



FAMILY RESILIENCE AND OPPORTUNITIES FOR
GROWTH SCALE

FROG SCALE
**CONVERSATION
STARTERS**



Social and Emotional Competence



#1 – FAMILY ENVIRONMENT

Intent: In this section, we are looking at the physical and emotional environment this new baby or child is coming into. This may include the parents' emotional readiness for a new child; their ability to think about, prepare, and plan for the child; and any other physical or emotional demands on their time and energy.

What to listen for:

- what type of environment this new baby will come into
- potential barriers to the parent's ability to meet baby's needs and interpret baby's cues
- the parent's capacity for intentional (rather than reactionary) behavior with their baby
- the potential impact of pregnancy/infant on family life
- what support this new parent has for their role as a parent
- how challenges impact a parent's ability to care for the baby

Conversation starters:

- It can be a big change to bring a new baby into your home.
 - What do you think it's going to be like/what has it been like, bringing this baby/child into your home?
- Tell me a little about your family and who you live with?
 - Who else are you already caring for?
(Follow up to learn ages, how consistently present, any special conditions, etc.)
- How do you think your family's culture will influence how you raise your child?
- How would you describe your family life?
(If necessary, provide choices: calm, stressful, lively, lots of drama, etc.)
- Are there any other family dynamics that make things challenging
(e.g., blended families, former partners, etc.)?
- What do you think will be your greatest strengths as a parent?
- What is your biggest worry about bringing this new baby into your life or home?
- How does your family prepare for a new baby?
 - Follow up on changing routines, introducing baby to other siblings, getting baby supplies, etc.
- Who is/will be here to support you? (Parent being deployed, incarcerated, etc., might mean less support.)
 - Who was/will be here for you when you return(ed) from the hospital?
 - Follow up on whether that was helpful or not.
- Looking back at your own upbringing or childhood, what things do you hope will be similar or different?

Social and Emotional Competence



#2 – PERCEPTION OF THE CHILD

Intent: Here we want to explore how this parent sees this new baby. Research shows that those who already see their baby as challenging or difficult (particularly if intentionally so) are at increased risk for child maltreatment.

What to listen and observe for:

- how the parent talks about the baby
- facial expressions, such as joy, contentedness, frustration, disinterest, etc., and body language
- unrealistic expectations, such as bringing a partner back to the relationship or helping the parent stay off drugs
- disappointment in the baby (looks, gender, behavior, etc.)
- whether the parent's words match his/her expressions and actions

Conversation starters:

- How did you feel when you first learned you were pregnant?
 - How do you feel about the pregnancy/baby now? (If they weren't happy, consider asking how they adjusted.)
 - Did you ever consider not keeping this baby?
- If I asked you to describe your baby in 2-3 words, what would you say? (Ask all parents, even if baby not yet born.)
 - Would you say they're happy, active, sleepy, fussy, calm, or something else?
 - Is the baby what you expected? (How or how not?)
- What are your hopes and dreams for your baby?
- Do you have any particular worries or concerns about the pregnancy or baby?
- It can be a big change to bring a new baby home.
 - How do you expect your new baby might change things?



Knowledge of Parenting and Child Development



#3 – INFANT AND CHILD DEVELOPMENT

Intent: Here, we want to learn what a parent knows about child development, how flexible or rigid their expectations are, and their ability to accept and respond to the needs of their child. Infants and young children depend upon their parents to meet their physical and emotional needs, as well as provide a safe and stimulating environment. At the same time, the parents are often tired and are learning to integrate the baby into their lives and routines. When babies cry, sleep, feed, and wake on their own schedule, become mobile, throw tantrums, etc., parents may feel out of control and frustrated.

NOTE: Because it can be difficult for new parents to anticipate the future, we focus here on the early weeks and months of a baby's life unless the child is older at intake. If that is the case, provide examples and scenarios that reflect the child's age.

