

# GUIDE FOR COMPREHENSIVE FAMILY ASSESSMENT (CFA)

*Effective: April 2005*

## INTRODUCTION

Assessment begins at initial contact with a family and continues until the family's case is safely closed. It is used to obtain as complete a picture as possible of the family as individuals and as a system. Comprehensive family assessment shall include, at a minimum, the following information for each family member:

- Developmental, behavioral, emotional, educational, and family history; and
- Information related to behavioral, emotional, educational, and medical/physical functioning.

Each family member's information is then analyzed in order to:

- Create a basis for informed decision-making;
- Identify the nature and extent of underlying conditions;
- Develop a strengths/needs based individualized service plan (ISP) that (1) helps family members reduce or eliminate risks and increase their strengths so they can provide a safe, stable home for their children without continued DHR intervention or (2) when the children are unable to safely remain with family, locate and finalize a safe, permanent home for them.

Four (4) areas of family functioning are utilized when gathering information from family members and other pertinent individuals in order to develop the comprehensive family assessment. These areas are parent functioning, child functioning, family functioning, and the family's community. Questions pertaining to each of the areas are included in this guide, not as an all-inclusive list of questions to ask or areas to explore, but as a tool to stimulate thinking as information is gathered. Workers must then consider all information obtained from and about the family in order to complete their professional assessment of the family's situation.

## HEADINGS AND SUBHEADINGS IN THE CFA DOCUMENTATION FORMAT:

### **INFORMATION FROM THE CASE RECORD**

This section is divided into 4 subheadings. Information for this section may be obtained from several sources (e.g., reporter or referral source; existing DHR records; family members; other individuals knowledgeable about the family). Suggested information to document in these sections includes, but is not limited to, the following areas. Counties may add any additional information that is deemed necessary.

1. Family Description/Setting
  - This section is used to provide a “snapshot” of the family situation. Briefly describe the family make-up; the type home and neighborhood in which they live; and the presence of any additional household members and what role they play within the family. Also identify any immediate family members who are living elsewhere (e.g., child in foster care).
2. Original Reason Family’s Case Was Opened For Services
  - Self-explanatory
3. Reason Family Is Currently Receiving Services
  - Describe the reason(s) the family continues to receive child welfare services.
4. Family Members’ Prior Involvement With DHR
  - Include all services previously received from DHR and those being received (e.g., child support, Food Stamps) at the time the family began receiving child welfare services. If the family received services in another county, provide a brief description of services received and the name of the county in which they were received.

### **INFORMATION FROM THE FAMILY AND OTHER PERTINENT INDIVIDUALS**

This section is also divided into 4 subheadings. Information for this section is obtained from family members and other individuals knowledgeable about the family. The first 2 subheadings are Parent/Caregiver Functioning and Child Functioning. Factors at the parent/caregiver and child functioning levels are critical in determining how the family operates as a system. Although the nature and extent of the marital relationship and support systems contribute to parental functioning, they are largely influenced by the parents’ individual personalities; therefore, information about the marital relationship and support systems are documented in the final 2 subheadings, Family Functioning and The Family’s Community, respectively.

Child maltreatment and risk of maltreatment is an interactive process involving both the parents and children. While children may play a role in maltreatment, they cannot cause it by themselves nor should they be blamed for it. What occurs during the parent-child relationship is not only determined by the parent, but by the child as well since each one’s behavior

influences the other. Additionally, children with special needs are more challenging to care for and to “parent,” and therefore, are at greater risk for maltreatment. Consequently, they may cause greater stress on the parent-child relationship, the marital relationship, and the family as a whole.

The Parent/Caregiver Functioning and Child Functioning sections on the CFA documentation format include the same subheadings. Suggested information for these sections includes, but is not limited to, the following areas. The sequence of information does not match the sequence of headings and subheadings in the CFA format and is not intended to do so. These areas are intended as subjects workers may explore during interviews which are often open-ended and do not follow a particular sequence. Therefore, some of the areas will be appropriate for both the parent/caregiver and the child functioning sections. The information obtained during the interviews must then be documented on the CFA format according to the subjects listed in order to meet intake evaluation requirements. Counties may add any additional information that is deemed necessary.

## **1. PARENT/CAREGIVER FUNCTIONING**

- Developmental History

Childhood experiences shape personality. Parents may have experienced emotional trauma, abuse and/or neglect when they were growing up, and this affects (1) their ability to parent their children, (2) their relationships with others, and (3) their ability to influence their environment.

- Did the parent(s) experience any kind of abuse or neglect?
- Were they exposed to substance abuse?
- Is it possible the experience(s) have affected the parents’ feeling empowered? their ability to trust? their ability to form relationships? their ability to provide emotionally for themselves and/or others? their ability to feel empathy for others, including their children?

- Psychological Maturity

Psychological maturity involves having a reasonably positive sense of self, positive sense of identity, an ability to understand and empathize with others, an ability to evaluate situations accurately and an ability to influence or control one’s environment.

- Do the parents have a reasonable level of self-esteem and positive self-regard?
- Are the parents able to empathize with others, including their children?

