

**COMPREHENSIVE FAMILY-CENTERED STRENGTHS AND RISK ASSESSMENT  
Interview and Documentation Guide**

**I. Child Vulnerability**

**1. Self Protection (SHG #1)**

|  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>• Does child have cognitive and physical capacity to protect his/her self?</li> <li>• Is child isolated or have contacts outside of the home?</li> <li>• Siblings – ages, relationships with siblings</li> <li>• Child witnesses domestic violence/ substance abuse in the home</li> </ul>   |
|  | <p><b>Observe whether there are any physical or developmental characteristics that would inhibit the child’s ability to seek help or protect himself.</b></p>   |
| <p><b>Family Strengths/ Protective Factors</b></p> | <p>Child knows where to go for help – can dial phone number or go to neighbor, etc.<br/>           Non-abusive caregiver or other person in the home assists or encourages child to protect himself/herself.<br/>           Child expresses trust of caregivers-does not appear fearful.<br/>           Child has developed relationships with people outside the family system who can support him/her.<br/>           Caregiver is supportive of these relationships.</p> |
| <p><b>Comments:</b></p>                            |   |

**2. Special Needs/Behavior Problems (SHG's #1,5)**

|  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>• Collateral contacts with school, services providers, pediatrician, etc. who have direct observations of the child</li> <li>• Name of pediatrician, dentist, other service providers</li> <li>• Immunization record – last doctor's visit</li> <li>• Health concerns?</li> <li>• Past evaluations or assessments (psychological, developmental, medical, etc.)</li> <li>• School progress (academic, social, etc.)</li> </ul>   |
|  | <p><b>Observe child's physical, mental, social and developmental health.</b></p>  |
| <p><b>Family Strengths/ Protective Factors</b></p> | <p>Caregiver is sympathetic to the child's needs.<br/>           Caregiver is knowledgeable about the child's special needs (i.e. diet, medication, medical condition, etc.) and has skills to meet the child's special needs.<br/>           Caregiver has sought services or supports for the child.<br/>           Another person is providing for the child's special needs or assists the caregiver with the child's special needs or difficult behavior.<br/>           Child is confident in school.<br/>           Child has friends. – age group</p> |
| <p><b>Comments:</b></p>                            |   |

## II. Baseline Level of Risk: Abuse and Neglect

### 3. Prior Abuse or Neglect History (Severity/Chronicity) (SHG #2)

|   |  |
|---|--|
|   | <ul style="list-style-type: none"><li>• Review information regarding prior report or unreported abuse or neglect history from other states, police reports, medical records, etc.</li><li>• Review criminal history clearance</li><li>• Review CPSS clearance to include placement history of the child</li><li>• CPS clearances in prior states the family has lived in</li><li>• Local area police station or detective assigned to the case</li></ul> |
| <b>Family Strengths/ Protective Factors</b> | <p>The circumstances that contributed to the historical abuse or neglect no longer exist (for example, the abusive caregiver is deceased or no longer has access to the child victim, significant stressors resolved, child's difficult behavior improved, etc.</p> <p>There is a realization that the child needs more than what the family is currently providing.</p> <p>The non-abusive caregiver sought to protect the child.</p>                   |
| <b>Comments:</b>                            |  |

#### 4. Description of Current CA/N

##### Physical Abuse (Injury) (SHG #2)

|   |  |
|---|--|
|   | <ul style="list-style-type: none"> <li>• Observe child for bruises or any other signs of injury</li> <li>• Obtain forensic medical examination with the CARE program or family doctor</li> <li>• Document injuries by taking pictures</li> <li>• Interview any witnesses</li> </ul>  |
| <b>Family Strengths/ Protective Factors</b> | <p><b>Non-abusive caregiver sought to protect the child.</b></p> <p><b>Child was taken promptly for medical care.</b></p> <p><b>Abusive caregiver is no longer residing with the child and has no unsupervised access to the child.</b></p> <p><b>Abusive caregiver admits he/she injured the child and voices a concern and commitment to improve parenting skills.</b></p> |
| <b>Comments:</b>                            |  |

##### Exploitation (Non-Sexual)

|   |   |
|---|---|
|   | <p><b>Explore child's role in the family</b></p> <ul style="list-style-type: none"> <li>• <b>Used for adult responsibilities or illegal activities</b></li> </ul>       |
| <b>Family Strengths/ Protective Factors</b> | <p><b>Alternative financial and/or child care resources are available to meet the family's need, and the caregiver is willing to use the alternative resources.</b></p> |
| <b>Comments:</b>                            |   |

