**The Family Assessment of Strengths Tool (FAST)**

December 6, 2019

Developed by Kristen Slack and Lawrence Berger, UW-Madison, School of Social Work and Institute for Research on Poverty. Development supported by the Doris Duke Charitable Foundation and the Wisconsin Child Abuse and Neglect Prevention Board.

Contact: Kristen Slack, ksslack@wisc.edu

**Background and Overview:**

The reality for practitioners working with at-risk, voluntary families prior to the occurrence of child maltreatment and/or child protective services (CPS) intervention is that widely accepted and easily administered child maltreatment risk assessment tools are lacking. Existing risk assessment tools typically suffer from one or more limitations:

* They are intended for use with families already identified by CPS, and thus assume a great deal of knowledge about a family’s circumstances, or require intrusive assessment strategies to document risk (e.g., speaking with neighbors, inspecting the home environment).
* They require extensive training to administer.
* Their length and time to administer is burdensome.
* They are proprietary and require permission to use and/or cost money to administer.
* They are intended only for families with young children, or focus on a single child in the family and the caregiver’s behaviors toward this one child.
* They over-emphasize “risk language,” in that they ask about the occurrence of negative events or circumstances, rather than the presence of protective or positive events or circumstances. This orientation is not palatable to many prevention service providers, trained to assess and identify strengths.
* They focus on beliefs, knowledge and/or behavior explicitly about parenting, and ignore the wider ecological context in which families exist, like support networks and neighborhoods, as well as other aspects of the home or family circumstances known to be associated with maltreatment (e.g., economic stress, child care concerns), and other indicators of parental well-being and functioning that are known correlates of child maltreatment (e.g., depression, self-efficacy).
* They place heavy emphasis on factors that are static (e.g., caregiver’s childhood history of trauma, age at first child’s birth), and thus not amenable to change. Such “distal” factors may be helpful for efforts to better target prevention programs to families that stand to benefit the most. However, tools that assess the “proximal” risks and protective factors which more immediately precede episodes of maltreatment are more useful for understanding potential targets of service intervention.

The FAST is intended to overcome all of these challenges with existing child maltreatment risk assessment tools. It is intended for use with families who may be at risk for child maltreatment and CPS involvement (as opposed to those already identified for maltreatment or already involved with CPS); it is easy to administer (and may be self-administered), free to use, relatively short compared to existing tools (54 items); it is intended for families with children of any age; it incorporates strengths-based language; it focuses on the ecological context in which families live and aspects of parental wellbeing and functioning (as opposed to just parenting characteristics); and it attends to proximal risk factors that are subject to change with intervention.

All of the FAST subscales have high internal reliability (i.e., the individual items in each subscale “hang together” well, and thus capture the underlying subscale construct effectively). The summary score for the overall FAST is able to predict near-term CPS involvement (i.e., CPS involvement within 12 months), and is strongly associated with the adverse childhood experiences of the caregiver and with a validated measure of child maltreatment risk (the Parenting Stress Index-Parenting Competence subscale).

The FAST has been piloted across the State of Wisconsin with families receiving WIC benefits, families whose children are receiving preventive health care, and families seeking help from Family Resource Centers.

This new version of the FAST tool retains items from the 2016 version, but adds several items to the tool, cleans up the question numbers, and sets new cut-off scores. These cut-off scores are NOT intended to drive service decision-making, but rather to identify areas of need that a client may wish to discuss further.

When there are a number of areas of higher need, as determined by the overall FAST summary score, this may indicate that a client may have greater prevention service needs.

The final section of the tool involves asking about a client’s childhood experiences. This section is not included in the FAST scoring, but it is, in and of itself, a potential focus area for preventive services. Higher scores on the overall FAST summary score, along with higher scores on the childhood experiences section, could indicate that the family has an even greater need for preventive services.

**FAMILY ASSESSMENT OF STRENGTHS TOOL (FAST)**

This tool is used to assess family strengths. You are encouraged to be as accurate as possible in your answers, but you do not need to answer questions that make you feel uncomfortable. The hope is that in completing this assessment, you and your service provider can create the best service plan to meet the needs of you and your family.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Directions: The following statements are about parenting and raising children. Please decide to what extent you agree or disagree with each statement and circle the best response.** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| **PARENTING QUESTIONS** |
| P1. When it comes to raising kids, I have a lot of confidence in my abilities. | 4 | 3 | 2 | 1 |
| P2. I worry a lot about the mistakes I may make as a parent. | 1 | 2 | 3 | 4 |
| P3. I wish I felt more positive about being a parent. | 1 | 2 | 3 | 4 |
| P4. I feel good about my parenting abilities. | 4 | 3 | 2 | 1 |
| P5. I think being a parent is generally more work than pleasure.  | 1 | 2 | 3 | 4 |
| P6. Spending time with my children makes me happy. | 4 | 3 | 2 | 1 |

