

NPSP Family #2: The Joneses

Devon is a 32-year-old, prior enlisted Infantry officer. He and his family arrived at their current, OCONUS duty station six months ago. Devon is accompanied by his wife, Alyssa, who is also 32, and their two daughters, Shola (8 yrs), and Maddy (5 yrs). Alyssa is seven months' pregnant with their first son, Michael. Devon recently deployed and is not expected to return prior to Michael's birth.

Alyssa enjoys spending time with a few of the other mothers who live on her street. Although she has developed a few positive relationships in her neighborhood, she wouldn't consider anyone a close friend. While she wants to meet more people, she is overwhelmed by large groups and hasn't attempted to participate in any of the organized spouse networks and activities.

The family lives on a small installation approximately 20 minutes away from the large installation that houses the commissary, hospital and clinic, and DoDEA school. Alyssa and two of her neighbors share carpool duties to get their children to and from school. Alyssa worked as an insurance agent in the states and left her position due to the family's PCS. Since no longer working outside the home and with both children in school all day, Alyssa's days have begun to feel empty. She began volunteering at the school twice weekly to keep busy.

She enjoys the extra time with her daughters, but is beginning to feel exhausted by the drive and the volunteer work now that she has entered the third trimester of pregnancy. She's starting to worry how the driving and volunteer schedule will work after Michael's birth. She is also anxious about having a solid plan and backup system of support for giving birth and care for her daughters while she is in the hospital for delivery.

Alyssa confided that she has struggled with depression and anxiety in the past. She had managed her mental health conditions in the States by seeing a counselor at a private, community-based clinic and by taking medication. She stopped taking medication, with her doctor's approval, when she found out she was pregnant. She's concerned that she is experiencing more sad days than happy ones lately. The stresses of running the household, transporting her daughters to school, and preparing for the new baby without her husband and without a close support network are becoming more than she believes she may be able to manage. However, as an officer's wife, she feels pressure to "get it together" and "deal with her problems" on her own.

Alyssa is trying to make sure she and the girls stay connected to family in the US. She was recently able to establish Internet service in their home. She Google+ chats weekly with a good friend and her parents. But the time difference means those sessions are often in the evening when it is close to the girls' bedtime and she is most tired. Alyssa also keeps her schedule open for video-chatting with Devon whenever he gets an opportunity to get to the Cheetah (satellite computer) at the FOB, which means she has to try to balance flexibility and potential disappointment when it does not work out.

DATE 03/01/2015
BASE _____

NPSP ID#: Case Family 2: A. Jones

U.S.A.F. Family Advocacy New Parent Support Program Family Needs Screener

1. What is your military status? (PLEASE CIRCLE)

- 1 Active Duty Member
- 2 Family Member, Spouse
- 3 Retired Military
- 4 Family Member, Daughter
- 5 Other (SPECIFY): _____

2. What is the sponsor's military status? (PLEASE CIRCLE)

- 1 Active Duty
- 2 Retired Military
- 3 Other (SPECIFY): _____

3. What is your marital status? (PLEASE CIRCLE)

- 1 Single
- 2 Married
- 3 Divorced
- 4 Separated
- 5 Widowed

4. What is your current living situation? Are you: (PLEASE CIRCLE)

- 1 Living together with your partner/spouse
- 2 Living alone (or with children only)
- 3 Living with your parents (or other adults)
- 4 Other living situation (SPECIFY): _____

5. How long have you been living together: 10 Years _____ Months _____ Not Applicable

6. Are you currently pregnant or in the process of adoption? (PLEASE CIRCLE)

- 1 Yes
- 2 No (GO TO QUESTION 7)

(a) No. of Weeks Pregnant 29

7. Did you have or adopt a baby over the last 12 months? (PLEASE CIRCLE)

- 1 Yes
- 2 No

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DATE 03/ 01/ 2015

NPSP ID#: Case Family 2: A. Jones

8. How many children are living with you? (SPECIFY): 2

9. Do you have any children living with you who are from a prior relationship? (either yours or your partner's) (PLEASE CIRCLE)

