

FIGURE 4.6. Assessment of the child's behavior in play sessions.

Date _____ Which session _____

Child's age _____ (years) _____ (months)

1. Age-appropriateness of child's play (check one)

Regressed _____ Average _____ Advanced _____

Notes:

2. Mood/quality of child's play (check all that apply)

Happy _____ Sad _____ Anxious _____ Scattered _____ Creative _____

Aggressive _____ Passive _____ Other (describe) _____

Notes:

3. Themes in child's play (check all that apply)

Abandonment _____ Nurturance _____ Anger _____ Fear _____

Loneliness _____ Danger _____ Other (describe) _____

Notes:

4. Ability to separate from parent/caretaker

Appropriate for age _____ Inappropriate _____

Notes:

5. Ability to relate to worker:

At beginning of session _____ In middle _____ At end _____

In second session _____ In third session _____

Notes:

6. Ability to concentrate in session

Good _____ Moderate _____ Distractible _____

Notes:

FIGURE 4.9. Situational factors in the assessment of the child. This form is one part of a three-part assessment of the child, which also includes an assessment of individual factors (Figure 4.8) and an assessment of the child's support system (Figure 4.10).

1. Nature of problem
 - a. Presence of loss factors
 - Separation from family members (list relationship and length of separation) _____
 - _____
 - Death of family members (list relationship and cause of death) _____
 - _____
 - Loss of familiar environment (describe) _____
 - _____
 - Loss of familiar role/status (describe; temporary or permanent?) _____
 - _____
 - Loss of body part or function (describe, with prognosis) _____
 - _____
 - b. Presence of trauma/violence
 - Witnessed: Verbal _____ Physical _____
 - Experienced: Verbal _____ Physical _____
 - c. Presence of life threat
 - Personal (describe) _____
 - To family members (describe, identifying relationship) _____
 - _____
 - To others (describe) _____
 - _____
 - d. Presence of physical injury or pain (describe) _____
 - _____
 - e. Element of stigma/shame associated with problem (describe) _____
 - _____
2. Psychosocial and environmental problems (list problems) _____
- _____
- _____
3. Onset and duration of problem
 - a. Chronic (give details, including child's age at onset and frequency of occurrence) _____
 - _____
 - _____
 - b. Acute (give child's age and duration of problem) _____
 - _____
 - _____
4. Involvement of others
 - a. Nature of involvement (describe) _____
 - _____
 - b. Perception of support: Sufficient _____ Insufficient _____

FIGURE 4.10. Assessment of the child’s support system. This form is one part of a three-part assessment of the child, which also includes an assessment of individual factors (Figure 4.8) and an assessment of situational factors (Figure 4.9).

1. Nuclear family members
 - a. How responsive are they to the child’s needs? Not at all ____ Somewhat ____ Very _____
 - b. To what extent is the child included in discussions about “the problem situation”?
Frequently ____ Never ____ Sometimes ____
 - c. Do parents tend to show a judgmental attitude toward the child’s behavior?
Yes ____ No ____

 2. Extended family members
 - a. How frequently are they in contact with the child?
Rarely ____ Monthly ____ Weekly ____ Daily ____
 - b. Describe nature of the relationships, indicating who is the most supportive relative to the child .
 - c. To what extent do the views of the extended family differ from or agree with those of the nuclear family on matters pertaining to the child? (give details)

 3. School/peers/social network
 - a. Child’s grade in school _____
 - b. Child’s friendship network: How many friends does child have?
Many ____ “A few” ____ None ____
 - c. Would child like to have more friends than he or she has? Yes ____ No ____
 - d. How many days after school, on the average, does the child play with another child?
Most days ____ Once or twice ____ Never ____

 4. Religious affiliation
 - a. Does the child/family participate in religious services?
Yes ____ (If yes, give name of religious group:) _____
No ____
 - b. If yes, indicate how frequently the child/family participates:
Weekly ____ Major holiday observances ____ Rarely ____

 5. Neighborhood/school activities
 - a. Is the family involved with neighborhood/school activities? No ____ Yes ____
 - b. If yes, describe _____

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FIGURE 10.2. Factors precipitating placement decision.

1. Parental behaviors (list all that apply, identify relevant individual, and give dates):

Abuse (describe) _____

Neglect (describe) _____

Abandonment (describe) _____

Imprisonment (reason) _____

Addiction (describe) _____

Physical/mental ill health (describe) _____

Death (give date and cause of death, including child's involvement) _____

2. Child behaviors (describe in detail) _____

Frequency _____

Responses of adults _____

Child's reactions to adult interventions _____

3. Environmental/social conditions (describe the environment in which the child lived prior to placement) _____

(continued)

FIGURE 10.2. *(continued)*

Presence of after-school activities/sports/recreational programs _____

Neighborhood atmosphere (check applicable items):

Safe _____ Unsafe _____

Presence of drugs: Yes _____ No _____ Not sure _____

Influence of peers: Positive _____ Negative _____

Presence of positive role models: Yes _____ No _____ Not sure _____

4. Traumatizing experiences in child's history (list all that apply):

Physical abuse (specify perpetrator, frequency, and form) _____

Sexual abuse (specify perpetrator, frequency, and form) _____

Other traumatic experiences, either witnessed or experienced _____

FIGURE 10.3. Individual and family factors related to placement.

