

CSYA: Cross System Assessment

Final Assessment Tool

FINAL SEVEN ASSESSMENT TOOLS

- 1. Scale of Protective Factors**
- 2. Protective Childhood Experiences**
- 3. School Attitude Assessment Survey**
- 4. Connor Davidson Resilience Scale/Coping Scale**
- 5. Patient Health Questionnaire (PHQ)**
- 6. Generalized Anxiety Disorder 7-item (GAD-7) Scale plus 3 Trauma Symptom Questions**
- 7. Adverse Childhood Experiences (ACE) Questionnaire/Pediatric ACEs and Related Life-events Screener (PEARLS)**

Scale of Protective Factors: **Scenario**

Maria (17-year-old Latinx female)

History: Maria has lived with a variety of family members for most of her life. Her mother struggles with addiction and is often unable to care for her daughter. Her father is incarcerated. Maria has attended 23 different schools.

Current: Maria's aunt, who has been a stable presence to her throughout her life, is finally able to provide a long-term home for her. Maria will be able to stay at one school for her senior year. Though Maria has many friends and gets along well with others, she can't seem to get organized or follow through with school or job-related tasks. She has trouble sleeping and concentrating. She may not be able to graduate high school and she is now skipping school with some friends.

Scale of Protective Factors

Please use the following scale to answer each of the following statements.

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
My Friends/Family:					
1. Keep me up to speed on important events	1	2	3	4	5
2. See things the same way	1	2	3	4	5
3. Are seen as united	1	2	3	4	5
4. Are supportive of one another	1	2	3	4	5
5. Are optimistic .	1	2	3	4	5
6. Spend free time together	1	2	3	4	5
I am good at:					
7. Socializing with new people	1	2	3	4	5
8. Interacting with others	1	2	3	4	5
9. Making new friends	1	2	3	4	5
10. Being with other people	1	2	3	4	5
11. Working with others as part of a team	1	2	3	4	5
12. Starting new conversations	1	2	3	4	5
When working on something, I:					
13. Can see the order in which to do things	1	2	3	4	5

14. Plan things out	1	2	3	4	5
15. Organize my time well.	1	2	3	4	5
16. Set priorities before I start	1	2	3	4	5
17. Do better if I set a goal	1	2	3	4	5
18. Make a list of things to do in order of importance	1	2	3	4	5
I am confident in my ability to:					
19. Achieve goals	1	2	3	4	5
20. Think out and plan	1	2	3	4	5
21. Make good decisions/choices	1	2	3	4	5
22. Think on my feet	1	2	3	4	5
23. Succeed	1	2	3	4	5
24. Solve problems	1	2	3	4	5
TOTAL					

Protective Childhood Experiences: **Scenario**

Sophie (19-year-old Caucasian female)

Background: In her early years, Sophie was exposed to chaotic and violent environments. She was born while her mother was in a transition home and shortly afterwards her parents reunited for a period of time, but her father then disappeared as there were warrants for his arrest. Her mother had many different men in the home. She was removed and placed with her grandmother at age 10. Her grandmother's house was a safe place where her grandmother and aunt lived and cared for her. They celebrated family traditions and the three of them were very close. Her grandmother died when she was 17 and her aunt later moved into a retirement home.

Current: Sophie met her much older boyfriend at age 17 and immediately moved in with him. He began to traffic her at age 18. She was able to escape him and is currently homeless. She used drugs briefly but has now stopped.

Positive Childhood Experience

In the first 18 years of your life, did you experience the following?

	YES	NO
25. Able to talk to my family about feelings	1	0
26. Felt family stood by them during difficult times	1	0
27. Felt safe and protected by adult in your home	1	0
28. Had at least 2 nonparent adults who took genuine interest	1	0
29. Felt supported by friends	1	0
30. Felt a sense of belonging at high school	1	0
31. Enjoyed participating in community traditions	1	0
TOTAL		

School Attitude Assessment Survey: **Scenario**

Terry (20-year-old African American male)

History: Terry grew up in a stable home with both parents. His older brother was killed when Terry was 8 years old. When Terry became a teen, he began to have trouble sleeping and felt anxious often. He became addicted to his mother's Percocet. Even though he was responsible, a quick learner, and worked hard, he began to struggle in school and eventually dropped out. He has had a variety of jobs but doesn't maintain any job for long.

