

IP Name:	
IP MAID#:	
IP DOB:	
Caregiver 1 (CG1):	
Caregiver 2 (CG2):	
Completed by/Team:	

Survey Type:	Reason for Discharge:
<input type="checkbox"/> Initial MFAF/Admission <input type="checkbox"/> Mid-Treatment MFAF (Optional) <input type="checkbox"/> Final MFAF/Discharge	<input type="checkbox"/> Successful Treatment <input type="checkbox"/> Failure to Connect <input type="checkbox"/> Family Disengaged <input type="checkbox"/> Transfer to CBH Higher Level of Care <input type="checkbox"/> Administrative Discharge

Instructions

1. CBH recommends that MFAF be administered at the beginning and end of treatment. However, the MFAF can be administered any time between initial and final MFAF assessments. Use of the MFAF midway through the treatment episode is a programmatic decision.
2. Rate each question based on both your observations of interactions among family members and on responses to your questions about family life and relationships.
3. Caregiver (CG) ratings of 2.0 and below are considered strengths, while ratings 3 or 3.5 are considered problems of a moderate nature and should be incorporated in your treatment plans.
4. Ratings of 4 and higher are problems of major nature and may involve risk to the children’s safety and well-being. These problems should be given priority in treatment plan. Indicate the score in the box to the right of the question.
5. Please clearly identify the names of Caregiver 1 and Caregiver 2 on the face sheet and summary
6. There are a few questions that can be considered “Not applicable, (N/A),” as an option that should be utilized when appropriate. FBS teams can write “N/A” as a response to this question.
7. Refer to [MFAF Frequently Asked Questions](#) for assistance with using this tool.

The Philadelphia Child and Family Therapy Training Center, Inc. created the MFAF to facilitate linkage with ESFT. It is based on two dimensions from the Family Assessment Form[®] developed by the Children’s Bureau of Southern California (CBSC) with special acknowledgement to Sandy Sladen and Judith Nelson. Used with permission by the CBSC for ESFT outcome research. Per the author’s request, the published copyrighted CBSC FAF must be used for all formal clinical assessment and research purposes. Use of the MFAF is prohibited without the expressed written consent of the Philadelphia Child and Family Therapy Training Center, Inc.

Section I: Caregiver–Child Relationship

1. (D6). Are caregiver(s) attached and emotionally responsive to the IP?

CG1:

CG2:

Response Key:

1 1.5	Encourages appropriate attachment and independence; attentive; responds appropriately to needs; reads child(ren)'s cues correctly, consistent messages to child(ren)
2 2.5	Adequate emotional involvement and support; occasional difficulty allowing separation/differences; reads cues correctly most of the time
3 3.5	Some inconsistency in emotional support; some ambivalence, responds to physical and/or social needs inconsistently; difficulty reading child(ren)'s cues; some over-involvement or lack of appropriate involvement
4 4.5	Minimal responsiveness to child(ren)'s needs; little emotional investment; irritable; over-identifying; often misinterprets cues; frequently does not respond or responds inappropriately; minimal response to child(ren)'s approach/attachment to other people
5	Inappropriate attachment (e.g., unable to see child(ren) as separate individual); resentful; rejecting; detached; promotes child(ren)'s attachment to other people rather than <i>self</i> ; child(ren) endangered by non-responsive or inappropriate responses; total lack of involvement with child(ren)

2. (D7). Do caregiver(s) enjoy and identify with the parental role?

CG1:

CG2:

Response Key:

1 1.5	Happy to have parental role; sees humor in parenting; accepting; warm; loving; positive; has realistic view of challenges and rewards
2 2.5	Generally positive; accepts parental role; verbalizes some enjoyment most of the time
3 3.5	Inconsistent view of parenting; mostly views child(ren) as responsibility; limited moments of enjoyment in parenting; some indifference; some irritation and resentment; attitude depends on mood
4 4.5	Primarily negative view of parenting, feelings of being tied down; no pleasure; ambivalent; predominantly irritated and resentful; minimal expression of love or acceptance of child(ren)
5	Negative view of parental role; child(ren) seen as obstacle in caregiver's life; resent responsibility or parenting and parenting tasks, detached and indifferent or rejecting; no desire to fulfill parenting role

3. (D1). Do caregiver(s) understand the development concerns of the child(ren)?

