DHS-5704A-ENG 6-09

Children's Mental Health

Child/Adolescent Diagnostic Assessment (TO BE COMPLETED BY PARENT/CAREGIVER)

PART 1 – Please provide the following information in preparation your interview with your mental health clinician.

DATE

CHILD NAME (FIRST, MI, LAST)	CLIENT NUMBER	REFERRAL SOURCE

REASON FOR REFERRAL

Living situation

Parent's Home
- ☐ RENT
- ☐ OWN

Residential Care/Treatment Facility**
- ☐ HOSPITAL
- ☐ TEMPORARY HOUSING
- ☐ RESIDENTIAL CARE
- ☐ NURSING HOME

Other**
- ☐ FRIEND'S HOME
- ☐ RELATIVE/GUARDIAN'S HOME
- ☐ HOMELESS

**IDENTIFY PERSON'S NAME OR FACILITY

Primary Household

Household member name	Relationship to child	Age	Occupation/School	Highest level of education	Quality of relationship

STREET ADDRESS (If different from child's address listed on Demographic Information form.)

Does the client live in more than one household?

☐ **NO** If no, skip to "Additional Family Members" ☐ **YES** If yes, complete the secondary household information below.

Secondary Household					
Household member name	Relationship to child	Age	Occupation/School	Highest level of education	Quality of relationship

STREET ADDRESS (If different from child's address listed on Demographic Information form.)

Family members who live in both households

☐ ONLY CHILD

☐ CHILD and (list):

Additional family members

☐ NO, parents or sibling other than those listed in primary or secondary households

☐ YES, list family members:

Custody and parenting plan

☐ LIVES WITH BOTH PARENTS (biological or adoptive) in same household

☐ SINGLE PARENT

☐ SHARED CUSTODY – parents in different households

☐ OTHER (describe):

Developmental issues

Have you ever had concerns about the following issues with this child?

Pregnancy	Yes	No	Unknown
Had bleeding during first three (3) months	☐	☐	☐
Had bleeding during second three (3) months	☐	☐	☐
Had bleeding during last three (3) months	☐	☐	☐
Had toxemia	☐	☐	☐
Had to take medications Specify any medication:	☐	☐	☐
Got injured or hurt	☐	☐	☐
Gained less than 15 lbs. (7 kgs.) Specify:	☐	☐	☐
Took narcotic drugs	☐	☐	☐
Drank alcohol	☐	☐	☐
Had an infection	☐	☐	☐

Smoked during pregnancy	☐	☐	☐
Length of pregnancy: ______ months	☐	☐	☐
Other pregnancy problems/illnesses Specify: ________________________________	☐	☐	☐

Birth/Early Infancy	Yes	No	Unknown
Born prematurely	☐	☐	☐
Born with cord around neck	☐	☐	☐
Injured during birth	☐	☐	☐
Had trouble breathing	☐	☐	☐
Turned blue (cyanosis)	☐	☐	☐
Was a twin or triplet	☐	☐	☐
Had an infection	☐	☐	☐
Had seizures (fits, convulsions)	☐	☐	☐
Needed oxygen	☐	☐	☐
Was very jittery	☐	☐	☐

Childhood Health Issues	Yes	No	Unknown	If yes, age first noted	If yes, still occurring?
Seizures (convulsions) or spells	☐	☐	☐		☐
High fevers (over 103° F. or 39° C.)	☐	☐	☐		☐
Head injury	☐	☐	☐		☐
Asthma	☐	☐	☐		☐
Trouble with hearing	☐	☐	☐		☐
Trouble with vision	☐	☐	☐		☐
Lead poisoning	☐	☐	☐		☐
Other poisoning or overdose	☐	☐	☐		☐
Other serious illness	☐	☐	☐		☐
Other hospitalizations	☐	☐	☐		☐

Functioning	Yes	No	Unknown	If yes, age first noted	If yes, still occurring?
Poor appetite	☐	☐	☐		☐
Constipation	☐	☐	☐		☐
Stomach aches	☐	☐	☐		☐
Trouble falling asleep	☐	☐	☐		☐
Trouble staying asleep	☐	☐	☐		☐
Overactivity	☐	☐	☐		☐
Head banging	☐	☐	☐		☐
Rocking in bed	☐	☐	☐		☐
Temper tantrums	☐	☐	☐		☐