Current: Terry fell in love and was able to stop using Percocet with the help of NA and a great sponsor. He has enrolled in a workforce education program to get his GED and learn a trade because he wants to move in with his partner, create a family, and contribute to a financially stable home. He is having a hard time focusing in his program and considering using a substance to help.

School Attitude Assessment Survey

Please use the following scale to respond to each of the following statements.

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
32. I work hard at school	1	2	3	4	5
33. I concentrate on my schoolwork	1	2	3	4	5
34. I am a responsible student	1	2	3	4	5
35. I complete my schoolwork regularly	1	2	3	4	5
36. I am confident in my scholastic abilities	1	2	3	4	5
37. I do well in school	1	2	3	4	5
38. I learn new concepts quickly	1	2	3	4	5
39. I am successful	1	2	3	4	5
40. I am confident in my ability to succeed in school.	1	2	3	4	5
TOTAL					

Connor Davidson Resilience Scale/Coping Scale: **Scenario**

Zaw (21-year-old Burmese male)

History: Zaw and his family moved to America from Myanmar when Zaw was 5-years-old. In Myanmar, the family had lived in a refugee camp and Zaw had witnessed a lot of violence. After moving to America, Zaw's father died two years later. Zaw was doing well in school but at age 17, his mother developed cancer. He dropped out of school to care for her. She died when he was 19.

Current: Zaw is now working on his GED and was working overnight shifts to prevent becoming homeless. Because of a lack of transportation, he has been unable to maintain jobs but always shows up for class. He has applied for financial assistance but has also started selling drugs. Two nights ago, he was caught and charged for selling drugs.

Connor Davidson Resilience Scale

Using the following scale, please respond to each of the statements below:

	Not True About Me	A Little True About Me	Somewhat True About Me	Mostly True About Me
41. Able to adapt to change	1	2	3	4
42. Can deal with whatever comes	1	2	3	4
43. See the humorous side of things	1	2	3	4
44. Coping with stress strengthens	1	2	3	4
45. Tend to bounce back after illness or hardship	1	2	3	4
46. You can achieve your goals	1	2	3	4
47. Under pressure, focus and think clearly	1	2	3	4
48. Not easily discouraged by failure	1	2	3	4
49. Think of self as strong person	1	2	3	4
50. Can handle unpleasant feelings	1	2	3	4
TOTAL				

Coping Scale

Using the following scale, please respond to each of the statements below:

	Not True About Me	A Little True About Me	Somewhat True About Me	Mostly True About Me
51. When dealing with a problem, I spent time trying to understand what happened	1	2	3	4
52. When dealing with a problem, I try to see the positive side of the situation	1	2	3	4
53. When dealing with a problem, I try to step back from the problem and think about it from a different point of view	1	2	3	4
54. When dealing with a problem, I consider several alternatives for handling it	1	2	3	4
55. When dealing with a problem, I try to see the humor in it	1	2	3	4
56. When dealing with a problem, I think about what it might say about bigger lifestyle changes I need to make	1	2	3	4
57. When dealing with a problem, I often wait it out and see if it doesn't take care of itself	1	2	3	4
58. When dealing with a problem, I often try to remember that the problem is not as serious as it seems	1	2	3	4
59. When dealing with a problem, I often use exercise, hobbies, or meditation to help me get through a tough time	1	2	3	4

60. When dealing with a problem, I make jokes about it or try to make light of it	1	2	3	4
61. When dealing with a problem, I make compromises	1	2	3	4
62. When dealing with a problem, I take steps to take better care of myself and my family for the future.	1	2	3	4
63. When dealing with a problem, I work on making things better for the future by changing my habits such as diet, exercise, budgeting, or staying in closer touch with people I care about	1	2	3	4
TOTAL				

Patient Health Questionnaire (PHQ): **Scenario**

Kim (Asian-American 15-year-old female)

History: Kim began to transition from male-to-female at age 12. Though her parents have been supportive, the school environment has been very challenging. She is often bullied by other students. One teacher continues to misgender her. She does have one close-knit group of friends who is supportive.

Current: Kim has been a high energy person for most of her life who loves sports and to be very active. However, now Kim sleeps late and is very challenging to wake up. She goes to school but doesn't interact with friends as much. After school, she looks at the TV but doesn't seem to watch it or falls asleep. She skips meals stating that she just isn't hungry. Her grades are starting to decline and is experimenting with drugs with a neighbor.

