across a wide range of emotions.*

0	Adult displays no difficulties with affect regulation. Adult is able to identify and communicate both positive and negative emotions. Emotions are communicated directly and emotional responses are appropriate to the situation.
1	Adult displays some mild difficulties with affect regulation. Felt emotions are sometimes not communicated clearly. She/he could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general.
2	Adult displays moderate problems with affect regulation. She/he may be comfortable with positive sharing positive emotions, but unable to communicate or regulate negative ones. She/he may be unable to modulate emotional responses. Adult may exhibit marked shifts in emotional responses (e.g., from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g., normally restricted affect punctuated by outbursts of anger or sadness).
3	Adult displays severe problems with affect regulation. She/he may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions). Adult's affect dysregulation places them at risk for self-harm. Adult may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, she/he may be characterized as emotionally "shut down".

42. ADULT ANGER MANAGEMENT – *This item captures the adult's ability to identify and manage her/his anger when frustrated.*

0	No evidence of anger management problems. Adult recognizes and manages her/his anger in a manner of mutual respect towards herself/himself and others.
1	Adult exhibits mild problems managing her/his anger in a respectful manner. She/he may sometimes become verbally aggressive when frustrated. Peers and family members are aware of and may attempt to avoid stimulating angry outbursts. This adult may have a history of physical aggression towards property arising from inability to control anger, but none within the last 3 months.
2	Adult exhibits moderate problems managing her/his anger in a respectful manner. Her/his temper has gotten her/him in significant trouble with peers, family, and/or work. This level may be associated with some physical violence towards property in the past 3 months or increasing verbal outbursts. Others are likely quite aware of adult's anger potential.
3	Adult exhibits severe problems managing her/his anger in a respectful manner. Her/his temper is associated with physical aggression towards others and towards property. Others likely fear her/him.

43. ADULT SLEEP PROBLEMS – *This item describes problems with sleep that cause sleep deficits including insomnia, frequent awakening, and nightmares. These sleep problems are frequent concerns after trauma exposure and impair functioning.*

0	Adult experiences no sleep disturbance.
1	Adult experiences mild sleep disturbance. Adult may have occasional nightmares or difficulty falling asleep. This includes mild insomnia of up to 1 hour.
2	Adult experiences moderate sleep disturbance. Adult may have frequent (1 to 3 times a week) resistance to going to bed, difficulty falling asleep, frequent awakening, or nightmares. This includes insomnia for up to 2-3 hours.
3	Adult experiences severe sleep disturbance. Adult may have daily sleep problems, including insomnia, sleep onset problems, awakening in the night, or nightmares. This includes severe insomnia resulting in less than 4 hours of sleep per night or the occurrence of day/night reversal.

IV. CHILD'S STATUS

In the family there may be at least one person under the age of 21. The following section is used to describe EACH of these family members individually. Again use the scoring sheet provided to describe each CHILD separately.

44. SELF-REGULATION SKILLS – *This item refers to the child's ability to regulate bodily functions (eating, sleeping, toileting) and maintain self-care skills with increasing independence, as the child gets older.*

0	Child demonstrates mature self-regulation skills. Child needs less guidance or supervision in this area than other children of a similar age.
1	Child demonstrates adequate self-regulation skills. Child is generally able to self regulate in an age-appropriate way.
2	Child demonstrates limited self-regulation skills. Child needs more guidance or supervision in this area than other children of a similar age.
3	Child demonstrates significant difficulties with self-regulation. Child is unable to manage her/himself in a developmentally appropriate way. Child has difficulty with self-regulation even in highly structured situations or with close supervision.

45. DAY CARE/SCHOOL FUNCTIONING – *This item refers to the child's functioning at school or day care. It includes attendance, behavior, and achievement. Academic/learning issues are not included. If the child has completed her/his schooling then rate as '0'. If child has dropped out without completing then rate as '3'. If the child is too young for school and not in day care, please rate as 'NA'.*

NA	Child is too young for school and not in day care.
0	Child demonstrates significant strengths in school functioning. Child is performing well in school/day care.
1	Child demonstrates adequate strengths in school functioning. Child is having or has had occasional problems related to attendance, productivity, or ability to get along with teachers or peers.
2	Child demonstrates limited strengths in school functioning. Child is attending school and is able to function in some areas, but is having or has had moderate problems related to attendance, productivity, or ability to get along with teachers or peers.
3	Child demonstrates no strengths related to school functioning. Child is experiencing severe problems with attendance, behavior, and/or achievement.