### Neglect

|   |   |
|---|---|
|   | <ul style="list-style-type: none"><li>• Observe the home's physical condition: living, sleeping, cooking and toilet facilities; utility functioning, adequacy of food and clothing cleanliness, weight and health of child</li><li>• Child's role and responsibilities in the home – (parent and child's perspective)</li><li>• Parent/child relationship – parent and child's perspectives</li><li>• Parents expectations of the child</li><li>• Parent's ability to meet child's medical/dental needs</li></ul> |
| <b>Family Strengths/ Protective Factors</b> | <b>Caregiver has family or friends that do or could assist in meeting the child's needs for food, clothing, shelter, etc.</b><br><b>Community resources to ensure that child has food, clothing, housing and/or heat are available to the family and the caregiver is willing to use these resources.</b><br><b>Caregiver has made an attempt to correct the home's physical deficiencies within financial limitations.</b>   |
| <b>Comments:</b>                            |   |

### Sexual Abuse

|   |  |
|---|--|
|   | <ul style="list-style-type: none"> <li>• Observe environment for pornographic material in plain view</li> <li>• Immediate safety assessment of child's living arrangement</li> <li>• Cursory interview in the school</li> <li>• Forensic interview to be completed following interview guidelines</li> </ul> |
|   |  |
| <b>Family Strengths/ Protective Factors</b> | <p>Non-abusive caregiver took appropriate action to protect the child.</p> <p>Non-abusive caregiver (believes) supports the child.</p> <p>Abusive caregiver is no longer residing with the child and has no unsupervised access to the child.</p>  |
| <b>Comment:</b>                             |  |

### Psychological Abuse

|   |   |
|---|---|
|   | <ul style="list-style-type: none"> <li>• Child seen as different</li> <li>• Past psychological assessments</li> </ul>   |
|   | <b>Observe child's emotional state and indications of social functioning level.</b>   |
| <b>Family Strengths/ Protective Factors</b> | <p>Non-abusive caregiver took appropriate action to protect child.</p> <p>Abusive caregiver is no longer residing with the child and has no unsupervised access to the child.</p> <p>Abusive caregiver has an understanding of how his/her behavior hurt child.</p> <p>Caregiver demonstrates an understanding of how developmental stages impact child's behavior.</p> <p>Caregiver seems to take the child's attention seeking behavior in stride without becoming overly frustrated.</p> <p>Caregiver has a strong emotional bond and connection to the child.</p> |
| <b>Comments:</b>                            |   |

**Dangerous Acts**

|   |  |
|---|--|
|   | <b>Observe and assess the intent of the harmful act (if there was one) committed against the child.</b>  |
| <b>Family Strengths/ Protective Factors</b> | Non-abusive caregiver took appropriate action to protect the child.<br>Abusive caregiver is no longer residing with the child and has no unsupervised access to the child.<br>Caregiver is responsive to education regarding the impact of his/her dangerous behavior, and is willing and able to use alternative parenting techniques.<br>Caregiver has an alternative plan (Plan B) when he/she is concerned about hurting child. For example, takes time out to protect the child such as takes a walk, washes his/her face, calls a neighbor, etc. |
| <b>Comments:</b>                            |  |

### III. CAREGIVER CHARACTERISTICS

#### 5. History of CA/N as a Child (SHG #4)

|   |  |
|---|--|
|   | <ul style="list-style-type: none"><li>• Birthplace</li><li>• Family of origin and their relationship</li><li>• Childhood experiences</li><li>• Who raised them and how were they parented as a child? Discipline?</li><li>• History of CPS-CAN clearance.</li></ul>  |
| <b>Family Strengths/ Protective Factors</b> | Caregiver has worked through issues relating to his/her upbringing.<br>Caregiver talks to siblings about how to avoid the mistakes of his/her parents; thus, avoiding the cycle of abuse.<br>Caregiver has been able to learn from the past and its influences on his/her child rearing.<br>Caregiver sought help to learn how to parent more effectively. |
| <b>Comments:</b>                            |  |

