

**THE COMPREHENSIVE CHILD ASSESSMENT (C-CAP)©**

**Name:** Yyyyy Zzzzzz

**Social Security Number:** 123-45-6789

**Date of Birth:** 01/09/1990

**Sex:** Male **Age:** 14 years 0 months

**Current Grade:** 8

**Medicaid Number:** 67676767

**Date Of Report:** 01/14/2004

**Current Residence:** Martin House

**Family Constellation:**

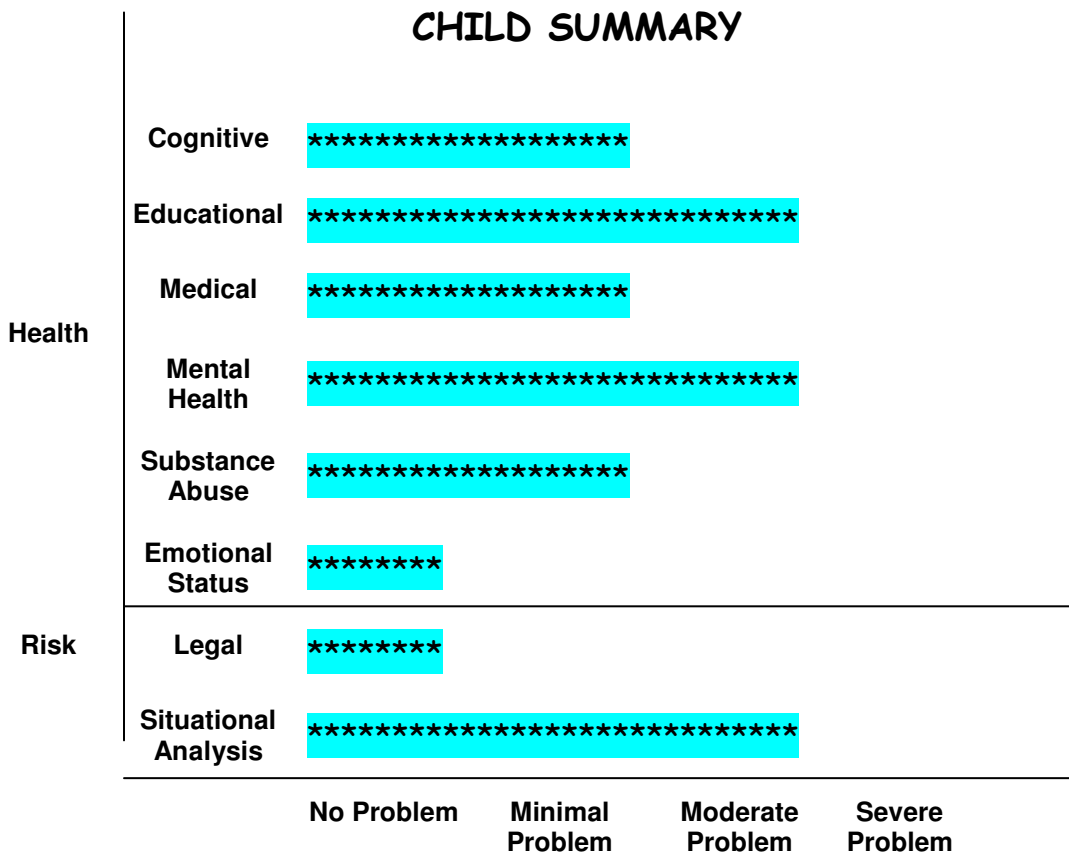
Biological Father: Aaaa Zzzzzz

Biological Mother: Bbbb Zzzzzz

**Custody Status:** Bbbb Zzzzzz

**Number of Out-of-Home-Placements:** 2

**Number of Previous Arrests:** 2



### FAMILY SUMMARY

Resources	Employment	*****				
	Social Services	*****				
	Financial	*****				
	Mental Health	*****				
Functional Analysis	Substance Abuse	*****				
	Strengths	*****				
	Weaknesses	*****				
	Ecological Relationships	*****				
	Risks	*****				
		No Problem	Minimal Problem	Moderate Problem	Severe Problem	

Strengths is an inverse relationship where No Problem means multiple strengths are evident and Severe Problem means no strengths were identified.