CG1:

CG2:

Response Key:

- 1
Above average understanding of child(ren) and child development
1.5

- 2
Adequate knowledge of child development leading to age-appropriate expectations
2.5

- 3
Limited knowledge in some areas leading to parental frustration over age-typical child behavior
3.5

- 4
Limited understanding; could place child(ren) at high risk for emotional and/or physical abuse or neglect; sees problems that are not there; has unrealistic expectations of child(ren)
4.5

- 5
Limited knowledge or inappropriate understanding of child development which has resulted in some types of abuse or neglect

4. (D9). Do caregiver(s) encourage open communication and involvement with the IP?

CG1:

CG2:

Response Key:

- 1
Open two-way verbal communication without fear; praises and supports appropriately
1.5

- 2
Generally good communication, with some difficulty verbalizing in some areas (i.e., sex, deep feelings); usually supportive; sometimes doesn't listen to child (ren)'s attempt to communicate; no verbal abuse
2.5

- 3
Limited communication; gives some mixed messages; some ignoring or discounting of child (ren)'s attempt to communicate; some criticism of child(ren)
3.5

- 4
Minimal communication; primarily negative, harsh, and ineffective; Child(ren) are discouraged from communicating thoughts or feelings, rarely supportive
4.5

- 5
Communication is negative, critical, and abusive; Child(ren) not allowed to talk about feelings; or absence of verbal communication; non-supportive

5. (D10). Is IP able and willing to communicate needs and feelings to caregiver(s)?

CG1:

CG2:

Response Key:

- 1
Open verbal communication and appropriate affection; child(ren) able to express feelings and needs
1.5

- 2
Child(ren) can generally communicate feelings and needs appropriately
2.5

- 3
Child(ren) has some difficulty communicating won feelings and needs to caregiver(s); hesitant in initiation and response; gives only brief answers, sometimes ignores caregivers
3.5

- 4
Extremely limited ability to communicate; frequently ignores or verbally provokes caregivers; frightened or withdrawn; rarely shares ideas, feelings, or needs with caregiver
4.5

- 5
No effective or constructive communication with caregiver; constant fighting or provoking, or active avoidance, or verbally abusive towards caregiver

6. (D12). How securely attached is IP with each caregiver?

CG1:

CG2:

Response Key:

- 1
Child exhibits consistently appropriate attachment and bonding to caregiver.
1.5

- 2
Child exhibits adequate bonding; shows occasional tensions or anxieties.
2.5

- 3
Child exhibits some signs of ambivalence, anxiety, or hostility toward caregiver; child may demonstrate insecure attachment (e.g., may appear overly needy)
3.5

- 4
Minimal appropriate attachment with caregiver; behavior indicates anger, uncertain, reluctance, or indifference toward caregiver; child may seem needy of attention from strangers
4.5

- 5
Inappropriate attachment, child exhibits extreme dependence or independence; consistently hostile; rejecting or provocative stance towards caregiver; or excessive fearfulness of caregiver; or indiscriminate attachment to strangers

7. (D11). Does the child(ren) cooperate and follow caregiver(s)' rules and directions?

CG1:

CG2:

Response Key:

- 1
Consistently cooperative; follows rules and directions established by caregivers
1.5

- 2
Mostly cooperative; generally, follows rules and directions established by caregivers
2.5

- 3
Inconsistently cooperative; needs frequent reminding to follow rules and directions established by caregivers
3.5

- 4
Mostly uncooperative; seldom abides by rules and directions established by caregivers
4.5

- 5
Uncooperative; refuse to follow rules and directions established by caregivers

Section II: Co-Caregiver Relationship

8. (F1). Are the caregivers able to listen to one another and problem-solve?