- 1 Yes
- 2 No

10. What is your age? 32

11. What is your partner's age? 32 (SKIP IF NOT APPLICABLE)

Ethnic Group

12. Which of these ethnic groups do you and your partner consider yourself? (PLEASE CIRCLE)

1.YOU	2.YOUR PARTNER
<input type="radio"/> 1 Pacific Islander	<input type="radio"/> 1 Pacific Islander
<input type="radio"/> 2 Asian	<input type="radio"/> 2 Asian
<input type="radio"/> 3 Native Amer. Or Alaskan Native	<input type="radio"/> 3 Native Amer. Or Alaskan Native
<input type="radio"/> 4 White but not Latino	<input type="radio"/> 4 White but not Latino
<input checked="" type="radio"/> 5 Black but not Hispanic	<input checked="" type="radio"/> 5 Black but not Hispanic
<input type="radio"/> 6 Latino or Hispanic	<input type="radio"/> 6 Latino or Hispanic
<input type="radio"/> 7 Multi-racial	<input type="radio"/> 7 Multi-racial
<input type="radio"/> 8 Some other group (SPECIFY): _____	<input type="radio"/> 8 Some other group (SPECIFY): _____

Education

13. What is the last year of school that you and your partner completed? (PLEASE CIRCLE)

1.YOU	2.YOUR PARTNER
<input type="radio"/> 1 7 th Grade or Less	<input type="radio"/> 1 7 th Grade or Less
<input type="radio"/> 2 8 th Grade	<input type="radio"/> 2 8 th Grade
<input type="radio"/> 3 Some High School/GED	<input type="radio"/> 3 Some High School/GED
<input type="radio"/> 4 High School Graduate	<input type="radio"/> 4 High School Graduate
<input type="radio"/> 5 Some College	<input type="radio"/> 5 Some College
<input checked="" type="radio"/> 6 College Graduate	<input checked="" type="radio"/> 6 College Graduate
<input type="radio"/> 7 Post-B.A. Training	<input type="radio"/> 7 Post-B.A. Training
<input type="radio"/> 8 Advanced Degree	<input type="radio"/> 8 Advanced Degree

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DATE 03/01/2015

NPSP ID#: Case Family 2: A. Jones

INSTRUCTIONS: FOR EACH QUESTION, PLEASE READ THE FOLLOWING STATEMENTS AND CIRCLE THE BEST RESPONSE

GO TO QUESTION 17 IF YOU ARE NOT CURRENTLY PREGNANT

	Strongly Disagree	Disagree	Agree	Strongly Agree
14. My partner is very supportive of this pregnancy.	1	2	3	4
15. This is an unplanned pregnancy.	1	2	3	4
16. This is not a good time for me to have a baby.	1	2	3	4

GO TO QUESTION 21 IF YOU ARE NOT CURRENTLY IN A RELATIONSHIP

17. My partner treats me well.	1	2	3	4
18. My partner and I have a very good relationship.	1	2	3	4
19. I wish my partner and I got along better.	1	2	3	4
20. I have thought seriously about ending my relationship with my partner.	1	2	3	4
21. This is a very stressful time for me.	1	2	3	4
22. At times I feel out of control, like I'm losing it.	1	2	3	4
23. Uncontrolled anger can be a problem in my family.	1	2	3	4
24. I only have a few friends/family to help with the baby (my children).	1	2	3	4
25. I feel very isolated.	1	2	3	4
26. I sometimes drink enough to feel really high or drunk.	1	2	3	4
27. I sometimes drink five or more drinks of alcohol at a time, but mostly on weekends.	1	2	3	4

GO TO QUESTION 29 IF YOU ARE NOT CURRENTLY IN A RELATIONSHIP

28. My partner sometimes drinks five or more drinks at a time, but mostly on weekends.	1	2	3	4
29. It is sometimes necessary to discipline a child with a good, hard spanking.	1	2	3	4
30. I can think of a situation when I would approve of a wife slapping a husband's face.	1	2	3	4
31. I can think of a situation when I would approve of a husband slapping a wife's face.	1	2	3	4
32. It is sometimes necessary for parents to slap a teen who talks back or is getting into trouble.	1	2	3	4
33. When I was a child I was spanked or hit a lot by my mother or father.	1	2	3	4