Patient Health Questionnaire (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
64. Little interest or pleasure in doing things	0	1	2	3
65. Feeling down, depressed, or hopeless	0	1	2	3
66. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
67. Feeling tired or having little energy	0	1	2	3
68. Poor appetite or overeating	0	1	2	3
69. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
70. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
71. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
72. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
TOTAL				

Generalized Anxiety Disorder 7-item (GAD-7) Scale: **Scenario**

Billy (17-year-old white male)

History: Billy grew up in and out of foster care due to physical abuse. His mother has been dually-diagnosed with mental illness/substance misuse but has not been able to move towards recovery. He was placed in one foster home for several years with a foster parent who coached baseball and Billy became an excellent player. He got good grades so he could stay on the team. The foster parent became ill, and Billy had a hard time staying in other foster homes. Billy is now placed in a residential setting.

Current: Billy has trouble sleeping and focusing during school-work. He paces a lot and seems to worry about a variety of things (i.e. will water always be served at meals, will his belongings be stolen, will he get “kicked out.”) He really misses playing baseball. Generally, he does well in school and gets along well with others but lately, he has been fighting with other residents.

Generalized Anxiety Disorder 7-item (GAD-7) Scale

Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all sure	Several days	Over half the days	Nearly every day
73. Feeling nervous, anxious, or on edge.	0	1	2	3
74. Not being able to stop or control worrying.	0	1	2	3
75. Worrying too much about different things.	0	1	2	3
76. Trouble relaxing.	0	1	2	3
77. Being so restless that it's hard to sit still.	0	1	2	3
78. Becoming easily annoyed or irritable.	0	1	2	3
79. Feeling afraid as if something awful might happen.	0	1	2	3
TOTAL				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all
 Somewhat difficult
 Very difficult
 Extremely difficult

Trauma Symptoms

Using the following scale, please respond to each statement below.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
64. How much have you been bothered during the PAST SEVEN (7) DAYS by feeling very emotionally upset when something reminded you of a stressful experience?	1	2	3	4	5
65. Having a very negative emotional state (for example, you were experiencing lots of fear, anger, guilt, shame) after a stressful experience.	1	2	3	4	5
66. How much have you been bothered during the PAST SEVEN (7) DAYS by trying to avoid thoughts, feelings, or physical sensations that reminded you of a stressful experience?	1	2	3	4	5
TOTAL					

Adverse Childhood Experiences (ACE) Questionnaire/Pediatric ACEs and Related Life-events Screener (PEARLS): Scenario

Keisha (17-year-old African American female)

History: Keisha's father died when she was 12-years-old. She and her mother became homeless, they experienced overt racism and also witnessed a lot of violence. Keisha spent a two years in foster care and at one foster placement, she was bullied at school until she fought back, injuring another middle schooler. At 16-years-old, she was returned to her mother. Her mother was now able to provide a financially stable and safe home.

Current: Keisha pushes herself to do well in school and all extra-curricular activities. She is perfectionist. She never seems pleased with her work on school or job tasks. She doesn't have many friends and works many hours on school-work and at her job. She often stays up all night working on school projects. She is unable to relax.

Adverse Childhood Experiences (ACE) Questionnaire

Prior to your 18th birthday:

	YES	NO
67. Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt?	1	0
68. Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured?	1	0
69. Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? Or attempt or actually have oral, anal, or vaginal intercourse with you?	1	0
70. Did you often or very often feel that no one in your family loved you or thought you were important or special? Or your family didn't look out for each other, feel close to each other, or support each other?	1	0
71. Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	1	0
72. Were your parents ever separated or divorced?	1	0
73. Was your mother or stepmother often pushed, grabbed, slapped, or had something thrown at her? Or sometimes or often kicked, bitten, hit with a fist, or hit with something hard? Or ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	1	0
74. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	1	0
75. Was a household member depressed or mentally ill or did a household member attempt suicide?	1	0
76. Did a household member go to prison?	1	0
TOTAL		

PEdiatric ACEs and Related Life-events Screener (PEARLS)

This tool will be asking you some questions about events that happened during your childhood; specifically the first 18 years of your life.

