Chapter 7
Assessment Methods

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Introduction

In recent years, practitioners and agencies have placed a greater emphasis on documenting the effectiveness of interventions (Serbati et al. 2013). This trend toward outcome evaluation is associated, in part, with the legitimate interest by funding sources in assessing whether the promised goals of programs are being attained. In order to demonstrate the effectiveness of services delivered to targeted populations and to augment decision-making processes, program developers and practitioners need reliable instruments to provide data along a continuum of services. As a result, more independent practitioners and agency-based social workers are using rapid assessment instruments to increase the quantity and quality of data collected during the provision of services.

In certain arenas, the use of data-collection instruments has become particularly important. For those working with children, the need to assess multiple sources of data across and beyond family systems is especially relevant because of the complex interactions between environments and children. For social workers working with abused and neglected children, the need for accurate and reliable information is even more critical because of the serious decisions that must be made.

Other than the risk assessment instruments currently in place, a few exist that employ a structured method of data collection in managed care (Broadhurst et al. 2010). In making important decisions regarding the duration and nature of interventions, referrals, and termination of services, social workers tend to rely largely on personal judgment, matrix factors, structured risk assessment tools, and accepted implicit and explicit assumptions about variables associated with the risk to clients (Wells and Correia 2010). Most often, data are collected through interviews with various persons in the social environments. There are eight different interviewing types, but the one that is used most regularly for data collection is education

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evaluation (Fallon et al. 2010). Rarely are self-report inventories or behavioral inventories used to collect information directly from parents, children, teachers, or others with specific knowledge of the family, despite the advantages of using such scales.

Self-report inventories, in particular, offer a number of advantages to workers who are intervening with families. Since child maltreatment typically occurs in the privacy of family settings and is not directly observable, gathering sufficient and reliable data about the multiplicity of problems that might exist can be very complex and challenging (Trickett et al. 2011). Instruments can record additional data on behavior and attitudes that may enhance the direction and intensity of the interventions selected. For instance, a multilevel intervention recorded in California suggests that it is most beneficial to obtain data on several aspects of children, such as learning, behavioral influences, and social competencies (Mills et al. 2013). Further, the use of scales reduces the time required by workers to collect data at the same time as it expands the sources of information across multiple systems. The broader-base information may include teachers and other school personnel, other professionals (visiting nurses, clinicians, physicians, and so forth), as well as a wider range of individual family members who may not be present at the time of the intake interview or at subsequent assessment points.

An accurate assessment is essential for effective practice. In child welfare, where assessments must depend on direct as well as indirect evidence, data on parental attitudes toward the victim, problem behaviors within the family constellation, and possible compromising psychopathologies can be obtained through the use of standard scales. A variety of objective measures pertinent to the assessment of child abuse and neglect are now available that can be used by practitioners with minimal disruption in terms of time, energy, cost, and ease of administration. The purpose of this chapter is to review a variety of instruments that child-welfare workers, specifically, and practitioners involved in children's services, in general, can use in the assessment and treatment of child abuse and neglect.

Assessment Strategies

The assessment methods reviewed here include a variety of instrument types. Some are self-report inventories, and others are behavior-rating scales, structured interviews, or observational coding systems. Traditional questionnaires are an example of the self-report approach, while behavior-rating scales, structured interviews, and observational coding systems are completed by an informed source in reference to the behavior or characteristics of another person. Both self-report inventories and behavior-rating scales have the recognized advantage of being generally easy to administer. In addition, they can provide objective evidence of client change. They are less costly and time-consuming than structured interviews or direct observation (Swenson et al. 2010).

There are several potential disadvantages to the use of paper-and-pencil self-report measures (Cohen et al. 2012). It is important to remember that when instruments are used in child-welfare settings, the informants may recognize and give socially desirable responses rather than accurate ones. This possibility should always be considered and adjusted for through complementary sources of information or alternative methods of obtaining information (Cohen et al. 2012). An important example of complementary source of information is structured interviews consisting of standardized questions, observational methods, and behavior-rating scales. Observational coding systems entail observing and recording the frequency of occurrence of specific behaviors, such as parental praise and commands during an interaction sequence in naturalistic structured situations. This approach requires more time, training, and resources than other methods but can provide accurate identification of specific parent-child problems (Park and Ryan 2008).

Selecting and Using Assessment Instruments

Instrument-based data, in concert with interviews, are useful in shaping and clarifying areas of concern, providing direction for more probing inquiry, determining possible intervention strategies, and assessing the success of interventions selected. Choosing empirical measures for child maltreatment case planning must begin with a clear understanding of the kind and purpose of the assessment, the breadth of information needed within the scope of the assessment, and the interventions available once problems are defined and the assets of the family are identified. The selection of any instruments must include evaluation of their levels of reliability and validity and understanding of the circumstances in which those levels optimally exist. This method is in cohorts with the upcoming research design called mixed methods. It triangulates the perspectives, rather than just viewing one aspect, such as the interview. Mixed methods use both qualitative and quantitative methods to come to a more valid decision (Broadhurst et al. 2010).

