

PROJECT



Developmental Indicators of Emotional Health

A Brief Preventive Intervention Assessment System of Practice
for Use with Young Children, Birth through Five Years, and Their Families

Users' Manual

Susan E. Partridge, Author

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Portland, Maine 04112

July 1996
3rd Edition

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AIMS: DEVELOPMENTAL INDICATORS OF EMOTIONAL HEALTH

A Brief Preventive Intervention Assessment System of Practice
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This user's manual and the work of Project Aims has been supported in part by project #MCJ-2233926 from the Maternal and Child Health program (title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.

Original Publication; September, 1990

2nd Edition; June, 1992

3rd Edition; July, 1996

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	18 month
	4 year
Sample Points of Observation:	2 month
	18 month
	4 year
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Acknowledgments

The AIMS: Developmental Indicators of Emotional Health is the product of a lengthy, careful, thoughtful and wonderfully dynamic process. This process consists of the work of at least two dozen Maine professionals, each highly committed to furthering the emotional well-being of infants, toddlers and preschoolers and their families.

Some of the “Project AIMS Associates,” like Edward Hinckley, Field Operations Manager for the Bureau of Children with Special Needs, were active in getting Project AIMS started. Ed’s level of energy is unsurpassed; he is a master at getting things off the ground and running! Others like Jane Weil, entered the Project after it began and invigorated the process with unusual advocacy skills and commitment. Jane has been instrumental in helping Maine communities grow more comfortable with “cutting edge” endeavors.

Still others joined the Project later and continue as staff. Jayne Marsh maneuvers in complex medical settings with finesse. Level-headed and hardworking, she has made field testing happen. Once an advisor and now Project Co-Director, John Hornstein brings a fresh perspective and a keen eye towards the larger mission of improving, at individual and societal levels, the emotional well-being of young children in the context of their families. His reputation as a “systems person” in Maine is impeccable.

Other staff include Deborah Devine, Sally Brown and Jean Pinkham. Debi has provided astute, knowledgeable clinical direction, and has done so in a superbly supportive, encouraging style. She has been instrumental in all training. Sally was our “detail” person, organizing, clarifying, expertly following through on small and large matters, until she resumed her graduate studies four years into the Project. As Administrative Assistant, Jean has been indispensable, a steady, “right-hand” person, caring, dedicated and hard-working.

Many more individuals have remained with the Project since its beginning. Most notably, in addition to Project staff mentioned above, are the remaining members of the Instrumentation Team. This Team was responsible for creating, developing, and ratifying all aspects of the AIMS Indicators system. Its members have been extraordinarily faithful to this production, meeting monthly for four years plus, three years beyond their original commitment. Catherine Ayoub (consultant, nurse, psychologist), Stephen Bauer (pediatrician), Anne Chaisson (social worker, initially in a state agency), Michael Cohen (community mental health clinic director), A. Palmer Curtis (speech therapist), Genevieve Judge (educator, parent representative), Betsy Squibb (education professor), Ron Taglienti (Regional Supervisor, Bureau of Children with Special Needs) and Stephanie Walstedt (a maternal and child health nurse), all gave their special expertise in a team-oriented, productive manner. The vast majority of these individuals have attended most team meetings, and sometimes braved Maine snowstorms or Noreasters, and hours of driving. The Project is deeply indebted to them for their knowledge, team building capacities, tenacity and humanness. They have far exceeded any initial expectations and hopes for a working team!

Many individuals have also been involved at various stages of field testing the Project’s materials. Dr. Burt Richardson (Pediatrician) and his wife, Gladys (Parent Educator), submitted hundreds of completed forms and parent questionnaires. They were instrumental in recommending changes which improved the usability and practicality of the materials. Their pediatric practice in Winthrop, Maine contin-

ues to stand out as a model of effective management of psychosocial issues in children's health supervision. Dr. Dana Goldsmith in Rockland and Dr. Gilbert Grimes in Lewiston offered valuable information and opened their pediatric practices to Anne Williams and Eileen Fair, both infant mental health clinicians. We are grateful to all four professionals for their involvement and feedback. Other community professionals were similarly helpful in reviewing and/or using the AIMS materials — Dolly Wetter, a nurse therapist in Norway, Kathy Sutton and Carolyn Sloat, nurses at the well child health clinic in Bethel, Cynthia Donaldson, social worker in Ellsworth, and Sue Ellen Myers, Davene Fahy, Laurie Bertulli, Mary Viet and Pearl Barto. These last five individuals, directors of early intervention programs, deserve additional credit for spearheading AIMS activities in their communities of Norway, Rockland, Lewiston and Ellsworth. These have been the four “AIMS sites” for community-based, infant mental health resource development and education.

The Project has steadily sought input from a variety of professionals from different disciplines, and from parents. First, there are some 25 members of a larger group of advisors to the Instrumentation Team. I only wish we could have had more contact with these. Thanks are extended to Drs. Jim Harper and William “Skip” Schirmer, family practice physicians who participated in field testing, as well as on a physician's panel with Drs. Susan Talbot, Margaret Rowland, Russell Britton, Julia Lockwood and David Lynch. Many ideas were derived from this group on developmental training needs. Over 30 parents reviewed the parent questionnaires, as did approximately 50 invited professionals from the fields of education, health and mental health across the country.

Special appreciation is extended to Dr. Robert Durgan, Director of Maine's Bureau of Children with Special Needs, and its regional supervisors, Ron Taglienti, Melissa Harrison, Debbie Nugent-Johnston, Ron Bridges, Barbara Estes and Wanda Passero. These individuals made possible an entire system's participation in AIMS field testing. Much was learned from these professionals about incorporating psychosocial practices into early intervention services for handicapped and at-risk children and their families.

Dr. David Lynch and the pediatric residency program, involving 13 residents, gave the Project a most valuable opportunity to conduct research and to train physicians to use the AIMS materials in a hospital-based well-child clinic. The Project is grateful to Dr. Lynch, the nursing and clinic staff and the pediatric residents for daring to take on yet one more challenge in their already hectic days. Maine Medical Center's Family Practice Department has also opened their doors to the Project, and we are pleased with their level of interest as well.

A number of talented and thoughtful people have served as consultants over the years. Catherine Ayoub, RN, Ph.D., was instrumental in the early stages to the tool design and construction. Cynthia Monahan, Psy.D., maintained an insightful and supportive stance throughout the life of the tool Project. Steve Trierweiler, Ph.D., provided continuous research expertise on test construction and offered a structure for tool development and data analysis at every phase of the Project. He also bailed us out of a few slumps with his sensitivity and encouragement of our efforts. Dr. Kathleen Kirk Bishop was the initial federal collaborator for the Project; her input was always astute, straightforward and influential. Diana Denboba and John Schwab, also federal collaborators, have been supportive through completion of the project. Carol Boggis did a magnificent job editing the original manual. Project staff are grateful to these people who have been available to us often, right when they were **most** needed!

I would also like to acknowledge the contribution of the Institute staff who dedicated a portion of their time to this Project. They are:

Andrew Coburn, Director
Helaine Hornby, Associate Director
Catherine Baron, Assistant to the Director
Janet Brysh, Librarian
Al Leighton, Research Assistant

And a very special thanks to Barbara Vollmer, Production Assistant and Anne Bernard, Production Specialist and artist, whose keen eye vastly improved all final products.

Project AIMS busily works through the months remaining in its fifth and final year under the current grant from the federal Division of Maternal and Child Health. As I look back, and ahead, to new projects on emotional health, I am humbled and deeply moved by the sheer magnitude of the effort extended by so many professionals. I always knew Maine was rich in the natural beauty of its shoreline and countryside. Now I see clearly the richness of its human resources as well. Many, many thanks to all!

Susan E. Partridge, LCSW, Ph.D.
Clinical Director
Project AIMS

Editor's Note

Initial publication of this manual (September, 1990), came about with the development of the original 0-5 AIMS materials for the purpose of assisting professionals in implementation and use of the AIMS System of Practice. Following a pilot study and field testing of the AIMS materials, the Parent Questionnaires and Points of Observation were edited and revised to improve their usability in many fields of practice. Thus, a second edition of the manual (June, 1992) was needed to reflect these improvements.

In the last four years, AIMS staff have trained multiple professionals across a diversity of fields in the AIMS System of Practice. With each training, the AIMS staff continue to learn from the feedback offered by these professionals. This feedback has been collected, reviewed and integrated into the AIMS materials through editorial revisions. We have, as well, responded to the expressed need for Parent Questionnaires and Points of Observation to address the prenatal period and 6–8 years of age. These new materials, in addition to the revised materials, have lead to the third edition of this manual (July, 1996).

The AIMS staff remain available to provide training and consultation in infant mental health practice and the AIMS System of Practice. Our interest remains to push the field forward, evermore toward normalizing emotional health care practice and strengthening the foundations of emotional health in early childhood. We are a “quiet” revolution. To quote another “quiet” pioneer;

“It’s the action, not the fruit of the action, that’s important. You have to do the right thing. It may not be in your power, may not be in your time, that there’ll be any fruit. But that doesn’t mean you stop doing the right thing. You may never know what results from your action. But if you do nothing, there will be no result.”

Gandhi

In our own ways, we are all working together in this quiet revolution. We may not see the results, we may even get frustrated in our efforts, but it is our collective belief that addressing and supporting emotional health issues, strengths and concerns, in early childhood can have positive impact on the overall well-being and development of young children and their families that keeps us going. Thus we quietly continue this work.

Jayne D.B. Marsh, M.S.N., M.P.A.
Research Associate
Project Director

Executive Summary

A prevailing trend in contemporary society has been toward greater specialization in all disciplines, including health, education, and mental health. This has actually created barriers to health for some populations, including the youngest children, by fostering a fragmented, incomplete approach to health care. Service systems have unwittingly worked against professional application of perhaps the century's most crucial discovery about human development — that the foundations of psychological well-being and social responsibility are laid down in the earliest months of life. Emotionally distressed children still are not reaching the attention of appropriate professionals often until much later in life.

Project AIMS attempts to address the need for a single system to target the emotional well-being of young children and their families. It is designed for all professionals who work with young children — physicians, nurses, educators, mental health workers, psychologists, child development workers, day care providers, and others — to help them identify children at risk for emotional problems, briefly assess the child and family strengths and difficulties, and guide appropriate intervention and support. Specifically, it addresses family issues of attachment, interaction, mastery and support — the A-I-M-S acronym.

This AIMS User's Manual begins with an introduction to the system, its development and field testing, materials it includes, appropriate applications, and limitations. The second part provides a "how-to" for gathering relevant information about families and children, integrating that data, providing support and feedback, and intervening with families to begin addressing any problems. Part III includes a sample exercise that illustrates how to use the materials, and Part IV contains a sample set of forms for children ages 2 mo, 18 mo and 4 yrs.

It is hoped that use of the AIMS System of Practice by professionals will head off the development of emotional problems in infancy, problems that prove more intractable in later life. The earlier the intervention, the greater the chance of success. The AIMS materials have also been developed in order to facilitate dialogue and to encourage the professionals' provision of positive feedback to parents and supportive interventions. The role of social support in family emotional health cannot be overemphasized.

Feedback On the AIMS: Developmental Indicators of Emotional Health

Albert Einstein College of Medicine, Early Childhood Center, Bronx, NY

The AIMS material...[have been]...extremely useful in identifying issues that might have lead to more ingrained problems for parents, and parent-infant interactions, had they not been identified and addressed at such an early stage.

...AIMS provides us with a tool with which to assess and track areas of critical importance [to infant mental health]—Attachment, parent-child Interaction, Mastery for both the child and caregiver, and Social Support, and to provide supportive interventions that improve outcomes for children and families.

...AIMS...makes such a unique and necessary contribution to the care and well-being of infants and young children.

Dartmouth-Hitchcock Medical Center, Department of Pediatrics

[The AIMS System of Practice]...will enable us to prepare our residents by way of a specific curriculum of skills and information...in the evaluation of the emotional health of infants and children within families and early intervention when indicated.

Boston City Hospital, Boston University School of Medicine, Department of Pediatrics

There is definitely a need for more knowledge and tools to assist primary care and child care providers in assessing and responding to the emotional health care needs of children 0-5 years and their families. We would welcome [AIMS] training...around emotional health and early intervention as we also see it as the key to emotional well-being and development in early childhood.

Maine Medical Center, Family Practice, Portland, Maine

The AIMS Tool has a track record in making a difference in the confidence, knowledge and skill of...residents

State of Vermont, Department of Social and Rehabilitation Services, Child Care Services

The AIMS System of Practice...offers the advanced information and tools to support the knowledge...and sensitivity [needed] in working with families...[toward] the healthy development of young children...that would be welcomed by many early childhood professionals.

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Part I

The AIMS System of Practice

Introduction

Development of the System

Brief Description of Materials

Additional Components to the Tool

Issues in the Application of the AIMS
System of Practice

INTRODUCTION

Purpose

The **AIMS: Developmental Indicators of Emotional Health** is a brief preventive intervention assessment system of practice for identifying strengths in, or concerns about, the emotional health of infants, toddlers, preschoolers, and their parents and families. It is designed for use by professionals in the fields of health, education, and mental health.

The AIMS Indicators or System of Practice was constructed to aid professionals in the following ways:

- ◆ *to identify strengths* in four areas of emotional health:
 1. Attachment,
 2. Interaction,
 3. Mastery,
 4. Social Support;
- ◆ *to identify possible concerns* in the development and emotional health of children from just after birth (2 weeks) through five years; and,
- ◆ *to facilitate dialogue* between parents and professional service providers to promote emotional health.

Content

The AIMS system of practice consists of four parts:

1. *Intake Forms*
 - ◆ Family Information (demographics/background)
 - ◆ Family Concerns Indicator (stress inventory)
2. *Parent Questionnaires: A Self Report*
 - ◆ Designed for ages: 2 weeks, 2, 4, 6, 9, 12, 15, and 18 months, and 2, 3, 4, and 5 years. A sample set is included in the latter part of this manual. Additional prenatal and 6-8 years of age Parent Questionnaires are now available as well.
 - ◆ Promoting parent-professional dialogue for purposes of assessment and intervention.
3. *General Questions and Points of Observation: Guidelines*
 - ◆ Suggestions for interviews and parent/child observations;
 - ◆ Providing additional sources of assessment data to professionals.
4. *Focused Interview Questions and Brief Interventions: Reference Materials*
 - ◆ Suggestions for focused interviews with parents to address emotional health concerns; and
 - ◆ Suggestions for brief interventions to strengthen attachments, interactions, feelings of mastery, and use of supports and to address concerns and problems.

Definitions

The **AIMS System of Practice** materials generate family and child information in four domains, defined as follows:

Attachment as an enduring, emotional tie between a primary caregiver and an infant or child. Attachment begins during pregnancy and heightens during the child's first year. This special relationship develops out of a two way, give and take sharing of feelings, interests, and communication. Parental attachment involves a blending of the parent's past experiences, knowledge, and expectations with the child's temperament and developmental age. The child's attachment is manifested by strong preference for and seeking contact with the primary care provider/parent. Family attachment is manifested by acceptance of new relationships between family members and a continued sense of stability and loyalty to the growing family. It is through these multiple attachment relationships, the child and family find a sense of security that enables growth, development and exploration of the world.

Interaction as a communicative exchange of information between people. Interactions are of two basic types: those primarily oriented to completion of activities, and those which serve to establish social roles, values, needs, and feelings. Within a family, multiple parent-child interactions take place across a variety of situations. These include family caregiving, recreation, teaching, socialization, problem-solving, and management of day-to-day life. In these interactive settings, family members negotiate rules of power and control, and warmth and intimacy. Healthy interactions leave each member feeling some sense of control and connectedness in an environment perceived as generally supportive.

Mastery as a child's development of increasingly complex physical, cognitive, linguistic, emotional, and social abilities. Through maturation and interaction with the world, this developing mastery allows the child to discover his or her own efficacy, or power to affect people and/or things. This process enhances the child's emerging self-esteem, and identity, self-control, and motivation to explore and enjoy the world. Parental mastery both emerges from and facilitates adequate performance of the parental role, attainment of parental self-esteem, and promotion of the parent's and child's developing selfhood. Family mastery coalesces as family members successfully negotiate issues of intimacy, power, and needs of self vs. others, culminating into a growth-promoting group identity.

Social Support as a network of people, resources, and influences available to families that enhances healthy attachment, interaction, and mastery of skills. These resources are both formal and informal, and may include extended family, neighbors, friends, co-workers, church, clubs, community organizations, governmental and non-governmental agencies, and helping professionals. By identifying and working with this network, family members develop an increasing sense of empowerment, competency, connectedness, and ability to cope and adapt to life's events.

These four concepts are viewed as the building blocks of emotional health in early childhood, from family and ecological, or transactional perspectives.

Emotional health is defined as an individual's ability to grow and develop, to work, play and love, within the context of opportunities for attachment, interaction, and mastery provided by the family and the social environment.

DEVELOPMENT OF THE SYSTEM

History and Philosophy

Project AIMS, a five-year, federal Maternal and Child Health Collaborative Agreement, began in October 1986. Its focus is to strengthen the capacity of Maine's health care and social service systems to respond to young children with emotional health problems, those at risk of developing such problems, and their families. Multidisciplinary in its approach to preventive intervention, the Project's major activity has been construction of the AIMS Indicators or System of Practice.

A fourteen member, multidisciplinary instrumentation team worked for over four years to develop the AIMS System of Practice. On the team were professionals from nursing, social work, psychology, speech therapy, adult education, early childhood education, human services administration, and pediatrics, as well as parent representation.

Constructing the Tool

Team members were all selected from among individuals nominated by community leaders, state administrators, and experts in early childhood services. The team determined the function and purpose of the AIMS system of practice and defined the conceptual domains and philosophy of the system. Concurrently, the team established criteria for looking at existing assessment measures, identified over 100 measures from various fields of practice, selected 20, and reviewed and critiqued them.

To construct parent questionnaires which would address child/family emotional health, the team identified hundreds of phrases, such as "mother picks up crying baby," to exemplify attachment, interaction, mastery and social support. These phrases became "roots" of questions or items, in the parent questionnaires. All roots were then rated on a seven-point scale and ranked by how central they were to the conceptual framework and definition of emotional health.