**Information Compiled from Following Sources:**

Name	Phone	Date
Lois Taylor, Broward County Schools	(954) 333-3333	01/10/2004
Dr. Jim Smith	(954) 344-4444	01/10/2004
Father Willis Jackson/Priest	(954) 444-4444	01/10/2004
Jane Jones/DCF	(954) 777-7777	01/11/2004
June Smith	(954) 555-5555	01/11/2004

**Recommendations for Plan of Care:**

<b>Recommendations</b>	
Academic Functioning	<ol style="list-style-type: none"><li>1. Yyyyy is performing below grade level and has some mild difficulties in his school functioning. He is currently receiving some special assistance in resource classes but he might benefit from some additional tutoring or one-on-one attention to help improve his reading and math difficulties. It is felt that with improved academic performance, his self-esteem and peer relationships might improve.</li><li>2. Consideration might be given to placing him in a more intensive specialized classroom setting.</li><li>3. A behavior management program might be instituted to assist Yyyyy in modifying his inappropriate behaviors and helping him stay more task focused.</li><li>4. Yyyyy is on Adderall that has been prescribed by his family physician. He states that it has been somewhat helpful. A psychiatric consultation might be beneficial to determine if his dosage is adequate to address his attention and concentration needs.</li><li>5. A dropout prevention program might be warranted to help him stay in school.</li><li>6. A study skills course might be helpful to help make learning easier.</li></ol>
Academic/Vocational	<ol style="list-style-type: none"><li>1. Yyyyy has few hobbies and interests but reports liking sports. He should be encouraged to spend more time exploring this interest.</li></ol>

Duration of Problem

- 1, It is felt that Yyyyy could benefit from individual counselling to help increase his self-esteem, overcome his feelings of anxiety, develop alternative coping strategies and assist in addressing his relationship with his parents.
2. Group counselling might be beneficial in assisting Yyyyy to improve his interpersonal relationships.
3. Family therapy is warranted to facilitate improved family communication and assist in working towards reunification of the family.
4. An anger management program for Yyyyy might be warranted to assist him in learning greater self-control over his negative emotions.

School History

1. Yyyyy is of average intelligence and is performing considerably below his expected grade level. A more extensive educational assessment might be warranted to better identify his academic problems and help develop a remediation program.
2. A behavior management program might help modify inappropriate behaviors with follow through between the school and home.

- Family At-Risk for Violence
1. Yyyyy's father might benefit from an anger management-training program.
  2. All family members should be made aware of the potential negative legal consequences for continued violence and efforts should be made towards modifying negative family dynamics.
  3. Family therapy is warranted with the focus on modifying the family's style of communication and assisting them in developing alternative means of relating and expressing their feelings. Each family member should become aware of the escalating behaviors that occur prior to the violent or abusive outburst.
  4. There should be firm and consistent limits established regarding violent threats or hostile behaviors.
  5. Assertiveness training and a communication skills building program should be considered.
  6. Parental use of time-out (cooling off period) should be encouraged when hostilities emerge.
  7. A referral to a domestic violence program should be considered.
  8. An in-depth evaluation for substance abuse treatment should be considered.
  9. A referral for parenting skills training should be made for Yyyyy's parents.
  10. Supervised visitation may be appropriate to help reduce the tensions between family members and reduce the risk for potential harm.
  11. A medication evaluation for Yyyyy's parents might be needed.

Family Communication

1. A good communication process between parents and/or children should be fostered.
2. The family should be assisted in identifying areas of communication that are critical to the children's well being.
3. Family members should be encouraged to identify their roles in the breakdown of communication.
4. Family members should be assisted in resolving educational and social issues that are affecting overall communication.
5. The family should be helped to plan and implement positive family interactions/activities.
6. Conflict resolution skills should be taught to the family.
7. Topics for daily communication regarding Yyyyy should be assigned. These should be for five-minute non-emotional sessions. If no arguing occurs, increasing the length of sessions and types of topics should be considered.

