

APPENDIX 17

DISASTER ASSESSMENT AND REFERRAL TOOL FOR CHILDREN AND ADOLESCENTS¹

Hurricane Assessment and Referral Tool for Children and Adolescents

PROVIDER'S NAME: _____ PROVIDER #: _____

SERVICE LOCATION ADDRESS: _____ ZIP: _____

Was the parent or caregiver present during the session? NO YES Name of Hurricane(s): _____

Child's Name: _____ Child's School: _____

LOCATION TYPE: (CHECK ONE)		
<input type="checkbox"/> (1) TRANSITIONAL HOUSING/SHELTER	<input type="checkbox"/> (2) SCHOOL	<input type="checkbox"/> (3) HOME
<input type="checkbox"/> (5) DISASTER RECOVERY CENTER	<input type="checkbox"/> (6) HEALTH PROVIDER	<input type="checkbox"/> (7) PLACE OF WORSHIP
<input type="checkbox"/> (9) OTHER _____	<input type="checkbox"/> (8) MENTAL HEALTH CENTER	
SERVICE TYPE: (CHECK ONE)		DATE ASSESSMENT TOOL ADMINISTERED:
<input type="checkbox"/> Initial Contact	<input type="checkbox"/> Crisis Counseling	<input type="checkbox"/> Enhanced Services
		____ / ____ / ____
RISK CATEGORIES: (CHOOSE ALL THAT APPLY)		
<input type="radio"/> (1) Seriously Injured	<input type="radio"/> (12) Displaced from home; Length of time: _____	<input type="radio"/> (12a) Number of shelter/displacement centers: _____
<input type="radio"/> (2) Family member/friend seriously injured or killed; Who? _____	<input type="radio"/> (12b) Currently in shelter/displacement center; Length of time: _____	
<input type="radio"/> (3) Witnessed injury/death	<input type="radio"/> (13) Moved to a new place because of hurricane/flooding	<input type="radio"/> (13a) If moved, extended family in the area
<input type="radio"/> (4) Was separated from parent(s) or primary caretaker(s)	<input type="radio"/> (14) Transferred to new school because of hurricane/flooding	<input type="radio"/> (14a) Length of time in new school _____ weeks
<input type="radio"/> (4a) Currently separated from parents or primary caretaker(s)	<input type="radio"/> (14b) Currently out of school because of hurricane/flooding	
<input type="radio"/> (4b) With whom is child living at present? _____	<input type="radio"/> (15) Helped in rescue/recovery efforts	
<input type="radio"/> (5) Home destroyed/badly damaged by hurricane/flooding (circle one)	<input type="radio"/> (16) Family member served as rescue/recovery worker	
<input type="radio"/> (5a) Condition of home unknown	<input type="radio"/> (17) Parent unemployed	
<input type="radio"/> (6) Saw neighborhood destroyed or badly damaged	<input type="radio"/> (17a) Before the hurricane	<input type="radio"/> (17b) because of hurricane/flooding
<input type="radio"/> (6a) Saw other areas destroyed or badly damaged	<input type="radio"/> (18) Previous hurricane/flood experience	
<input type="radio"/> (7) Pet: <u>separated from, lost, hurt or killed</u> (circle one)	<input type="radio"/> (19) Previous experience with a counselor or doctor for emotional problems	
<input type="radio"/> (8) Belongings, clothes/toys destroyed by hurricane/flooding	<input type="radio"/> (20) Taking medication for emotional or behavioral issues before the disaster.	Is medication currently available? <input type="radio"/> NO <input type="radio"/> YES
<input type="radio"/> (8a) Condition of belongings unknown	<input type="radio"/> (21) Past major loss or trauma; Briefly describe: _____	
<input type="radio"/> (9) Evacuated with <u>no time to prepare</u> / <u>time to prepare</u> (circle one)	<input type="radio"/> (22) Substance abuse problem <u>now</u> or in the <u>past</u> (circle one);	Currently being treated? <input type="radio"/> NO <input type="radio"/> YES
<input type="radio"/> (10) Trapped/difficulty evacuating	<input type="radio"/> (23) Other: _____	
<input type="radio"/> (10a) Isolated		
<input type="radio"/> (10b) New Orleans Superdome/Convention Center		
<input type="radio"/> (10c) In other crowded shelter		
<input type="radio"/> (11) Exposed to violence or looting specify: _____		
DEMOGRAPHIC INFORMATION: (CHECK ONLY ONE FOR EACH CATEGORY)		
AGE (in years): _____	ETHNICITY:	PREFERRED LANGUAGE:
SEX: <input type="radio"/> MALE <input type="radio"/> FEMALE	<input type="checkbox"/> (1) WHITE	<input type="checkbox"/> (1) ENGLISH
CITY OF ORIGIN:	<input type="checkbox"/> (2) HISPANIC ORIGIN	<input type="checkbox"/> (2) SPANISH
_____	<input type="checkbox"/> (3) BLACK	<input type="checkbox"/> (3) OTHER: _____
SCHOOL PREVIOUSLY ATTENDED:	<input type="checkbox"/> (4) ASIAN & PACIFIC ISLANDER	_____
_____	<input type="checkbox"/> (5) MIDDLE EASTERN	
	<input type="checkbox"/> (6) AMERICAN INDIAN/ ALASKAN NATIVE	
	<input type="checkbox"/> (7) UNKNOWN	
	<input type="checkbox"/> (8) OTHER: _____	

