**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***](mailto: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 youth   1. **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 isolation   1. **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/misinterpreted   1. **Parenting Stress**   High score on Parenting Stress Index   1. **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 county  Parent Child Programs  Homebuilders  Parents as Teachers  Triple P  MST  Other: Click or tap here to enter text.  Services for the Individual  Parent 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*](mailto: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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