46. CHILD INTERPERSONAL SKILLS – *This refers to the child's ability to make and maintain friendships and other relationships with peers and adults. Family relations are scored elsewhere.*

0	Significant interpersonal skills and strengths. Child is seen as well liked by others and has significant ability to form and maintain positive relationships. Child has multiple close friends and is friendly with others. Social connections are a focus of child's life or well-being.
1	Adequate interpersonal strengths. Child has formed positive interpersonal relationships with others. Child may currently not have many friends, but has a history of making and maintaining relationships with others.

2	Limited interpersonal strengths. Child has some social skills that facilitate positive relationships with peers or with adults but finds it hard to make friends or struggles to maintain current healthy relationships. Has an erratic history of making and maintaining healthy friendships with others.
3	No known interpersonal skills or strengths. Child currently does not have any friends or satisfying relationships, nor has she/he had any in the past.

47. CHILD PHYSICAL HEALTH – *This item is used to describe the child's current physical health.*

0	Good health. Child is in generally good physical health. Child may have physical health diagnosis but it is well controlled and does not interfere with functioning.
1	Adequate health. Child gets sick more often than peers, but the health problems only minimally interfere with her/his general functioning (e.g., child may miss some school but is able to keep up with assignments).
2	Fair health. Child has some health problems that occasionally interfere with her/his functioning.
3	Poor health. Child has significant health problems that may be chronic or life threatening and that significantly interfere with her/his functioning.

48. CHILD MENTAL HEALTH – *This item is used to describe the child's current mental health.*

0	No mental health challenges. Child has no signs of any notable mental health problems.
1	Mild mental health challenges. Child may have mild problems with adjustment, may be somewhat depressed, withdrawn, irritable, anxious, agitated or inattentive. She/he does not require assistance and these symptoms do not interfere with her/his functioning.
2	Moderate mental health challenges. Child has a diagnosable mental health problem that occasionally interferes with her/his functioning.
3	Severe mental health challenges. Child has a serious psychiatric disorder that significantly interferes with her/his functioning.

49. CHILD ALCOHOL/DRUG USE – *This item includes problems with alcohol, tobacco, illegal drugs, and/or prescription drugs that impact the child/adolescent's ability to meet academic or vocational expectations, as well as their ability to function as part of the family.* **PLEASE RATE CHILDREN AGES 10 THROUGH 21.**

0	No problems with alcohol or drug use. Child has no signs of any notable substance abuse problems.
1	Mild problems associated with alcohol or drug use. Child has episodes of under-aged drinking and/or illicit drug use. Mild problems with school/vocational training or family life result and prevention intervention and education is indicated.
2	Moderate problems associated with alcohol or drug use. Child has a diagnosable substance-related disorder. Substance use makes it difficult or often prevents her/him from being able to function in school, vocation, or in the family without assistance.
3	Severe difficulties with alcohol or drug dependence. Child is currently addicted to alcohol, drugs, or both and is suffering significant consequences in multiple areas of

	functioning. Intensive intervention is warranted.

50. CHILD CONDUCT DISORDERED BEHAVIOR – *This item rates conduct disordered behavior such as stealing, selling drugs, or major rule violations. This item refers to non–assaultive behavior.*

0	No evidence that the child has ever engaged in conduct disordered behavior.
1	Mild problems associated with conduct disordered behavior. Child has a been involved in a few episodes of conduct disordered behavior but has not been adjudicated in the juvenile justice system.
2	Moderate problems associated with conduct disordered behavior. Child has a history of conduct disordered behavior with some resulting in adjudication.
3	Severe difficulties with conduct disordered behavior. Child has a significant history of conduct disordered behavior resulting in multiple adjudications and/or incarcerations.

51. COGNITIVE SKILLS – *Cognitive skills refers to the child's intellectual capacity. Problems include mental retardation and learning difficulties that are a result of learning disabilities.*

0	Good cognitive skills and functioning. Child meets or exceeds all cognitive developmental milestones.
1	Adequate cognitive skills and functioning. Child is close to meeting all cognitive developmental milestones.
2	Limited cognitive skills and functioning. Child has some problems with immaturity or delay in meeting cognitive developmental milestones. These problems occasionally interfere with her/his ability to function.
3	Severe difficulties or unevenness with cognitive development. Cognitive delays significantly impair her/his functioning.