A valid instrument measures what it proposes to measure and includes sufficient items to be representative of the concepts to be measured. Reliability refers to the consistency of the measure; that is, the instrument yields similar results each time it is administered. All of the instruments reviewed here are regarded as having acceptable levels of validity and reliability. However, it is important to understand that these determinations are based on group data and cannot be guaranteed in each individual circumstance of potential use. An individual's score may in fact be correct. Important decisions should never be based on the results of a single assessment tool (Stith et al. 2009). Data obtained from the measures included here should supplement, not replace, traditional sources.

A practitioner using any instrument must become thoroughly familiar with how to administer and score it for effectiveness and efficient use (Corcoran and Pillai 2009). This includes knowing for which populations the instrument can be

effectively used, how it is completed, how much time is required to complete it, and what kinds of equipment are needed to complete and score it. These factors must be considered in addition to the levels of reliability and validity of the instrument as a whole, as well as the reliability and validity of possible subscales. In all cases, sources for each instrument used should be reviewed in order to ensure that the optimal conditions for applying the instrument are present. Manuals or reference literature providing information about administering, scoring, and interpreting specific instruments should be obtained and scrutinized. Self-administration and structured role-play with colleagues will help practitioners gain confidence in the use of an instrument (Mezuk et al. 2010).

Many practitioners are uncertain about how to introduce the use of assessment instruments to family members or individuals in nonthreatening ways. Clients should be given general information about the purpose of the instrument—what will be involved in completing the instrument, how the information will be used, and who will have access to the information obtained. It is recommended that the results be discussed with clients in a candid manner. Practitioners who provide feedback with sensitivity can promote positive client change.

Assessment Methods

The nonunitary nature of child abuse and neglect suggests that they require multimethod, multisource assessment and interventions. There are also no special circumstances surrounding the assessment of child maltreatment (e.g., social desirability in self-report measures and reactivity in observation), which reinforce the need to seek convergent findings across multiple sources. It is recommended that the clinician select from a variety of assessment procedures dictated by the unique features of each individual case—evidence-based practice (EBP), clinical expertise, and client values. There is a correlation among the parents that maltreat their children. Depression and biases toward children lead to a type of abuse. Therefore, two models are documented to help eliminate the behavior. First is the ecological model, which views the family as a system and identifies what subsystem is creating the issue. The next method is the social situational model, which views the larger society, as opposed to the family, as a system (Storer et al. 2012).

The primary concern in any assessment of child abuse and neglect must be the assessment of immediate risk to the child. This is particularly salient in light of the finding from a review of 89 demonstration projects that one-third or more of the participating parents maltreated their children while involved in the treatment (Mannarino et al. 2012). On occasion, the child or children must be removed prior to further assessment and treatment. Currently, several empirically derived risk assessment instruments are available (Stith et al. 2009). However, none of these have a sufficient level of predictive accuracy to allow for the sole dependence in decision-making. In addition, these models have been derived to evaluate reports

to child protective services, rather than for use in a clinical setting. They may, however, provide a useful adjunct to clinical judgment.

Having addressed the initial determination of child safety, the objective of parenting assessment should be the determination of "functional parenting competencies," based on what the parent or caregiver understands, believes, knows, does, and has the capacity to do (Rivas et al. 2009). This implies that in addition to the parental assumptions about the child needs and their knowledge of parenting, the current and potential future behavior of the parent becomes central to clinical assessment. Furthermore, Belsky (1993) posits that physical abuse and neglect are determined by factors operating at multiple levels of analysis. Thus, suggesting that the developmental context, the immediate interactional context, and the broader context (community, culture, and evolution) should all be examined.

Structured Clinical Interviews

The model form of clinical assessment is the interview and to the extent that the factors raised by Lu et al. (2011) are addressed—this may be appropriate. Also, the structured clinical interviews provide the basic material needed to achieve an assessment (Feindler et al. 2003). However, as a vehicle for obtaining information in situations of family violence, the interview often suffers from respondent distortion, self-serving, social desirability bias, or poor recall (Lietz et al. 2011). In an effort to guide clinicians in the assessment of abusive families, Lietz et al. (2011) devised the child abuse and neglect interview schedule (CANES). This was originally developed to use with disabled children; however, it is also designed to assess the maltreating behaviors such as corporal punishment, physical abuse, and history of maltreatment, and is utilized with the general population.

Structured interviews may also consist of various combinations of existing instruments. In choosing an empirical measure, the clinician should have a clear understanding of the purpose of the assessment, type of intervention required, interventions available, family's strengths, cultural background, and applicability of measures with diverse populations. The chapter categorizes the measures under headings such as parental assessment, child assessment, family level measures, marital assessment, environmental level measures, and ecological measures. It also provides information on the availability of each instrument and the length of time to administer.

Computerized Assessment Methods

The advent and availability of personal computers has increased the accessibility and flexibility of collecting and analyzing client information. There are many computer programs available for clinical use; however, most do not have available

psychometric information. Two measures with extensive psychometric information available are listed below. Both are available in computerized format.

One measure of general individual and family functioning is the multi-problem screening inventory (MPSI) (Pelaez and Sanchez-Cabezudo 2013). The MPSI provides clinicians with a 334-item scale measuring 27 dimensions of family and individual functioning. Subscales addressing physical abuse, nonphysical abuse, depression, self-esteem, partner problems, child problems, family problems, and numerous other issues, are contained in the instrument (Pelaez and Sanchez-Cabezudo 2013).

