



Champaign County Mental Health Board (CCMHB) Study Session Agenda

Wednesday, January 27, 2021 at 5:45PM

Putman Room, Brookens Administrative Building

1776 East Washington Street, Urbana, IL

<https://us02web.zoom.us/j/81393675682>

312-626-6799, Meeting ID: 813 9367 5682

Public Input: All are welcome to attend the Board's study sessions, using the Zoom options or in person, in order to observe and to offer thoughts during the "Public Participation" period. For support to participate during a study session, let us know how we might help by emailing stephanie@ccmhb.org.

If the time of the study session is not convenient, you may still communicate with the Board and public by emailing stephanie@ccmhb.org any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated, but be aware that the time for each person's comments may be limited to five minutes.

1. Call to Order
2. Roll Call
3. Zoom Instructions (**page 2**)
4. Citizen Input/Public Participation
The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes.
5. Approval of Agenda*
6. President's Comments
7. Study Session
 - A. Champaign County Christian Health Center (CCCHC) (**pages 3-27**)
"Mental Health Care at CCCHC" Mid-Year Report
Presentation by Crystal Hogue and Jeff Trask
 - B. Cunningham Children's Home
"Families Stronger Together (FST)" Mid-Year Report (**pages 28-54**)
Presentation by Marie Duffin and Pat Ege
8. Board Announcements
9. Adjournment

**Board action requested*

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Instructions for participating in Zoom Conference Bridge for CCMHB Study Session January 27, 2021 at 5:45 p.m.

You will need a computer with a microphone and speakers to join the Zoom Conference Bridge; if you want your face broadcast you will need a webcam.

Go to Join Zoom Meeting
<https://us02web.zoom.us/j/81393675682>
Meeting ID: 813 9367 5682

One tap mobile

+13126266799,,81393675682# US (Chicago)

+13017158592,,81393675682# US (Washington D.C)

Dial by your location

+1 312 626 6799 US (Chicago)

+1 301 715 8592 US (Washington D.C)

+1 646 558 8656 US (New York)

+1 669 900 9128 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

Meeting ID: 813 9367 5682

Find your local number: <https://us02web.zoom.us/j/81393675682>

When the meeting opens, choose to join with or without video. (Joining without video doesn't impact your participation in the meeting, it just turns off YOUR video camera so your face is not seen. Joining without video will also use less bandwidth and will make the meeting experience smoother).

Join with computer audio.

Once you are in the meeting, click on "participants" at the bottom of the screen.

Once you've clicked on participants you should see a list of participants with an option to "Raise Hand" at the bottom of the participants screen. **If you wish to speak, click "raise hand" and the Chair will call on you to speak.**

If you are not a member of the CCMHB or a staff person, **please sign in by writing your name and any agency affiliation in the Chat area.** This, like the recording of the meeting itself, is a public document. There are agenda items for Public Participation and for Agency Input, and we will monitor the 'raised hands' during those times.

If you have called in, please speak up during these portions of the meeting if you would like to make a contribution. If you have called in and therefore do not have access to the chat, there will be an opportunity for you to share your 'sign-in' information. If your name is not displayed in the participant list, we might ask that you change it, especially if many people join the call.

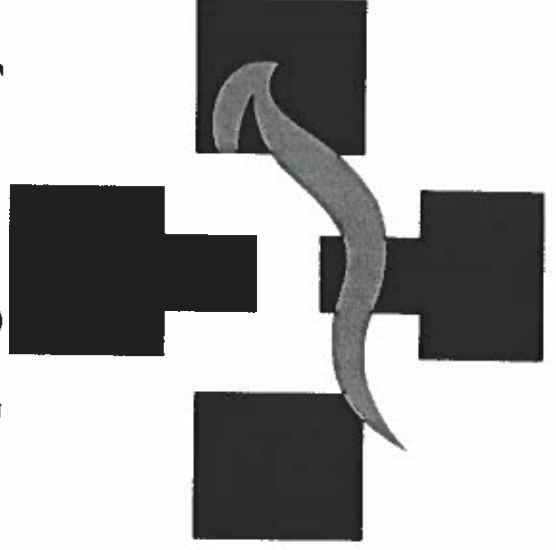
Members of the public should not write questions or comments in the Chat area, unless otherwise prompted by the Board, who may choose to record questions and answers there.

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Champaign County Christian Health Center

(3)

Mid Year Report: Champaign County Mental Health Board



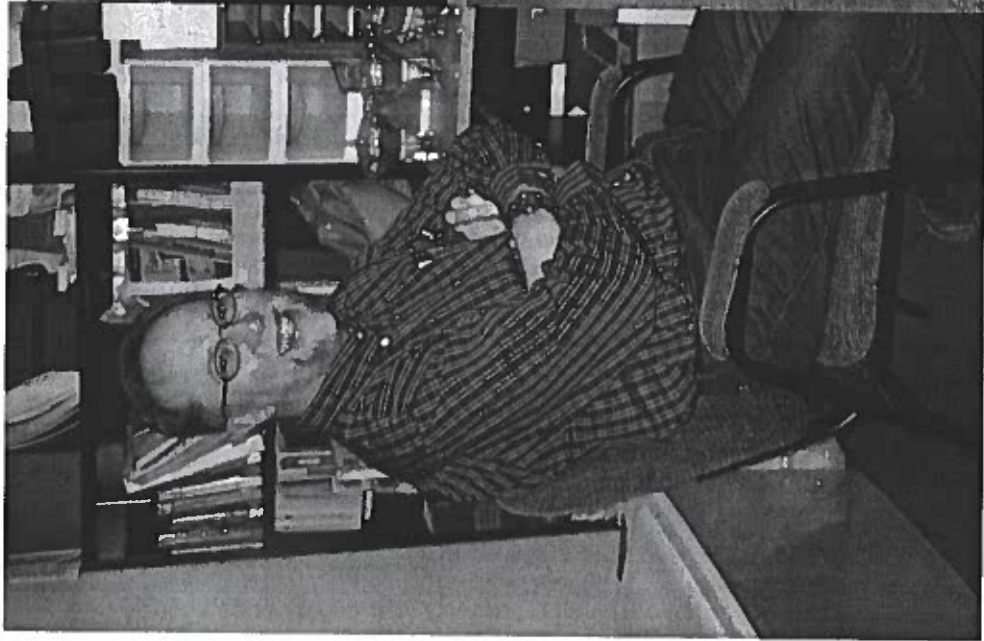
7.A.

Why we are doing what we do

- To show and share the love of Jesus Christ to our neighbors of Champaign County by providing free, holistic, quality health care.
- A place where people are treating like their worth their weight in gold
- A place where people listen to others stories and provide a sense of hope to their situations

④

The Founders



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CCCHC Board Members

- Patricia McNussen - Physician at Carle Hospital**
- Barb Pritchard - Advocate for People w/ Disabilities**
- Pamela Bigler - VP at Carle Hospital**
- Clif Burdette – Owner Medical Supply Company**
- Terrance Thomas – Pastor at Bethel AME Church**
- Tom Koehler – Physician at McKinley Health Center**



