

## CCI Functional Developmental Assessment (FDA) Prompts

Instructions: The following are supplemental questions to assist in using the CCI Tracking Guide. Questions are to serve as a general aid to facilitating collaborative discussions regarding children & child. Questions are *guides only* and are not meant to be asked sequentially. Facilitators should become familiar with the questions in order to use them with greater flexibility. When working with Aboriginal children and youth, please remember to ask questions that will also capture aspects of a child's functioning from a relational, cultural and community based perspective. Coaches are encouraged to be creative about using the FDA questions in a different way in order to have the care team thinking about the child's strengths and challenges through both the Western and the indigenous lens. It is recommended that coaches meet with the Aboriginal representative(s) on your team before the FDA meeting to explain the purpose and format as well as to invite their input in thinking of culturally relevant contexts which might serve as additional information.

### 1. Neurological and Biological Maturity

For this category, our main interest is in the degree of neurological and biological integration and development of specific functions that the child manifests.

- a. Basic body regulation and cycles
  - i. Can you predict when he or she will be tired, hungry, active, or go to bed and awake?
  - ii. Does he/she know when he/she is hungry, cold, hot?
  - iii. If he/she awakes in the night, does it take a long time to go back to sleep?
- b. Sensory Integration sensitivities
  - i. Is the child sensitive to any sounds, smells, sights tastes and textures? How do you know?
  - ii. Is the child easily overwhelmed by too much stimulation (busy environment, noises, etc.) (Cultural lens: What does the child do when you take them to a cultural event involving many people, e.g. pow wow? Do they cope well? Seem to be easily tired? Get irritable? Seem to seek quieter places)?
- c. Fine motor Control
  - i. How are the child's fine motor skills? (Manipulating small objects, printing, writing, etc.) (Cultural lens: How does child manage activities such as beading or weaving? Have adults noticed difficulties when they are teaching child these activities?)
- d. Large Motor Control and Balance
  - i. How are the child's gross motor skills? (Sports, coordination, etc)
  - ii. Is the child clumsy or get dizzy easily? If so, when? Is there a pattern?

### 2. Over-Reactive Stress Response

For this category, the emphasis is on (1) the baseline arousal/stress/tension level, (2) how quickly they move from that baseline, and (3) how easily they can return to baseline.

- a. General State- Alert, wary, vigilant, anxious
  - i. Does child constantly scanning the environment and looking out for danger?
  - ii. Is the client anxious and startle easily or in an exaggerated manner?

- b. Hyperarousal moving quickly to Fight/Flight
  - i. Does the child seem to react quickly (anger or fear) without much provocation?
  - ii. Are there triggers that result in high levels of arousal for the child?
- c. Dissociation moving to Freeze
  - i. Does the child seem “lost in space”, “live in a fantasy world” or “checked out” at times?
  - ii. Can the child recall information at times and at other times appear lost or unable to recall info?
  - iii. Does he/she ever faint easily?
  - iv. Does child appear defiant at times – frozen, uncooperative?
- d. Difficulty with transitions and change
  - i. Does child struggle to switch to new tasks or activities?
  - ii. Does he/she become anxious or angry when things don’t go as planned?  
(Cultural lens: Does child become quiet and withdrawn when caregiving arrangements change? E.g. was meant to go to grandma’s house after school but aunty picks child up instead)

### 3. Emotional Regulation

For this category, our main interest is the development of a range of emotional experience and the ability to modulate or regulate those emotional states.

- a. Problems with Emotional Self Regulation
  - i. Does this child have extreme mood swings?
  - ii. Does he/she struggle to self-soothe?
  - iii. Does the child’s emotional age appear much younger than physical age?
- b. Difficulty returning to a calm state
  - i. Once the child/child gets overwhelmed, does it take a long time to calm down?
- c. Depressed- Does the child appear sad?
- d. Difficulty describing emotions and internal state
  - i. Does child have an emotional vocabulary when calm?
  - ii. Can he or she access this vocabulary when upset?  
(Cultural lens: If an adult uses a story to help describe child’s situation, can child identify the emotions of a character in a story and use them to relate to his or her own emotional state?)
- e. Difficulty communicating needs
  - i. Can he/she express what he or she needs from caregivers when calm? When upset?

### 4. Attachment and Relationships

For this category, our main interest is in the predominant pattern of either moving away or moving toward. This usually is closely related to the emotional “temperature” of the child in that avoidant child will usually feel “cooler” and more distant. Responding to the particular attachment need is **almost always** going to be a priority intervention – one of the 2 “therapeutic bookends” along with decreasing arousal/stress.

- a. Avoidant/Dismissive
  - i. Does the child highly value independence and find dependence on or by others uncomfortable?
  - ii. Does the child appear “cool” or “distant”, or scoff at others’ emotional vulnerability?  
(Cultural lens: Does the child show sense of connectedness or seem indifferent to others, to other creatures, to natural environment?)
- b. Preoccupied/reactive
  - i. Does child tend to approach relationships with the perspective of “I have many attachment needs that will likely go unfulfilled.”? Does this feel like desperation?
  - ii. Does child seem preoccupied with attachment relationships to the extent that he or she finds it difficult to think clearly about relationships?
  - iii. Is the child mostly focused on self and personal needs while struggling to acknowledge the needs of others?
- c. Low Trust
  - i. Is the child slow to warm up and slow to trust?  
(Cultural lens: Does the child show openness to trusting new adults whom he has just been introduced to by a familiar adult? For example, to an adult introduced at a family gathering or in the home community setting? I.e., Can he develop a healthy sense of communal trust? Does the child show appropriate levels of openness and caution about new relationships?)
- d. Boundary Problems
  - i. Are child’s boundaries so rigid that they are problematic? Does he or she struggle to let people in?
  - ii. Are his/her boundaries so weak that he or she becomes vulnerable to those who may not have his or her interests at heart?
- e. Social Difficulties with Peers
  - i. Does client struggle to make age-appropriate friends?
  - ii. Does client struggle to maintain age-appropriate peer relationships?
- f. Ability to show empathy
  - i. Can child take the perspective of others (at least while in a calm state)?
  - ii. Can child show empathy to him or herself?
  - iii. If child struggles with empathy towards people, can he or she show empathy to animals?
- g. Difficulty with Transition between Caregivers

## 5. Identity Development

For this category, our main interest is in trying to understand the child’s spoken and unspoken identity (“Who am I”, and “Where do I fit in the world?”).

- a. Self-esteem
  - i. Are there any aspects of the self which the child perceives as strengths?
  - ii. Are there any activities or behaviours that the child feels he or she is good at?

(Cultural lens: Can the child tell/teach another person something good about his or her culture?)

- b. Self-efficacy:
  - i. Does the child feel as though he or she has some personal control or as though what he or she does will make a difference to the outcome?  
(Cultural lens: Does the child show that they have the ability to show generosity to others, and make a difference to the other person/to their family/community?)
- c. Shame-based identity and/or guilt
  - i. Does child, at the core, experience him or herself as fundamentally unlovable?
  - ii. Does the child break favourite items or toys when angry?
  - iii. Does the child go to extreme lengths to deny misbehaviour?
  - iv. Does the child misbehaviour soon after positive experiences?
- d. Cohesive Life Story- Does the child have memories of their upbringing?
- e. Sense of Belonging - Does the child have a group they identify with?  
(Cultural lens: Can the child tell you who their grandparents are? Who their people are?)
- f. Reactive Attachment Pattern- When a child begins to connect, do they push away?

## 6. Behavioural Regulation

For this category, our main interest is in understanding the child's ability to rein-in their impulse to act. Further, it is to develop the ability to wait, reflect, plan and weigh consequences.

- a. ADHD-like: Impulsive, Inattentive, Distractible
  - i. Does child seem to have difficulties focusing or concentrating? (fidget or wiggle a lot , or flit from activity to activity)
  - ii. Does the child seem to act without thinking?
  - iii. Does child have difficulties following complex directives?
  - iv. Is he/she constantly losing/forgetting things?  
(Cultural lens: How does child behave during ceremonies or activities where they are expected to stay attentive for periods of time? How long can the child sit and listen to a story or teaching?)
- b. Oppositional, Aggressive, Destructive
  - i. Does the child seem to not care about consequences of negative behaviour?
  - ii. Does he/she move to aggression when frustrated or angry?
- c. Weak Executive functioning
  - i. Compared to other children or child of the same age, can the child 'stay on task' and sustain their motivation?
  - ii. Compared to other children or child of the same age, can the child delay their gratification?
  - iii. Compared to other children or child of the same age, can the child accept positives and compliments?
  - iv. Compared to other children or child of the same age, can this accept time frames (5 minutes before bed, 15 more minutes of play time, 2 days till holidays)?

(Cultural lens: When the child is being taught how to fish, how long can he wait to catch a fish compared to other children his age?)

- d. Constant struggle for Control
  - i. Does everything feel like a power struggle?
  - ii. Does child appear bossy towards peers and caregivers?

## 7. Cognitive and Language Development

For this category, our main interest is in understanding how maltreatment has limited the development of the child's cognitive, language and memory abilities.

- a. Expressive/receptive language
  - i. Receptive language: does child always understand what you say?
  - ii. Expressive language: Can the child communicate effectively? Is it possible he or she could be regurgitating "pat" phrases based on environmental cues?  
(Cultural lens: Does the child seem to learn more from watching what adults are doing than from following teachings he has been given? Is the child able to explain the teachings to another person if asked to repeat them?)
- b. Executive Functioning challenges
  - i. Compared to other children or child of the same age, does this child seem to lose track of what he or she is doing or remember directions?
  - ii. Compared to other children or child of the same age, does this child struggle with problem solving?
  - iii. Compared to other children or child of the same age, does this child struggle to learn new rules or integrate new information into his or her understanding of the way things work? Can he or she demonstrate flexibility in the face of new information??
  - iv. Compared to other children or child of the same age, can this child generalize a new set of skills to a different setting than where he or she first learned them?
- c. Concrete/Abstract thinking
  - i. Compared to other children or child of the same age, is the child able to engage in a similar level of abstract thought?
- d. Difficulty Processing Information
  - i. Does too much information (verbal, visual, auditory, tactile, olfactory) overwhelm the child?
  - ii. Is the child slow to respond to simple questions?
- e. Problem Solving Skills
  - i. Can the child figure out how to act or what to do in a novel situation or when things don't go as planned?