The roots most highly ranked by the team were analyzed by computer. Approximately forty themes, or groupings of similarly ranked roots, resulted from factor analysis. The team then wrote drafts of questionnaire items from these. AIMS Project staff revised the drafts and constructed twelve parent questionnaires, tailored for families of children from two weeks through five years of age. Staff also consulted literature on parenting, family theory, child development and other sources to determine any remaining themes or developmentally appropriate behaviors overlooked in the questionnaire drafts.

After the team reviewed, edited, and approved all questionnaires, they were then typeset, distributed to over fifty professionals and twenty-five parents in Maine, as well as across the nation, and edited twice more, one to incorporate feedback and one to improve readability to a fifth grade level.

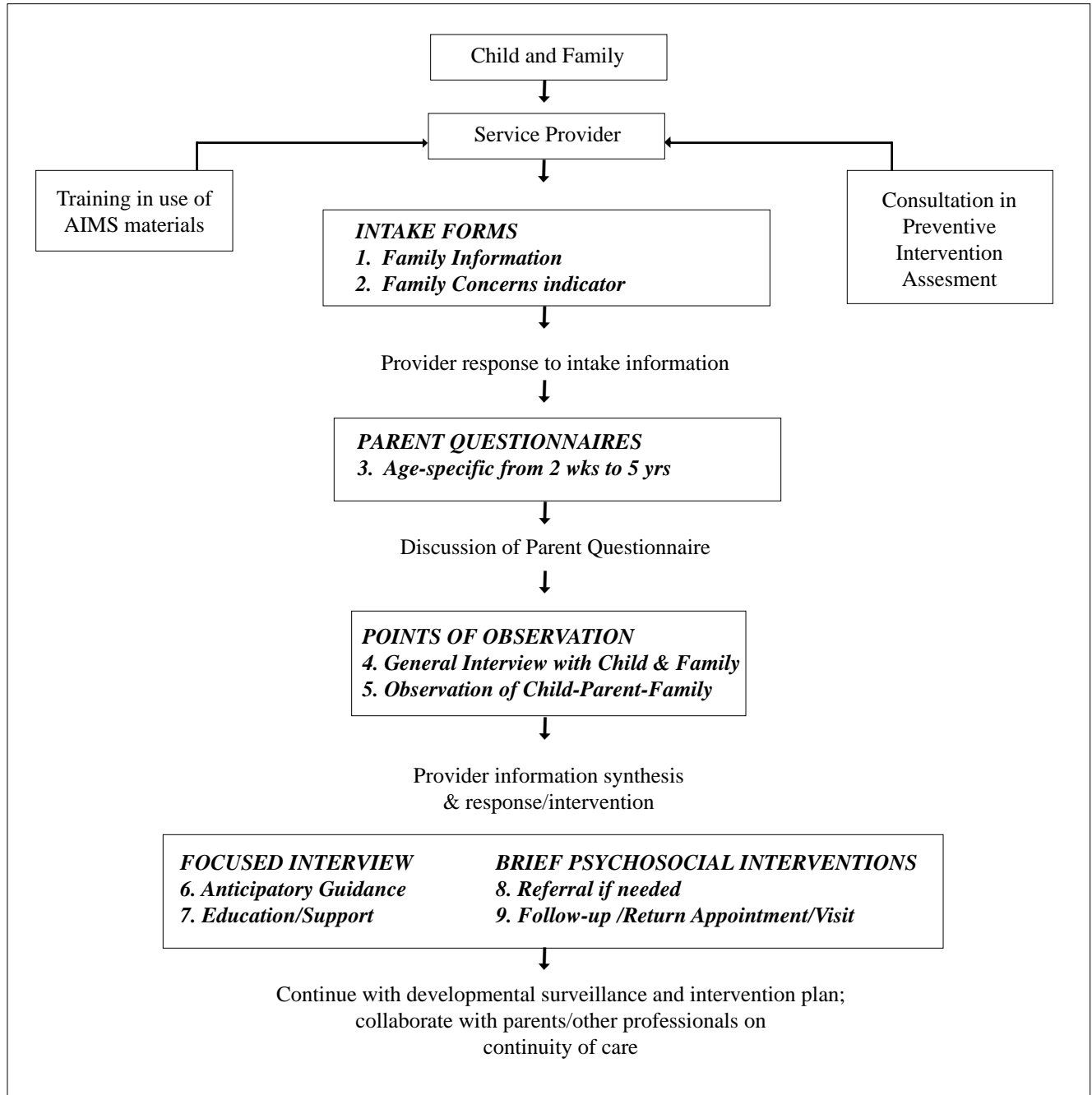
Subsequent to the construction of the parent questionnaires, the team wrote, edited and produced two intake forms and guidelines for general parent interviews, parent-child observations, and brief psychosocial interventions. These guidelines correspond to the twelve parent questionnaires tailored to the age of the child.

Testing the System's Usability

Project AIMS identified four communities in Maine as pilot sites for testing the AIMS Developmental Indicators. These four communities were: Rockland, Norway, Lewiston, and Ellsworth. Rockland and Norway were primary sites, working for four years with the Project, and Lewiston and Ellsworth were secondary sites at two years. Three pediatric offices, a well-child setting, and a parent counseling program in these communities participated in a study of the usability of the materials. Following the usability study, field testing of the AIMS System of Practice occurred with multiple providers across the State of Maine. Field test participants included: the statewide system of the Bureau of Children with Special Needs; the City of Portland, Maternal and Child Health, Public Health Nurses; City of Portland, Public Health, Munjoy Hill Station (clinic); the Maine Medical Center, Pediatric Well-Child Clinic in Portland; the Mid-Maine Medical Center, Child Development Clinic in Waterville; and two private family practice physicians in the Portland area. These sites participated over a two year period which yielded very positive results around use of the AIMS System of Practice in enhancing dialogue with families and establishing a working relationship or parent-professional partnership, as well as providing information toward revisions of the materials. Several parents with whom the materials were used were also interviewed. Additional parents were consulted via written surveys of parental responses to the questionnaires. In all, the Project obtained over 600 completed parent questionnaires. All types of feedback were analyzed and relied on heavily in multiple phases of revising the materials.

In the four years subsequent to the field testing, AIMS staff have continued to train multiple professionals across a diversity of fields. Pre- and post-test analysis with early interventionists have shown that after the AIMS training, these providers can more readily identify family strengths as well as bring greater focus to their intervention plans. Pre- and post-test analysis with maternal and child health, public health nurses show that after AIMS training, the nurses can identify more strengths and concerns as well as become less overtly judgemental and more behaviorally specific in responding to a case sample composite. These professionals share with us that using the AIMS materials helps to concretize or ground emotional health assessment and intervention for them. It gives them a means to address emotional health issues and words with which to offer information and/or support to families in these areas.

The AIMS System of Practice: Flow Chart



BRIEF DESCRIPTION OF MATERIALS

Intake Forms

There are two intake forms. The first intake form is the *Family Information*, which consists of two parts. One part asks for basic demographic information and may be used as a standard intake form. The second part is “birth history” section that identifies certain information about the child’s early history that has a possible bearing on the child’s emotional health or the parents’ responses to the child. This latter part does not replace a standard medical history form, but does include some relevant psychosocial factors affecting overall health. The second intake form is the *Family Concerns Indicator*, which lists stressors that once occurred and still concern the family or that are current experiences. There is also a space for comments, from either the parent or provider. This form precedes the use of the parent questionnaires, and may be used with every visit or at intervals.

Parent Questionnaires

There are separate *Parent Questionnaires* for children aged 2 weeks, 2, 4, 6, 9, 12, 15 and 18 months, and 2, 3, 4 and 5 years old.

Each *Parent Questionnaire* asks the child’s parent to identify how frequently he/she has an experience of a certain kind, or how frequently he/she perceives that the child or family experiences something. The items focus on the four areas of: **Attachment**, **Interaction**, **Mastery**, and **social Support**. Items cover child, parent, and family issues. Most identify strengths or sources of strengths. However, in each of the four areas, one item, called a “probe,” centers on possible difficulties, or “markers,” that could indicate problems in emotional functioning.

Parent questionnaires help establish the basic dialogue between parent and service provider. They survey the arena of emotional health or psychosocial functioning pertinent to a child’s developmental age. They provide the parents’ experience or perspective on family functioning and the child’s emotional development and well-being.

Interview Questions and Points of Observation: Guidelines

Emotional health assessments require multiple sources of information. In addition to parent reports, most professionals obtain direct information through observations and dialogue. The AIMS Indicators materials, therefore, include suggestions about how professionals can obtain supplementary and backup data.

There are 12 developmental forms of *Guidelines* for interviews and parent-child observations for children aged 2 weeks through 5 years old, corresponding to the 12 parent questionnaires.

Suggestions for interviews include a number of general questions serving a variety of purposes. Some open up conversation, allowing parents a freer form of expression than available through answers to specific questionnaire items. Other suggestions are offered to help parents follow up on a question or concern raised in responding to the questionnaire. Others simply probe areas of common interest to a parent of a certain aged child. The general interview questions are simply suggestions; any may be chosen, in any order, to achieve rapport and dialogue with a parent. Some questions are also directly addressed to the child, if age three or older.

The observation guidelines are categorized according to indications of attachment, interaction, and mastery, or behaviors relevant to a parent's availability and use of support. The points of observation are, like suggested interview questions, designed to be used as a menu; a professional need not feel obligated to seek observations of all behaviors, nor to view the list as a checklist. It **may** be used as a checklist, however, if a provider so desires. The Points of Observation provide the professional's perspective or assessment, in the AIMS domains. It is a summary of sorts. The back side is designed for additional narrative comment which the professional may want to include.

Focused Interview Questions and Brief Interventions: Reference Materials

In many instances, the professional might wish to go further with an interview, perhaps to pursue information pertinent to a possible concern or problem, perhaps to continue dialogue with a parent on a specific developmental issue. To assist in a continuing dialogue, the AIMS materials include suggestions for focused interviews and brief interventions.

The *Focused Interview Questions* provide a menu approach to pursuing additional information in the areas of **Attachment, Interaction, Mastery, and use of Supports**, to address issues raised during a general interview. The questions are designed to relate to common issues pertinent to a child's age.

The suggestions for *Brief Psychosocial Interventions* are of two types. One type deals with methods intended to strengthen *positives* such as healthy interactions, secure attachments, feelings of mastery, and good use of social supports. The second type deals with instances where *problems* seem to exist or are identified by a professional or parent. The brief interventions are intended to be possible within a variety of service settings and time limits.

These suggestions for more involved interviews and brief interventions do not replace extended assessments, or full-scale psychosocial treatment, for which a referral is necessary. They are intended as resources to support brief preventive intervention assessment practice with young children and their families.

ADDITIONAL COMPONENTS TO THE TOOL

Prenatal and 6-8 Year Old Parent Questionnaires and Points of Observation

Subsequent to the development of the AIMS materials covering young children ages 0-5, field testing, and training of professionals in emotional health practice and use of the AIMS System of Practice, two additional Parent Questionnaires and Points of Observation have been developed to integrate into the existing AIMS materials. A Prenatal and 6-8 Years Parent Questionnaire and Points of Observation are now available to complement and complete the AIMS System of Practice.

Professional providers trained across multiple fields of practice both within and outside of Maine, made clear to the AIMS team that two additional sets of materials were needed to address the prenatal period and 6-8 years of age. With this in mind, Project AIMS went back to the developmental process of creating forms to fill this need. As the original AIMS Project had ended, we did not have access to the multidisciplinary Instrumentation Team to assist in development of these additional materials. The AIMS team thus was not able to develop or field test the additional materials in the exact same manner as the existing AIMS System. Every effort was made, however, to follow the same process of identifying phrases and sentence roots representing the domains of Attachment, Interaction, Mastery and Support. These phrases and sentence “roots” became questions or items in the Parent Questionnaires and Points of Observation for the prenatal period and 6-8 years of age. These roots utilized similar phraseology as the existing 0-5 Parent Questionnaires and Points of Observation. The 0-5 questions selected after being rated and ranked on a seven point scale as to how central they were to the conceptual framework and definition of emotional health. This was accomplished through computer factor analysis to identify themes or groupings related to the domains of Attachment, Mastery, Intervention and Support.

Utilizing the same sentence “roots” for questions or items in development of the prenatal and 6-8 year old Parent Questionnaires and Points of Observation, we felt would achieve the same centrality to the conceptual framework and domains of AIMS, as was established with the original 0-5 materials. Drafts of the questions and items on prenatal and 6-8 year Parental Questionnaires and Points of Observation were reviewed by members of the AIMS team. They have been edited and revised to best integrate with the existing AIMS System of Practice. We are confident that the new materials will provide valuable information on the emotional health and well-being of prenatal families and 6-8 year-old children and their families as was proven with the 0-5 materials, as well as serving to enhance dialogue and establish a relationship with these families.

ISSUES IN THE APPLICATION OF THE AIMS SYSTEM OF PRACTICE

Appropriate Settings for Use

The AIMS Indicators were designed for use in many types of service settings. These settings include well-child health care settings and pediatric offices, educational and early intervention programs, community health and mental health agencies, home visiting services and other broad-based child-servicing facilities.

Intended Uses

- ◆ To identify family/child/parent strengths as a means of establishing professional-parent partnerships and reinforcing patterns of positive emotional health;
- ◆ To identify areas of concern or possible problems in emotional development; and
- ◆ To organize the dialogue between the professional and parent on a systematic, as opposed to random or arbitrary, identification of psychosocial and developmental issues.

Schedule for Use

The developers of the AIMS materials recommend that professionals use a variety of methods to collect information in conducting brief psychosocial assessments. The Parent Questionnaires were designed to solicit relevant, developmentally-based information from areas considered pertinent to emotional health. However, because the items are a sample of the entire range of emotional health factors, the Parent Questionnaires are limited in the depth of information they can provide.

It is recommended that the Parent Questionnaires be used periodically. This may mean all six times in the first year, or only twice, depending on the discretion of the professional. Again, professionals are also encouraged to use interview and observational data in addition to the Parent Questionnaires. Questionnaires, observations, or interviews are not considered sufficient by themselves; each method of collecting information adds depth and detail to the brief-assessment process.

Limitations

- ◆ Abbreviated or less-than-full use of the materials is acceptable. However, the less often the questionnaires are used in conjunction with one another over time, or in conjunction with other methods of information-gathering, the less accurate the professional's understanding of the child in the context of family will be. When limited use is unavoidable, it is recommended that the Family Concerns Indicator be given at least once every year, and, if stressors are unusual or great, that the professional then administer the appropriate questionnaires and conduct a more extended

interview. In general, it is advisable to use the Parent Questionnaire at least once in the first four months and once again during the first year. The minimum recommended use of the Parent Questionnaires throughout the child's first five years would be six times total (twice in the first year, and once per year through age five).

- ◆ The brief-assessment materials do not constitute a system for *comprehensive* identification of psychological pathology nor is any attempt made to cover *all* relevant areas of development. The materials do, however, attempt to pinpoint selected potential areas of problems, common in certain ages of children. This is done through the probes, which are always item numbers 5 and 9 in each section of the Parent Questionnaire. The probes look at behaviors, feelings, attitudes or beliefs thought to be problematic or likely to indicate problems. If the parent indicates through the probes some possible concern, the professional can address this readily. The purpose of the probes is to provide a ready, quick way for the professional to spot serious or potentially serious issues.
- ◆ The materials produce no score or label. This is intended. The Parent Questionnaires are devices for collecting information and suggesting areas for further discussion. They are not intended to provide a score or label or to measure levels of emotional health. They are aids to intervention.
- ◆ The materials are designed to facilitate *brief* assessment, not in-depth assessment. In-depth assessment may involve psychological tests, home visits, several parent interviews, child observation at school or in other settings, interviews of the child (if older than two or speaking), and encounters at more than one time. Brief assessment is a relatively quick scan of a person's emotional, relational life. Strengths or concerns that emerge need to be pursued and validated before any label or diagnosis can reliably be assigned. The AIMS system is not yet a diagnostic tool. However, ongoing research in the future may result in AIMS materials that can be reliably used to make diagnoses.

PROJECT

A | I | M | S

Part II

Using the **AIMS Indicators**

Intake Materials

Parent Questionnaires

After Parent Questionnaires:

Guidelines for Additional Psychosocial Practices

INTAKE MATERIALS

Description

The AIMS System of Practice includes two intake forms: the *Family Information Form* and the *Family Concerns Indicator Form*. These need not replace those currently in use in any given setting. They are designed to be incorporated into a practice, or to serve as a complete intake package if none exists. These forms are shown in Table 1.

Family Information Form (Table 1, pp. 12 & 13)

This form gathers basic demographic information, such as the family's address, phone, and number of family members, identifying number of adults and number of children and changes in the home. Additionally, this form provides an opportunity to learn about the parent's level of education, employment, and services received. There is also a place to gather information for billing purposes.

The Birth History Section of the Family Information is not intended to serve as a comprehensive medical history intake form. Rather, it requests some information not generally asked on medical history forms. It covers some pregnancy, birth and early childhood experiences that have significant bearing on psychosocial functioning, such as pregnancy loss (whether through miscarriage or abortion), or losses of children (whether through adoption, foster care, or early death). Information about behavioral patterns that could indicate temperament is also important, because of the bearing of temperament on behavioral problems in preschool years.

Family Concerns Indicator Form (Table 2, p. 14)

This form simply lists many concerns or stressors, similar to a stress inventory list. It asks parents if they are concerned about past or current stressors. It also gives a space for written comments from the parent or professional to clarify, if needed, the areas of concern. This form provides a great deal of information and, by itself, can generate significant discussion.

The stressors are categorized by types of stress, broadly defined. It is by no means an exclusive or complete listing of all potential or actual stressors/concerns possible. It is an aid to understanding families and the challenges in their lives.