Relevant information from genogram

Position of child in family _____

Extended family (location and degree of involvement) _____

Status of parents (current, and at the time of child's birth)

Ages: Mother _____ Father _____

Quality of parental relationship _____

Employment: Mother _____

Father _____

Medical: Mother _____

Father _____

History of addictions:

Mother _____

Father _____

History of court involvement:

Mother _____

Father _____

Religious/cultural affiliation:

Mother _____

Father _____

Achievements/ego strengths:

Mother _____

Father _____

Status of child

Age and date of birth _____

School grade and adjustment _____

Educational testing results _____

Psychological testing summary _____

(continued)

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FIGURE 10.3. *(continued)*

Peer involvement (describe in detail) _____

Names of and relationships with siblings _____

Medical history _____

History of physical/sexual abuse (describe in detail) _____

History of exposure to trauma _____

Separation history (including moves and previous placements) _____

Past coping/strengths/typical defenses _____

Home environment

Physical conditions (describe in detail, especially regarding child's sleeping arrangements)

Persons living in the home (give names and relationships to the child, if any) _____

Length of time in current residence _____

Previous residences:

Length of time _____

Reasons for moving _____

FIGURE 11.2. Tripartite assessment of family circumstances.

Marital status of parents

Mother: Never married ___ Divorced ___ (date) ___ Remarried ___ (date) _____

Father: Never married ___ Divorced ___ (date) ___ Remarried ___ (date) _____

Parental attitudes re: status

Mother: Accepting ___ Angry ___ Ashamed ___

Father: Accepting ___ Angry ___ Ashamed ___

Family composition

With whom is child currently living? (check all that apply)

Mother ___ Father ___ Stepmother ___ Stepfather ___ Mother's boyfriend ___

Mother's lesbian partner ___ Father's girlfriend ___ Father's gay partner ___

Grandparent(s) (specify) _____

Siblings: No ___ Yes ___ Ages _____

Stepsiblings: No ___ Yes ___ Ages _____

Half-siblings: No ___ Yes ___ Ages _____

Others living in family with the child _____

With whom does noncustodial parent live? _____

Are there children from this relationship? No ___ Yes ___ Ages _____

Child's contacts with parent(s)

Does child have contact with mother?

Yes ___ How frequently? _____

No ___ Why not? _____

Does child have contact with father?

Yes ___ How frequently? _____

No ___ Why not? _____

What child has been told about whereabouts of absent parent(s)

Does child know where parent is? Yes ___ No ___

If no, has child asked about the absent parent? No ___ Yes ___

If yes, at what age? ___ What was child told? _____

Contacts with extended family

Does child have contact with members of the extended family?

No ___ Yes ___

If yes, with whom? _____ How frequently? _____

Changes in child's life over past year

Has there been a change in the family's economic status during the last year?

No ___ Yes ___ If yes, explain _____

(continued)

FIGURE 11.2. *(continued)*

Has there been a change in the custodial parent's work hours? No ___ Yes ___

If yes, give details _____

If yes, does this affect the child's schedule? No ___ Yes ___

If yes, give details _____

Child's housing history

How long has child lived in current residence? _____

Where did child live previously? _____

How long lived there? _____ Why moved? _____

Does child share a bedroom? No ___ Yes ___ If yes, with whom? _____

Did child share a bedroom in previous residence? No ___ Yes ___

If yes, with whom? _____

Child's school history

Current grade _____ Appropriate grade for child's age? Yes ___ No ___

If no, explain _____

Current academic performance: Good ___ Fair ___ Poor ___

How long has child been enrolled in present school? _____

Was child enrolled in a different school last year? No ___ Yes ___

Child's academic performance in previous school: Good ___ Fair ___ Poor ___

Why has child changed schools? (give details) _____

Custody issues

Who presently has legal custody of the child?

Mother ___ Father ___ Other (specify) _____

Is the child's custody under dispute? No ___ Yes ___ If yes, give details _____

Presence of conflict

Are the child's parents in conflict? No ___ Yes ___ If yes, give details _____

Is there conflict in custodial parent's home? No ___ Yes ___ If yes, give details _____

Psychological environment of custodial home

Level of custodial parent's functioning: Good ___ Fair ___ Poor ___

Give details _____

Strengths in custodial family (give details) _____

Problems in custodial family (give details) _____

FIGURE A1. Individual factors in childhood bereavement. This form is one part of the three-part assessment of the bereaved child, which also includes an assessment of death-related factors (Figure A2) and family/social/religious/cultural factors (Figure A3).

