

TCID _____

Date _____

TC Name _____

RESPONDENT: MOTHER FATHER OTHER

BRIEF SACA

1. Has [TC] ever stayed overnight in a hospital, treatment center, foster home, or juvenile justice facility for behavioral, emotional, or drug or alcohol problems?

_____ Y=1, N=0 [If No, go to question 2]

If YES

- A. What kind of facility was it? (code 1 for all that apply)

_____ psychiatric hospital, unit, or medical unit
_____ drug or alcohol treatment unit
_____ residential treatment center
_____ foster home
_____ detention center/prison or jail
_____ other _____

- B. How many times in his/her life has [TC] utilized residential services?

_____ (number)

- C. How old was [TC] when s/he first went to a residential facility?

_____ (age in years)

- D. How long was his/her longest stay in a residential facility?

_____ (enter number of weeks)

2. Has [TC] ever received help by talking with someone (i.e., counselor/therapist, minister/rabbi) about behavioral, emotional, or drug or alcohol problems?

_____ Y=1, N=0 [If No, go to question 3]

If YES

- A. What kind of help/treatment was it? (code 1 for all that apply)

_____ therapy/counseling
_____ drug or alcohol clinic
_____ probation or juvenile corrections officer or court counselor
_____ met with Priest, Minister, or Rabbi
_____ other _____

- B. How many times in his/her life has [TC] utilized outpatient services?

_____ (number)

- C. How old was [TC] when s/he first received this kind of help?

_____ (age in years)

- D. During the longest episode, how long did s/he receive this type of help?

_____ (number of weeks)

3. Has [TC] ever received any services at school for behavioral or emotional problems?

_____ Y=1, N=0 [If No, go to question 4]

If YES

A. What kind of services? (code 1 for all that apply)

- _____ placed in a special school for behavioral or emotional problems
- _____ placed in a special classroom for behavioral or emotional problems
- _____ other counseling or therapy at school
- _____ other _____

B. How old was [TC] when s/he first received these services at school?

_____ (age in years)

C. During the longest episode, how long did s/he receive this help?

_____ (number of weeks)

4. Has [TC] ever had any problems with the police or the courts because of his/her behavior?

_____ Y=1, N=0 [If No, done]

If YES

A. What kind of contacts has [TC] had? (code 1 for all that apply)

- | | |
|---|---|
| _____ arrested, picked up, or given a warning | _____ sent to juvenile detention center |
| _____ ordered to pay damages or a fine | _____ sentenced to public service |
| _____ sent to a pre-court diversion program | _____ sentenced to attend a mentoring program/support group |
| _____ court appearance | _____ psychological/psychiatric evaluation or assessment |
| _____ probation | _____ periodic drug screen |
| _____ sent to a correctional facility | _____ other _____ |

B. How many times in his/her life has [TC] had police/court contact?

_____ (number)

C. How old was [TC] when s/he first had police/court contact?

_____ (age in years)

D. What was the worst trouble [TC] has been in with the police/courts?

Please describe _____
