

Arkansas
Family Advocacy and Support Tool
(FAST 2.0)

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REFERENCE
GUIDE

ACKNOWLEDGEMENTS

large number of individuals have collaborated in the development of the Family Advocacy and Support Tool-Trauma version (FAST). This tool is a hybrid of the Family Advocacy and Support Tool (FAST) and the Child and Adolescent Needs and Strengths-Trauma version. The FAST and FASTrauma are open domain tools for use in multiple child-serving systems that address the needs and strengths of individuals and their families. The copyrights are held by the Praed Foundation to ensure that they remain free to use. Training and annual certification is expected for appropriate use.

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I. INTRODUCTION

THE FAST

The FAST is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the FAST is to accurately represent the shared vision of the child/individual serving system—children, individual, and families. As such, completion of the CAN-EI is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the FAST is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the FAST.

SIX KEY PRINCIPLES OF THE FAST

1. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. Rating should describe the child/individual, not the child/individual in services. If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e. ‘2’ or ‘3’).
4. Culture and development should be considered prior to establishing the action levels. Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/individual’s developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child/individual but would be for an older child/individual or child/individual regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/individual’s developmental age.
5. The ratings are generally “agnostic as to etiology”. In other words this is a descriptive tool; it is about the “what” not the “why”. Only one item, Adjustment to Trauma, has any cause-effect judgments.
6. A 30-day window is used for ratings in order to make sure assessments stay “fresh” and relevant to the child/individual’s present circumstances. However, the action levels can be used to over-ride the 30-day rating period.

HISTORY AND BACKGROUND OF THE FAST

The Family **Advocacy and Support Tool-Trauma (FAST)** is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The FAST- was developed from a communication perspective in order to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

The FAST gathers information on the family, caregiver and youth’s needs and strengths. Strengths are the individual’s assets: areas of life where he or she is doing well or has an interest or ability. Needs are areas where an individual requires help or serious intervention. Care providers use an assessment process to get to know the individual and families with whom they work and to understand their strengths and needs. The FAST helps care providers decide which of an individual’s needs are the most important to address in treatment or service planning. This tool also helps identify strengths, which can be the basis of a treatment plan. By working with the individual and

Commented [AF1]: This is a generic intro section written for mental health or behavioral health systems.

- Do not use this for child welfare implementations.
- Please change the tool acronym accordingly: e.g., FAST, CAT, FAST-CSE, etc.

family during the assessment process and talking together about the FAST items, care providers can develop a treatment or service plan that addresses an individual's strengths and needs while building strong engagement.

The FAST is made up of domains that focus on various areas in an individual's life, and each domain is made up of a group of specific items. There are domains that address how the individual functions in everyday life, specific emotional or behavioral concerns, as well as strengths. There is also a section that gathers information about general family concerns. The provider, in collaboration with the individual and family, gives a number rating to each of these items. These ratings help the provider, individual and family understand where intensive or immediate action is most needed, and also where an individual has assets that could be a major part of the treatment or service plan.

The FAST ratings, however, do not tell the whole story of an individual or the family's strengths and needs. Each section in the FAST is merely the output of a comprehensive assessment process and is documented alongside narratives, developed by the care provider, individual and family that can provide more information about the individual.

HISTORY

The FAST is part of a suite of tools that grew out of John Lyons' work in modeling decision-making for psychiatric services. To assess appropriate use of psychiatric hospital and residential treatment services, the Childhood Severity of Psychiatric Illness (CSPI) tool was created. This measure assesses those dimensions crucial to good clinical decision-making for intensive mental health service interventions and was the foundation of the Child and Adolescent Needs and Strengths (FAST), the Adult Needs and Strengths Assessment (ANSA) and the Family Advocacy and Support Tool (FAST). The CSPI tool demonstrated its utility in informing 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). The strength of this measurement approach has been that it has face validity and is easy to use, while providing comprehensive information regarding clinical status.

The FAST assessment builds upon the methodological approach of the CSPI, but expands the assessment to include a broader conceptualization of needs and an assessment of strengths – both of the individual and the caregiver, looking primarily at the 30-day period prior to completion of the items. It is a tool developed with the primary objective of supporting decision making at all levels of care: individual and families, programs and agencies, and adult serving systems. It provides structured communication and critical thinking about the individual and his/her context. The FAST is designed for use either as a prospective assessment tool for decision support and recovery planning or as a retrospective quality improvement device demonstrating a family and individual's progress. It can also be used as a communication tool that provides a common language for all human services entities to discuss the family and individual's needs and strengths. A review of the case record in light of the FAST assessment tool will provide information as to the appropriateness of the recovery plan and whether family and individual goals and outcomes are achieved.

MEASUREMENT PROPERTIES

Reliability

Strong evidence from multiple reliability studies indicates that the FAST can be completed reliably by individuals working with youth and families. A number of individuals from different backgrounds have been trained and certified to use the FAST assessment reliably including health and mental health providers, child welfare case workers, probation officers, and family advocates. With approved training, anyone with a bachelor's degree can learn to complete the tool reliably, although some applications or more complex versions of the FAST require a higher educational degree or relevant experience. The average reliability of the FAST is 0.78 with vignettes across a sample of more than 80,000 trainees. The reliability is higher (0.84) with case records, and can be above 0.90 with live cases (Lyons, 2009). The FAST[®] is auditable and audit reliabilities demonstrate that the FAST[®] is reliable at the item level (Anderson et al., 2001). Training and certification with a reliability of at least 0.70 on a test case vignette is required for ethical use. In most jurisdictions, re-certification is annual. A full discussion on the reliability of the FAST assessment is found in Lyons (2009) *Communimetrics: A Communication Theory of Measurement in Human Service Settings*.

Validity

Studies have demonstrated the FAST' validity, or it's the ability to measure and their caregiver's needs and strengths. In a sample of more than 1,700 cases in 15 different program types across New York State, the total scores on the relevant dimensions of the FAST-Mental Health retrospectively distinguished level of care (Lyons, 2004). The FAST® assessment has also been used to distinguish needs of children in urban and rural settings (Anderson & Estle, 2001). In numerous jurisdictions, the FAST has been used to predict service utilization and costs, and to evaluate outcomes of clinical interventions and programs (Lyons, 2004; Lyons & Weiner, 2009; Lyons, 2009). Five independent research groups in four states have demonstrated the reliability and validity of decision support algorithms using the FAST (Chor, et al, 2012, 2013, 2014; Cardall, et al, 2016; Epstein, et al, 2015; Israel, et al, 2015, Lardner, 2015).

RATING NEEDS & STRENGTHS

The FAST is easy to learn and is well liked by individuals and families, providers and other partners in the services system because it is easy to understand and does not necessarily require complex scoring or calculations in order to be meaningful to the individual and family.

Each FAST rating suggests different pathways for service planning. There are four levels of rating with specific anchored descriptions. These item level descriptions are designed to translate into the following action levels:

Basic Design for Ratings

Rating	Level of Needs	Appropriate Action
0	No evidence of need; this may also indicate a strength	No action needed; strength can be leveraged in service/treatment plan
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment; opportunity for strength building
2	Need interferes with functioning	Action/intervention required
3	Need is dangerous or disabling	Immediate action/intensive action required

The rating of 'N/A' for 'not applicable' is available for a few items under specified circumstances (see reference guide descriptions). For those items where the 'N/A' rating is available, this rating should be used only in the rare instances where an item does not apply to that particular individual.

To complete the FAST, a trained and certified care coordinator, case worker, clinician, or other care provider, should read the anchor descriptions for each item and then record the appropriate rating on the form (or electronic record).

Remember that the item anchor descriptions are examples of circumstances which fit each rating ('0', '1', '2', or '3'). The descriptions, however, are not inclusive. The rater must consider the basic meaning of each level to determine the appropriate rating on an item for an individual.

The FAST is an information integration tool, intended to include multiple sources of information (e.g., individual and family, referral source, treatment providers, school, and observation by the rater). As a strength-based approach, the FAST supports the belief that individuals and families have unique talents, skills, and life events, in addition to specific unmet needs. Strength-based approaches to assessment and service or treatment planning focus on collaborating with individuals and their families to discover individual and family functioning and strengths. Failure to demonstrate a individual's skill should first be viewed as an opportunity to learn the skill rather than as the problem. Focusing on individual's strengths instead of weaknesses with their families may result in enhanced motivation and improved performance. Involving the family and individual in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the FAST and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) support effective services for individual and families.