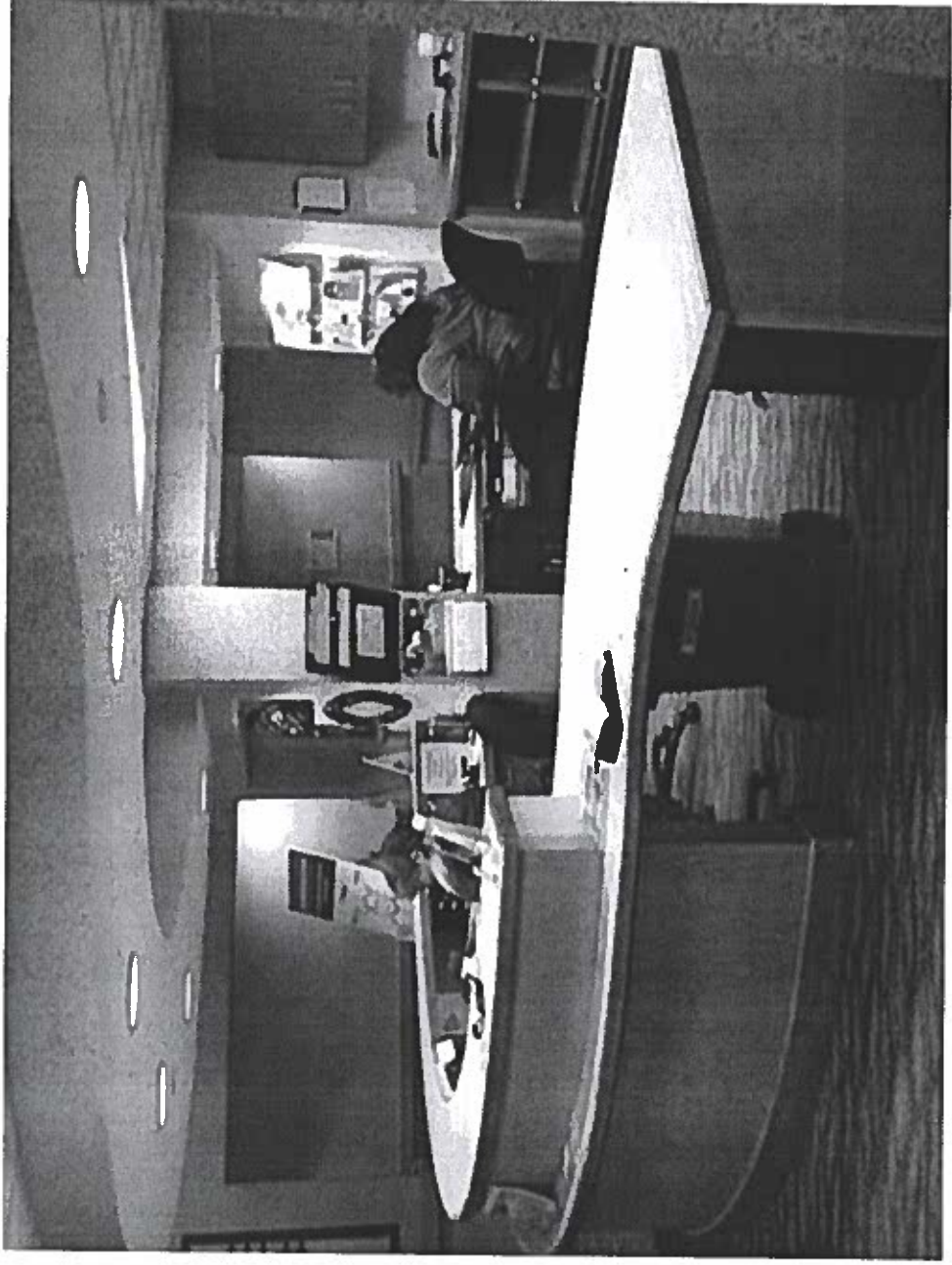
CCCHC Staff & Volunteers



①

Staff Qualifications

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Staff Qualifications

- **Crystal Hogue** – Executive Director
 - Has a Masters in Business Administration, MBA
 - Years of Leadership Experience in various occupations
- **Jeff Trask** – Fund Development Director
 - Has a PhD in Community Health w/ a Specialization in Health Policy
 - Started CCCHC in 2004 and been involved in its operations since that time
- **Kari Allen** – Fund Development Coordinator / AmeriCorps VISTA

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Target Population

- Despite the implementation of the Affordable Care Act, there are many gaps in the healthcare system
- One of these gaps in care includes sufficient resources to provide mental healthcare to the uninsured or underinsured
- CCCHC accepts any person that desires a medical appointment and very often, a patient has either a history of or current need related to mental health
- The top 3 conditions seen among CCCHC patients is hypertension, diabetes, and anxiety/depression

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One Puzzle Piece



Diversity of Patients at CCCHC



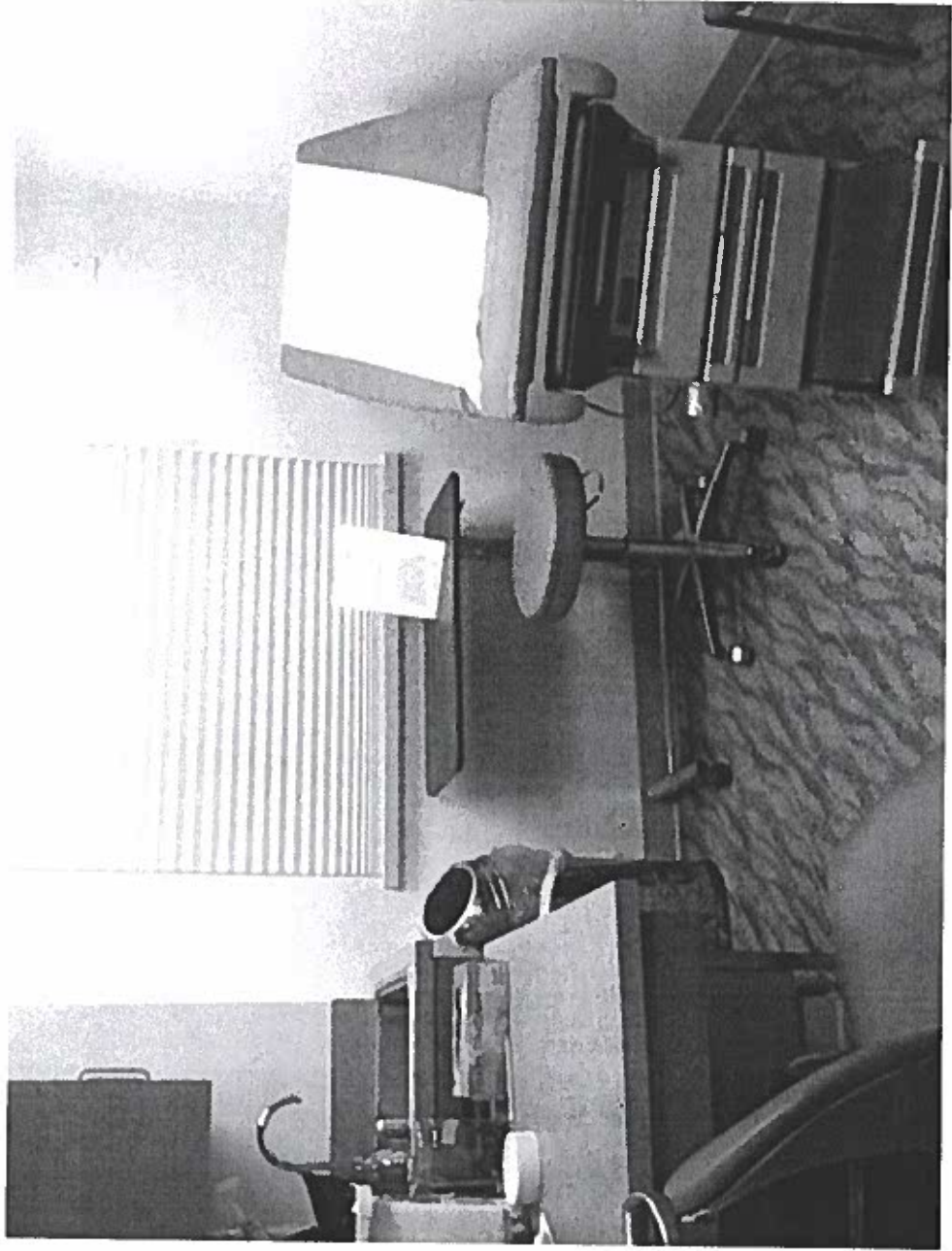
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Diversity of Patients at CCCHC

- CCCHC provides care to everyone in need
- Racial Diversity
- Low Income
- Homeless
- Various Religious Backgrounds
- Ages 18-64 (with some exceptions)
- Various Educational Levels
- Open to all backgrounds, traditions, ethnicities, sexual orientation, races, etc.

