





CHILD INTERVENTION FOR LIVING DRUG-FREE (CHILD):

Comprehensive Assessment of Risk, Resilience and Experience (CARRE)

Introduction

This tool is the first one created to assess detailed information about children in terms of substance use behavior and other life domains of functioning that may need treatment. The children's life domains examined include: physical health status, school adjustment, vocational status, family function, peer relationship, substance use, psychiatric status, leisure and recreation activity, and legal situation.

This assessment is only one part of a three-part process:

- Part 1: Screening instruments identify the potential presence of a substance use disorder as a first step toward a comprehensive assessment.
- Part 2: This comprehensive assessment instrument provides detailed information about substance use behavior and domains of life functioning. Such an assessment provides a guide to which life areas are in need of treatment.
- Part 3: Preparation and implementation of a comprehensive, integrated, problem and solution focused treatment plan.

This tool can be used for two purposes:

- 1. To determine the severity of needs in various life domains that can benefit from treatment and help with treatment planning
- 2. To measure the progress made in the treatment of the child with substance use behaviors. It provides a standardization of the assessment that will enable the comparison of behavior change within the child and between children and programs.

This tool can only be administered by trained individuals:

Only individuals who have been trained on the use of the tool by a credentialed trainer can administer it. The interviewer must understand the intent of each question- proper training allows for this education. The interviewer MUST be personable and supportive - capable of forming good rapport with all types of children. The interviewer must be able to help the child separate the problem areas and to examine them individually using the questions provided. The interviewer must understand the intent of the questions in the interview and the commitment to collecting the information in a responsible manner.

The tool can only be administered as an interview:

- It cannot be used as a self-report tool. The interview allows good rapport to be established with the child and for any unclear questions to be resolved and re-phrased with the child.
- This tool captures the minimum information needed to evaluate the nature and severity of a child's treatment problems at treatment admission and at follow-up. For this reason, it is encouraged the addition of particular questions and/or additional instruments in the course of evaluating children.

Other tips:

- Each question does not need to be asked exactly as stated, use words appropriate to the particular child and record added information in the "Comments" sections.
- The child may have short attention spans. Thus, breaking the assessment into parts collected over several days is acceptable.
- Fill in as much information as you can in order to reduce the burden on the child.
- If a child answers a question with inaccurate information; record his or her answer and make a note in the "Comments" with the information you know to be correct.
- Items to have with you:
 - A Calendar showing the days and weeks in the month before and the current month
 - Food and water for the child to consume
 - The CARRE Scale

CHILD INTERVENTION FOR LIVING DRUG-FREE (CHILD): Comprehensive Assessment of Risk, Resilience and Experience (CARRE)

| Interviewer name: Site/Program name, city, and country: Child Name (<i>DO NOT INCLUDE IN DATABASE</i>): |
|--|
| G1. Child ID: |
| G2. Date of Interview (DD-MM-YYYY) format: |
| G3. Ask child if they know her/his data of birth. If not, check here and leave below boxes blank: Date of birth: DD MM Y Y Y Y |
| G4. Sex: Male Female Transgender Non-binary |
| G5. Ask the child if she/he has a permanent place they live or call home. (1=Y/0=N) IF yes then |
| G6. How long has the child lived at this address (Fill in Days ONLY)? |
| Days |
| |

INSTRUCTIONS

- 1. Leave no blanks. Where appropriate code items:
 - 1-Yes 0-No N-Question not applicable
- **Z-Question not answered**
- 2. Use only one character per item. Space is provided after sections for additional comments.

SEVERITY RATINGS The severity ratings are based on the considered judgment on the part of the interviewer of the child's need for additional treatment in each area. The scales range from 0 (no treatment necessary) to 9 (treatment needed to intervene in life-threatening situations).

Each rating is based upon the child's history of problem symptoms, present condition and subjective assessment of the child's treatment needs in a given area.

GENERAL INFORMATION

| G7. Date Entered Treatment: DD MM Y Y Y Y G8. Date of Interview: DD MM Y Y Y Y | COMMENTS FOR SCHOOL/ SUPPORT STATUS |
|---|--|
| G9. Type of Interview: Intake Follow-up | |
| PHYSICAL HEALTH STATUS | |
| M1. Have you ever seen a doctor? (1=Y/0=N) | |
| M2. How many times have you been in the hospital? | |
| M3. Do you take any medication for medical issues? (1=Y/0=N) If yes, for what issues (be specific): | |
| M4. Do your teeth or gums hurt? (1=Y/0=N) | |
| M5. Have you ever been to a dentist? (1=Y/0=N) | |
| M6. For females, have you ever been pregnant? (1=Y/0=N) | |
| SHOW THE CHILD THE CARRE SCALE, AND ASK HER/HIM TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS: M7. How much do your medical problems get in the way with doing things you like to do (0-4)? | COMMENTS FOR MEDICAL STATUS |
| M8. How much would you like to feel better (0-4)? | |
| INTERVIEWER SEVERITY RATING: M9. How would you rate the child's need for medical treatment (0-9)? | |
| | |