- Are the parents able to examine situations and work toward problem-solving through acceptable measures?
- Is their pattern of problem-solving chaotic or systematic?
- Do the parents accept responsibility and consequences for their actions and decisions?

- Emotional Health

Factors to consider when assessing emotional health include impulse control, substance abuse, depression, and serious mental illness.

Impulse control is evident when an individual is able to tolerate frustration and other discomforts; is able to express anger in non-violent ways; and is aware of situations that prompt lack of impulse control and know methods for controlling impulses.

The use of alcohol and drugs affects parents' mental functioning, lowers inhibitions and impairs judgment, all of which result in increased risk of child maltreatment.

Depressed parents may be only moderately involved in their children's lives and may have difficulty communicating with their children. A disruptive, hostile, rejecting environment which undermines child functioning may be present. Depression can impair parents' ability to be positive role models for their children and it can lead to parents having difficulty being responsive to their children's needs.

- Are the parents able to tolerate frustration and other discomforts?
- Do they tend to seek immediate gratification without regard to long-term consequences?
- Do the parents tend to put their own needs before their children's needs?
- Does substance use result in the parents' mental functioning being lowered to the point their
- parenting abilities and judgment are compromised or impaired?
- Does use result in the parents being physically and/or emotionally unavailable for the children?
- Have the parents ever been hospitalized or treated for depression?
- Do they exhibit common signs of depression (e.g., loss of appetite, flat affect, listlessness)?
- Do the symptoms interfere with the parents' ability/willingness to communicate and/or be responsive to their children's needs?
- Have the parents ever been hospitalized for mental illness?
- Are they oriented to time, place and circumstances?
- Do they display noticeable distortions of reality or do they have distorted self-concepts?
- Do the parents show inappropriate affects?

- Mental/Intellectual Functioning

Parents' mental or intellectual functioning can affect parenting abilities. Having a high IQ may lessen the incidence of child maltreatment, whereas a low IQ is frequently considered a risk factor since it can impair a parent's ability to provide a safe and stable home environment.

- Do the parents have a high or low IQ?
- Does the parents' level of functioning impair their ability to meet their children's needs?
- Are the parents able to advocate for their children?
- Are there signs of medical neglect?
- Do the parents lack awareness/understanding of the children's medical needs?

- Physical Health

Physical illness or health problems may result in parental incapacitation to the extent that parents cannot meet their own needs, much less meet their children's needs or protect them from harm. Serious health problems can cause additional stresses or increase the stresses already being experienced by the family. Poor physical health can lead to depression, frustration and anger.

- Do the parents suffer from any serious health problems?
- If so, how does the illness interfere with the parents' ability to meet their children's needs?
- Does the illness significantly limit parents or incapacitate them?
- How does the illness impact the parents maintaining the children's safety?

- Parenting Knowledge and Skills

Lack of parenting knowledge and skill is frequently cited as causes of child maltreatment. Parents may not understand child development or may not be mature enough to assume and/or cope with parenting responsibilities. Many parents may not have learned appropriate parenting skills from their family of origin or because of some disability, they may be unable to fulfill their parenting responsibilities.

- How were the parents reared as children?
- Do they have an understanding of child development and do they have appropriate expectations for their children?
- Do they use appropriate disciplinary practices?
- Are the parents aware of and responsive to their children's needs?

- Do they demonstrate a routine and rational plan for child-rearing?

- Interpersonal Skills

These skills include the parents' ability to communicate with others and their ability to develop and/or maintain relationships. An individual's ability to effectively communicate with others affects the quality of relationships. Having supportive people to turn to during stressful times can have a positive effect on the parents' ability to cope while providing safety and stability for their children.

- How well do the parents communicate with others?
- Have they developed and maintained supportive relationships that may help to reduce or eliminate child maltreatment?
- Do the parents understand and respond to their worker and other ISP team members?

## **2. CHILD FUNCTIONING**

The following questions are examples of questions to ask when assessing physical health, emotional health, and mental/intellectual functioning.

What is the child's developmental history?

Does the child have an illness or special needs?

Was there prenatal exposure to alcohol, drugs, HIV?

What are the child's special care needs and the intensity of those needs?

How and to what extent does the condition affect the child's functioning?

What stress does the child's condition place on the family and how have they reacted in the past?

- Behavior

Research in the causes of child maltreatment has identified "abuse-eliciting behaviors in children." A parent's perception of and response to the behaviors is a critical factor to consider when assessing underlying conditions in order to determine interventions which will reduce or eliminate the risk of maltreatment.

- Is the child's behavior age-appropriate?
- Does the behavior cause the child and/or caregivers difficulty in any aspects of their lives?
- What is the intensity, frequency, and duration of the behavior?
- Has the child ever been formally assessed, diagnosed, and/or treated?

- What do parents/caregivers think causes the behavior and how do they respond?

- Education

Children's educational strengths and needs may be significantly influenced by other areas of individual and family functioning. On the other hand, a child's lack of success in school is often noted as a major problem that may precipitate family violence. Children need to be as successful as possible in their educational endeavors since their level of education has a direct impact on their success as an adult.

- How successful is the child's academic progress?
- Is the child in special education classes?
- What is the child's social adjustment at school?
- Is the child involved in extracurricular activities?
- What are the parents' perceptions and feelings about the child's progress and/or disabilities?

- Social/Relationships With Others

The quality of the child's interactions with people in general has a bearing on the quality of interactions with family members.

- How does the child interact with other children? Other adults?
- Is there a history of problematic interactions involving the child?
- Is the child able to make friends, and what is the nature and quality of those friendships?
- Does the child assume inappropriate roles when interacting with others?

**Note:** The Parent/Caregiver and Child Functioning sections both contain a subheading titled "Description/Summary Of Significant Issues Being Experienced By The Child." This section is used to document the opinions of the person being interviewed and is not intended as documentation of the worker's opinion. The worker's professional assessment is documented at the end of the CFA format under Worker's Professional Analysis And Conclusions.

The "Additional Information" subheading should be used for documentation of any information that is received and does not logically "fit" into other subheadings.

The final 2 subheadings under *INFORMATION FROM THE FAMILY AND OTHER PERTINENT INDIVIDUALS* are Family Functioning and The Family's Community.

Suggested information for these sections includes, but is not limited to, the following areas. Counties may add any additional information that is deemed necessary.

### **3. FAMILY FUNCTIONING**

A family's immediate environment is a critical factor which impacts the likelihood of child abuse and/or neglect. The strengths and risks in each of the following areas influence the possibility of maltreatment. These areas alone cannot cause child maltreatment; it is the interaction between the risks present in the family and the risks present in the parent that may result in abuse and/or neglect.

- Family Setting/Characteristics

Certain family characteristics place additional stresses on parental functioning and the parent-child relationship. These characteristics include, but are not limited to, single parents; blended families; large families; families where children are close in age; household disorganization and chaos; lack of financial resources, job loss; and the family's tolerance of stress.

- What factors are present that create additional stress or result in increased risk to the children?
- How significant is the stress created by these factors?
- What is the family's ability to cope with the stress?

- Family Interaction

The quality of verbal and nonverbal communication and interaction is an important factor to assess when determining a family's level of functioning. Communication is clear, constructive, and effective in healthy families. It is used to express and receive feelings, perceptions, ideas and opinions.

A family's lack of effective communication may contribute to the risk of maltreatment. Communication difficulties may be the source of misunderstandings between family members that, over time, erupt into violent episodes.

- How clear, constructive and effective is the family's communication?
- Do family members notice and respond to non-verbal as well as verbal communication?
- Do family members withhold communication of feelings until they "blow up" or "lash out"?
- Are any family members afraid or hesitant to express themselves around other family members?



- Do some family members use other family members as “go-betweens” rather than communicating with each other directly?

- Marital Relationship

What happens between two adult caregivers has implications for what happens between parents and children. If the marital relationship is the principal support system for parents, then when it is not functioning adequately, parenting may be indirectly influenced. Marital conflict and discord occur frequently in families where children are maltreated, and there is a high correlation between spouse abuse and child maltreatment.

- What is the quality of the marital relationship?
- How clearly and openly do the parents communicate with each other?
- To what extent do the parents meet each others’ needs?
- Does one parent display verbal or non-verbal indicators that they may be fearful of the other?
- How do the parents’ attitudes toward one another affect the children?
- Does either parent turn to children to meet needs the spouse would more appropriately meet?

- Parent-Child Relationship

The quality and appropriateness of the parent-child relationship is a critical area to assess when determining overall family functioning. As the parent-child interaction is examined, it is also important to evaluate the parent and child’s attachment to each other as well as other family members.

- Do the parents and children appear to be attached to each other?
- Do the parents and children assume appropriate roles with one another?
- How well do the parents and children communicate with each other?
- Do the children attempt to avoid or show anxiety around their parents?
- Is the parent able and willing to identify and respond to the children’s needs?

#### **4. THE FAMILY’S COMMUNITY**

If the marital relationship is the principal support system between parents, then the relationships between parents and their friends, relatives, neighbors and other community members is the next most important system of support. Families where

children suffer maltreatment are often socially isolated, removed from formal and informal support systems.

The availability of significant others and the support received from them can have a positive impact on the parent-child relationship and the family as a whole. The environment in which the family lives -- its home, neighborhood and community -- offers clues as to why the family functions as it does. Effective intervention by both formal and informal supports can greatly reduce the risk of harm to children.

- Formal Supports

Formal supports may be individuals, agencies or organizations serving the community in a variety of functions.

- What formal supports are being utilized by the family? or have been in the past?
- What is the nature, extent and quality of services being delivered by the formal supports?
- Are there immediate needs for which a formal support is available and has not been accessed?
- Are the formal supports on the family's ISP team, and if not, do they need to be?

- Informal Supports

Informal supports may be relatives, neighbors or community members who are available to the family, and are sometimes referred to as "natural helpers."

- What informal supports are currently available to the family?
- What is the nature, extent and quality of services being performed by the informal supports?
- Are other informal supports available to help family members?
- Do they need any assistance or training to facilitate and support their helping the family?
- Are informal supports on the family's ISP team, and if not, do they need to be?