Table 1

AIMS: Developmental Indicators of Emotional Health
(Attachment — Interaction — Mastery — Support)

FAMILY INFORMATION

SAMPLE

Date: _____ / _____ / _____
month day year

A. IDENTIFICATION

Name of Child: _____ Home/Message Phone: _____

first middle last (nickname)

Child's Current Age: _____ Date of Birth: _____ Gender: Male Female

Name of Mother: _____ Name of Father: _____

Age: _____ Age: _____

Mother's Address: _____ Father's Address: _____

Zip _____ Zip _____

With whom does child live? (Check all that apply.) Mother Father Other, specify _____

Billing Address _____ Address _____

of Responsible Party: _____

Zip _____ Zip _____

Medicaid # _____ Health Care Provider: _____

Insurance Co. _____ Cert. No. _____ Group No. _____

Ethnicity of Child: (optional) _____ Religion _____

Current marital status of parents: Married Divorced Separated Single Living together Widowed

Total number of people living in home: _____ Ages of Males: _____ Ages of Females: _____

Have there been any changes in the past year of people moving in and out of your home? Yes No Who? _____

B. EMPLOYMENT

Mother _____ Father _____

employer address phone number job title employer address phone number job title

C. EDUCATION

Highest grade completed — Mother: (Check one.)

Less than 12th high school graduate higher than 12th

Currently enrolled in school? yes no

Highest grade completed — Father: (Check one.):

Less than 12th high school graduate higher than 12th

Currently enrolled in school? yes no

D. TRANSPORTATION

Do you have reliable transportation? yes no

E. SERVICES

Does anyone in your family currently receive services from any of the following? (Check all that apply.)

Child/Family Services

- Public or Community Health Nurse
- Adoption Services
- Child Day Care (Foster Care, Preschool)
- Employment Services
- Legal Services
- Other: _____

Educational/Social Services

- Counseling
- Housing Assistance
- In-home Parent Aid Services
- Parenting Classes
- Preschool Education Services
- Special Education Services
- Transportation Assistance
- Other: _____

Economic Services

- AFDC
- Food Stamps
- WIC
- SSI
- Other: _____

Health/Rehabilitation

- WIC
- Drug/Alcohol Services
- Family Planning
- Psychotherapy/Counseling
- Rehabilitation
- Therapy (e.g., speech, PT/OT)
- Other: _____

Other Services

Specify: _____

(Over, please)

Table 2

AIMS: Developmental Indicators of Emotional Health

(Attachment-Interaction-Mastery-Support)

FAMILY CONCERNS INDICATOR

SAMPLE

Name of child: _____ Child's age: _____

Your name: _____ Relationship to child: _____

Today's date: _____ / _____ / _____ Child's date of birth: _____ / _____ / _____
month day year month day year

Families often have to deal with many different stresses and challenges. Have any of the following occurred to you or anyone in your family? Is this of current concern to you or anyone in your family? If "yes," please indicate with a check (✓) next to the item under the appropriate column.

	Occurred Within My Family	Of Concern At This Time	Comments
PHYSICAL WELL-BEING			
Physical Problems/Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	
Serious (Acute) or Ongoing (Chronic) Illness	<input type="checkbox"/>	<input type="checkbox"/>	
Learning Difficulties Including Reading or School	<input type="checkbox"/>	<input type="checkbox"/>	
Speech-Language-Hearing Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Accidents	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Room Visits	<input type="checkbox"/>	<input type="checkbox"/>	
Hospitalizations	<input type="checkbox"/>	<input type="checkbox"/>	
SOCIAL SERVICES			
Legal Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Problems with Social Services or Schools	<input type="checkbox"/>	<input type="checkbox"/>	
Difficulties with Childcare Help or Services	<input type="checkbox"/>	<input type="checkbox"/>	
Difficulties with Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	
FAMILY LIFE			
Marriage or Relationship Troubles	<input type="checkbox"/>	<input type="checkbox"/>	
Children Living Outside of Family Home	<input type="checkbox"/>	<input type="checkbox"/>	
Few Friends or Close Family Members	<input type="checkbox"/>	<input type="checkbox"/>	
Financial Problems or Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional/Mental Health Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Behavior Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Family Violence (physical/emotional)	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	
Problems with Alcohol or Drugs	<input type="checkbox"/>	<input type="checkbox"/>	
Concerns About Safety	<input type="checkbox"/>	<input type="checkbox"/>	
Housing Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	
Frequent or Long Separations	<input type="checkbox"/>	<input type="checkbox"/>	
LIFE CHANGE			
Divorce or Change of Marital Status	<input type="checkbox"/>	<input type="checkbox"/>	
New Child in Family/Recent Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	
Change of Residence	<input type="checkbox"/>	<input type="checkbox"/>	
Job/Work Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	
Change of Employment	<input type="checkbox"/>	<input type="checkbox"/>	
Unfortunate Life Events (fire, theft, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Death	<input type="checkbox"/>	<input type="checkbox"/>	
Other Traumatic Stress	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER CONCERNS

Specify: _____

Interpreting Information from the Intake Materials

Family Information Form: Birth History Section

The following suggestions are offered to assist in the interpretation and use of parent responses to the Family Information Form:

1. Look for information about losses.

Most parents who have lost a child find it extremely painful, sometimes with lasting effects. Such loss can be associated to problems with bonding to other children. Significant losses include abortions, miscarriages, stillbirths, neonatal death, and/or death of other family members during parents' pregnancy or children's infancy.

Loss can also be experienced through traumatic pregnancy and stressful childbirth, or postpartum difficulties. Premature births, for example, can generate massive emotional stress, leaving parents emotionally depleted, frightened, and exhausted.

Some difficulties are caused not by identifiable emotional traumas, but by chronic stresses. Infants with difficult temperaments, for example, can severely stress the emotional resources of parents.

These early losses and traumas are relevant to a few areas, one of which regards parental identity and self-esteem. Parents who have lost a child or felt losses related to a previous child, are often "gun-shy" when approaching a new child. They doubt their competence as parents. They may hold back their feelings, delaying attachments, and may harbor grief or anger about previous crises, failing to fully engage with their other children. Earlier traumas generally exact some toll on later childrearing or childbearing experiences, unless those earlier crises are sufficiently resolved.

2. Look for information about infant temperament and parental perceptions of infant temperament.

Circumstances of birth and early infancy can have a significant impact on the parent-child relationship and subsequent development of the child. Early information about an infant's temperament, or parental perception of the infant's characteristics and behavioral style, can generate insights into behavioral problems or learning difficulties that often do not surface until the child is 3 to 5 years old. Some parents find it challenging to relate to children with "difficult" temperaments, while other parents can have styles that are mismatched with the temperament style of the infant. Inquiries about temperament are helpful in learning about the possible origin of any interactional or attachment problems.

Family Concerns Indicator Form

The following suggestions are offered to assist in the interpretation of information and use of family responses to the Family Concerns Indicators Form:

1. Look for indications that the parent is experiencing stress currently and is concerned by this.

Stress frequently has a negative impact on overall health. If a parent indicates by a check mark that there is a problem facing the family, that problem is likely to be a significant source of distress and can interfere with overall family functioning and wellness.

2. Consider the category of the stresses indicated.

Relationship stressors can be more amenable to brief interventions than can some environmental stressors. For example, reading material on sibling rivalry or parent support groups can be suggested for fam-

ily stress, while reducing poverty is far more difficult. Stress related to deaths and other severe losses imply a different kind of experience. Generally, the category of the stress indicated may suggest certain levels of intervention.

Information can be given to the parents about resources that help to solve particular problems. Environmental stressors, such as financial, housing, or transportation problems can often be eased through enrollment in entitlement programs or other services. Other stressors can be eased by professional offers of emotional support, guidance, counsel, or suggestions for readings or information. Chronic stress, with evidence of ineffective problem-solving, may warrant a referral to a specific service provider. Suggestions for brief psychosocial interventions are offered in the reference section, Guidelines for Focused Interview Questions and Brief Interventions.

The Family Concerns Indicator Form generates a great deal of information and discussion. It is particularly useful in dealing with troubled or multi-problem families, whose difficulties emerge quickly through use of this form.

Intervening with information from the Intake Forms

Providing Feedback to Parents about Intake Forms

The following suggestions are offered to assist providers in intervening around parents' responses on the Intake Forms:

- 1. Establish a sense of connection.*

Professionals can establish rapport or a dialogue with a parent simply by reading off certain facts from the Family Information Form, such as the town the family resides in, number of children in the family, or any point of interest. Acknowledging some of the neutral or positive details about people's lives helps to build client trust in the parent-professional relationship, and communicates the professional's concern for, and interest in the family.

- 2. Acknowledge information likely to be important to the parent or family.*

Pointing out how important it is for the professional to learn things about the family — such as number of children who live with the family, any serious illnesses, and the like — is a way of setting the stage for all subsequent sharing of information. Reinforcing or thanking parents for the information they provide encourages honesty and direct communication. It also assists in establishing a sharing of information and two-way communication.

- 3. Explain why information is important.*

The professional will not be able to review all information provided by the parent during any one visit; it is most important to first establish a foundation for dialogue and sharing. Explaining that it will not always be possible to review the responses to all the forms, but that it is important to have access to information about the family for future reference, makes it easier to partially review family information.

The basic reason behind gathering information about a family is to know the *context* in which a child lives. Professionals who understand how a child lives are more likely to provide timely, needed, valued services to the child and family. Most parents will be agreeable and will appreciate the comprehensive approach to care of their child and the inclusion of their perspective.

4. *Give permission to the parent to ask questions and to give feedback of any kind.*

Many parents fail to establish a dialogue with a professional because of many nonwritten social rules about patient-professional encounters. One such “rule” is that professionals are fully in charge and a “good patient” is quiet, compliant, and allows the professional to take the lead in provision of services. Parents need to learn how to be effective partners in their child’s health care and services provided. Many need encouragement or “permission” to take a proactive role on their child’s behalf.

5. *Review family stressors with respect.*

A general statement about the type of stress a family is currently experiencing, or has experienced in the past, is often sufficient. For example, “Yes, that can be very difficult,” or “sounds like you have been through alot lately,” are simple statements that show concern and document that the professional has attended to the information provided.

More detailed discussion about current stresses may be needed if they are impairing family functioning. In severely troubled families, the Family Concerns Indicator Form alone may suffice as the entire basis for dialogue, at least in the first visit, with a single goal of helping the family reduce stress or solve a problem. Referrals to services or extended appointments at a future date may be indicated.

PARENT QUESTIONNAIRES

Description

There are twelve separate sets of self report, Parent Questionnaires, each corresponding to the age of the child at the regular well child care intervals set by the American Academy of Pediatrics (2 wks, 2, 4, 6, 9, 12, 15 and 18 months, and 2, 3, 4 and 5 years old). An example is shown in Table 3, p. 23.

Administering the Forms

The Parent Questionnaires are the main tool used to elicit information from parents about the emotional health of their child in a family context. The benefit of the questionnaires lies in their organization of psychosocial issues, their consistency, and their informative, educational value to parents. The professional does not have to worry about covering all the important areas of psychosocial health in a verbal, face-to-face manner, since the questionnaire items do this. The questionnaires help to identify strengths and needs, as well as serve as a vehicle for discussion.

The questionnaire is generally given to the parent prior to meeting face-to-face with the professional. The questionnaire can be sent by mail, once an appointment has been scheduled. Alternatively, the parent can be asked to arrive at the professional's setting 10 to 15 minutes early to complete the questionnaire.

Asking Parent to Complete Questionnaire

Most parents are agreeable or even eager to share information about their children. A simple request that the parent complete the form is usually sufficient. A clerk, an office assistant, or the professional can explain something along the following lines: I'd like you to complete this questionnaire. We cover all aspects of a child's life, and this form asks about the child's social and emotional development from the point of view of the family. You'll have a chance to go over it later."

A frank, straightforward approach is best; this gives the parent a clear message that emotional development is on a par with physical, cognitive, and language development. Messages which convey an apologetic attitude, as though the professional felt he/she were prying into too-sensitive areas, only encourage suspicion, self-consciousness, or other negative attitudes in the parent.

Handling Questions/Concerns about Questionnaires

Parents may want to know a more specific reason why the professional uses the Parent Questionnaires. Behind such a question is usually another question: What will you do with this information? Will you judge me or my family negatively, and might this hurt the service we receive? Why is this information important?

It is helpful to anticipate which of these questions, or others, the parent wants answered. It is generally reassuring to explain that this information is confidential and will only be used by the professional to better understand the child's situation and overall development. The parent may need no further information. If he/she does, it can help to briefly discuss the relationship between emotional health and cogni-

tive, physical, and language development. Parents generally appreciate that a professional can provide better service when he/she truly understands the overall situation of child and family. Of course, a parent has the right to refuse to complete this or any other form. In this instance, the professional may want to ask again at a future date, or give the materials to the parent to take home to review.

Moving Forms through the Office

Once the parent completes the form, or arrives at the professional's office with an already-completed form, the professional has a number of choices. He/she can then immediately review the questionnaire prior to, or with the parent, or proceed with the professional's usual practices and incorporate the questionnaire information into his/her routine.

In well child health supervision settings, there may be two professionals working with a family, such as a nurse and pediatrician. In this case, the nurse may be responsible to cover psycho-social issues with parents. If so, the nurse and physician need to develop a means to communicate important information to one another about what emerges from the AIMS materials.

Interpreting Parent Questionnaires

Reviewing and Interpreting Responses

When using the AIMS data, the major focus is the child in the context of the family, and their respective adaptation, coping, and growth. The professional begins to identify internal, interpersonal, and external resources important to adaptation by developing a clinical profile.

Developing a Clinical Profile

A clinical profile is a professional's tentative understanding of major emotional issues experienced by the parent, family, or child, as reported by the parent completing the questionnaires. The profile helps to delineate challenges to growth or adaptation, as well as strengths and resources.

The following steps are ways in which the professional can form a clinical sense of the family, parent, and child by reviewing the Parent Questionnaire.

1. Scan *all four* sections (**Attachments, Interaction, Mastery and Support**) for all *strengths*. These are denoted by low scores of 1 or 2 (very often and often), on all items except #5 and #9; these exceptions are called "probes," and indicate possible areas of concern.
2. Look *within each* of the four sections (**Attachment, Interaction, Mastery, and Support**) for strengths, as indicated by scores of 1 or 2, except on probes.
3. Scan *all four* sections for *possible concerns*, denoted by high scores of 4 or 5 (rarely or never), except for items #5 and #9, the "probes." It is important to note that high numbers on most items are "possible" problems, rather than "absolute" problems because parents may misinterpret the meaning of items, or may overstate or understate their concerns. It is always important to investigate with the parent whether a highly numbered statement indicates an actual concern; if the parent denies the existence of a problem or concern, then the professional must gather additional information to verify or refute his/her own viewpoint towards the matter at hand.
4. Scan *within each* section for possible concerns. Again, look for high scores, except on probes.

5. Assess the answers overall. Are there many 3s overall or within a section? These may indicate stress points or areas of possible concern.

These five steps can be accomplished in a few minutes. They help the professional construct a very general “profile” or set of hypotheses. He/she should then *interview* and *observe* the parent and child to unify, clarify, confirm, or deny the early hunches or hypotheses about strengths and concerns of the parent-child-family.

Discussing Questionnaires with Parents

Initiating a Dialogue with Family

Begin the interview by verbally acknowledging family strengths; review some areas where the child, parent, or family clearly is doing well. Pointing out these qualities has many advantages. It increases parental comfort, openness, and trust; helps to reinforce valued qualities; and defines the professional as a family resource.

From this point, there are several ways to proceed or points of entry to begin a dialogue. One may choose among the options described below, or develop a personal style of initiating discussion from a clinical profile.

Choosing Initial Point of Focus from the Questionnaire

There are several options to choose from, depending on the amount of time available, whether the parent has any pressing questions, indications of extreme family problems or needs suggesting a crisis management approach, and personal preferences. These options are:

1. *Ask the parent if she/he has any questions or comments about the questionnaire he/she filled out, or items they would like to discuss.* This may be sufficient to initiate discussion. The parent’s own concerns or questions may incorporate many issues a professional has already raised from the profile.
2. *Address an item that indicates a possible concern* (high numbers, or a scattered, variable pattern). Alternatively, one could address an item which pulls together several other areas of family functioning. For example, an item in the support section may indicate an absence of help, which could explain low numbers in the mastery section, noting a lack of parental confidence. Beginning discussion with an item that is related to other items helps to integrate the discussion. It also means that more of the questionnaire will be reviewed in a given time period.
3. *Scan for items that reflect only child issues* and address these, either individually or in relation to other parent or family issues. *Or, scan for parent issues or family issues.* Each of these may be addressed separately, looking at such questions as: How is each part of the family faring? Is there sufficient enjoyment? Adequate coping? Undue stress?
4. *Scan for high scores on any items,* and identify items that match your observations or impressions from this interview. For example, if the parent seems angry, the child is acting up, and the professional observes some power struggles, there will likely be an item in the interaction, mastery, or attachment sections that could lead into a discussion about what was observed. The questionnaire can provide some “openers,” if one asks the parent, “You have circled ‘sometimes’ on this item. What did you mean?” or “Could you tell me more about this?”

Using Probes: Items that Indicate Possible Concerns

In each of the four sections (**A**ttachment, **I**nteraction, **M**astery and **S**upport) on all Parent Questionnaires, two items, always numbered the same — 5 and 9 — are “probe” items. They are phrased differently from other items. They are designed to pinpoint likely difficulties at certain developmental ages, for example, temper tantrums around age 2. They provide an opportunity for the professional to “spot” trouble at a glance. If the probes are given a *low* number — meaning the item occurs frequently — then some tension or difficulty is likely in the family system, whether in the parent, child, family, or all three.

The probes can be used in at least two major ways. They can be used as topics for education. For example, if the professional encounters a parental problem related to attitudes or values, such as might be involved in spanking or corporal punishment, the professional can provide information about child development to the parent.

The probes can be also used as points of entry to the interview. If a parent has identified a possible concern by marking a probe with a low score, then asking what happens around the issue at hand is a simple way to get additional information. Often, parents pass down to their children time-worn, but outdated and dysfunctional attitudes they learned from their own parents. It is very informative to have parents talk about these and consider examining their child-rearing methods and values. Encourage conscious decision making around parenting issues.

Providing Feedback to Parents about Questionnaire: General Issues

It will often be impossible to review all aspects of the Parent Questionnaire in one visit. Even non-probe items marked with low numbers, while they give no evidence for concern, could generate a very helpful and informative discussion with parents. Thus, one could interview a family for hours and never completely cover all the important points. A more realistic approach is to selectively use questionnaire items with a high potential for generating useful information. The questionnaire serves as a *guide* to suggest fruitful areas for interviewing and giving feedback to parents, while using limited time efficiently and effectively. They are designed as a menu approach to intervention.