As a quality improvement activity, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the FAST assessment. A rating of '2' or '3' on a need suggests that this area must be addressed in the service or treatment plan. A rating of a '0' or '1' on some items may identify a strength that can be used for strength-based planning. It is important to remember that when developing service and treatment plans for healthy individual trajectories, balancing the plan to address risk behaviors/needs and protective factors/strengths is key. It has been demonstrated in the literature that strategies designed to develop child and individual capabilities are a promising means for development, and play a role in reducing risky behaviors.

Finally, the FAST can be used to monitor outcomes. This can be accomplished in two ways. First, items that are initially rated a '2' or '3' are monitored over time to determine the percent of individuals who move to a rating of '0' or '1' (resolved need, built strength). Dimension scores can also be generated by summing items within each of the domains. These scores can be compared over the course of treatment.

The FAST has demonstrated reliability and validity. With training, anyone with a bachelor's degree can learn to complete the tool reliably, although some applications require a higher degree. The FAST is an open domain tool that is free for anyone to use with training and certification. There is a community of people who use the various versions of the FAST and share experiences, additional items, and supplementary tools.

HOW IS THE FAST USED?

The FAST is used in many ways to transform the lives of individuals and their families and to improve the programs and systems that serve them. This guide will help you to also use the FAST as a multi-purpose tool. **What is the FAST?**

IT IS AN ASSESSMENT STRATEGY

When initially meeting individual and their caregivers, this guide can be helpful in ensuring that all the information required is gathered. Most items include **"Questions to Consider"** which may be useful when asking about needs and strengths. These are not questions that must be asked, but are available as suggestions. Many care providers have found this useful to use during initial sessions either in person or over the phone if there are follow up sessions required to get a full picture of needs before treatment or service planning and beginning therapy or other services.

IT GUIDES CARE AND TREATMENT/SERVICE PLANNING

When an item on the FAST is rated a '2' or '3' ('action needed' or 'immediate action needed') it indicates not only that it is a serious need for our individual, but one that we are going to attempt to work on during the course of our treatment. As such, when you write your treatment plan, you should do your best to address any Needs or Impacts on Functioning that you rate as a 2 or 3 during your assessment process.

IT FACILITATES OUTCOMES MEASUREMENT

Many users of the FAST and organizations complete the tool every 6 months to measure change and transformation. We work with individuals and families and their needs tend to change over time. Needs may change in response to many factors including quality clinical support provided. One way we determine how our supports are helping to alleviate suffering and restore functioning is by re-assessing needs, adjusting treatment or service plans, and tracking change.

IT IS A COMMUNICATION TOOL

The FAST allows for a shared language to talk with and about our individual and their families, creating opportunities for collaboration. Additionally, when an individual leaves a treatment program, completing a closing FAST helps in describing progress, measuring ongoing needs and supporting continuity of care decisions by linking recommendations for future care that tie to current needs.

It is our hope that this guide will help you to make the most out of the FAST and guide you in filling it out in an accurate way that helps you make good clinical decisions.

FAST: A BEHAVIOR HEALTH CARE STRATEGY

The FAST is an excellent strategy in addressing children and individual's behavioral health care. As it is meant to be an outcome of an assessment, it can be used to organize and integrate the information gathered from clinical interviews, records reviews, and information from screening tools and other measures.

It is a good idea to know the FAST and use the domains and items to help with your assessment process and information gathering sessions/clinical interviews with the individual and family. This will not only help the organization of your interviews, but will make the interview more conversational if you are not reading from a form. A conversation is more likely to give you good information, so have a general idea of the items. The FAST domains can be a good way to think about capturing information. You can start your assessment with any of the sections—Life Domain Functioning or Behavioral/Emotional Needs, Risk Behaviors or Individual Strengths, or Caregiver Resources & Needs—this is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, then they can better explain the needs. Trust your judgment, and when in doubt, always ask, “We can start by talking about what you feel that you and your child/individual need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?”

Some people may “take off” on a topic. Being familiar the FAST items can help in having more natural conversations. So, if the family is talking about situations around the individual's anger control and then shift into something like--“you know, he only gets angry when he is in Mr. S's classroom”, you can follow that and ask some questions about situational anger, and then explore other school related issues that you know are a part of the School/Preschool/Daycare module. .

MAKING THE BEST USE OF THE FAST

Children and individual have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe FAST and how it will be used. The description of the FAST should include teaching the individual and family about the needs and strengths rating scales, identifying the domains and items, as well as how the actionable items will be used in treatment or serving planning. When possible, have share with the individual and family the FAST domains and items (see the FAST Core Item list on page 14) and encourage the family to look over the items prior to your meeting with them. The best time is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed FAST ratings should be reviewed with each family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

LISTENING USING THE FAST

Listening is the most important skill that you bring to working with the FAST. Everyone has an individual style of listening. The better you are at listening, the better the information you will receive. Some things to keep in mind that make you a better listener and that will give you the best information:

- ★ **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief “yes”, “and”—things that encourage people to continue
- ★ **Be nonjudgmental and avoid giving person advice.** You may find yourself thinking “if I were this person, I would do X” or “that’s just like my situation, and I did “X”. But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It’s not really about you.
- ★ **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain

eye contact. You also demonstrate empathetic listening when you follow the person's lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the child or individual that you are with him/her.

- ★ **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask "does that make sense to you?" "Or do you need me to explain that in another way"?
- ★ **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person's unconscious motivations, personality, etc. The FAST is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying "Ok, it sounds likeis that right? Would you say that is something that you feel needs to be watched, or is help needed?"

REDIRECT THE CONVERSATION TO PARENTS'/CAREGIVERS' OWN FEELINGS AND OBSERVATIONS

Often, people will make comments about other people's observations such as "well, my mother thinks that his behavior is really obnoxious." It is important to redirect people to talk about their observations: "so your mother feels that when he does X, that is obnoxious. What do YOU think?" The FAST is a tool to organize all points of observation, but the parent or caregiver's perspective can be the most critical. Once you have his/her perspective, you can then work on organizing and coalescing the other points of view.

ACKNOWLEDGE FEELINGS

People will be talking about difficult things and it is important to acknowledge that. Simple acknowledgement such as "I hear you saying that it can be difficult when ..." demonstrates empathy.

WRAPPING IT UP

At the end of the assessment, we recommend the use of two open-ended questions. These questions ask if there are any past experiences that people want to share that might be of benefit to planning for their young person, and if there is anything that they would like to add. This is a good time to see if there is anything "left over"—feelings or thoughts that they would like to share with you.

Take time to summarize with the individual and family those areas of strengths and of needs. Help them to get a "total picture" of the individual and family, and offer them the opportunity to change any ratings as you summarize or give them the "total picture".

Take a few minutes to talk about what the next steps will be. Now you have information organized into a framework that moves into the next stage—planning.

So you might close with a statement such as: "OK, now the next step is a "brainstorm" where we take this information that we've organized and start writing a plan—it is now much clearer which needs must be met and what we can build on. So let's start...."

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FAST BASIC STRUCTURE

The Family Advocacy Support Tool core items are noted below.

CORE ITEMS

The Family Together

- Parent/Caregiver Collaboration
- Relationships among Siblings
- Extended Family Relationships
- Family Conflict
- Family Communication
- Family Role Appropriateness
- Family Safety
- Financial Resources
- Residential Stability
- Home Maintenance

Caregiver's Status

- Caregiver's Empathy with Children
- Caregiver's Boundaries
- Caregiver's Involvement in Caregiving Functions
- Caregiver's Supervision
- Caregiver's Discipline
- Caregiver's Partner Relationship
- Caregiver's Vocational Functioning
- Caregiver Mental Health
- Caregiver Alcohol and/or Drug Use
- Caregiver Post-Traumatic Reactions
- Knowledge of Child
- Organization
- Physical Health
- Developmental
- Accessibility to Child Care Services
- Family Stress
- Educational Attainment
- Legal
- Safety

Caregiver's Advocacy Status

- Knowledge of Service Options
- Knowledge of Rights and Responsibilities
- Ability to Listen
- Ability to Communicate
- Natural Supports
- Satisfaction with Youth's Living Arrangement
- Satisfaction with Youth's Education Arrangement
- Satisfaction with Services Arrangement

Youth's Status

- Relationship with Biological Mother
- Relationship with Biological Father
- Relationship with Primary Caregiver
- Relationship with Other Adult
- Family Members
- Relationship with Siblings
- Health Status
- Mental Health Status
- Adjustment to Trauma
- Cognitive Skills
- Self-Regulation Skills
- Interpersonal Skills
- Educational Status

2. THE FAMILY TOGETHER

This section of the FAST-T is designed to allow a description of how the family is functioning as a system. The very first task of family assessment is to define family membership. In general, it is recommended that a family should be allowed to define itself. Membership is consensual among all individuals that make a family. However, if for some reason the family is unable to define itself, then for purposes of completing the FAST-T consider the family as a collection of individuals who work together to raise one or more children.