Self-destructive behavior	☐	☐	☐		☐
Difficulty in being comforted or consoled	☐	☐	☐		☐
Stiffness or rigidity	☐	☐	☐		☐
Looseness or floppiness	☐	☐	☐		☐
Crying often and easily	☐	☐	☐		☐
Shyness with strangers	☐	☐	☐		☐
Irritability	☐	☐	☐		☐
Extreme reaction to noise or sudden movement	☐	☐	☐		☐

Attention problems	Yes	No	Unknown	If yes, age first noted	If yes, still occurring?
Can concentrate for only a short time unless things are very interesting	☐	☐	☐		☐
Understand the main ideas of things but misses important details	☐	☐	☐		☐
Does work or performs many tasks carelessly without thinking	☐	☐	☐		☐
Learns a new skill well one day and then can't seem to do it a few days later	☐	☐	☐		☐
Receives very unpredictable (inconsistent) grades or test scores in school	☐	☐	☐		☐
Can work well only on things he/she really enjoys doing or thinking about	☐	☐	☐		☐
Often doesn't notice when he/she makes mistakes	☐	☐	☐		☐
Seems not to realize when he/she is disturbing someone	☐	☐	☐		☐
Doesn't do much better after punishment or correction	☐	☐	☐		☐
Makes comments about or is distracted by background noises or unimportant things	☐	☐	☐		☐
Seems to want things right away and/or is hard to satisfy	☐	☐	☐		☐
Annoys or bothers other children	☐	☐	☐		☐
Behavior is variable and hard to predict	☐	☐	☐		☐
Is a troublemaker; bullies others	☐	☐	☐		☐

Behaviors	Yes	No	Unknown	If yes, age first noted	If yes, still occurring?
Has bad dreams	☐	☐	☐		☐
Is often very quiet or withdrawn	☐	☐	☐		☐
Is often "down" on himself/herself	☐	☐	☐		☐
Is often tired	☐	☐	☐		☐
Speaks unclearly, stutters, or stammers	☐	☐	☐		☐
Wets bed or pants often	☐	☐	☐		☐
Soils underwear or has accidents with bowel movements	☐	☐	☐		☐
Is often too neat or orderly	☐	☐	☐		☐
Is often too concerned about cleanliness	☐	☐	☐		☐

Often plays with matches	☐	☐	☐		☐
Destroys objects at home	☐	☐	☐		☐
Destroys objects away from home	☐	☐	☐		☐
Is fearless	☐	☐	☐		☐
Is cruel to animals	☐	☐	☐		☐
Is not liked by other children	☐	☐	☐		☐
Feels ill on school mornings	☐	☐	☐		☐
Has eating problems (either overeats or undereats)	☐	☐	☐		☐
Is preoccupied with food or diet	☐	☐	☐		☐
Is part of a clique or gang that causes trouble	☐	☐	☐		☐
Other behaviors not noted above	☐	☐	☐		☐
Have you ever had concerns about your child's early development (i.e. walking, talking, learning)?	☐	☐	☐		☐
Have you ever had concerns about your child's sexual development or behaviors?	☐	☐	☐		☐

IF THERE ARE INDICATIONS OF ISSUES, PLEASE EXPLAIN

Child's school functioning

Education classification

Does your child receive special education services? ☐ YES ☐ NO

If no, has your child ever been tested and determined not to need services? ☐ YES ☐ NO

Regular education classroom, no special services ☐ YES ☐ NO

If no, check all that apply below.