Additionally, a family assessment screening inventory (FASI) can assess the family situation. The inventory consists of 256 items covering the following categories: housing, physical safety, economic stress, nutrition and diet, family conflict, aggressive behavior, stress, family support, extended family, previous partners, community, employment, school, people outside family, alcohol use, drug use, domestic abuse, child abuse, extrafamilial abuse, self-destructive behavior, child care, parenting, psychological conditions, health conditions, and legal involvement.

A measure more directly focused on children is the Child Well-Being Scales (Serbati et al. 2013). This scale is a multidimensional measure of potential threats to the well-being of children. The scales include both child and family measures. They were originally designed as an outcome measure for child-welfare services, rather than for clinical assessment. However, a computerized form of the scale has been in use as a clinical decision-making tool since the early 1990s (Lyons et al. 2012).

Self-Report Methods

In cases of child abuse and neglect, there is a tendency towards social desirability in self-report measures. This reinforces the need for triangulation in assessment to ensure accuracy and veracity. The Child Abuse Potential Inventory (CAPI) is the most extensively researched instrument of its kind (Walker and Davies 2010). It has a validity index designed to detect biased or random response patterns. This 160-item inventory is intended to differentiate physically abusive parents from parents who are not physically abusive. The scale includes items related to distress, rigidity, child problems, family problems, unhappiness, loneliness, negative self-concept, and negative concept of the child. The CAPI is one of the few instruments available with published validation and cross-validation information. This measure also has cross-validated data available in Spanish translation for the abuse scale (Walker and Davies 2010).

Several other self-report measures are worthy of mention, although they are not as extensively researched as the CAPI. The Parenting Stress Index (PSI) is designed to assess the extent of parenting-related stressors (Pereira et al. 2012). Although used more as a program evaluation tool, it has been used successfully with abusive parents. The Parent Opinion Questionnaire (POQ) is an 80-item instrument that

assesses the extent a parent may hold unrealistic expectations about the developmental abilities of their children (Okado and Azar 2011). Significant scoring differences have been found on this instrument with abusive and non-abusive parents. Another instrument is the Rorschach test, which is a questionnaire for children. The Rorschach test is on the rise in recent years, averaging a 6% increase in usage (Pereira et al. 2012).

The Childhood Trauma Questionnaire (CTQ) short version is a 28-item self-report inventory, which measures the physical, emotional, and sexual abuse, and physical and emotional neglect across the life of a child (Bernstein et al. 2003). The questionnaire uses several Likert scales to enhance reliability and statistical power. It takes about 5 min to complete and can be used in normal and clinical populations (Bernstein et al. 2003).

Observation Methods

Several available observational procedures are designed to assess selected behaviors or qualities of the parent-child interaction. One example of such scales is the 100-item Home Observation Measurement of the Environment (HOME) (Rijlaarsdam et al. 2012). The HOME assesses the quality of stimulation in the child's early environment. Two versions of this instrument are available—one for children from birth to age three, and another for children ages from three to six. This scale consists of some self-report items, though the majority of the items are based on the observation of the parent and child.

This is an observational system designed specifically to evaluate parental control strategies, and was developed by Schaffer and Crooke (McLeod and Weisz 2010). Examination of the parent-child interaction system using this model yields the classic, tripartite, and antecedent child behavior-parent control-consequent child behavior model.

Some caution is merited in the use of observation methods, as they require extensive training for reliable use. In addition, many were developed for research rather than clinical purposes. Yasui and Dishion (2008) report that the coder's ethnicity and the family's ethnicity represent factors that may lead to inconsistent outcomes of observations. Even so, the observation methods often yield invaluable information on parent-child behaviors and interaction systems. Richard and Luprich (2011) noted that the reactive effects might not preclude the validity of such assessments.

In contrast, some research suggests that the demand characteristics do impact observational assessments by depressing the frequency of negative interactions (Messing et al. 2012). Clearly, there is need for caution in the interpretation of observational methods. It has been suggested that this type of observation is most reliably performed in the family, home, or a structured setting, such as a clinic, and that interactions should optimally involve the whole family and take place over multiple sessions.

Rating Scales

The Childhood Level of Living Scale (CLLS) is a 99-item behavior rating scale developed as a measure for scaling the essential elements of child-care and neglect of children under age seven (Bellamy 2008). Subscales include positive child-care, state of home repair, negligence, household maintenance, health care, encouraging competence, consistency of discipline, and coldness. This scale is particularly useful in assessing how chronic and severe care giving deficits are.

The Social Competence and Behavior Evaluation Scale (SCBE-30, short form) is an 80-item Likert rating scale which measures social competence, emotional regulation and expression, and adjustment difficulties in children from three to six years old (LaFraniere and Dumas 1996). There are three factors identified including social competence, anger-aggression, and anxiety-withdrawal. This scale was found to have a high inter-rater reliability, test-retest reliability, internal consistency, and temporal stability. It is used primarily to identify high risk children. Respondents may respond to questions with never, rarely, sometimes, often, frequently, and always (LaFraniere and Dumas 1996).