SCHOOL AND SUPPORT STATUS

| E1. What is the last grade you completed in school | l? | COMMENTS FOR SCHOOL/ SUPPORT STATUS |
|--|-------------------|-------------------------------------|
| E2. Do you know how to read? (1=Y/0=N/2=learni | ng) | |
| E3. Are you currently enrolled in school? (1=Y/0=N |) | |
| If NO then, skip to E7. | | |
| E4. How many days do you miss school each wee | k? | |
| E5. How many times have you changed schools? | | |
| E6. How many times have you repeated a grade? | | |
| E7. Have you ever been suspended or expelled or to school? (1=Y/0=N) | told not to come | |
| E8. Do you know how to use a computer? (1=Y/0= | N) | |
| | | |
| SUPPORT QUESTIONS | | |
| E9. Is there someone who provides you food and a | a place to sleep? | |
| 1-No one, I am on my own 2- Biological mot | | |
| 3- other family member 4-one or more fri | | |
| · | | |
| E10. Have you made money (1=Y/0=N) if yes, then no then skip to E14? | answer below, if | |
| E10a. Begging | (1=Y/0=N) | |
| E10b. Selling things or services on the street | (1=Y/0=N) | |
| E10c. Working for the family | (1=Y/0=N) | |
| E10d. Working in a factory, resturant or store | (1=Y/0=N) | |
| E10e. Working on a farm | (1=Y/0=N) | |
| E10f. Working as a cleaner or food maker in a | | |
| home | (1=Y/0=N) | |
| E10g. Being involved in selling drugs | (1=Y/0=N) | |
| E10h. Other Specify: | . (1=Y/0=N) | |
| E11. At what age did you first start to make money | ? | |
| (NOTE include bartering and trading things or serv or things and other services) | ices for money | |
| or annings and other services | | |
| | | |

| E12. About how much money do you make each week? (Specify currency) | COMMENTS FOR SCHOOL/ SUPPORT STATUS |
|---|--|
| (NOTE include bartering and trading things or services for money or things and other services) | |
| E13. If you make money, what happens to the money you make? 1-I keep it 2- I have to spend it quickly 3- I give it to a caregiver 4- I give it to someone else (be specific): | |
| SHOW THE CHILD THE CARRE SCALE, AND ASK HER/HIM TO USE THIS SCALE TO RATE THE NEXT QUESTION: E14. How important is it to you for you to go to school (0-4)? (use the CARRE scale) | |
| INTERVIEWER SEVERITY RATING | |
| E15. How would you rate the child's need for school help (0-9)? | |
| E16. How would you rate the child's need for economic support help (0-9)? | |
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DRUG/ALCOHOL USE

| D1. Have you ever seen someone get drunk or high by smoking? (1=Y/0=N) | | | | | | | COMMENTS FOR DRUG/ ALCOHOL USE | | |
|--|-------|------------------|-------|-------------|--------|-------------------|-----------------------------------|---------------|--|
| D2. Have you ever seen son these drugs to herself/himse | | | | eedle | e to a | admii | nister any | of | |
| D3. Have you ever tried alco | hol d | or dru | ugs? | (1=Y | //0=N | 1) | | | |
| Route of Administration: 1-Oral 2-Nasal 3-Smoking 4-Non-IV injection 5-IV injection 6-sublingual | | | | | | | | | |
| Level of risk perception: 0=n 4=very risky | ot ri | sky ⁻ | 1= a | little | risky | y 2=s | some risk | 3= risky | |
| | Ŭ | e at use | | ays t 30 | i | ears n time | Route of Admin | Risk Level | |
| D4. Alcohol (any use) | | | | | | | | | |
| D5. Cannabis | | | | | | | | | |
| D6. Inhalants | | | | | | | | | |
| D7. Barbiturates Sedatives/hypnotics/tranqui | | | | | | | | | |
| D8. Cocaine /paco/crack | | | | | | | | | |
| D9. Amphetamines or other stimulants | | | | | | | | | |
| D10. Heroin/opium/ Other opiates Specify | | | | | | | | | |
| D11. Hallucinogens | | | | | | | | | |
| D12. More than 1 per day (inc. alcohol) | | | | | | | | | |
| | | | | | | | | | |
| D13. Have you passed out/blacked out after using alcohol or drugs? (1=Y/0=N) | | | | | | | | | |
| D14. Have you ever used a to yourself? (1=Y/0=N) | neec | lle to | adm | ninist | er ar | ny of | these dru | gs | |
| How much money (can be would you say you spent du | ring | the p | ast 7 | 7 day | /s on | | or service | es) | |
| D15. Alcohol or drugs? (Sp | ecity | / curi | ency | |) | | | | |

