



# ASSESSMENT TOOLS

IDAHO MIECHV PROGRAM

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**Purpose:** The Assessment Tool and Data Collection call will provide guidance to both the state and local MIECHV programs in developing plans for procuring, providing training, and implementing assessment tools and data collection

## Agenda

10:00am-10:05am	Sofia Richman/Deborah Drain	Welcome and Call Overview
10:05am-10:50am	Evaluation Team/Deborah Drain	Assessment Tool Overview
10:50am-11:00pm	All	Discussion and Questions
11:00pm-11:10pm	Evaluation Team	Data Collection Matrix
11:10pm-11:15pm	All	Discussion and Questions
11:15pm-11:30pm	Sofia Richman/Deborah Drain	Efforts to Outcomes (ETO) Overview

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## ASSESSMENT TOOLS

- Edinburgh Postnatal Depression Scale (EPDS)
- Relationship Assessment Tool (RAT)
- Ages and Stages – 3<sup>rd</sup> Edition (ASQ-3)
- Ages and Stages – Social Emotional (ASQ-SE)
- Home Observation and Measurement of the Environment (HOME)
- Everyday Stressors Index (ESI)
- Protective Factors Survey (PFS)

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## RELATIONSHIP ASSESSMENT TOOL (RAT)

- Administered by:** Self-report, completed by the program participant. This tool may also be administered in an interview format between the home visitor and participant.
- Administered to:** Primary caregiver
- Administered when:** Within 3 months of program enrollment
- Training Required:** Yes: one-day the Health Moms, Happy Babies Curriculum, which consists of 12 modules that can be used independently by a trainer who is knowledgeable about domestic violence (DV)
- Using Results:** TA score of 20 or higher indicates that families are at-risk for DV and should receive a referral to DV services within 2 weeks of screening. When a referral is made due to a high score, the home visitor should complete a safety plan with families identified as at-risk for DV within 1 month of screening. The training curriculum includes instructions on safety plan development
- Purpose:** To screen for DV all primary caregivers enrolled in the MIECHV program to identify possible domestic violence and facilitate accessing appropriate services when necessary

Website: [http://www.fullerwithoutviolence.org/userfiles/file/HealthCare/HV\\_Trainers\\_Guide.pdf](http://www.fullerwithoutviolence.org/userfiles/file/HealthCare/HV_Trainers_Guide.pdf)  
 TA: <http://www.fullerwithoutviolence.org>  
 \*[http://www.pewtrusts.org/~media/aspnc/uploads/advocacy/assets/2012/HomeVisiting\\_Jan24\\_webinar.pdf?fa-en](http://www.pewtrusts.org/~media/aspnc/uploads/advocacy/assets/2012/HomeVisiting_Jan24_webinar.pdf?fa-en)

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### RELATIONSHIP ASSESSMENT TOOL

Name: \_\_\_\_\_

This is a self-administered tool for clients to fill out. If the client was unable to complete this tool today, was it because other people were present in the home? Circle one: **Yes/No**

Other reason for not using tool today: \_\_\_\_\_

**PLEASE DO NOT WRITE IN THESE SPACES**

**Directions:** Please identify the area that best describes your relationship. This is just a sample item: "Everything you share with me is confidential. This means what you share with me is not meant to be told to other people, not even your friends or family members. There are just some things that I would have to report to you or another person if your children are being harmed. The more things he knows or sees help me better understand how I can help you and the baby."

We ask all our clients to complete this form. For more questions before please look at the scale and behind the number (1-6) that best reflects how you feel.

1	2	3	4	5	6
Strongly	Disagree	Disagree	Disagree	Disagree	Strongly
Strongly	Sometimes	Sometimes	Sometimes	Sometimes	Strongly

- He makes me feel unsafe even in my own home.
- I feel ashamed of the things he does to me.
- It is not fair to reach the goal because I am afraid of what he might do.
- I feel that I am programmed to react a certain way to him.
- I feel like he keeps me prisoner.
- He makes me feel that I have no control over my life, no power, no protection.
- I hide the truth from others because I am afraid not to.
- I feel scared and controlled by him.
- He can scare me without laying a hand on me.
- He has a look that goes straight through me and terrifies me.