Summary Score for Parenting Subscale (P1 – P6): ­­­­­­­­\_\_\_\_\_\_\_\_\_\_ Check if score is > 4: \_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Directions: The following statements are about your family’s child care situation. Please decide to what extent you agree or disagree with each statement and circle the best response. If you do not have any need for child care at this time, please skip this section.** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| **CHILD CARE QUESTIONS** |
| CC1. I have concerns about the quality of child care available to my family  | 1 | 2 | 3 | 4 |
| CC2. I worry that the child care available to my family is not reliable. | 1 | 2 | 3 | 4 |
| CC3. I have several people in my life to help with emergency or last-minute child care. | 4 | 3 | 2 | 1 |
| CC4. I can easily find a child care arrangement that I know is safe for my children.  | 4 | 3 | 2 | 1 |

Summary Score for Child Care Concern Subscale (CC1 – CC4): ­­­­­­­­\_\_\_\_\_\_\_ Check if score is > 3: \_\_\_\_\_\_\_\_

|  |
| --- |
|  |
| **Directions: The following statements are about your social support network and neighborhood. Please decide to what extent you agree or disagree with each statement and circle the best response.** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly****Agree** |
| **SOCIAL SUPPORT QUESTIONS**  |
| SS1. There are people in my life who give me emotional support when I need it. | 4 | 3 | 2 | 1 |
| SS2. I do not know many people who I can talk to about my problems. | 1 | 2 | 3 | 4 |
| SS3. There are people in my life who encourage and support me in meeting my goals. | 4 | 3 | 2 | 1 |
| SS4. There are people in my life who I can ask for help with small favors.  | 4 | 3 | 2 | 1 |
| SS5. In this neighborhood, people reach out and help each other. | 4 | 3 | 2 | 1 |
| SS6. I feel safe in this neighborhood. | 4 | 3 | 2 | 1 |
| SS7. I worry about my children’s safety in this neighborhood. | 1 | 2 | 3 | 4 |
| SS8. My neighbors help look out for each other’s children. | 4 | 3 | 2 | 1 |

Summary Score for Interpersonal Social Support Subscale (SS1-SS4): ­­­­­­­­\_\_\_\_\_\_ Check if score is > 3:\_\_\_\_\_

Summary Score for Neighborhood Social Support Subscale (SS5-SS8): ­­­­­­­­\_\_\_\_\_\_Check if score is > 3:\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Directions: The following statements are about your economic situation. Please decide to what extent you agree or disagree with each statement and circle the best response.** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| **ECONOMIC QUESTIONS** |
| E1. I'm usually able to save a little money from month to month. | 4 | 3 | 2 | 1 |
| E2. I can usually afford to pay my bills on time. | 4 | 3 | 2 | 1 |
| E3. I can usually afford the cost of feeding my family good, healthy meals. | 4 | 3 | 2 | 1 |
| E4. If I suddenly needed $100 for an emergency, I could come up with it. | 4 | 3 | 2 | 1 |
| E5. I feel stressed about my financial situation.  | 1 | 2 | 3 | 4 |
| E6. I am making good progress with my financial situation. | 4 | 3 | 2 | 1 |
| E7. I worry about the stability of my family’s housing situation. | 1 | 2 | 3 | 4 |

Summary Score for Economic Hardship Subscale (E1 – E7): ­­­­­­­­\_\_\_\_\_\_\_\_\_\_ Check if score is > 5: \_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Directions: The following statements are about your relationship with your spouse or romantic partner. Please decide how often you feel what each statement describes, and circle the best response. If you do not have a spouse or romantic partner, please skip this section.** | **Never** | **Sometimes** | **Often** | **Very Often** |
| **QUESTIONS ABOUT SPOUSE OR PARTNER** **(Skip this section if you do not have a current spouse/partner)** |
| RL1. My spouse/partner respects me. | 4 | 3 | 2 | 1 |
| RL2. My spouse/partner expresses affection or love for me. | 4 | 3 | 2 | 1 |
| RL3. My spouse/partner helps me do things that are important to me. | 4 | 3 | 2 | 1 |
| RL4. My spouse/partner listens to me when I need someone to talk to. | 4 | 3 | 2 | 1 |
| RL5. My spouse/partner makes me feel like everything I do is wrong. | 1 | 2 | 3 | 4 |
| RL6. My partner trusts me. | 4 | 3 | 2 | 1 |
| RL7. My partner makes my life easier. | 4 | 3 | 2 | 1 |
| RL8. My partner and I get along. | 4 | 3 | 2 | 1 |

