

FROG SCALE SCORING GUIDE



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.

Scoring: For example: Parent consistently Consistently pays attention to and meets baby's physical has the capacity to and emotional needs be fully present Not parenting any additional children under age 3 or caring and available. for other adults Indicates they feel supported in their role as parent • Is, within the values of their culture, preparing for the new baby (e.g., acquiring baby supplies, thinking about child care, etc.) Parent has mild barriers to being fully present and available. Parent has moderate Is parenting one additional child under age 3 and indicates they do not feel supported in their role as parent barriers to being fully present and available. Also cares for an adult or other child with special needs (e.g., aging, ill, delays, etc.) Worries about having enough time or energy for a baby or says they often feel unable to balance parenting with other worries, stressors, or responsibilities Has cognitive or physical challenges but feels they have enough support (through medical treatment, additional helpers in the home, etc.) to meet their baby's physical and emotional needs Young parent (under age 21) who describes feeling supported in their role as parent Parent has significant barriers to being fully present and available. Parent has extreme Says they consistently feel unable to balance parenting barriers to being fully with other worries, stressors, or responsibilities · Has cognitive or physical challenges that interfere with their present and available. capacity to interact in a consistently nurturing manner and have no consistent support (sporadic help, spouse/partner is gone at work all day, etc.)

Experiences extremely difficult relationships with former

partners (e.g., being stalked), blended family situations, etc.

Young parent (under age 21) with no support for their role as parent

#2 - PERCEPTION OF THE CHILD



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

Scoring:

- Parent's perception
 is one of being
 eager, excited, and/
 or happy about
 having this baby.
- Happy about having a baby or being a new parent (even if not happy at first)
- Describes baby with only positive/desired attributes
- Recognizes typical challenges but accepts them as normal (e.g., parent is tired, but understands it is normal and does not blame the baby)
- · Baby was planned or wanted
- 1 Parent perceives parenting or baby as mildly challenging.
- Parent perceives parenting or baby as moderately challenging.
- Says the baby is not coming at a good time in the parent's life or does not feel
 ready to be a parent, but they do plan to parent the baby (could include when
 the parent was not aware of pregnancy and therefore had no time to adjust)
- During 3rd trimester or after birth, cannot form any mental perception of the baby
- Refers to baby's attributes as more neutral or focused on caregiving than about the baby as a person (e.g., baby is eating well, baby is starting to sleep through the night, etc.)
- Parent is separated from baby (e.g., baby remains in the NICU, parent is deployed, etc.)
- Experiences significant stress due to normal but challenging situations (e.g., extreme morning sickness, baby with colic, etc.)
- Baby develops or is born with any condition(s) that would be considered atypical and which may incur a sense of loss or grief as the parent adjusts
- Parent perceives parenting or baby as significantly challenging.
- 4 Parent perceives parenting or baby as extremely challenging.
- They do not want this baby, whether planning to parent baby or not
- Expects that baby will improve their life or relationship in unrealistic ways (e.g., bring partner back to the relationship, help parent stay off drugs, make them happy, etc.)
- Thinks baby is being intentionally difficult (e.g., keeping parent up at night on purpose or intentionally kicking in utero to hurt or bother parent)
- · Describes baby only in negative terms
- Expresses a reluctance to parent or attach with the baby due to situations such as unresolved loss of previous pregnancy/baby, baby with any condition(s) that would be considered atypical, etc.

Knowledge of Parenting and Child Development



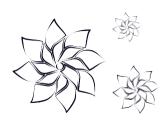
#3 - INFANT AND CHILD DEVELOPMENT

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 during a time when 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.

Scoring:

0 - Parent has knowledge infant and child developmental needs and understands that all babies will develop differently.