52. CHILD ADJUSTMENT TO TRAUMA – *This rating describes posttraumatic reactions faced by child family members, including emotional numbing and avoidance, nightmares, and triggered memories that are related to their own traumatic experiences. This dimension covers the range of traumatic responses seen in children including adjustment disorders, posttraumatic stress disorder, and complex trauma.*

0	Child has not experienced any significant trauma or has adjusted well to traumatic experiences.
1	Child has some mild problems with adjustment due to trauma. Child may have an adjustment disorder or other reaction that might ease with the passage of time. Or, child may be recovering from a more extreme reaction to a traumatic experience.
2	Child has moderate symptoms associated with traumatic experiences. Child may have nightmares or other notable symptoms of Post Traumatic Stress Disorder (PTSD) or complex trauma.
3	Child has severe traumatic distress as a result of traumatic experiences. Symptoms are frequent and intense and may include intrusive thoughts, hyper-vigilance, constant anxiety, and other common symptoms of PTSD or complex trauma.

53. CHILD AFFECT REGULATION – *This rating describes the child's ability to identify, communicate, and modulate affect across a wide range of emotions. Affect regulation skills*

change developmentally so this item should be rated within the context of developmentally appropriate skills.

0	Child displays no difficulties with affect regulation. Child is able to identify and communicate both positive and negative emotions. Emotions are communicated directly and emotional responses are appropriate to the situation.
1	Child displays some mild difficulties with affect regulation. Felt emotions are sometimes not communicated clearly. She/he could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general.
2	Child displays moderate problems with affect regulation. She/he may be comfortable with sharing positive emotions, but unable to communicate or regulate negative ones. She/he may be unable to modulate emotional responses. Child may exhibit marked shifts in emotional responses (e.g., from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g., normally restricted affect punctuated by outbursts of anger or sadness).
3	Child displays severe problems with affect regulation. She/he may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions). Child's affect dysregulation places them at risk for self-harm. Child may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, she/he may be characterized as emotionally "shut down".

54. CHILD ATTACHMENT DIFFICULTIES – *This item should be rated within the context of the child's significant parental or caregiver relationships.*

0	No evidence of attachment problems. Child appears able to respond to and seek out age-appropriate contact with caregiver and accept their nurturance, support and protection. Child experiences a sense of security and trust within her/his attachment relationships.
1	Mild problems with attachment. Child is at times unable to read caregiver's efforts to provide attention and nurturance. Child may be needy or demanding and does not recover easily after being angry, frightened, or sad, even with support from caregiver. Child may have mild problems with separation (e.g., anxious/clingy behaviors in the absence of obvious cues of danger) or may send mixed signals about wanting support from caregiver.
2	Moderate problems with attachment. Child may consistently misinterpret cues, act in an overly needy way, or not seek comfort even when distressed. Child may have ongoing difficulties with separation, may consistently avoid contact, or may reject support from caregivers. Child may have inappropriate physical or emotional boundaries and expectations of others.
3	Severe problems with attachment. Child is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in caregiving relationships) OR child presents with diffuse emotional/physical boundaries leading to indiscriminate friendliness with others. Child is considered at ongoing risk due to the nature of his/her attachment behaviors. A child who meets the diagnostic criteria for Reactive Attachment Disorder would be rated here.

55. CHILD ANGER MANAGEMENT – *This item captures the child's ability to identify and manage his/her anger when frustrated.*

0	No evidence of anger management problems. Child recognizes and manages her/his anger in a manner of mutual respect towards her/himself and others.
1	Child exhibits mild problems managing her/his anger in a respectful manner. She/he may sometimes become verbally aggressive when frustrated. Peers and family members are aware of and may attempt to avoid stimulating angry outbursts. Child may have a history of physical aggression towards property arising from inability to control anger, but none within the last 3 months.
2	Child exhibits moderate problems managing her/his anger in a respectful manner. Her/his temper has gotten her/him in significant trouble with peers, family, and/or school. This level may be associated with some physical violence towards property in the last 3 months or increasing verbal outbursts. Others are likely quite aware of child's anger potential.
3	Child exhibits severe problems managing her/his anger in a respectful manner. His/her temper is associated with physical aggression towards others and towards property. Others likely fear her/him.

56. CHILD SLEEP PROBLEMS – *This item describes problems with sleep that cause sleep deficits including insomnia, frequent awakening, nightmares and nocturnal enuresis. These sleep problems are frequent concerns after trauma exposure and impair functioning.*

0	Child experiences no sleep disturbance.
1	Child experiences mild sleep disturbance. Child may have occasional nightmares or difficulty falling asleep. This includes mild insomnia of up to 1 hour.
2	Child experiences moderate sleep disturbance. Child may have frequent (1 to 3 times a week) resistance to going to bed, difficulty falling asleep, frequent awakening, nocturnal enuresis, or nightmares. This includes moderate insomnia up to 2-3 hours.
3	Child experiences severe sleep disturbance. Child may have daily sleep problems, including insomnia, sleep onset problems, awakening in the night, nightmares or enuresis. This includes severe insomnia resulting in less than 4 hours of sleep per night or the occurrence of day/night reversal.