Any family has a ranking of authority. Generally the parents and other's responsible for the care of the children, are given greater authority. Children are given more authority over themselves and other children as they mature. The family system is the set of inter-relationships among the family members within the context of their roles and responsibilities in that family. The items of this section should be rated within the context of the entire family as defined above.

For **Family Together**, the following categories and action levels are used:

- 0 No evidence of a current need; can also indicate a clear strength.
- 1 Monitoring, watchful waiting, or preventive activities; opportunities for strength building.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with the family's functioning.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.

Parental/Caregiver Collaboration

This item allows the description of the working alliance among caregivers who are responsible for raising the children in the family. In a two parent family, this item describes the degree to which the two parents agree on parenting philosophy and strategies and work together to support each other in their parenting roles and responsibilities.

Questions to Consider

- Are there disagreements in parenting philosophy, behavior? Are caregivers aware of these?
- Are they problematic?
- Is one or both willing to work towards resolution

Ratings and Descriptions

- 0 **Adaptive collaboration.** Parents 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 parental collaboration with occasional difficulties negotiating miscommunications or misunderstanding regarding issues of the development and well-being of the children.
- 2 **Limited adaptive collaboration.** Moderate problems of communication and collaboration between two or more adult caregivers with regard to issues of the development and well-being of the youth.
- 3 **Significant difficulties with collaboration.** Minimal collaboration and destructive or sabotaging communication among any parents regarding issues related to the development and well-being of the youth.

Supplemental Information: Families that do not have two parents can also have care giving alliances. Anytime more than one caregiver is involved in a family, the degree to which the caregivers work together in support of each other is an important family characteristic. Divorced parents can maintain good collaborations in their efforts to parent their shared children despite living separate adult lives.

RELATIONSHIP AMONG SIBLINGS

This item describes whether any actionable problems exist among the children within a family. Although the title of this item includes 'siblings,' this work does not imply a requirement that the children in a family are all biologically related. Thus, this item describes whether any problems exist among all possible relationships among all the children in a family regardless of the specific nature of their relationship (i.e. biological, half, step).

Questions to Consider

- Sibling rivalry can be typical and appropriate. Are conflicts developmentally appropriate?
- Is anyone identifying a problem between siblings? Is there agreement regarding the problem?

Ratings and Descriptions

- | | |
|---|--|
| 0 | Adaptive relationships. Siblings generally get along well. Occasional fights or conflicts between them occur, but are quickly resolved. |
| 1 | Mostly adaptive relationships. Siblings generally get along; however, when fights or conflicts arise there is some difficulty in resolving them. |
| 2 | Limited adaptive relationships. Siblings often do not get along. They generally attempt to resolve their fights or conflicts but have limited success in doing so. |
| 3 | Significant difficulties with relationships. Siblings do not get along. The relationships are marked by detachment or active, continuing conflicts, and may include physical violence. |

Supplemental Information: This item is rated based on whether any problems exist that require intervention. Thus a '2' could be used even in circumstances where the sibling problems just involve a relationship between two children in a much larger sibling group

Extended Family Relationships

This item is used to describe the nature of the relationships between the family and any extended family. Extended family includes grandparents, aunts, uncles, cousins, etc. who are not directly members of the family but are related in some fashion. Sometimes an extended family can be a source of significant support. Other times, family can be in conflict or estranged from extended family members.

Questions to Consider

- Does extended family play a role with the family?
- What are the relationships like between the family members and the extended family?

Ratings and Descriptions

- | | |
|---|---|
| 0 | Adaptive relationships. Extended family members play a central role in the functioning and well-being of the family. They have predominately positive relationships with members of the extended family and conflicts are resolved quickly. |
| 1 | Mostly adaptive relationships. Extended family members play a supportive role in family functioning. They generally have positive relationships with members of the extended family. Conflicts may linger but eventually are resolved. |
| 2 | Limited adaptive relationships. Extended family members are marginally involved in the functioning and well-being of the family. They have generally strained or absent relationships with extended family members. |
| 3 | Significant difficulties with relationships. Family is not in contact or estranged from extended family members. They have negative relationships with continuing conflicts. |

Supplemental Information: A family who has recently immigrated to the United States may be estranged from their extended family simply because of geographic distance. This estrangement can be stressful and would be rated in this item.

Family Conflict

This item describes the amount of open fighting that occurs within the family system. The extreme of this item is domestic violence in which conflict turns into physical confrontation and aggression. Any recent domestic violence would be rated as a '3' regardless of which family members are involved in the violence.

Questions to Consider

- Does anyone in the family have conflict with one another?

Ratings and Descriptions

- | | |
|---|--|
| 0 | Minimal conflict. Family gets along well and negotiates disagreements appropriately. |
| 1 | Some Conflict. Family generally gets along fairly well but when conflicts arise resolution is difficult. |
| 2 | Significant conflict. Family is generally argumentative and conflict is a fairly constant theme in family communications. |
| 3 | Domestic violence. Threat or occurrence of physical, verbal or emotional altercations. Family with a current restraining order against one member would be rated here. |

Supplemental Information: All families have conflict. Occasional arguments are not only normal; they can be healthy if resolved eventually. This level of conflict would be rated a '0'. Only when the conflict begins to create notable problems within the family system would a rating of '1' or higher be used.

Family Communication

This item is designed to describe the ability of family members to communicate to each other their feelings, thoughts, needs, etc. The ability of family members to let each other know what is going on in their individual lives is an important aspect in the life of a family. Challenges with communication interfere with a family's ability to function.

Questions to Consider

- Can family members ask clarifying questions, offer examples, and be open to differing perspectives?
- Does the family communicate directly to each other?

Ratings and Descriptions

- | | |
|---|---|
| 0 | Adaptive communication. Family members generally are able to directly communicate important information among each other. Family members are able to understand each other's feelings and needs. |
| 1 | Mostly adaptive communication. Family members can communicate important information among each other. Some individuals or certain topics are excluded from direct communication. Mutual understanding is inconsistent. |
| 2 | Limited adaptive communication. Family members generally are unable to directly communicate important information among each other. Family members have difficulties understanding each other's feelings and needs. |
| 3 | Significant difficulties with communication. Family members communicate mostly through indirect, covert means or there is no sharing of important information at all. They are not able to understand each other's feelings or needs. |

Supplemental Information: Communication problems can be quite varied in families. Problems may result for difficulties addressing sensitive topics. Families with trauma experiences often avoid entire areas of communication out of fear of touching on a particularly sensitive issue. Alternatively, problems may involve a failure to speak up about thought or feelings or needs. In some cultures, for example, mothers are supposed to meet the needs of everyone else in the family. Some mothers feel that this perspective means that they cannot ever express their needs. However, failing to address the mother's needs can prevent her from successfully meeting the needs of others in the family (e.g. like on airplanes where the safety message is that if you are helping someone with their oxygen mask, please put your own on first. Otherwise you might both pass out).

Communication problems can be related to conflict. Family members who express feeling primarily through anger and cannot come to a resolution of disagreements can create communication problems.

Family Role Appropriateness

All family members have explicit (clearly stated) and implicit (unstated but known) roles within the family. Generally parents are in charge. Some parents share responsibilities; others separate responsibilities. Often older siblings have some care giving responsibilities for younger siblings.

Questions to Consider

- What are the boundaries like within the family?
- What is the nature of the family hierarchy?

Ratings and Descriptions

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

Supplemental Information: This item is used to describe when family roles get out of line with health development. For example, in some single parent families, particularly when parental mental health or substance use needs are evidence, older children step into developmentally inappropriate parent roles (i.e., the parentified child). This role can place an enormous stress on the development of that child. Sometimes lonely parents will seek friendship and companionship from their children. This can be healthy to a point, but since parents have to maintain their role as supervisor and disciplinarian, too much of a friendship model can be unhealthy, particularly for younger children.