	YES	NO
77. Have you ever seen, heard, or been a victim of violence in your neighborhood, community or school? (for example, targeted bullying, assault or other violent actions, war or terrorism)	1	0
78. Have you experienced discrimination? (for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)	1	0
79. Have you ever had problems with housing? (for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)	1	0
80. Have you ever worried that you did not have enough food to eat or that food would run out before you or your parent/caregiver could buy more?	1	0
81. Have you ever been separated from your parent or caregiver due to foster care, or immigration?	1	0
82. Have you ever lived with a parent/caregiver who had a serious physical illness or disability?	1	0
83. Have you ever lived with a parent or caregiver who died?	1	0
84. Have you ever been detained, arrested or incarcerated?	1	0
85. Have you ever experienced verbal or physical abuse or threats from a romantic partners? (for example, a boyfriend or girlfriend)	1	0
TOTAL		

Exhibit 1.4-1 Grounding Techniques

Grounding techniques are important skills for assessors and all other behavioral health service providers who interact with traumatized clients (e.g., nurses, security, administrators, clinicians). Even if you do not directly conduct therapy, knowledge of grounding can help you defuse an escalating situation or calm a client who is triggered by the assessment process.

Grounding strategies help a person who is overwhelmed by memories or strong emotions or is dissociating; they help the person become aware of the here and now. A useful metaphor is the experience of walking out of a movie theater. When the person dissociates or has a flashback, it's like watching a mental movie; grounding techniques help him or her step out of the movie theater into the daylight and the present environment. The client's task is not only to hold on to moments from the past, but also to acknowledge that what he or she was experiencing is from the past. Try the following techniques:

1. **Ask the client to state what he or she observes.**

Guide the client through this exercise by using statements like, “You seem to feel very scared/angry right now. You’re probably feeling things related to what happened in the past. Now, you’re in a safe situation. Let’s try to stay in the present. Take a slow deep breath, relax your shoulders, put your feet on the floor; let’s talk about what day and time it is, notice what’s on the wall, etc. What else can you do to feel okay in your body right now?”

2. **Help the client decrease the intensity of affect.**

- “Emotion dial”: A client imagines turning down the volume on his or her emotions.
- Clenching fists can move the energy of an emotion into fists, which the client can then release.
- Guided imagery can be used to visualize a safe place.
- Distraction (see #3 below).
- Use strengths-based questions (e.g., “How did you survive?” or “What strengths did you possess to survive the trauma?”).

3. **Distract the client from unbearable emotional states.**

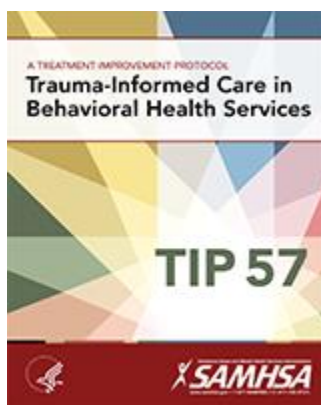
- Have the client focus on the external environment (e.g., name red objects in the room).
- Ask the client to focus on recent and future events (e.g., “to do” list for the day).
- Help the client use self-talk to remind himself or herself of current safety.
- Use distractions, such as counting, to return the focus to current reality.
- Somatosensory techniques (toe-wiggling, touching a chair) can remind clients of current reality.

4. Ask the client to use breathing techniques.

- Ask the client to inhale through the nose and exhale through the mouth.
- Have the client place his or her hands on his or her abdomen and then watch the hands go up and down while the belly expands and contracts.

Source: [Melnick & Bassuk, 2000](#).

From: [Chapter 4, Screening and Assessment](#)



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IN AN EMERGENCY OR CRISIS

For assistance in an emergency

Dial 911- Ask for CIT officer

Centerstone 24/7 Crisis Hotline

Adult: 502-589-4313 or 800-221-0446

Youth: 502-589-8070 or 800-432-4510

Lifespring Crisis Hotline (So. Indiana)

502-583-4313

National Suicide Prevention Lifeline

Talk: 1-800-273-TALK (8255) Text: 741741

Chat: <http://suicidepreventionlifeline.org/chat/>

LGBT Youth Suicide Hotline

866-4-U-TREVOR www.thetrevorproject.org

Trans Lifeline—877-565-8860

DOMESTIC VIOLENCE, ABUSE, AND SEXUAL ASSAULT RESOURCES

National Child Abuse Hotline

1-800-4-A-CHILD (1-800-422-4453)

KY: 877-597-2331 IN: 800-800-5556

Domestic Violence Hotline

National: 1-800-799-SAFE (7233)

Local: 844-237-2331

Human Trafficking Hotline

1-888-373-7888 or text: 233733

National Sexual Assault Hotline

1-800-656-HOPE (4673)

RAINN (Rape, Abuse & Incest National Network)