Family Functioning & Stability

1. The family might benefit from participation in a community support group.
2. Continued family interaction should be encouraged.

Family Support

1. Family might benefit from supportive guidance in developing parenting skills.
2. Family members might benefit from participation in a twelve-step program.
3. When reunification occurs, in-home counselling might be helpful for all family members, including Yyyyy.
4. Family members may benefit from a therapeutic intervention aimed at stress reduction and anger control behaviors.

Impulse Control

1. Yyyyy would benefit from individual counselling that focused on developing conflict resolution skills and anger management.
2. Yyyyy needs to learn to be more flexible and trusting of others and to reduce his feelings of rage.

- Insight
1. Role-playing situations with Yyyyy might help him gain greater insight into his behavior.
  2. Exposure to similar situations and learning alternative methods of dealing with these situations might increase awareness
  3. Empathy building skills might be beneficial.
  4. Yyyyy needs to increase his social skills.
- Learning
1. Yyyyy should have a more thorough academic evaluation to determine the specific type of learning disability that may be present and help develop a remediation program.
  2. Yyyyy might benefit from increased time to complete his tests and assignments.
- Recent Memory
1. Yyyyy could benefit from tasks designed to help increase immediate auditory recall abilities.
  2. Information should be presented in small bits and efforts should be made to ensure that Yyyyy maintains his concentration and attention span.
- At-Risk
- Short-Term Memory
1. Yyyyy could benefit from individual counselling.
  1. Yyyyy could benefit from tasks designed to help increase his immediate auditory recall abilities.
- Social Judgment
1. Yyyyy could benefit from learning decision-making and problem solving skills. Stress management and relaxation training might also be helpful.
  2. Yyyyy might benefit from participation in community service.
  3. Yyyyy might benefit from a mentorship program where he can develop a one-on-one relationship with someone he respects as well as increase his social awareness.
  4. Participation in a program such as those offered through Police Explorers or Police Cadets might be helpful.
  5. Yyyyy needs to be able to learn to express his feelings in more positive ways.
  6. Yyyyy needs to take greater responsibility for his actions and stop blaming others for what happens.
  7. Yyyyy needs to develop more respect for social norms.

Strengths	1. The teaching of problem solving skills and decision-making abilities may be helpful.
Substance Abuse	1. Yyyyy might benefit from alcohol and drug abuse education through programs such as the DARE program at school or through drug treatment programs.
Support System	1. Yyyyy appears to have a limited support system and one should be developed.
Trauma	1. Yyyyy could benefit from individual counselling.
Vocational	1. Yyyyy should be provided with opportunities to explore his interest in sports to better identify further career interests in this area. 2. Yyyyy should be exposed to a broad range of activities to help him further delineate what area he might wish to pursue more fully.

### **At-Risk Factors:**

Yyyyy has moderate difficulty with impulse control. He reports threatening others or getting into fights with them. He has not used a knife, gun, or weapon but has thrown things when he becomes angry. Others have threatened to hurt him. He reports being physically hurt by his father. He has not witnessed anyone hurting his sister nor has he witnessed anyone dying. Yyyyy describes his temper as okay.

Yyyyy poses mild at-risk behaviors towards himself or others. This rating is based on what Yyyyy reported regarding suicidal or homicidal ideation, substance abuse with drugs or alcohol, sexual history, running away behaviors and degree of conformation to societal norms. Specific areas of concern for Yyyyy include his having past suicidal ideation, running away, lying, and stealing. He denies being sexually active.