**6. Mental, Emotional, Intellectual or Physical Impairments (SHG's #4,5,13)**

|  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>• Educational background of parents</li> <li>• Any assessments/evaluations completed on the parents – dual diagnosis?</li> <li>• Caregiver's self-image, self-esteem</li> <li>• History of services</li> </ul> <p><b>Observe caregiver's mental, emotional, intellectual and physical condition.</b></p>   |
| <p><b>Family Strengths/ Protective Factors</b></p> | <p>Caregiver has supportive family or friends in local area who assist with the care of the children, to compensate for the caregiver's impairments.</p> <p>Community resources and supports can be provided to compensate for the caregiver's impairments.</p> <p>Caregiver is in touch with his/her feelings about the child.</p> <p>Caregiver has sought treatment for mental health issues.</p> <p>Caregiver uses medications as prescribed.</p> <p>Caregiver is aware of disabilities and involved in support groups and activities to compensate for these disabilities.</p> <p>Caregiver uses assisted device (technologies) to enable timely interaction with the child and community (TDD, hearing aids, guide dog).</p> <p>Caregiver is willing, but does not have resources or knowledge to obtain services.</p> |
| <p><b>Comments:</b></p>                            |   |

**7. History of Violence by or Between Caregivers, Towards Peers and/or Children (SHG #6)**

|  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>• criminal history and CPSS clearances</li> <li>• roles and relationships between parents, between parents and children, parents and others</li> <li>• family’s problem solving practices</li> <li>• involvement in services – anger management, marital counseling</li> <li>• employment history – problem resolution at work</li> <li>• marital history</li> </ul>   |
| <p><b>Family Strengths/ Protective Factors</b></p> | <p>Caregiver is able to admit that he/she has a temper.<br/>           Caregiver has sought help for his/her temper.<br/>           Caregiver has good relationships with co-workers.<br/>           Caregiver is assertive, but not aggressive about getting needs met.<br/>           Caregiver is able to redirect anger toward accomplishing something positive.<br/>           Caregiver is able to identify times when conflict has been an opportunity for change.</p> |
| <p><b>Comments:</b></p>                            |   |

**8. Substance Abuse (SHG #7)**

|   |   |
|---|---|
|   | <ul style="list-style-type: none"><li>• Review prior CPS history, medical and police reports for substance abuse</li><li>• Parents change in behavior, weight loss reported by others</li><li>• Family history of substance abuse – accounts by parent</li><li>• Personal history of substance abuse – when started, types of drugs, current use.</li></ul> |
| <b>Family Strengths/ Protective Factors</b> | Caregiver has a strong sense of his/her own struggle in the area of drugs and alcohol.<br>Caregiver has sought treatment in the past.<br>Caregiver has a sponsor through AA or NA.  |
| <b>Comments:</b>                            |   |

**9. Recognition of Problem/Motivation to Change (SHG's #8,11,12)**

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>• Recognition – has the maltreater acknowledge and apologize for the harm?</li> <li>• Caregiver has or can resolve identified safety issues with a reasonable period of time</li> </ul> <p><b>Stages of Change</b></p> <p><b>Precontemplation:</b> Initial resistance to change. For example, “I have done nothing wrong and resent CPS’s involvement.”</p> <p><b>Contemplation:</b> A family member becomes aware of the problem but has not yet made an effort to change. For example, “I know I should clean up this messy house and handle the kids better.”</p> <p><b>Preparation:</b> A family member is intending to take some action to change. For example, “Where can I get information on substance abuse treatment?” It is important to distinguish intention from actually taking action.</p> <p><b>Action:</b> A family member changes his or her behavior and/or environment. For example, “I’ve started to work real hard to change”, with specific examples of actions taken.</p> <p><b>Maintenance:</b> Family members work to prevent relapse and maintain the gains they have made during the change process. For example, “I have not had a drink in the past six months.”</p> |
| <p><b>Family Strengths/ Protective Factors</b></p> | <p>Caregiver asks for help.<br/>Caregiver expresses a motivation to change.</p>  |
| <p><b>Comments:</b></p>                            |  |

**10. Protection of Child by Non-Abusive Caregiver (SHG #9)**

|   |   |
|---|---|
|   | <ul style="list-style-type: none"> <li>• TRO exists and is being enforced</li> </ul>  |
| <b>Family Strengths/ Protective Factors</b> | <p>Non-abusive caregiver does not cover for abusive caregiver.<br/>           Caregiver believes and supports the child.<br/>           Caregiver recognizes dangerous situations and steps in to protect.<br/>           Non-abusive caregiver is able to put the child’s needs above his/her own.<br/>           Non-abusive caregiver uses family or other resources to protect the child.</p> |
| <b>Comments:</b>                            |   |