What to listen for:

- basic knowledge of infant/child development, including social-emotional development
- tolerance and responsiveness vs intolerance or rigidity
- understanding that babies cry when they are uncomfortable for any reason
- what to do if what a parent tries first doesn't work
- indications that parent thinks baby "does not like" them or worries they have to keep baby from disturbing or bothering their partner

Conversation starters:

- What kind of experiences have you had taking care of babies or young children (caring for young siblings, having other children, babysitting, etc.)?
- Use 2 of the following developmental milestones (appropriate timeframes, as defined by Zero to Three, are provided). When do you think:
 - your baby might start to sleep through the night? (4 months)
 - your baby might start to feel afraid? (3-5 months)
 - your baby can control their emotions? (3.5-4 years)
 - your baby might start to roll over? (3-6 months)
 - you'll start feeding your baby solid foods? (4-6 months)
 - your baby might start to walk? (9-15 months)
 - your baby might start to understand "no"? (9-12 months)
 - your baby might be ready to start potty training? (18-36 months)
 - your child can start to follow simple instructions? (2 years)
 - your child can start to take turns? (3 years)
 - children are able to share? (3.5-4 years)
 - children start to develop self-control (resisting the desire to do something that is forbidden)? (3.5-4 years)
 - If parent offers a response, follow up to ask when they would start to worry if baby wasn't meeting that timeframe.
 - How important is it to you that your baby (meets that timetable)?
 - If parent has no idea, ask, "Have you thought about how you might learn?"
(Do NOT ask who they will ask, since that assumes they can identify a particular person.)
- What have you heard from others (your mom, sister, friend, etc.) about how to respond to baby's cries?
- "Let's say your baby is 2-3 months old, you lay the baby down, and baby starts to cry. What do you think you might do? Then, what would you do if you've tried everything you can think of, you're alone with the baby, and your baby still won't stop crying?"
 - If first-time parents have difficulty responding, ask: "When you hear a baby crying nonstop, what is that like for you?"
 - Do you worry that your baby might get spoiled if you respond to them quickly when they cry?

Knowledge of Parenting and Child Development



#4 – PLANS FOR DISCIPLINE

Intent: Here we want to learn what a parent will do to address the day-to-day situations that can wear a parent down, **not** what a parent might do in occasional situations that are truly dangerous. Infant and toddler behaviors can easily push parents' buttons, even when the behavior is normal for the child's stage of development. Discipline is about helping a person to learn about the consequences of their behavior in supportive ways.

What to listen for:

- understanding of the difference between guidance and punishment
- understanding babies' need to explore and learn about their environment
- similarities or differences with how the parent was disciplined as a child
- cultural forms of discipline and the intent behind them

Conversation starters:

- All babies do things we don't want them to do. Have you thought about how you might respond when that happens? (Focus on the first 12 months of life unless child is older at intake.)
 - For parents with no experience, use a scenario based on what they might have seen with a friend or relative who has a baby, or that they might have observed while out at the store, in church, etc.
 - For parents with other children, ask what they have done with those children and what has or hasn't worked.
- How do you think you would handle it if the baby continues to do that even after you've addressed it once?
- When do you think babies start to understand the word "No" or understand that they're misbehaving?

Examples of positive expectations or limits might include: redirection, removal of objects, reorganizing kitchen to put safe objects within reach, creating a safe space, etc.

Examples for infant (under age 1): pulling hair or earrings, biting while breastfeeding, reaching for drink on the coffee table, throwing food off the edge of the highchair, pushing buttons on a TV or DVD player, playing with cell phone, tearing pages of a book or magazine, eating the pet's food, etc.

Examples for child (over age 1): fighting over toys, throwing toys, hitting or biting others, throwing tantrums, saying bad words, saying "No," etc.

Here we can also score on what the staff observes parents do with other children in the home. However, if a parent previously received services from CPS due to abuse, has changed their discipline methods, and describes what they do now or will use with this new baby, score according to what they say they will do now unless observed doing otherwise.