### **Placement Issues:**

Yyyyy was referred by BSO because of fighting with his father. An altercation occurred on January 2, 2004 between him and his father that resulted in the police being called and DCF removing the children from the home. An argument ensued between Yyyyy and his parents and Yyyyy became challenging and disrespectful where his father began hitting him. His mother became upset and

concerned and called the police. Yyyyy is presently at Martin Home for Kids. Yyyyy represents a danger to himself or others because of his frequent fighting with peers and his father and his difficulty with impulse control. Yyyyy has a history of running away, destruction of property, aggressive behaviors, and lying. Other reported conduct/behavioral problems include skipping school, stealing, and oppositional tendencies with family members. He also has a history of using cigarettes, alcohol, and prescription drug abuse.

### **History of Out-of-Home Placements:**

Yyyyy had one out-of-home placement from November 3 - 10, 2003 when he was placed at the Jackson Home due to fighting with his father. No counseling was ever initiated and this was a voluntary placement.

### **Prognosis:**

Yyyyy is expected to be re-united with his family of origin and all family members state they are working towards this goal, although both Yyyyy and his father are apprehensive about this. Currently, little intervention has occurred and all family members agree the current separation is a good one but Yyyyy is feeling somewhat rejected by them.

### **Barriers to Success:**

Presently, Yyyyy feels his family does not want him and he experiences much conflict in his relationships with his father. His mother tries to serve as a mediator but finds herself uncomfortable and unsuccessful in this role. Alternative ways of communicating and interacting need to be achieved in order for this family to be successfully reunited. Additionally, Mr. Zzzzzz needs to develop other strategies for managing his frustrations and anger.

### **Individual Strengths and Weaknesses:**

Yyyyy was oriented to person, place, and time. He was able to identify why he was being evaluated and stated it was so that he would be able to return home. Most of the time he states that he feels okay. He does not have mood swings and feels his mood is relatively stable. He feels he does not have nightmares and sleeps okay. He does not engage in repetitious behavior. Yyyyy reports no auditory, visual

hallucinations and/or perceptual disturbances. He has had suicidal ideation in the past but not had these thoughts recently. These thoughts originated the last time when he was removed from his home. He has not cut, burned, or mutilated himself. Yyyyy has had no homicidal ideation or intent. He has denied ever deliberately hurting an animal and states he would not do so. He reports that he has run away from home, become involved in fights with peers, and lied to avoid getting into trouble. Yyyyy has taken things that do not belong to him. He denies belonging to a gang. He states he is comfortable with his sexuality and is not sexually active or having unprotected sex. He denies having been forced to have sex when he did want to.

### **Child's Self-Perception**

Yyyyy views himself as a good person and likes that he is friendly and funny. He doesn't like that he fights with others and if he could change one thing about himself, it would be that "I would like not to fight." Yyyyy reports that he usually feels okay. He feels that he is able to express feelings of happiness but has difficulty appropriately expressing his anger. When asked whether Yyyyy felt guilty over anything he did in the past, he said yes but he would not elaborate on what this was. Yyyyy reported he has dealt with this situation by ignoring it. For fun he enjoys watching television and playing video games. Playing sports is also one of Yyyyy's favorite activities but he is not active in any team sports.

According to Yyyyy, his mother and father make the decisions in the household with his father being in charge of the family. Furthermore, he stated that both his parents decide how and when to spend money in the family.

### **Child's Social Judgment**

Yyyyy reports that he has five friends whom he feels close to. In deciding whether Yyyyy wants to be friends with someone, he first waits to see if they like him before he will respond back. Most of his friendships have come from school and his neighborhood. Yyyyy describes his relationship with other kids as "pretty good." He describes his relationship with adults as also being good and he "gets along with everybody." He states he gets along with his "mother okay but I fight with my father." His relationship with his sister and other family members is also described as good. When presented with a series of scenarios requiring knowledge of what constitutes appropriate social behavior, Yyyyy demonstrated minimal social

judgment. He would fight with children much younger than himself and would not call the fire department if he saw thick smoke coming from his neighbor's home.

### **Resources for Individual**

"I got an A in Math" is reported to be the best thing that ever happened to Yyyyy. Being "beat up" is the worst thing that ever happened to him. He feels close to no one and states that he dislikes his father. Yyyyy identified Billy Jones as his best friend. If he were in trouble, he would turn to Billy and his aunt and uncle for help. Prior to this placement he had been living with his parents and sister. He has not been in foster care but was in shelter care for a brief period of time. He reports he was not adopted. Overall, Yyyyy has a poor support system in place.