Family Safety

This item describes whether the family members all live in a safe environment. This environment includes the home but also the neighborhood and circumstances.

Questions to Consider

- Is the family able to protect the family members from harm in the home?
- Are there individuals living in the home or visiting the home that may be pose risks to the family?

Ratings and Descriptions

- 0 No risk. Family provides a safe home environment for all family members.
- 1 Mild risk. Family home environment presents some mild risks of neglect or exposure to undesirable influences (e.g., alcohol/drug abuse, gang membership of family members) but no immediate risk is present.
- 2 Moderate risk. Family home environment presents moderate risks to family members including abuse and neglect or exposure to individuals who could harm the youth.
- 3 Severe risk. Family home environment presents a clear and immediate risk of harm to family members. Individuals in the environment present immediate risk of significant physical harm.

Supplemental Information: a family living in a shelter is less safe than a family living in an apartment. A family living in an apartment in which gang members or drug abusers routinely come and go is less safe than a family living in an apartment which no such intrusions. In most cases, risks of domestic violence indicate an immediate/intensive level of need (i.e. '3') on this item.

Financial Resources

Poverty is one of the most common and devastating challenging that a family can face. The absence of financial resources can limit housing options, result in poor diet and dress that threaten charges of parental neglect, and subject family members to safety risks. This item describes the degree to which financial problems are a current challenge for the family.

Questions to Consider

- Does the family have sufficient funds to necessary to meet the family's needs?

Ratings and Descriptions

- | | |
|---|---|
| 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 significant family needs. |
| 3 | Significant difficulties. Family experiencing financial hardship, poverty. |

Supplemental Information: Similar to the issue described with Family Conflict, few families have as many financial resources as they would like. Fewer still consider themselves as having sufficient resources. So, the '0' level is used to indicate a 'good enough' level of financial resources. The family may not be rich, but that have enough money to take care of basic needs.

Residential Stability

This item rates the parent/caregiver's current and likely future housing circumstances. Stable housing is the foundation of intensive community-based services

Questions to Consider

- Is the family's current housing situation stable?
- Are there concerns that they might have to move in the near future?

Ratings and Descriptions

- | | |
|---|--|
| 0 | Family has stable housing for the foreseeable future. |
| 1 | Family having some difficulties maintaining housing due to things such as difficulty paying rent or utilities or conflict with a landlord. |
| 2 | Family has had to move in the past six months due to housing difficulties. |
| 3 | Family has experienced homelessness in the past six months. |

Supplemental Information: A '3' indicates problems of recent homelessness. A '1' indicates concerns about instability in the immediate future. A family having difficulty paying utilities, rent or a mortgage might be rated as a '1'. This item refers exclusively to the housing stability of the caregiver and should **not** reflect whether the child might be placed outside of the home.

Home Maintenance

This item refers to housekeeping both in terms of cleanliness and organization and safety from dangerous materials and/or objects (e.g. child proofing).

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none">• Is the home clean?• Is the home well maintained?• Is the condition of the home safe for the child?	0 No concerns. Home is clean, maintained well and child-proofed. Dangerous items (e.g., poisons, medications, knives, matches) are locked up/stored away properly and out of reach. Kitchen and bathroom are functional. All utilities are operational. Everyone has a bed and outlets are plugged.
	1 Most precautions have been taken. No danger to the children present. Dangerous items are out of reach but not locked up. Home is mostly child-proofed. Utilities are operational. Minor cleaning is required. Some odor present.
	2 Some precautions have been taken, but potential hazards are obvious. Dangerous items out of sight but within reach of children. Utilities sometimes don't work because bills have not been paid or needed repairs have not been attended to by the family. Overloaded outlets. Home is somewhat cluttered and needs general cleaning. Beds are needed.
	3 Few precautions taken. No screens on second floor windows for toddlers. Outlets not plugged. Utilities off due to neglect of bills or needed repairs. No beds for children/parents. No refrigerator. Home is dirty, odors present.

3. CAREGIVER STATUS

This section allows for the description of the individual strengths and needs of each of the parents and/or caregivers in the family. These are the adults in the family who have been identified as having some responsibility for helping raise the children in the family. A single parent household with no other adults would have one caregiver. However, if two single parent households (e.g. divorced parents) share custody or care giving responsibilities, then two caregivers would be rated (i.e. one in each household). Adults in the family with no care giving responsibilities are not rated here. For example, if the elderly mother or a husband or wife lives with them but has no role in taking care of the children, she would not be included. Alternatively, in a multigenerational family in which the grandmother is an active care giver, the grandmother would be included in the ratings of care givers.

Please note for certification: As you certify on the FAST-T, *the order of the care givers and children is CRUCIAL*. Each vignette numbers both the care givers and children and you should rate them in the order they are numbered. For purposes outside of certification, generally order the care givers and children by age, starting with the oldest and ending with the youngest.

For Caregiver Status , the following categories and action levels are used:	
0	No evidence of a current need; can also indicate a clear strength.
1	Monitoring, watchful waiting, or preventive activities; opportunities for strength building.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with the family's functioning.
3	Problems are dangerous or disabling; requires immediate and/or intensive action.

Caregiver's Empathy with Children

This item refers to the caregivers' ability to understand and respond to the joys, sorrows, anxieties and other feelings of children with helpful, supportive emotional responses.

Questions to Consider <ul style="list-style-type: none"> Is the caregiver's emotional response appropriate towards the child? 	Ratings and Descriptions	
	0	Adaptive emotional responsiveness. Parents/caregivers are emotionally empathic and attend to child's emotional needs.
	1	Parents/caregivers are generally emotionally empathic and typically attend to child's emotional needs.
	2	Limited adaptive emotional responsiveness. Parents/caregivers are often not empathic and frequently are not able to attend to child's emotional needs.
	3	Significant difficulties with emotional responsiveness. Parents/caregivers are not empathic and rarely attend to the child's emotional needs.

Caregiver's Boundaries

As described before a family is a collection of individuals who work together with some common goals. However, a part of successful collaboration as a family involves maintaining one's individuality as least to some extent. This concept is referred to as boundaries.

Questions to Consider

- What is the nature of the caregiver's boundaries in relation to others?
- Does the caregiver have any difficulties in maintaining his/her boundaries? Or are the caregiver's boundaries overly rigid?

Ratings and Descriptions

- 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 at times. Minor problems of rigidity of boundaries may occur.
- 2 Limited adaptive boundaries. Caregiver has problems maintaining appropriate boundaries between her/him 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/him and her/his children or is excessively rigid in her boundaries.

Supplemental Information: A parent who confides his/her secrets to the children is violating boundaries. A parent who tells the children about how badly the other parent treats him/her (e.g. infidelity) is violating boundaries. A parent, who cannot stop a child from entering the bathroom on them, is experiencing problems with boundaries.

Caregiver's Involvement in Caregiving Functions

This item describes the degree to which this individual care giver is involved in the life of the family.

Questions to Consider

- How actively involved is the caregiver in the daily life of the family?
- Is the caregiver an advocate for the youth?
- Would they like any help to become more involved?

Ratings and Descriptions

- 0 Caregiver is actively and fully involved in daily family life.
- 1 Caregiver is generally involved in daily family life. She/he may occasionally be less involved for brief periods of time because she/he is distracted by internal stressors and/or other external events or responsibilities.
- 2 Caregiver is involved in daily family life but only maintains minimal daily interactions for extended periods of time.
- 3 Caregiver is mostly uninvolved in daily family life. She/he may not interact with children on a daily basis.

Supplemental Information: Some parents or care givers are integral members of the family. They know everything that is going on with individual family members and play key roles in family decision-making. Other care givers are more detached from the family and less involved. These care givers may not be aware of the comings and goings and accomplishments and challenges of individual family members. They may be relatively uninvolved in family decision-making.

Caregiver's Supervision

This item describes this caregiver's ability to monitor the activities of the children in the family.

Questions to Consider

- Does the caregiver provide consistent supervision to the children?
- Does the caregiver think he or she needs some help with these issues?

Ratings and Descriptions

- | | |
|---|---|
| 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; however, some problems may occur occasionally. |
| 2 | Fair 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. |

Supplemental Information: Supervision activities change as children age. With very young children, supervision involves a physical presence. You have to keep an eye on little children to ensure that they stay safe and that their basic needs are met. As children age, the nature of supervision changes. Supervising an adolescent is much more about stay in touch with them to know what they are doing and with whom they are doing it. This level of supervision is much more of a communication strategy than a physical monitoring strategy. In fact, applying physical monitoring supervision to adolescents is likely to be inappropriate in most circumstances.