- Has knowledge of or experience in meeting baby's developmental needs of and is excited and eager for the opportunity to meet their new child
- Understands and celebrates the importance of meeting baby's needs in a nurturing and flexible way
- Displays knowledge of why babies cry, plans to pick up and attempt to soothe a crying baby quickly, understands that babies (under 1 year) cannot be spoiled by being responded to, and expresses empathy or concern for the baby's needs
- Can articulate positive response strategies (e.g., hold, rock, swaddle, briefly put baby down to self-regulate, etc.) they might use if the baby continues to cry
- 1 Parent demonstrates mild lack of knowledge of child development.
- Parent demonstrates moderate lack of knowledge of child development.
- Has no knowledge of or experience with baby's developmental needs but has plans or identifies ways to learn more (asking doctor, reading about child development, asking grandparents, enrolling in HFA, etc.)
- Has early expectations for baby's development (e.g., walking at 5 mo., sleeping through the night by one month, etc.) but is flexible and recognizes that babies develop differently
- 3 Parent demonstrates significant lack of knowledge of child development.
- 4 Parent demonstrates extreme lack of knowledge of child development.
- Has no knowledge of or experience with baby's developmental needs and has no plan to or is unsure how to learn
- Has rigid ideas for meeting baby's needs (e.g., will let baby "cry it out" to get baby on a sleep schedule, will feed every 4 hours regardless of whether baby is hungry, etc.)
- Has rigid expectations for baby's development (whether accurate or not)
- Expresses no empathy or tolerance for a crying child (e.g., indicates that the baby must learn not to bother the parent, must learn baby cannot have everything they want, states that they get angry when baby cries, "baby just has to learn to cry it out," or makes similar statements that indicate intolerance for a baby's normal attempt to have needs met)
- Considers baby's crying to be the parent's fault (baby doesn't like parent, parent is being "punished" for having been a difficult baby during their own childhood, etc.)



#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.

Scoring:

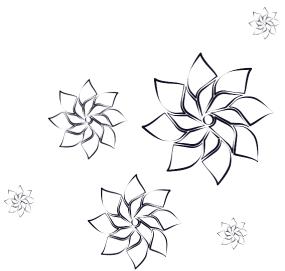
- Parent uses/plans use positive discipline strategies.
- Understands that babies explore to learn, supports exploration, and plans to to guide behavior or set developmentally appropriate expectations
- Previously yelled at or used harsh discipline with children, but recognized it did not work and no longer uses
- Uses co-regulation strategies (sometimes referred to as "time in"), such as holding and cuddling, responding to cues, talking about feelings, etc., when child is upset
- 1 Parent's plans for discipline include mildly negative strategies.
- 2 Parent's plans discipline include moderately negative strategies.
- Understands that babies can't yet control their impulses but thinks they for (parent) might get impatient or frustrated with repeated misbehavior
- Plans to use or is observed using time out for any child over 2 years of age
- Is observed or reports routine use of yelling, but without belittling and demeaning the child (e.g., yelling is related to behavior, not the child's qualities)
- · Has no idea how they might respond to a child's misbehavior
- 3 Parent's plans for discipline include significantly negative strategies.
- 4 Parent's plans for discipline include extremely negative strategies.
- · Believes babies intentionally misbehave
- Describes using any form of physical punishment with other children in their care and indicates that it was deserved and/or successful
- Plans to use physical punishment with this child (e.g., biting a baby who bites while breastfeeding, pulling the hair of an infant who pulls parent's hair, smacking, slapping the hand, belt, hot sauce, soap, etc.)
- Does not plan to childproof and expects baby to learn not to touch certain things by threats or by getting hurt (learn not to touch outlets by getting shocked, learn not to touch hot items by getting burned, etc.)
- Is observed or reports name calling, screaming at, or other verbal punishment that includes belittling or demeaning, for any child of any age
- Is observed or reports not using any discipline methods (e.g., setting no limits, allowing the child to do what they want without consequence, etc.)

#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.)

	Scoring:	For example:
0 -	Parent has no knowledge of previous CPS involvement as caregiver.	Parent has no knowledge of previous CPS involvement as a caregiver
1-	Parent has mild CPS involvement as caregiver.	
2 -	Parent has moderate CPS involvement as caregiver.	 Parent with previous CPS involvement as a caregiver but not currently, and no additional details shared.
3 -	Parent has significant CPS involvement as caregiver.	
4 -	Parent has extreme involvement as caregiver.	 Parent with previous CPS involvement as a caregiver and children removed CPS from care; or current/open CPS involvement as a caregiver.



