
**CHILD AND ADOLESCENT SCREENING INVENTORY
FOR FOSTER CARE
(CASI-FC)[™]**

JOHN DOE

DOB: 03/08/2000

AGE 5

ID OR SOCIAL SECURITY NUMBER: 123-45-6789

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USE OF THE CASI-FC INTERPRETIVE REPORT

The CASI-FC provides computer generated quantitative data and narrative statements for children and adolescents referred for out of home placement in foster care. The scale scores and interpretive hypotheses contained in this report are empirically derived and statistically based. For a complete description of the development of the CASI-FC and its psychometric properties, please refer to the *User's Guide and Technical Manual for the Child & Adolescent Screening Inventory for Foster Care*. Although the CASI-FC was developed to be used as an assessment tool for children referred to foster care with the goal of improving placement stability, final decisions for placement and services provided should be made after a careful consideration of all available information about a particular child and not based solely on the data provided in this report. Finally, information contained in the CASI-FC report should be considered confidential.

DEMOGRAPHIC INFORMATION AND PLACEMENT HISTORY

This 5-year-old Caucasian male has been referred to foster care by his county department of social services. Former placement settings include two temporary shelters. This would be his first placement into a foster home.

FAMILY FUNCTIONING INDEX

The level of functioning of the natural family is highly associated with placement stability. Children whose biological families function at a low level are significantly at risk for multiple out of home placements. Children from low functioning families tend to exhibit more challenging behaviors while in placement, and they are more likely to tax the resources of caregivers. Placements tend to be more stable and less prone to disruption with children whose biological families function at intermediate levels and best when families function at high levels. Unless the relationship between a child and his or her family is such that contact is clearly harmful, effective family interventions and consistent involvement should be part of every case plan with the goal of improving the family's level of functioning and ultimately the child's adjustment to out of home care.

The Family Functioning Index generated by CASI-FC is an average of scores (0 = low, 1 = intermediate, and 2 = high) among six separate categories. The scores among the six categories are added together and then divided by six to produce a Family Functioning Index that ranges from 0 - 2. Based on the information obtained on this child, his **Family Functioning Index = 0.50**, which places his family at the **LOW FUNCTIONING LEVEL**. Please see Appendix A for the actual scores for this child, which can serve as the basis for a family case plan.

RELEVANT BEHAVIOR

The following information assesses this client's behavioral functioning in comparison to other children and adolescents in foster care within the following eight domains: Bonding and Attachment Problems, Sleep Disturbance, Temperament and Emotional Reactivity, Feeding/Toileting Problems, Health and Medical Needs, Social Problems, Sexualized Behavior, and a Total Problem Score. A graph of these eight domains appears on Page 5. Scores within each domain are reported as T-scores (Mean = 50, Standard Deviation = 10). For example, a child who obtains a T-score of 50 on the Sleep Disturbance scale would fall within the average range for someone placed in foster care, i.e., his or her problems in this area are approximately similar to the average child in placement. Differences of one standard deviation or more above the mean ($T > 60$) or one or more standard deviations below the mean ($T < 40$) would represent a difference that is statistically meaningful. Higher T-scores, therefore, indicate more serious behavior problems. Lower T-scores indicate less serious behavior problems and would represent behavioral strengths.

BONDING AND ATTACHMENT PROBLEMS. This child obtained a T-score of 55 on this scale, placing him at the 65th percentile when compared to other boys in foster care. His scores in this problem area fall within the high average range relative to other boys his same age in placement.

SLEEP DISTURBANCE. This child obtained a T-score of 70 on this scale, placing him at the 87th percentile when compared to other boys in foster care. He is significantly more likely to have problems in this area relative to other boys his same age in placement.

TEMPERAMENT AND EMOTIONAL REACTIVITY. This child obtained a T-score of 64 on this scale, placing him at the 83rd percentile when compared to other boys in foster care. He is significantly more likely to have problems in this area relative to other boys his same age in placement.

FEEDING/TOILETING PROBLEMS. This child obtained a T-score of 45 on this scale, placing him at the 40th percentile when compared to other boys in foster care. His scores in this problem area fall within the average range relative to other boys his same age in placement.

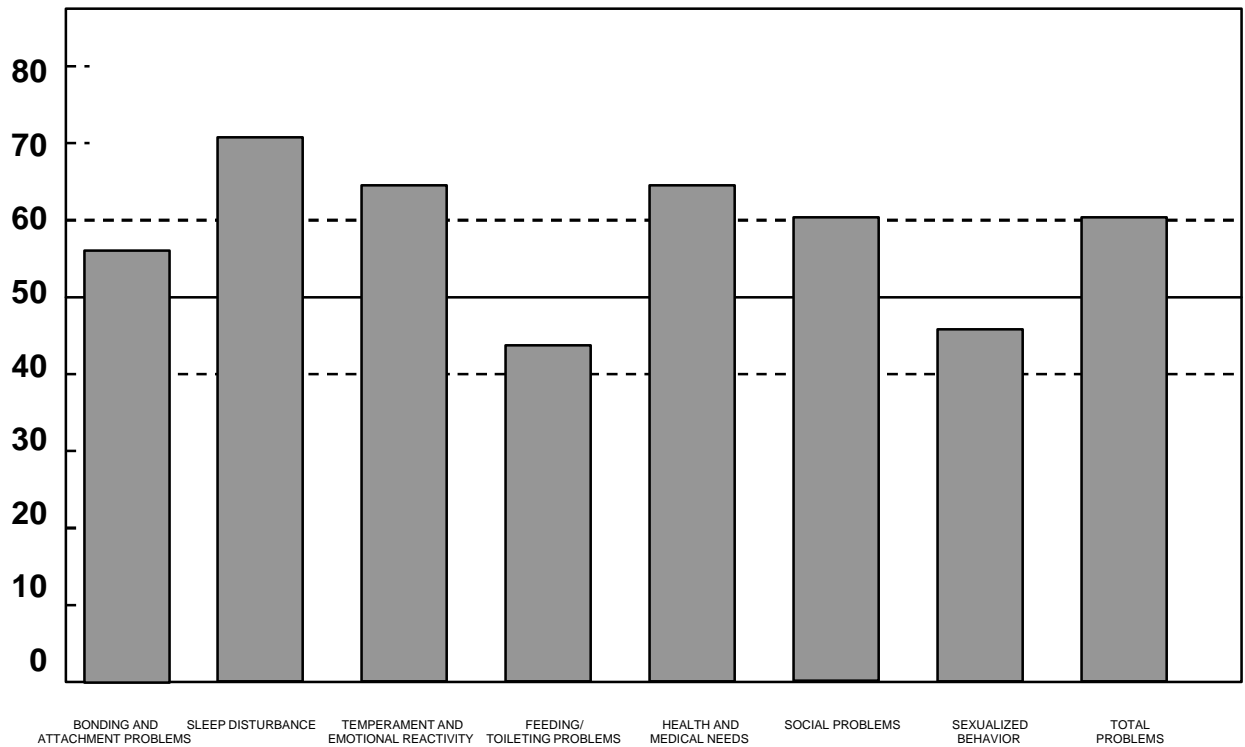
HEALTH AND MEDICAL NEEDS. This child obtained a T-score of 65 on this scale, placing him at the 85th percentile when compared to other boys in foster care. He is significantly more likely to have problems in this area relative to other boys his same age in placement.

SOCIAL PROBLEMS. This child obtained a T-score of 60 on this scale, placing him at the 80th percentile when compared to other boys in foster care. He is significantly more likely to have problems in this area relative to other boys his same age in placement.

SEXUALIZED BEHAVIOR. This child obtained a T-score of 45 on this scale, placing him at the 40th percentile when compared to other boys in foster care. His scores in this problem area fall within the average range relative to other boys his same age in placement.

TOTAL PROBLEM SCORE. This child obtained a T-score of 60 on this scale, placing him at the 80th percentile when compared to other boys in foster care. His total problem behaviors overall are significantly more serious than the typical child in placement.

CASI-FC SCALES PROFILE



T-SCORE:	55	70	64	45	65	60	45	60
PERCENTILE:	65	87	83	40	85	80	40	80

IDENTIFIED STRENGTHS OF THE CHILD

The following strengths have been identified for this child:

- Can accept comforting from some adults
- Enjoys one-on-one attention
- Can interact well with younger children if supervised
- Can amuse himself with toys or games for brief periods
- Enjoys being read to
- Language skills normal or above normal
- Manages basic hygiene with assistance

DEGREE OF RISK FOR MULTIPLE PLACEMENTS

Based on the available information, among the possible risk levels of Low, Moderate, and High, the degree of risk for this child with respect to multiple foster placements is **High**. This conclusion is reached for the following reasons. His level of family functioning is low, which is a risk factor for multiple placements. He is more likely to have challenging behaviors in the areas of Sleep Disturbance, Temperament and Emotional Reactivity, Health and Medical Needs, and Social Problems.

Research on the CASI-FC suggests that children designated as High risk are seven times more likely to have multiple placements than children designated Low risk. This client would benefit from additional services, if available, in order to stabilize his placement into foster care and decrease the risk of placement disruption.

END OF REPORT

APPENDIX A: FAMILY FUNCTIONING SCORES

The following scores were obtained to calculate the **Family Functioning Score**. Items endorsed for this child's biological family, which can serve as the basis for an initial family plan, are shown below in italicized bold type.

Problem Solving:

- 2 Able to negotiate, express opinions
- 1 Some difficulty in communication & problem solving
- 0 *Minimal problem solving, little compromise***

Dealing with Stress/Conflict:

- 2 Talks over problems, effective handling of stress
- 1 *Major conflict ignored, able to resolve minor differences***
- 0 Domestic violence, substance abuse, harmful to safety/health

Parental and Family Conflict:

- 2 No significant family discord
- 1 Moderate discord, frequent arguments, threats of separation
- 0 *Serious discord, violence, separations***

Parental Social Supports:

- 2 Available support from immediate family and friends
- 1 *Only one or two family members or friends available***
- 0 Caregiver isolated or reliant only on professional help

Parenting Skills and Physical Discipline:

- 2 No use of physical discipline
- 1 Physical discipline used; but not excessive or abuse
- 0 *Excessive use of physical discipline***

Involvement in Case Planning:

- 2 Fully and actively involved
- 1 *Minimally involved***
- 0 Resistive to agency contact

**APPENDIX B:
BEHAVIORAL SCORES**

The following behavioral scores were obtained on this client. Under each scale, the specific behavioral items are shown. Missing or unavailable scores are indicated as such. The severity of each behavior item was endorsed according the following key:

0 = not true 1 = somewhat or sometimes true 2 = very true or often true

<u>Scale Name</u>	<u>Behavioral Item</u>	<u>Score</u>
Bonding and Attachment Problems	Doesn't like to be touched or held	2
	Avoids eye contact	2
	Could "take or leave" caregivers	2
	Not afraid of strangers	2
	Doesn't seek comforting when hurt or sick	2
	Not interested in being with other people	1
	Doesn't seem to feel bad after misbehaving	1
	Seems unresponsive to affection	0
Shows little affection toward others	0	
Sleep Disturbance	Difficulty establishing regular sleep patterns	2
	Wakes frequently at night	2
	Needs assistance/attention at night	2
	Sleeps very little	2
	Hard to put down at bedtime	2
	Cries out often at night	1
	Sleepwalks	1
	Has night terrors	1
	Doesn't fall back to sleep easily after waking	1
	Won't go down for naps	0
	Wakes up very early in the morning	0
Temperament and Emotional Reactivity	Difficult to soothe	2
	Cries a lot	2
	Irritable	2
	Easily frustrated	2
	Excessively clingy to just one caregiver	1
	Seems to want needs met immediately/demanding	1
	Sensitive to changes in routine or environment	1

APPENDIX B (Continued)
BEHAVIORAL SCORES

0 = not true 1 = somewhat or sometimes true 2 = very true or often true

Scale Name	Behavioral Item	Score
Temperament & Emotional Reactivity (Continued)	Fearful or anxious	1
	Severe temper tantrums	1
	Frequent minor tantrums	0
	Stubborn	0
	Angry moods	0
	Sudden changes in mood or feelings	0
Feeding/ Toileting Problems	Takes an unusually long time to eat	2
	Refuses to eat	2
	Needs a great deal of assistance with eating	2
	Spits up/vomits often	2
	Fussy eater	1
	Throws tantrums around food and mealtimes	1
	Difficulties with toilet training	0
	Chronic constipation or diarrhea	0
	Enuresis (nighttime or daytime)	0
	Smears feces	0
	Intentionally soils (encopretic)	0
Health and Medical Needs	Slow to gain weight	2
	Frequent medical appointments	2
	Medical needs require frequent caregiver assistance	2
	Special medical care required often	2
	Frequent medical emergencies	1
	Cognitive or developmental delays	0
	Language or communication delays	0
	Medically fragile	0
	Seizures	0
	Special medical equipment needed	0
	Appears to be in pain or uncomfortable much of the time	0
	Surgery pending or post-surgical care required	0
	May have a serious communicable disease (e.g., HIV, Hepatitis)	0

APPENDIX B (Continued)
BEHAVIORAL SCORES

0 = not true 1 = somewhat or sometimes true 2 = very true or often true

<u>Scale Name</u>	<u>Behavioral Item</u>	<u>Score</u>
Social Problems	Difficulty controlling impulses	2
	Extremely active/hyperactive/restless	2
	Puts self in dangerous situations	2
	Refuses to follow basic rules/defiant	2
	Needs constant or frequent limit setting	2
	Needs frequent redirection	2
	Purposefully hurts or attacks others	2
	Frequent biting	2
	Punishment doesn't change behavior	2
	Purposefully hurts self	1
	Requires constant structure or supervision	1
	Damages or destroys property	1
	Verbally aggressive	1
	Cruel to animals	1
	Gets into everything	0
	Not liked by other children	0
	Wanders away	0
	Doesn't follow simple commands	0
	Doesn't play well with others	0
	Hurts younger children	0
Uncommunicative	0	
Sexualized Behavior	Masturbates excessively	2
	Masturbates in public	1
	Engages in sex play	0
	Inserts objects into rectum or vagina	0
	Close monitoring required due to sexual behavior	0
	Sexually provocative with adults	0
	Sexually aggressive or molesting with peers	0