1-800-656-HOPE (4673)

www.rainn.org

YOUTH HELPLINE-YOUR LIFE YOUR VOICE

1-800-448-3000 www.yourlifeyourvoice.org

COMMUNITY RESOURCE DIRECTORY

Family Scholar House

LouieCONNECT
Metro United Way 2-1-1

Call 2-1-1 Go to: www.louieconnect.com/

Louieconnect is regularly updated and is your one stop shop for finding resources for basic needs, health, housing, services + more. Also at: <https://metrounitedway.org/get-help-now/>

Emergency and Referral Services

National Runaway Safeline

1-800-621-4000

Safe Place Services

Louisville metro—502-635-5233

So. Indiana--812-284-5229

Free TARC to Safe Place—502-585-1234

Safe Place Services 24hr staff support, shelter, case management, services for young people

Louisville-- 2400 Crittenden Dr. 40217 www.ymcasafeplaceservices.org

Indiana Clarks County Safe Place Youth Shelter/Family --812-284-5229

118 E. Chestnut St. Jeffersonville 47130 <https://www.ccysfs.org/>

Center for Women and Families—1-844-237-2331 www.thecenteronline.org

24hr crisis line, advocacy & support, basic needs, housing, family & children's services

INFORMATION AND REFERRAL + TREATMENT FINDER RESOURCES

SAMHSA's National Helpline

800-662-HELP (4357)

<http://findtreatment.SAMHSA.gov>

24hr info/referral for Mental Health and/or Substance Use to local treatment facilities + supports

National Council for Behavioral Health

help finding a local behavioral health services and support. www.theNationalCouncil.org (click on "Find a Provider")

National Alliance on Mental Illness (NAMI)

Information HelpLine-800-950-NAMI (6264) Information and referral service Mon-Fri business hours



TREATMENT RESOURCES

Mental Health Treatment

Centerstone Info & appointments: KY-502-589-1100; IN-800-344-8802

The Family Ark Behavioral Health Center–812-284-1760 Email: fabhc@thefamilyark.org
Individual/family/group counseling, substance abuse treatment, assessment-Jeffersonville, IN

Family & Children's Place 502-893-3900 www.familyandchildrensplace.org
Child & family individual/family/group/school based counseling and interventions

Kentucky Psychological Association Information & Referral 502-894-0777

Substance Use/SUD Treatment for Youth

FindHelpNowKY.org

Call: 1-833-8KY-HELP(859-4357) or go to:
<https://findhelpnowky.org/>
Statewide substance abuse treatment locator

Families Linking Families-So IN Resource

812-949-5519 addiction resources
<https://www.soinaddictionresource.org/resources>
or Email info@soinaddictionresource.org

Centerstone Youth Access line- **502-589-8070** www.centerstoneky.org Adult and youth
Substance Use Disorder detox, assessment and treatment.

The Family Ark Behavioral Health Center– 812-284-1760 Email: fabhc@thefamilyark.org

The Morton Resource Center – 888-421-4321 <http://www.themortoncenter.org>

Gay, Lesbian, Bisexual, Transgender, Queer/Questioning+ Support Resources

GLBT National Help Center

1-888-843-4564
www.glnh.org

Trevor Project Crisis Line – LGBTQ Youth

1-866-4-U-TREVOR (488-7386)
www.theTrevorProject.org

GLBT National Youth Talkline

1-800-246-PRIDE (1-800-246-7743)
www.glnh.org/talkline

Louisville Youth Group (LYG)

502-430-2016 www.louisvilleyouthgroup.org
Safeplace for LGBTQIA+ young people with
programs, advocacy and support.

SELF-HELP RESOURCES AND GROUPS *Find a time and location of a meeting.*

Alcoholics Anonymous

www.aa.org/pages/en_US/find-aa-resources
www.louisvilleaa.org

AI-Anon and Alateen

888-425-2666 Local: <http://kyal-anon.org/>
Support group for family/friends

Kentucky Suicide Support Groups

<http://www.suicide.org/support-groups/kentucky-suicide-support-groups.html>

Narcotics Anonymous

1-888-GET-HOPE (438-4673) (Hopeline)
Local: 502-569-1769 www.nalouisville.net

Nar-Anon Family Groups

www.nar-anon.org/find-a-group

NAMI Louisville

Local office: 502-588-2008 M-F 8:30-4:30
Local Support Groups: <https://namilouisville.org/support-groups-2/support-groups/>