Knowledge of Parenting and Child Development



#5 – CHILD PROTECTIVE SERVICE

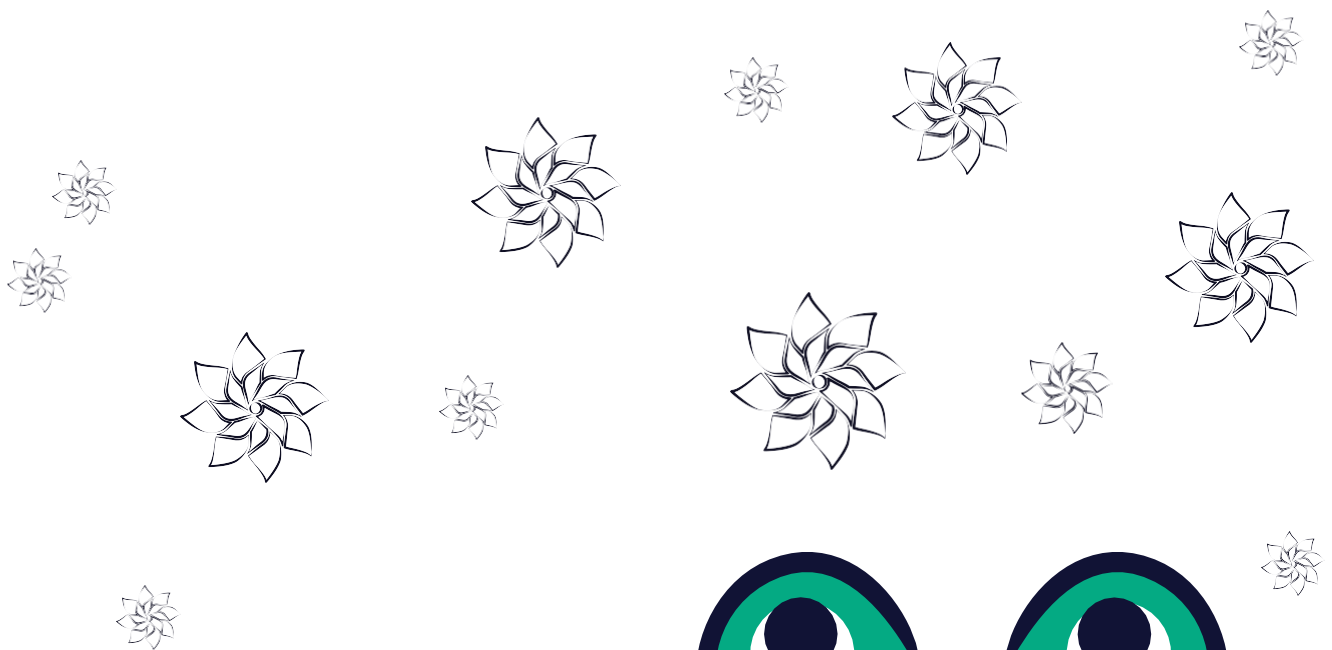
Intent: Here we look for a parent/caregiver's current or previous experience with Child Protective Services as a parent or caregiver. (We recognize that parents may not be aware of referrals made on them if CPS chose not to investigate.)

What to listen for:

- any concerns that others may have expressed about these parent's parenting abilities
- any referrals or investigations by CPS

Conversation starters:

- Has anyone ever expressed any worry about your parenting?
- Have you ever been visited by Child Protective Services?



Parental Resilience



#6 – POSITIVE CHILDHOOD EXPERIENCES

Intent: Here we are looking for the consistent presence of nurturing caregivers during these parent's childhoods that served as their models for how to parent, as well as generally positive or enjoyable experiences. Even though all children experience stressful or challenging early childhood events, it is the presence of sensitive, nurturing caregivers that assists the child in coping with the event(s) and preventing any life-altering negative impact on the child's developing brain.

#7 – STRESSFUL CHILDHOOD EXPERIENCES

Intent: In this section, we explore stressful or challenging events that occurred during the parent's own childhood and which may influence their capacity to parent. The connection between childhood experiences and adult physical and emotional well-being has been well established through the ACE study and these experiences may also influence one's perception of how to parent.

NOTE: It can be difficult to quantify exactly how many instances equals mild or extreme punishment. For example, being spanked once a year between the ages of 2 and 12 would add up to 10 spankings, but would also indicate that the parents relied on other discipline strategies most of the time. **Therefore, rather than identify a specific number of instances of spanking, yelling, etc., we introduce the word "routinely" to indicate a parent's primary response—was the parent's primary response to spank? To take away privileges? To use time out? Or to do something else?**

What to listen for:

- who was part of the household or environment
- the impact of any changes within the household
- supports both within and outside of the immediate family
- positive or enjoyable experiences
- use of physical punishment
- use of emotional or psychological forms of punishment
- things within the household, as well as things in the neighborhood, school, etc., that were stressful
- any type of trauma or adversity

Conversation starters:

- Most of us decide how we want to raise our children based on how we were raised ourselves. So let's talk about what your life was like as a child.
 - Who was part of your household/family? Did that change at any point? (Listen for separation or divorce, incarceration, death of a parent, removal from the home, foster care, etc.)
 - Where did you live? What was it like growing up in your neighborhood? (As appropriate, follow up with questions about moves, shelters, homelessness, refugee camps, frequency of moves, etc.)
 - Do you remember playing with friends, playing outside, etc.?
- Did you feel like you could talk to anyone in your family about things?
- When you were a child, what kinds of things made you feel sad or scared, angry or really stressed?
 - When you felt that way, who did you go to?
 - How did that person respond or help? How often did you get to see that person?