The Child Exposure to Domestic Violence Scale (CEDVS) is a 42-item scale which measures the level of abuse witnessed by a child, and is of a fourth grade reading level (Edleson et al. 2007). Responses are on a Likert three-point scale—never, sometimes, or a lot. There are three sets of questions that discuss the type of violence witnessed, if the child knew about it before coming home, and basic demographics. Face, content, and convergent validity were established with the things I have heard and seen survey (Edleson et al. 2007).

Physiological Methods

Social desirability bias is less of an issue if physiological measures of arousal are used. Physiological measures of arousal may be taken in response to audio or video material, in vivo exposure to problematic child behavior, infant crying, and so forth (Stith et al. 2009). As an adjunct to complement parent self-report, physiological measures may indicate under-reporting or under-recognition of negative responses.

Family Strengths

The family or individual need for a concentration of many assessment measures means that they are often deficit focused. This can tend to color the perspective of the clinician, as well as further stigmatizing the already demoralized parents. Therefore, it is crucial that clinicians take into account the strengths and potential resources possessed by families. These may include interpersonal skills, supportive family, friends, or neighbors, motivation, or other compensatory characteristics.

"Positive attributes provide a context for understanding the severity and implications of problematic parenting features, and they provide a basis on which future parenting competence can be built" (Storer et al. 2012). Lack of warmth and rewards can also cause severe depression or suicidal tendencies in the future.

Conceptual Framework

Research findings support an ecological approach to child maltreatment with child abuse and neglect addressed as complex problems occurring within a milieu of family dysfunction, environmental stress, and societal values relating to child-rearing (Stith et al. 2009). This recognizes the futility of efforts to identify single causes or solutions to child maltreatment (Fallon et al. 2010). The ecological perspective offers the taxonomy for assessment at various levels: individual, family, and environmental. The procedures reviewed here assess parent and child factors (individual level), family interaction and marital discord (family level), as well as stress and social support (environmental level). In addition, a number of instruments, which assess child abuse and neglect at multiple levels, are discussed under the heading of "Ecological Assessment."

Individual Level

Parent Factors

Attempts to delineate distinguishing traits of abusing and neglecting parents have resulted in markedly inconsistent findings (Tolle and O'Donohue 2012). Most data suggest that only 5 to 10% of abusers can be classified as psychotic or mentally ill (Draine 2013). While it is vital to identify the presence of severe personality disorders in clients, instruments designed for this purpose are difficult to interpret without specialized training. If mental illness is suspected, an evaluation by a mental health professional is indicated.

Numerous studies suggest an association between child maltreatment and parental depression, low self-esteem, and poor interpersonal relationships (Kim and Cicchetti 2009). Assessment of these factors, where indicated, can be useful in targeting specific problem areas, establishing a baseline, and monitoring change.

Early researchers suggested that parents who mistreat their children have unrealistic expectations for their children (Broadhurst et al. 2010). Subsequent research on this issue has generally failed to support this proposal (Stith et al. 2009). Nevertheless, an assessment of a parent's knowledge and expectations of child behavior is useful in identifying clients who could benefit from the instruction in this area.

Parental Assessment Measures

The Adult-Adolescent Parenting Inventory is a 32-item self-report questionnaire measuring parenting strengths and weaknesses in four areas: inappropriate developmental expectations, lack of empathy toward children's needs, belief in the use of corporal punishment, and reversal of parent-child roles. Adult parents, adolescent parents, or prospective parents respond to each item on a five-point scale, which ranges from "strongly agree" to "strongly disagree." (Mezuk et al. 2010).

The Beck Depression Inventory is a 21-item self-report inventory, and it is one of the most-widely used measures of depression in clinical practice. Respondents indicate the severity of their current symptoms on a scale from zero to three (Broten et al. 2011).

The National Comorbidity Survey-Revised (NCS-R) is a two part self-report and interview (Medley and Sachs-Ericsson 2009). The NCS-R diagnoses are based on the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) and require information on childhood abuse, assessment of parenthood, parental abuse of children, and family psychiatric history (Medley and Sachs-Ericsson 2009). The interview takes anywhere from 90 min to 6 h to complete, based on the respondent's history. Trained interviewers are needed to facilitate the survey in order to properly interpret nonverbal body language and results (Kessler et al. 2011).

The Generalized Contentment Scale (GCS) is a 25-item self-report inventory that the clients respond to on a scale ranging from one to five. The GCS measures the degree, severity, or magnitude of nonpsychotic depression and focuses largely on affective aspects of depression (Mezuk et al. 2010).

The Implicit Parental Learning Theory Interview is a 45-item, 45 min structured interview. There are 20 items for the Implicit Parental Learning Theory Interview (IPLET's) 5–6. It is designed to inventory the techniques a parent uses to deal with developmentally appropriate behaviors of preschool children. Five separate forms are available for use with parents of children aged from one to 16.

The Index of Self-Esteem is a 25-item self-report inventory rated on a one to five continuum. It measures the degree, severity, or magnitude of a client's problems with self-esteem (Mezuk et al. 2010).