Score:

Score Key:

- 1
Consistently able to negotiate and communicate; encourage each other to give and express own opinion
1.5

- 2
Generally able to negotiate; occasional difficulty in developing options or listening to each other
2.5

- 3
Limited communication skills; able to problem-solve some daily living issues (i.e., shop, home chores), but difficulty solving bigger issues (i.e., children, relatives)
3.5

- 4
Rarely able to problem-solve together, decision-making discussions become arguments
4.5

- 5
No compromise or negotiation; problems are not discussed

9. (F2). Are caregivers able to deal directly and calmly with conflict?

Score:

Score Key:

- 1
_____ Constructively talk over problems; effective handling of stress/conflict
1.5

- 2
_____ Discuss major differences; most conflicts resolved; occasionally arguing
2.5

- 3
_____ Major conflicts ignored and remain unresolved; able to resolve minor differences; but there is frequent arguing; some verbal threats and intimidation used
3.5

- 4
_____ Constant disagreement; arguing; occasionally resort to physical expression, like slamming doors, breaking things, but not physically abusive to one another
4.5

- 5
_____ Incapable of dealing with conflict effectively; resorts to negative behaviors, e.g., domestic violence substance abuse, abandonment, harmful to emotional and physical health/safety of self and others

10. (F3). Is there a balance of power between caregivers?

Score:

Score Key:

- 1
_____ Distribution of power is functional within context of family
1.5

- 2
_____ Minor imbalance; “traditional roles” accepted by both caregivers (i.e. culturally accepted roles)
2.5

- 3
_____ Some imbalance leading to some difficulty in problem solving and conflict resolution; but there is some emotional distress exhibited due to nature of interdependent roles
3.5

- 4
_____ Major imbalance; high risk for domestic violence; emotionally harmful; one is extremely domineering
4.5

- 5
_____ Severe imbalance; detrimental to physical and emotional well-being of children or adults; one extremely victimized or dominated; presence of domestic violence

Ila. Caregiver Contributions to Relationship Dynamic (support, respect, communication)

11. (F4). Do the caregivers emotionally support one another?	CG1:	
	CG2:	

Response Key:

- 1 Supportive; responsible; appreciative; encouraging
1.5

- 2 Mostly supportive and encouraging; minor disagreements or disappointments where partner might feel criticized
2.5

- 3 Limited and inconsistent support; unpredictable; unknowingly hurtful
3.5

- 4 Minimal support; frequent unreliable; irresponsible; often let's partner down; frequently does not back partner; critical
4.5

- 5 Does not follow through on agreements; unreliable; extremely critical of others; insults partner in public; ridicules partner

12. (F5). Do the caregivers show respect and caring for one another?	CG1:	
	CG2:	

Response Key:

- 1 Respectful; positive; admiring; caring; appreciative of differences; trusting
1.5

- 2 Generally supportive and encouraging; warm; occasionally feels some minor irritation with partner
2.5

- 3 Some indifference; irritation; patronizing; ambivalence
3.5

- 4 Condescending; resentful; angry; disrespectful; fearful
4.5

- 5 Excessively fearful; abusive; hostile; hateful; rejecting; totally indifferent

13. (F6). Do the caregivers show a willingness and ability to communicate with one another?

CG1:

CG2:

Response Key:

- 1
Open communication; able to express opinions, feelings, or experiences comfortably and safely
1.5

- 2
Generally supportive and encouraging; warm; occasionally feels some minor irritation with partner
2.5

- 3
Limited communication; daily life/business oriented; minimal personal conversation; minimal hearings of feelings; non-productive communication of important issues, tendency to withdraw
3.5

- 4
Minimal communication; very poor communication; a lot of misunderstanding; misreading of other's cues; mostly unwilling to listen to other's opinions
4.5

- 5
No communication; no ability or willingness to listen, express opinion or feelings

Section III: Executive Skills (Parenting)

14. (D2). Are caregiver(s) effective in providing developmentally appropriate structure and routine?