Assessment Tool Implementation Handout

BARRIERS NAMED AT PREVIOUS MEETINGS	PLANS TO OVERCOME BARRIERS/SUPPORT NEEDED
<p>Assessment Tool:</p> <ol style="list-style-type: none"> 1. Flexibility to fit all clients <ol style="list-style-type: none"> a. Cultural appropriateness b. Youth with autism c. Alternate ways to collect data (limited literacy skills, oral culture, not tech savvy) d. Language barriers 2. Interpreting materials 3. Gauging accuracy 4. Not knowing what is being assessed 5. Privacy 6. Technology issues 	
<p>Capacity:</p> <ol style="list-style-type: none"> 1. Time 2. Staff turnover (retraining) 3. Limited staff capacity 	
<p>Change is hard:</p> <ol style="list-style-type: none"> 1. Changing current process 2. Staff buy-in 	

STEPS FOR IMPLEMENTATION	MODIFICATIONS FOR PROGRAM
1. Program announcement sharing benefits of tool and project participation.	
2. Program team creates process for embedding assessment tool into program. <ul style="list-style-type: none"> a. When will tool be administered? b. When will follow up meeting with youth occur? c. Which staff will administer tool? d. Which staff will enter tool into Data Hub? e. Who will have access to assessment results? f. How will information be used? g. Where will completed assessments be stored? h. How will additional time/staff responsibility be addressed? 	
3. Train staff in new roles.	
4. Implement assessment tool into program as pilot.	
5. Participate in monthly meeting to problem solve and share successes.	
6. Reassess assessment tool implementation and make changes as needed.	

Youth Assessment

Date of Assessment: _____ Date of Entry into the Program: _____

Youth's Birthday: _____

Demographics

Race

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> American Indian or Alaska Native | |
| <input type="checkbox"/> Asian | |

Ethnicity

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Non-Hispanic |
|-----------------------------------|---------------------------------------|

Which of the following describes you? (Check all that apply)

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Genderfluid |
| <input type="checkbox"/> Female | <input type="checkbox"/> Gender Non-Conforming |
| <input type="checkbox"/> Transgender | |

Do you consider yourself to be: (Check all that apply)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Asexual |
| <input type="checkbox"/> Gay or Lesbian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bisexual | |
| <input type="checkbox"/> Pansexual | |

Which pronoun(s) do you use (Check all that apply)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> He/Him/His | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> She/Her/Hers | |
| <input type="checkbox"/> They/Them/Theirs | |

Scale of Protective Factors

Please use the following scale to answer each of the following statements.

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
My Friends/Family:					
1. Keep me up to speed on important events	1	2	3	4	5
2. See things the same way	1	2	3	4	5
3. Are seen as united	1	2	3	4	5
4. Are supportive of one another	1	2	3	4	5
5. Are optimistic .	1	2	3	4	5
6. Spend free time together	1	2	3	4	5
I am good at:					
7. Socializing with new people	1	2	3	4	5
8. Interacting with others	1	2	3	4	5
9. Making new friends	1	2	3	4	5
10. Being with other people	1	2	3	4	5
11. Working with others as part of a team	1	2	3	4	5
12. Starting new conversations	1	2	3	4	5
When working on something, I:					
13. Can see the order in which to do things	1	2	3	4	5

14. Plan things out	1	2	3	4	5
15. Organize my time well.	1	2	3	4	5
16. Set priorities before I start	1	2	3	4	5
17. Do better if I set a goal	1	2	3	4	5
18. Make a list of things to do in order of importance	1	2	3	4	5
I am confident in my ability to:					
19. Achieve goals	1	2	3	4	5
20. Think out and plan	1	2	3	4	5
21. Make good decisions/choices	1	2	3	4	5
22. Think on my feet	1	2	3	4	5
23. Succeed	1	2	3	4	5
24. Solve problems	1	2	3	4	5
TOTAL					

Positive Childhood Experience

In the first 18 years of your life, did you experience the following?

	YES	NO
25. Able to talk to my family about feelings	1	0
26. Felt family stood by them during difficult times	1	0
27. Felt safe and protected by adult in your home	1	0
28. Had at least 2 nonparent adults who took genuine interest	1	0
29. Felt supported by friends	1	0
30. Felt a sense of belonging at high school	1	0
31. Enjoyed participating in community traditions	1	0
TOTAL		

School Attitude Assessment Survey

Please use the following scale to respond to each of the following statements.