**11. Level of Cooperation with Intervention (SHG #11)**

|   |  |
|---|--|
|   |  |
| <b>Family Strengths/ Protective Factors</b> | <p>Caregiver wants to make things right for his/her family and is willing to work with CPS to get there – although that may scare him/her.<br/>           Caregiver requests intervention and services.<br/>           Caregiver follows through with what he/she says that he/she will do.<br/>           Caregiver demonstrates an understanding and utilization of services</p> |
| <b>Comments:</b>                            |  |

### 12. Parenting Skills/Expectations of Child (SHG #13)

|   |  |
|---|--|
|   | <ul style="list-style-type: none"><li>• What the parent sees as their role in the child's life</li><li>• Parent expectations of the child's abilities</li><li>• What is the parent's reaction to the child's behavior – positive and negative</li><li>• Strengths/weakness as a parent</li><li>• Primary role model on how to parent a child</li></ul> <p><b>Observe home for indication of a child friendly physical environment.</b></p>   |
| <b>Family Strengths/ Protective Factors</b> | <p>Caregiver clearly interacts with the child in loving and/or fun ways.</p> <p>Caregiver uses visual aids such as pictures on the refrigerator to complement the child's progress.</p> <p>Caregiver is able to change his/her parenting style based on the needs of the child</p> <p>Caregivers are able to work out parenting approaches.</p> <p>Caregiver redirects child in positive ways.</p> <p>Caregiver is able to identify child strengths.</p> <p>Caregiver is proud of child and expresses this to child.</p> <p>Caregiver is responsive to parenting education, and is willing and able to use new parenting techniques.</p> |
| <b>Comments:</b>                            |  |

**13. Empathy, Nurturance, Bonding (SHG #13)**

|  |  |
|--|--|
|  | <p><b>Observe whether books, toys, school work are present in home. Observe interaction between child and caregiver:</b></p> <ul style="list-style-type: none"> <li>• <b>physical contact between the child and caregiver;</b></li> <li>• <b>eye to eye contact;</b></li> <li>• <b>caregiver’s tone of voice used when communicating with the child; and</b></li> <li>• <b>caregiver’s attention to the child’s needs during interview.</b></li> </ul>     |
| <p><b>Family Strengths/ Protective Factors</b></p> | <p>Another caregiver or adult in the home is empathetic and nurturing toward the child.<br/>           Caregiver engages child in play.<br/>           Caregiver has toys that are age appropriate.<br/>           Caregiver reads to child.<br/>           Caregiver spends time with child and asks questions about child’s day.<br/>           Caregiver attends school meetings and/or activities.<br/>           Caregiver hugs child in comfort.</p> |
| <p><b>Comments:</b></p>                            |  |

#### IV. Familial, Social and Economic Factors

##### 14. Domestic Violence (SHG #6)

|   |  |
|---|--|
|   |  |
|   | Family's problem solving practices   |
| <b>Family Strengths/ Protective Factors</b> | Abusive caregiver no longer resides with the family and there are legal or other protections in place to prevent his/her access to the family.<br>Caregiver has a safety plan.<br>Caregiver protects child.<br>Caregiver seeks assistance to ensure that the family is safe. |
| <b>Comments:</b>                            |  |

##### 15. Economic Resources of Family (SHG #10)

|   |   |
|---|---|
|   | <ul style="list-style-type: none"> <li>• Employment history and training</li> </ul>   |
| <b>Family Strengths/ Protective Factors</b> | Caregiver maintains gainful employment.<br>Caregiver knows and uses community resources to extend or increase financial resources.<br>Caregiver has knowledge of budgetary, meal preparation, and other skills to stretch limited resources.<br>Caregiver has found "free" ways to have fun with children in community.<br>Caregiver has gone to family and friends to ask for help to ensure that basic needs are met. |
| <b>Comments:</b>                            |   |

**16. Social Support for Family (SHG #10)**

|   |  |
|---|--|
|   | <ul style="list-style-type: none"> <li>• Whether there is a support system of extended family or friends available to the child's family</li> <li>• Church, family, friends, services in the community – who are they and how can they help</li> </ul> |
| <b>Family Strengths/ Protective Factors</b> | Caregiver is involved with activities outside the home.<br>Family is open to feedback and support from their personal network.   |
| <b>Comments:</b>                            |  |

**17. Stress on Family (SHG #13)**

|   |  |
|---|--|
|   | <ul style="list-style-type: none"> <li>• Sources of family's stress</li> <li>• Family's coping skills</li> </ul>                     |
| <b>Family Strengths/ Protective Factors</b> | Caregiver manages stress in healthy ways such as exercise, yoga, music.<br>Caregiver has support to manage stress – a place to vent. |
| <b>Comments:</b>                            |  |