| D16. How do you most often use drugs? 1-alone, 2-with friends, 3-with family or 4-with friends and family | COMMENTS FOR LEGAL STATUS |
|--|---------------------------|
| D17. How many times have you been treated for drug use: | |
| D18. How many days in the past 7 days has alcohol or drug use stopped you from doing things you like to do or gotten you in trouble: | |
| INTERVIEW SEVERITY RATING: | |
| D19. How would you rate the child's need for alcohol or drug treatment (0-9)? | |
| LEGAL STATUS | |
| L1. Have you had any conflict with police or law? (1=Y/0=N) | |
| L2. Have people in your family had problems with the law? (1=Y/0=N) | |
| L3. Have you ever been taken away from your family by police or the government? (1=Y/0=N) | |
| INTERVIEWER SEVERITY RATING | |
| L19. How would you rate the child's need for legal help (0-9)? | |
| FAMILY/SOCIAL RELATIONSHIPS | |
| F1. What Is your current living environment? 1-Both parents 2-Single parent 3-Other relative 4-Foster home 5-Private care facility 7-Independent living 8-Parent/Step-parent 9-Other Specify: | |
| F2. How many times in the past year have you moved? | |
| F3. Have you ever run away from home (1=Y; 0=N)? | |
| F4. With whom do you spend most of your free time? 1-Family 2-Friends 3-Alone | |
| F5. Are you satisfied spending your free time this way? (1=Y/0=N)? | |

| F6. Have you ever been a member of a gang (1=Y/0=N)? COMMENTS FOR LEGAL STATUS | | | | | | | | |
|--|---|---------------------------|----------------------------|---------------------------|---------------|--------------|------------------|-----------------|
| F7. How many days in the past 30 did you participate in sports or other recreational activities with others? | | | | | | | | |
| F8. How many close frien | F8. How many close friends do you have? | | | | | | | |
| F9. How many of these friends use alcohol or drugs? | | | | | | | | |
| Which of these issues ha | ve you seei | n happen | with mem | bers of yo | ur family? | ? (1=Y/0=N | l) | |
| Relationship | A-Alcohol use-get drunk | D-Get high on drugs | T-Cig- arette smoker | W-Work all the time | G-Gam- ble | C-Suicide | M-Mental illness | V-vio- lence |
| F10. Mother | | | | | | | | |
| F11. Father | | | | | | | | |
| F12. Brother/Sister | | | | | | | | |
| F13. Aunt/Uncle | | | | | | | | |
| F14. Grandmother/ grandfather | | | | | | | | |
| F15. Yourself | | | | | | | | |
| F16. other people Specify | | | | | | | | |
| V-Yells a lot at another, pu | ishes and sl | noves in a | an argumer | nt, hits som | eone in th | ne family | | |
| F17. How many siblings | F17. How many siblings do you have? | | | | | | | |
| F18. Have you had times | s when you | have exp | perienced : | serious pro | blems ge | etting along | g with: | |
| | Relation | onship | | | | 0-No | 1- | Yes |
| Mother | | | | | | | | |
| Father | | | | | | | | |
| Brothers/Sisters | | | | | | | | |
| Other family member | | | | | | | | |
| Friends | | | | | | | | |
| Neighbors | | | | | | | | |
| Teachers | | | | | | | | |
| | Mentor (coach, faith leader) | | | | | | | |
| Other, specify: | Other, specify: | | | | | | | |

| F19. How much do members of your family support and/or help one another (0-4)? (use the CARRE scale) | | | | | | |
|---|--------------|------------|------------------|-----------------|--|--|
| F20. How much do members of your family fight and/or have conflicts with one another (0-4)? (use the CARRE scale) | | | | | | |
| F21. How much do members of your family participate CARRE scale) | te in activi | ties toget | ther (0-4)? (use | the | | |
| F22. How much are you able to confide in your paren | its/caretak | ker (0-4)? | (use the CARRI | E scale) | | |
| F23. How much are you able to express yourself and CARRE scale) | be heard | in your fa | mily (0-4)? (use | the | | |
| INTERVIEWER SEVERITY RATING: | | | | | | |
| F24. How would you rate the child's need for family a | nd/or soci | al counse | eling (0-9)? | | | |
| PSYCHIATRIC STATUS How many times in your life have you: | | | | | | |
| P1. Have you ever taken medications to treat your me | ental prob | lems? (1= | =Y/0=N) | | | |
| | Never 0 | Once 1 | A few times 2 | Many times 3 | | |
| P2. Felt very sad, and had a sense of hopelessness? | | | | | | |
| P3. Felt very tense, uptight, and unreasonably worried? | | | | | | |
| P4. Saw things or heard voices that others did not see or hear? | | | | | | |
| P5. Had trouble understanding, concentrating, or remembering? | | | | | | |
| | | | | | | |
| P6. Cut self in some way? | | | | | | |
| P6. Cut self in some way? P7. Harmed self in some way? | | | | | | |
| · | | | | | | |
| P7. Harmed self in some way? | | | | | | |
| P7. Harmed self in some way? P8. Thought seriously about suicide? | | | | | | |
| P7. Harmed self in some way? P8. Thought seriously about suicide? P9. Attempted suicide? | atric treatn | nent? (0-9 | 3) | | | |