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Scope of Services



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Scope of Services

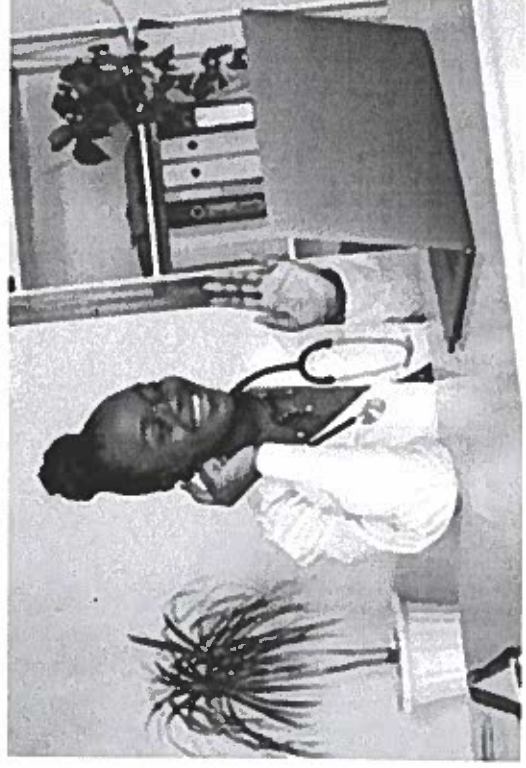
- Primary Care
- Nursing Care – Triage, Health Education, Discharge
- **Social Work – Specializing in Mental Health**
- Free Lab Services
- **Psychologist**
- **GROW**
- Nutritionist
- Spiritual Care
- Prescriptions
- Referral Services – Specialty Care, Other client needs
- Telehealth Services

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Telehealth Services

- Telehealth Services and implementation of EHR
- CCCHC now offers telehealth services during this time of crisis
- Increased clinical hours to accommodate patient needs
- Uninsured and underinsured patients in our community now have access to a telehealth provider

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Our dedicated volunteers in the time of crisis

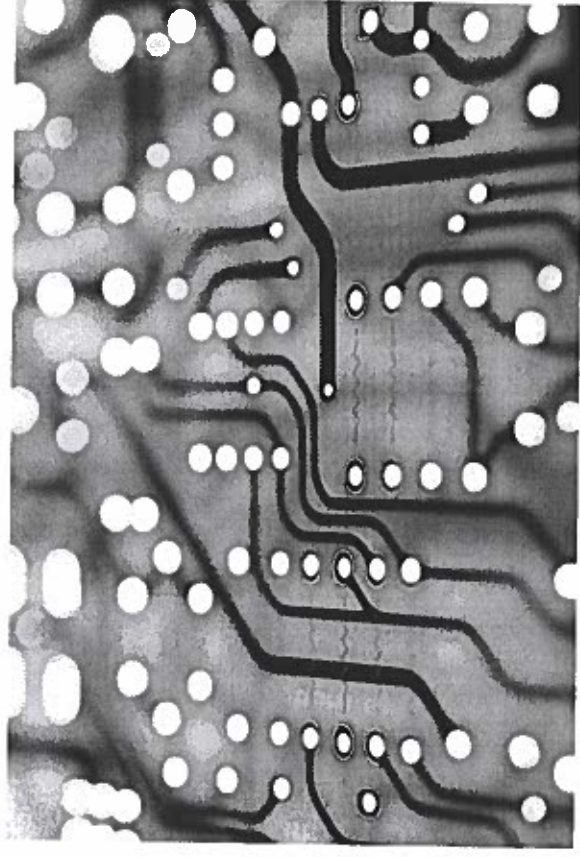
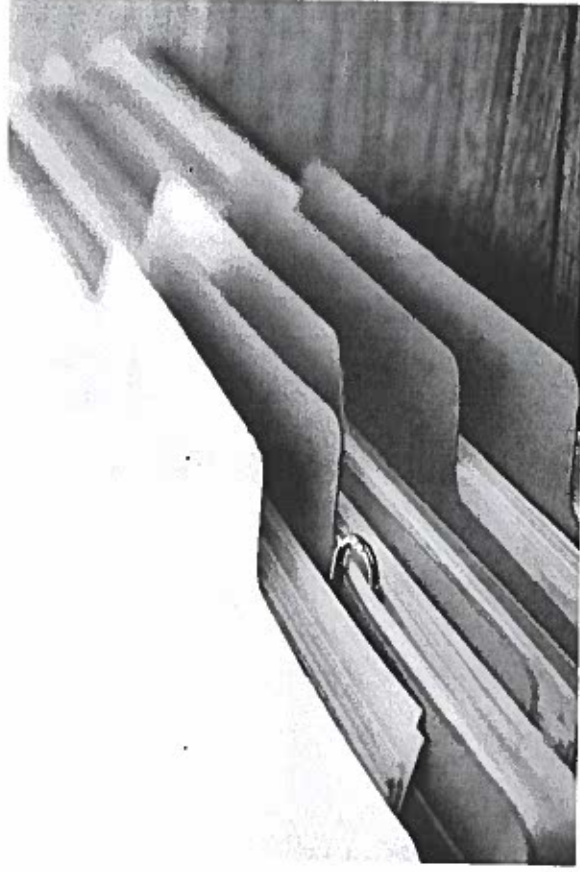


**Doctors, Nurses, Psychologist, Dentist,
Triage and Hospitality Teams, Students**

EHR Implementation

- EHR Implemented on October 21, 2020
- Training of all staff in September and October
- From paper charting to Electronic Health Records
- Better access to patient information

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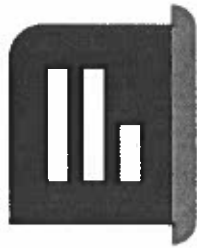




Integrated services that work to deliver measurable financial and clinical results for more than 160,000 providers on the athenahealth network. Top performing customers are beating industry benchmarks across the board.

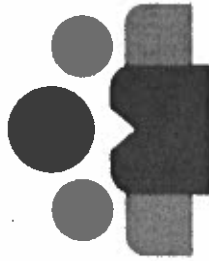
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Electronic Health Records



An EHR that's easy to use, letting you focus on patients – with intelligent workflows, faster documentation, and the ability to easily exchange key patient data with other care sites.

Population Health

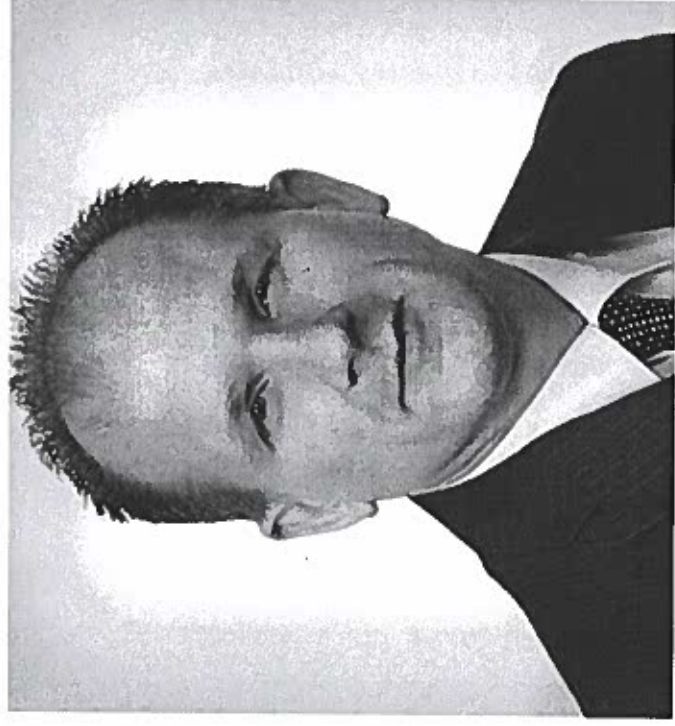


Stay connected to the vital data you need to manage your patient population. We'll translate it into usable information for you.

**Telehealth enables continuous mental health care
during pandemic**

With the increase in mental health diagnoses and prescriptions during these challenging times, it is great to know that our clinic, although small, have our own licensed psychologist and available to assist these patients.