Caregiver's Discipline

This item refers to broad definition of the term discipline. It includes all the things parents and care givers can do to encourage positive behavior in children. In other words, redirecting is as much a discipline strategy as time-out.

Questions to Consider

- Is the caregiver able to provide appropriate limits to the children?
- Does the caregiver provide appropriate support to the youth to meet the caregiver's expectations?
- Does the caregiver think he or she needs some help with these issues?

Ratings and Descriptions

- | | |
|---|---|
| 0 | Good discipline methods. Caregiver generally demonstrates an ability to discipline her/his children in a consistent and benevolent manner. She/he usually is able to set age appropriate limits and to 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 | Inadequate 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. |

Supplemental Information: Over-reliance on punishment is a need on this dimension. Use of physical punishment as a primary source of discipline would be rated a '3' in most cases, as would other cases of extreme punishment that would be consistent with abuse (e.g., locking in closet or otherwise restraining a child for extended periods).

A '0' on this item is a considerable strength. It indicates that the care giver is adept at strategies that encourage children in the family to behavior appropriately and remain safe.

Caregiver's Partner Relationship

This item describes this care giver's relationship with his/her significant other. This item is intended to be limited to romantic or intimate relationships. This item is more about the quality of life of the care giver. In a two parent family, this refers to the parent's experience of their marriage. In a divorced family, this might refer to new marriages or dating relationships with adults who are not currently considered members of the family.

Questions to Consider

- Does the caregiver have a relationship with another adult?
- Is the caregiver experiencing any difficulties with his/her partner relationship?

Ratings and Descriptions

- 0 Adaptive partner relationship. Caregiver has a strong, positive, partner relationship with another adult. This adult functions as a member of the family. A person without a relationship who currently has no interest in one would be rated here.
- 1 Mostly adaptive partner relationship. Caregiver has a generally positive partner relationship with another adult. This adult may not function as a member of the family.
- 2 Limited adaptive partner relationship. Caregiver is currently not involved in any partner relationship with another adult but wishes to have one.
- 3 Significant difficulties with partner relationships. Caregiver is currently involved in a negative, unhealthy relationship with another adult.

Supplemental Information: Some care givers have decided for any number of possible reasons that they are not currently interested in a romantic or intimate relationship. If the individual is currently satisfied in these circumstances, then a rating of '0' on this item is appropriate. However, if a care giver is currently alone but desires a relationship that he/she feels is currently unavailable to them, then that circumstances would be rated higher, likely as a '2' although depending somewhat on the specific circumstances. For example, if a single father is desperate for a relationship and therefore goes out at night all the time looking to find someone to the point of neglecting his family, then this could be rated a '3.'

Caregiver's Vocational Functioning

This item refers to this care givers job status

Questions to Consider

- Is the caregiver employed?
- Is the caregiver having any difficulties at work?
- Does the caregiver have difficulties maintaining employment?

Ratings and Descriptions

- 0 Good vocational functioning. Caregiver is fully employed with no problems at work. Alternatively, caregiver may not be seeking employment or chooses to be a full-time homemaker.
- 1 Adequate vocational functioning. Caregiver is partially employed, employed significantly below her/his level of education/experience/training, or is having some work related problems.
- 2 Fair vocational functioning. Caregiver is having significant work-related problems or is temporarily unemployed because of such difficulties.
- 3 Significant difficulties with vocational functioning. Caregiver is chronically unemployed or obtains financial resources through activities which are illegal and/or potentially harmful to her/himself and her/his family members (prostitution, drug dealing, for example).

Supplemental Information: As noted in the anchor employment outside of the home is not required. A satisfied homemaker would be rated '0.' On the other hand, a parent not working who is interested in seeking employment would be rated higher. A rating of '3' would indicate a parent or caregiver that is either chronically unemployed or employed in illegal activities such as drug sales or prostitution.

Caregiver Mental Health

Any identified mental health need, whether or not actively diagnosed and/or treated, would be rated here.

Questions to Consider

- Does the caregiver have any mental health needs?
- Are the caregiver's mental health needs interfering with his/her functioning?

Ratings and Descriptions

- 0 No mental health problems. Caregiver has no signs of any notable mental health problems.
- 1 Mild mental health problems. Caregiver may have mild problems with adjustment, may be somewhat depressed, withdrawn, irritable, or agitated.
- 2 Moderate mental health problems. Caregiver has a diagnosable mental health problem that interferes with his/her functioning.
- 3 Significant difficulties with mental health. Caregiver has a serious psychiatric disorder.

Supplemental Information: In general, ratings of 2 or 3 would be reserved for a serious mental health concern such as Depression, Schizophrenia, Bipolar Disorder or a serious Personality Disorder. Concern that mental health needs are present but unrecognized could be rated as a '1'. A '1' could also indicate a well-managed mental health need (i.e. Bipolar Disorder well managed on medication).

Caregiver Alcohol and/or Drug Use

This item indicates whether the identified caregiver's uses of drugs and/or alcohol interferes with their parenting roles and responsibilities.

Questions to Consider

- Do caregivers have any substance use needs that make parenting difficult?
- Does anyone else in the family have a serious substance use need that is impacting the resources for caregiving?

Ratings and Descriptions

- 0 No problems with alcohol or drug use. Caregiver has no signs of any notable substance abuse problems.
- 1 Mild problems associated with alcohol or drug use. Caregiver may have mild problems with work or home life that result from occasional use of alcohol or drugs.
- 2 Moderate problems associated with alcohol or drug use. Caregiver has a diagnosable substance-related disorder that interferes with his/her life.
- 3 Significant difficulties with alcohol or drug dependence. Caregiver is currently addicted to either alcohol or drugs or both.

Supplemental Information: Concern about a possible substance use problem would be rated a '1'. For example, if mom and dad disagree that dad's drinking impacts the family, you might rate dad as a '1' until that time you can reach a shared vision by specifying what needs to happen to get mom and dad on the same page with regard to understanding the role of dad's drinking. Of course, if mom says that if dad doesn't stop drinking, she's moving out, that would make Substance Use a '2' or perhaps even a '3' for dad depending on the specific circumstances.

Caregiver Post-Traumatic Reactions

This rating describes post-traumatic reactions faced by parent/caregiver, including emotional numbing and avoidance, nightmares and flashbacks that are related to their child's or their own traumatic experiences.

Questions to Consider <ul style="list-style-type: none">• Has the caregiver experienced any trauma?• Does the caregiver experience any reactions as a result of that trauma?	Ratings and Descriptions	
	0	Caregiver has not experienced any significant trauma or has adjusted to traumatic experiences without notable post-traumatic stress reactions.
	1	Caregiver has some mild adjustment problems related to their child's or their own traumatic experiences. Caregiver may exhibit some guilt about their child's trauma or become somewhat detached or estranged from others. These symptoms may mildly impact their ability to provide child care.
	2	Caregiver has moderate adjustment difficulties related to traumatic experiences, and these difficulties impact ability to provide child care. Caregiver may have nightmares or flashbacks of the trauma.
	3	Caregiver has significant adjustment difficulties associated with traumatic experiences, and these difficulties severely impact the caregiver's ability to provide child care. Symptoms might include intrusive thoughts, hypervigilance, and constant anxiety.

Caregiver Alcohol and/or Drug Use

This item indicates whether the identified caregiver's uses of drugs and/or alcohol interferes with their parenting roles and responsibilities.

Questions to Consider <ul style="list-style-type: none">• Do caregivers have any substance use needs that make parenting difficult?• Does anyone else in the family have a serious substance use need that is impacting the resources for caregiving?	Ratings and Descriptions	
	0	No problems with alcohol or drug use. Caregiver has no signs of any notable substance abuse problems.
	1	Mild problems associated with alcohol or drug use. Caregiver may have mild problems with work or home life that result from occasional use of alcohol or drugs.
	2	Moderate problems associated with alcohol or drug use. Caregiver has a diagnosable substance-related disorder that interferes with his/her life.
	3	Significant difficulties with alcohol or drug dependence. Caregiver is currently addicted to either alcohol or drugs or both.