1. Age _____ years _____ months Date of birth _____
Date of assessment _____

a. Developmental stage: b. Cognitive level:
Freud _____ Piaget _____
Erikson _____ c. Temperamental characteristics:
Thomas and Chess _____

2. Past coping/adjustment

a. Home (as reported by parents): Good _____ Fair _____ Poor _____

b. School (as reported by parents and teachers): Good _____ Fair _____ Poor _____

c. Interpersonal/peers: Good _____ Fair _____ Poor _____

d. Hobbies/interests (list) _____

3. Medical history (as reported by parents and pediatrician)—describe serious illnesses, operations, and injuries since birth, with dates and outcome _____

4. Past experience with death/loss—give details with dates and outcome or complete Wolfelt's Loss Inventory _____

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FIGURE A2. Death-related factors in childhood bereavement. This form is one part of the three-part assessment of the bereaved child, which also includes an assessment of individual factors (Figure A1) and family/social/religious/cultural factors (Figure A3).

1. Type of death

Anticipated: Yes _____ No _____ If yes, how long? _____ or sudden _____

“Timeliness” of death: Age of the deceased _____

Perception of preventability:

Definitely preventable _____ Maybe _____ Not _____

Degree of pain associated with death:

None _____ Some _____ Much _____

Presence of violence/trauma: Yes _____ No _____

If yes, describe, indicating whether the child witnessed, heard about, or was present and experienced the trauma personally. _____

Element of stigma: Yes _____ No _____

If yes, describe, indicating nature of death, and degree of openness of family in discussing. _____

2. Contact with deceased

Present at moment of death? Yes _____ No _____

If yes, describe circumstances, including who else was present and whether the deceased said anything specifically to the child. _____

Did the child view the dead body? Yes _____ No _____

If yes, describe circumstances, including reactions of the child and others who were present. _____

Did the child attend funeral/memorial service/graveside service?

Yes _____ No _____ Which? _____

Child’s reactions _____

Has the child visited grave/mausoleum since the death? Yes _____ No _____

If yes, describe circumstances. _____

3. Did the child make any expression of “goodbye” to the deceased, either spontaneous or suggested? Yes _____ No _____

If yes, describe. _____

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FIGURE A3. Family/social/religious/cultural factors in childhood bereavement. This form is one part of the three-part assessment of the bereaved child, which also includes an assessment of individual factors (Figure A1) and death-related factors (Figure A2).

1. Family influences

Nuclear family: How responding to death? Describe in terms of relative degree of openness of response.

Very expressive _____ Moderately expressive _____ Very guarded _____

To what extent is child included in family discussions/rituals related to the deceased?

Some _____ A great deal _____ Not at all _____

Extended family: How responding to death? Describe, as above, in terms of relative degree of openness of response.

Very expressive _____ Moderately expressive _____ Very guarded _____

To what extent do the views of the extended family differ or agree with those of the nuclear family with regard to the planning of rituals and inclusion of child?

Very different _____ Very similar _____

If different, describe the nature of the disagreement _____

2. School/peer influences

Child's grade in school _____

Did any of the child's friends/peers attend the funeral/memorial services?

Yes _____ No _____

Was teacher informed of death? Yes _____ No _____

Did child receive condolence messages from friends/peers? Yes _____ No _____

Does child know anyone his/her age who has been bereaved? Yes _____ No _____

If yes, has child spoken to this person since the death? Yes _____ No _____

Does child express feelings about wanting or not wanting peers/friends to know about the death? Yes _____ No _____

If yes, what has the child said? _____

3. Religious/cultural influences

What is the child's religion? _____

Has he/she been observant? Yes _____ No _____

What are the beliefs of the child's religion regarding death? _____

What about life after death? _____

Has child expressed any thoughts/feelings about this? _____

FIGURE A4. Recording form for childhood grief reactions. This form is an extension of “Death-Related Factors in Childhood Bereavement” (Figure A2), focusing specifically on the nature of the child’s grief.

Age of child _____ years _____ months _____ Date of birth _____
Date of assessment _____

See the form “Individual Factors in Childhood Bereavement” (Figure A1) for recording of personal history factors.