Commenting on *family strengths* is a central objective in using the questionnaire. A quick review of the questionnaire can identify some of the family’s strengths. This information can be shared right away or just after discussing the questionnaire, or it can be woven into feedback during and/or at the end of the interview. It is useful to back up one’s impressions from the questionnaire with observations from the parent/child interview.

Strengths can be identified in categories of: **A**ttachment (feelings), **I**nteraction (behaviors), **M**astery (abilities), and **S**upport (resources). Table 4 (p. 24) lists some common strengths within the four areas. In these examples, it is assumed that observational and interview information is used in conjunction with data from the questionnaire.

Table 3

6
months

INSTRUCTIONS: Think of your own family as you read each statement. Circle the number in the column that best fits. Underline any statement you would like to talk about. Leave blank any statement that does not apply.

Child's Name: _____
 Your Name: _____
 Date of Birth: _____
 Relationship to Child: _____
 Child's Age: _____
 Today's Date: _____

A. Family Feelings of Attachment

This part covers ways that family members feel about one another.

	Very Often	Often	Sometimes	Rarely	Never
1. I find it easy to describe my baby.	1	2	3	4	5
2. I feel my baby is wonderful.	1	2	3	4	5
3. I can make my baby feel better when others cannot.	1	2	3	4	5
4. I am happy to see my baby after we have been apart.	1	2	3	4	5
5. I feel I spend too much time with my baby.	1	2	3	4	5
6. My baby shows me that I am special to him/her.	1	2	3	4	5
7. My baby likes to snuggle with me.	1	2	3	4	5
8. My baby's other parent feels close to our baby.	1	2	3	4	5
9. My baby cares more for other adults than for me.	1	2	3	4	5
10. Our family thinks our baby does cute things.	1	2	3	4	5

B. Family Behaviors and Interactions

This part covers the ways you, your child, and your family play, work and talk together.

1. My baby looks at me when I talk to him/her.	1	2	3	4	5
2. My baby takes turns making sounds when we talk.	1	2	3	4	5
3. My baby lets me know when he/she has had enough.	1	2	3	4	5
4. I change the way I act to fit my baby's moods.	1	2	3	4	5
5. I tell my baby he/she is bad when I don't like what he/she does.	1	2	3	4	5
6. My baby and I play during baths and diaper changes.	1	2	3	4	5
7. My baby tries to get my attention by making sounds.	1	2	3	4	5
8. My baby's other parent is able to make our baby smile or laugh.	1	2	3	4	5
9. I feel silly talking to my baby because he/she does not talk back.	1	2	3	4	5
10. My baby enjoys watching other children and/or his/her brothers and sisters.	1	2	3	4	5

C. Family Abilities and Feelings of Mastery

This part covers the ways you, your child and your family develop, learn skills and solve family problems.

1. I know I can help my baby stay healthy.	1	2	3	4	5
2. I know how to get my baby interested in things.	1	2	3	4	5
3. I go to bed at night feeling I have done a good job as a parent.	1	2	3	4	5
4. My baby is able to play with a toy by him/herself.	1	2	3	4	5
5. I think my baby needs me too much.	1	2	3	4	5
6. I feel my baby's other parent takes good care of our baby.	1	2	3	4	5
7. My baby reaches for things close by.	1	2	3	4	5
8. I am happy with the way my baby's other parent and I share housework.	1	2	3	4	5
9. I feel my baby does things just to bother me.	1	2	3	4	5
10. My baby's other parent has time for us.	1	2	3	4	5
11. My baby does well with a sitter.	1	2	3	4	5
12. My baby looks around when he/she hears a family member.	1	2	3	4	5

D. Family Resources and Supports

This part covers the kinds of help and supports you and your family have.

1. I spend time talking to and having fun with my friends.	1	2	3	4	5
2. I have someone I can depend on to take care of my baby.	1	2	3	4	5
3. I feel we have enough money to make ends meet.	1	2	3	4	5
4. I am happy with where we live.	1	2	3	4	5
5. I feel alone.	1	2	3	4	5
6. My family does things outside the home, like at church or a club.	1	2	3	4	5
7. People invite my other children to play.	1	2	3	4	5
8. Relatives listen when I talk about my feelings.	1	2	3	4	5
9. I wish I had someone to talk with about my concerns/problems.	1	2	3	4	5
10. My baby's grandparents spend time with the baby or call us on the phone.	1	2	3	4	5

SAMPLE

Table 4

**DISCUSSING STRENGTHS —GIVING POSITIVE FEEDBACK TO FAMILIES
ABOUT THEIR STRENGTHS: EXAMPLES**

Attachment

“Johnny is lucky to have a mom like you, who feels so proud of him.”

“Sara and you seem to have a very close, warm relationship; that’s great for her.”

“I’m glad to see that you aren’t shy about holding her when she needs to be comforted; she quiets quickly when you pick her up.”

Interaction

“That’s what is so great about you two! You just asked her to sit down, very appropriately, and she not only listened, but followed your directions. That’s quite an accomplishment.”

“Your baby is asking you for that pen, isn’t she? She accepted what you offered her instead. Distraction can be the best way to avoid frustrating a baby too much.”

“You’re very good at explaining to him what’s going on here; that’s a great skill to have, even with toddlers.”

“I see you report that you and your husband talk about how to raise your child. Not all families can do that, but if you can do it at all, it can really help.”

Mastery

“Being a dad in a family with three kids under four is a big task, but you seem to have the sense of humor and love for children to do it.”

“Joe is at an age, around 18 months, where he is experiencing a lot of frustration. You remain calm and objective when he gets upset and I can see him really trying to work things out. He’s doing a good job.”

“This baby is great at calming herself down; did you notice how she put her fingers to her mouth right after I looked into her ears and upset her?”

“Dealing with money problems and a new home after moving is not easy. Getting to your appointment on time must have been a challenge. Just being able to be there with your children at a time like this is commendable!”

Support

“Seems like you have a lot of places or people to go to when you need help. That’s great!”

“It’s very helpful to keep track of the questions you have; that way we both work together.”

“Looks like you are managing to find some time for yourself. It may not seem like it some days, but this is a real achievement for you, and in the long run, everyone benefits.”

Providing Feedback about Possible Problems

From the questionnaire alone, some issues or concerns might arise about the child, parent or family. It is best to follow up on these possible problems through additional data-gathering. The best approach includes a general interview, parent and child observation, and focused discussion.

Table 5 presents some ideas for discussing and identifying concerns arising from the questionnaire. The major goal is to raise an issue, discuss it further leading to greater clarification, possible identification of a problem, and preparation for intervention.

Whenever possible, it is generally most productive if a parent can identify and address a problem him/herself. If not, the professional can initiate the problem identification and convey an accepting attitude that says, in effect, "It is okay to look at this; it is not bad, and things can be done about it." Often, once an area of concern is labeled, a parent derives sufficient energy and resolve to make headway on his/her own, without extended professional help. Denied this form of support, many parents continue to bury their own feelings, avoid situations, and/or feel helpless, ashamed, or stymied. A parent can feel a sense of relief when assisted in identifying a concern or problem area, given an opportunity to discuss it, and receive guidance and support in addressing it.

Table 5

DISCUSSING CONCERNS—GIVING SUPPORTIVE FEEDBACK TO FAMILIES ABOUT THEIR AREAS OF CONCERN: EXAMPLES

ATTACHMENT

"You indicate that you feel you spend too much time away from your little boy. Tell me more about this. Is this hard for you?"

"It seems you feel your child wants to make you angry. That must be frustrating for you. Can you tell me more about this?"

INTERACTION

"It is great to 'catch a child' being good or let him/her know when he/she has done something well. How is this going for you? Is this easy or hard for you?"

"Can you talk to me more about how you play with your child?"

MASTERY

"It can be hard to adjust to having a baby with colic, especially when there are other children to care for also. Has this been particularly hard for you?"

"Raising children can be very stressful. It seems like some things are especially hard now. What is giving you the most trouble? What can be done to reduce stress for everyone?"

SUPPORT

"It seems like things in the family are stressful now. Let's talk a little more about that."

"Getting help can be difficult. I'm concerned that you may not have the help you need to be the parent you want to be. How is this for you?"

AFTER PARENT QUESTIONNAIRES:

GUIDELINES FOR ADDITIONAL PSYCHOSOCIAL PRACTICES

The AIMS System of Practice suggests that parents' self-report questionnaires do not supply sufficient data alone for professional psychosocial assessments. Professional *observations* and *interview data* are also needed. Thus, the AIMS materials include guidelines for observing parents and children and for conducting general interviews. There are twelve sets of such guidelines, to correspond to the 12 age-specific Parent Questionnaires.

Suggestions for General Interview Questions: A Menu Approach

The AIMS System of Practice materials titled, "Interview Questions" under Guidelines for Psychosocial Practice, provide ideas for the content of initial questions to be used in a general interview of parents. The questions cover broad areas of family functioning, as follows:

1. *Response to Questionnaire*

The first category of questions pertains to the Parent Questionnaires. It consists basically of a reminder to the professional to ask about the parent's reaction to or comments about the questionnaire. This question can be asked before, during, or after the general parent interview.

2. *Parent Adjustment and Well-being*

Questions in this category are designed to promote a partnership or alliance with parents, while also gathering important information on parental adaptation, attitudes, values, and behaviors.

3. *Basic Care and Relationship with Baby*

Questions in this category cover issues of feeding, growth and development, and parent-child interaction, providing information on daily routines, adaptation and coping.

4. *Parent's Sense of Child's Well-being (9 months and older)*

This category is added at the 9 month visit, when a baby has become predictable and settled. Questions cover parents' perceptions of the child's feelings, preferences, typical routines or behaviors, and needs.

5. *Family Adjustment and Well-being (9 months and older)*

This category is also added at the 9 month visit. Questions address the family as a system, including marital and sibling issues related to life with the child in focus.

6. *Child Adjustment (3, 4 and 5 years of age)*

This category is added after the child reaches 3 years of age, when he/she can be interviewed directly. It provides points of entry for dialogue with the child.

A professional can begin with any of the categories, or any of the questions within each category. These guidelines are meant to provide helpful ideas, not a rigid protocol of structured, numerically-ordered questions. Any of the questions serve to "open the discussion." The interview is important as a source of additional data to use in conjunction with questionnaire responses and observations. If no concerns are identified, the general interview is sufficient. If concerns surface, a more in-depth, focused interview is desirable. Suggestions for focused interviews are described in Part IV of this manual (p. 44).

Suggestions for Points of Observation

The AIMS Indicators or System of Practice, offers two types of suggestions for parent-child observations: those of child/parent/family *strengths* and those indicative of possible problems or *concerns* to the professional and/or family. Points of observation are suggested in all domains — Attachment, Interaction, Mastery, and Support. They also cover child and parent behaviors on a continuum, with one end indicating strengths the other concerns. It is given in a checklist format with a check mark indicating a behavior observed. Twelve forms are supplied to correspond to the Parent Questionnaires.

Not all situations will provide opportunities for the professional to observe all relevant parent/child interactions. This is expected and acceptable. However, of all the points listed, several are likely to be observed in any setting if sufficient time for observation is allowed. Included are points of observation that indicate strengths and/or concerns for a given developmental phase in a child's life.

Support items do not vary with the age of the child. Most issues regarding family support need to be reported by the parent; in ASummary The reader will notice that not all information was certain information offered by the parent. However, some things can be observed, such as the way the parent uses the support provided by the professional. Those points of observation that were sufficiently generic or appropriate for all ages are repeated for all 12 sets of guidelines.

Examples of these guidelines (ages 2 mo, 18 mo and 4 yrs) appear in Part IV of this manual (p. 44).

Reference Materials

Suggestions for Focused Interview Questions and Brief Psychosocial Interviews

If the professional discovers a concern that requires additional pursuit of information about issues of Attachment, Interaction, Mastery or Support, then he/she can find suggestions for more in-depth questions to ask parents in the reference materials titled "Focused Interview Questions." This most likely will occur when a possible problem or concern is identified. The *Focused Interview Questions* are pertinent for more intensive, specific discussions rather than a general sweep of several areas. Again, these suggestions follow a "menu" approach. It is not expected that all questions can be addressed.

Reference materials are also provided for cases where suggestions for *Brief Psychosocial Interventions* are desired. The AIMS materials include guidelines for interventions which are thought to *strengthen positive* qualities and those which seek to deal with *problems* or *concerns*. The professional is expected to use these as references also, not as programmatic strategies.

These *reference guides* appear in Part IV of this manual (p. 44).

FINDINGS ON USAGE OF THE AIMS SYSTEM OF PRACTICE

Parents

- enjoy filling out parent questionnaires/don't feel that they are too time consuming
- helps them reflect on parenting — bringing up aspects not consciously considered and affirming parenting capacities
- feel that use of the questionnaires by the professional represents a commitment toward them, their child and their family
- provides affirming information as well as developmental information

Physicians

- find information useful, but administration can be too time consuming for traditional practice
- when office staff and/or additional resources available, the added dimension is seen as very useful
- pediatric residents express some fear about broadening the domain for which they are responsible, usually due to lack of training and resources
- use of materials increases ability of pediatricians to address psychosocial concerns during well-child care
- awareness engendered by training and use results in qualitative changes in well-child care (e.g. responsiveness to parental cues, body position, interactions with parent and child)
- provides words and a method to incorporate emotional health assessment and intervention into routine well-child care

Early Interventionists

- helps organize information — offers multiple entry points for discussion, clarifies options, identifies issues, identifies parental priorities
- use of system results in increased awareness of family strengths
- helps to confirm/clarify concerns
- helps establish a connection with the parent-child-family
- provides a method for profile development
- increases objectivity in response to a case profile

Clinicians

- helps organize information — as with early interventionists, but often with more interpretation of the dynamics of the family situation
- confirms clinical impressions
- provides a means of discussing diverse perspectives on family issues
- offers multiple sources of data or information about the parent-child-family

Trainers

- contains an important and often neglected body of information in a philosophically satisfying and highly usable form
- able to be used in practice or as didactic material
- encourages case discussions, peer reflection and collaboration

PROJECT

A | I | M | S

Part III

Sample Exercise

Exercise
Worksheet
Interpretation
A Summary

SAMPLE EXERCISE

What follows is a fictional case study to illustrate how to use the AIMS materials. It uses as an example a visit to a physician by a child and his single parent. The exercise includes a brief descriptive vignette; intake forms and an 18 month, parent questionnaire that the parent completed before her visit; as well as points of observation noted during a general interview. As the service provider, how would you proceed with your interview and/or brief intervention in this case?

You are seeing 18-month-old Bobby and his 26-year-old mother Ann. The information you have about this case is that Ann had gone through a painful divorce shortly after the birth of Bobby, and seemed to be alone and overwhelmed. Your impression of Ann is that she is a very caring mother. The first year went relatively well, with Bobby growing and developing at a normal rate.

As you enter the room, Bobby is standing next to his mother. He becomes very shy with you, even though you have seen him since he was small. Ann sits down and picks Bobby up in her lap. He sits there passively for a while, then tries to get down. Ann wraps her arms around him and says, "Where are you going, you little imp?" He does not protest. You notice that Bobby has few words, and Ann is able to know what he wants without his cueing her. Bobby appears well-cared-for, but seems to be a shy, somewhat sad little boy. Ann reports that he is a "wonderful" child who never gives her any trouble. He continues to have trouble sleeping and she often will bring him into her bed. She has begun a part-time job and hates to be away from him, for any time. They spend all their other time together.

Case Study Worksheet

- I. Developing the Clinical Profile
 - A. Family, parent and child strengths
 1. What are the strengths? How does this information emerge? What are the domains (Attachment, Interaction, Mastery, Support) represented in the strengths?
 - B. Possible concerns
 1. What are the possible problems or areas of concern? How does this information emerge? What are the domains (A-I-M-S) represented in the concerns?
- II. Initiating an Interview/Dialogue with the Parent, and Observing
 - A. Pursuing information
 1. What general questions would be good to ask? Why?
 2. What questions would you start with?
 - B. Observing
 1. What further information is needed from observations of parent and/or child?
 2. With this information clarify or confirm any hunches or hypotheses derived from the written materials?
 - C. Interviewing
 1. What further information is needed from interviewing the parent/child?
 2. Will this information clarify or confirm any hunches or hypotheses derived from the written materials?

- III. Giving Feedback: Choosing Appropriate Brief Psychosocial Interventions
 - A. Phrasing feedback about strengths
 - 1. What specific information can be shared about strengths? How can this be done?
 - 2. What is the goal of the intervention? Can this be accomplished in the current intervention?
 - B. Phrasing feedback about concerns
 - 1. What specific information can be shared about the concerns? How can this be done? What needs to happen to assist in resolving the concern?
 - 2. What interventions are appropriate? What is the goal of the interventions? Can this be accomplished in this current intervention?

AIMS: Developmental Indicators of Emotional Health

(Attachment — Interaction — Mastery — Support)

FAMILY INFORMATION

Date: _____ / _____ / _____
month day year

A. IDENTIFICATION

Name of Child: Bobby Home/Message Phone: _____
first middle last (nickname)

Child's Current Age: 18 mos. Date of Birth: _____ Gender: Male Female

Name of Mother: Ann Name of Father: Robert

Age: _____ Age: _____

Mother's Address: Bangor, ME Father's Address: Manchester, NH

With whom does child live? (Check all that apply.) Mother Father Other, specify _____
Zip _____ Zip _____

Billing Address _____ Address _____
of Responsible Party: _____ Zip _____

Medicaid # 132468A Health Care Provider: _____
Zip _____ Zip _____

Insurance Co. _____ Cert. No. _____ Group No. _____

Ethnicity of Child: (optional) _____ Religion _____

Current marital status of parents: Married Divorced Separated Single Living together Widowed

Total number of people living in home: _____ Ages of Males: _____ Ages of Females: _____

Have there been any changes in the past year of people moving in and out of your home? Yes No Who? _____

B. EMPLOYMENT

Mother Shop 'n Save (part time) Father laborer
employer address phone number job title employer address phone number job title

C. EDUCATION

Highest grade completed — Mother: (Check one.)

Less than 12th high school graduate higher than 12th

Currently enrolled in school? yes no

Highest grade completed — Father: (Check one.):

Less than 12th high school graduate higher than 12th

Currently enrolled in school? yes no

D. TRANSPORTATION

Do you have reliable transportation? yes no

E. SERVICES

Does anyone in your family currently receive services from any of the following? (Check all that apply.)

Child/Family Services

- Public or Community Health Nurse
- Adoption Services
- Child Day Care (Foster Care, Preschool)
- Employment Services
- Legal Services
- Other: _____

Educational/Social Services

- Counseling
- Housing Assistance
- In-home Parent Aid Services
- Parenting Classes
- Preschool Education Services
- Special Education Services
- Transportation Assistance
- Other: visiting nurse

Economic Services

- AFDC
- Food Stamps
- WIC
- SSI
- Other: _____

Health/Rehabilitation

- WIC
- Drug/Alcohol Services
- Family Planning
- Psychotherapy/Counseling
- Rehabilitation
- Therapy (e.g., speech, PT/OT)
- Other: _____

Other Services

Specify: _____

(Over, please)

F. BIRTH HISTORY INFORMATION:

1. PREGNANCY, LABOR AND DELIVERY

Pregnancy (Provide as much information as you have available.) Check if adopted Child's age at adoption _____

- No problems
- Substance Use (alcohol, drugs or tobacco)
- Bleeding
- Prematurity. How early? _____
- Infection
- Other _____

Was the timing of this pregnancy good for you? Yes No
Did you receive regular medical care during this pregnancy? Yes No
What month of the pregnancy did you start to see a medical provider? 2 mos.

Where was the child born? Eastern Maine Medical Center Bangor
Hospital Town

Child's birthweight: 7.1 lbs

Circumstances at birth:

Labor and Delivery:

- Vaginal delivery
- Cesarean delivery
- Premature
- Breech
- Twin (1st born, 2nd born)
- Other: _____

Newborn Status:

- Healthy, no problem
- Jaundice
- Low birth weight
- Breathing problems, how long? _____
- Ventilator, how long? _____
- Surgery: _____
- Other: _____

Hospital Stay: Child: 3 days Mother: 3 days

2. OTHER PREGNANCIES: How many? 1 Mother's age at first pregnancy: _____

- Problems: Yes No
If yes: Before this child After this child
Type of experience: Abortion Miscarriage Stillborn Premature
 Other: _____

3. EARLY LIFE WITH CHILD (birth to six months):

Sleeping: No problems Problems
If problems, describe: had difficulty going to sleep - often had to sleep with me

Feeding: Breastfed Bottle fed
 No problems Problems
If problems, what kind: Sucking Swallowing
 Eating problems (Fussy eater, excessive spitting of food, allergies)
 Other: _____

How would you describe your baby during infancy?

- Quiet Happy Irritable Playful Hard to deal with Easy Active Overactive
 Other: _____

4. LATER LIFE WITH CHILD (six months to five years)

How Would You Describe Your Child Now?
 Quiet Happy Irritable Playful Hard to deal with Easy Active Overactive
 Other: _____

5. Are you happy with your child's health care provider? Yes No

Comments: _____

This information will be kept private. Thank you.

18 mos.

Child's Age:

3/1/96

Today's Date:

Date of Birth:

Relationship to Child: mother

Bobby

Child's Name:

Ann

Your Name:

INSTRUCTIONS: Think of your own family as you read each statement. Circle the number in the column that best fits. Underline any statement you would like to talk about. Leave blank any statement that does not apply.

18 Months

A. Family Feelings of Attachment

This part covers ways that family members feel about one another.

	Very Often	Often	Sometimes	Rarely	Never
1. I enjoy watching my child do things on his/her own.	1	2	<u>3</u>	4	5
2. It makes me feel good to see my child growing and learning.	<u>1</u>	2	3	4	5
3. I feel happy to see my child after we have been away from each other.	<u>1</u>	2	3	4	5
4. My child wants to be close to me when he/she is sick or hurt.	<u>1</u>	2	3	4	5
5. I feel my child wants to make me angry.	1	2	3	4	<u>5</u>
6. My child leaves my side to do things.	1	2	3	4	<u>5</u>
7. My child looks to me when in a strange place.	1	2	3	<u>4</u>	5
8. My child enjoys giving hugs and kisses.	1	<u>2</u>	3	4	5
9. I wish my child needed me more.	<u>1</u>	2	3	4	5
10. My child loves to see his/her other parent after they have been apart for a while.	1	<u>2</u>	3	4	5
11. Family members love our child even when he/she has a tantrum.	<u>1</u>	2	3	4	5
12. Our family is happy with each other.	1	2	3	<u>4</u>	5
13. My child enjoys being with his/her grandparents, aunts and uncles.	1	2	3	<u>4</u>	5

B. Family Behaviors and Interactions

This part covers the ways you, your child, and your family play, work and talk together.

1. I let my child know when he/she has done something well.	<u>1</u>	2	3	4	5
2. I give my child something else to do when I need to stop him/her from doing something.	1	<u>2</u>	3	4	5
3. My child brings me toys so that we can play together.	1	2	<u>3</u>	4	5
4. My child lets me know what he/she likes or dislikes.	1	<u>2</u>	3	4	5
5. It is hard for me to say "no" to my child.	1	<u>2</u>	3	4	5
6. My child and I laugh together.	1	<u>2</u>	3	4	5
7. My child tries to do what other people do.	1	<u>2</u>	3	4	5
8. My child's other parent understands what our child is trying to say.	1	2	<u>3</u>	4	5
9. My child is old enough to play outside by him/herself.	1	2	3	<u>4</u>	5
10. Our family spends time together.	1	2	<u>3</u>	4	5
11. We look at family pictures with our child.	1	2	3	<u>4</u>	5

C. Family Abilities and Feelings of Mastery

This part covers the ways you, your child and your family develop, learn skills and solve family problems.

1. I accept my child telling me "no" without getting upset.	1	2	<u>3</u>	4	5
2. I am able to keep my child safe.	1	2	<u>3</u>	4	5
3. My child wants to do things on his/her own.	1	2	3	4	<u>5</u>
4. I am happy with how my child's other parent cares for our child.	1	2	3	<u>4</u>	5
5. I get confused about the best way to parent my child.	1	2	<u>3</u>	4	5
6. My child is curious about things.	<u>1</u>	2	3	4	5
7. My child climbs on things to get what he/she wants.	1	2	3	4	<u>5</u>
8. My child is able to look at picture stories for a short time. <i>NA</i>	1	2	3	4	5
9. My child seems unhappy for long parts of the day or night.	1	2	<u>3</u>	4	5
10. My child's other parent and I agree about how to raise our child.	1	2	3	<u>4</u>	5
11. Other children in our family can cope with this child's constant activity.	1	2	3	<u>4</u>	5
12. Family members share feelings with each other.	1	2	3	<u>4</u>	5

D. Family Resources and Supports

This part covers the kinds of help and supports you and your family have.

1. I do things by myself outside the home.	1	2	<u>3</u>	4	5
2. I keep up with my old friends.	1	2	3	<u>4</u>	5
3. I can count on others when I ask for their help.	1	2	<u>3</u>	4	5
4. I feel okay getting the services my child needs.	1	2	<u>3</u>	4	5
5. I hate to ask for help.	1	<u>2</u>	3	4	5
6. Other parents give me good ideas about family and child care.	1	2	<u>3</u>	4	5
7. Relatives let me know they think I am a good parent.	1	2	3	<u>4</u>	5
8. Relatives care about how my child is doing.	1	2	<u>3</u>	4	5
9. I worry that people outside our family will not care about my child.	1	<u>2</u>	3	4	5
10. Our family feels our home is a good place to be.	1	<u>2</u>	3	4	5

Guidelines for Psychosocial Practice

INTERVIEW QUESTIONS

Response to Questionnaire:

Do you want to talk about anything from the AIMS questionnaire?

Parental Adjustment and Well-being:

1. How are things going at home with you, your child and your family?
2. How do you feel about the things your child is doing now?
3. Is there anything on your mind that you would like to talk about today?

Parent's Sense of Child's Well-being:

1. What new things is your child doing?
2. Does your child enjoy trying out his/her new abilities?
3. Does your child seem happy most of the time?
4. How does your child deal with frustration?

Family Adjustment and Well-being:

1. Do you and the child's other parent talk about discipline and limit setting?
2. How do other family members get along with your child these days?
3. How are you and your child's other parent doing?

POINTS OF OBSERVATION

Strengths

ATTACHMENT

- child tolerates periods of separation from parent
- parent and child show pleasure in each other's company
- parent appears to enjoy child
- parent behaves and talks about child in generally positive ways

INTERACTION

- parent responds to child's needs or requests for comfort and care
- child uses words and phrases to communicate with parent or others
- child goes to or asks parent for help
- child appears interested in adults and children around him/her
- parent sets reasonable limits on child's behavior, when necessary
- child responds to parent's limit-setting
- older sibling(s) responds positively to child

MASTERY

- child uses 10-20 words
- parent allows child to be curious
- parent appears capable of handling child's temper outbursts *NA - no temper*
- child shows age-appropriate assertiveness (says "no", protests, wants own way, etc.)
- child's behavior shows purpose; appears to know what he/she wants and how to get it
- parent appears to enjoy being a parent

SUPPORT

- parent asks for help or information
- parent is responsive to information, advice or other forms of help
- parent appears rested and healthy
- family appears and/or reports having adequate housing, transportation, finances and child care

Concerns

ATTACHMENT

- child clings excessively to parent
- parent and child engage in constant conflict or struggle
- parent appears angry or distant with child
- parent talks critically of and behaves negatively toward child

INTERACTION

- parent ignores or rejects child's needs or requests for comfort and care
- child shows little or no verbal communication skills
- child does not go to or ask parent for help
- child appears uninterested or avoids social contact with others
- parent sets no limits or limits which are too harsh and/or inappropriate
- child ignores parent's limit-setting
- older sibling(s) appears angry with child

MASTERY

- child does not use words
- parent unnecessarily restricts child's exploration
- parent appears scared, overwhelmed by or punitive toward child's emotional outbursts
- child appears excessively angry, insistent, compliant or passive
- child's behavior appears random or disorganized
- parent shows distress over his/her role or feelings as a parent

SUPPORT

- parent appears hesitant or unable to ask for help or information
- parent rejects offers of help
- parent appears overwhelmed, tired, stressed or unhealthy
- family appears and/or reports having inadequate housing, transportation, finances and child care

Case Study Interpretation: One Clinician's Viewpoint

Ann is a young, single mother, working part-time, adjusting to a divorce, and raising a child who is in the middle of a developmental transition. Mom probably feels alone, as she does not like to ask for help, feels she cannot count on others to help, and does not keep up with old friends. She makes several statements indicating that there is a lot of tension with the child's father.

Bobby is, according to his mom, sometimes unhappy for long periods at a time and he is rarely curious or investigative enough to climb on things to get what he wants. He is rarely able to look at picture stories for a short time and only sometimes wants to do this on his own. Mother very often wishes he needed her more, though he seems fairly close, maybe clingy, at the present time.

Despite these tensions, there appears to be a good attachment between mom and son, with mutual enjoyment. Bobby and she are affectionate, they laugh together, and seem to communicate at least adequately, according to Ann.

Several impressions emerge. One is that Ann is feeling lonely and depleted, and perhaps still grieving the failed marriage. Her son may be her only source of gratification, and she could wish he remain a baby, to remain close to her and close by. If she could recognize the need for more support in her life, could remove whatever obstacles lie in her way of connecting to her own family, and could achieve better resolution of her divorce, she would have much more energy to support her son's development. She may be so drained now that it is too hard to let him explore and become more assertive and independent.

I would try to help her realize how much stress she has experienced and would commend her on her ability to hold down a job, manage the logistics of child care and raise a healthy boy. I'd ask her to tell me how she has coped so well. As soon as she told me about any current hardship, I'd validate the level of stress she is experiencing and see if I could point out how that stress can have an impact on parenting. I'd say something about how it's often hard for parents to follow their child into a new stage when they are still trying to adjust to the old stage. Then I'd talk about the challenges of toddlerhood and give some suggestions about helping a toddler explore, develop autonomy and deal with inevitable frustrations. I'd be sure to explain that she will continue to be vitally important to Bobby, even as Bobby seems to move away from her. I'd try to finish the appointment by reassuring her about Bobby's overall health, their strong bond, and I'd remind her that she is important too, and that all parents need help. I'd give her some suggestions for getting support — groups, friends.

Finally, I'd make a note to myself to check in with her again, if she's due for another visit, or to ask her to call in 3-4 weeks to see if her stress has lessened. I'd keep in mind that she might need a referral for more intensive help, consultation or counseling.

A Summary

The reader will notice that not all information was covered by the clinician attending to this family in this encounter. The clinician did, however, work from a "clinical profile" and use hypotheses within the profile to guide the choice of interventions. The interventions were supportive, informative, reassuring, educative and gave positive feedback with plans to follow up.

Other approaches are valid. This is one of several appropriate responses. Another clinician may have pursued the divorce more, or focused more on the child's development. The goals should leave the parent with a stronger sense of self, more insight into the child, greater awareness of family strengths and more understanding of areas of concern, with ideas about how to deal with the concerns. There are many pathways towards achievement of these goals, the foremost of which is establishing a trusting relationship with the parent through open and honest dialogue.

Part IV

Forms Included in the AIMS:Development Indicators of Emotional Health

Intake Materials:

Family Information

Family Concerns Indicator

Sample Parent Questionnaires (of twelve):

2 month

18 month

4 year

Sample Points of Observation (of twelve)

2 month

18 month

4 year

Reference Materials:

Focused Interview Questions

Brief Psychosocial Interventions

AIMS: Developmental Indicators of Emotional Health

(Attachment — Interaction — Mastery — Support)

FAMILY INFORMATION

Date: _____ / _____ / _____
month day year

A. IDENTIFICATION

Name of Child: _____ Home/Message Phone: _____

first middle last (nickname)

Child's Current Age: _____ Date of Birth: _____ Gender: Male Female

Name of Mother: _____ Name of Father: _____

Age: _____ Age: _____

Mother's Address: _____ Father's Address: _____

_____ Zip _____ Zip

With whom does child live? (Check all that apply.) Mother Father Other, specify _____

Billing Address _____ Address _____

of Responsible Party: _____ Zip _____ Zip

Medicaid # _____ Health Care Provider: _____

Insurance Co. _____ Cert. No. _____ Group No. _____

Ethnicity of Child: (optional) _____ Religion _____

Current marital status of parents: Married Divorced Separated Single Living together Widowed

Total number of people living in home: _____ Ages of Males: _____ Ages of Females: _____

Have there been any changes in the past year of people moving in and out of your home? Yes No Who? _____

B. EMPLOYMENT

Mother _____ Father _____
employer address phone number job title employer address phone number job title

C. EDUCATION

Highest grade completed — Mother: (Check one.)

Less than 12th high school graduate higher than 12th

Currently enrolled in school? yes no

Highest grade completed — Father: (Check one.):

Less than 12th high school graduate higher than 12th

Currently enrolled in school? yes no

D. TRANSPORTATION

Do you have reliable transportation? yes no

E. SERVICES

Does anyone in your family currently receive services from any of the following? (Check all that apply.)

Child/Family Services

- Public or Community Health Nurse
- Adoption Services
- Child Day Care (Foster Care, Preschool)
- Employment Services
- Legal Services
- Other: _____

Educational/Social Services

- Counseling
- Housing Assistance
- In-home Parent Aid Services
- Parenting Classes
- Preschool Education Services
- Special Education Services
- Transportation Assistance
- Other: _____

Economic Services

- AFDC
- Food Stamps
- WIC
- SSI
- Other: _____

Health/Rehabilitation

- WIC
- Drug/Alcohol Services
- Family Planning
- Psychotherapy/Counseling
- Rehabilitation
- Therapy (e.g., speech, PT/OT)
- Other: _____

Other Services

Specify: _____

F. BIRTH HISTORY INFORMATION:

1. PREGNANCY, LABOR AND DELIVERY

Pregnancy (Provide as much information as you have available.) Check if adopted Child's age at adoption _____

- No problems
- Bleeding
- Infection
- Substance Use (alcohol, drugs or tobacco)
- Prematurity. How early? _____
- Other _____

Was the timing of this pregnancy good for you? Yes No
Did you receive regular medical care during this pregnancy? Yes No
What month of the pregnancy did you start to see a medical provider? _____

Where was the child born? _____
Hospital Town

Child's birthweight: _____

Circumstances at birth:

Labor and Delivery:

- Vaginal delivery
- Cesarean delivery
- Premature
- Breech
- Twin (1st born, 2nd born)
- Other: _____

Newborn Status:

- Healthy, no problem
- Jaundice
- Low birth weight
- Breathing problems, how long? _____
- Ventilator, how long? _____
- Surgery: _____
- Other: _____

Hospital Stay: Child: _____ days Mother: _____ days

2. OTHER PREGNANCIES: How many? _____ Mother's age at first pregnancy: _____

- Problems: Yes No
If yes: Before this child After this child
Type of experience: Abortion Miscarriage Stillborn Premature
 Other: _____

3. EARLY LIFE WITH CHILD (birth to six months):

Sleeping: No problems Problems
If problems, describe: _____

Feeding: Breastfed Bottle fed
 No problems Problems
If problems, what kind: Sucking Swallowing
 Eating problems (Fussy eater, excessive spitting of food, allergies)
 Other: _____

How would you describe your baby during infancy?

- Quiet
- Happy
- Irritable
- Playful
- Hard to deal with
- Easy
- Active
- Overactive
- Other: _____

4. LATER LIFE WITH CHILD (six months to five years)

How Would You Describe Your Child Now?

- Quiet
- Happy
- Irritable
- Playful
- Hard to deal with
- Easy
- Active
- Overactive
- Other: _____

5. Are you happy with your child's health care provider? Yes No

Comments: _____

This information will be kept private. Thank you.