Conversation starters (cont.):

- What were some of your best memories?
- What kinds of things made you feel happy or calm?
- What are some things your parents did for or with you that you would like to do for your children?
 - What traditions or practices do you want to repeat?
- What would you like to change or do differently?
- When you were disobedient, what did your parents do? (As appropriate, follow up with clarifying questions: took away privileges, talked to, time out, spanked, used implements, left marks or bruises, parent would lose control, belittled or yelled at, locked in a closet, etc., as well as how often any of these occurred.)
- If punished as a child, did their parents try to make amends or talk about the behavior afterwards?
- What did your parents do when they were angry (e.g., at one another, at life, etc.)?
- During your childhood, was anyone ever sexually inappropriate with you? If so, what did you do about that?
- If the person describes any difficult or traumatic experiences, ask:
 - How do you think this has impacted your life?
- How were you able to cope or get through that (getting at resilience)?

Traumatic childhood events may include:

physical or emotional abuse; physical or emotional neglect; removal from the home or placement in foster care; sexual abuse or exploitation; living in a home with someone who experienced mental illness or substance/ alcohol abuse; growing up without a parent (due to separation, divorce, death, incarceration, etc.); housing challenges (unstable housing, frequent moves, homelessness); exposure to racism, bullying, community violence, gangs; financial worries (insufficient food, utilities, clothing); surviving a natural disaster; living in a refugee camp or war-torn area; etc.

Definitions:

- **Physical punishment:** any non-accidental physical injury to a child and can include tapping or smacking hands, spanking, pinching, squeezing, flicking, twisting an ear, kneeling on rice, biting, pulling hair, beating, threatening with a knife or gun, etc.
 - Physical abuse can also include human trafficking, including labor trafficking, and involuntary servitude.
 - Yelling here is not just about being scolded in a raised voice; it refers to a harsh tone of voice and loud volume.
- **Psychological maltreatment:** a repeated pattern and/or extreme incident(s) of caretaker behavior that thwart the child's basic psychological needs (e.g., safety, socialization, emotional support, cognitive stimulation, respect) and convey to a child that he or she is worthless, defective, damaged goods, unloved, unwanted, endangered, primarily useful in meeting another's needs, and/or expendable.
- **Sexual abuse:** All states include sexual abuse in their definitions of child abuse. Some states refer in general terms to sexual abuse, while others specify various acts as sexual abuse. Sexual exploitation is an element of the definition of sexual abuse in most jurisdictions.
- **Neglect:** the failure of a parent or other person with responsibility for the child to provide needed food, clothing, shelter, medical care, or supervision to the degree that the child's health, safety, and well-being are threatened with harm.
 - Abandonment is considered a form of neglect. In general, a child is considered to be abandoned when the parent's identity or whereabouts are unknown, the child has been left alone in circumstances where the child suffers or is likely to suffer serious harm, or the parent has failed to maintain contact with the child or provide reasonable support for a specified period.

Parental Resilience



#8 – BEHAVIORAL HEALTH

Intent: Here we want to explore the impact that potentially addictive behaviors such as alcohol or drug use, sex, shopping, gambling, etc., can have on the person's daily functioning, relationships, etc., as well as the parent's choice to prioritize these behaviors over the health and wellbeing of their child, as a way of determining what the impact may be on the child.

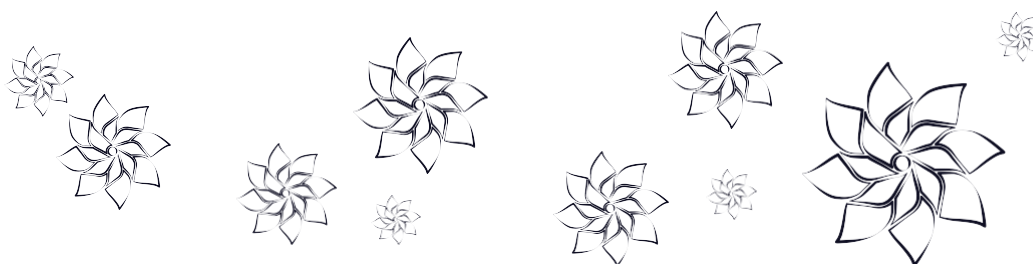
NOTE: It is hard to quantify exactly how much of any substance is "too much" for each individual parent, and specific numbers don't always clarify the risk to a child's wellbeing. However, asking questions about amounts, frequency, etc., may help guide the conversation toward the impacts.

What to listen for:

- whether parent's potentially addictive behavior is impacting their social, financial, legal, and/or day-to-day functioning, and therefore negatively affecting their ability to parent
- any interpersonal challenges caused by addictive behavior, including difficulty caring for baby/child
- how important the potentially addictive behaviors are to the parent (e.g., are they willing to risk the child's health by continuing to use drugs/alcohol/tobacco or will they stop for the sake of the baby)
- use of drugs/alcohol/tobacco during pregnancy, during breastfeeding, or while in the presence of the baby/child

Conversation starters:

- Sometimes people decide to make changes in their lives when they learn about a pregnancy. Those changes might include eating healthy, exercising, giving up cigarettes or alcohol, or other things. How about you?
- Life can be very stressful and it's not uncommon for people to have some healthy coping strategies and some not-so-healthy ones, such as shopping too much, drinking too much alcohol, smoking cigarettes, using drugs, gambling, etc. Have you found yourself using any of these kinds of coping strategies? If so, which ones?
- If parent responds that they have used an "addictive" coping strategy as above, ask when was the last time or often?
- Has [the addictive behavior] ever interfered with relationships, your job, caring for children, finances, legal challenges, etc.?
 - How do you think it might affect caring for (or your relationship with) your baby/child?
 - Have you ever missed work because of . . . ?
 - Have you ever gotten into fights when [using/drinking/etc.]?
- Have you noticed if you tend to [engage in any addiction] more when you are stressed, depressed, happy, etc.? How do you feel when it's not available?
- If parent has stopped any addictive behavior, ask how they were able to do so (this can be a strength).



Parental Resilience



#9 – MENTAL HEALTH

Intent: Here we want to explore the impact that mental health has on the parent's life (including daily functioning, relationships, etc.) as a way of determining the potential impact on the child.

Perinatal Mood Disorders: Symptoms of perinatal mood disorders are consistent with those of any mood disorders, can be experienced by both partners, and experience with either one increases risk of future episodes of the other. In general, untreated symptoms of mood disorders can lead to difficulties with bonding and attachment, so it is important to monitor all new parents.

What to listen for:

- whether parent's mental health status is impacting their social, financial, legal, and/or day-to-day functioning, and therefore negatively affecting their ability to parent
- interpersonal challenges brought on by mental health challenges, including difficulty caring for baby/children
- any indications of any mental illness, with or without diagnosis or treatment

Conversation starters:

- Some people experience changes in their moods, both during pregnancy and after birth. Has that happened to you? Tell me about what you've been feeling. Have you ever experienced that in the past or did it start with the pregnancy/birth?
- It's not uncommon for parents to have experienced some sort of depression or anxiety at some point. What about you? How has that impacted you and your family?
- What have you tried to help you cope with that? What have you found that works?
 - If appropriate, ask about counseling, meds, hospitalization, possible harm to self or others, etc.
- Also consider things like ADHD (inattention to detail, missing baby's cues, forgetting to take prescribed medication—what are the risks to parenting), eating disorders, etc.
- Explore symptoms (either self- or professionally diagnosed) – “what is that like for you?” or “how does this impact you?” or “how do you think this might affect your relationship with your baby?”
- What are your triggers? How do you respond?
- Has a parent or household member ever been depressed, mentally ill, or suicidal?
 - How about you— Over the past 2 weeks, how often have you been bothered by any of the following problems?
 - Little interest or pleasure in doing things
 - Feeling down, depressed, or hopeless
 - Feeling nervous, anxious, or on edge
 - Not being able to stop or control worrying

Parental Resilience



#10 – GENERAL STRESS LEVEL

Intent: Here we look at a parent's overall stress level. In babies' early years, direct exposure to chronic stress can have important psychological consequences. When parents are stressed, they are more likely to be distant, less engaged, or inconsistent in meeting their child's physical and social-emotional needs. Research shows that parental stress is one of the key factors that affects a baby's developing brain.