Please turn this page and continue the survey. Thank you.

Revised from: Syme, P.H., Ford, L.A., & Derogatis, B. (1995). Development and validation of the Women's Empowerment with Battering (WEB) Scale. *Journal of Interpersonal Violence, 10*, 279-288.

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## POLL

- How many of your MIECHV home visiting staff have used this instrument before?
  - A. None
  - B. 1
  - C. 2
  - D. All
- Do your staff need training?
  - A. Yes
  - B. No
  - C. Unsure at this time
- How many staff need training?
  - A. 0
  - B. 1
  - C. 2
  - D. 3 or more
- In what format should this training occur? (select all that apply)
  - A. Face to face
  - B. Web-based module
  - C. Printed material
  - D. Other
- Further questions or discussion?




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### AGES AND STATES QUESTIONNAIRE - 3<sup>RD</sup> EDITION (ASQ-3)

- **Administered by:** Completed by the caregiver (with assistance from home visitor, as needed)
- **Administered to:** Primary caregivers complete based on observation of child's development. Home visitor may assist the primary caregiver in completing the ASQ-3 screen when needed
- **Administered when:** Within 6 months of age for children enrolled at birth OR within 6 months of program participation for children who are older than 1 month at enrollment
- **Training Required:** Administration and completion of the screen does not require training. Scoring and interpretation requires professionals or trained paraprofessionals. Home visitors will likely need training to score questionnaires and provide feedback to parents completing the questionnaires (training options include: DVD training tools, ASQ-3 on site training, and annual training seminars)
- **Using Results:** When a child scores at or below cut-off on the ASQ-3, the child should be referred to the Infant Toddler Program for further evaluation within 5 business days of screening
- **Purpose:** To ensure that: 1) every child enrolled in the program is screened for and monitored for developmental delays; and 2) home visitors share and review the results of a completed ASQ-3 screen with the caregiver within 12 months of target child's program participation

For more information please visit: <http://agesandstages.com/products-services/asq3/>  
Ages and Stages Questionnaires - 3rd Edition can be purchased at: [www.brookespublishing.com](http://www.brookespublishing.com) 10

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### AGES AND STAGES QUESTIONNAIRE - SOCIAL EMOTIONAL (ASQ-SE)

- **Administered by:** Completed by the caregiver (with assistance from home visitor, as needed)
- **Administered to:** Primary caregivers complete based on observation of child's development. Home visitor may assist the primary caregiver in completing the ASQ-SE screen when needed
- **Administered when:** Within 6 months of age for children enrolled at birth OR within 6 months of program participation for children who are older than 1 month at enrollment
- **Training Required:** Administration and completion of the screens does not require training. Scoring and interpretation requires professionals or trained paraprofessionals. Home visitors will likely need training to score questionnaires and provide feedback to parents completing the questionnaires (training options include: DVD training tools, ASQ-SE on-site training, and annual training seminars)
- **Using Results:** When a child scores at or below cut-off on the ASQ-SE, the child should be referred to the Infant Toddler Program for further evaluation within 5 business days of screening. It may also be appropriate to consult an infant and early childhood mental health professional for further evaluation.
- **Purpose:** To ensure that: 1) every child enrolled in the program is screened for and monitored for age-appropriate socio-emotional development; and 2) home visitors review the results of a completed ASQ-SE screen with the caregiver within 12 months of target child's program participation

For more information please visit: <http://agesandstages.com/products-services/asq3/>  
Ages and Stages Questionnaires - 3rd Edition can be purchased at: [www.brookespublishing.com](http://www.brookespublishing.com) 11

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### POLL

- How many of your MIECHV home visiting staff have used this instrument before?
  - A. None
  - B. 1
  - C. 2
  - D. All
- Do your staff need training?
  - A. Yes
  - B. No
  - C. Unsure at this time
- How many staff need training?
  - A. 0
  - B. 1
  - C. 2
  - D. 3 or more
- In what format should this training occur? (select all that apply)
  - A. Face to face
  - B. Web-based module
  - C. Printed material
  - D. Other
- Further questions or discussion?



