**Clinical Assessment of Protective Parenting (CAPP) Checklist for Reimbursement**

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| **Was the NC CAPP Report sent to the referring child welfare agency?** | **Yes** [ ]  **No** [ ]  |
|  | **Date sent:** Click or tap to enter a date. |
| **Do you have a completed Consent/Authorization Form for a Clinical Assessment of Protective Parenting (DSS-5401)?** | **Yes** [ ]  **No** [ ]  |
| **Did the date of service occur less than 2 months ago?** | **Yes** [ ]  **No** [ ]  |
| ***If no to any of the above, CMEP cannot process your reimbursement at this time. Contact CMEP at*** ***CMEP\_CAPP@med.unc.edu*** ***with questions.***  |

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| **What risk factors were identified for interviewee? (please select all that apply)**1. **Global Risk Factors**

[ ]  Children younger than 4 years of age[ ]  Adolescent(s) with chronic behavioral challenges[ ]  Special needs that may increase caregiver burden [ ]  Concentrated neighborhood disadvantage[ ]  Lack of community, social, school supports**☐** Caregiver of vulnerable youth1. **Parenting Factors**

**☐** Parental young age**☐** Single parent**☐** Large number of dependents in the home (3 or more)**☐** Non-biological, transient caregiver(s) in the home**☐** Caregiver is recently separated or divorced**☐** Parental history of child abuse or neglect[ ]  Challenges with understanding child’s needs, development, & parenting skills[ ]  Violence in home environment, particularly intimate partner violence[ ]  Caregiver mental health concerns[ ]  Caregiver substance use[ ]  Caregiver social isolation1. **Parent Child Interaction Patterns**

[ ] Caregiver lack of understanding of needs and capabilities of child[ ]  Caregiver lack of knowledge of the child’s stage of development[ ]  Caregiver inability to provide monitoring and discipline needed by child[ ]  Low feelings of adequacy as a parent[ ]  Low empathic awareness of factors contributing to childhood behaviors**☐** Concerns for parent child role reversal**☐** Expectations of child’s power or autonomy appear above age/misinterpreted1. **Parenting Stress**

[ ]  High score on Parenting Stress Index1. **Environmental and other factors**

[ ]  Parent history of childhood trauma [ ]  Parent, family, and community trauma history (violence)  |
| **What recommendations were made?** [ ]  Nurturance Focused Interventions [ ]  Parenting Focused Interventions[ ]  Peer focused: skills building in groups, decreased isolation[ ]  Other: Click or tap here to enter text.  Parenting services available in state by countyParent Child Programs[ ]  Homebuilders[ ]  Parents as Teachers[ ]  Triple P[ ]  MST[ ]  Other: Click or tap here to enter text.  Services for the IndividualParent Interventions[ ]  DBT or Distress Tolerance[ ]  Trauma Informed Therapy[ ]  Relationship Focused[ ]  Anxiety or Depression: CBT[ ]  Acceptance and Commitment Therapy (ACT)[ ]  Psychiatric Consultation for Medication Management[ ]  Substance Related[ ]  Other: Click or tap here to enter text.   |
| **Clearinghouse Services: Services in the Clearinghouse may or may not be available in the state or county. However clinician please complete this section as best as possible based on need.** **Recommending a service focused on:** [ ]  Attachment (Such as: Family Check Up, Functional Family Therapy, Child First, PCIT\*)[ ]  Parent trauma (Such as: Adaptive Information Processing\*)[ ]  Child behavior (Such as: Brief Family Strategic, Functional Family Therapy, PCIT\*)[ ]  Adult wellbeing (Such as: Brief Family Strategic, Family Check Up, Functional Family Therapy\*)[ ]  Parenting stress (Such as: Child First, Multidimensional Family Therapy\*)**Additional Services Needed** Environmental (please describe) [ ] **Housing** [ ] **Financial** [ ] **Additional:** Click or tap here to enter text.  **Community** [ ] **TEACCH or ASNC workshop or psychoeducational support group** [ ] **NAMI** [ ] **CHADD** [ ] **Other:** Click or tap here to enter text.   |

\*As in the best interest of the parent child relationship, recognizing that if the sample service is currently or foreseeably not available a similar type of service would be beneficial.

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| *To submit to NC CMEP for reimbursement:* |
| *Email the following documents to* *CMEP\_CAPP@med.unc.edu* *with Subject:* ***CAPP Reimbursement*** 1. *Completed CAPP Report Form*
2. *Signed and completed DSS-5401*
3. *Completed CAPP Checklist for Reimbursement*
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