**Hudson Riehl, PsyD
Carle Psychiatry and Psychology**



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Collaborations & Partnerships

- Promise Healthcare/Frances Nelson
- OSF Heart of Mary Medical Center – Space & Lab
- Carle Hospital
- Free Clinics of Champaign County (Avicenna, HeRMES, Hope Clinic)
- Public Health Department
- Quest Diagnostics – Lab Services
- IAFCC – VISTA Program

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Telehealth Patient Numbers

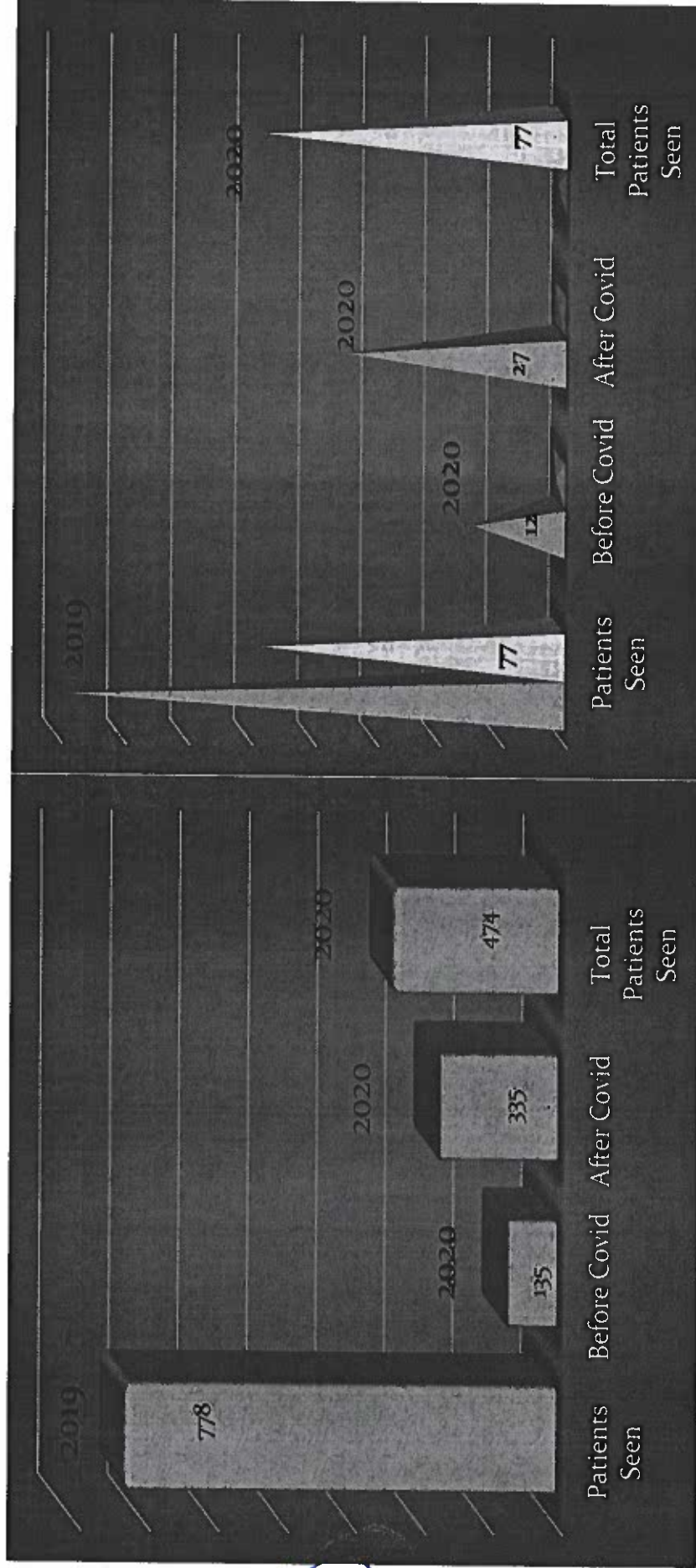
- Patients Seen before
COVID - 135
- Patients seen after
COVID - 339
- Patients seen - 474

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Expansion of Services

Telehealth Services

Mental Health



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Expanding Mental Health

- Needs of our patients
- Psychiatrist
- Residency Psychiatric Program at Promise Healthcare
- Social Workers specializing in Mental Health
- Support Groups

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Mid-Year Progress

- Increase the number of volunteer mental health providers from 0 to 3, including 1 psychiatrist, 1 psychologist, and 1 counselor
- Currently, CCCHC has recruited a volunteer psychologist, social worker specializing in mental health, and has a program called GROW at the clinic
- Efforts are still being made to secure a volunteer psychiatrist
- Recruitment of more volunteers in areas of need ongoing

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Current Efforts Continue to Recruit for mental health

- Working on reaching Carle's residency program director for psychiatry to have residents provide mental healthcare at CCCHC
- Recruiting efforts to secure a volunteer psychiatrist still ongoing
- Promise Healthcare Residency program will be partnering with us – in the process of agreement

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THANK YOU!!!

• **We want to thank the
Mental Health Board
for helping CCCHC meet
the mental health
needs of Champaign
County**

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THANK YOU





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Families Stronger Together (FST)

Champaign County Mental Health Board

January 27, 2021 Meeting

Mid-Year Presentation

hope begins here.

The FST Program

- Purpose of the Program

Cunningham's Families Stronger Together (FST) program provides voluntary trauma-informed, culturally responsive, therapeutic services for the entire family—caregivers and their youth—who have entered or are at risk of entering the juvenile justice system.

