

# CLALLAM COUNTY JUVENILE & FAMILY SERVICES

At-Risk Youth  
Child Advocates  
Detention  
Diversion  
Drug Court  
Probation  
Secure Crisis Residential Center  
Truancy / Intervention Services  
True Star Behavioral Health

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## AT RISK YOUTH ASSESSMENT

YAR application/assessment must be reviewed with YAR coordinator prior to being filed

Youth's Name: \_\_\_\_\_

Youths Age/Date of Birth: \_\_\_\_\_

Youth Gender: \_\_\_\_\_

Person completing the assessment: \_\_\_\_\_

Date of meeting with YAR Coordinator: \_\_\_\_\_

Today's date: \_\_\_\_\_

## YOUTH BEHAVIOR CHECKLIST

### Aggression to people and animals

- 1  often bullies, argues, threatens, or intimidates others
- 2  often initiates physical fights
- 3  has used a weapon that can cause serious physical harm to others (e.g., bat, brick, broken bottle, knife, gun)
- 4  has been physically cruel to people
- 5  has been physically cruel to animals
- 6  has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)
- 7  has forced someone into sexual activity

### Destruction to property

- 8  has deliberately engaged in fire-setting with the intent to cause damage
- 9  has deliberately destroyed others' property (other than fire-setting)

### Deceitfulness or theft

- 10  has broken into someone else's house, building, or car
- 11  often lies to obtain goods or favors or to avoid obligations ("cons")
- 12  has stolen items of nontrivial value without confronting victim (e.g., Shoplifting, but without breaking and entering; forgery)

### Serious violation of rules

- 13  often stays out at night despite parental prohibitions, beginning before age 13 years
- 14  has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period)
- 15  is often truant, disruptive, and/or fails at school, beginning before age 13 years

## TRAUMA ASSESSMENT CHECKLIST

1. Were there any significant traumatic events in the youth's family while growing up?  
YES  NO

For example, did any of the following events occur in the youth's family: death of a parent or sibling, hospitalization of a parent or sibling, incarceration of a parent or sibling, divorce, or chronic disease?

PLEASE NOTE: \_\_\_\_\_

2. Was the youth treated harshly as a child?  
YES  NO

Explain \_\_\_\_\_

3. Did the youth ever experience physical, sexual, or emotional abuse while growing up?  
YES  NO

4. Did the youth experience inappropriate physical or sexual contact with an adult or person at least 5 years older than the youth while growing up?  
YES  NO

5. Was there violence in the youth's household, such as battering of family members, involving siblings or a parent and his or her partner?  
YES  NO

6. Do you feel that the youth's parents neglected him/her while growing up?  
YES  NO  For example, were there periods during which the youth did not have protection by his/her parents?  
PLEASE NOTE: \_\_\_\_\_

7. Did the youth's parents use alcohol or drugs frequently while growing up?  
YES  NO

Did the youth ever use alcohol or drugs with them?

YES  NO

When the youth was growing up, did anyone else in their family use alcohol or drugs?

YES  NO

8. Has anyone in the youth's family been involved with the child protective system?  
YES  NO

9. How many prior out of home placements has the youth lived? (not including current setting) \_\_\_\_\_  
Please list all out-of-home placements \_\_\_\_\_
10. Has the youth or the youth's family participated in outpatient counseling either currently or in the past?  
YES  NO
11. Has the youth or any of their siblings lived in foster care?  
YES  NO   
If YES, list all out-of-home placements \_\_\_\_\_
12. Has the youth ever been hospitalized in a psychiatric hospital?  
YES  NO
13. Were there any periods growing up when the youth felt unsafe or in danger that you are aware of?  
YES  NO

#### YOUTH HISTORY

1. **CURRENT Psychotropic Medication?**

Yes  NO  If YES, Please List medication as well as what each medication is being used to treat \_\_\_\_\_

2. **CURRENT DSM Diagnosis?** (please ensure diagnosis is included if youth is currently taking medications)

Yes  NO  If YES, Please List \_\_\_\_\_

3. **History of trouble with Legal System?**

Yes  NO  If YES, Please List \_\_\_\_\_

4. **CURRENT Learning or Severe Emotional Disability (IEP) PLAN?**

Yes  NO

If YES, Please List: \_\_\_\_\_

5. **CURRENT Medical or physical needs (e.g., enuresis, encopresis, asthma, somatic tendencies)?**

Yes  NO

If YES, Please List \_\_\_\_\_

6. **History of Psychiatric Hospitalization?**

Yes  NO

**Current changes in risk for Psychiatric Hospitalization? Please Describe** \_\_\_\_\_

7. **History of Sexually inappropriate behavior?**

Yes  NO

What/ When? \_\_\_\_\_

8. **Abuse and/or misuse of alcohol and/or drugs?**

Yes  NO

**What?** \_\_\_\_\_

**When did use begin?** \_\_\_\_\_

**How long did they use?** \_\_\_\_\_

**Has the youth been treated for Chemical Dependency issues (if yes, please list treatments)?** \_\_\_\_\_

9. **Does the youth have any medical or physical needs requiring increased need for supervision and structure (enuresis, encopresis, asthma, somatic tendencies, seizure disorder, eating disorder)?**

Yes  NO

10. **Does the youth demonstrate disorganization or confusion about what is real and unreal?**

Yes  NO

# YOUTH QUESTIONNAIRE- TRUE OR FALSE

True False

- 1. I receive high levels of support from family members.
- 2. I can go to my parent(s) or guardian's for advice and support and have frequent, in-depth conversations with them.
- 3. I know some non-parent adults I can go to for advice and support.
- 4. My neighbors encourage and support me.
- 5. My school provides a caring, encouraging environment
- 6. My parent(s) or guardian(s) help me succeed in school.
- 7. I feel valued by adults in my community.
- 8. I am given useful roles in my community.
- 9. I serve in the community one hour or more a week.
- 10. I feel safe:
  - at home
  - at school
  - in the neighborhood
- 11. My family sets standards for appropriate conduct and monitors my whereabouts.
- 12. My school has clear rules and consequences for behavior.
- 14. Parent(s) and other adults model responsible behavior.
- 15. My best friends model responsible behavior.
- 16. My parent(s)/Guardian(s) and teachers encourage me to do well.
- 17. I spend three hours or more each week in lessons or practice music, theater, or other arts.
- 18. I spend three hours or more each week in school or community sports, clubs, or organizations.