V. INTERGENERATIONAL ISSUES

This section is intended to address how intergenerational relationships support family functioning. The rater considers interactions among family members from different generations (i.e. caregivers and their parents, children and their grandparents, children and their aunts and uncles, etc.). It excludes the caregiver-child relationship which is addressed in other sections.

57. SUPPORT AND ASSISSTANCE – *This item refers to concrete support and assistance provided by extended family across generations. Examples of support and assistance include, but are not limited to: financial help, presence of a multigenerational household, family members offer childcare, or family members encourage shared leisure activity by vacationing together.*

0	Support and assistance from extended family across generations are significant strengths for the family. Family members across generations offer support and assistance to one another in a consistent, appropriate manner that reinforces healthy family functioning.
1	Support and assistance from extended family across generations are moderate strengths for the family. Extended family members usually play a supportive role in family functioning if asked or if available. Support is typically constructive.
2	Support and assistance from extended family across generations are limited strengths for the family. Extended family members are marginally involved in supporting the family or their support sometimes compromises healthy family functioning.
3	Support and assistance from extended family across generations are not current strengths for the family. Extended family members offer no support or their support frequently compromises healthy family functioning.

58. INTERGENERATIONAL COMMUNICATION – *This item refers to the extent and quality of communication among family members from different generations.*

0	Intergenerational communication is a significant strength for the family. Communication is characterized by dynamic, reciprocal exchanges between members of different generations in the family. Communication is predominately open and direct. Extended family members are able to engage in sustained dialogue to problem-solve and manage conflict.
1	Intergenerational communication is a moderate strength for the family. Family members generally communicate well between generations with some exceptions. Communication is generally open, but the family may have difficulty sharing about difficult issues. Extended family members are often, but not always, able to engage in sustained dialogue to problem-solve and manage conflict.
2	Intergenerational communication is a limited strength for the family. Extended family members sometimes communicate well. However, their communication is typically not reciprocal or direct. Problems with communication limit the frequency with which intergenerational communication occurs. On occasion, extended family members are able to engage in sustained dialogue to problem-solve and manage conflict.
3	Intergenerational communication is not a current strength for the family. Communication among family members from different generations is seldom

	reciprocal and is generally indirect, if it occurs at all. Family is not able to engage in sustained dialogue to problem-solve and manage conflict.

59. PATTERNS OF PROTECTION – *This item refers to patterns of interaction (e.g., monitoring practices, consistent nurturance, respect, and acceptance) among family members from different generations that promote a sense of safety and trust.*

0	Protection across generations is a significant strength. Consistent patterns of interaction among family members across generations demonstrate an ability to support development of a sense of safety and trust.
1	Protection across generations is a moderate strength. Family members across generations are sometimes available to protect family members, especially in times of more acute need. Family members have minor difficulty consistently interacting in a manner that supports development of a sense of safety and trust.
2	Protection across generations is a limited strength. Patterns of protective interactions among family members across generations are not consistent. This may lead to a lack of confidence that protection will be available and there is evidence of insecurity regarding safety and trust.
3	Protection across generations is not a current strength for the family. Family members have longstanding patterns across generations of not providing protection, and these patterns demonstrate an inability to support development of a sense of safety and trust. These longstanding patterns across generations have produced an expectation that protection will not be available.

60. FAMILY HISTORY OF MENTAL ILLNESS – *This item is used to describe the mental health status of relatives, including previous generations. This item includes substance use disorders.*

0	No family history of mental health challenges.
1	Family history includes relatives with mild mental health challenges.
2	Family history includes relatives with moderate mental health challenges that have interfered with life functioning of affected members.
3	Family history includes relatives with severe mental health challenges including members diagnosed with serious psychiatric disorders.

VI. ADULT PARTNERSHIPS

In this section, the rater considers the current intimate partner relationships between adult family members. If currently married or in committed relationships, this refers, for example, to the husband and wife dyad or same sex partnership. If divorced or separated, this refers to the new relationships each adult has formed. Multiple adult partnerships relevant to the functioning of the family can be rated. If the adults in the family are not in adult partnerships, the section can be skipped.