- FST Program Logic Model

- ARC Treatment Framework

- Program Staffing Structure

- Referrals

- Treatment/Support Phases

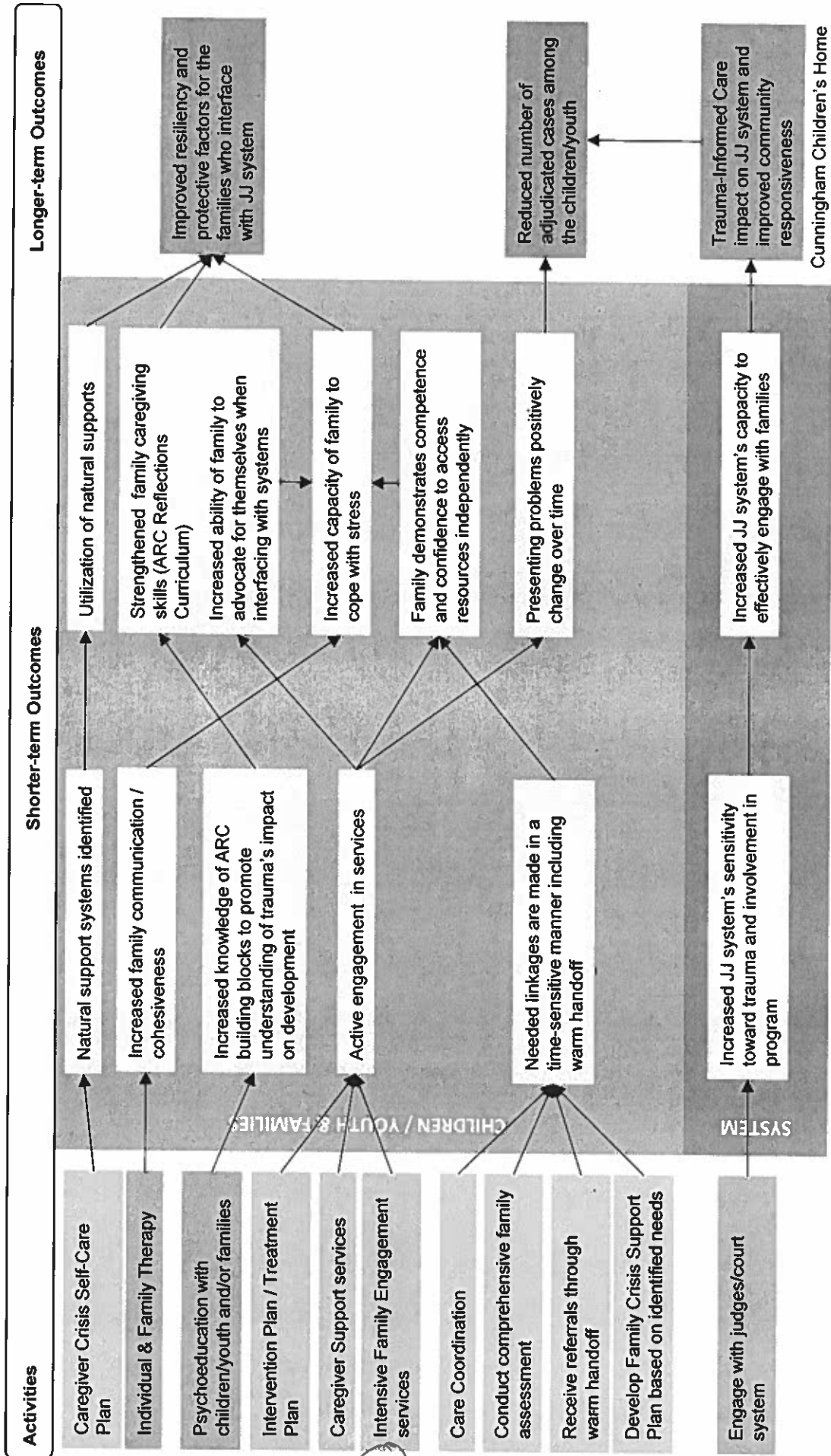
- Linkages

- Sessions

- Assessments

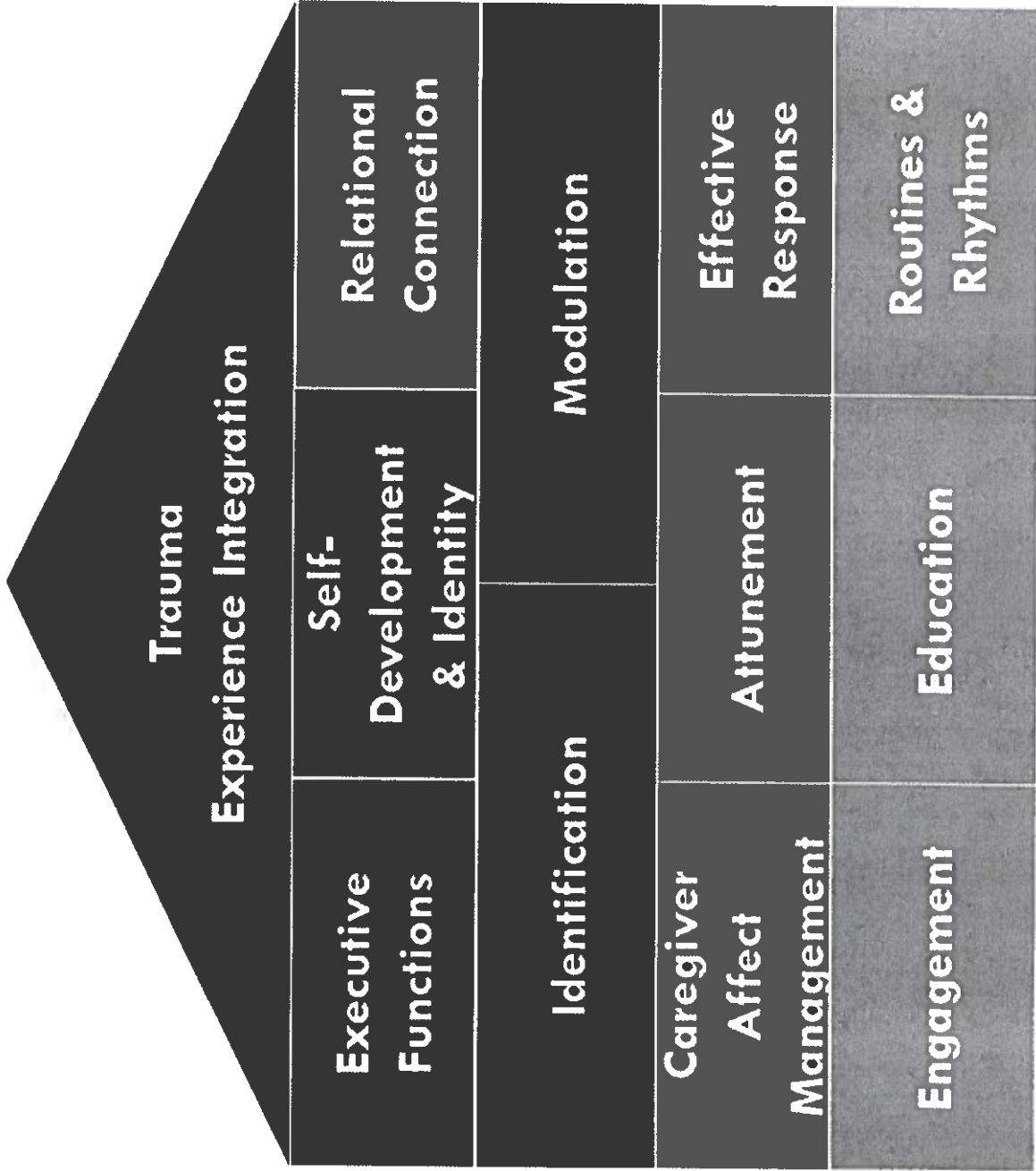
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Logic Model - FST



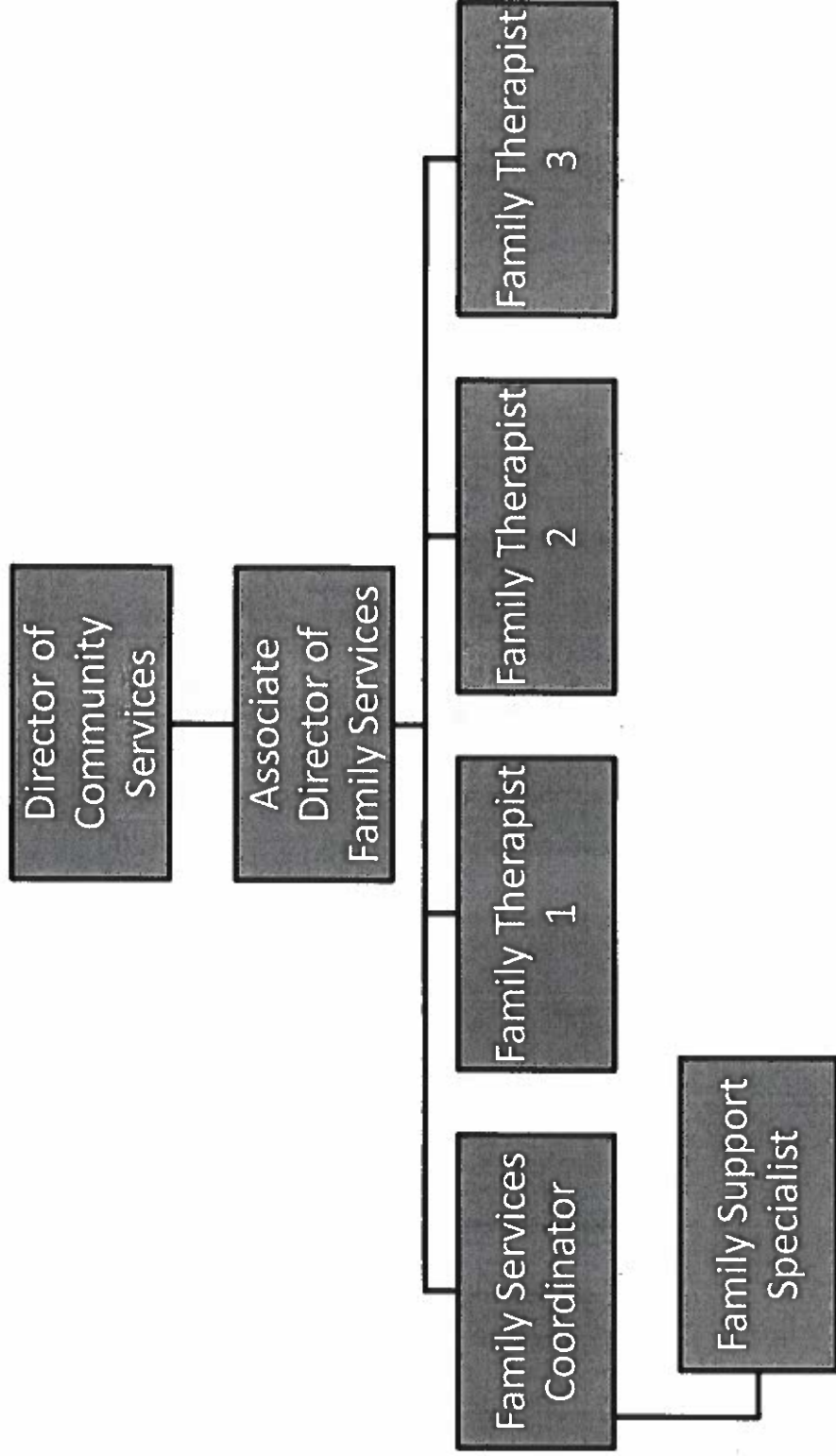
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ARC Framework



Graphic by Jeremy Karpen, 2017; Adapted from: ARC, Blaustein & Kinniburgh, 2010; Kinniburgh & Blaustein, 2005

FST Program Staffing Structure



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hope begins here.