Supplemental Information: Concern about a possible substance use problem would be rated a '1'. For example, if mom and dad disagree that dad's drinking impacts the family, you might rate dad as a '1' until that time you can reach a shared vision by specifying what needs to happen to get mom and dad on the same page with regard to understanding the role of dad's drinking. Of course, if mom says that if dad doesn't stop drinking, she's moving out, that would make Substance Use a '2' or perhaps even a '3' for dad depending on the specific circumstances.

Knowledge of Child

This item describes whether or not the family leadership understand and/or accepts the needs of the family and, perhaps, specific children.

Questions to Consider

- Is the caregiver knowledgeable about the child's needs and strengths?

Ratings and Descriptions

- 0 Caregiver is knowledgeable about the child's needs and strengths.
- 1 Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity to parent.
- 2 Caregiver has clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent.
- 3 Caregiver has knowledge problems that place the child at risk of significant negative outcomes.

Supplemental Information: Differences of opinion regarding the presence or absence of a need between parents and professionals can be challenging because it can be difficult to know how the more accurate understanding has. However when discrepancies exist that should result in a rating of at least a '1' to indicate that some sorting out should take place so that everyone is on the same page.

Organization

This rating should be based on the ability of the parent/caregiver to participate in or direct the organization of the household, services, and related activities.

Questions to Consider

- Does the caregiver have trouble getting to appointments?
- Is the caregiver on time
- Is the caregiver able to maintain their home?

Ratings and Descriptions

- 0 Caregiver is well organized and efficient.
- 1 Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.
- 2 Caregiver has moderate difficulty organizing and maintaining household to support needed services.
- 3 Caregiver is unable to organize household to support needed services.

Supplemental Information: Parents who need help organizing themselves and/or their family would be rated a '2' or '3'.

Physical Health

Physical health includes medical and physical challenges faced by the parent/caregiver(s).

Questions to Consider

- How is the caregiver's health?
- Does she/he have any health problems that limit his/her ability to care for the family?

Ratings and Descriptions

- 0 Caregiver is generally healthy.
- 1 Caregiver is in recovery from medical/physical problems.
- 2 Caregiver has medical/physical problems that interfere with their capacity to parent.
- 3 Caregiver has medical/physical problems that make it impossible for them to parent at this time.

Supplemental Information: a single parent who has recently had a stroke and has mobility or communication limitations might be rated a '2' or even a '3'. If the parent has recently recovered from a serious illness or injury or if there are some concerns of problems in the immediate future they might be rated a '1'.

Developmental

This item describes the parent/caregiver’s developmental status in terms of low IQ, intellectual disability or other developmental disabilities that impact his/her ability to care for child.

Questions to Consider <ul style="list-style-type: none"> Does the caregiver have any developmental challenges? 	Ratings and Descriptions	
	0	Caregiver has no developmental needs.
	1	Caregiver has developmental challenges but they do not currently interfere with parenting.
	2	Caregiver has developmental challenges that interfere with their capacity to parent.
	3	Caregiver has severe developmental challenges that make it impossible for them to parent at this time.

Supplemental Information: A parent with limited cognitive capacity that challenges their ability to provide parenting would be rated here. Rating on this item should be restricted to the identification of developmental disabilities (i.e. intellectual disabilities and other related conditions) and does not refer to a broad spectrum of developmental issues (e.g. aging is **not** rated here).

Accessibility to Child Care Services

This item refers to the caregiver’s access to appropriate child care for young children.

Questions to Consider <ul style="list-style-type: none"> Does the caregiver have access to sufficient child care services? 	Ratings and Descriptions	
	0	Caregiver has access to sufficient child care services.
	1	Caregiver has limited access to child care services. Needs are met minimally by existing, available services.
	2	Caregiver has limited access or access to limited child care services. Current services do not meet the caregiver’s needs.
	3	Caregiver has no access to child care services.

Family Stress

This item rates the impact of the managing the child’s needs on the caregiver(s). A very high need child or one that engages in specific behavior that is very disruptive to a family can create a substantial amount of Family Stress.

Questions to Consider <ul style="list-style-type: none"> Is the caregiver able to manage the stress of the child’s needs? Does the stress of the child’s needs interfere with the caregiver’s ability to caregive? 	Ratings and Descriptions	
	0	Caregiver able to manage the stress of child/children’s needs.
	1	Caregiver has some problems managing the stress of child/children’s needs.
	2	Caregiver has notable problems managing the stress of child/children’s needs. This stress interferes with their capacity to give care.
	3	Caregiver is unable to manage the stress associated with child/children’s needs. This stress prevents caregiver from parenting.

Supplemental Information: Historically, this item was referred to as a burden in that raising a child with many needs can weigh on the family.

Educational Attainment

This rates the degree to which the individual has completed his/her planned education.

Questions to Consider

- Has the caregiver attained all of their educational goals?
- Is the caregiver's lack of education interfering with their vocational functioning?

Ratings and Descriptions

- | | |
|---|--|
| 0 | Caregiver has achieved all educational goals or has none but educational attainment has no impact on lifetime vocational functioning. |
| 1 | Caregiver has set educational goals and is currently making progress towards achieving them. |
| 2 | Caregiver has set educational goals but is currently not making progress towards achieving them. |
| 3 | Caregiver has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning. Caregiver needs educational/vocational intervention. |

LEGAL

This item indicates the individual's level of involvement with the juvenile justice system

Questions to Consider

- Has the caregiver ever been arrested?
- Is the caregiver on probation?
- Is the caregiver currently involved in the legal system?

Ratings and Descriptions

- | | |
|---|--|
| 0 | Caregiver has no known legal difficulties. |
| 1 | Caregiver has a history of legal problems but currently is not involved with the legal system. |
| 2 | Caregiver has some legal problems and is currently involved in the legal system. |
| 3 | Caregiver has serious current or pending legal difficulties that place him/her at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention. |

Supplemental Information: Family involvement with the courts is not rated here—only the identified individual's involvement is relevant to this rating. Issues of family involvement in the justice system are not rated here.

SAFETY

This item describes whether individuals in the home or who have access to the home present a danger to the youth(s). This item does not describe situations in which the caregiver is unable to prevent a child from hurting his/herself despite well-intentioned efforts. This describes the caregiver's ability or willingness to appropriately protect the child from potential harm.

Questions to Consider

- Is the family able to protect the family members from harm in the home?
- Are there individuals living in the home or visiting the home that may be pose risks to the family?

Ratings and Descriptions

- | | |
|---|--|
| 0 | Household is safe and secure. Child is at no risk from others. |
| 1 | Household is safe but concerns exist about the safety of the child due to history or others in the neighborhood that might be abusive. |
| 2 | Child is in some danger from one or more individuals with access to the household. |
| 3 | Child is in immediate danger from one or more individuals with unsupervised access. |

Supplemental Information: If a child is involved with child welfare, the minimal rating would be a '1'. A '2' or '3' on this item requires child protective services involvement.

4. CAREGIVER ADVOCACY STATUS

Developing the capacity within families for successfully advocating for the family and children is an important outcome. As such, these section describes the status of a set of advocacy skills along with describing the family's current level of satisfaction with the status of their child(ren) in the system. The indicated advocacy skills may be generally characteristic of one person in the family rather than all family members or even all caregivers. As such, if any family member is knowledgeable about service options, then that is an identified area of skill.

For **Caregiver Advocacy Status**, the following categories and action levels are used:

- 0 No evidence of a current need; can also indicate a clear strength.
- 1 Monitoring, watchful waiting, or preventive activities; opportunities for strength building.
- 2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.

KNOWLEDGE OF SERVICE OPTIONS

This item is generally less controversial since professionals are generally seen as more knowledgeable regarding these options and thus better able to identify challenges with family leadership in this area. This item does not simply refer to knowledge of whether or not options exist but also includes whether or not the options that the family leadership is asking for is a good fit for the needs of their child

Questions to Consider

- Does the caregiver understand what types of service options are available to his/her family?

Ratings and Descriptions

- 0 Caregiver(s) has strong understanding of service options.
- 1 Caregiver(s) has an understanding of service options buy may still require some help in learning about certain aspects of these services.
- 2 Caregiver(s) require assistance in understanding service options.
- 3 Caregiver(s) require substantial assistance in identifying and understanding service options.

Supplemental Information: a family who is pushing for the residential placement of a child when that child's needs are not sufficiently complex to warrant out of community treatment would be described on this item

KNOWLEDGE OF RIGHTS AND RESPONSIBILITIES

This item requires a technical understanding of family rights and responsibilities that is likely somewhat different in different jurisdiction and sectors.

