# YOUTH COMPREHENSIVE RISK ASSESSMENT

**Youth’s Name:**

**School or Agency working with Youth:**

**Today’s date:**

Note: Information used in this packet is for treatment purposes only and may be used to appropriately inform assigned helping professionals (i.e, caseworkers, probation officers, etc.) and are to be kept strictly confidential. ***THIS PACKET IS NOT TO BE DUPLICATED*An Asset Checklist\***

\*With permission from the Search institute

Many people find it helpful to use a simple checklist to reflect on the assets young people experience. This checklist simplifies the asset list to help prompt conversation in families, organizations, and committees. *NOTE: This checklist is neither intended nor appropriate as a scientific or accurate measurement of developmental assets.*

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[ ]  [ ]  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.

[ ]   [ ]  13. Neighbors take responsibility for monitoring my 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.

[ ]  [ ]  27. I want to help promote equality and reduce hunger.

[ ]  [ ]  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.

[ ]  [ ]  34. I know and am comfortable with people of different cultural/racial/ethnic backgrounds.

 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.

**Family Adaptation and Cohesion Scale III\***

\*with permission from Family Social Science, University of Minnesota

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Directions: Please answer the following questions according to the following scale:

1= almost never 2= once in a while 3= sometimes 4=frequently 5 =almost always

DESCRIBE YOUR CURRENT FAMILY/SUPPORT SYSTEM

Please list names and your relationship with each-

Name        Relationship        Name        Relationship

Name        Relationship        Name        Relationship

Name        Relationship        Name        Relationship

Name        Relationship        Name        Relationship

      1. Family members ask each other for help.

      2. In solving problems, the children’s suggestions are followed.

      3. We approve of each other’s friends (parent’s approve of children’s friends, children approve of parent’s)

      4. Children have a say in their discipline.

      5. We like to do things with just our immediate family.

      6. Different persons act as leaders in our family (Mom, Dad, Older Brother or Sister)

      7. Family members feel closer to other family members than to people outside the family.

      8. Our family changes its way of handling tasks (like chores)

      9. Family members like spending free time with each other.

      10. Parent(s) and children discuss punishment together.

      11. Family members feel very close to each other.

      12. The children make the decisions in our family.

      13. When our family gets together for activities, everybody is present.

      14. Rules change in our family.

      15. We can easily think of things to do together as a family.

      16. We shift household responsibilities from person to person.

      17. Family members consult other family members on their decisions about things.

      18. It is hard to identify the leader(s) in our family.

      19. Family togetherness is very important.

      20. It is hard to tell who does which household chores.

### Mood Assessment

Please check the box corresponding with your answer to the following questions.

Yes No

1. [ ]  [ ]  I feel everything is hopeless.

1. [ ]  [ ]  I think of suicide as the easiest way out.

1. [ ]  [ ]  It takes me a very long time to fall asleep.

1. [ ]  [ ]  I regularly awaken in the middle of my sleep.

1. [ ]  [ ]  I can’t fall asleep again, after I awaken in the middle of my sleep.

1. [ ]  [ ]  I constantly feel tired.

1. [ ]  [ ]  I can’t seem to end my tiredness with a refreshing night’s sleep.

1. [ ]  [ ]  I feel that I’m no longer an adequate person.

1. [ ]  [ ]  I don’t like being me.

1. [ ]  [ ]  I feel lonely, even when I’m surrounded by people I know.

1. [ ]  [ ]  I don’t like to be with people because I’m afraid they will reject me.

1. [ ]  [ ]  I feel uncomfortable, even with friends.

1. [ ]  [ ]  I’m afraid to make new friends.

1. [ ]  [ ]  I find it extremely hard to make conversation.

1. [ ]  [ ]  I fear I’m going to become a dependent person.

1. [ ]  [ ]  I fear I’m going to become a hopeless person.

Scoring: Total of “yes” answers:

#### YOUTH PACKET

(AEQ adapted)*,*

**ANSWER THESE QUESTIONS IN TERMS OF HOW YOU THINK ABOUT ALCOHOL**

**AND/OR OTHER DRUGS**

TRUE FALSE

1. **[ ]** **[ ]** I think drinking alcohol and/or using other drugs would make me feel good and happy.

1. [ ]  [ ]  I think using alcohol and/or other drugs can get rid of physical pain.