Parental Resilience



#6 - POSITIVE CHILDHOOD EXPERIENCES

Intent: Here we are looking for the consistent presence of nurturing caregivers during the parent's childhood that served as 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.

Scoring:

- 0 Parent grew up with loving, nurturing caregivers.
- · Raised with multiple nurturing caregivers who were consistently present
- Parent describes positive memories of childhood (enjoying, feeling safe, lots of memories of good times)
- 1 Parent's childhood included mild absence of nurturing.
- 2 Parent's childhood included moderate absence of nurturing.
- Can identify at least 1 adult who was nurturing, although that person
 was not consistently present (e.g., a relative who didn't live in the
 home, a teacher or coach, a friend's family, etc.)
- Raised with nurturing caregiver(s) who was less available due to, e.g., working multiple jobs, caring for other family members, etc. (creating more pressure for the child to take care of their own emotional and/or physical needs)
- 3 Parent's childhood included significant absence of nurturing.
- 4 Parent's childhood included extreme absence of nurturing.
- Raised with no nurturing adult
- Unable to recall or describe any positive memories of childhood



#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?**

Scoring:

- Parent experienced primarily positive childhood stressors.
- Disciplined using only positive discipline/guiding or co-regulating strategies (e.g., distracting, taking privileges away, etc.)
- Raised in an environment that was financially and emotionally stable, such as including time for family and extracurricular activities
- · Felt connected to others and safe in their neighborhood or community
- Parent experienced mild childhood stressors.
- Parent experienced moderate childhood stressors.
- Was routinely yelled at
- May have been physically disciplined only in dangerous situations (such as running toward the street or touching a hot oven)
- Experienced amicable or friendly parental separation/divorce
- Raised in poverty but basic needs (food, shelter, etc.) are met
- 3 Parent experienced significant childhood stressors.
- 4 Parent experienced extreme childhood stressors.
- Physically punished in ways that left marks, bruises, or welts
- Experienced being screamed at, belittled, demeaned, etc.
- · Punished harshly to cause severe physical or emotional pain
- · Raised with no discipline or guidance related to behavior
- Experienced sexual abuse
- Experienced parental separation/divorce using manipulation, violence, badmouthing, etc., to "get back" at the other parent
- Raised in a war zone or refugee camp
- Raised in extreme poverty (family does not have food to eat, running water, stable shelter, etc.)
- Raised by caregiver who was a danger to their own child

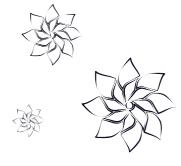
#8 - BEHAVIORAL HEALTH



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 capacity to prioritize their child's health and wellbeing over any of these behaviors.

Note: It is hard to quantify exactly how much of any substance or activity is "too much" for each individual parent, and specific numbers don't always clarify the risk to a child's wellbeing, so we want to look at the impact on the parent and child.

	Scoring:	For example:		
0 -	Parent reports no addictive behavior.	 Does not use any street drugs Uses any over-the-counter or prescription drugs only according to recommended or prescribed use No history of alcohol/drug addiction Uses medical marijuana under the guidance of a physician (in states in which medical marijuana is legal) 		
1-	Parent reports mild level of addictive behavior.			
2-	 Parent reports moderate level of addictive behavior. Has a history of alcohol/drug addiction and has been clean/sober for less than 2 not be immediately apparent Used alcohol, marijuana, or cigarettes after conception but stopped immediately after learning of pregnancy Substance or other addictive behaviors within the last 2 years have rechallenges with any 1 of the items listed here (pay particular attention interpersonal challenges). 		ends where challenges may conception but stopped in the last 2 years have resulted in e (pay particular attention to	
		Interpersonal challengesPhysical altercationFinancial strain	Employment challengesLegal problemsMedical challenges	
3 -	Parent reports significant level of addictive behavior.			
4 -	Parent reports extreme level of addictive behavior. For example:	 Substance or other addictive behaviors within the last 2 years have resulted in (3 or more apply): 		
		Interpersonal challengesPhysical altercationsFinancial strain	Employment challengesLegal problemsMedical challenges	
•		• Engages in opioid or other medication use of	utside of medical advice and/ or	