### **Background Information**

#### **Child's Developmental History:**

#### **Speech, Language, Hearing and Motor Development**

Yyyyy's temperament was described as being "hyper." The most dramatic change in his life was being injured when his father hit him and he broke his arm. He does not have difficulty in walking, standing, or sitting and physically describes his health as good.

Yyyyy does not have visual, hearing or speech problems. He has a fair command of the English language and first began using words at 12 months and sentences at 14 months. He does curse excessively and this upsets his father. In Yyyyy's home, English is the primary language and he cannot speak, understand or write in another language.

#### **Child's Medical History**

Yyyyy's general health was described as good. He is 5 feet, 3 inches tall and weighs 155 pounds. His appetite is good, but his sleep patterns are very restless. He is allergic to Penicillin and is currently taking Zoloft and Adderall. His family physician is Dr. Smith. He is current on his vaccinations and sustained a broken bone when he was younger and his father hit him.

During his mother's pregnancy and his birth, Yyyyy's mother had excessive nausea and vomiting, weight gain in excess of 25 pounds, used alcoholic beverages, smoked cigarettes, and had unusual emotional or physical strain. Most of the emotional upset was due to the stress of her pregnancy and difficulties with Yyyyy's father. Yyyyy was delivered vaginally and forceps were not used. He did not need assistance to start breathing. He weighed 8 pounds, 2 ounces at birth. During the first month of life, he had jaundice and excessive crying. He has no reported history of sexual abuse but he reports his father has hit him several times.

Yyyyy was hospitalized in 1998 at Broward General Hospital to have his tonsils removed. He has not been psychiatrically hospitalized or received any counseling. Yyyyy reported few indicators of substance abuse but did acknowledge occasionally smoking cigarettes, drinking alcohol, and prescription drug abuse. He would take his mother's Xanax when he felt angry because it helped calm him down.

### **Child's School History**

Yyyyy began first grade at the age of 6 at West Griffin Elementary School and remained there throughout his elementary education. During these years, he evidenced distractibility and poor grades. He did not participate in any extra-curricular activities and received tutoring.

Presently in eighth grade he has been at Sea Village Middle School since sixth grade. He is experiencing some behavioral problems as he fights with peers, has poor grades, doesn't complete his work, and is inattentive. He does not and has not participated in any extra-curricular activities. LD classes, tutoring, peer group counseling were provided to him throughout middle school but, according to his mother, it does not appear to be helping.

Yyyyy's academic performance is below average. His grades have dropped from his past performance in elementary school. Of concern are his Learning Disabilities. While he has had some behavioral problems in school, he has not been suspended from school. His most preferred subject is PE and his least preferred subject is Math. Typically he gets grades of C's, D's, and F's. He receives tutoring after school. He has a history of Learning Disabilities and his sister also has some learning problems. There is also a history of disruptive behaviors including distractibility and fidgetiness.

### **Child's Academic-Vocational Information**

Yyyyy said that some days he feels school is okay and, other days, it is a waste of time. He doesn't like his current school. He usually relates well with his teachers. He has been in trouble for fighting and has cut classes or skipped school for one day. He was suspended once from school for fighting. Yyyyy said that if he really wanted something, he would work "really, really hard for it." "Getting something I want" motivates him. While Yyyyy feels he is able to work independently, he does need to continually be reminded to complete his work. He reports that it is hard for him to concentrate and he is easily distracted. Yyyyy plans to graduate high school and following high school obtain a job. He isn't in vocational classes and doesn't want to be enrolled in them and he is not currently employed. For a vocation he thinks he would like to do something in sports.