Summary Score for Relationship Subscale (RL1 – RL8): ­­­­­­­­\_\_\_\_\_\_\_\_\_\_ Check if score is > 6: \_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Directions: The following statements refer to how you might feel or act on any given day. Please decide how often you feel or do what each statement describes, and circle the best response.** | **Never** | **Sometimes** | **Often** | **Very Often** |
| **MOOD QUESTIONS** |
| M1. I think through a situation carefully before I act. | 4 | 3 | 2 | 1 |
| M2. I say and do things without considering the consequences. | 1 | 2 | 3 | 4 |
| M3. I get into trouble because I don't think before I act. | 1 | 2 | 3 | 4 |
| M4. I can do just about anything I really set my mind to.  | 4 | 3 | 2 | 1 |
| M5. There is really no way I can solve some of the problems I have. | 1 | 2 | 3 | 4 |
| M6. I often feel helpless in dealing with the problems in my life. | 1 | 2 | 3 | 4 |
| M7. What happens to me in the future mostly depends on me. | 4 | 3 | 2 | 1 |
| M8. In the past week, I had trouble keeping my mind on what I was doing. | 1 | 2 | 3 | 4 |
| M9. In the past week, I felt lonely.  | 1 | 2 | 3 | 4 |
| M10. In the past week, I felt sad.  | 1 | 2 | 3 | 4 |
| M11. In the past week, I have felt calm and in control. | 4 | 3 | 2 | 1 |
| M12. In the past week, I have been happy and content. | 4 | 3 | 2 | 1 |
|  **Directions: Please indicate whether each of the following statements is true for you or not.** | **YES** | **NO** |
| M13. In the past 12 months, have you felt at any time that you might need treatment for a mental health problem? | 1 | 0 |
| M14. (If you have a spouse/partner): In the past 12 months, have you felt at any time that your spouse or partner might need treatment for a mental health problem? | 1 | 0 |

Summary Score for Impulsivity Subscale (M1-M3): ­­­­­­­­\_\_\_\_\_\_\_\_\_\_ Check if score is > 3: \_\_\_\_\_

Summary Score for Self-Efficacy Subscale (M4-M7): ­­­­­­­­\_\_\_\_\_\_\_\_ Check if score is > 4: \_\_\_\_\_

Summary Score for Depression Subscale (M8-M12): ­­­­­­­­\_\_\_\_\_\_\_\_\_

 Check if Depression score is > 5 or M13 or M14 = Yes: \_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  **Directions: Please indicate whether each of the following statements is true for you or not. “Drugs” include prescribed medications.** | **YES** | **NO** |
| **ALCOHOL AND OTHER DRUG USE QUESTIONS** |
| AD1. In the past month, have you spent more time drinking or using drugs than you meant to? | Y | N |
| AD2. In the past month, has a family member, a friend, or anyone else told you they objected to your alcohol or drug use? | Y | N |
| AD3. In the past month, have you found yourself thinking a lot about wanting to drink or use drugs? | Y | N |
| AD4. In the past month, have you used drugs or alcohol to relieve sadness, anger, or boredom?  | Y | N |
| AD5. In the past month, have you felt at any time that you might need treatment for an alcohol or drug abuse problem?  | Y | N |
| **The following statements are about your spouse or romantic partner. Please indicate whether each of the following statements is true for your spouse or partner, or not. If you do not have a spouse or partner, please skip the next two questions.** |  |  |
| AD6. In the past month, have you had concerns about the alcohol or drug use of a spouse or partner. | Y | N |
| AD7. In the past month, have you felt at any time that your spouse or partner might need treatment for an alcohol or drug abuse problem? | Y | N |

Check if any item (AD1 – AD5) = Yes: \_\_\_\_\_\_\_\_ Check if AD6 or AD7 = Yes: \_\_\_\_\_\_\_

Check if either of the above are checked, and include only this item in overall FAST summary score: \_\_\_\_\_\_

**OVERALL FAST SUMMARY SCORE:** Add the total number of checks here (0 – 10):\_\_\_\_\_\_\_\_

The following short scale is a screener for adverse childhood experiences. These questions, summed so that higher scores = less positive childhood experiences, strongly predict future CPS involvement. This scale is not included in the FAST because it is not a measure that is subject to change over time. However, this scale may be administered as a supplement to the FAST. Families that score higher on this scale, and have multiple risk indicators from the FAST, are likely to be at particularly high risk for child maltreatment and/or CPS involvement.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Directions: The following statements are about your own childhood. Please decide to what extent you agree or disagree with each statement and circle the best response.**  | **Strongly** **Disagree** | **Disagree** | **Agree** | **Strongly****Agree** |
| **CHILDHOOD EXPERIENCES QUESTIONS** |
| CE1. Growing up, I felt that my parents (or primary caregivers) loved me and thought I was important. | 4 | 3 | 2 | 1 |
| CE2. Growing up, there was always someone there to protect me. | 4 | 3 | 2 | 1 |
| CE3. There were people in my family who looked out for each other. | 4 | 3 | 2 | 1 |
| CE4. I remember a lot of laughing in my family when I was a child. | 4 | 3 | 2 | 1 |
| CE5. As a child, there were adults in my family who were a source of strength and support for me. | 4 | 3 | 2 | 1 |

Summary Score for Childhood Experiences Scale (CE1 – CE5): ­­­­­­­­\_\_\_\_\_\_\_\_\_\_