- ☐ Early Childhood Spec. Ed./Developmental Delay
- ☐ Special Learning Disability
- ☐ Hearing Impaired
- ☐ Visually Impaired
- ☐ Speech or Language Impaired
- ☐ Physically Impaired
- ☐ Emotional/Behavioral Disorder
- ☐ Developmental/Cognitive Disability
- ☐ Special learning disability
- ☐ Autism Spectrum Disorder
- ☐ Traumatic brain injury
- ☐ Other health impaired
- ☐ Unsure
- ☐ Current 504 plan
- ☐ Other:

COMMENTS ON EDUCATIONAL CLASSIFICATION

Child's legal history

Does your child have a history of legal charges? ☐ NO ☐ YES

IF YES, DESCRIBE CHARGES

Is the child currently on probation? ☐ NO ☐ YES

Has the child ever been on probation? ☐ NO ☐ YES

Has the child ever been court-ordered into chemical health or mental health treatment? ☐ NO ☐ YES

Child's trauma history

Children's Protective Services (CPS) involvement with family ☐ NO ☐ YES

IF YES, DESCRIBE

NAME OF CPS CASEWORKER(S) ASSIGNED TO FAMILY (IF APPLICABLE)

☐ NONE REPORTED

NAME OF GUARDIAN AD LITEM (GAL) OR COURT APPOINTED SPECIAL ADVOCATE (CASA) ASSIGNED TO FAMILY

☐ NONE REPORTED

Has your child ever experienced any of the following?

☐ Physical abuse ☐ Domestic violence/abuse ☐ Physical neglect ☐ Emotional abuse

☐ Sexual abuse/molestation ☐ Community violence ☐ None of the above

Child's mental health treatment history

Previous mental health treatment ☐ NO ☐ YES If yes, please list reason for treatment, and dates:

Reason	Dates

Currently on any medication(s)? ☐ NO ☐ YES

IF YES, PLEASE LIST AND BRING MEDICATIONS TO NEXT APPOINTMENT

PRIMARY CARE PHYSICIAN			PHONE NUMBER
ADDRESS	CITY	STATE	ZIP CODE
OTHER PRESCRIBING PHYSICIAN(S)			PHONE NUMBER
ADDRESS	CITY	STATE	ZIP CODE

Child's alcohol and drug history

Do you have any concerns about your child's use of alcohol or drugs? ☐ NO ☐ YES

Do you have any other issues or concerns about your child you would like to have addressed? ☐ NO ☐ YES

COMMENTS

Family Environment/Relationships

Please indicate below the best descriptions of parent-child relationships.

Parent-Child (Client) Relationship(s)	P = Primary household	S = Secondary household	B = Both		
Parent-child conflict	___ NONE – MILD	___ MODERATE	___ SEVERE		
Issues with supervision and monitoring of child	___ ALWAYS	___ USUALLY	___ INCONSISTENTLY	___ RARELY	
Cooperation between parents regarding child-rearing	___ ALWAYS	___ USUALLY	___ INCONSISTENTLY	___ RARELY	___ NOT PERTINENT
Parent positive activities with child	___ FREQUENT	___ OCCASIONALLY	___ INFREQUENT		
Parent satisfaction with relationship	___ SATISFIED	___ NEUTRAL	___ DISSATISFIED		
Child satisfaction with relationship	___ SATISFIED	___ NEUTRAL	___ DISSATISFIED		

COMMENT ON PARENT-CHILD RELATIONSHIPS (describe further if needed)

Please indicate below the best descriptions of sibling-child relationships.

Sibling-Child (Client) Relationship(s) ☐ NO SIBLINGS	P = Primary household	S = Secondary household	B = Both
Child-sibling conflict	___ NONE – MILD	___ MODERATE	___ SEVERE
Sibling(s) positive activities with child	___ FREQUENT	___ OCCASIONAL	___ INFREQUENT
Sibling(s) satisfaction with relationship	___ SATISFIED	___ NEUTRAL	___ DISSATISFIED
Child satisfaction with relationship	___ SATISFIED	___ NEUTRAL	___ DISSATISFIED

COMMENT ON SIBLING-CHILD RELATIONSHIPS (describe further if needed)

Please indicate below the best descriptions of parent marital or couple relationships.