### **Behavioral Observations and Mental Status Exam of Child**

Yyyyy is an African-American, Black-haired, Brown-eyed male. He is 5 feet and 4 inches tall. There was variable cooperation. His attention/concentration was fair as he was easily distracted. He sometimes followed directions but he needed to be redirected to the task at times. Rapport was easily attained, as he was pleasant. Yyyyy's speech was mumbled, loud, and fast. Eye contact was fair. He was wearing jewelry with an earring in his left lobe. There were no visible body piercings, and/or tattoos. He is right handed. He was neatly attired and presented an appropriate appearance. His pencil grip was pressured and his posture was tense. His facial expression suggests depression, sadness, anger, and hostility. Motor activity was rapid, accelerated, shaky, restless, and fidgety.

Yyyyy's affect was sad and angry and his mood was apprehensive. His attitude towards the examiner was cooperative. Yyyyy's intellectual functioning appeared to be impaired as evidenced by his varied attention span. He was oriented to person, place, and time. His judgment suggested that he might have difficulty managing some of his daily life activities. He may also have some difficulty making reasonable life decisions. No thought order was indicated and his stream of thought was within normal limits.

## **Assessment Findings:**

### **Intellectual Capacity**

On the Slosson Full Range Intelligence Test, Yyyyy attained a Full Range IQ of 90. This places him in the Average range of intellectual abilities. Yyyyy scored in the Average range in the Quantitative Area and in the Low Average range in the Recall Memory Area. This was his area of greatest difficulty and may have been affected by his difficulty with concentration and attention. Yyyyy scored in the Average range in the Abstract Performance Reasoning Area.

### **Educational Abilities**

On the Wide Range Achievement Test-3, Yyyyy scored at a fifth grade level in Reading (Word Identification), fifth grade in Spelling, and fourth grade in Mathematics. These results indicate that Yyyyy is generally below grade level in all these areas. Yyyyy did not try to phonetically sound out the words and appeared to encounter great frustration on these tasks. He was able to accurately do addition, subtraction, and simple multiplication and division problems but encountered difficulty with fractions and decimals. On the Bender Visual Motor Gestalt Test, a paper and pencil test in which Yyyyy was asked to copy nine geometric designs, Yyyyy was able to accurately reproduce all of the designs and did not appear to have any difficulties. He is performing at his expected level.

Yyyyy has few indicators of learning disabilities.

When asked to recall a string of unrelated digits, Yyyyy was able to recall four digits forward and four digits backward indicating below average immediate auditory recall. When asked to recall seven unrelated words after five minutes, he was able to remember four or five words. This indicates that Yyyyy has average recent memory. Yyyyy demonstrated moderate academic difficulties.

### **Emotional Functioning**

Yyyyy is an anxious and insecure adolescent who has a low self-concept and poor self-esteem. He is feeling moderately depressed and has difficulty expressing his feelings. He harbors much anger towards his father and feels he has never loved or accepted him. His relationship with his mother is better but he has little respect for her inability to respond differently to his father. His frustration tolerance

level is low and he does not handle stressful situations well. His primary defense mechanisms are denial and acting-out behavior.

Yyyyy feels poorly over his inability to succeed academically. His interpersonal relationships tend to be superficial and he lets few people in to really get to know him. Overall, he is feeling unloved and unaccepted and does not know how to get more of his needs satisfied. In many ways he is an immature adolescent who is acting out in order to get more attention from his father.

### **Vocational Interests**

Yyyyy was administered the Vocational Preference Inventory. Results indicate that he has few vocational interests and is primarily interested in sports. He dislikes attending school and has no idea of what he will be doing in the next five years. Yyyyy's results indicate he is more artistic and mechanically inclined and dislikes tasks that require excessive reading.

### **Diagnosis:**

Axis I:	314.01	Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type
	311	Depressive Disorder NOS
Axis II:	315.9	Learning Disorder NOS
Axis III:		None Reported
Axis IV:		Family Problems; Academic Difficulties
Axis V:	GAF=	Current - 62 Past - 65

### **Family Strengths and Weaknesses:**

The following persons completed this section: Bbbb Zzzzzz and Aaaa Zzzzzz. The family was questioned about Stability, Resources, At-Risk for Violence, Communication, and Parenting Skills. The family members are listed on the first page of this report.