61. ADULT PARTNER RELATIONSHIPS – *This item is used to rate the partnership's experience of maintaining close and supportive relationships.*

0	Adaptive partner relationship. Partners feel a close bond with each other. Relationships are characterized by consistently dynamic and reciprocal interactions. Communication is predominately open and direct, and conflicts are resolved quickly. Partners offer emotional support and assistance to one another as needed and both partners derive pleasure and mutual benefit from this relationship.
1	Mostly adaptive partner relationship. Adult partners generally feel a close bond with each other although some interactions may be strained. Communication is generally open, but they may have difficulty sharing about stressful issues. Conflicts may linger but eventually are resolved. They are generally supportive of each other.
2	Moderate difficulties with partner relationship. Partners can relate civilly under a limited set of circumstances but they have generally strained interactions, typically cannot communicate about important issues, and do not often support each other. Conflicts are frequent and usually not resolved. One partner may be overly dependent on another or one partner exerts undue power over the other.
3	Significant difficulties with partner relationship. Partners are estranged and do not communicate or interactions are mostly negative and unhealthy. Relationship is characterized by mistrust and animosity. Partners do not support each other. The relationship is destructive to the individual functioning of the adults and interferes with family functioning.

62. PARTNERSHIP RELATIONSHIP STABILITY – *This item refers to the degree to which the adult partnership has been stable. This item is rated historically.*

0	Adult partners have experienced their relationship as stable and long term.
1	Mostly stable adult partner relationship. Adult partners have had a stable intimate partner relationship, but there is some concern about instability in the near future (one year) due to transitions, illness, or age.
2	Limited stability in adult partner relationship. Adult partners have experienced instability in the relationship, such as separations, limited commitment, nonexclusivity, or the relationship is relatively short-term.
3	Significant instability in adult intimate partner relationship. Relationship is transient with no commitment.

63. PARTNERSHIP AFFECT MANAGEMENT – *This item refers to the extent to which adult partners modulate or express emotions and manage their reactions in the context of their relationship.*

0	Adult partners display no difficulties co-regulating emotional responses. Adult partners recognize and respond appropriately to the affect expressed. Adult partners are able to express strong emotions, both positive and negative, when appropriate, and maintain control. Emotional responses are appropriate to the situation.
1	Adult partners display some minor difficulties with affect regulation. Adult partners generally recognize and respond appropriately to the affect expressed, but there are some miscues and miscommunications. Adult partners could have some difficulty tolerating and expressing intense emotions and become uncomfortable in response to emotionally charged stimuli. Adult partners may be more watchful or hypervigilant in general.
2	Adult partners display moderate problems with affect regulation. They may exhibit marked shifts in emotional responses (e.g., from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g., normally restricted affect punctuated by outbursts of anger or sadness). Adult partners may deal effectively with positive emotions but be unable to tolerate or express negative affect. At times, adult partners' affect may be inconsistent with the situation.
3	Adult partners display severely dysregulated affect. Affective communication between partners is often misunderstood. Adult partners demonstrate severe problems as evidenced by unpredictable mood and inability to modulate emotional responses (feeling out of control of their emotions or emotionally "shut down"). Adult partners may exhibit tightly contained emotions with intense outbursts under stress. Affect expressed is generally not consistent with the situation.

64. ANGER MANAGEMENT WITHIN PARTNERSHIP – *This item captures the adult partner's ability to identify and manage their anger and frustration related to their relationship.*

0	No evidence of problems managing anger in a respectful manner within the partner relationship. Both partners identify and communicate their anger in a manner of mutual respect towards one another.
1	Partner relationship with mild problems managing anger in a respectful manner. One or both partners may sometimes become verbally aggressive when frustrated. Partners may have a history of physical aggression towards property arising from inability to control anger related to partnership conflicts, but none within the last 3 months. Peers and other family members are aware of and may attempt to avoid stimulating angry outbursts. Parent/caregivers are generally able to keep arguments to a minimum when children are present.
2	Partner relationship with moderate problems managing anger in a respectful manner. There is reciprocal verbal aggression towards one another. This level may be associated with some physical violence towards property or increasing verbal outbursts within the last 3 months. Others are likely quite aware of anger potential. Children often witness these arguments between adult partners or the use of verbal aggression by one partner.
3	Partner relationship with severe problems managing anger in a respectful manner. Profound level of adult partnership violence that often escalates to mutual attacks or the use of physical aggression by one partner to control the other. Others likely fear

	being around the partners when they are together. Adult partners are not able to keep physical altercations from occurring when children are present.