Parent Marital or Couple Relationship(s) ☐ NOT APPLICABLE **P** = Primary household **S** = Secondary household **B** = Both			
Marital or couples conflict	____ NONE – MILD	____ MODERATE	____ SEVERE
Marital or couples satisfaction	____ SATISFIED	____ NEUTRAL	____ DISSATISFIED

COMMENT ON PARENT MARITAL OR COUPLES RELATIONSHIPS (describe further if needed)

Other Family Concerns			If yes, indicate:		
	No	Yes	Parent	Sibling	Other
Family member health problems	☐	☐			
Family member disability	☐	☐			
Family member legal issues	☐	☐			
Family financial concerns	☐	☐			
Family member alcohol abuse	☐	☐			
Family member substance abuse	☐	☐			
Family member anxiety	☐	☐			
Family member depression	☐	☐			
Family member ADHD	☐	☐			
Family member mania	☐	☐			
Family member schizophrenia/other psychosis	☐	☐			
Significant family stressors (moves, deaths, divorce, loss of employment)	☐	☐			

COMMENT ON OTHER FAMILY CONCERNS AND INFORMATION RELATING TO FINANCIAL STATUS (Specify problems that impact child's needs.)

Children's Mental Health

Child/Adolescent Diagnostic Assessment

Part II

TO BE COMPLETED BY PROVIDER

You must have version 7.1 or newer of Adobe Reader or Acrobat to use this form. Adobe Reader is available for free at: http://www.adobe.com/products/acrobat/readstep2.html.

Before filling out this form, **save this PDF to your computer**. To do this, go to the File menu, choose Save As, and save it with a file name that you recognize. You may enter new information and update existing information at any time prior to sending the form.

Note to Providers

There are two parts to the Child/Adolescent Diagnostic Assessment Form. Part I is designed to be given to parents/caregivers (or relevant guardian) prior to the diagnostic assessment. Parents should be instructed to complete the form and bring it with them when they come in for their initial appointment. This portion of the form was designed to supply mental health professionals with an overview of a child's background information and help them screen for areas that need further investigation. Part I may be completed with the parent if they are unable to complete it independently. Part II is to be completed by the mental health provider as part of the diagnostic assessment interview process. Part II combines narratives and checklists to assist in the development of a detailed clinical assessment of the child.

Part I and Part II were designed to be used together to ensure a comprehensive examination of all areas relevant to a child's diagnosis and treatment considerations. It is possible that some sections do not apply to all children or to all settings. However, it is important to evaluate whether or not each area covered contributes to the child or adolescent's overall diagnostic picture.

Submit comments

This form was designed by the Diagnosis and Treatment Workgroup of the Minnesota Mental Health Action Group (MMHAG). The Minnesota Department of Human Services Children's Mental Health Division would like providers' comments related to the use of these forms. Please let us know which sections work well and which sections need further revisions by contacting Pat Nygaard at Pat.Nygaard@state.mn.us or (651) 431-2332. If you feel further revisions are needed, please detail how you would change/update the form. Thank you for comments.

Client Information

CHILD NAME (FIRST, MI, LAST)	DATE OF BIRTH	CLIENT NUMBER	DATE OF ASSESSMENT
Etta Loraine Jones	April 13, 2001	335487	May 5, 2011

REFERRAL SOURCE
Father Jim Gilbert

REASON FOR REFERRAL
Etta was brought in by her mother because her mom is worried about her lack of friends and her consistent asking about bills and finances as well as questions about her father. The family had first gone to Father Jim, especially after Grandma Becky died, to talk about grief and loss. In the past month, Father Jim suggested that Etta needed more formal mental health care to deal with her worries.

Presenting Problems

CHILD'S DESCRIPTION OF PROBLEM
Etta admits that she's nervous about her dad and says she knows that other kids don't worry about how their moms will pay the bills, but she just can't help herself. Etta thinks that she is different from all the other kids around her and worries about fitting in.

FAMILY/GUARDIAN/CHILD PERCEPTIONS OF PROBLEM
Ms. Jones reports that she thinks that Etta is having difficulty because of all the loss she's had in the past 3 years, with the separation, moving a lot and Grandma Becky's death.

HISTORY OF PROBLEM
Ms. Jones remembers that these problems began around the time that they moved to Brainerd and Grandma Becky got really sick. When they lived in the cities, Etta was able to see her dad more (before he shipped out to Afghanistan) and her paternal relatives.

Family Environment/Relationships

COMMENT ON PARENT-CHILD RELATIONSHIPS (describe further if needed)
Both Ms. Jones and Etta agree that they get along well and have a caring relationship. Mr. Jones also reports that he and his daughter get along. She enjoys writing him emails and he quickly responds to her so that she knows that he loves her and he is safe.

COMMENT ON SIBLING-CHILD RELATIONSHIPS (describe further if needed)
Etta does a good job of helping her mother take care of the younger children. She embraces the role of "big sister." Sometimes her younger brother gets rather annoyed that his sister constantly corrects his behavior.

COMMENT ON PARENT MARITAL OR COUPLES RELATIONSHIPS (describe further if needed)
Ms. Jones and Mr. Jones are divorced and work hard to keep their relationship civil and to co-parent effectively. However, conversations recently have become strained over finances and medical benefits.

Family Systems Review

FRIENDSHIP/SOCIAL PEER SUPPORT/RELATIONSHIPS

Ms. Jones and Etta agree, that it has been hard for Etta to make connections outside of the family since they have moved frequently in the past 2 years. Every time she is about to make a friend, they have to move because the rent increased, Ms. Jones found another job, or there were external family pressure to re-locate (Ms. Jones was expected to help take care of her mother who died in May of 2010). Etta has trouble making friends at school and gets along better with the adults around her.She lacks playmates in the neighborhood and at school. Her teacher, Ms. Olsen, states that she initiates conversations with other kids but she often misinterprets or over-analyzes their conversations and then ruminates about them for the rest of the day. Ms. Olsen also says that often Etta reminds the other students of when they need to turn in their homework and bosses other children around like she is a teacher keeping them in line.

MEANINGFUL ACTIVITIES (community involvements, volunteer activities, leisure/recreation, other interests)

Etta is involved in church activities. She attends Sunday school on a regular basis and helps with child care when needed. She plays piano consistently and is looking forward to being able to play the flute next year in the middle school band.

COMMUNITY SUPPORTS/SELF HELP GROUPS (AA, NA, etc.)

RELIGION/SPIRITUALITY

The family attends St. Mary's Catholic Church and has a good relationship with Father Jim Albert.

CULTURAL/ETHNIC ISSUES/INFORMATION/CONCERNS

Etta is a biracial 10 year old girl who says that it's been difficult for her living in a small town because no one looks like her and she gets teased by the other kids at school because of her hair. Her mother identifies as European American and her father identifies as African American. The only time she felt like she fit in is with her family because they all look like her. She hates school because she feels different. Her mother says that she has a hard time knowing how to help Etta fit in with the kids, because she had no problems when she went to elementary school. She tries to connect Etta with her Grandma Iris often and make sure she spends time with her African American relatives in the cities, but it is difficult with her father gone. Etta is a prim and proper girl who likes to use big words and be grammatically correct. She put "shall" into sentences and remarked that everyone made fun of her because she didn't sound more "black". She reported that God looked out for her and that her future was in his hands.

Child's School Functioning

COMMENTS ON EDUCATIONAL CLASSIFICATION/PLACEMENT (also please indicate if child is home schooled, in gifted program, etc.)

Etta attends West Elementary and is in the 4th grade; she gets straight A's and excels in all of her classes.

GRADES (●) No problems with grades ( ) Problems with grades

IN WHAT SUBJECTS IS THE STUDENT (CHILD) DOING WELL?

Etta is doing well in all of her classes but she particularly likes English and Math class. She says that she wants to be a 3rd grade teacher when she grows up.

ATTENDANCE (●) No problems reported ( ) Problems reported

PREVIOUS GRADE RETENTIONS (●) None reported ( ) Yes

SUSPENSIONS/EXPULSIONS (●) None reported ( ) Yes

OTHER ACADEMIC/SCHOOL CONCERNS (including performance/ behavioral problems due to AoD use) (●) None reported ( ) Concerns reported

BARRIERS TO LEARNING (●) None reported ( ) Yes

Child's Legal History

CURRENT LEGAL STATUS

(●) None reported ( ) On probation ( ) Detention ( ) On parole ( ) Awaiting charges ( ) A&D related legal problems ( ) Court-ordered to treatment ( ) Other

Child's Leisure Activities/Employment

MAJOR ACTIVITIES OUTSIDE OF THE SCHOOL DAY

She spends most of her time with her siblings around the house. She has trouble making friends in the neighborhood so focuses most of her play attention with her siblings. She directs her siblings when they play restaurant, house or kickball. She does participate in church activities and often helps out with child care duties when possible.

Child's Mental Health Treatment History

PREVIOUS TREATMENT ( ) Yes (●) None reported

Child's Medical/Physical Health Status

CURRENT/ONGOING MEDICAL ISSUES

none

CURRENTLY ON MEDICATION(S) ( ) No (●) Yes

WHAT MEDICATIONS?

she takes a multi-vitamin. She prefers the gummy type.

ARE THE MEDICATIONS BEING TAKEN AS PRESCRIBED? ( ) No (●) Yes

DO YOU THINK THE CURRENT MEDICATIONS ARE HELPING? ( ) No (●) Yes

DESCRIBE THE CHILD'S BEHAVIOR WITH OR WITHOUT THE MEDICATION

not applicable

HAS THE CHILD BEEN ON OTHER MEDICATIONS IN THE PAST? (●) No ( ) Yes

Child's Trauma History

CURRENT LEGAL STATUS

- [x] No self reported history of abuse/violence
- [ ] Physical abuse
- [ ] Domestic violence/abuse
- [ ] Physical neglect
- [ ] Emotional abuse
- [ ] Sexual abuse/molestation
- [ ] Community violence
- [ ] Other

Functioning/Outcome Measures

CASII (Child and Adolescent Service Intensity Instrument) Scores

Subscales	Scores	Subscales	Scores
I. Risk of Harm	1	II. Functional Status	3
III. Co-Morbidity	1	IVA. Recovery Environment "Stress"	4
IVB. Recovery Environment "Support"	2	V. Resiliency & Recovery History	2
VI. Acceptance & Engagement - Parent	2	VI. Acceptance & Engagement - Child	1
Total Score	**16**	**Level of Care**	**2**

COMMENTS ON SCALES/SCORES - Any indication of suicidality or high risk of harm must be followed up immediately.

Etta's level of service intensity need is a Level 2: Outpatient Psychotherapy Services.

Strengths and difficulties

The Strengths and Difficulties Questionnaire (Goodman, 1997) should be completed as part of each individual's diagnostic assessment. The appropriate forms are available at: www.sdqinfo.com

COMMENTS

Etta received a total score of 28 on the SDQ.

Are other tools utilized? (•) No ( ) Yes

NOTE TO CLINICIAN: If issues in certain areas, inquire about frequency, intensity, severity, and settings in which the issues arise. Where significant issues are noted in specific domains, further testing may be indicated.

Alcohol and Drug Abuse

Do you have concerns about alcohol or drug use? (•) No ( ) Yes

COMMENTS

Mental Status Exam

NOTE: These are areas that should be considered for a sound assessment. However, some areas may not be appropriate for all individual cases.

GENERAL OBSERVATIONS

Appearance	◉ Well groomed	○ Unkempt	○ Disheveled	○ Other		
Build	◉ Average	○ Thin	○ Overweight			
Demeanor/Response to Inverviewer	☒ Open/Cooperative ☐ Demanding	☐ Hostile ☐ Anxious	☐ Guarded or suspicious ☐ Shy	☐ Manipulative ☐ Unaware	☐ Withdrawn	☐ Preoccupied
Eye Contact	◉ Average	○ Avoidant	○ Intense	○ Intermittent		
Activity Level	◉ Developmentally appropriate		○ High	○ Reactive	○ Low/Lethargic/Slow	○ Variable
Speech	☐ Clear	☐ Slurred	☒ Rapid	☐ Pressured	☐ Developmentally appropriate	
	Is there a need for a speech specialist?	○ No	○ Yes			

COMMENTS

Etta presents as a friendly 10 year old girl who wore her “favorite” dress to the appointment even though it was out of season. She is of average height and weight for a 10 year old. She seemed self-conscious of her hair and repeatedly tried to flatten down the curls. She maintained appropriate eye contact and fidgeted throughout the interview.