The Index of Parental Attitudes is a 25-item self-report inventory rated on a one to five continuum. It measures the extent, severity, or magnitude of parent-child relationship problems perceived and reported by the parent in reference to a child of any age (Mezuk et al. 2010).

The Index of Peer Relationships is a 25-item self-report inventory rated on a one to five continuum. It measures the degree, severity, and magnitude of a client's problems in relationships with peers. It can be used as a global measure of peer-relationship problems or the practitioner can specify the peer-reference group (i.e., work associates and friends) (Mezuk et al. 2010).

The Maternal Characteristics Scale is a 35-item observational rating scale consisting of descriptive statements with which the caseworker assesses relatedness, impulse-control, confidence, and verbal accessibility. Case workers respond to true, false, mostly true, or mostly false questions (Dubowitz et al. 2011).

The Michigan Screening Profile of Parenting is a 30-item self-report inventory measuring the attitudes regarding child rearing, parental self-awareness, and self-control. Clients respond to each item on a seven-point scale ranging from strongly agree to strongly disagree (Wekerle 2013).

Child Factors

Over the years a substantial body of research focusing on the effects of maltreatment has identified an extremely large range of behaviors and characteristics frequently observed in children who are abused and neglected. However, the inherent difficulties in studying the phenomenon compromise the ability of social workers to make definitive statements regarding the effects of maltreatment. Moreover, a significant number of maltreated children show no signs of overt problems (Miller-Perrin and Portwood 2013). Nevertheless, an assessment of specific factors that have been associated with maltreatment is an important part of systematic analysis and treatment planning. Generally, studies show maltreated children exhibit depression, low self-esteem, low frustration tolerance, withdrawal, anxiety, poor social skills, developmental deficits, and other signs of maltreatment (Hur and Testerman 2012).

Recently, researchers have looked beyond the effects of abuse and neglect to focus on the role of the child in eliciting further maltreatment, particularly physical abuse (Miller-Perrin and Portwood 2013). Studies have identified specific behavioral and temperamental characteristics of the abused children that have been shown to precipitate additional abuse including aggressiveness, irritability, hyperactivity, and negativity (Moss et al. 2011). An assessment of these characteristics can be particularly useful in targeting child behavior modifications.

Child Assessment Measures

The Adolescent Alcohol Involvement Scale is a 14-item self-report inventory categorizing adolescent alcohol use and abuse along a continuum from abstinence to misuse. This instrument demonstrated high test-retest reliability in screening adolescent populations for alcohol misuse (Lipscomb et al. 2012). This scale is available from the Department of Psychiatry and Behavioral Sciences, Northwestern University, Chicago, IL 60611.

The Childhood Experiences of Violence Questionnaire (EVQ) is an 18-item self-report scale of victimization for youth aged from 12 to 18. It takes approximately 15 min to complete. The EVQ measures victimization, sexual abuse, physical abuse, physical punishment, trauma, witnessing domestic abuse, and emotional abuse (Walsh et al. 2008). Respondents answer the items with never, rarely, sometimes, or often. This scale is based on the ecological model.

The Behavior Problem Checklist is a 55-item behavior rating scale. This scale measures the types and degree of behavior problems in children and adolescents. A

parent or teacher completes the three-point scale. Four subscales identify conduct problems, personality problems, inadequacy-immaturity, and socialized delinquency (Kimonis and Frick 2011).

The Child Behavior Checklist is a 118-item behavior rating scale, and is one of the most widely used measures of children's behavior problems. There are parallel forms for parents and teachers to complete about children aged from four to 16. There is also a form for children aged from 11 to 18 to self-report on their behaviors. The respondents rate a variety of behaviors on a three-point scale. The checklist measures internalizing syndromes (i.e., depressed and immature) and externalizing syndromes (i.e., aggressive and hyperactivity) (Aarons et al. 2010).

The Child's Attitude Toward Father and Mother scales are separate 25-item self-report inventories rated on one to five continuums. They measure the extent, degree, or severity of problems a child aged 12 or older has with his or her father or mother (Mezuk et al. 2010).

The Developmental Profile II is a 186-item behavior rating scale that measures the functioning of children from birth to age nine in five areas. The five areas are physical, self-help, social, academic, and communication. The age-graded items are rated pass or fail. The instrument can be completed in 20 to 40 min by a service provider employing knowledge of the child's skills, observations, and parent interviews. This scale is available from the Psychological Development Publications, P.O. Box 3798, Aspen, CO 81611.

The Rosenberg Self-Esteem Scale is a 10-item self-report inventory that measures the self-esteem of high school students. The respondents rate each item on a four-point scale (Marsh et al. 2010).

The Self-Perception Profile for Children is a 28-item self-rating inventory assessing a child's perception of his or her cognitive, social, and physical competence. The scale is for use with children in the third through ninth grades. For each item, the child is asked to first identify which two descriptions best describe him or her, then rate whether the description is sort of true or really true (Lou et al. 2013).

The Problem-Oriented Screening Instrument for Teenagers [POSIT] is a 139-item self-report rating instrument that assesses substance abuse problems, physical health status, mental health status, family relationships, peer relationships, educational status, vocational status, social skills, leisure/recreation, and aggressive behavior/delinquency. This instrument is intended for use as a screening tool to identify problems in need of further assessment (French et al. 2013).