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DATE 03/ 01/ 2015

NPSP ID#: Case Family 2: A. Jones

INSTRUCTIONS: FOR EACH QUESTION, PLEASE READ THE FOLLOWING STATEMENTS AND CIRCLE THE BEST RESPONSE

	Strongly Disagree	Disagree	Agree	Strongly Agree
34. When I was a teenager, I was hit a lot by my mother or father.	1	2	3	4
35. When I was growing up, I saw my mother or father hit or throw something at their partner.	1	2	3	4
36. My parents helped me when I had problems.	1	2	3	4
37. I have unhappy memories of my childhood.	1	2	3	4
38. My parents did not comfort me when I was upset.	1	2	3	4
39. My income is often inadequate for basic needs (rent, food, clothing, transportation, etc.).	1	2	3	4
40. I feel that I have a number of good qualities.	1	2	3	4
41. I feel that I am a person of worth, at least on an equal basis with others.	1	2	3	4
42. I frequently feel as if I am not as good as others.	1	2	3	4
43. I feel I do not have much to be proud of.	1	2	3	4
44. All in all, I am inclined to feel that I am a failure.	1	2	3	4
45. Someone I'm close to makes me feel confident in myself.	1	2	3	4
46. There is someone I can talk to openly about anything.	1	2	3	4
47. There is someone I can talk to about problems in my relationship.	1	2	3	4
48. I have someone to borrow money from in an emergency.	1	2	3	4
49. I have someone to take care of my child/children for several hours if needed.	1	2	3	4
50. I have someone who helps me around the house.	1	2	3	4
51. I have someone I can count on in times of need.	1	2	3	4
52. I usually wake up feeling pretty good.	1	2	3	4
53. I think good things will happen to me in the future.	1	2	3	4
54. There are times when I feel life is not worth living.	1	2	3	4
55. I feel sad quite often.	1	2	3	4
	YES		NO	
56. Have you or your partner been involved in a suspected or verified case of child abuse or neglect?	1		2	
57. Have you or your partner been involved in a suspected or verified case of spouse abuse?	1		2	

END OF QUESTIONNAIRE
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THANK YOU

Manage Selected NPSP Case

Client: Jones, Alyssa
 DOB: XX-XX-1983
 Pay Grade: CW3
 Phone: 876-5309
 Email: OCONUS@yahoo.com
 Case Started: 3/1/2015

Family Needs Screener: Subscale Scores

Needs Status High
 Overall Score 21
 Description FNS – Initial Grafenwoehr
 Date Taken 2/20/2015
 Items Entered 58
 Items With Responses 58
 Red Flag Responses 3

Item	Score	Response
Demographics: 1		
1	L	Military Status Family Member, Spouse
2	-	Sponsor's Military Status Active Duty Member
3	L	Marital Status Married
4	H	Current Living Situation Living alone (or with children only)
5	-	Time Living Together 10 years
6	-	Pregnant or Adopting Yes
7	-	Recent Baby No
8	-	Resident Children 2
9	L	Children Previous Marriage No
10	-	Client's Age 32
11	-	Partner's Age 32
12-1	-	Client's Ethnic Group Black but not Hispanic
12-2	-	Partner's Ethnic Group Black but not Hispanic
13-1	L	School Completed College Graduate
13-2	L	Partner's School College Graduate

Stress: 2		
14	L	Partner Supportive Strongly Agree
15	L	Unplanned Pregnancy Disagree
16	L	Timing for Baby Disagree
21	H	Stressful Time Strongly Agree
22	H	Feeling of Control Agree

Relationship Discord: 0			
17	Partner Treatment	L	Agree
18	Good Relationship	L	Agree
19	Getting Along Better	L	Disagree
20	Ending Relationship	L	Disagree
23	Uncontrolled Anger	L	Disagree

Support: 8			
24	Family Friends Help	H	Strongly Agree
25	Feel Isolated	H	Strongly Agree
39	Inadequate Income	L	Disagree
45	Close Confidant	H	Disagree
46	Talk Openly	H	Disagree
47	Talk Relationship	H	Strongly Disagree
48	Can Borrow Money	L	Agree
49	Child Care Available	H	Disagree
50	Help with House Care	H	Disagree
51	Count on Someone	H	Strongly Disagree


Substance Abuse: 0			
26	Drinking	L	Strongly Disagree
27	Drink Weekends	L	Strongly Disagree
28	Partner Drinks	L	Disagree



Violence Approval: 2			
29	Spank Child	H	Agree
30	Slapping Husband	L	Disagree
31	Slapping Wife	L	Disagree
32	Slapping Teen	H	Agree

Family of Origin Violence and Neglect: 0			
33	Spanked as Child	L	Disagree
34	Hit as a Teen	L	Disagree
35	Parents Hit	L	Strongly Disagree
36	Parent Helped Me	L	Agree
37	Unhappy Childhood	L	Disagree
38	No Parental Comfort	L	Disagree