CG1:

CG2:

Response Key:

- 1
Consistent routine for child(ren) that is age-appropriate and recognizes individual differences
1.5

- 2
Reasonably consistent, flexible, and age-appropriate daily routines
2.5

- 3
Has some daily routines; some inconsistency or rigidity
3.5

- 4
Minimal routine with little consistency or overly rigid or overly permissive
4.5

- 5
No routine; no consistency, no flexibility

15. (D3). Do the caregiver(s) practice only non-physical forms of discipline?

CG1:

CG2:

Response Key:

- 1
Only uses non-physical forms of discipline
1.5

- 2
Generally, does not use physical discipline but may infrequently swat with hand or spank
2.5

- 3
Uses physical discipline in response to specific behaviors; spanking, pinching, pulling ears or hair
3.5

- 4
Regular use of physical punishment which could endanger child(ren)'s safety; use of belts, shoes; throws things at child
4.5

- 5
Regular and severe physical punishment; explosive and out of control; shaking of infants or toddlers; behavior endangers child(ren)'s safety

16. (D4). Are caregiver(s) able to use intentional discipline strategies and remain under emotional control when dealing with the children?

CG1:

CG2:

Response Key:

- 1
Well thought out, age-appropriate, non-punitive educational approach; uses variety of positive techniques as part of regular routine
1.5

- 2
Generally, practices rules, natural consequences, positive reinforcements when disciplining; caregiver in emotional control
2.5

- 3
Some inappropriate expectations; some potential for emotional or physical harm, tendency to focus on negative aspects of child(ren)'s behavior, i.e. "serves you right" attitude; sometimes ignores child(ren) inappropriately; sometimes does not discipline when needed
3.5

- 4
Unplanned punitive approach; mostly reacts emotionally and with inappropriate age expectation; emotionally abusive; overreacts to behaviors and situations; rarely sees positive in child(ren); does not discipline most of the time; means discipline has great potential for harm
4.5

- 5
Past or current severe emotional and/or physical abuse, or no discipline at all

17. (D5). Are caregiver(s) consistent in enforcing rules and implementing consequences?

CG1:

CG2:

Response Key:

- 1
Well thought out, consistent plan appropriate for situation; not negatively impacted by caregiver's mood or stress level
1.5

- 2
Generally consistent and predictable response to behavior; appropriate to age and situation; infrequently impacted by caregiver's mood
2.5

- 3
Some consistency; caregivers unaware of importance of consistency; occasionally dependent on caregiver's mood; sometimes inappropriate for age or situation
3.5

- 4
Mostly inconsistent or unpredictable; little flexibility related to age or situation; mostly dependent on caregiver's mood or stress level
4.5

- 5
No consistency or predictability; no flexibility related to age or situation; totally dependent on caregiver's mood or stress level

18. (D8). Are caregiver(s) comfortable with the authority role, showing effectiveness in setting limits and boundaries with the children?

CG1:

CG2:

Response Key:

- 1
Consistently demonstrates ability to exercise appropriate authority; willing and able to negotiate on privileges and consequences appropriate to child(ren)'s age and situation; caregiver knows how and when to set and hold limits
1.5

- 2
Generally consistent in exercise of appropriate authority; occasional power struggle; can usually set and hold limits
2.5

- 3
Some inconsistency in setting limits and structure; arbitrarily exercises authority
3.5

- 4
Seldom exercises appropriate authority; minimal limit setting; seldom maintains limits set; frequent role reversal. Constant power struggles, caregivers unable to say no or allow child(ren) any decision-making power; child(ren) mostly set own rules
4.5

- 5
Demonstrates no ability to exercise appropriate authority, no structure or limits; complete role reversal; abdicates responsibility

19. (E4). Are caregiver(s) effective in managing sibling conflicts?