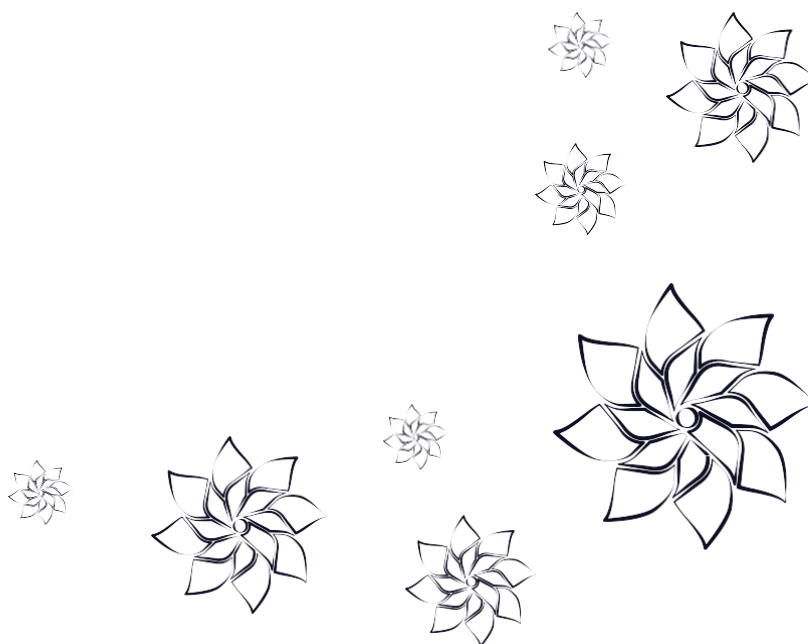
NOTE: There are many types of stressors. These may include, but are not limited to: financial concerns, housing, undocumented immigration status, fear of police due to marginalized status, loved one deployed, baby in the NICU or with significant medical needs, receiving services from CPS, etc. We want to learn what types of things cause stress for them as well as how those things combine to create an overall level of stress.

What to listen for:

- anything that causes stress for the parent/caregiver

Conversation starters:

- What kinds of things are causing you stress right now?
- What are the things that keep you up at night worrying?
- On a scale of 0-10, with 0 being not at all stressful and 10 being extremely stressful, how would you rate your overall stress level?



Social Connections



#11 – SOCIAL CONNECTIONS

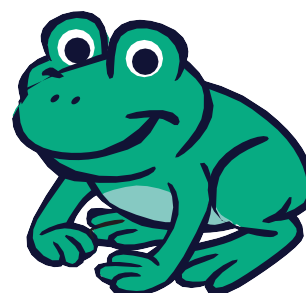
Intent: Here we want to know about the parent’s relationships with the outside world. It is partly about the presence or absence of a support system and partly about the quality of their interactions with others, including how they resolve conflict. While all parents need some amount of outside support (and the “right” amount may vary from person to person), how they access that support is dependent upon temperament, experience, trauma history, current situation, and other reasons.

What to listen for:

- how connected, supported, or isolated the person is
- how the parent feels about their level of connection
- whether the influence of family and friends is positive or negative

Conversation starters:

- Who are the people you can depend on?
- Does your family look out for each other, feel close to each other, and support each other?
- When you’re worried or stressed, who do you talk to or go to for support? (Can be either emotional or physical support.)
 - How often do you get to see that person?
 - Have you reached out to them in the past?
- How often are you in contact with other people (“in contact” can mean in person, by phone, through social media, etc.)?
- How has that changed since you learned of the pregnancy (or the baby arrived)? How do you feel about that change?
- How supportive are your family and friends? Are you satisfied with this level of support?
- Provide a scenario such as: What if you got sick in the middle of the night and had to go to the emergency room. Is there someone you can call on in an emergency that could help you with the baby? (Follow up to learn if the person lives close or far away, if the parent has ever reached out to this person before, when was the last time, etc.)
- What kinds of things do you do with your friends? What are your favorite things?
- What groups or organizations are you involved in (community groups, playgroups, religious/spiritual organizations, etc.)?
 - How long have you been involved?
 - What do you enjoy about them?



Social Connections



#12 – INTIMATE PARTNER SUPPORT

Intent: In this domain, we are looking at the overall quality of the romantic relationship the parent may be involved in whether or not this is the other biological parent of the baby. Research has shown that the quality of the parent-to-parent relationship is linked to child well-being. Even if the parents are not currently together, their ability to communicate with each other effectively and support one another contributes positively to their capacity to be both physically and emotionally available to their child.

