

CARE2, LLC

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CARE-2 Assessment: Case # - sample12345

By Kathryn Seifert

The client is a 10 year old, African American Female. This report will address problems, strengths, and stressors of the youth and her family. It is important to create a comprehensive treatment plan to address all problems, strengths and stressors. The more comprehensive the treatment plan, the greater the youth's chances of success. This report will assist in creating such a plan.

The balance between strengths and stressors must be changed so that the youth has more strengths than stressors. A positive reinforcement system to build strengths is recommended. Reinforcement should be at a ratio of 4 reinforcers to 1 punishment. [http://www.pbis.org/\(Positive Behavioral Interventions & Supports\)](http://www.pbis.org/(Positive Behavioral Interventions & Supports)) is recommended for schools. Include immediate and extended family members, citizens of the community, and school personnel as collaborators to help create a supportive change environment for the youth. If violence exists as a model of how to solve problems anywhere in the child's life, it must be stopped or avoided. Domestic violence in the home is extremely destructive and must be stopped to change a youth's violent behavior. **Removal from the home might be necessary if parents/current caregivers are unable to provide necessary supervision, continue to engage in domestic violence, or mistreat the child.** A youth's activities and whereabouts must be monitored by responsible adults. Positive activities with adult guidance and support must be available as an alternative to "running the streets" with friends.

Problems

The assessment indicates that this client has the following problems which have occurred at some time in the youth's life:

- History of primarily moderate behavior problems
- Moderate to severe behavior problems before the age of 13.
- Attachment problems, but not severe disorder
- Abuse or neglect age four and above.
- Family history of violence, abuse, neglect, or criminality.
- Inappropriate disciplinary practices by parents. Too harsh, too lax, or inconsistent
- Family has low warmth/high conflict
- Caregiver history of insufficiently treated psychiatric disorders or substance abuse.
- One or both parents dead, addicted, or uninvolved with youth.
- Psychiatric symptoms.

The youth has the following problems that have occurred in the last 6 months:

- Anger management problems.
- Lacks remorse for offenses or empathy for others.
- Bullying behavior.
- Impulsivity
- Emotions poorly regulated

The following potential strengths are not endorsed for this youth:

- Youth does not have - Positive school experience.
- Youth does not have - Lack of psychiatric or substance abuse problems in youth or family.
- Youth does not have - Appropriate and achievable future goals.
- Youth does not have - Participation in positive activity.
- Youth does not have - Six months effective treatment.
- Youth does not have - Postive relationships with pro-social peers.
- Youth does not have - Well modulated emotions
- Youth does not - Take medication as prescribed.
- Youth does not have - Only minimal conflict with parents, siblings, caregivers.

Strengths

The following potential strengths are endorsed for this youth:

- Youth has - Average IQ and above.
- Youth has - Supportive, nurturing caregiver or other adult with appropriate boundaries.
- Youth has - Appropriate parental discipline at present time.
- Youth has - Parents/caregivers supportive of treatment and recovery.

Interventions

The interventions recommended for this youth are:

- **Behavioral Health services or Mental Health services.** Look for social worker, licensed counselor, or psychologist in your area.
Cognitive Behavioral Therapy involves changing how you think to change how you feel and behave. A type of CBT is Dialectical Behavioral Therapy or DBT (www.behavioraltech.org).
Behavior Modification. Positive reinforcement should outnumber punishments by a ratio of 4 to 1. Find reinforcers that the youth desires enough to work for him. Use privileges he may already have, but make him earn them. Use a chart to count compliance. Gear the whole process for success. What you reinforce will increase.
Behavior Contracting. It helps a youth and family plan and organize if they participate in developing and writing down a contract of responsibilities and reciprocal meeting of needs. Everyone participates in making the contract for "buy-in," and everyone agrees to follow it, and everyone signs it. It is re-evaluated periodically for changes.
Assess for trauma history or early problems with pathological caregiving. Ask about past traumatic events, caregiving, and losses. If present, refer to mental health provider for trauma work.
Assess for neurological disorders. If there is evidence of past head injury, lead paint ingestion, loss of consciousness, seizure activity, refer to physician for evaluation.
Assess for mental health issues. If any symptoms of sadness, anxiety, hypomania, phobias, night terrors, mood swings, impulsivity, inattention, lack of concentration, refer to mental health provider.
Assess family functioning. Youth live within the context of a family. Their recovery and ability to gain skills and improve functioning depends on the skill level and support of parents and siblings. Interview the family to determine if there are other family needs to be met that might improve the youths' chances for success.
- **Use:** Multi-modal approach for all problems. Cognitive behavioral techniques, contracting. Assess for trauma history, neurological impairment, attachment problems and mood disorders. Treatment specific to trauma and attachment problems. Family therapy is usually appropriate. If needed, intervene to end source of bullying, abuse, neglect, or violence. A holistic approach to assessing all problems and strengths of youth and family and addressing all areas.
End abuse, neglect, and domestic violence. Call authorities to intervene.
End the source of bullying. School or classroom program such as Olweus Bullying Program (olweus@psych.uib.no).
Family Therapy. A youth functions within the context of a family. Family therapy involves all members of the family. Examples include Functional Family Therapy (www.fftinc.com).
Grief therapy. When there is a loss, a therapist can help a person recover from the loss by being supportive and empathetic.
Attachment-informed therapy. When there has been pathological caregiving resulting in persistent developmental delays in interpersonal functioning, the professional must strengthen the skills in the appropriate developmental sequence. The Behavior Objective Sequence is helpful for this (Sheldon Braaten, <http://ResearchPress.com>).
Trauma therapy. When a youth has experienced a trauma, it can affect his behavior and ability to regulate emotions. A therapist trained in addressing trauma issues
- **Build anger management skills.** There are many CBT anger management groups and individual workbooks on the market.
- **Behavior Objective Sequence** (Sheldon Braaten). Developmental Sequencing of behavioral assessment and training. (www.researchpress.com)
- "Use a developmental skill assessment such as the Behavioral Objective Sequence by Sheldon Braaten (<http://www.researchpress.com/product/item/5015/>). Start where the youth is in skill development and work forward in a developmentally appropriate sequence of skills."
- **Youth and family strengths to build upon.** List the youth and family strength. Consistently praise their strengths and use them to build toward other success where skills may not be so strong. Use it as an example and encouragement.
Parent education. Parent management training has been found to be effective (http://www.apa.org/divisions/div12/rev_est/pmt_child.html).
- **Vocational services, career planning.** Positive future goals and the ability to reach them is a resiliency factor. Schools and vocational rehabilitation centers and developmental disability centers can help with these tasks.

Similarity to Those at Risk for Violence

This youth is Moderately Similar to youth with chronic assaultive behaviors. The higher the score, the greater the external

level of structure needed to ensure good boundaries and the higher the intensity of services needed.

Intensity of Services

Moderately Similar to Youth with Chronic Assaults. CARE2 score is 39 Outpatient services that are specific to assaultive behavior problems plus interventions for all problems identified by the CARE2. Where resiliency factors are missing, build strengths in youth and family system. Weekly services are likely to be effective. Bring in family and do skill building as needed. 1 + services per week as needed.	Min Range 11	Max Range 40
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