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**HOME OBSERVATION MEASUREMENT OF THE ENVIRONMENT (HOME):  
INFANT TODDLER (BIRTH TO THREE)**

- **Administered by:** Home visitors' observation of the home environment, primary caregiver, and child interaction, and interview with the primary caregiver
- **Administered to:** Home visitors assess environment and interaction between caregiver and index child
- **Administered when:** At 6 and 18 months of age for children who are less than 6 months old at enrollment OR at enrollment and 12 months later for children who are older than 6 months and younger than 3 years at enrollment
- **Training Required:** Not required, but available (a two-day or a week-long workshop conducted by the tool developers or a person experienced in using the HOME; videotapes of a skilled visitor conducting the HOME are also available). At a very minimum, a new user should thoroughly study the HOME Inventory Administration Manual and, if possible, shadow a trained home visitor
- **Using Results:** The HOME Inventory identifies environments that do not stimulate the cognitive development of children. Home visitors should use results of the screen to inform development of activities and interventions that benefit both caregiver and child and enhance the learning environment in the home
- **Purpose:** To measure change in both the family environment and the quality of parenting when interventions are implemented from 6 to 18 months of age (or from enrollment to 12 months later for children who are older than 6 months at enrollment)

More information can be found at: <http://hdt.cpls.asu.edu/home/>  
HOME Materials can be purchased through University of Arkansas, but contacting [lcoulson@uak.edu](mailto:lcoulson@uak.edu), or visiting: <http://uak.edu/case/index.php/home/home-inventory>.

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**HOME OBSERVATION MEASUREMENT OF THE ENVIRONMENT (HOME):  
EARLY CHILDHOOD (THREE TO SIX)**

- **Administered by:** Home visitors' observation of the home environment, primary caregiver, and child interaction and interview with the primary caregiver
- **Administered to:** Home visitors assess environment and interaction between caregiver and target child
- **Administered when:** At enrollment and 12 months later for children who are older than 3 years
- **Training Required:** Not required, but available (a two-day or a week-long workshop conducted by the tool developers or a person experienced in using the HOME; videotapes of a skilled visitor conducting the HOME are also available). At a very minimum, a new user should thoroughly study the HOME Inventory Administration Manual and, if possible, shadow a trained home visitor
- **Using Results:** The HOME Inventory identifies environments that do not stimulate the cognitive development of children. Home visitors should use results of the screen to inform development of activities and interventions that benefit both caregiver and child and enhance the learning environment in the home
- **Purpose:** To measure change in both the family environment and the quality of parenting when interventions are implemented from intake to 12 months later

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**POLL**

- How many of your MIECHV home visiting staff have used this instrument before?
  - A. None
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  - C. 2
  - D. All
- Do your staff need training?
  - A. Yes
  - B. No
  - C. Unsure at this time
- How many staff need training?
  - A. 0
  - B. 1
  - C. 2
  - D. 3 or more
- In what format should this training occur? (select all that apply)
  - A. Face to face
  - B. Web-based module
  - C. Printed material
  - D. Other
- Further questions or discussion?



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## EVERYDAY STRESSORS INDEX (ESI)

- **Administered by:** Home visitor led interview with participant, 20 item scale
- **Administered to:** Program participant (parent/caregiver)
- **Administered when:** For participants enrolled prenatally, the ESI is administered at 1 month postpartum **and** 12 months later. For participants enrolled postpartum, the ESI is administered at enrollment **and** 12 months later
- **Training Required:** No
- **Using Results:** To better plan home visits and referrals for program participants, the home visitors can assess scores in each of the following domains: financial concerns; role overload; employment problems; parental worries; and interpersonal problems
- **Purpose:** To assess the problems faced on a daily basis by low-income parents and their perception of how much these problems bother them, as a measure of chronic daily stressors