#13 – INTIMATE PARTNER CONFLICT MANAGEMENT

Intent: Here we explore the parent's ability to resolve conflict within their romantic relationships, including those factors generally considered to be part of Domestic or Intimate Partner Violence. Usually this will refer to the parent's relationship with the other parent (even if they are no longer romantically involved), since research shows that infants and children are negatively impacted when there is conflict between their parents or caregivers, because the level of protective factors in the family is reduced. However, this can also apply to a relationship with a new partner, since the presence of intimate partner violence within the home has been associated with behavioral, emotional, and cognitive functioning problems in children.

What to listen for:

- how supportive or stressful the relationship is
- how parents are able (or not) to resolve disagreements
- how stable the relationship is
- the presence of factors related to Domestic or Intimate Partner Violence
- one parent feeling afraid of or controlled by the other

Conversation starters:

- How did you and _____ meet? How long have you been/were you together?
- What kinds of things do you enjoy doing as a couple?
- How would you describe your relationship with your partner? Has it always been like that?
- What things do you like most about your partner?
- How do you show appreciation for your partner?
- What kinds of things do you argue about? How do you resolve disagreements or arguments?
- Have you ever broken up? What caused the break-up?
- If back together, how did you decide to get back together?
- Do you have separate interests? What kinds of things do you like doing by yourself or with other friends?
- How do you divide household chores?
- How do you make decisions about money?
- Have you ever felt afraid of your partner?
- Has your partner ever forced you to do things you didn't want to do?
- In romantic relationships, how do you resolve conflict? Tell me what it looks like when you and your partner argue. If appropriate, follow up with:
 - Do you throw things? Punch things?
 - Do you ever hurt each other (hit, kick, pull hair, etc.)?
 - How often does that happen? When was the last time?
 - Do you/does your partner ever call each other names?
- Has your child ever seen or heard adults in the home pushing, hitting, kicking, or physically threatening each other?
- Have the police ever been involved? (For example, did your neighbors ever call the cops?)
- Has the anger ever escalated to a point where you had to leave? Where did you go? How long did you stay away? What made you decide to return?

Concrete resources



#14 – CONCRETE SUPPORT SERVICES

Intent: In this section, we explore the concrete resources available to the family (including prenatal, preventative, or sick care for themselves and their children). Parents' feelings and readiness to bond with their infant can either be influenced by many factors, including the environmental circumstances and concrete resources available to the family. "Growing empirical evidence shows that the links between poverty and health problems in later life are mediated by the increased exposure of children in poverty to chronic risk factors in the forms of child abuse and neglect, severe maternal depression, parental substance abuse, harsher parenting, and family and community violence, as well as to great exposure to physical risks, including substandard housing, lack of access to resources, and environmental toxins" (Evans, 2004; Repetti, Taylor, & Seeman 2002).

What to listen for:

- availability of resources such as:
 - transportation
 - phone
 - child care
 - food
 - supplies for baby
 - stable housing
 - high school diploma or GED
 - good quality child care
 - stable employment

Conversation starters:

- Finances can be stressful when you bring a new baby into the home and some people find that their income does not quite cover their living costs. Has that happened to you over the last 12 months? (Depending on the response, follow up with questions such as the following.)
 - Do you ever run out of food by the end of the month or eat less than you feel you should because there isn't enough money for food?
 - How often are you worried or stressed about having enough money to pay your rent/mortgage?
 - In the past year, has the utility company shut off your service for not paying your bills?
 - In the last 12 months, was there ever a time when you needed to see a doctor but could not because of cost?
 - As appropriate, ask what types of public resources they have applied for or are receiving.
 - On a scale of 0-10, with 0 being not at all stressful and 10 being extremely stressful, how would you rate your financial situation?
- Tell me about your housing situation (do you live alone, have roommates, own house, rent bedroom, live in a shelter, etc.).
 - How long have you lived here?
 - Is there space for the baby?
 - On a scale of 0-10, with 0 being not at all stressful and 10 being extremely stressful, how would you rate your housing situation?
- What kinds of supplies have you gotten for your baby? (Be respectful of individuals or cultures that choose not to gather baby supplies before the baby's birth. For all others, ask about availability of diapers, place for baby to sleep, car seat, etc.)
- How is your transportation situation? For example, how do you get to the grocery store, your prenatal care visits, etc.? How reliable is your transportation?
- What is the best way to get in touch with you? Do you have a phone? Do you have minutes? If you had an emergency and needed to call the doctor, would you be able to do that?