- Engages in opioid or other medication use outside of medical advice and/ or uses street drugs such as heroin, cocaine, or crystal meth, regardless of whether pregnant or not
- Mother continued to use drugs or alcohol (including tobacco) after learning of the pregnancy
- Mother used any amount of any non-doctor approved drug (including tobacco) while pregnant or breastfeeding
- While breastfeeding, drinking more than 2 drinks per day or using any substances
- Challenges accomplishing daily living skills, including caring for baby (automatic 4)

#9 - MENTAL HEALTH



Intent: Here we want to explore the impact that mental health has on the parent's 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.

Scoring: For example: Parent reports No history of mental health concerns (either diagnosed or undiagnosed) no mental health • Experienced or was diagnosed with mental health concerns or cognitive challenges. impairment but concerns have been addressed, parent no longer requires treatment or displays symptoms, and is willing to seek treatment if symptoms or concerns return Parent reports mild level of mental health challenges. Parent reports Has been diagnosed with chronic mental illness (e.g., schizophrenia, bipolar moderate level disorder, major depression, etc.), is in treatment or in remission, and is of mental health working to manage the illness · Has been diagnosed with or displays indications of mental health concerns or challenges. cognitive impairment that are resulting in challenges with any 1 of the items listed here (pay particular attention to interpersonal challenges). Interpersonal challenges - Employment challenges - Physical altercation - Legal problems -Financial strain - Medical challenges Parent reports significant level of mental health challenges. Parent reports Any suicidal thoughts that include a plan or any attempts within the last 2 years extreme level Has been diagnosed with or displays indications of mental health challenges or of mental health cognitive impairment that results in (3 or more apply): challenges. - Interpersonal challenges - Employment challenges - Physical altercation - Legal problems - Financial strain - Medical challenges Challenges accomplishing daily living skills (including caring for baby)

(automatic 4)

#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.

Scoring: For example: 0 - Parent reports no · Says things are going smoothly right now additional stressors. No other stressors Parent reports mild level of stress. 2 - Parent reports • Says they feel more than a little stressed or worried (for example, moderate level maybe 4-6 when using a scaling question where 0 indicates no stress of stress. and 10 indicates extreme stress) Parent reports significant level of stress. Parent reports Says they feel extremely stressed or overwhelmed (for example, maybe 9-10) extreme level when using a scaling question where 0 indicates no stress and 10 indicates of stress. extreme stress)



Social Connections



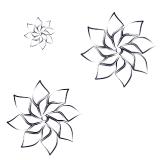
#11 - SOCIAL CONNECTIONS

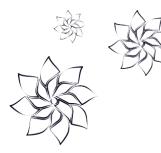
Intent: Here we want to know about the parent's relationships with the outside world. It is partly about the presence or absence of a support system and partly about the quality of their interactions with others, including how they resolve conflict. While all parents need some amount of outside support (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.

Scoring:

- Parent describes feeling supported and well connected to heir support system.
- Describes having a strong support system and strong social connections
- Has a network of more than 2 people they would turn to in an emergency
- Can name and is in contact with at least 3 friends or family members throughout the month
- Resolves conflict with others through discussion, compromise, etc.
- Parent describes mild challenges with social connections.
- 2 Parent describes moderate challenges with social connections.
 - Describes consistent but limited support and social connection
 - Can identify 1 local person they would turn to in an emergency who is consistently available
 - Can name and enjoys being in contact with 1 friend or family member at least once a month
 - In the past, has resolved conflict with others through violence, but not within the last 2 years
- 3 Parent describes significant challenges with social connection.
- 4 Parent describes extreme challenges with social connections.
- Describes feeling isolated or socially disconnected
- Cannot identify anyone to turn to in an emergency
- · Has no contact with friends or family members
- Describes self-imposed isolation and expresses discomfort about being in contact with other people
- · Resolves conflict with others (not partner) through violence









#12 - INTIMATE PARTNER SUPPORT

Scoring:

Intent: In this domain, we are looking at the overall quality of the romantic relationship the parent may be involved in. This may include a new partner or it may include the other biological parent, even if they are not currently together, because their ability to communicate with one another effectively and support one another contributes positively to their capacity to be both physically and emotionally available to their child.