More information is available at:  
<http://www.unc.edu/depts/spb/longscair/galges/qstnaires/Agel16/writups/Agel%2016%20Everyday%20Stressors%20Index.pdf>

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### Everyday Stressors Index ESIA

NOW I'M GOING TO ASK YOU SOME QUESTIONS ABOUT COMMON PROBLEMS WHICH MANY PEOPLE HAVE EVERY DAY. PLEASE TELL ME HOW MUCH THE FOLLOWING PROBLEMS WORRY, UPSET, OR BOTHER YOU FROM DAY TO DAY. (Based on) ARE YOU (1) NOT AT ALL BOTHERED, (2) A LITTLE BOTHERED, (3) SOMEWHAT BOTHERED, OR (4) BOTHERED A GREAT DEAL BY THE FOLLOWING THINGS?

	NAA	AL	S	GD	DK
1. HAVING TOO MANY RESPONSIBILITIES.	1	2	3	4	—
2. TAKING CARE OF FAMILY MEMBERS OTHER THAN YOUR CHILDREN.	1	2	3	4	—
3. OWING MONEY OR GETTING CREDIT.	1	2	3	4	—
4. PROBLEMS WITH YOUR CHILDREN'S BEHAVIOR.	1	2	3	4	—
5. NOT ENOUGH MONEY FOR BASIC NECESSITIES, SUCH AS CLOTHING, HOUSING, FOOD, AND HEALTH CARE.	1	2	3	4	—
6. NOT ENOUGH TIME TO DO THE THINGS YOU WANT TO DO.	1	2	3	4	—
7. PROBLEMS WITH TRANSPORTATION.	1	2	3	4	—
8. PROBLEMS WITH YOUR JOB OR WITH NOT HAVING A JOB.	1	2	3	4	—
9. DISAGREEMENTS WITH OTHERS OVER DISCIPLINE OF YOUR CHILDREN.	1	2	3	4	—
10. PROBLEMS WITH HOUSING.	1	2	3	4	—
11. CONCERNS ABOUT THE HEALTH OF A FAMILY MEMBER (NOT INCLUDING YOUR CHILDREN).	1	2	3	4	—
12. CONCERNS ABOUT HOW YOUR CHILDREN BEHAVE DURING SCHOOL/DAY CARE.	1	2	3	4	—

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## POLL

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- Do your staff need training?
  - A. Yes
  - B. No
  - C. Unsure at this time
- How many staff need training?
  - A. 0
  - B. 1
  - C. 2
  - D. 3 or more
- In what format should this training occur? (select all that apply)
  - A. Face to face
  - B. Web-based module
  - C. Printed material
  - D. Other
- Further questions or discussion?



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## PROTECTIVE FACTORS SURVEY (PFS)

- Administered by:** The PFS has a demographic component to be completed by the home visitor and a 20-item self-report survey to be completed by the program participant
- Administered to:** Home visitors complete the demographic information section and program participant (primary caregiver) completes the two-page protective factor survey
- Administered when:** At intake and every 6 months thereafter
- Training Required:** No, instructions for administration are available in the PFS User Manual
- Using Results:** The PFS was developed as a brief, practical tool for paraprofessional and professional staff to measure family protective factors in order to guide intervention services, monitor family progress, and evaluate program outcomes. In addition to caregiver assessment, the PFS can be used to inform family goals, open dialogues with families about parenting strategies that promote their child's development and learning, facilitate case reviews, monitor changes in parenting behaviors, and evaluate parenting outcomes
- Purpose:** The PFS is designed for use with caregivers receiving child maltreatment prevention services to measure protective factors in five areas: family functioning/resiliency; social support; concrete support; nurturing and attachment; and knowledge of parenting/child development. The PFS can be administered before, during, or after services. The primary purpose of the PFS is to provide feedback to agencies for continuous improvement and evaluation purposes. The survey results are designated to provide agencies with the following information: give a snapshot of the families they serve, detect changes in protective factors, and identify areas where workers can focus on increasing individual family protective factors

PFS Available for download at: <http://fhsendevc.org/protective-factors-survey>  
 PFS Manual available at: <http://fhsendevc.org/zoomdocs/PFS%20User%20Manual.pdf>

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### PROTECTIVE FACTORS SURVEY

Page 1

Part 1. Please circle the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time. The number 4 means that the statement is true about half the time.