The Sexual Abuse Exposure Questionnaire (SAEQ) can be used to retroactively measure the extent of exposure to sexual abuse in children (Keyes et al. 2011). The SAEQ is a self-report questionnaire that consists of 10 items, each of which describes a specific sexual abuse event or experience. Clients respond to each item positively or negatively to indicate whether or not they have experienced the described event. Higher scores indicate higher exposure to childhood sexual abuse. This questionnaire has been found to have high reliability and validity (Keyes et al. 2011).

The Assessing Environments-III Inventory includes the Physical Punishment Scale (AE-III-PP), which can be used to measure childhood experiences of physical

abuse and corporal punishment (Berger et al. 1988; Feindler et al. 2003). This inventory consists of 12 items, each of which describes a type of physical punishment with a wide range in severity. Clients respond to each with "true" or "false," and higher scores indicate greater exposure to physical punishment during childhood. The AE-III-PP has demonstrated high reliability and validity (Berger et al. 1988; Feindler et al. 2003).

The Posttraumatic Diagnostic Scale (PDS) can be used to assess a client's childhood history of trauma (Powers et al. 2010). This 49-item scale assesses client experience of trauma based on the DSM-IV criteria for posttraumatic stress disorder. Each item represents a trauma symptom, and clients respond to each item on a scale from 0 to 3, with higher scores representing higher frequency of trauma symptoms. Higher overall scores indicate higher likelihood of posttraumatic stress disorder (Powers et al. 2010).

The Sexual and Physical Abuse Questionnaire (SPAQ) can be used to measure the extent of experiences of sexual and physical abuse across the life span. For this reason, it can be used to measure experiences of sexual and physical abuse of clients as adults, adolescents, or children (Irish et al. 2010).

The Child Abuse and Trauma Scale (CATS) can be used to measure the extent of childhood abuse and maltreatment (Pereira et al. 2012). The CATS consists of an overall score of trauma, as well as three subscales: childhood sexual abuse, childhood neglect, and childhood punishment. There are 38 items, each of which represents a specific abusive or neglectful behavior experienced within the home. Clients are asked to indicate how often each behavior occurs on a range from 0 (never) to 4 (always). This scale has high reliability and validity (Pereira et al. 2012).

The Activities of Daily Living (ADL) checklist for neglect can be used to determine the extent to which the children are being neglected within the home (Kutlay et al. 2009). This measurement tool is completed by a professional who visits the home and observes the activities of daily living. The checklist, which includes activities such as eating, sleeping, grooming, dressing, reading, and writing, is completed based on observations within the home (Kutlay et al. 2009).

Family Level

Family Interaction

Child maltreatment is often embedded in general dysfunction. In assessing parent and child factors individually, the practitioner may overlook significant family processes. The instruments discussed in this section focus on the assessment of family structure, dynamics, and interaction patterns. Parent and child self-report inventories and behavior-rating scales can provide information on such factors as degree of attachment, perception of problems, level of conflict, and communication styles within the family (Mezuk et al. 2010).

Researchers have consistently found that abusive and neglectful families display distorted patterns of parent-child interaction marked by lower rates of interaction and an emphasis on negative aspects of the relationship (Milot et al. 2010). Several observational procedures are reviewed here which can provide specific descriptions of dysfunctional processes, such as ineffectual use of punishment. These processes can then be altered using established techniques of parent-behavior training.

Family Assessment Measures

The Conflict Tactics Scale is a 19-item self-report inventory that is widely used to assess conflict among family members. A parent or child responds on a six-point scale, from never to more than 20 times, to indicate the number of times in the past year specific techniques were used during the conflict (Swenson et al. 2010).

The dyadic parent-child interaction coding system is an observational procedure that assesses the interaction of parents and young conduct problem children. A parent and child are observed during 3–15 min segments as they interact in a clinical playroom (Stith et al. 2009).

The Family Adaptability and Cohesion Scale III is a 40-item self-report inventory that assesses family cohesion, adaptability, and communication. Adults and children aged 12 and older respond on a five-point scale to each item. The first half of the scale assesses how family members see their family (perceived), and the second half assesses how they would like it to be (ideal).

The Family Assessment Form is an observational procedure including 102 items. This instrument assesses the family's physical, social, and economic environment, psychosocial history of caregivers, personal characteristics of caregivers, child-rearing skills, caregiver to child interactions, developmental status of children, and overall psychosocial functioning of the family from an ecological perspective. Family functioning is rated on a five-point Likert scale linked to child abuse and neglect (Mezuk et al. 2010).

The Index of Family Relations is a 25-item self-report inventory rated on a one to five continuum. It measures the extent, severity, or magnitude of problems that family members have in their relationship with one another. It is considered a global measure of family problems (Mezuk et al. 2010).

The Inventory of Family Feelings is a 38-item self-report inventory assessing the overall degree of attachment between each pair of family members. Family members with at least a sixth grade education respond on a three-point scale to each item (MacKenzie et al. 2011).

The Parent Adolescent Communications Inventory is a 40-item inventory that assesses the patterns and characteristics of communication between parents and adolescents. Adolescents aged 13 years and older respond to each item using a three-point scale (Williams and Bolton 2010).