### **Family At-Risk for Violence**

The Zzzzzz family has moderate intensity at-risk factors for violence. Areas assessed for problems included legal problems, history of medical, mental health, substance abuse and treatment compliance and exposure to trauma. Their greatest areas of difficulty appear to be in impulse control issues between Mr. Zzzzzz and Yyyyy. There has been an escalation of violence between the two with the latest episode resulting in removal of Yyyyy from the family home. Both Mr. and Mrs. Zzzzzz report using substances but it is not clear the intensity of their substance involvement.

### **Family Stability**

The family has several indicators of instability. This measurement is based on both the degree of instability and the length of time problems have been present. The Zzzzzz family has problems in the areas of communication, social interaction, and support systems. Mr. & Mrs. Zzzzzz resided in the same residence as Yyyyy until his most recent placement. They have been together for 15 years and have been married for six years.

Aaaa Zzzzzz indicates that the highest education level he achieved was ninth grade and that his current employment is as a Bus Driver for the Broward County Transit Authority. Mary Zzzzzz indicates that the highest education level she achieved was ninth grade. She received her GED and is presently employed as a nursing assistant.

### **Family Resources**

Mr. & Mrs. Zzzzzz reside in a house they own. Mr. Zzzzzz owns a 1995 Chevy and Mrs. Zzzzzz does not drive. The total family income is reported as \$49,000.00 with the reported annual family expenses being \$45,000.00. The family receives additional benefits from Social Security, entitlement funds, social services, health care benefits, and food stamps.

### **Family Communication**

The Zzzzzz family has problems communicating most of the time. Questions regarding the relationship between family members and how they relate to Yyyyy

were examined. Yyyyy's relationship with his mother is okay and she is very protective of him, especially around his father. She tries to help him do homework. Yyyyy's relationship with his father is described as poor and they share no common interests and do little together. Mr. Zzzzzz has much anger towards Yyyyy as he feels he is defiant, is disrespectful, doesn't complete his homework, and gets into fights with his peers. It is reported that Yyyyy gets along with his sister okay. They enjoy playing video games together. Yyyyy gets along okay with other family members.

It is reported that Yyyyy's parents fight a lot and have difficulty resolving disagreements. Both his parents make decisions regarding Yyyyy. Yyyyy's mother assists with school-related behavioral problems and with homework. In the household, Yyyyy is most likely to communicate problems to his mother.

### **Family Mental Health/Substance Abuse History**

Both Mr. & Mrs. Zzzzzz have a history of using alcohol and drugs. They both deny having a problem in this area and state they only drink socially on occasion; however, they acknowledge that some of the arguments that have escalated into violence have occurred when one or the other has been drinking.

### **Family Legal Issues**

Yyyyy's parents have a history of legal problems and have been involved most recently with child protective services. They were called after Mr. Zzzzzz hit his son and the police were called. There has been a previous complaint of domestic violence against Mr. Zzzzzz when he hit Mrs. Zzzzzz. Yyyyy has witnessed episodes of domestic violence and has observed his father yell at and hit his mother.

### **Parenting Skills**

Neither of Yyyyy's parents has attended parent training classes or read books or magazines on parenting. Both parents do not like reading. Yyyyy's father is currently attending anger management classes. His mother attends a faith-based group. The family has not been in marriage counseling.

Parenting Skills - as measured by the Adult-Adolescent Parenting Inventory (AAPI-2). This instrument was self-administered by Mr. Zzzzzz on January 10, 2004. The overall results indicate his parenting skills are below average. The specific results are as follows:

- Construct A: Inappropriate Expectations - This construct measures level of understanding of child growth and development, self-concept as a caregiver, degree of support towards children, and appropriateness of expectations of Yyyyy. Mr. Zzzzzz's standardized score was 4, indicating his beliefs about normal child development and realistic awareness of Yyyyy's capabilities is below average.
- Construct B: Empathy - This construct measures level of empathy for Yyyyy as it relates to understanding and value of children's needs, ability to handle parenting stress, recognition of children's feelings, ability to nurture and encourage positive growth. Mr. Zzzzzz's standardized score was a 2, indicating his beliefs lack empathy for Yyyyy's feelings and normal developmental needs.
- Construct C: Corporal Punishment - This construct measures level of belief in corporal punishment versus other forms of punishment, and model of parenting as either rigid, controlling and authoritarian, as opposed to democratic and respectful of child's needs. Mr. Zzzzzz's standardized score was a 1, indicating his beliefs reflect that he takes a direct approach to discipline. He indicated using corporal punishment regularly.
- Construct D: Role Reversal - This construct measures level of interpretation of family roles. Low scores indicate a tendency to use children to meet self-needs, a perception of children as objects for adult gratification, utilizing Yyyyy as confidant or peer, expectations that Yyyyy will provide love and comfort to parent and tendencies toward low self-esteem. High scores indicate the ability to meet one's needs appropriately, finding comfort and support from peers, allowing children to express developmental needs, responsibility for own behavior and high self-esteem. Mr. Zzzzzz's standardized score was a 6, which is midrange.
- Construct E: Power and Independence - This construct measures level of perceptions about children's power and independence. Low scores are related to a tendency to view children with power as threatening, expectations of children's strict obedience, devaluation of negotiation and compromise as means of problem solving. Furthermore, independent thinking is viewed as disrespectful toward the parent. High scores indicate the

parent places a high value on children's ability to solve problems. High scores suggest the parent encourages children to express their views, while expecting cooperation from Yyyyy, and empowers children to make good choices. Mr. Zzzzzz had a standardized score of 3, which is below midrange.

### **Support System for Family:**

Yyyyy has minimal support from the family. While there is a maternal aunt and uncle that all family members feel close to, the family spends little time interacting with them because they reside out of state. The family identifies few friends or involvement with social or religious organizations and tends to be fairly autonomous from connections to others.

### **CANS Summary:**

The Child and Adolescent Needs and Strengths (CANS) assessment tool is used to assist in the planning and management of services to children, adolescents, and their families. The CANS provides a structural assessment of children with mental health challenges and dimensions relevant to decision-making and case planning. The CANS includes assessment of five specific domains:

**Problem Presentation** - Yyyyy Zzzzzz evidences some risk in the areas of Psychosis, Attention Deficit/Impulse, Oppositional Behavior, Antisocial Behavior, Substance Abuse, Situational Consistency or Temporal Consistency. There is some need for action in these areas. He had an average score in the areas of Depression/Anxiety, Adjustment to Trauma, and Attachment. There is some need for action in these areas.

**Risk Behaviors** - Yyyyy Zzzzzz demonstrated moderately high evidence of immediate risk in the areas of Danger to Self, Danger to Others, Elopement, Sexually Abusive Behavior, Social Behavior, or Crime/Delinquency. There is significant need for action in these areas.

**Functioning** - Yyyyy Zzzzzz is developing within normal limits in the areas of Physical/Medical and Sexual Development. There is no need for action in these areas. He is performing within the average range in the areas of Intellectual and School but his school attendance had been fair. His major area of risk is in the area of Family where there is significant need for action.

**Caregiver Needs and Strengths** - Mrs. Zzzzzz answered these questions. She scored well in the areas of Physical/Behavioral Health, Involvement, Residential

Stability, and Safety. Due to the conflict with Mr. Zzzzzz and Yyyyy there is some need for action in these areas. Mrs. Zzzzzz scored above average in the areas of Organization, Supervisory Skills, and Resources and there is no need for action.

**Child's Strengths** - Yyyyy Zzzzzz scored below average in the area of Well-being. He scored below average in the areas of Interpersonal and Relationship Performance. There is significant need for action in these areas. He scored average in the areas of Family, Educational, Spiritual/Religious, Talents/Interests, and Inclusion. There is some need for action in these areas.

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Jack Jones, L.M.S.W.  
Examiner