For example:

0 - Parent reports feeling Parent reports no relationship stress supported and safe in · Resolves disagreements or arguments through conversation and resolution (which may follow strategies such as taking a walk, listening current relationship. to music, etc., to calm down) Has been in this relationship for at least a year Describes relationship as trusting and supportive Describes recent breakup as amicable, healthy, and not stressful Parent describes mild stress in relationship. 2 - Parent describes Expresses insecurity or distress about relationship moderate stress Separated but working on reuniting in relationship. • End of relationship is seen as healthy but stressful Was never in a relationship with the other parent (e.g., one-night stand) Parent describes significant stress in relationship. Parent describes Currently separated due to continual arguments · Together though with multiple breakups or with constant worry that extreme stress things will fall apart any moment in relationship. Extreme continual sense of distrust of partner • Reports feeling extremely stressed about the relationship (e.g., I'm going to kill myself if you don't stay with me) or about ending

the relationship (e.g., threatening to take child or sue for full custody)



#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.

	Scoring:	For example:
0 -	Parent reports conflict is handled in positive ways , such as through conversation compromise.	 Does not respond with physical, verbal, or emotional violence ever; this includes no yelling at each other Reports shared decision-making (if culturally appropriate) Can readily reach compromise when needed or
1-	Parent reports conflict is handled with mild challenges .	
2 -	Parent reports conflict is handled with moderate challenges.	 Engages in verbal altercations with partner that include yelling, name calling, and threats of violence, though no physical violence to date Breaks up the house or other property Engages in disagreements or arguments that end by leaving with no resolution (e.g., not wanting to rock the boat, silent treatment, etc.)
3 -	Parent reports conflict is handled with significant challenges.	
4 -	Parent reports conflict is handled with extreme challenges.	 Is physically violent in this relationship (e.g., hitting, kicking, choking, slapping, etc.) Pushes or shoves during pregnancy Coercion (e.g., threat of harm to self, partner, children, and/or animals) Sexual assault (rape, forced to engage in unwanted sexual acts) Controls finances (no access to money) Isolates partner (cut off from family and friends) Psychological abuse (humiliation, scorn, ridicule) Currently in an abusive relationship with no intention of leaving or addressing

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 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).

Scoring:

resources.

Parent reports feeling financially stable and able to access needed

- Feels financially stable, pays bills on time, and does not run out of money by the end of the month
- Consistent access to transportation, phone, child care, or other needed resources (e.g., has own vehicle, comfortable using public transportation, lives within walking distance, etc.)
- Began prenatal care during the first trimester (gestational weeks 1-12) and received all prenatal visits due to date
- · Has and uses a medical home
- Parent reports mild challenges in accessing resources.
- Parent reports moderate challenges in accessing resources.
- Does not qualify for needed public resources and reports having trouble making ends meet without them
- Frequently pays bills late (e.g., late every few months)
- Prenatal care sought and received during the 2nd trimester
- Missed 3 prenatal visits
- · Does not have high school diploma or GED
- Parent reports
 significant challenges
 in accessing concrete
 resources.
- Parent reports **extreme challenges** in accessing concrete resources.
- Lack of stable housing (e.g., homeless, living in shelter, frequent moves, unstable, etc.)
- Describes housing/neighborhood situation as scary, violent, etc., with no means to move
- · Has no consistent, stable source of financial support
- Expresses consistent challenges with or inability to access transportation, phone, child care, or other needed resources
- Had 5 or fewer prenatal visits (only score if mother is in 3rd trimester or has delivered baby)
- Parent relies on emergency room or urgent care for routine medical care for self or child