	Never	Very rarely	Rarely	About half the time	Frequently	Very frequently	Always
1. In my family, we talk about problems.	1	2	3	4	5	6	7
2. When we argue, my family listens to both sides of the story.	1	2	3	4	5	6	7
3. In my family, we take time to listen to each other.	1	2	3	4	5	6	7
4. My family pulls together when things are difficult.	1	2	3	4	5	6	7
5. My family is able to solve our problems.	1	2	3	4	5	6	7

Part 2. Please circle the number that best describes how much you agree or disagree with the statement.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
6. I have others who will listen when I need to talk about my problems.	1	2	3	4	5
7. When I am lonely, there are several people I can talk to.	1	2	3	4	5
8. I would have no idea where to turn if my family needed help.	1	2	3	4	5
9. I would know where to go for help if I had trouble making good choices.	1	2	3	4	5
10. If there is a crisis, I have others I can talk to.	1	2	3	4	5
11. If I needed help finding a job, I would know where to go for help.	1	2	3	4	5

This survey was developed by the PRINCE2 Network for Child Abuse and Community-Based Child Welfare Practitioners in partnership with the University of Kansas Institute for Educational Research & Policy. Survey design funding provided by the US Department of Health and Human Services.

PRINCE2 National Resource Center for Community-Based Child Abuse Practitioners

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## POLL

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- Further questions or discussion?




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## DISCUSSION AND QUESTIONS

ASSESSMENT TOOL DIALOGUE

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## DATA COLLECTION MATRIX

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### ENROLLMENT: PRENATAL (IN MONTHS OF PARTICIPATION UNLESS OTHERWISE INDICATED)

Form/Assessment Tool	Intake	1 <sup>st</sup> Mon. Post-delivery	45 days Post-delivery	2-3 <sup>rd</sup> Mon.	At Birth	6 <sup>th</sup> Mon.	6 <sup>th</sup> Mon. Child's Age	12 <sup>th</sup> Mon. Child's Age	18 <sup>th</sup> Mon. Child's Age	18 <sup>th</sup> Mon. Child's Age	Annually	Ongoing
<b>FORMS</b>												
Intake Form	X											
Demographics Form	X											
Demographics - Update Form							X					X
Child Health Form				X	X	X	X	X	X**			
Maternal Health Form	X				X		X		X**			
Home Visiting Encounter Form												X
<b>ASSESSMENT TOOLS</b>												
Edinburgh Postnatal Depression Scale*		X	X			X						X
Everyday Stressors Index		X						X				X
Relationship Assessment Tool				X								
Protective Factors Survey	X							X				X
Agree and Stages Questionnaire - 34						X		X		X**		
Agree and Stages Questionnaire - 52						X		X		X**		
Home Observation of Measurement of the Environment						X				X***		

\*Target population: Mothers who enrolled in the program within 45 days after delivery  
 \*\*Every six months thereafter  
 \*\*\*Annually thereafter

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**EFFORTS TO OUTCOMES  
(ETO)**

MIECHV PROGRAM DATA SYSTEM

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**DATA SYSTEM DEVELOPMENT**

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**PREPARATION FOR TESTING & SYSTEM ACCESS**

- Using Internet Explorer, the Idaho MIECHV Program ETO System can be accessed at
  - [www.idahomiechv.etosoftware.com](http://www.idahomiechv.etosoftware.com)
- Please have your staff sign up for and complete
  - "Basic New User"
  - "Dashboards in ETO"
- Training sessions are available:
  - <https://sites.google.com/site/etosoftwarehelpmanual/free-web-based-trainings>
  - <http://www.socialsolutions.com/about-us/customer-training/>

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