TYPICAL DAY

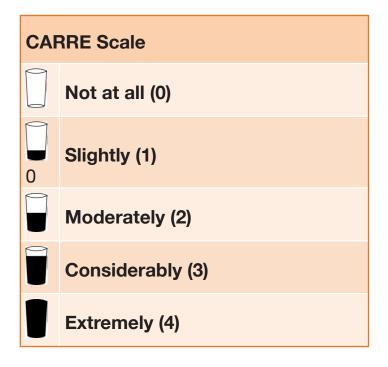
What kind of things would a Child like to do if he or she was not using drugs?

Read the entire list of activities to the child and have her/him select at least five things that she/he likes to do.

| Activity | 1-Yes 0- No | Activity | 1-Yes 0- No |
|-----------------------------|-------------|-------------------------|-------------|
| Physical Activity | | Indoor activities | |
| Swim | | Cook | |
| Exercise | | Read | |
| Play Football | | Computers | |
| Boxing | | Watch TV | |
| Play sports | | Play video games | |
| Martial arts (karate, etc.) | | Chess | |
| Play outside | | Pinball | |
| Creative Arts | | Watch a movie | |
| Draw or paint | | Go to the movies | |
| Listen to music | | Go to arcades | |
| Crafts | | Go out to eat/to a cafe | |
| Make things out of clay | | Go to a museum | |
| Carpentry/furniture making | | Make clothes | |
| Dance | | Other Activities | |
| Learn magic tricks | | Go camping | |
| Drama or acting | | Go fishing | |
| Circus | | Religious activities | |
| Photography | | Other | |
| Singing/Choir | | | |

| LIST OF COMMONLY USED DRUGS: | | | | | |
|------------------------------|--|--|--|--|--|
| Alcohol: | Beer, wine, liquor, grain (methyl alcohol) | | | | |
| Cannabis: | Marijuana, Hashish, Pot, Bango Igbo, Indian Hemp, Bhang, Charas, Ganja, Mota, Anasha | | | | |
| Inhalants: | Nitrous Oxide (Whippits), Amyl Nitrite (Poppers), Glue, Solvents, Gasoline, Toluene, Etc. | | | | |
| Barbiturates: | Nembutal, Seconal, Tuinal, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinal, Doriden, etc. | | | | |
| Sed/Hyp/Tranq: | Benzodiazepines = Valium, Librium, Ativan, Serax, Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = Chloral Hydrate, Quaaludes | | | | |
| Cocaine: | Cocaine Crystal, Paco, Pasta Base, Free-Base Cocaine, Crack, Rock, etc. | | | | |

| Amphetamines: | Monster, Crank, Benzedrine, Dexedrine, Ritalin, |
|----------------|--|
| Stimulants: | Preludin, Methamphetamine, Speed, Ice, Crystal, Khat |
| Heroin: | Smack, H, Horse, Brown Sugar |
| Opiates: | Opium, Fentanyl, Buprenorphine, pain killers - Morphine, Dilaudid, Demerol, Percocet, Darvon, Methadone, Dolophine |
| Hallucinogens: | LSD (Acid), Mescaline, Psilocybin (Mushrooms), Peyote, PCP, MDMA, Ecstasy, Angel Dust |



For the purpose of this interview, severity will be defined as need for treatment where there currently is none; or for an additional form or type of treatment where the child is currently receiving some form of treatment. These ratings should be based upon reports of amount, duration, and intensity of symptoms within a problem area.

The following is a general guideline for the ratings:

- 0-1 No real problem, treatment not indicated
- 2-3 Slight problem, treatment probably not necessary
- 4-5 Moderate problem, some treatment indicated
- 6-7 Considerable problem, treatment necessary
- 8-9 Extreme problem, treatment absolutely necessary

It is important to note that these ratings are not intended as estimates of the child's potential benefit from treatment, but rather the extent to which some form of effective intervention is needed, regardless of whether that treatment is available or even in existence.