AIMS: Developmental Indicators of Emotional Health

(Attachment-Interaction-Mastery-Support)

FAMILY CONCERNS INDICATOR

Name of child: _____ Child's age: _____

Your name: _____ Relationship to child: _____

Today's date: _____ Child's date of birth: _____
month / day / year month / day / year

Families often have to deal with many different stresses and challenges. Have any of the following occurred to you or anyone in your family? Is this of current concern to you or anyone in your family? If "yes," please indicate with a check (✓) next to the item under the appropriate column.

	Occurred Within My Family	Of Concern At This Time	Comments
PHYSICAL WELL-BEING			
Physical Problems/Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	
Serious (Acute) or Ongoing (Chronic) Illness	<input type="checkbox"/>	<input type="checkbox"/>	
Learning Difficulties Including Reading or School	<input type="checkbox"/>	<input type="checkbox"/>	
Speech-Language-Hearing Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Accidents	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Room Visits	<input type="checkbox"/>	<input type="checkbox"/>	
Hospitalizations	<input type="checkbox"/>	<input type="checkbox"/>	
SOCIAL SERVICES			
Legal Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Problems with Social Services or Schools	<input type="checkbox"/>	<input type="checkbox"/>	
Difficulties with Childcare Help or Services	<input type="checkbox"/>	<input type="checkbox"/>	
Difficulties with Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	
FAMILY LIFE			
Marriage or Relationship Troubles	<input type="checkbox"/>	<input type="checkbox"/>	
Children Living Outside of Family Home	<input type="checkbox"/>	<input type="checkbox"/>	
Few Friends or Close Family Members	<input type="checkbox"/>	<input type="checkbox"/>	
Financial Problems or Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional/Mental Health Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Behavior Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Family Violence (physical/emotional)	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	
Problems with Alcohol or Drugs	<input type="checkbox"/>	<input type="checkbox"/>	
Concerns About Safety	<input type="checkbox"/>	<input type="checkbox"/>	
Housing Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	
Frequent or Long Separations	<input type="checkbox"/>	<input type="checkbox"/>	
LIFE CHANGE			
Divorce or Change of Marital Status	<input type="checkbox"/>	<input type="checkbox"/>	
New Child in Family/Recent Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	
Change of Residence	<input type="checkbox"/>	<input type="checkbox"/>	
Job/Work Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	
Change of Employment	<input type="checkbox"/>	<input type="checkbox"/>	
Unfortunate Life Events (fire, theft, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Death	<input type="checkbox"/>	<input type="checkbox"/>	
Other Traumatic Stress	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER CONCERNS

Specify: _____

AIMS: PARENT QUESTIONNAIRE

2 Months

SAMPLE

Dear Parent or Guardian:

You have been asked to fill out this form because your answers to the statements will help us serve you better.

Look at the sample below. Think of your own family. Circle the number in the column that best fits. Underline the statement if you want to talk about it with us.

SAMPLE STATEMENT:	Very <u>Often</u>	<u>Often</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
My baby looks at my face when I hold him/her.	1	2	3	4	5

If your baby looks at you very often when you are holding him or her circle number one. If your baby looks at you sometimes, circle 3. If your baby never looks at you when you hold him or her, circle number 5.

There are no right or wrong answers. Use this form as a way to share your thoughts with us. Write any comments on the back of this sheet.

This information will be kept private. Thank you

SAMPLE

Child's Name: _____ Today's Date: _____

Child's Age: _____ Date of Birth: _____

Your Name: _____ Relationship to Child: _____

INSTRUCTIONS: Think of your own family as you read each statement. Circle the number in the column that best fits. Underline any statement you would like to talk about. Leave blank any statement that does not apply.

A. Family Feelings of Attachment

This part covers ways that family members feel about one another.

	<u>Very Often</u>	<u>Often</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
1. I think my baby is good.	1	2	3	4	5
2. I feel this baby is the baby I wanted.	1	2	3	4	5
3. I believe my baby feels I am special.	1	2	3	4	5
4. My baby looks at me when I hold him/her.	1	2	3	4	5
5. I worry that my baby is like me.	1	2	3	4	5
6. My baby stops crying when I hold him/her.	1	2	3	4	5
7. My baby snuggles close to me when I hold him/her.	1	2	3	4	5
8. My baby's other parent feels our baby is wonderful.	1	2	3	4	5
9. My baby likes to keep me up at night.	1	2	3	4	5
10. Our baby adds to our family's closeness.	1	2	3	4	5

B. Family Behaviors and Interactions

This part covers the ways you, your child, and your family play, work and talk together.

	<u>Very Often</u>	<u>Often</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
1. I smile at and talk to my baby.	1	2	3	4	5
2. I hold my baby during feedings.	1	2	3	4	5
3. My baby smiles at me.	1	2	3	4	5
4. My baby makes sounds when I talk to him/her.	1	2	3	4	5
5. I worry that my baby will be spoiled if I pick him/her up too much.	1	2	3	4	5
6. My baby tells me he/she is hungry by the sound of his/her cry.	1	2	3	4	5
7. My baby and I enjoy bath time.	1	2	3	4	5
8. My baby's other parent holds and talks to our baby.	1	2	3	4	5
9. My baby is happiest when he/she is all alone.	1	2	3	4	5
10. My baby's other parent and I talk about and work out problems.	1	2	3	4	5

Child's Name: _____

C. Family Abilities and Feelings of Mastery

This part covers the ways you, your child and your family develop, learn skills and solve family problems.

	Very Often	Often	Sometimes	Rarely	Never
1. I think about how to best care for my baby.	1	2	3	4	5
2. I feel good about feeding my baby.	1	2	3	4	5
3. I am able to find time for myself.	1	2	3	4	5
4. My baby is able to let me know what he/she likes and does not like.	1	2	3	4	5
5. I wonder if I will ever get used to having a baby.	1	2	3	4	5
6. My baby has regular times for eating and sleeping.	1	2	3	4	5
7. Our family is able to cope with a new baby.	1	2	3	4	5
8. Our family knows how to calm our baby.	1	2	3	4	5
9. I believe that babies should learn right from the start that life is tough.	1	2	3	4	5
10. My baby's other parent helps me be a good parent for our baby.	1	2	3	4	5

D. Family Resources and Supports

This part covers the kinds of help and supports you and your family have.

	Very Often	Often	Sometimes	Rarely	Never
1. I get good ideas about taking care of babies from magazines, books or TV.	1	2	3	4	5
2. I feel it is alright for me to ask the doctor, minister, or others for information or help.	1	2	3	4	5
3. I feel our family can make ends meet.	1	2	3	4	5
4. I like to talk about my baby with his/her grandparents.	1	2	3	4	5
5. I find it very hard to get out of the house.	1	2	3	4	5
6. My friends call or visit me and my baby.	1	2	3	4	5
7. People care about how I am doing as a parent.	1	2	3	4	5
8. People help me out when I need a break.	1	2	3	4	5
9. People think I should be a perfect parent.	1	2	3	4	5
10. Relatives spend enough time with my other children.	1	2	3	4	5

AIMS: PARENT QUESTIONNAIRE

18 MONTHS

SAMPLE

Dear Parent or Guardian:

You have been asked to fill out this form because your answers to the statements will help us serve you better.

Look at the sample below. Think of your own family. Circle the number in the column that best fits. Underline the statement if you want to talk about it with us.

SAMPLE STATEMENT:	Very <u>Often</u>	<u>Often</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
My child looks at my face when I hold him/her.	1	2	3	4	5

If your child looks at you very often when you are holding him or her circle number one. If your child looks at you sometimes, circle 3. If your child never looks at you when you hold him or her, circle number 5.

There are no right or wrong answers. Use this form as a way to share your thoughts with us. Write any comments on the back of this sheet.

This information will be kept private. Thank you

Child's Name: _____ Today's Date: _____

SAMPLE

Child's Age: _____ Date of Birth: _____

Your Name: _____ Relationship to Child: _____

INSTRUCTIONS: Think of your own family as you read each statement. Circle the number in the column that best fits. Underline any statement you would like to talk about. Leave blank any statement that does not apply.

A. Family Feelings of Attachment

This part covers ways that family members feel about one another.

	Very <u>Often</u>	<u>Often</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
1. I enjoy watching my child do things on his/her own.	1	2	3	4	5
2. It makes me feel good to see my child growing and learning.	1	2	3	4	5
3. I feel happy to see my child after we have been away from each other.	1	2	3	4	5
4. My child wants to be close to me when he/she is sick or hurt.	1	2	3	4	5
5. I feel my child wants to make me angry.	1	2	3	4	5
6. My child leaves my side to do things.	1	2	3	4	5
7. My child looks to me when in a strange place.	1	2	3	4	5
8. My child enjoys giving hugs and kisses.	1	2	3	4	5
9. I wish my child needed me more.	1	2	3	4	5
10. My child loves to see his/her other parent after they have been apart for a while.	1	2	3	4	5
11. Family members love our child even when he/she has a tantrum.	1	2	3	4	5
12. Our family is happy with each other.	1	2	3	4	5
13. My child enjoys being with his/her grandparents, aunts and uncles.	1	2	3	4	5

B. Family Behaviors and Interactions

This part covers the ways you, your child, and your family play, work and talk together.

	Very <u>Often</u>	<u>Often</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
1. I let my child know when he/she has done something well.	1	2	3	4	5
2. I give my child something else to do when I need to stop him/her from doing something.	1	2	3	4	5
3. My child brings me toys so that we can play together.	1	2	3	4	5
4. My child lets me know what he/she likes or dislikes.	1	2	3	4	5
5. It is hard for me to say "no" to my child.	1	2	3	4	5
6. My child and I laugh together.	1	2	3	4	5
7. My child tries to do what other people do.	1	2	3	4	5
8. My child's other parent understands what our child is trying to say.	1	2	3	4	5
9. My child is old enough to play outside by him/herself.	1	2	3	4	5
10. Our family spends time together.	1	2	3	4	5
11. We look at family pictures with our child.	1	2	3	4	5

Child's Name: _____

SAMPLE

C. Family Abilities and Feelings of Mastery

This part covers the ways you, your child and your family develop, learn skills and solve family problems.

	Very Often	Often	Sometimes	Rarely	Never
1. I accept my child telling me "no" without getting upset.	1	2	3	4	5
2. I am able to keep my child safe.	1	2	3	4	5
3. My child wants to do things on his/her own.	1	2	3	4	5
4. I am happy with how my child's other parent cares for our child.	1	2	3	4	5
5. I get confused about the best way to parent my child.	1	2	3	4	5
6. My child is curious about things.	1	2	3	4	5
7. My child climbs on things to get what he/she wants.	1	2	3	4	5
8. My child is able to look at picture stories for a short time.	1	2	3	4	5
9. My child seems unhappy for long parts of the day or night.	1	2	3	4	5
10. My child's other parent and I agree about how to raise our child.	1	2	3	4	5
11. Other children in our family can cope with this child's constant activity.	1	2	3	4	5
12. Family members share feelings with each other.	1	2	3	4	5

D. Family Resources and Supports

This part covers the kinds of help and supports you and your family have.

	Very Often	Often	Sometimes	Rarely	Never
1. I do things by myself outside the home.	1	2	3	4	5
2. I keep up with my old friends.	1	2	3	4	5
3. I can count on others when I ask for their help.	1	2	3	4	5
4. I feel okay getting the services my child needs.	1	2	3	4	5
5. I hate to ask for help.	1	2	3	4	5
6. Other parents give me good ideas about family and child care.	1	2	3	4	5
7. Relatives let me know they think I am a good parent.	1	2	3	4	5
8. Relatives care about how my child is doing.	1	2	3	4	5
9. I worry that people outside our family will not care about my child.	1	2	3	4	5
10. Our family feels our home is a good place to be.	1	2	3	4	5

AIMS: PARENT QUESTIONNAIRE

4 Years

SAMPLE

Dear Parent or Guardian:

You have been asked to fill out this form because your answers to the statements will help us serve you better.

Look at the sample below. Think of your own family. Circle the number in the column that best fits. Underline the statement if you want to talk about it with us.

SAMPLE STATEMENT:	<u>Very Often</u>	<u>Often</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
My child looks at my face when I hold him/her.	1	2	3	4	5

If your child looks at you very often when you are holding him or her circle number one. If your child looks at you sometimes, circle 3. If your child never looks at you when you hold him or her, circle number 5.

There are no right or wrong answers. Use this form as a way to share your thoughts with us. Write any comments on the back of this sheet.

This information will be kept private. Thank you

Child's Name: _____ Today's Date: _____

Child's Age: _____ Date of Birth: _____

SAMPLE

Your Name: _____ Relationship to Child: _____

INSTRUCTIONS: Think of your own family as you read each statement. Circle the number in the column that best fits. Underline any statement you would like to talk about. Leave blank any statement that does not apply.

A. Family Feelings of Attachment

This part covers ways that family members feel about one another.

	<u>Very Often</u>	<u>Often</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
1. I like to see my child growing to be his/her own person.	1	2	3	4	5
2. I feel my child trusts me.	1	2	3	4	5
3. My child shows me things that make him/her proud.	1	2	3	4	5
4. It is okay for my child to show or say what his/her feelings are.	1	2	3	4	5
5. I worry that my child wants to hurt others in the family.	1	2	3	4	5
6. My child cares when other children are sad or upset.	1	2	3	4	5
7. My child's other parent feels sad or upset when our child's feelings are hurt.	1	2	3	4	5
8. Everyone in our family feels like they belong to it.	1	2	3	4	5
9. I make the same mistakes with my child that my parents made with me.	1	2	3	4	5
10. My child likes to spend time with adult family friends.	1	2	3	4	5

B. Family Behaviors and Interactions

This part covers the ways you, your child, and your family play, work and talk together.

	<u>Very Often</u>	<u>Often</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
1. I ask my child about his/her feelings.	1	2	3	4	5
2. My child lets others know what he/she needs.	1	2	3	4	5
3. My child and I choose together what we will do.	1	2	3	4	5
4. My child and I do the same thing every night before bedtime to help him/her settle down.	1	2	3	4	5
5. I feel unable to stop my child from fighting with me.	1	2	3	4	5
6. My child and I talk about things like sharing toys, waiting turns and getting along with others.	1	2	3	4	5
7. My child plays well with his/her brothers and sisters.	1	2	3	4	5
8. Family members enjoy answering my child's questions.	1	2	3	4	5
9. My child finds it hard to sleep in his/her own bed.	1	2	3	4	5
10. When my family gets together, we share stories or pictures.	1	2	3	4	5
11. Our family gets together at holidays.	1	2	3	4	5

Child's Name: _____

SAMPLE

C. Family Abilities and Feelings of Mastery

This part covers the ways you, your child and your family develop, learn skills and solve family problems.

	Very Often	Often	Sometimes	Rarely	Never
1. I keep my patience when my child tries to get his/her own way.	1	2	3	4	5
2. I feel I have done a good job teaching my child right from wrong.	1	2	3	4	5
3. My child likes to tell about things that he/she has done.	1	2	3	4	5
4. My child is proud of what he/she does.	1	2	3	4	5
5. I feel that my child worries too much.	1	2	3	4	5
6. My child sticks with things that are hard for him/her to do.	1	2	3	4	5
7. My child does things for him/herself (like dressing, brushing teeth, etc.)	1	2	3	4	5
8. My child plays "make believe."	1	2	3	4	5
9. My child is a loner.	1	2	3	4	5
10. My child's other parent and I help each other when we are upset with our child.	1	2	3	4	5
11. My child lets me and his/her other parent spend time together.	1	2	3	4	5

D. Family Resources and Supports

This part covers the kinds of help and supports you and your family have.

	Very Often	Often	Sometimes	Rarely	Never
1. I can count on my friends.	1	2	3	4	5
2. I have good child care I can depend on.	1	2	3	4	5
3. I am able to get the services my child needs.	1	2	3	4	5
4. People I work with care about our family.	1	2	3	4	5
5. My child's needs tie me down.	1	2	3	4	5
6. My child has friends he/she plays with.	1	2	3	4	5
7. Our family and relatives help each other through bad times.	1	2	3	4	5
8. Our relatives like to hear about my child.	1	2	3	4	5
9. I think our family needs a better place to live.	1	2	3	4	5
10. My child's grandparents are active in our child's life.	1	2	3	4	5

Guidelines for Psychosocial Practice

INTERVIEW QUESTIONS

Response to Questionnaire:

Do you want to talk about anything from the AIMS questionnaire?

Parental Adjustment and Well-being:

1. How are you feeling?
2. Are you getting enough:
 - sleep?
 - time to yourself?
 - help with your baby?
 - time with family and friends?
3. Is there anything on your mind that you would like to talk about today?

Basic Care and Relationship with Baby:

1. How are things going with your baby?
2. How are you and the baby doing with each other?
3. Do you have any special worries about your baby? Your family?
4. How does your family feel about the baby?

POINTS OF OBSERVATION

Strengths

Attachment

- parent is at ease when holding baby
- parent describes baby in positive terms
- baby is able to be comforted by parent
- parent shows concern over baby’s crying or distress

Interaction

- baby molds to parent’s body
- parent able to calm baby down when distressed
- baby appears alert, socially involved
- parent’s stimulation of baby is appropriate
- parent and baby make eye contact
- parent seeks to protect baby from possible harm (e.g., covers when cold, comforts after shot, guards baby from falling off table)

Mastery

- parent appears confident in parent role
- parent is able to perform basic child care tasks (e.g., putting on clothing, diapering, holding)
- parent is prepared for baby’s needs (e.g., brings bottle, toy, diaper)

Support

- parent asks for help or information
- parent is responsive to information, advice or other forms of help
- parent appears rested and healthy
- family appears and/or reports having adequate housing, transportation, finances and child care

Concerns

SAMPLE

Attachment

- parent appears stiff or awkward when holding baby
- parent is unable to describe baby or uses primarily negative terms
- baby remains distressed despite parental efforts
- parent does not appear to “hear” or react/respond to baby’s cries

Interaction

- baby recoils, arches, or stiffens when held by parent
- parent is unable to calm baby
- baby appears lethargic, apathetic, socially uninvolved
- parent appears intrusive, over-stimulating, or under-reactive toward baby
- no eye contact between parent and baby
- parent appears unaware of possible harm

Mastery

- parent appears more anxious, depressed or overwhelmed than expected
- parent is not able to perform basic child care skills
- parent is ill-prepared for meeting baby’s needs

Support

- parent appears hesitant or unable to ask for help or information
- parent rejects offers of help
- parent appears overwhelmed, tired, stressed or unhealthy
- family appears and/or reports having inadequate housing, transportation, finances and child care

Guidelines for Psychosocial Practice

Interview Questions

Response to Questionnaire:
Do you want to talk about anything from the AIMS questionnaire?