Questions to Consider

- Does the individual understand his/her rights and responsibilities as a caregiver?

Ratings and Descriptions

- 0 Caregiver(s) has strong understanding of rights and responsibilities.
- 1 Caregiver(s) has understanding of rights and responsibilities but may still require some help in learning about certain aspects of these needs.
- 2 Caregiver(s) require assistance in understanding rights and responsibilities.
- 3 Caregiver(s) require substantial assistance in identifying and understanding rights and responsibilities.

Supplemental Information: Resolution of any need describe on this item is primarily educational.

KNOWLEDGE OF RIGHTS AND RESPONSIBILITIES

This item requires a technical understanding of family rights and responsibilities that is likely somewhat different in different jurisdiction and sectors.

Questions to Consider

- Does the individual understand his/her rights and responsibilities as a caregiver?

Ratings and Descriptions

- 0 Caregiver(s) has strong understanding of rights and responsibilities.
- 1 Caregiver(s) has understanding of rights and responsibilities but may still require some help in learning about certain aspects of these needs.
- 2 Caregiver(s) require assistance in understanding rights and responsibilities.
- 3 Caregiver(s) require substantial assistance in identifying and understanding rights and responsibilities.

Supplemental Information: Resolution of any need describe on this item is primarily educational.

ABILITY TO LISTEN

Family advocates will tell you that the first step to becoming an effective advocate for your child is to learn to listen to what professionals are telling you before you try to change their minds on any issue.

Questions to Consider

- Is the caregiver able to listen and understand news regarding their family?

Ratings and Descriptions

- 0 Caregiver(s) is able to listen carefully and understand both good and bad news regarding family and child issues.
- 1 Caregiver(s) has listening skills but sometimes struggles to hear either good or bad news regarding family and child issues.
- 2 Caregiver(s) requires help learning to listen effectively.
- 3 Caregiver(s) requires substantial help learning to listen effectively.

Supplemental Information: Listening can be extremely difficult when you are hearing your child described in a negative light. However, it is an important skill to sit and listen even when the news is hard to take and even when you are convinced that the person speaking is absolutely wrong. Talking over people, not letting people finish their thoughts become problematic when it comes your turn to speak.

ABILITY TO COMMUNICATE

The foundation of advocacy is being able to effectively communicate your family's needs so that the system will address them. Communication is fundamental.

Questions to Consider

- Is the caregiver able to express their thoughts and feelings effectively?

Ratings and Descriptions

- 0 Caregiver(s) is able to express feeling and thoughts effectively with regard to family and child issues. Others hear, understand, and respond.
- 1 Caregiver(s) is able to express feeling and thoughts but sometimes struggle to express these so that others can listen and/or understand.
- 2 Caregiver(s) requires help learning to express feelings and thoughts effectively with regard to family and child issues.
- 3 Caregiver(s) requires substantial help learning to express feelings and thoughts effectively with regard to family and child issues.

Supplemental Information: The FAST can be seen as a strategy to help develop exactly what family leadership needs to communicate to the system so that their family's needs are effectively addressed. Teaching parents and family leaders to being able to communicate effectively with professionals is an important goal in advocacy development.

NATURAL SUPPORTS

These are unpaid others that help a family out.

Questions to Consider

- Does the caregiver have friends and family who provide support?
- Can he/she call on this support network to help in times of need?

Ratings and Descriptions

- | | |
|---|--|
| 0 | Caregiver(s) has substantial natural supports to assist in addressing most family and child needs. |
| 1 | Caregiver(s) has natural supports but some limitations exist whereby these supports are insufficient to address some family and child needs. |
| 2 | Caregiver(s) has limited natural supports. |
| 3 | Caregiver(s) has no natural supports. |

Supplemental Information: The existing body of research in system of care indicates that this is the single hardest aspect of wraparound philosophy to develop. However, it is also one of the most powerful aspects of intensive community-based intervention. The concept of natural supports comes from the African parable that 'it takes a village' to raise a child. Paid individuals only count as natural supports if it is someone who would remain involved with the family even if they were not receiving a check.

SATISFACTION WITH YOUTH'S LIVING ARRANGEMENT

This item refers to the caregiver's satisfaction with the current living arrangement of any youth identified with needs.

Questions to Consider

- Is the child's current living arrangement satisfactory to the caregiver?
- What changes could/should be made to the child's living arrangement?

Ratings and Descriptions

- | | |
|---|---|
| 0 | Caregiver(s) is pleased with identified youth's current living arrangement. |
| 1 | Caregiver(s) is satisfied with identified youth's current living arrangement, although some improvements could be made. |
| 2 | Caregiver(s) believes a change in living arrangement is desirable. |
| 3 | Caregiver(s) believes an immediate change in living arrangement is required. |

Supplemental Information: If a youth lives at home this describes the caregiver's desire to maintain this placement.

SATISFACTION WITH YOUTH'S EDUCATION ARRANGEMENT

This item refers to the degree to which the caregiver is satisfied with any services (or lack thereof) for children in his/her care.

Questions to Consider

- Is the child's current educational arrangement satisfactory to the caregiver?
- What changes could be made to the child's educational arrangement?

Ratings and Descriptions

- | | |
|---|---|
| 0 | Caregiver(s) is pleased with identified youth's current services arrangement. |
| 1 | Caregiver(s) is satisfied with identified youth's current services arrangement, although some improvements could be made. |
| 2 | Caregiver(s) believes a significant change in services arrangement is desirable. |
| 3 | Caregiver(s) believes an immediate and significant change in services arrangement is required. |

5. YOUTH'S STATUS

There are nine items that are used to describe each of the children in a family. Sometimes circumstances exist that make it difficult to decide whether a family member is best rated as a caregiver or a child. In general, every family member under the age of 18 would be rated in the child section. Young adults could be rated as caregivers if their family roles are more congruent with that designation.

All of these items should be rated using a developmental framework. All items, except Educational Status, should use chronological age as the developmental framework. Educational status should use developmental age to ask the question as to whether the child's education status is congruent with his/her learning style and development.

For Youth's Status , the following categories and action levels are used:	
0	No evidence of a current need; can also indicate a clear strength.
1	Monitoring, watchful waiting, or preventive activities; opportunities for strength building.
2	Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
3	Problems are dangerous or disabling; requires immediate and/or intensive action.

RELATIONSHIP WITH BIOLOGICAL MOTHER	
This item is exclusively about the current status of a child's relationship with his/her biological mom	
Questions to Consider <ul style="list-style-type: none"> Do the child and the biological mother get along? Do the child and the biological mother have a positive relationship? 	Ratings and Descriptions
	0 Adaptive relationship. Youth has a generally positive relationship with biological mother. The youth appears to have formed a secure attachment, and can turn to mother for security, comfort or guidance.
	1 Mostly adaptive relationship. Youth has a somewhat positive relationship with biological mother. The youth appears to have mild attachment problems that interfere with his/her ability to turn to mother for security, comfort, or guidance.
	2 Limited adaptive relationship. Youth has a somewhat negative relationship with biological mother. The youth appears to have moderate attachment problems that interfere with his/her ability to turn to mother for security, comfort, or guidance.
	3 Significant difficulties with relationships. Youth has no ongoing relationship with his/her biological mother. The Youth appears to have severe attachment problems.
Supplemental Information: If the biological mother is deceased or if the parental rights are terminated and the child will have no contact with the biological mother, then this item would be rated a '0' as it will not impact your planning process. However, even if parental rights are terminated if the child currently has a relationship or seeks to restore a relationship with his/her biological mother, then a higher rating would be used depending on the specific circumstances.	

RELATIONSHIP WITH BIOLOGICAL FATHER

This item is exclusively about the current status of a child's relationship with his/her biological father.

Questions to Consider

- Do the child and the biological father get along?
- Do the child and the biological father have a positive relationship?

Ratings and Descriptions

- 0 Adaptive relationship. Youth has a generally positive relationship with biological father. The youth appears to have formed a secure attachment, and can turn to father for security, comfort, or guidance.
- 1 Mostly adaptive relationship. Youth has a somewhat positive relationship with biological father. The youth appears to have mild attachment problems that interfere with his/her ability to turn to father for security, comfort, or guidance.
- 2 Limited adaptive relationship. Youth has a somewhat negative relationship with biological father. The youth appears to have moderate attachment problems that interfere with his/her ability to turn to father for security, comfort, or guidance.
- 3 Significant difficulties with relationship. Youth has no ongoing relationship with his/her biological father. The youth appears to have severe attachment problems.