The Parent Child Behavioral Coding System is an observational procedure that assesses patterns of parent-child interaction. An observer codes parent and child

behaviors in a 10-min structured exercise in a clinic and/or in a 40-min unstructured home visit (Petra and Kohl 2010). (Helping the noncompliant child: A clinician's guide to parental training, New York, Guilford Press).

The Standardized Observation System III is an observational procedure that assesses interaction between a child and other members of a family. The observer codes the interaction sequence in a 1-h unstructured home visit (Waller and Bitou 2011).

The McMaster Structured Interview of Family Functioning (CRS) focuses on whether families accomplish basic tasks of daily life in six domains: problem solving, communication, roles, affective responsiveness, affective involvement, behavior control, and overall family functioning. It uses parental self-report, clinical judgment from a 2-h interview, and observation of all members of the family. The CRS has a good inter-rater reliability (Barakat and Alderfer 2011).

Marital Discord

Not surprisingly, marital discord has been found to characterize maltreating families (Broadhurst et al. 2010). Conflict in the marital relationship often precedes abusive acts against children as stress spills over from the parental dyad into the parent-child relationships (Wekerle 2013). Children and youth reflect on what is taught in a household, and frequently coping mechanisms in children rely on substances. Several self-report instruments are reviewed here that are useful primarily in determining whether the marital relationship should be targeted for intervention and providing feedback on the effectiveness of interventions.

Marital Assessment Measures

The Dyadic Adjustment Scale is a 32-item self-report inventory that uses three different types of rating responses that measure satisfaction in an intimate relationship (Sherman and Fredman 2013).

The Couples Emotion Rating Form assesses three types of negative emotions during conflict: hard, flat, and soft (Sanford 2007). This is a self-report form where the response format is on a five-point scale of disagree strongly, disagree, agree somewhat, or agree strongly. The Couples Emotion Rating Form's main strength is that it assesses emotion to a specific interpersonal conflict (Sanford 2007).

The Index of Marital Satisfaction is a 25-item self-report inventory that uses three different types of rating responses (Riesch et al. 2010). It measures the degree, severity, or magnitude of problems one spouse or partner has in the marital relationship.

The Index of Spouse Abuse is a 30-item self-report scale rated on a one to five continuum. It measures the severity or magnitude of physical or nonphysical abuse

inflicted on a woman by her spouse or partner. Clinical cutting scores are suggested for both physical and nonphysical abuse subscale scores (Riesch et al. 2010).

The Revised Conflict Tactics Scale includes the Physical Assault Scale, which can be used to measure the extent of adult exposure to physical assault by a romantic partner (Swenson et al. 2010). The scale consists of 12 items, each representing a specific physically abusive behavior. Clients respond to each item on a scale from 0 (never) to 6 (more than 20 times) based on how many times they have experienced that abusive behavior in the past year. This scale has been found to have high validity and reliability (Swenson et al. 2010).

The Marital Satisfaction Inventory is a 280-item self-report inventory that assesses individual's attitudes and beliefs regarding 11 specific areas of marital relationship adjustment. It requires approximately 30 min for individual spouses to respond true-false on each item. It also includes subscales on dissatisfaction with children and conflict over child-rearing (Reyome 2010).

Environmental Level

Stress

Increasingly, research is taking into consideration the inter-relationship among individuals, family, and situational factors in examining child maltreatment. Life stresses, such as personal crisis, divorce, the death or illness of a family member, and unemployment, tend to increase the likelihood of child abuse and neglect (Allwood and Widom 2013). While not all parents react to stress by maltreating their children, an assessment of life stresses is a useful part of an evaluation of abusive and neglectful families. High levels of stress have been found to precede maltreatment in a family, and practitioners can offer training in techniques of stress reduction to prevent further dysfunction. Being less stressed causes alpha to appear, and it can assist in making conscious choices along with proper expectations (Ben-Arieh 2010).

Stress Assessment Measures

The Family Inventory of Life Events and Changes is a 71-item self-report instrument which records normative and non-normative stressors a family unit may experience within a year (Lietz and Strength 2011). Adult family members (together or separately) respond yes or no to each item. Norms are provided for families at various stages in the family life cycle.

The PSI is a 101-item self-report inventory that assesses a mother's perception of stress associated with child and parent characteristics (Pereira et al. 2012). Additional 19 optional items assess life stress events. Mothers can complete the index in approximately 20 to 30 min.

The Social Phobia and Anxiety Inventory for Children (SPAI-C) is a 26-item self-report instrument and a daily diary which records anxiety events and feelings (Pina et al. 2013). Each item is rated on a scale. Possible answers are never, hardly ever, sometimes, most of the time, or always. The SPAI-C was measured to have high internal consistency (Pina et al. 2013).

Social Support

Social isolation of families is one of the most powerful factors distinguishing families who maltreat from those who do not (Garbarino 2013). Informal support systems appear to moderate the effects of stress on families by offering material and emotional assistance and by providing parenting role models. Formal support systems, such as groups to reduce stress can also be a significant approach to not maltreating a child. Although some programs seem to help the males more than the females, a social network consisting of a group with similar problems can be beneficial (Friend et al. 2009). As assessment of the availability and utilization of social support by maltreating families is a vital part of evaluation and treatment planning.