Self Esteem: 4			
40	Good Qualities	L	Agree
41	Person of Worth	H	Strongly Disagree
42	Not as good as Others	H	Strongly Agree

43	Not Proud	H	Agree
44	Feel like a Failure	H	Agree

Depression: 4			
52	Wake Feeling Good	H	Strongly disagree
53	Good Things Happen	H	Strongly Disagree
54	Life Not Worth Living 	H	Agree
55	Feeling Sad	H	Agree

Prior Family Violence: 0			
56	Child Abuse 	L	No
57	Spouse Abuse 	L	No

NPSP CQI Project
Data Collection (Circle): **T1** T3

CLIENT ID Case #2: A. Jones

DATE Completed 03/02/2015

Protective Factors Survey - Modified

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 stressful.	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	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
6 I have others who will listen when I need to talk about my problems.	1	2	3	4	5	6	7
7 When I am lonely, there are several people I can talk to.	1	2	3	4	5	6	7
8 I would have no idea where to turn if my family needed food or housing.	1	2	3	4	5	6	7
9 I wouldn't know where to go for help if I had trouble making ends meet.	1	2	3	4	5	6	7
10 If there is a crisis, I have others I can talk to.	1	2	3	4	5	6	7
11 If I needed help finding a job, I wouldn't know here to go for help.	1	2	3	4	5	6	7

NPSP CQI Project
Data Collection (Circle): **T1** T3

CLIENT ID A. Jones

DATE Completed 03/02/2015

Protective Factors Survey - Modified

Part 3. This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the child's date of birth and then answer questions with this child in mind. Please *circle* how often each of the following happens in your family.

PFS A: Are you currently pregnant? **YES** NO

PFS B: Do you have a child 3 yrs or younger (5 yrs for Marine Corps) who would benefit from our services? YES **NO**

If currently pregnant with NO eligible child, STOP HERE. Otherwise, complete Child's DOB and Items 12-15.

Child's DOB

MO YEAR

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
12 I am happy being with my child.	1	2	3	4	5	6	7
13 My child and I are very close to each other.	1	2	3	4	5	6	7
14 I am able to soothe my child when he/she is upset.	1	2	3	4	5	6	7
15 I spend time with my child doing what he/she likes to do.	1	2	3	4	5	6	7

NPSP CQI Project

Data Collection (Circle): T1 T3

Client ID Case #2: A. Jones

Date Completed 03/02/2015

NPSP CQI PFS Hand Scoring Quick Guide

For items 8, 9, and 11, please use the following key for reverse coding/ transformation of scores

Key for Reverse Coding Items 8, 9, and 11
1 = 7
2 = 6
3 = 5
4 = 4
5 = 3
6 = 2
7 = 1

Scoring Calculation Table

Subscale	Items	Sum	Mean	Color
Family Functioning/Resiliency	1 = 5 2 = 5 3 = 5 4 = 6 5 = 5	<u>26</u> /5	5.2	green
Social Support	6 = 3 7 = 2 10 = 2	<u>7</u> /3	2.3	red
Concrete Support	8 = 5 9 = 6 11 = 4	<u>15</u> /3	5.0	green
Nurturing and Attachment	12 = 13 = 14 = 15 =	____ /4	NA	

Color Coded Categories of Risk

Mean Score	Color Code	Level of Protection	Category of Risk
0-3	Red	Low	High
4	Yellow	Neutral	Moderate
5-7	Green	High	Low

Family ID: _____	Date: _____
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Type of Program Planning:			
<input type="checkbox"/> Parent Information for the Family Service Plan <i>Date: _____ Initial: _____</i>	<input type="checkbox"/> 6-Month Review <i>Date: _____ Initial: _____</i>	<input type="checkbox"/> 12-Month Review <i>Date: _____ Initial: _____</i>	<input type="checkbox"/> 18-Month Review <i>Date: _____ Initial: _____</i>
<input type="checkbox"/> 24-Month Review <i>Date: _____ Initial: _____</i>	<input type="checkbox"/> 30-Month Review <i>Date: _____ Initial: _____</i>	<input type="checkbox"/> 36-Month Review <i>Date: _____ Initial: _____</i>	<input type="checkbox"/> Closure <i>Date: _____ Initial: _____</i>

Age of Child for NPSP Services:	
Years: _____	Months: _____

Parents' Dreams and Goals for their Child/Children:

Parents' Dreams and Goals for NPSP Participation:

Parent's Topics and Areas of Interest for Conversations: