

The Child & Adolescent Screening Inventory for Residential Care (CASI)

SINGLE USE

INSTRUCTIONS: Please complete the following as thoroughly and as completely as possible—try not to leave any questions blank.

Client Name: Last: _____ First: _____ Date of birth: _____

Social Security or I.D. number: _____ Gender: ___ Male ___ Female

Ethnicity: ___ African American ___ Asian/Pacific Islander ___ Caucasian ___ Latino ___ Native American
___ Mixed ___ Other (specify): _____

Child's legal status/primary agency oversight (check more than 1 if appropriate): ___ court dependent ___ probation
___ mental health ___ adoption ___ regional center ___ private (parent)

FAMILY CHARACTERISTICS:

Are the child's biological/natural parents completely absent from his/her life (deceased, whereabouts unknown, no contact for a substantial amount of time, etc.)?

No Yes (See NOTE below)

If the child's biological parents are not completely absent, within each of the six categories below, please choose the one item that best describes them. If you are the parent completing this form, choose the item that best describes your family.

NOTE: If instead of the biological parents, the child is being raised by has had equally substantial contact with extended family members (grandparents, aunts/uncle, etc.), please complete the items below on the extended family member(s).

I am scoring the items below on the: Biological parent(s) Extended family member(s)

Problem solving

- Able to negotiate, express opinions
- Some difficulty in communication and problem solving
- Minimal problem solving, little compromise

Parental social supports

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

Dealing with stress/conflict

- Talks over problems, effective handling of stress
- Major conflicts ignored, able to resolve minor difficulties
- Domestic violence, substance abuse, harmful to safety/health

Parenting skills and physical discipline

- No use of physical discipline
- Physical discipline used, but not excessive or abusive
- Excessive use of physical discipline

Parental & family conflict

- No significant family discord
- Moderate discord; frequent arguments
- Serious discord; violence, separations

Involvement in case planning

- Fully and actively involved
- Minimally involved
- Resistive to agency contact

PLACEMENT HISTORY OF THE CHILD:

Has the child ever resided in a foster home? ___ no ___ yes; how many? ___ (try to pick a number rather than range, i.e., 3 rather than 3-5).

Has the child ever been placed into a juvenile detention facility? ___ no ___ yes; how many? _____

Has the child ever been admitted to a psychiatric hospital? ___ no ___ yes; how many times? _____

If yes, within the last 12 months? ___ no ___ yes

Has the child ever resided in another group home or residential care facility? (omit receiving homes, shelters, diagnostic placements, and other similar temporary settings) ___ no ___ yes

If yes, please list the facilities in chronological order (starting with most recent placement), duration of placement, level of care code (shown on the next page), and the reason placement ended according to the following code:

- A = The client met his or her treatment goals and graduated and was (or is being) immediately being referred to a new residential placement.
- B = The client met his or her treatment goals and graduated, but there is a gap in time and was (or is now being) referred once again for residential placement.
- C = The client made as much progress as possible at the facility, but was (or is being) moved to another facility for continued treatment
- D = The client's behavior was beyond the control of the facility
- E = The client ran away and the placement was terminated
- F = The placement was terminated by parents
- G = The client was removed by the court or by the placing agency
- H = The client was incarcerated
- I = The facility was closed
- J = Other reasons primarily unrelated to the client's behavior

Placement # (most recent) Duration of Placement Level of Care Code (next page) Reason placement ended

1 _____ _____ _____

<u> 2 </u>	<u> </u>	<u> </u>	<u> </u>
<u> 3 </u>	<u> </u>	<u> </u>	<u> </u>
<u> 4 </u>	<u> </u>	<u> </u>	<u> </u>
<u> 5 </u>	<u> </u>	<u> </u>	<u> </u>

More than five group home/residential care placements? no yes; about how many total (including the 5 above)?

Level of care code:

- 1 = Low level:** facility functions much like a structured, group foster home; fewer staff in general or a house parent model; some mental health services, most children attend school in the community; noncampus-like setting. (In California, this is an RCL 11 or less facility.)
- 2 = Intermediate level:** facility is structured and reasonably well-staffed, clients attend school either on grounds or in the community, mental health services provided in house for most residents; noncampus like or campus-like setting. (RCL 12 in California)
- 3 = High level:** facility is highly structured and very well-staffed, most clients attend school on grounds, mental health services provided in house for all residents; noncampus like or campus-like facility; unlocked or primarily unlocked. (RCL 14 in California)
- 4 = High/secure:** facility is highly structured and very well-staffed; virtually all services provided on-grounds (schooling, mental health); campus-like or institutional; locked or primarily locked. (CTF in California)

CHARACTERISTICS OF THE CHILD:

Please rate the client's greatest behavioral dysfunction *over the past six months* using the code below. (You do not need to fill in the bubbles--marking the bubbles with an X is fine.)

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

0	1	2		0	1	2		0	1	2	
"	"	"	curses at others	"	"	"	shows no remorse	"	"	"	engages in sex play
"	"	"	challenges authority	"	"	"	doesn't show empathy	"	"	"	lies
"	"	"	poor hygiene	"	"	"	doesn't handle being told no by adults	"	"	"	strikes self
"	"	"	seeks out negative peers	"	"	"	inserts objects into rectum or vagina	"	"	"	bites self
"	"	"	avoids school	"	"	"	sexually aggressive/molesting	"	"	"	damages property
"	"	"	sad or unhappy	"	"	"	pulls out own hair or eyelashes	"	"	"	does not accept criticism
"	"	"	promiscuous	"	"	"	cuts self	"	"	"	stubborn
"	"	"	suicidal thoughts	"	"	"	strikes adults	"	"	"	teases other children
"	"	"	burns self	"	"	"	noncompliant	"	"	"	manipulative
"	"	"	strikes peers	"	"	"	impulsive	"	"	"	exposes self to others
"	"	"	swallows nonfood items or overdoses	"	"	"	uses substances	"	"	"	steals
"	"	"	quick temper or temper tantrums	"	"	"	secretive	"	"	"	picks at skin or sores
"	"	"	argues	"	"	"	overreacts	"	"	"	bangs own head

Does the child have a history of running away from home, foster homes, residential care, or other comparable settings?

 no yes; how many times (a number)?

If yes, within the last 12 months? no yes

Which type of runaway has the child engaged in?--check all that apply:

- stays on property but refuses to come back inside walks off but returns that same day
- stays out just one night but returns stays out many days

Has the child ever required the use of physical restraint or involuntary placement in an isolation room ("quiet room" or "time-out room"), including in any setting (e.g., home, hospital, school, etc.)?

 no yes If yes, within the last twelve months? no yes

About how often (check one)?

- G** 1-2 times over the past year **G** Several times per week on average
- G** 1-2 times per month on average **G** Once per day on average
- G** 1-2 times per week on average **G** More than once per day

How agreeable is this child to being placed into this next residential program (i.e., does he or she seem to want to be there)?--circle one

Not at all agreeable/resistant Very agreeable/not resistant

1 2 3 4 5 6 7