Social Support Measures

The Inventory of Socially Supportive Behaviors is a 40-item self-report inventory assessing the frequency with which individuals have received various forms of aid and assistance from people around them (Gottlieb and Bergen 2010). Respondents answer each item using a five-point scale ranging from not at all to every day.

The Social Support Behaviors Scale is a 45-item self-report inventory that measures five models of support: emotional, socializing, practical assistance, financial assistance, and advice/guidance (Tanigawa et al. 2011). Respondents respond on a five-point scale (from no one would do this to most family members/friends would certainly do this, to the likelihood that family/friends would help in specific ways).

Ecological Assessment

A number of instruments are designed to assess maltreating families at multiple levels (individual, family, and environment). While such instruments are particularly useful for practitioners, they should always be regarded as supplemental to the client interview and case record. In a recent study, the ecological framework was used to determine the effect of child abuse. It concludes that as a society, parents with poor skills have a tendency to raise the percentage of abuse. This in turn inhibits the child from being a productive member of society (Daniel et al. 2010).

Ecological Assessment Instruments

The Child Abuse Potential Survey is a 160-item self-report inventory, completed by the parent (Walker and Davies 2010). It is designed as a screening device to differentiate physical abusers from non-abusers. Factors measured include distress, rigidity, child with problems, problems from family and others, unhappiness, loneliness, and negative concepts of child and self. Respondents are asked to agree or disagree with each item. The inventory has a reliability level of grade three and includes a lie scale to identify individuals who tend to give socially desirable answers.

The Childhood Level of Living Scale is a 99-item behavior rating scale assessing neglect of children aged seven and under (Bellamy 2008). There are nine subscales, including general positive child care, state of repair of home, negligence, quality of household maintenance, quality of health care and grooming, encouraging competence, inconsistency of discipline and coldness, encouraging superego development, and material giving. It requires approximately 15 min for a service provider who knows the family well to answer all items either yes or no.

The Child Well-Being Scale is a 43-item behavior rating scale that is a multidimensional measure of child maltreatment situations. It is specifically designed for use as an outcome measure of child maltreatment situations. It is designed for use as an outcome measure in child protective services programs rather than for individual case outcomes (Serbati et al. 2013). Most of the scales focus on actual or potential unmet needs of children. Current testing of the subscales indicates that three factors (household adequacy [10 scales], parental disposition [14 scales], and child performance [four scales]) accounted for 43 % variance and that the Child Well-Being Scale can discriminate between neglectful and non-neglectful families (Dubowitz et al. 2011). It requires approximately 25 min for a service provider to complete the scale based on direct contact with the family, including in-home visits. Each dimension is rated on a three-point or six-point continuum of adequacy/inadequacy. This scale is available from the Publication Department, Child Welfare League of America, 440 First St NW, Suite 310, Washington, DC, 20001.

The Family Risk Scale is a 26-item behavior rating scale that is designed to identify a full range of situations predictive of near-term child placement so that the preventive services can be offered and change monitored (Serbati et al. 2013). The scale is similar in design, administration, and scoring to the Child Well-Being Scale. Dimensions are limited to the areas that are potentially malleable.

The Parenting Scale is a 30-item rating scale designed to measure dysfunctional discipline style (Morawska et al. 2011). The Parenting Scale measures three types of dysfunctional parenting styles: laxness, over-activity, and verbosity. The parenting scale score correlates with observational measures of dysfunctional discipline and child misbehavior. It has accurate reliability and internal consistency (Morawska et al. 2011). It takes only about 5 to 10 min to complete and to identify the high risk parents.

The Home Observation for Measurement of the Environment Inventory is a 100-item observation/interview procedure that assesses the quality of stimulation of a child's early environment (Rijlaarsdam et al. 2012). There are two versions for

children aged from birth to 3 and from 3 to 6 years old. Approximately one-third of the items are answered through a parent interview. The remainder is based on the observation of the child and the primary caretaker in the home. It requires approximately 1 h to answer all of the questions yes or no.

The Brigid Collins Risk Screener (BCRS) is a screener for prenatal child abuse, which derives information from medical records and a brief self-report instrument (Weberling et al. 2003). The BCRS covers the following areas: environmental stressors, mother's personal history of abuse, previous child abuse, Children's Protective Services (CPS) involvement, and mother's current partner. The cumulative risk factors are considered with protective factors. Individuals are rated on a 0 (no risk) to 4 (one or more risks identified) scale (Weberling et al. 2003).

Additional Resources

Department of Health and Human Services Structured Decision Making http://www.childwelfare.gov/systemwide/assessment/approaches/decision.cfm

Assessing Promising Approaches in Child Welfare: Strategies for State Legislators http://www.ncsl.org/documents/cyf/promising_approaches_childwelfare.pdf

Department of Health and Human Services Child Neglect: A Guide for Prevention, Assessment & Intervention http://www.childwelfare.gov/pubs/usermanuals/neglect/chaptersix.cfm

Annie E Casey Foundation The Child Welfare Strategy Group http://www.aecf.org/work/child-welfare/child-welfare-strategy-group/

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