VII. CAREGIVING ISSUES

In the family certain family members have <u>primary</u> responsibilities for raising children. In some families, parents are the primary caregivers, in other families a step-parent, a grandparent, or an aunt or uncle also have these responsibilities. Please identify ALL of the caregivers in the family and describe each of them using items 65-71. All items should be rated in accordance with the developmental needs of the children in care.

The final two items (73-74) in this section rate the entire caregiving system and are scored only once. They are scored only when there is more than one caregiver in the family.

<u>65.</u> CAREGIVER'S RESPONSIVENESS – *This item refers to the caregiver's availability and ability to attend to, understand, and respond to the emotional and physical needs of the children in the family.*

0	Adaptive responsiveness. Caregiver is attentive, empathic, and responds to the children's needs.
1	Mostly adaptive responsiveness. Caregiver is generally attentive, empathic, and responsive to children's needs. However, certain psychological issues, including depression, avoidance, withdrawal, and high stress, undermine the caregiver's responsiveness.
2	Limited responsiveness. Caregiver remains involved with the children but is frequently not attentive, empathic, or able to respond appropriately to children's needs.
3	Significant difficulties with responsiveness. Caregiver is not attentive or empathic, and rarely responds at all to the children's needs.

<u>66.</u> SATISFACTION/MEANING OF CAREGIVING –*This item refers to the importance placed on the role of caregiving and to the sense of accomplishment or pride that the caregiver feels related to carrying out her/his caregiving role and responsibilities.*

0	Caregiver gives high priority to her/his caregiving role and responsibilities and gains significant satisfaction from carrying them out.
1	Caregiver places some importance on her/his caregiving role and responsibilities and gains some satisfaction from carrying them out.
2	Caregiver feels that her/his caregiving responsibilities must get done, but only occasionally feels a sense of pride in accomplishing them.
3	Caregiver does not value her/his caregiving role and feels little or no sense of satisfaction for accomplishing any of her/his caregiving responsibilities.

<u>67.</u> CAREGIVING EFFICACY – *This item refers to the caregiver's feelings and perceptions of being effective at carrying out her/his caregiving role and responsibilities.*

0	Caregiver believes that she/he is a highly effective caregiver and is able to successfully carry out all of the tasks necessary to meet the needs of the children under her/his care.
1	Caregiver believes that she/he is an adequate caregiver and is usually able to

	successfully carry out the tasks necessary to meet the needs of the children under her/his care.
2	Caregiver believes that she/he is an unsuccessful caregiver and is only occasionally able to carry out the tasks necessary to meet the needs of the children under her/his care.
3	Caregiver believes that she/he is a completely inadequate caregiver and consistently fails at carrying out all of the tasks necessary to meet the needs of the children under her/his care.

68. CAREGIVER'S BOUNDARIES – *Boundaries refer to the caregiver's ability to separate from children and appropriately keep things from children that they should not know or be exposed to given their age and role in the family. Boundaries can include the parent's need to be over/under protective her/his children.*

0	Adaptive boundaries. Caregiver has strong, appropriate boundaries between her/himself and her/his children.
1	Mostly adaptive boundaries. Caregiver has generally appropriate boundaries between her/himself and her/his children. Mild boundary violations may occur during times of high stress. Minor problems of rigidity of boundaries may occur.
2	Limited adaptive boundaries. Caregiver has difficulty maintaining appropriate boundaries between her/himself and her/his children. Mild boundary violations may be routine, or significant boundary violations may be occasional. Boundaries may be rigid.
3	Significant difficulties with boundaries. Caregiver has significant and consistent problems maintaining appropriate boundaries between her/himself and her/his children, or is excessively rigid in her/his boundaries.

69. CAREGIVER'S SUPERVISION – *This item refers to the success with which the caregiver is able to monitor the children in his/her care. This item should be rated consistent with the developmental needs of the children in care.*

0	Good supervision. Caregiver demonstrates consistent ability to supervise her/his children according to their developmental needs.
1	Adequate supervision. Caregiver demonstrates generally good ability to supervise children. Some supervision problems may occur occasionally.
2	Limited supervision. Caregiver has difficulty maintaining an appropriate level of supervision of her/his children.
3	Significant difficulties with supervision. Caregiver has significant problems maintaining any supervision of her/his children.