Supplemental Information: If the biological father is deceased or disappeared or if the parental rights are terminated and the child will have no contact with the biological father, then this item would be rated a '0' as it will not impact your planning process. However, even if parental rights are terminated if the child currently has a relationship or seeks to restore a relationship with his/her biological father, then a higher rating would be used depending on the specific circumstances.

RELATIONSHIP WITH PRIMARY CAREGIVER (IF NOT BIOLOGICAL MOTHER OR FATHER)

This item is designed to allow the description of the relationship the child has to whomever his/her primary caregiver is

Questions to Consider

- Do the child and the primary caregiver get along?
- Do the child and the primary caregiver have a positive relationship?

Ratings and Descriptions

- 0 Adaptive relationship. Youth has a generally positive relationship with primary caregiver. The youth appears to have formed a secure attachment, and can turn to primary caregiver for security, comfort or guidance.
- 1 Mostly adaptive relationship. Youth has a somewhat positive relationship with primary caregiver. The youth appears to have mild attachment problems that interfere with his/her ability to turn to primary caregiver for security, comfort, or guidance.
- 2 Limited adaptive relationship. Youth has a somewhat negative relationship with primary caregiver. The youth appears to have moderate attachment problems that interfere with his/her ability to turn to primary caregiver for security, comfort, or guidance.
- 3 Significant difficulties with relationship. Youth has no ongoing relationship with his/her primary caregiver. The youth appears to have severe attachment problems.

Supplemental Information: If the primary caregiver is either the bio mother or father (or both) then the ratings would be the same.

RELATIONSHIPS WITH OTHER ADULT FAMILY MEMBERS

This item captures whether any challenges exist among all of these relationships.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Do the child and other adult family members get along?Do the child and the other adult family members have a positive relationship?	0 Adaptive relationships. Youth is able to have predominately positive relationships with other adult family members and is able to participate in conflict resolution with them.
	1 Mostly adaptive relationships. Youth is able to have generally positive relationships with other adult family members. At times, conflicts may occur and linger between them but eventually are resolved.
	2 Limited adaptive relationships. Youth is only able to have peripheral relationships with other adult family members or the relationships are strained.
	3 Significant challenges with relationships. Adult family members are available emotionally and practically, but the youth is unable to have relationships with them.

Supplemental Information: Sometimes children have poor relationship with parents but have positive relationship with other adults in the family. The reverse also can be true where the child is having significant conflict with other adults but has a strong positive relationship with parents.

RELATIONSHIP WITH SIBLINGS

In the Family Together section it possible to describe whether challenges exist among brothers and sisters, with this item, it is possible to better identify which children are having these challenges. So for the individual child described, the question is whether or not they have having any problems in their relationship(s) with siblings.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Do the child and their siblings get along?Do the child and their siblings have a positive relationship?	0 Adaptive relationships. Youth is able to have predominately positive relationships with siblings and is able to participate in conflict resolution with them.
	1 Mostly adaptive relationships. Youth is able to have generally positive relationships with siblings. At times, conflicts may occur and linger between them but eventually are resolved.
	2 Limited adaptive relationships. Youth is only able to have peripheral relationships with siblings or the relationships are strained.
	3 Significant challenges with relationships. Siblings are available emotionally and practically but the youth is unable to have relationships with them.

HEALTH STATUS

This item is an indicator for any medical or physical challenges with the child.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Is the child in good physical health?Does the child have any health problems that interfere with their functioning?	0 Good health. Youth is in generally good physical health.
	1 Adequate health. Youth gets sick more often than peers, but the health problems do not interfere with his/her general functioning.
	2 Fair health. Youth has some health problems that interfere with his/her functioning.
	3 Significant health challenges. Youth has significant health problems that may be chronic or life threatening.

Supplemental Information: A '2' would be used to indicate a chronic health problem or physical challenge. A '3' would be used to indicate a life threatening health problem or a physical challenge that prevents functioning in at least one life domain.

MENTAL HEALTH STATUS

This item is an indicator of any behavioral and emotional challenge with the child.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the child have any mental health related problems?Does the mental health related problems interfere with the child's functioning?	0 No mental health challenges. Youth has no signs of any notable mental health problems.
	1 Mild mental health challenges. Youth may have mild problems with adjustment, may be somewhat depressed, withdrawn, irritable, or agitated.
	2 Moderate mental health challenges. Youth has a diagnosable mental health problem that interferes with his/her functioning.
	3 Significant challenges with mental health. Youth has a serious psychiatric disorder.

Supplemental Information: Any mental health need would be indicated here regardless of its specific symptom presentation. So, this item combines depression, anxiety, or disruptive behavior into a single indicator of any need to connect with specialty mental health treatment.

ADJUSTMENT TO TRAUMA

This item describes problems associated with traumatic life events

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Has the child ever experienced any form of trauma?Is the child having trouble adjusting to the problems associated with the traumatic event?	0 Child has not experienced any significant trauma or has adjusted well to traumatic experiences.
	1 Child has experienced traumatic event and is not demonstrating symptoms, or there are mild changes in the child's behavior that are controlled by caregiver.
	2 Clear evidence of adjustment problems associated with traumatic life events. Adjustment is interfering with child's functioning in at least one life domain.
	3 Clear evidence of debilitating level of trauma symptoms or symptoms of Post-Traumatic Stress Disorder, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of trauma experience.

Supplemental Information: Traumatic events may include sexual abuse, physical abuse, emotional abuse, medical trauma, natural disasters, or witnessing violence or criminal activity.

COGNITIVE SKILLS

This item is used as an indicator of intellectual or developmental challenges that might limit the child's executive functioning. Another words, the presence of challenges with cognitive skills requires both specific intervention but also accommodation with other interventions to ensure that the learning style and developmental status of the child is fully understood.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Has the child met all developmental milestones?	0 Good. Youth meets or exceeds all cognitive developmental milestones.
	1 Adequate. Youth is close to meeting all cognitive developmental milestones.
	2 Fair. Youth has some problems with immaturity or delay in meeting developmental milestones.
	3 Significant difficulties with cognitive development. Youth has intellectual disabilities.

SELF-REGULATION SKILLS

With small children regulation is often physiological and as children mature self-regulation shifts to emotional regulation.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Is the child able to self-regulate?Is the child able to manage themselves in a developmentally appropriate way?	0 Good. Youth has mature self-regulation. Youth is able to self-soothe, function independently and effectively structure free-time.
	1 Adequate. Youth is generally able to self-regulate in an age-appropriate way.
	2 Fair. Youth has some difficulties with self-regulation.
	3 Significant difficulties with self-regulation. Youth is unable to manage him/herself in a developmentally appropriate way.

Supplemental Information: Challenges with self-regulation is often an effect of significant trauma experiences but other pathways can be relevant such as developmental disorders. When a child struggles to self-regulate in a developmentally appropriate manner, then problems often occur with either emotions or behavior.

INTERPERSONAL SKILLS

This item describes whether the child has challenges in his/her relational world.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Does the child have friends?Has the child been able to develop friendships in the past?Does the child have social skills?	0 Good. Youth has excellent, mature relationship skills.
	1 Adequate. Youth has good, developmentally appropriate relationship skills.
	2 Fair. Youth has some difficulties with social skills and friendship development and/or maintenance.
	3 Significant difficulties. Youth has significant difficulties with social skills and friendship development.

Supplemental Information: Depending on the child's age, problems with misperception, empathy, or difficult interacting, or making friends, or parallel play would be rated here.

EDUCATIONAL STATUS

This item is a global indicator of whether the child's school experience is working well. Any challenges with education would be identified here including problems with behavior, attendance or achievement.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none">Is the child meeting educational expectations?	0 Good educational functioning. Youth is meeting or exceeding educational expectation at an age-expected grade level.
	1 Adequate educational functioning. Youth is mostly meeting educational expectations at an age-expected grade level.
	2 Fair educational functioning. Youth is performing below educational expectations and/or requires a specialized educational setting in order to learn at an adequate level.
	3 Significant difficulties with educational functioning. Youth has significant educational problems including some behavioral problems related to academic difficulties (chronic truancy, suspensions, expulsions, being held back, etc.). Youth may be placed in a specialized educational setting but remains unable to learn at an adequate level.

Supplemental Information: If the youth has completed his/her schooling then use '0'. If youth has dropped out without completing then use a '3'.