FST Program Staffing

Family Therapist

- Masters level
- Conducts Mental Health Assessment
- Engages families in the treatment planning and implementation process
- Provides individual and family clinical services
- Provides psychoeducation services to clients and their families
- Case load: 10 to 15 families per therapist

Family Support Specialist

- Bachelors level
- Engages families in the support planning and implementation process
- Provides service linkage and coordination for clients and their families
- Case load: 10 to 15 families
- Assists the Family Therapists in meeting the therapeutic and engagement needs of additional families

33

hope begins here.

Referrals

STAGE I - Front End Referrals (March 2020)

Youth Assessment Center

State's Attorney's Office

Juvenile Court Alternatives Initiative (JCAI)

Public Defender's Office

STAGE II – Back End and other referrals (July 2020)

Juvenile Probation & Court Services

JUVENILE DETENTION CENTER

STAGE III – Other referrals (August 2020)

Self Referrals



Other community organizations



hope begins here.

Treatment / Support Phases

Phase I – Engagement, Assessment and Development of Treatment / Support Plan
(1-2 months)

Phase II – Treatment / Support Plan Implementation
(2 to 5 months)

Phase III - Preparation for Case Closure
(1 month)

Aftercare - (3 months)

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hope begins here.

Engagement Strengths and Strategies

- **30 Day Brief Service Phase**
 - To establish a working rapport with families
 - To flexibly respond to the immediate needs of these families who are in crisis
- **Linkages are made to meet crucially needed services in the community**
 - Housing/Shelter
 - Food
 - Employment
 - Crisis Psychiatric Services
 - Outpatient Mental Health Services
 - Mentoring Services
 - Tutoring Services and other Educational Services
- **Engagement - One of the greatest strengths of FST Program**
 - Promotes a higher level of trust
 - Results in high level of engagement in the mental health services we offer

10/27

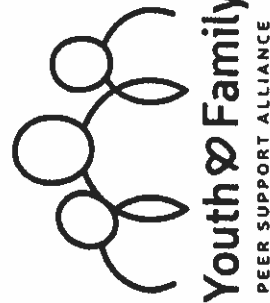
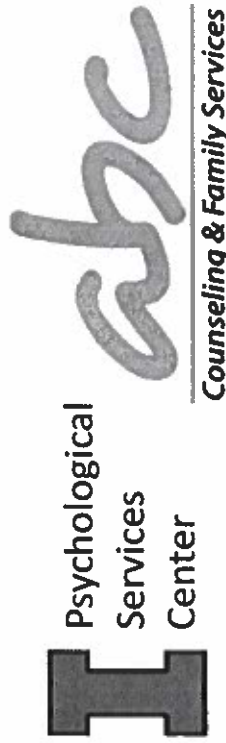
hope begins here.

Linkages

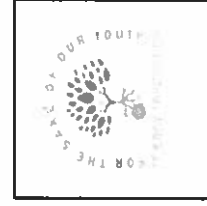
HOUSING



MENTAL HEALTH



OTHER



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hope begins here.

Sessions

Sessions frequency

- Minimum of 3 sessions per month
- Additional sessions offered as needed

Sessions duration

- Individual/Family Session – Typically 1 hour
- Duration varies depending on client's needs

In-person session locations

- Cunnigham Children's Home – Community Services office
- Youth Assessment Center
- Juvenile Detention Center
- Other community spaces

Majority of the sessions were provided via Telehealth services using Zoom or phone due to COVID-19 safety precautions

hope begins here.

Assessments

- Strengths and Difficulties Questionnaire (SDQ)
- Protective Factors Survey (PFS-2)
- Youth Connections Scale (YCS)
- ARC Skills Acquisition Assessment Tool – developed by FST

team

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hope begins here.

Strategies to mitigate COVID-19 impact

- Creative problem-solving during pandemic
- Long-term (post pandemic) benefits from these changes for the program

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hope begins here.

Outcomes nos.

- Number of referrals received - 27
- Number of clients served - 26
- Number of people in the family who were helped ~ 50
- Number of linkages made ~ 45
- Number of clients received housing advocacy and coordination - 4
- Number of clients received coordination around mental health needs ~ 15

hope begins here.

Questions and Comments

42

hope begins here.



1301 N. Cunningham Street, Urbana, IL 61802

FAMILIES STRONGER TOGETHER

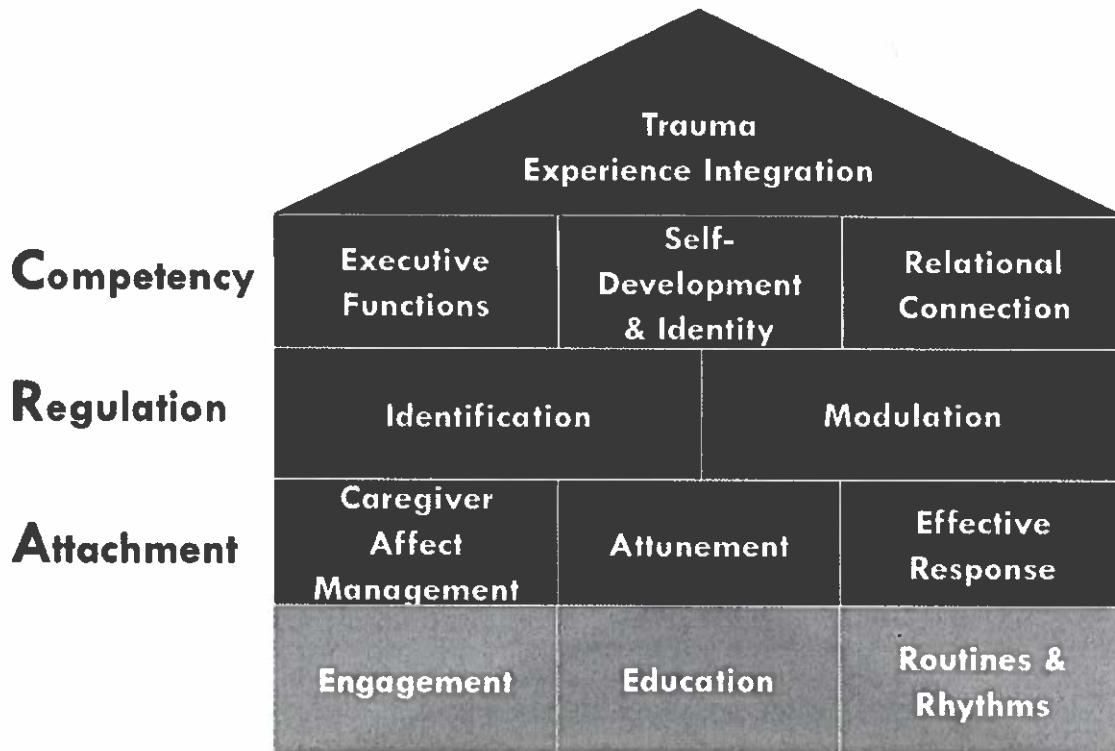
Attachment, Regulation & Competency (ARC) Treatment Framework

Skills Acquisition Assessment Tool

1st review date (4 month):
 2nd review date (7 month):
 3rd review date (10 month):

Client Name:	Age:
Gender: select	
Caregiver Name(s): 1.	2.