70. CAREGIVER'S DISCIPLINE – *Discipline refers to the caregiver's ability to encourage positive behaviors by children in her/his care through the use of a variety of different techniques including but not limited to praise, redirection, and punishment.*

0	Good discipline methods. Caregiver generally demonstrates an ability to discipline her/his children in a consistent and benevolent manner. She/he is able to set age appropriate limits and enforce them.
1	Adequate discipline methods. Caregiver is often able to set age appropriate limits

	and to enforce them. On occasion her/his interventions may be either too harsh or too lenient. At times, her/his expectations of her/his children may be too high or too low.
2	Limited discipline methods. Caregiver demonstrates limited ability to discipline her children in a consistent and benevolent manner. She/he rarely is able to set age appropriate limits and to enforce them. Her/his interventions may be erratic and overly harsh but not physically harmful. Her/his expectations of her/his children are frequently unrealistic.
3	Significant difficulties with discipline methods. Caregiver disciplines her/his children in an unpredictable fashion. There is either an absence of limit setting and disciplinary interventions or the limit setting and disciplinary interventions are rigid, extreme, and physically harmful.

71. CAREGIVER ANGER MANAGEMENT – *This item captures the caregiver's ability to identify and manage their anger when providing care.*

0	No evidence of anger management problems. Caregiver recognizes and communicates her/his anger towards children in a respectful manner.
1	Caregiver exhibits mild problems managing her/his anger towards the children in a respectful manner. She/he may sometimes become verbally aggressive towards the child when frustrated. Children are aware of and may attempt to avoid stimulating angry outbursts. The caregiver may have a history of physical aggression towards property arising from inability to control anger, but none within the last 3 months.
2	Caregiver exhibits moderate problems managing her/his anger towards the children in a respectful manner. This level may be associated with some physical violence towards property within the past 3 months or increasing verbal outbursts when communicating her/his anger with her/his children. Children are likely quite aware of the caregiver's anger potential.
3	Caregiver exhibits severe problems managing her/his anger towards the children in a respectful manner. Her/his temper is likely associated with frequent physical aggression directed towards the children and towards property. Children likely fear her/him.

72. CAREGIVING BURDEN/STRESS –*This item describes caregiver's ability to manage the stress or burden the children's current needs are generating in the family system.*

0	Caregiver able to manage the stress of the children's needs.
1	Caregiver has some problems managing the stress of the children's needs.
2	Caregiver has notable problems managing the stress of the children's needs. This stress interferes with her/his capacity to give care.
3	Caregiver is unable to manage the stress associated with child/children's needs. This stress prevents caregiver from parenting.

CAREGIVING SYSTEM STRENGTHS

Items (73-74) rate the entire caregiving system and are scored only once.

73. COLLABORATION – *This item refers to the relationship between parents (or other primary caregivers) with regard to working together in child rearing activities.*

0	Adaptive collaboration. Caregivers usually work together regarding issues of the development and well-being of the children. They are able to negotiate disagreements related to their children.
1	Mostly adaptive collaboration. Generally good caregiver collaboration with occasional difficulties negotiating miscommunications or misunderstandings regarding issues of the development and well-being of the children.
2	Limited adaptive collaboration. Caregivers attempt to work together but experience moderate problems of communication and collaboration between two or more caregivers with regard to issues of the development and well-being of the children.
3	Significant difficulties with collaboration. Caregivers do not attempt to collaborate and exhibit destructive or sabotaging communication with regard to issues related to the development and well-being of the children.

74. CONSISTENCY –*This item refers to the ability of the caregivers to provide uniform caregiving environments for the children in the family.*

0	Adaptive consistency. Caregivers establish rules, limits, and discipline in similar ways. There is concordance about what is important and valued. Children generally expect to be treated in a similar fashion by their caregivers.
1	Mostly adaptive consistency. There is some inconsistency in rules, limits, discipline, and values between caregivers. Children are able to negotiate the differences without problems.
2	Limited adaptive consistency. Rules, limits, discipline, and values are very different depending on the caregiver. These differences create some conflict between the caregivers. Children have mild difficulty negotiating these differences.
3	Significant difficulties with consistency. Caregivers exhibit extreme differences in how they structure the caregiving environments for their children. The children have problems functioning due to the inconsistency.

VIII. CAREGIVER/CHILD RELATIONS

In this section, the rater considers the relationship between the caregivers in the family and their children. This is a rating of all the caregiver/child relationships in the family system and not each individual dyad relationship.