CG1:

CG2:

Response Key:

- 1
1.5 Aware and sensitive to sibling interactions; teaches problem solving, appropriate sharing and respect; appreciates individual differences; fairness is important

- 2
2.5 Limits fighting; encourages appropriate sharing and verbal conflict resolution; generally, assists with problem solving; tries to be fair

- 3
3.5 Inconsistent; sometimes assist with conflicts and problem solving; fairness not generally considered important

- 4
4.5 Indifferent, leaves to own device; tends to ignore sibling interaction both positive and negative; or does not treat children equitably

- 5 Favors or rejects one; or fosters rivalry; or scapegoats one child; or allows one to rule; or compares children negatively

Summary

County		Therapist	
Program		Supervisor	
Trainer		Weeks of Treatment Completed	
# of Treatment Sessions to Date		Date Opened	

If Case Closed, Reason For Closing:

- Family Completed Program Successfully
- Family Moved from Area
- Family Refused/Dropped
- Therapist Decided to Terminate Services
- Other

Outcome of Goals

CG 1 Name		CG 2 Name	
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Section I: Caregiver-Child Relationship

Priority of Goals	Goals	Caregiver	Assessment Rating	Termination Rating
<i>(D6). Are caregiver(s) attached and emotionally responsive to the IP?</i>				
		CG1		
		CG2		
<i>(D7). Do caregiver(s) enjoy and identify with the parental role?</i>				
		CG1		
		CG2		
<i>(D1). Do caregiver(s) understand the development concerns of the child(ren)?</i>				
		CG1		
		CG2		
<i>(D9). Do caregiver(s) encourage open communication and involvement with the IP?</i>				
		CG1		
		CG2		
<i>(D10). Is IP able and willing to communicate needs and feelings to caregiver(s)?</i>				
		CG1		
		CG2		
<i>(D12). How securely attached is the IP with each caregiver(s)?</i>				
		CG1		
		CG2		

(D11). D11: Does the child(ren) cooperate and follow caregiver(s)' rules and directions?

		CG1		
		CG2		

Section II: Co-Caregiver Relationship

Priority of Goals	Goals	Caregiver	Assessment Rating	Termination Rating
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(F1). Are caregiver(s) able to listen to one another and problem solve?

		CG1		
		CG2		

(F2). Are caregiver(s) able to deal directly and calmly with conflict?

		CG1		
		CG2		

(F3). Is there a balance of power between caregivers?

		CG1		
		CG2		

(F4). Do the caregivers emotionally support one another?

		CG1		
		CG2		

(F5). Do the caregivers show respect in caring for one another?

		CG1		
		CG2		

(F6). Do the caregivers show a willingness and ability to communicate with one another?

		CG1		
		CG1		

Section III: Executive Skills (Parenting)

Priority of Goals	Goals	Caregiver	Assessment Rating	Termination Rating
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(D2). Are caregiver(s) effective in providing developmentally appropriate structure and routine?

		CG1		
		CG2		

(D3). Do caregiver(s) practice only non-physical forms of discipline?

		CG1		
		CG2		

(D4). Are caregiver(s) able to use intentional discipline strategies and remain under emotional control when dealing with children?

		CG1		
		CG2		

(D5). Are caregiver(s) consistent in enforcing rules and implementing consequences?

		CG1		
		CG2		

(D8). Are caregiver(s) comfortable with authority role, showing effectiveness in setting limits and boundaries with children?

		CG1		
		CG2		

(E4). Are caregiver(s) effective in managing sibling conflicts?

		CG1		
		CG1		

Summary of Progress

In your opinion, was progress made in this case?

Yes

No

Please specify (see case narrative):

In your family's opinion, was progress made in this case?

Yes

No

Please specify (if not possible to ask family's opinion, leave blank):