Parental Adjustment and Well-being:

1. How are things going at home with you, your child and your family?
2. How do you feel about the things your child is doing now?
3. Is there anything on your mind that you would like to talk about today?

Parent's Sense of Child's Well-being:

1. What new things is your child doing?
2. Does your child enjoy trying out his/her new abilities?
3. Does your child seem happy most of the time?
4. How does your child deal with frustration?

Family Adjustment and Well-being:

1. Do you and the child's other parent talk about discipline and limit setting?
2. How do other family members get along with your child these days?
3. How are you and your child's other parent doing?

Points of Observation

Strengths	Concerns
Attachment	Attachment
<ul style="list-style-type: none"> <input type="checkbox"/> child tolerates periods of separation from parent <input type="checkbox"/> parent and child show pleasure in each other's company <input type="checkbox"/> parent appears to enjoy child <input type="checkbox"/> parent behaves and talks about child in generally positive ways 	<div style="text-align: right; font-size: 2em; opacity: 0.5; transform: rotate(-15deg); position: absolute; top: -20px; right: -20px;">SAMPLE</div> <ul style="list-style-type: none"> <input type="checkbox"/> child clings excessively to parent <input type="checkbox"/> parent and child engage in constant conflict or struggle <input type="checkbox"/> parent appears angry or distant with child <input type="checkbox"/> parent talks critically of and behaves negatively toward child
Interaction	Interaction
<ul style="list-style-type: none"> <input type="checkbox"/> parent responds to child's needs or requests for comfort and care <input type="checkbox"/> child uses words and phrases to communicate with parent or others <input type="checkbox"/> child goes to or asks parent for help <input type="checkbox"/> child appears interested in adults and children around him/her <input type="checkbox"/> parent sets reasonable limits on child's behavior, when necessary <input type="checkbox"/> child responds to parent's limit-setting <input type="checkbox"/> older sibling(s) responds positively to child 	<ul style="list-style-type: none"> <input type="checkbox"/> parent ignores or rejects child's needs or requests for comfort and care <input type="checkbox"/> child shows little or no verbal communication skills <input type="checkbox"/> child does not go to or ask parent for help <input type="checkbox"/> child appears uninterested or avoids social contact with others <input type="checkbox"/> parent sets no limits or limits which are too harsh and/or inappropriate <input type="checkbox"/> child ignores parent's limit-setting <input type="checkbox"/> older sibling(s) appears angry with child
Mastery	Mastery
<ul style="list-style-type: none"> <input type="checkbox"/> child uses 10-20 words <input type="checkbox"/> parent allows child to be curious <input type="checkbox"/> parent appears capable of handling child's temper outbursts <input type="checkbox"/> child shows age-appropriate assertiveness (says "no", protests, wants own way, etc.) <input type="checkbox"/> child's behavior shows purpose; appears to know what he/she wants and how to get it <input type="checkbox"/> parent appears to enjoy being a parent 	<ul style="list-style-type: none"> <input type="checkbox"/> child does not use words <input type="checkbox"/> parent unnecessarily restricts child's exploration <input type="checkbox"/> parent appears scared, overwhelmed by or punitive toward child's emotional outbursts <input type="checkbox"/> child appears excessively angry, insistent, compliant or passive <input type="checkbox"/> child's behavior appears random or disorganized <input type="checkbox"/> parent shows distress over his/her role or feelings as a parent
Support	Support
<ul style="list-style-type: none"> <input type="checkbox"/> parent asks for help or information <input type="checkbox"/> parent is responsive to information, advice or other forms of help <input type="checkbox"/> parent appears rested and healthy <input type="checkbox"/> family appears and/or reports having adequate housing, transportation, finances and child care 	<ul style="list-style-type: none"> <input type="checkbox"/> parent appears hesitant or unable to ask for help or information <input type="checkbox"/> parent rejects offers of help <input type="checkbox"/> parent appears overwhelmed, tired, stressed or unhealthy <input type="checkbox"/> family appears and/or reports having inadequate housing, transportation, finances and child care

INTERVIEW QUESTIONS

Response to Questionnaire:
Do you want to talk about anything from the AIMS questionnaire?

Child Adjustment: (Address these questions to the child.)

- How old are you? When is your birthday?
- What are your favorite things to do?
- Who do you like to play with?
- What do you like to play? Do you play by yourself sometimes?
- Do you have any brothers? Sisters? Tell me about them.
- Do you go to a babysitter? School? How do you like it?
- Do you ever get mad? What things make you mad? What do you do when you are mad?

Parental Adjustment and Well-being:

- How are things going at home with you, your child and your family?
- What is your life like now that your child is four? Is it what you expected?
- Is there anything on your mind that you would like to talk about today?

Parent's Sense of Child's Well-being:

- What major changes have you seen in your child over the past year?
- Does your child behave differently with his/her other parent than with you? How?
- How well does your child play with other children? By him/herself?
- Do others enjoy spending time with your child?

Family Adjustment and Well-being:

- What does your child like to do most with the family?
- How does your child get along with other family members?
- Who in your family does your child prefer being with?

POINTS OF OBSERVATION

Strengths	Concerns
<p style="text-align: center;">ATTACHMENT</p> <ul style="list-style-type: none"> <input type="checkbox"/> child tolerates periods of separation from parent <input type="checkbox"/> parent behaves and talks about child in generally positive ways <input type="checkbox"/> parent and child show pleasure in each other's company <input type="checkbox"/> child intermittently looks at or talks with parent while exploring <input type="checkbox"/> parent expresses pride in child's development <p style="text-align: center;">INTERACTION</p> <ul style="list-style-type: none"> <input type="checkbox"/> child appears interested in adults and children around him/her <input type="checkbox"/> parent responds to child's needs or requests for comfort and care <input type="checkbox"/> parent sets reasonable limits on child's behavior, when necessary <input type="checkbox"/> child responds to parent's limit-setting <input type="checkbox"/> parent and child pay attention to each other's feelings and behaviors <p style="text-align: center;">MASTERY</p> <ul style="list-style-type: none"> <input type="checkbox"/> parent encourages child's exploration and independence <input type="checkbox"/> parent appears capable of handling child's emotional outbursts <input type="checkbox"/> child shows age-appropriate assertiveness <input type="checkbox"/> child appears to have good feelings about him/herself <input type="checkbox"/> child talks clearly <p style="text-align: center;">SUPPORT</p> <ul style="list-style-type: none"> <input type="checkbox"/> parent asks for help or information <input type="checkbox"/> parent is responsive to information, advice or other forms of help <input type="checkbox"/> parent appears rested and healthy <input type="checkbox"/> family appears and/or reports having adequate housing, transportation, finances and child care 	<div style="text-align: right; font-size: 2em; font-weight: bold; opacity: 0.5; transform: rotate(-15deg); position: absolute; top: 10px; right: 10px;">SAMPLE</div> <p style="text-align: center;">ATTACHMENT</p> <ul style="list-style-type: none"> <input type="checkbox"/> child clings excessively to parent <input type="checkbox"/> parent talks critically of and behaves negatively toward child <input type="checkbox"/> parent and child engage in frequent conflict or struggle <input type="checkbox"/> child does not look at or talk with parent while exploring, or refuses to leave parent's side <input type="checkbox"/> parent expresses disappointment or shows lack of interest in child's development <p style="text-align: center;">INTERACTION</p> <ul style="list-style-type: none"> <input type="checkbox"/> child appears uninterested or avoids social contact with others <input type="checkbox"/> parent ignores or rejects child's needs or requests for comfort and care <input type="checkbox"/> parent sets no limits or sets limits which are too harsh and/or inappropriate <input type="checkbox"/> child ignores parent's limit-setting <input type="checkbox"/> parent and child remain distant and avoid emotional contact <p style="text-align: center;">MASTERY</p> <ul style="list-style-type: none"> <input type="checkbox"/> parent resists or struggles with child's exploration and efforts toward independence <input type="checkbox"/> parent appears scared, overwhelmed by or punitive toward child's emotional outbursts <input type="checkbox"/> child appears excessively angry, insistent, compliant or passive <input type="checkbox"/> child is self-abusive or withdrawn <input type="checkbox"/> child's speech is difficult to understand <p style="text-align: center;">SUPPORT</p> <ul style="list-style-type: none"> <input type="checkbox"/> parent appears hesitant or unable to ask for help or information <input type="checkbox"/> parent rejects offers of help <input type="checkbox"/> parent appears overwhelmed, tired, stressed or unhealthy <input type="checkbox"/> family appears and/or reports having inadequate housing, transportation, finances and child care

The following are Focused Interview Questions to pursue concerns or obtain more information about:

Focused Interview Questions
ATTACHMENT

Any Age Child (0 - 5 years)	Early Infancy Stage (2 weeks - 4 months)	Infancy Stage (6 months - 1 year)	Toddler Stage (15 months - 2 years)	Preschool Stage (3 years - 5 years)
<ol style="list-style-type: none"> 1. How would you describe your child at this age? Tell me what he/she is like. 2. Do you feel close to your baby/child? Do other family members feel close to this baby/child? 3. Do you worry about how you or anyone in the family feels about this baby/child? 4. How do you feel when you are away from your baby/child? How do you think your baby/child feels? 5. What things about your baby/child do you find most enjoyable? Least enjoyable? 6. Does the rest of the family enjoy this baby/child? 7. What is it like to be with your baby/child for hours at a time? 	<ol style="list-style-type: none"> 1. How did you feel when you first saw your baby? 2. Are you troubled by anything that happened during your pregnancy or delivery? 3. Is the baby different from what you had imagined? In what ways? 4. Is it easy or hard to know what your baby needs/wants? 5. How does your baby respond to being comforted by you? 6. Do you think your baby feels close to you? 	<ol style="list-style-type: none"> 1. Is it easy or hard to know what your baby needs/wants? 2. How does your baby respond to being comforted by you? 3. Do you think your baby feels close to you? 4. Does your baby seem to prefer you to others? 5. How does your baby's brother(s) and sister(s) get along with him/her? 	<ol style="list-style-type: none"> 1. Is your child becoming sensitive to other family members' feelings? In what ways? 2. Does your child seem more independent than he/she used to? How do you feel about this? How does this affect you? 3. How do you feel you and your child are getting along? 4. How do your child's brother(s) and sister(s) get along with him/her? 5. Do you think your child's need for you is changing? How? 6. Are your expectations of your child changing? How? 7. Does your child feel secure in the family? 	<ol style="list-style-type: none"> 1. Is it easy for your child to come to you with any questions? 2. Is your child becoming sensitive to other family members' feelings? In what ways? 3. How do you deal with your child's greater independence and those times when he/she has ideas different than yours? 4. How do you feel you and your child are getting along? 5. How do your child's brother(s) and sister(s) get along with him/her? 6. Does your child feel secure in the family? 7. Do you think your child's need for you is changing? How? 8. Are your expectations of your child changing? How?

The following are Focused Interview Questions to pursue concerns or obtain more information about:

Focused Interview Questions

INTERACTION

Any Age Child

(0 - 5 years)

1. How does your baby/child let you know what he/she needs?
2. How does your baby/child tell you or let you know what he/she feels?
3. Do you and your baby/child have special routines for eating, naps, bath or bedtime that you both enjoy?
4. Do family members talk with one another about their interests and/or worries?

Early Infancy Stage

(2 weeks - 4 months)

1. When your baby gets fussy, what things work best to soothe him/her?
2. How are feedings going?
3. How do you get your baby to sleep?
4. Do you have time to enjoy your baby?
5. Do you and your baby enjoy "talking" together?
6. How involved is the baby's other parent in the baby's life?

Infancy Stage

(6 months - 1 year)

1. What do you do when your baby is irritable?
2. How are feedings going?
3. How do you get your baby to sleep?
4. Do you have time to enjoy your baby?
5. What do you and your baby most enjoy doing together? With other family members?
6. Do you and your baby enjoy "talking" together?
7. How involved is the baby's other parent in the baby's life?
8. What limit setting method do you use? How do they work with your child?
9. What do you and other family members do to help your child cope with frustration?
10. Does your baby laugh with you?
11. What games to you and your baby play?
12. Is your baby showing interest in other children?
13. How does your baby react to strangers?
14. What does your baby do when you show excitement about what he/she has done?

Toddler Stage

(15 months - 2 years)

1. Do you enjoy watching your child explore?
2. What do you and your child most enjoy doing together? With other family members?
3. Do you and your child enjoy "talking" together?
4. Does your child's other parent play an active role in your child's life? How?
5. What limit setting methods do you use? How do they work with your child?
6. Do you see signs that your child is struggling with independence? Tell me about these struggles.
7. What do you and other family members do to help your child cope with frustration?
8. What do you do when your child gets angry or loses his/her temper?
9. What does your child do when you show excitement about what he/she has done?
10. Does your child show you he/she cares or is aware of how you feel?
11. Does your child use some words to say what he/she needs/wants?
12. If you ask your child simple questions, how does he/she answer you?

Preschool Stage

(3 years - 5 years)

1. What do you and your child most enjoy doing together? With other family members?
2. Does your child's other parent play an active role in your child's life? How?
3. What limit setting methods do you use? How do they work with your child?
4. Are you using any family rules with your child? What are they? How are they working?
5. Do you see signs that your child is struggling with independence? Tell me about these struggles.
6. What do you and other family members do to encourage your child to do things on his/her own.
7. What do you do when your child gets angry or loses his/her temper?
8. Does your child enjoy being with other children? Are there opportunities for him/her to do so?
9. What activities does your child like to do with other children?
10. Does your child show you he/she cares or is aware of how you feel?
11. Are you and your child usually able to avoid power struggles?

Continued on Reverse.

Continued on Reverse.

SAMPLE

Toddler Stage

(15 months - 2 years)

13. How do you and others in the family deal with your child's constant activity?
14. Are you and your child usually able to avoid power struggles?
15. How do you and your child work out problems?
16. Can you and your child take turns when talking?
17. Does your child enjoy reading with you?
18. Does your child enjoy family traditions around holidays and birthdays?

Preschool Stage

(3 years - 5 years)

12. Do you and your child spend time talking together?
13. Do you find it easy to be with your child?
14. Do you encourage your child's curiosity about things?
15. What do you do to help your child feel good about him/herself?
16. How do you and other family members help your child express his/her feelings?
17. Does your child participate in family traditions such as holidays and birthdays?
18. Do you invite your child to participate in family decisions?
19. How do you handle all of your child's questions?
20. How does your child play with his/her brothers and sisters?
21. Does your child enjoy reading with you?
22. How do you and your child work out problems?
23. Is it okay for your child to disagree with you or any other family members?

The following are Focused Interview Questions to pursue concerns or obtain more information about:

Focused Interview Questions

MASTERY

Any Age Child
(0 - 5 years)

1. What things are most rewarding about being a parent? Most challenging? How do you cope with these challenges?
2. Do you and your baby's/child's other parent talk about how to care for the baby/child?
3. What things are you feeling confident about as a parent?
4. What kinds of emotions do you see in your baby/child these days?
5. What kinds of responses do you have to your child's emotional outbursts? What are the other parent's responses?
6. What new things is your baby/child doing? Are these things what you expected?
7. How do you manage to do all the things you need to as a parent, spouse and worker?
8. Do you and your baby/child have fun together?
9. Are there problems that are particularly hard to handle?
10. How do you think your baby/child compares with other children his/her age?

Early Infancy Stage
(2 weeks - 4 months)

1. Is it easy or hard for you to figure out what your baby's needs?
2. Are you recovering from pregnancy and childbirth?
3. How does the baby's other parent feel about being a parent?
4. Did you feel prepared for the new baby?
5. In what ways is your family finding life with the new baby enjoyable?
6. Are you feeling like a "real" mother (father) now that the baby is here?
7. How is your baby adjusting to or showing interest in his/her surroundings?
8. How does your baby let you know when he/she wants/needs something?
9. How have you and your family adjusted to life with a new baby?
10. What are your baby's waking/sleeping and feeding patterns like?

Infancy Stage
(6 months - 1 year)

1. Is it easy or hard for you to figure out what your baby needs?
2. How does the baby's other parent feel about being a parent?
3. Does your baby show pride in his/her new abilities and want you to praise him/her.
4. What kinds of routines has your family been able to create? Do all members of the family feel okay about these routines?
5. How does your baby show his/her distress when he/she separates from you? How do you handle it?
6. Does your baby have temper tantrums? What happens? How do you feel? What is helpful?
7. Do you feel successful in setting clear and specific limits?
8. How does your baby let you know when he/she wants/needs something?
9. How have you and your family adjusted to life with a new baby?
10. How are you handling your baby's increasing mobility around the house?
11. Is your baby able to spend any time playing alone?
12. How does your baby settle him/herself down after being upset?

Toddler Stage
(15 months - 2 years)

1. How does the child's other parent feel about being a parent?
2. Does your child show pride in his/her new abilities and want you to praise him/her?
3. What kinds of routines has your family been able to create? Do all members of the family feel okay about these routines?
4. How does your child show his/he? distress when he/she separates from you? How do you handle it?
5. Does your child have temper tantrums? What happens? How do you feel? What is helpful?
6. Do you feel successful in setting clear and specific limits?
7. What do you do when your child misbehaves?
8. Does your child show any interest in pretend play? Describe the play.
9. How does your child let you know when he/she wants/needs something?
10. How are you handling your child's increasing mobility around the house?
11. How has your family adjusted to the more independent behavior of your child?
12. Is your child able to spend any time playing alone?

Preschool Stage
(3 years - 5 years)

1. Does your child show pride in his/her new abilities and want you to praise him/her?
2. What kinds of routines has your family been able to create? Do all members of the family feel okay about these routines?
3. Does your child have temper tantrums? What happens? How do you feel? What is helpful?
4. Do you feel successful in setting clear and specific limits?
5. What do you do when your child misbehaves? Does this work?
6. Does your child show any interest in pretend play? Describe this play.
7. Is your child able to dress him/herself?
8. What can your child do for him/herself? How does this make you feel?
9. Is your child able to spend any time playing alone?
10. How does your child settle him/herself down after being upset?
11. Is your child interested in other children? Does he/she have playmates?
12. Do family members understand your child's speech?

Toddler Stage
(15 months - 2 years)

- 13. How does your child settle him/herself down after being upset?
- 14. Is your child interested in other children? Does he/she have playmates?
- 15. Do family members understand your child's speech?
- 16. How long is your child able to concentrate on an activity? Are you concerned about how long your child can attend to an activity?

Preschool Level
(3 years - 5 years)

- 13. How long is your child able to concentrate on an activity? Are you concerned about how long your child can attend to an activity?
- 14. Is your child using the toilet? How is this going?
- 15. How do you think your child feels about him/herself?
- 16. Does your child have little jobs to do? Does he/she like to do them?
- 17. Is your child able to follow directions?
- 18. Is your child able to take turns in talking and playing with others?
- 19. Does your child show interest in learning? Do you feel he/she is ready for school?
- 20. Is your child able to "hold his/her own" with other kids?

The following are Focused Interview Questions to **pursue concerns or obtain more information about:**

Focused Interview Questions

SOCIAL SUPPORT

Any Age Child (0 - 5 years)

1. Are you getting help from the baby's other parent? Other family members? Friends?
2. Are you getting enough emotional support from your baby's other parent? Your own parents? Family? Friends?
3. Are you able to take care of your needs? Skills? Resources?
4. Are you getting enough rest?
5. Do you feel okay about asking for what you need?
6. Do you have someone reliable to care for your child when you need to go out?
7. Do you have the basic things that your family needs to get by (food, clothing, finances, shelter and transportation)?
8. Do the important people in your life tell you or make you feel like you are doing a good job as a parent?
9. Do you find time for yourself? Do you find time for other important relationships?
10. Do others share the tasks and responsibilities of parenting and housekeeping with you?
11. How helpful is the advice you get about raising your child? Can you tell others how to be more supportive to you?
12. Do you feel you have enough time/fun with your friends?
13. Does your child turn to others for help and comfort?
14. Does your child have friends he/she plays with?

BRIEF INTERVENTIONS
STRENGTHEN ATTACHMENT

The following are Brief Interventions which can help to

Any Age Child
(0-5 years)

1. Show admiration for the baby/child (his/her appearance, personality, health or behavior) in the presence of the parent(s).
2. Point out parent's ability to "hear" child's cries/requests and to respond appropriately.
3. Discuss the role of the other parent in caregiving.
4. Discuss upcoming stages of infant/child development.
5. Comment on how proud the parent must be to see the baby/child doing so well.

Early Infancy Stage
(2 weeks - 4 months)

1. Comment on specific qualities of the infant, pointing out to parent the baby's capabilities (alertness, tracking, imitation, signs of interest).
2. Congratulate parent on the birth.
3. Acknowledge the first several months as a special "getting acquainted" time for baby and parent.
4. Confirm parent's positive feelings about baby; acknowledge the normalcy of some negative or ambivalent feelings.

Infancy Stage
(6 months - 1 year)

1. Point out how important (irreplaceable) the parent is to this baby.
2. Point out that the parent already knows and understands a lot about her/his baby.
3. Reassure the parent that it is normal to find parenting confusing, difficult and challenging at times.
4. Reassure parent that it is okay for babies to have strong preferences for certain people.
5. Point out that babies who feel securely attached to someone are able to confidently explore the world.
6. Explain that baby's fear of strangers or difficulty letting parent leave her/him is a sign of a strong attachment to parent; explain such separation anxiety is normal.
7. Congratulate parent on getting through the first few months.
8. Congratulate parent on arrival of child's first birthday.

Toddler Stage
(15 months - 2 years)

1. Point out how important the parent continues to be to the child, as the child becomes more self-sufficient.
2. Point out ways in which the parent knows child's unique style or temperament.
3. Explain that it is normal for parents to feel frustration and some angry feelings with their growing child.
4. Help parent understand that she/he may experience a sense of loss as her/his child becomes more independent.
5. Share your observations about the child's social and communication skills and compliment parent.
6. Reassure parent that it is okay for children to have strong preferences for certain people.
7. Point out that children who feel securely attached to someone are able to confidently explore the world.
8. Explain that child's fear of strangers or difficulty letting parent leave her/him is a sign of a strong attachment to parent; explain such separation anxiety is normal.

Preschool Stage
(3 - 5 years)

1. Point out how important parent continues to be to the child, as the child becomes more self-sufficient.
2. Point out ways in which the parent accepts the child's unique style or temperament.
3. Explain that it is normal for parents to feel frustration and some angry feelings with their growing child.
4. Help parent understand that she/he may experience a sense of loss as her/his child becomes more independent.
5. Share your observations about the child's social and communication skills and compliment parent.
6. Explain that the parent may see a broader range of behaviors as her/his child interacts with other children.
7. Point out how child's increased independence and security will help in transition to school.
8. Explain that some children have difficulty leaving home and adjusting to school schedule.
9. Encourage parent to be supportive and assist her/his child with this transition to school.

BRIEF INTERVENTIONS
DISCUSS CONCERNS
ABOUT ATTACHMENT

The following are Brief Interventions which can help to

Any Age Child (0-5 years)	Early Infancy Stage (2 weeks - 4 months)	Infancy Stage (6 months - 1 year)	Toddler Stage (15 months - 2 years)	Preschool Stage (3 - 5 years)
<ol style="list-style-type: none"> 1. After pointing out things that are going well, ask whether there may be a problem with how the parent feels about the baby/child. Acknowledge the parent's feelings and support her/him in working toward resolution. 2. Ask if parent is finding it difficult to be the kind of parent she/he wants to be. 3. Point out that parent seems to be under stress; clarify the issue and suggest ways of lessening the stress. 4. State that there are ways to help parents deal with difficult feelings about their children or families. Talk about these feelings and provide support. Encourage parent to seek ways of sharing their difficult feelings with helpful adults. 5. Explain that current or previous life experiences or stresses can often affect relationships with children. 6. Consider making a referral for further evaluation/services. 	<ol style="list-style-type: none"> 1. Ask if parent has found it difficult to adjust to the baby. 2. Suggest that it is normal for parents of newborns to need some time to get themselves and the baby settled. 3. Discuss the importance of getting to know her/his unique baby (e.g., temperament and style of communicating). 4. Allow parent to discuss her/his feelings; discern unusual postpartum depression, extraordinary family stress, unresolved birth trauma or extremely negative perceptions of infant. 	<ol style="list-style-type: none"> 1. Ask if the baby is more difficult to care for than anticipated. 2. Encourage parent to frequently hold baby, talk to the baby, and watch carefully to learn more about baby as an individual. 3. Explain that most new parents feel some difficult emotions; determine if parent still feels more or less overwhelmed now as compared to a few months ago. 	<ol style="list-style-type: none"> 1. Ask if it is difficult to care for the child now that he/she is more verbal, mobile and independent. 	<ol style="list-style-type: none"> 1. Acknowledge the challenge of dealing with a preschooler's independence and assertiveness. 2. Discuss with parent her/his feelings about his/her child starting school and/or growing up.

BRIEF INTERVENTIONS

FACILITATE INTERACTION

The following are Brief Interventions which can help to

Any Age Child (0-5 years)	Early Infancy Stage (2 weeks - 4 months)	Infancy Stage (6 months - 1 year)	Toddler Stage (15 months - 2 years)	Preschool Stage (3 - 5 years)
<ol style="list-style-type: none"> 1. Point out when parent's expectations are developmentally appropriate. 2. Point out when parent listens and responds well to the child's communications. 3. Talk with parent about normal child development in a reassuring way. 4. Assume that parent wants to be an effective parent; convey this in your comments. 5. All parents can learn to be good parents. It does not necessarily come naturally. Convey this in your comments. 6. Discuss how children's behavior impacts parents and vice versa. 7. Encourage the parent to communicate at child's developmental level. 	<ol style="list-style-type: none"> 1. Encourage parents to read and look at materials on child development to learn more about their own baby's temperament and capabilities. 2. Discuss how parents and baby interact at this developmental age. Comment on how these early interactions teach the baby about relationships. 3. Interpret baby's behavior; suggest what baby might be communicating by certain behavior. Use technique of talking for the baby. 4. Explain that infants usually need a lot of holding and warm contact at this stage and that this will not spoil them. 5. Talk to parent about the importance of respecting the baby's feelings, especially at times when baby is crying from frustration or anger. 6. Comment on the different styles that mothers and fathers often use with their baby; one parent may stimulate while the other may calm and console. 7. Reassure parents that they will not always feel confident in the early weeks in knowing what the baby wants/needs. This early stage is a time when confidence is being established. 	<ol style="list-style-type: none"> 1. Interpret baby's behavior; suggest what baby might be communicating by certain behavior. Use technique of talking for the baby. 2. Ask what parent's wishes are for child. Point out the parent's interactions which help the baby to reach these goals. 3. Encourage parent to frequently hold and talk to baby and learn about the baby as an individual. 4. Provide information about baby's unique temperament and the "fit" between parent's and child's way of being or personality. 5. Talk to parent about the importance of respecting the baby's feelings, especially at times when baby is crying from frustration or anger. 6. Encourage parent to provide times of undivided attention to baby. This helps the baby to lower his/her demands on the parent. 	<ol style="list-style-type: none"> 1. Ask what parent's wishes are for child. Point out the parent's interactions which help the baby to reach these goals. 2. Point out the importance of listening to what the child is communicating about his/her feelings during a tantrum or outburst. 3. Discuss the importance of consistent, clear and age-appropriate expectations and limits on child's behavior. 4. Remind parent that praise and positive reinforcement work, and that children generally want to please their parents. 5. Educate parent about how a toddler is dependent and independent at the same time. 6. Explain that children need to test limits and rules in order to learn about themselves and their world. 7. Encourage parent to find ways for child to play safely without parent's constant attention. 8. Help parents to understand the stress felt by an older sibling living with a toddler. 9. Remind parent that toddlers cannot be expected to behave perfectly all the time. 10. Educate and support parent's efforts to deal with child's increasing autonomy. 	<ol style="list-style-type: none"> 1. Point out the importance of listening to what the child is communicating about his/her feelings during a tantrum or outburst. 2. Reassure parent that limit-setting can be frustrating. Discuss the importance of consistent, clear and firm limits. 3. Remind parent that praise and positive reinforcement work, and that children generally want to please their parents. 4. Encourage parent to communicate to the child their own feelings and expectations. 5. Explain that children need to test limits and rules in order to learn about themselves and their world. 6. Explain that parents need to help children learn to play with others. 7. Encourage parents to give children choices. 8. Educate and support parent's efforts to deal with child's increasing autonomy. 9. Encourage parent to talk with his/her child.

BRIEF INTERVENTIONS
DISCUSS CONCERNS
ABOUT INTERACTION

The following are Brief Interventions which can help to

Any Age Child
(0-5 years)

1. Acknowledge parent's feelings. Explain that it is normal for parents to have strong and mixed feelings. Encourage parent to find healthy ways to express her/himself.
2. Point out that it is important to balance the child's needs with those of the parent and the whole family.
3. Reassure that most parents benefit from learning more effective ways of talking to, teaching, and/or setting limits with their child.
4. Brainstorm ways of meeting needs and searching for solutions to particular situations.
5. Maintain a positive and supportive attitude with the parent and the child.

Early Infancy Stage
(2 weeks - 4 months)

1. Acknowledge that parents want positive interactions with their baby.
2. Discuss what a baby is developmentally capable of at this stage.
3. Discuss a baby's ways of communicating needs/wants.

Infancy stage
(6 months - 1 year)

1. Acknowledge that parents want positive interactions with their baby.
2. Discuss what a baby is developmentally capable of at this stage.
3. Discuss a baby's ways of communicating needs/wants.

Toddler Stage
(15 months - 2 years)

1. Reassure that most parents find young children demanding and challenging at times.
2. Discuss what is expected developmentally at this age.
3. Explain the importance of recognizing, and responding to the child's frustrations, to help the child learn effective problem-solving skills.
4. Suggest that calmness and an accepting attitude are most helpful when dealing with children's behavior.

Preschool Stage
(3 - 5 years)

1. Reassure that most parents find young children demanding and challenging at times.
2. Discuss what is expected developmentally at this age.
3. Explain the importance of recognizing and responding to the child's frustrations, to help the child learn effective problem-solving skills.
4. Suggest that calmness and an accepting attitude are most helpful when dealing with children's behavior.
5. Talk with parent about any concerns or power struggles he/she might be having with his/her preschooler.

BRIEF INTERVENTIONS
ENHANCE MASTERY

The following are Brief Interventions which can help to

Any Age Child
(0-5 years)

1. Point out ways in which the parent is doing an effective job.
2. Comment on how well the child is doing. Commend the parent and encourage him/her to have pride in his/her parenting.
3. Reassure parent that there is no one right way of doing things. Point out that it takes time to learn what works effectively with his/her child's unique style and needs.
4. Explain that parenting is a process that requires patience and flexibility with self and child; point out how parent shows this.
5. Reassure parent about challenges he/she will face as child enters new stages. Discuss stages of child development.
6. Discuss with parent importance of playing with and reading to child.

Early Infancy Stage
(2 weeks - 4 months)

1. Encourage parent to appreciate his/her baby's unique style and pace of development.
2. Point out how parent's skills have grown and their confidence increased.
3. Point out what is going well.
4. Encourage parent to take time to enjoy baby.

Infancy Stage
(6 months - 1 year)

1. Encourage parent to appreciate his/her baby's unique style and pace of development.
2. Point out how parent's skills have grown and their confidence increased.
3. Point out what is going well.
4. Encourage parent to take time to enjoy and play with baby.

Toddler Stage
(15 months - 2 years)

1. Discuss parent's perceptions of his/her own skills and strengths as parent.
2. Remind parent that toddlerhood can be a time of rapid changes; both the child and the parent will discover new knowledge and feelings.
3. Help parent recognize that it takes time for his/her child to develop internal emotional and behavioral control.
4. Point out the importance of continuing a balance between the child's need for independence and the parent's need to ensure safety.
5. Point out that toddlers are not able to understand the concept of sharing and parents will have to play a mediating role.
6. Help parent to recognize the patterns and understand the meanings of his/her child's outbursts.

Preschool Stage
(3 - 5 years)

1. Discuss parent's perceptions of his/her own skills and strengths as parent.
2. Help parent recognize that it takes time for his/her child to develop internal emotional and behavioral control.
3. Point out the importance of continuing a balance between the child's need for independence and the parent's need to ensure safety.
4. Discuss with parent importance of playing with and reading to child.
5. Talk with child about how well he/she is doing.

BRIEF INTERVENTIONS

**DISCUSS CONCERNS
 ABOUT MASTERY**

The following are Brief Interventions which can help to

Any Age Child <i>(0-5 years)</i>	Early Infancy Stage <i>(2 weeks - 4 months)</i>	Infancy Stage <i>(6 months - 1 year)</i>	Toddler Stage <i>(15 months - 2 years)</i>	Preschool Stage <i>(3 - 5 years)</i>
<ol style="list-style-type: none"> 1. Discuss parent's needs and explore possible solutions to resolve difficulties in a gradual, step-by-step manner. 2. Ask parent how she/he is feeling. If evident, point out obstacles to parental self-esteem or other coping resources. Explore ways parent can feel better about her/himself. 3. Suggest reading materials or other sources of information for parent to learn more about child development and/or parenting. 4. Discuss ways to resolve particular problems or concerns. Encourage parent to keep in touch and schedule a follow-up visit. 5. Explain that experiences from parents' own background often influence their feelings and behaviors toward their child(ren); encourage parent to talk about those feelings. 6. Consider making a referral for further evaluation/services. 	<ol style="list-style-type: none"> 1. Identify with parent the overwhelming pressures of having a newborn. 2. Discuss with parents ways of dealing with pressures of caring for a newborn. 3. Ask if parent is feeling overwhelmed. 	<ol style="list-style-type: none"> 1. Ask if there are areas in which the parent wants to gain more confidence and feel more competent with his/her parenting. 2. Ask if parent is feeling overwhelmed. 3. Discuss with parent ways of dealing with the demands of parenting a baby. 	<ol style="list-style-type: none"> 1. Ask if there are areas in which the parent wants to gain more confidence and feel more competent with his/her parenting. 2. Ask parent if there are power struggles with his/her child. Encourage parent to explore his/her own feelings about these struggles. 	<ol style="list-style-type: none"> 1. Ask if there are areas in which the parent wants to gain more confidence and feel more competent with his/her parenting. 2. Ask parent if there are power struggles with his/her child. Encourage parent to explore his/her own feelings about these struggles. 3. Discuss ways of dealing with power struggles and feelings of frustration. 4. Encourage parent to set aside time to establish/discuss family rules. 5. Explore with parent his/her feelings about the school the child is entering and perceptions of the child's readiness and ability to succeed in school.

BRIEF INTERVENTIONS

PROMOTE USE OF & DISCUSS CONCERNS ABOUT SOCIAL SUPPORT

The following are Brief Interventions which can help to

To Promote Use of Social Supports

*Any Age Child
(0 - 5 Years)*

1. Suggest community or professional services or benefits which might fill a need.
2. Suggest readings or other helpful materials about stress and the importance of getting social support.
3. Encourage parents to get emotional support from other parents, friends, or family.
4. Encourage parent to share feelings with close friends and family.
5. Reassure parent that every family needs outside help once in a while.
6. Encourage parent to take care of own personal needs, including recreation, hobbies, and social activities. Help parent find ways to set aside some time each day for this activity.
7. Encourage parent to ask you questions and allow time for discussion.
8. Encourage parent to find ways of taking a break from caregiving.
9. Encourage parent to attend child's out-of-home activities.
10. Encourage parent to talk about child-rearing values and goals with other parents or extended family.

To Discuss Concerns About Social Supports

*Any Age Child
(0 - 5 Years)*

1. Acknowledge any apparent sense of isolation and explore ways to overcome this.
2. Talk about the impact of stress on family life; encourage parent or family members to get the support and/or help they need from family, friends or professionals.
3. Discuss strategies other families have found helpful in dealing with difficulties.
4. Help parent look at getting outside help as a support and not to see her/his situation as a failure.
5. Consider making a referral for extended evaluation/ services.