75. RELATIONSHIPS BETWEEN CAREGIVER/CHILD – *This item is used to rate the caregiver's and children's experience of maintaining close and supportive relationships. Caregiver/child relations should be rated a 2 or 3 if any dyad is functioning at this level regardless of how well some caregiver/child dyads in the family are relating.*

0	Adaptive caregiver/child relationships. Caregivers and their children feel a close bond with each other. Caregiver/child relationships are characterized by consistently dynamic and reciprocal interactions. Communication is predominately open and direct, and conflicts are resolved quickly. Both the children and parent/primary caregiver(s) derive pleasure and mutual benefit from this relationship. Children feel nurtured and supported as they strive to achieve their developmental tasks.
1	Mostly adaptive caregiver/child relationships. Caregivers and their children generally feel a close bond with each other although some interactions may be strained. Communication is generally open, but they may have difficulty sharing about stressful issues. Conflicts may linger but eventually are resolved. Both the children and parent/primary caregiver(s) derive some pleasure and mutual benefit from this relationship. Strained interactions and conflicts may disturb the children's feelings of being nurtured and supported but are not interfering with their ability to achieve their developmental tasks.
2	Moderate difficulties with caregiver/child relationships. Caregivers and their children do not often support each other. They have limited positive interactions and typically cannot communicate about important issues. Conflicts are frequent and usually not resolved. Both the children and parent/primary caregiver(s) are frequently distressed by their interactions and do not derive pleasure from this relationship. Children do not feel nurtured and supported, and the caregiver/child relationships are interfering with the achievement of their developmental tasks.
3	Significant difficulties with caregiver/child relationships. Caregiver/child relationships are either estranged, disrupted, or characterized by severely disorganized and maladaptive interactions. Interactions are almost always conflicted. Caregiver/child relationships are destructive to the individual functioning of both the caregiver and the children and significantly interfere with the achievement of developmental tasks.
List dyads rated as 2 or 3:	

76. CAREGIVER/CHILD RELATIONSHIP STABILITY – *This rating refers to the stability of significant caregiver/child relationships. This item is rated historically.*

0	Family has very consistent and stable caregiver/child relationships.
1	Family has had stable caregiver/child relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A family that has had one caregiver leave the family system (i.e., separation or divorce) but other caregiver has remained constant would be rated here.
2	Family has experienced instability in caregiver relationships through factors such as

	removal from home, abandonment, and death.
3	Family has experienced multiple transitions in caregiver/child relationships with little consistency in who is included in caregiver roles.

IX. SIBLING RELATIONS

In this section, the rater considers the way that children in the family interact with one another. This could include children related to one another biologically, step-children, or cousins or other child relatives who live together. If this is a family with only one child, this section should be skipped.

77. RELATIONSHIPS AMONG SIBLINGS – *This item refers to how the children in the sibling subsystem get along with each other.*

0	Adaptive sibling relationships. Siblings generally get along well and feel a close bond with each other. Relationships are characterized by consistently dynamic and reciprocal interactions. Communication is predominately open and direct. Siblings offer emotional support and assistance to one another as needed.
1	Mostly adaptive sibling relationships. Siblings generally get along and feel a close bond with each other, although some interactions may be strained. Communication is generally open, but they may have difficulty sharing about difficult issues. Siblings are generally supportive of each other.
2	Limited adaptive sibling relationships. Siblings can get along but often do not. They have generally strained interactions, typically cannot communicate about important issues, and do not often support each other.
3	Significant difficulties with sibling relationships. Siblings do not get along. They are estranged and do not communicate, or interactions are mostly negative and unhealthy. Relationships are characterized by mistrust and animosity. Relationships are destructive to individual functioning and interfere with family functioning.

78. SIBLING RELATIONSHIP STABILITY – *This rating refers to the stability of sibling relationships in the family. This item is rated historically.*

0	Stable and consistent sibling relationships. Sibling relationships have been constant and are likely to remain so in the foreseeable future.
1	Mostly stable sibling relationships. There is some concern about instability in the near future (one year) due to transitions, illness, or age.
2	Limited stability in sibling relationships. Siblings have experienced one change in sibling membership through factors such as divorce, blended family, removal from home, and death.
3	Significant instability in sibling relationships. Siblings have experienced multiple changes in sibling membership with little consistency in who is included in the subsystem.

79. SIBLING CONFLICT – *This item refers to how siblings deal with disagreements.*

0	Siblings seldom argue and negotiate disagreements appropriately.
1	Siblings seldom argue, but when conflicts arise resolution is difficult.
2	Siblings are generally argumentative; conflict characterizes many of their interactions.
3	Siblings are constantly arguing and disagreements characterize sibling interactions. Siblings are unable to maintain civil communication during disagreements; yelling, name calling and cursing are common.