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
32. I work hard at school	1	2	3	4	5
33. I concentrate on my schoolwork	1	2	3	4	5
34. I am a responsible student	1	2	3	4	5
35. I complete my schoolwork regularly	1	2	3	4	5
36. I am confident in my scholastic abilities	1	2	3	4	5
37. I do well in school	1	2	3	4	5
38. I learn new concepts quickly	1	2	3	4	5
39. I am successful	1	2	3	4	5
40. I am confident in my ability to succeed in school.	1	2	3	4	5
TOTAL					

Connor Davidson Resilience Scale

Using the following scale, please respond to each of the statements below:

	Not True About Me	A Little True About Me	Somewhat True About Me	Mostly True About Me
41. Able to adapt to change	1	2	3	4
42. Can deal with whatever comes	1	2	3	4
43. See the humorous side of things	1	2	3	4
44. Coping with stress strengthens	1	2	3	4
45. Tend to bounce back after illness or hardship	1	2	3	4
46. You can achieve your goals	1	2	3	4
47. Under pressure, focus and think clearly	1	2	3	4
48. Not easily discouraged by failure	1	2	3	4
49. Think of self as strong person	1	2	3	4
50. Can handle unpleasant feelings	1	2	3	4
TOTAL				

Coping Scale

Using the following scale, please respond to each of the statements below:

	Not True About Me	A Little True About Me	Somewhat True About Me	Mostly True About Me
51. When dealing with a problem, I spent time trying to understand what happened	1	2	3	4
52. When dealing with a problem, I try to see the positive side of the situation	1	2	3	4
53. When dealing with a problem, I try to step back from the problem and think about it from a different point of view	1	2	3	4
54. When dealing with a problem, I consider several alternatives for handling it	1	2	3	4
55. When dealing with a problem, I try to see the humor in it	1	2	3	4
56. When dealing with a problem, I think about what it might say about bigger lifestyle changes I need to make	1	2	3	4
57. When dealing with a problem, I often wait it out and see if it doesn't take care of itself	1	2	3	4
58. When dealing with a problem, I often try to remember that the problem is not as serious as it seems	1	2	3	4
59. When dealing with a problem, I often use exercise, hobbies, or meditation to help me get through a tough time	1	2	3	4

60. When dealing with a problem, I make jokes about it or try to make light of it	1	2	3	4
61. When dealing with a problem, I make compromises	1	2	3	4
62. When dealing with a problem, I take steps to take better care of myself and my family for the future.	1	2	3	4
63. When dealing with a problem, I work on making things better for the future by changing my habits such as diet, exercise, budgeting, or staying in closer touch with people I care about	1	2	3	4
TOTAL				

Patient Health Questionnaire (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
64. Little interest or pleasure in doing things	0	1	2	3
65. Feeling down, depressed, or hopeless	0	1	2	3
66. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
67. Feeling tired or having little energy	0	1	2	3
68. Poor appetite or overeating	0	1	2	3
69. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
70. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
71. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
72. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
TOTAL				

Generalized Anxiety Disorder 7-item (GAD-7) Scale

Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all sure	Several days	Over half the days	Nearly every day
73. Feeling nervous, anxious, or on edge.	0	1	2	3
74. Not being able to stop or control worrying.	0	1	2	3
75. Worrying too much about different things.	0	1	2	3
76. Trouble relaxing.	0	1	2	3
77. Being so restless that it's hard to sit still.	0	1	2	3
78. Becoming easily annoyed or irritable.	0	1	2	3
79. Feeling afraid as if something awful might happen.	0	1	2	3
TOTAL				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all
 Somewhat difficult
 Very difficult
 Extremely difficult

Trauma Symptoms

Using the following scale, please respond to each statement below.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
64. How much have you been bothered during the PAST SEVEN (7) DAYS by feeling very emotionally upset when something reminded you of a stressful experience?	1	2	3	4	5
65. Having a very negative emotional state (for example, you were experiencing lots of fear, anger, guilt, shame) after a stressful experience.	1	2	3	4	5
66. How much have you been bothered during the PAST SEVEN (7) DAYS by trying to avoid thoughts, feelings, or physical sensations that reminded you of a stressful experience?	1	2	3	4	5
TOTAL					

Adverse Childhood Experiences (ACE) Questionnaire

Prior to your 18th birthday:

	YES	NO
67. Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt?	1	0
68. Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured?	1	0
69. Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? Or attempt or actually have oral, anal, or vaginal intercourse with you?	1	0
70. Did you often or very often feel that no one in your family loved you or thought you were important or special? Or your family didn't look out for each other, feel close to each other, or support each other?	1	0
71. Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	1	0
72. Were your parents ever separated or divorced?	1	0
73. Was your mother or stepmother often pushed, grabbed, slapped, or had something thrown at her? Or sometimes or often kicked, bitten, hit with a fist, or hit with something hard? Or ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	1	0
74. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	1	0
75. Was a household member depressed or mentally ill or did a household member attempt suicide?	1	0
76. Did a household member go to prison?	1	0
TOTAL		

PEdiatric ACEs and Related Life-events Screener (PEARLS)

This tool will be asking you some questions about events that happened during your childhood; specifically the first 18 years of your life.

	YES	NO
77. Have you ever seen, heard, or been a victim of violence in your neighborhood, community or school? (for example, targeted bullying, assault or other violent actions, war or terrorism)	1	0
78. Have you experienced discrimination? (for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)	1	0
79. Have you ever had problems with housing? (for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)	1	0
80. Have you ever worried that you did not have enough food to eat or that food would run out before you or your parent/caregiver could buy more?	1	0
81. Have you ever been separated from your parent or caregiver due to foster care, or immigration?	1	0
82. Have you ever lived with a parent/caregiver who had a serious physical illness or disability?	1	0
83. Have you ever lived with a parent or caregiver who died?	1	0
84. Have you ever been detained, arrested or incarcerated?	1	0
85. Have you ever experienced verbal or physical abuse or threats from a romantic partners? (for example, a boyfriend or girlfriend)	1	0
TOTAL		

Provider Questions

What services is the youth receiving from the organization?

How has the assessment been used to develop a case plan for the youth?

What additional service referrals have been made outside the organization following the assessment?

SCORING GUIDE

Assessment Tool	Questions	Total	Interpreting the Score
Scale of Protective Factors	1 - 24		<ul style="list-style-type: none"> • Scores can range from 24-120 • Higher scores indicate higher resilience.
Positive Childhood Experiences	25 - 31		<ul style="list-style-type: none"> • Higher score means increased childhood protective factors and decreased chances of poor physical and mental health outcomes.
School Attitude Assessment Survey	32 - 40		<ul style="list-style-type: none"> • If the final score is high then there is increased/higher chances of having a positive attitude/increased motivation for achieving in academics. • Positive scholastic achievement and higher levels of self-efficacy with school performance.
Connor Davidson Resilience Scale/Coping Scale	41 - 63		<ul style="list-style-type: none"> • Scores can range from 0-100 • Higher scores reflect greater resilience • There is more explanation for how to interpret score based on location/region, and sample with mean scores available for comparison/ranking client percentile.
Patient Health Questionnaire (PHQ-9)	64 - 72		<ul style="list-style-type: none"> • The total score serves as a marker of severity and distress. • Total Score Depression Severity: <ul style="list-style-type: none"> • 0 - 4: minimal • 5 - 9: mild • 10 - 14: moderate • 15 - 19: moderately severe • 20 - 27: severe

Generalized Anxiety Disorder 7-item (GAD-7) Scale	73 - 79		<ul style="list-style-type: none"> • Ranges from 0 to 21. • Total Score Anxiety Severity: <ul style="list-style-type: none"> • 0 - 4: minimal • 5 - 9: mild • 10 - 14: moderate • 15 - 21: severe anxiety
Trauma Symptoms	80 - 82		<ul style="list-style-type: none"> • Higher scores indicate symptoms of acute stress disorder
ACE/PEARLS	83 - 101		<ul style="list-style-type: none"> • High scores indicate greater risk for physical, mental and social health risk.

Follow the below link or scan the QR code to enter the Data Hub.
https://louisvillekent.az1.qualtrics.com/jfe/form/SV_3wRjwCYinmxAU98



ACCESSING THE DATA HUB

Follow this link:

https://louisvillekent.az1.qualtrics.com/jfe/form/SV_3wRjwCYinmxAU98

Scan this QR Code:



ONGOING SUPPORT AND TECHNICAL ASSISTANCE

Center for Family and Community Wellbeing will provide:

- Monthly Support and Technical Assistance
- Ongoing response to implementation barriers, assessment tool questions or other challenges that arise.
- Focus Groups towards the end of the project
- Program specific data reports based on assessment tool information.

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