1. [ ]  [ ]  I think it would be easier to open up and talk about my feelings after using alcohol and/or

other drugs.

1. [ ]  [ ]  Drinking alcohol and/or using other drugs could keep my mind off my problems at home.

1. [ ]  [ ]  I think people are more creative and imaginative (can make-believe better) when

they drink alcohol and/or use other drugs.

1. [ ]  [ ]  I believe people feel more caring and giving after using alcohol and/or other drugs.

1. [ ]  [ ]  In my opinion, using drugs and/or drinking alcohol makes it easier to be with others.

1. [ ]  [ ]  Drinking alcohol and/or using drugs makes the future seem brighter.

1. [ ]  [ ]  Using drugs or alcohol would make me feel more friendly.

1. [ ]  [ ]  People are more sure of themselves when they are drinking and/or using drugs.

1. [ ]  [ ]  Drinking alcohol and/or using drugs would make me feel more interesting.

1. [ ]  [ ]  When talking with people, words come to my mind easier after using drugs and/or

drinking alcohol.

1. [ ]  [ ]  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.

1. [ ]  [ ]  Drinking alcohol and/or using drugs would make me worry less.

1. [ ]  [ ]  Having a few alcoholic drinks or using drugs makes me feel less shy.

1. [ ]  [ ]  People do not worry as much about what other people will think of them after using

alcohol and/or other drugs.

1. [ ]  [ ]  Drinking alcohol and/or using drugs makes a person feel more pleased with

himself/herself.

1. [ ]  [ ]  Drinking alcohol and/or using drugs loosens people up.

1. [ ]  [ ]  Alcohol and/or drugs makes people more relaxed and less tense.

1. [ ]  [ ]  People feel less alone when they drink alcohol and/or use drugs.

1. [ ]  [ ]  Using drugs and/or drinking alcohol makes a person feel close to people.

1. [ ]  [ ]  People can control their anger better when they use drugs and/or drink alcohol.

1. [ ]  [ ]  People don’t feel so alone when they drink alcohol and/or use drugs.

1. [ ]  [ ]  Using drugs and/or drinking alcohol allows people to be in whatever mood they want.

1. [ ]  [ ]  Using drugs and/or drinking alcohol can keep a person’s mind off his/her mistakes at

school.

1. [ ]  [ ]  People get in better moods after using alcohol and/or drugs.

1. [ ]  [ ]  People don’t worry about the things they are in charge of when using drugs and/or

alcohol.

**Trauma Assessment Tool**

Directions: Please answer the following questions regarding the youth’s history to the best of your knowledge

1. **Were there any significant traumatic events in your 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:

1. **Were you treated harshly as a child?** YES[ ]  NO[ ]

Explain

1. **Did you ever experience physical, sexual, or emotional abuse while growing up?**

YES[ ]  NO [ ]

1. **Did you experience inappropriate physical or sexual contact with an adult or person at least 5 years older than you while growing up?** YES [ ]  NO [ ]
2. **Was there violence in the your household, such as battering of family members, involving siblings or a parent and his or her partner?** YES[ ]  NO[ ]
3. **Do you feel that the your parents neglected you while growing up?**

YES [ ]  NO [ ]  For example, were there periods during which the youth did not have protection by his/her parents?

PLEASE NOTE:

1. Did your parents use alcohol or drugs frequently while you were growing up?YES [ ]  NO [ ]

Did you ever use alcohol or drugs with them? YES[ ]  NO[ ]

When you were growing up, did anyone else in your family use alcohol or drugs?

YES [ ]  NO [ ]

1. **Has anyone in your family been involved with the child protective system?**

YES [ ]  NO [ ]

1. **How many prior out of home placements have you lived?** (not including current setting)

Please list all out-of-home placements

1. **Have you or the your family participated in outpatient counseling either currently or in the past?** YES [ ]  NO [ ]

1. **Have you or any of your siblings lived in foster care?** YES [ ]  NO [ ]

If YES, list all out-of-home placements

1. **Have you ever been hospitalized in a psychiatric hospital?** YES [ ]  NO [ ]
2. **Were there any periods growing up when you felt unsafe or in danger?**

YES [ ]  NO [ ]

http://www.health.org/govpubs/BKD343/36r.aspx#TIP36.FIG2-2

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