19. I spend one hour or more each week in religious services or participating in spiritual activities.
20. I go out with friends "with nothing special to do" two or fewer nights each week.
21. I want to do well in school.
22. I am actively engaged in learning.
23. I do an hour or more of homework each school day.
24. I care about school.
25. I read for pleasure three or more hours each week.
26. I believe it is really important to help other people.
28. I can stand up for what I believe.
29. I tell the truth even when it's not easy.
30. I can accept and take personal responsibility.
31. I believe it is important not to:
- be sexually active
- to use alcohol or other drugs.
32. I am good at planning ahead and making decisions.
33. I am good at making and keeping friends.
35. I can resist:
- negative peer pressure
- dangerous situations.
36. I try to resolve conflict nonviolently.
37. I believe I have control over many things that happen to me.
38. I feel good about myself.
39. I believe life has a purpose.
40. I am optimistic about my future.

# YOUTH'S MOOD QUESTIONNAIRE

- |     | Yes                      | No                       |  |
|-----|--------------------------|--------------------------|--|
| 1.  | <input type="checkbox"/> | <input type="checkbox"/> | I feel everything is hopeless.   |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | I think of suicide as the easiest way out.                             |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | It takes me a very long time to fall asleep.                           |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | I regularly awaken in the middle of my sleep.                          |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | I can't fall asleep again, after I awaken in the middle of my sleep.   |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | I constantly feel tired.   |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | I can't seem to end my tiredness with a refreshing night's sleep.      |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | I feel that I'm no longer an adequate person.                          |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | I don't like being me.   |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | I feel lonely, even when I'm surrounded by people I know.              |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | I don't like to be with people because I'm afraid they will reject me. |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | I feel uncomfortable, even with friends.                               |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | I'm afraid to make new friends.  |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | I find it extremely hard to make conversation.                         |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | I fear I'm going to become a dependent person.                         |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | I fear I'm going to become a hopeless person.                          |

# YOUTH SUBSTANCE QUESTIONNAIRE

ANSWER THESE QUESTIONS IN TERMS OF HOW YOU THINK ABOUT ALCOHOL AND/OR OTHER DRUGS

- |     | TRUE                     | FALSE                    |  |
|-----|--------------------------|--------------------------|--|
| 1.  | <input type="checkbox"/> | <input type="checkbox"/> | I think drinking alcohol and/or using other drugs would make me feel good and happy.                                       |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | I think using alcohol and/or other drugs can get rid of physical pain.   |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | I think it would be easier to open up and talk about my feelings after using alcohol and/or other drugs.                   |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | Drinking alcohol and/or using other drugs could keep my mind off my problems at home.                                      |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | I think people are more creative and imaginative (can make-believe better) when they drink alcohol and/or use other drugs. |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | I believe people feel more caring and giving after using alcohol and/or other drugs.                                       |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | In my opinion, using drugs and/or drinking alcohol makes it easier to be with others.                                      |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | Drinking alcohol and/or using drugs makes the future seem brighter.  |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | Using drugs or alcohol would make me feel more friendly.   |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | People are more sure of themselves when they are drinking and/or using drugs.  |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Drinking alcohol and/or using drugs would make me feel more interesting.   |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | When talking with people, words come to my mind easier after using drugs and/or drinking alcohol.                          |

13.   I feel powerful when I drink alcohol and/or use drugs, as if I can get others to do what I want them to do.
14.   Drinking alcohol and/or using drugs would make me worry less.
15.   Having a few alcoholic drinks or using drugs makes me feel less shy.
16.   People do not worry as much about what other people will think of them after using alcohol and/or other drugs.
17.   Drinking alcohol and/or using drugs makes a person feel more pleased with himself/herself.
18.   Drinking alcohol and/or using drugs loosens people up.
19.   Alcohol and/or drugs makes people more relaxed and less tense.
20.   People feel less alone when they drink alcohol and/or use drugs.
21.   Using drugs and/or drinking alcohol makes a person feel close to people.
22.   People can control their anger better when they use drugs and/or drink alcohol.
23.   People don't feel so alone when they drink alcohol and/or use drugs.
24.   Using drugs and/or drinking alcohol allows people to be in whatever mood they want.

# At Risk Youth Assessment

(To be completed by youth)

1. My parents know how I'm doing in school?  
Yes  NO
2. My parents help me with my homework?  
Yes  NO
3. My parents spend \_\_ minutes talking with me each day about my interest?  
Yes  NO
4. My parents have used marijuana/alcohol in my presence!  
Yes  NO
5. I have seen my parents unable to function normally because of drug/alcohol!  
Yes  NO
6. I have a clear understanding of the family rules!  
Yes  NO
7. My parent's consistently enforce family rules!  
Yes  NO
8. I have a good relationship with my siblings!  
Yes  NO
9. I have seen physical fights in my home!  
Yes  NO
10. My financial needs food/clothing/housing/school supplies/transportation/medical needs etc. are met!  
Yes  NO

## Complete the sentence:

I wish my parents would?

I wish in my family we would?

Family counseling in our family has not worked because?

One thing I need to work on changing in my life?