ARC Framework



Graphic by Jeremy Karpen, 2017; Adapted from: ARC, Blaustein & Kinniburgh, 2010; Kinniburgh & Blaustein, 2005

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Foundational Strategies

ARC BUILDING BLOCK – ENGAGEMENT

Please use the prompts below to briefly describe the clients and caregivers evidenced level of progress related to the Engagement ARC Building Block. *Not Applicable*

Prompts	1 st review (4 month)	2 nd review (7 month)	3 rd review (10 month)
<p>Regularity Attending the sessions on time, calling/texting if they need to reschedule, etc.</p>			
<p>Barriers Any cultural/physical barriers to engagement such as lack of shared understanding, differing priorities, lack of access to a phone or transportation.</p>			
<p>Readiness Motivation to make changes in their daily life, willingness to talk and share about difficult topics, etc.</p>			

ARC BUILDING BLOCK – EDUCATION

Please use the prompts below to briefly describe the clients and caregivers evidenced level of progress related to the Education ARC Building Block. *Not Applicable*

Prompts	1 st review (4 month)	2 nd review (7 month)	3 rd review (10 month)
Actively engage in psychoeducation sessions			
Demonstrates understanding of the impact of trauma on development			
Demonstrates understanding that current emotions and behaviors are responses related to past traumatic experiences			

ARC BUILDING BLOCK – ROUTINES AND RHYTHMS

Please use the prompts below to briefly describe the clients and caregivers evidenced level of progress related to the Routines and Rhythms ARC Building Block. *Not Applicable*

Prompts	1 st review (4 month)	2 nd review (7 month)	3 rd review (10 month)
Actively practices the use of routines and rhythms during planned sessions			
Includes practices of routines and rhythms in daily life			

Attachment Integrative Strategies

Please use the rating scale below to *select all that applies* to depict the clients and caregivers evidenced level of progress related to each ARC Building Block

0. No evidence of awareness
1. Understanding of the concepts
2. Ability to use the skills, *with help from staff*, while interacting *with staff*, during a session
3. Ability to use the skills, *independently*, while interacting *with staff*, during a session
4. Ability to use the skills, *with help from staff*, while interacting *with a family member*, during a session
5. Ability to use the skills, *independently*, while interacting *with a family member*, during a session
6. Ability to use the skills, *independently*, while interacting *with a family member*, in daily life
7. Ability to use the skills, as *a consistent and integral part* of daily life

ARC BUILDING BLOCK – CAREGIVER AFFECT MANAGEMENT

Select all that Apply

Not Applicable

1 st review (4 month)			2 nd review (7 month)			3 rd review (10 month)		
Client	Caregiver 1	Caregiver 2 <input type="checkbox"/> N/A	Client	Caregiver 1	Caregiver 2 <input type="checkbox"/> N/A	Client	Caregiver 1	Caregiver 2 <input type="checkbox"/> N/A
N / A	0. <input type="checkbox"/> 4. <input type="checkbox"/> 1. <input type="checkbox"/> 5. <input type="checkbox"/> 2. <input type="checkbox"/> 6. <input type="checkbox"/> 3. <input type="checkbox"/> 7. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/> 1. <input type="checkbox"/> 5. <input type="checkbox"/> 2. <input type="checkbox"/> 6. <input type="checkbox"/> 3. <input type="checkbox"/> 7. <input type="checkbox"/>	N / A	0. <input type="checkbox"/> 4. <input type="checkbox"/> 1. <input type="checkbox"/> 5. <input type="checkbox"/> 2. <input type="checkbox"/> 6. <input type="checkbox"/> 3. <input type="checkbox"/> 7. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/> 1. <input type="checkbox"/> 5. <input type="checkbox"/> 2. <input type="checkbox"/> 6. <input type="checkbox"/> 3. <input type="checkbox"/> 7. <input type="checkbox"/>	N / A	0. <input type="checkbox"/> 4. <input type="checkbox"/> 1. <input type="checkbox"/> 5. <input type="checkbox"/> 2. <input type="checkbox"/> 6. <input type="checkbox"/> 3. <input type="checkbox"/> 7. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/> 1. <input type="checkbox"/> 5. <input type="checkbox"/> 2. <input type="checkbox"/> 6. <input type="checkbox"/> 3. <input type="checkbox"/> 7. <input type="checkbox"/>
N / A	Highest Rating:	Highest Rating:	N / A	Highest Rating:	Highest Rating:	N / A	Highest Rating:	Highest Rating:

ARC BUILDING BLOCK – ATTUNEMENT

Select all that Apply

Not Applicable

1 st review (4 month)			2 nd review (7 month)			3 rd review (10 month)		
Client <input type="checkbox"/> N/A	Caregiver 1	Caregiver 2 <input type="checkbox"/> N/A	Client <input type="checkbox"/> N/A	Caregiver 1	Caregiver 2 <input type="checkbox"/> N/A	Client <input type="checkbox"/> N/A	Caregiver 1	Caregiver 2 <input type="checkbox"/> N/A
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Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:

ARC BUILDING BLOCK – EFFECTIVE RESPONSE

Select all that Apply

Not Applicable

1 st review (4 month)			2 nd review (7 month)			3 rd review (10 month)		
Client <input type="checkbox"/> N/A	Caregiver 1	Caregiver 2 <input type="checkbox"/> N/A	Client <input type="checkbox"/> N/A	Caregiver 1	Caregiver 2 <input type="checkbox"/> N/A	Client <input type="checkbox"/> N/A	Caregiver 1	Caregiver 2 <input type="checkbox"/> N/A
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Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:

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Regulation Integrative Strategies

Please use the rating scale below to *select all that applies* to depict the clients and caregivers evidenced level of progress related to each ARC Building Block

0. No evidence of awareness
1. Understanding of the concepts
2. Ability to use the skills, *with help from staff*, while interacting *with staff*, during a session
3. Ability to use the skills, *independently*, while interacting *with staff*, during a session
4. Ability to use the skills, *with help from staff*, while interacting *with a family member*, during a session
5. Ability to use the skills, *independently*, while interacting *with a family member*, during a session
6. Ability to use the skills, *independently*, while interacting *with a family member*, in daily life
7. Ability to use the skills, as *a consistent and integral part* of daily life

ARC BUILDING BLOCK – IDENTIFICATION

Select all that Apply

Not Applicable

1 st review (4 month)			2 nd review (7 month)			3 rd review (10 month)		
Client <input type="checkbox"/> N/A	Caregiver 1	Caregiver 2 <input type="checkbox"/> N/A	Client <input type="checkbox"/> N/A	Caregiver 1	Caregiver 2 <input type="checkbox"/> N/A	Client <input type="checkbox"/> N/A	Caregiver 1	Caregiver 2 <input type="checkbox"/> N/A
0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>
1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>
2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>
3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>
Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:

ARC BUILDING BLOCK – MODULATION

Select all that Apply

Not Applicable

1 st review (4 month)			2 nd review (7 month)			3 rd review (10 month)		
Client <input type="checkbox"/> N/A	Caregiver 1	Caregiver 2 <input type="checkbox"/> N/A	Client <input type="checkbox"/> N/A	Caregiver 1	Caregiver 2 <input type="checkbox"/> N/A	Client <input type="checkbox"/> N/A	Caregiver 1	Caregiver 2 <input type="checkbox"/> N/A
0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>
1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>
2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>
3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>
Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:

Competency Integrative Strategies

Please use the rating scale below to *select all that applies* to depict the clients and caregivers evidenced level of progress related to each ARC Building Block

0. No evidence of awareness
1. Understanding of the concepts
2. Ability to use the skills, *with help from staff*, while interacting *with staff*, during a session
3. Ability to use the skills, *independently*, while interacting *with staff*, during a session
4. Ability to use the skills, *with help from staff*, while interacting *with a family member*, during a session
5. Ability to use the skills, *independently*, while interacting *with a family member*, during a session
6. Ability to use the skills, *independently*, while interacting *with a family member*, in daily life
7. Ability to use the skills, as *a consistent and integral part* of daily life