¹ National Child Traumatic Stress Network. (2005, September). *Hurricane assessment and referral tool for children and adolescents*. Retrieved September 11, 2006 from: http://www.nctsn.org/nctsn_assets/pdfs/intervention_manuals/referraltool.pdf

ASSESSMENT QUESTIONS:

These questions can be addressed to a child/youth or, for younger children, to the parent/caregiver of a child, who answers in terms of their concerns for the child.

SPECIFY PERSON COMPLETING ASSESSMENT: CHILD PARENT/GUARDIAN CHILD AND PARENT TOGETHER

INTRODUCTION:

I want to talk to you about your (your child's) feelings and thoughts about the hurricane/flooding and how much they are causing problems **now**. Think about your thoughts, feelings, and behavior **DURING THE LAST MONTH** (please remind child/parent of this **for each question**)

For each question choose **ONE** of the following responses and enter the NUMBER of the response in the box for that question.

ANSWER CHOICES: (0) NONE (1) LITTLE (2) SOME (3) MUCH (4) MOST

Item	ASSESSMENT QUESTIONS	SCORE 0 - 4
1	Do you get upset, afraid or sad when something makes you think about the hurricane/flood/evacuation?	
2	Do you have bad dreams or nightmares about what happened?	
3	Do you have upsetting thoughts or pictures that come into your mind about what happened?	
4	Do you try not to think about or talk about what happened?	
5	Do you stay away from places, people or things that make you remember the hurricane/flood/evacuation?	
6	<i>Since the hurricane/flood/evacuation, especially in the past four weeks, do you feel that nothing is fun for you any more or that you just aren't interested in anything?</i>	
7	Do you have difficulty falling asleep at night or find that you wake up in the night because of what happened?	
8	Do you often feel jumpy or nervous?	
9	Do you find it harder to concentrate or pay attention to things than you usually do?	
10	<i>Since the hurricane/flood/evacuation, especially in the past four weeks, do you worry about what is going to happen to you/your family/your friends?</i>	
11	Do you often feel irritable or grouchy?	
12	Do you often feel sad, down or depressed?	
13	Have your been more or less interested in eating since what happened?	
14	<i>Since the hurricane/flood/evacuation, especially in the past four weeks, have you had more aches and pains such as stomachaches or headaches?</i>	
15	Do you have less energy than usual?	
16	If in school: Do you find it harder to get your schoolwork done?	
17	Do you worry about something else bad happening to you/ your family/your friends?	
18	<i>Since the hurricane/flood/evacuation, especially in the past four weeks are you having a harder time getting along with your family or your friends?</i>	
19	If in a new school: Are you having a hard time making new friends?	
20	Are you finding it harder to do or enjoy activities that you used to enjoy?	
21	How bothered are you by these questions?	
22	Have you used drugs or alcohol since the hurricane/evacuation/flood?	

Additional Questions for Parents (Required for parents of young children; recommended for parents of all children and adolescents)

1	Has your child been more clingy or worried about separation?	
2	Has your child been more quiet and withdrawn?	
3	Has your child talked repeatedly about or asked questions about the hurricane/flooding/evacuation?	
4	<i>For parents of young children, has your child's play been about the hurricane/flooding/evacuation?</i>	
5	<i>For parents of young children, have you noticed changes in your child's development (e.g., bedwetting, baby talk, need more help with self care)</i>	
6	Is your child having more behavior problems?	
7	Do you have other concerns about your child since the hurricane/flooding? What are they? _____	

Count the number of entries in the last column of the above table that have a score of 3 or 4. **Items scored 3 or 4, total HERE:**

REFERRAL: *If the total is 4 or more for scores of 3 or 4, discuss the possibility of a referral for mental health services.*

Did you offer a referral for services?

NO YES, based on the total score. YES, but not based on total score – SPECIFY REASON: _____

Did the child/parent accept the referral? NO YES

If the referral was accepted, did the child/parent choose a specific agency/provider to make contact with?

NO YES, please INDICATE AGENCY NAME & PROVIDER:

AGENCY NAME: _____ PROVIDER: _____