Date of death _____
Relationship to deceased _____
Favorite activities shared with deceased _____
What the child will miss the most _____
If the child could see the deceased again for 1 hour, what would he/she like to do or say? _____

Nature of grief reactions (describe) _____

Signs of the following feelings? Y = Yes; N = No

Sadness _____ Anger _____ Confusion _____ Guilt _____ Relief _____

Other _____

Source of information on which this form has been completed

_____ Parent _____ Observation _____ Other

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FIGURE A5. Crisis situation rating form. This form is one part of a three-part crisis assessment, which also includes an assessment of individual factors (Figure A6) and support system factors (Figure A7).

1. Psychosocial and environmental problems:
List problems = _____

2. Anticipated or sudden _____ crisis (check where appropriate)
Amount of preparation _____
3. Single _____ or recurring _____ crisis events (list discrete crisis events)
 - a. _____ c. _____
 - b. _____ d. _____
4. Solitary _____ or shared _____ crisis experience
Number of other individuals involved _____
5. Presence of loss factor
 - a. Separation from family members (list relationship and length of separation) _____

 - b. Death of family members (list relationship and cause of death) _____

 - c. Loss of familiar environment (describe) _____

 - d. Loss of familiar role/status (describe; temporary or permanent) _____

 - e. Loss of body part or function (describe, with prognosis) _____

6. Physical injury or pain (describe, with prognosis) _____

7. Presence of violence: verbal and/or physical
 - a. Witnessed _____ Verbal _____ Physical _____
 - b. Experienced _____ Verbal _____ Physical _____
8. Degree of life threat
 - a. Personal (describe) _____

 - b. To family members (describe, identifying relationship) _____

 - c. To others (describe) _____

9. Other components of the crisis situation _____

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FIGURE A6. Individual factors in the assessment of the child in crisis. This form is one part of a three-part crisis assessment, which also includes a crisis situation rating form (Figure A5) and support system factors (Figure A7).

1. Age _____ years _____ months _____ Date of birth _____
Date of assessment _____

a. Developmental stage: b. Cognitive level:
 Freud _____ Piaget _____
 Erikson _____

c. Moral development: d. Temperamental characteristics:
 Kohlberg _____ Thomas and Chess _____

2. Pre-crisis adjustment

a. Home (as reported by parents): Good _____ Fair _____ Poor _____

b. School (as reported by parents and teachers): Good _____ Fair _____ Poor _____

c. Interpersonal/peers: Good _____ Fair _____ Poor _____

d. Medical (as reported by parents/and pediatrician)—describe serious illnesses, operations, and injuries since birth, with dates and outcome _____

Past or current use of medications _____

3. Coping style/ego assessment (as reported by parents and observed in interviews with child)

a. Degree of anxiety: High _____ Moderate _____ Low _____

b. Ability to separate from parent: High anxiety _____ Some anxiety _____ No anxiety _____

c. Child's ability to discuss "the problem/crisis situation": Good _____ Fair _____ None _____

d. Presence of symptoms (describe, including the extent to which these bind the anxiety) _____

e. Defenses (list, indicating appropriateness) _____

4. Child's past experience with crises _____

a. Previous losses (list, giving age) _____

b. Major life transitions/adjustments (list, giving age) _____

c. Past experience with violence _____

d. Other (describe) _____

5. Specific meaning of crisis to the child: Why is this crisis situation so difficult for *this* child at *this* time? (describe) _____

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FIGURE A7. Support system factors. This form is one part of a three-part crisis assessment, which also includes a crisis situation rating form (Figure A5) and an assessment of individual factors (Figure A6).

1. Nuclear family members
 - a. How responsive are they to the child's needs? Not at all ____ Somewhat ____ Very ____
 - b. To what extent is the child included in discussions about "the problem situation"?
Frequently ____ Never ____ Sometimes ____
 - c. Do parents tend to show a judgmental attitude toward the child's behavior?
Yes ____ No ____
 2. Extended family members
 - a. How frequently are they in contact with the child?
Rarely ____ Monthly ____ Weekly ____ Daily ____
 - b. Describe nature of the relationships, indicating who is the most supportive relative to the child _____
 - c. To what extent do the views of the extended family differ from or agree with those of the nuclear family on matters pertaining to the child? (give details)

 3. School/peers/social network
 - a. Child's grade in school _____
 - b. Child's friendship network: How many friends does child have?
Many ____ "A few" ____ None ____
 - c. Would child like to have more friends than he or she has? Yes ____ No ____
 - d. How many days after school, on the average, does the child play with another child?
Most days ____ Once or twice ____ Never ____
 4. Religious affiliation
 - a. Does the child/family participate in religious services?
Yes ____ (If yes, give name of religious group:) _____
No ____
 - b. If yes, indicate how frequently the child/family participates:
Weekly ____ Major holiday observances ____ Rarely ____
 5. Neighborhood/school activities
 - a. Is the family involved with neighborhood/school activities? No ____ Yes ____
 - b. If yes, describe _____
-
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