ARC BUILDING BLOCK – EXECUTIVE FUNCTIONS

Select all that Apply

Not Applicable

1 st review (4 month)			2 nd review (7 month)			3 rd review (10 month)		
Client <input type="checkbox"/> N/A	Caregiver 1	Caregiver 2 <input type="checkbox"/> N/A	Client <input type="checkbox"/> N/A	Caregiver 1	Caregiver 2 <input type="checkbox"/> N/A	Client <input type="checkbox"/> N/A	Caregiver 1	Caregiver 2 <input type="checkbox"/> N/A
0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>
1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>
2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>
3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>
Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:

ARC BUILDING BLOCK – SELF-DEVELOPMENT & IDENTITY

Select all that Apply

Not Applicable

1 st review (4 month)			2 nd review (7 month)			3 rd review (10 month)		
Client <input type="checkbox"/> N/A	Caregiver 1	Caregiver 2 <input type="checkbox"/> N/A	Client <input type="checkbox"/> N/A	Caregiver 1	Caregiver 2 <input type="checkbox"/> N/A	Client <input type="checkbox"/> N/A	Caregiver 1	Caregiver 2 <input type="checkbox"/> N/A
0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>
1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>
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3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>
Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:

ARC BUILDING BLOCK – RELATIONAL CONNECTION

Select all that Apply

Not Applicable

1 st review (4 month)			2 nd review (7 month)			3 rd review (10 month)		
Client <input type="checkbox"/> N/A	Caregiver 1	Caregiver 2 <input type="checkbox"/> N/A	Client <input type="checkbox"/> N/A	Caregiver 1	Caregiver 2 <input type="checkbox"/> N/A	Client <input type="checkbox"/> N/A	Caregiver 1	Caregiver 2 <input type="checkbox"/> N/A
0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>	0. <input type="checkbox"/> 4. <input type="checkbox"/>
1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>	1. <input type="checkbox"/> 5. <input type="checkbox"/>
2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>	2. <input type="checkbox"/> 6. <input type="checkbox"/>
3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>	3. <input type="checkbox"/> 7. <input type="checkbox"/>
Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:	Highest Rating:

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STAFF INVOLVED IN ARC ASSESSMENT PROCESS

Select Name
Select Title

Date

Select
Associate Director of Family Services

Date

Protective Factors Survey, 2nd Edition (PFS-2)

Pre-Post

Client Name: _____

Date Survey Completed: _____

Your responses to this survey are confidential. If you need assistance completing the form, please ask a staff member.

For each of the following, mark the response that most closely matches how you feel.

	A. Not at all like my life	B. Not much like my life	C. Somewhat like my life	D. Quite a lot like my life	E. Just like my life
1. The future looks good for our family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In my family, we take time to listen to each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. There are things we do as a family that are special just to us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My child misbehaves just to upset me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel like I'm always telling my kids "no" or "stop".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I have frequent power struggles with my kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How I respond to my child depends on how I'm feeling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have people who believe in me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I have someone in my life who gives me advice, even when it's hard to hear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. When I am trying to work on achieving a goal, I have friends who will support me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. When I need someone to look after my kids on short notice, I can find someone I trust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. I have people I trust to ask for advice about (check all that apply):

- A. Money/Bills/Budgeting
 C. Food/Nutrition
 E. Parent/My Kids
 B. Relationships and/or My Love Life
 D. Stress, Anxiety, and/or Depression
 F. None of the above

The following questions are about your experiences so far in this program or organization. Your answers to these questions can help staff improve services for you and others like you, so it is important you answer honestly. For each of the following, mark the response that most closely matches how you feel.

	A. Strongly Agree	B. Agree	C. Neither Agree nor Disagree	D. Disagree	E. Strongly Disagree
13. I feel like staff here understand me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. No one here seems to believe that I can change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. When I talk to people here about my problems, they just don't seem to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51

Sometimes it is hard for families to afford everything they need. For each of the following, check all that apply.

16. In the past month, were you unable to pay for:

- A. Rent or mortgage
- B. Utilities or bills (electricity/gas/heat, cell phone, etc.)
- C. Groceries/food (including baby formula, diapers)
- D. Child care/daycare
- E. Medicine, medical expenses or co-pays
- F. Basic household or personal hygiene items
- G. Transportation (including gas, bus passes, shared rides)
- H. I was able to pay for all of these

17. In the past year, have you:

- A. Delayed or not gotten medical or dental care
- B. Been evicted from your home or apartment
- C. Lived at a shelter, in a hotel/motel, in an abandoned building or in a vehicle
- D. Moved in with other people, even temporarily, because you could not afford to pay rent, mortgage or bills
- E. Lost access to your regular transportation (e.g. vehicle totaled or repossessed)
- F. Been unemployed when you really needed and wanted a job
- G. None of these apply to me

	A. Never	B. Rarely	C. Sometimes	D. Often	E. Almost Always
18. I have trouble affording what I need each month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I am able to afford the food I want to feed my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52

Youth Connections Scale

Number of Supportive Adult Connections: For each category, please write the total number of meaningful relationships that apply for youth at this time. "Meaningful relationships" are defined by the youth. This would include adults who have some on-going contact with the youth and who can be counted on for some type of support.

	Total # of Adult Relationships for Each Category
Mother (birth, adoptive, stepmother)	
Father (birth, adoptive, stepfather)	
Adult siblings	
Other adult relatives	
Current foster parent	
Former foster parent	
Current or former social worker	
Current or former teacher	
Current or former therapist, counselor or psychologist	
Pastor, rabbi or other spiritual leader	
An adult friend, mentor or sponsor	
Other adults (Please list relationships):	

Strength of Youth Connections: Indicate the strength of the relationship between the youth and adult right now. In categories where there is more than one person, choose the most meaningful relationship and answer about that person. You can list up to two additional adults in the last two rows. Check the best response for each row.

Very Weak: No Contact

Weak: Infrequent contact; youth can't count on this adult for support

Moderate: Some contact with this adult but may not be consistent; youth feels a connection but can't count on this adult all the time

Strong: Contact at least once per month; youth feels a connection of the heart, mind or spirit with this person; youth can usually count on this person

Very Strong: Contact at least once per week; youth feels a long-term connection of the heart, mind or spirit with this person; youth can count on this person to be there for them when needed

N/A: Not applicable because adult is deceased or youth has no siblings

	Very Weak	Weak	Moderate	Strong	Very Strong	N/A
Parent 1 (birth, adoptive or step mother or father)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent 2 (birth, adoptive or step mother or father)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other adult relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other caring adult identified by youth:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other caring adult identified by youth:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Office Use Only: Youth Name: _____ Youth Date of Birth: _____
 Worker Completing Form: _____ Date Form Completed: _____
 Form Completed: Within 30 Days of Placement Within 30 Days of Discharge Other:
 Form Completed Without Youth at Discharge: Yes No If Yes, Explain: _____

53

Area Logo
PY1
Parent Report Measures for
Children and Adolescents
SDQ(P)11-17

Facility Name: _____
Code: _____

Please use gummed label if available

Patient or Client Identifier:

--	--	--	--	--	--	--	--

Surname: _____

Other names: _____

Date of Birth: _____ / _____ / _____ Sex: Male Female

Address: _____

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour over the last six months.

Strengths and Difficulties Questionnaire	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Restless, overactive, cannot stay still for long	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Often complains of headaches, stomach-aches, or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Shares readily with other young people, for example CDs, games, food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Often loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Would rather be alone than with other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Generally well behaved, usually does what adults request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Many worries or often seems worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Helpful if someone is hurt, upset or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Constantly fidgeting or squirming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Has at least one good friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Often fights with other young people or bullies them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Often unhappy, depressed or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Generally liked by other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Easily distracted, concentration wanders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Nervous in new situations, easily loses confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Often lies or cheats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Picked on or bullied by other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Often volunteers to help others (parents, teachers, children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Thinks things out before acting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Steals from home, school or elsewhere	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Gets along better with adults than with other young people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Many fears, easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Good attention span, sees chores or homework through to the end	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SDQ (P) 11-17 SELF-REPORT MEASURE (1 of 2)

Please turn over – there are a few more questions on the other side

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