THOUGHT CONTENT AND PERCEPTION

Delusions	☒ None reported	☐ Grandiose	☐ Persecutory	☐ Somatic	☐ Nihilistic	☐ Religious
Other	☒ None reported	☐ Autistic ☐ Other	☐ Peculiar verbalization	☐ Guarded	☐ Ideas of reference	☐ Preoccupied
Hallucinations	☒ None reported	☐ Auditory	☐ Visual	☐ Olfactory	☐ Gustatory	☐ Tactile
Other	☒ None reported	☐ Illusions	☐ Depersonalization	☐ Derealization		

COMMENTS

She reported that she often talks to her father as if he were present because her priest told her God would transport the message for her; there are no concerns about thought process or content

SELF-DANGER

Self-Abuse	☒ None reported	☐ Suicidal (assess lethality, if present)	☐ Intent	☐ Plan	☐ Self-mutilation	
Violence to Others	☒ None reported	☐ Assaultive	☐ Intent	☐ Plan	☐ Requires notification of specified victims or authorities	
Destruction of Property	☒ None reported	☐ History of destruction of property				

COMMENTS

She did not voice any concerns for self-harm or danger to others.

COGNITION

Orientation	☒ Time	☐ Person	☐ Place		
Memory Issues	☒ No concerns noted	☐ Working memory problems	☐ Short-term memory problems	☐ Long-term memory problems	
Attention/ Concentration	☐ Selective ☐ Developmentally appropriate	☐ Restless ☐ Rapidly shifting	☒ Distractible	☐ Lethargic	☐ Agitated
Judgment/Insight	☒ Developmentally appropriate ☐ Awareness of self/deficits	☐ Delayed ☐ Lacks perspective taking	☐ Doesn't understand consequences ☐ Ability for social abstractions	☐ Impulsive decision-making	

COMMENTS

She sometimes had trouble focusing on the questions and asked lots of questions about the artwork on the walls. Her mood was upbeat and cheerful; she had appropriate range of affect. She appeared anxious and blurted responses often. She seems to have an appropriate level of insight and intelligence for a girl of her age.

THOUGHT AND PERCEPTUAL PROCESSES

☒ Logical/Coherent ☐ Circumstantial ☐ Tangetial ☐ Loose ☐ Racing ☐ Blocked ☐ Incoherent ☐ Concrete ☐ Flight of ideas
☐ Obsessional ☐ Guilty ☐ Disordered ☐ Rigid problem-solving ☐ Fears/Phobias/Other anxieties ☒ Problems of self-contempt/body image

COMMENTS

She seemed self-conscious of her hair and repeatedly tried to flatten down the curls.

MOOD

☒ Euthymic ☐ Depressed ☐ Excited ☐ Angry ☐ Euphoric ☐ Irritable

COMMENTS

AFFECT

☐ Full ☒ Appropriate ☐ Constricted ☐ Flat ☐ Inappropriate ☐ Labile ☐ Incongruent

COMMENTS

BEHAVIOR

☒ Cooperative ☐ Resistant ☐ Agitated ☐ Impulsive ☐ Unusual movements ☐ Aggressive ☐ Hyperactive ☐ Restless
☐ Withdrawn ☐ Anhedonia ☐ Oppositional

COMMENTS

REGULATORY STYLE (Greenspan)

☐ Sensitive/Fearful ☐ Defiant ☐ Self-absorbed ☐ Active craving ☐ Inattentive ☒ N/A

COMMENTS

ANXIETY

☐ None reported ☐ Panic ☐ Obsessive/Compulsive thinking ☐ School anxiety ☐ Symptoms of trauma (dreams/flashbacks)
☒ Social anxiety - difficulty performing in public ☐ Agoraphobia ☒ Generalized anxiety

COMMENTS

She reported worrying about "everything." She was fidgety throughout the interview and had nervous habits (like playing with her hair).

INTELLIGENCE ESTIMATE

☐ MR ☐ Borderline ☒ Average ☐ Above average

COMMENTS

Clinical/Interpretative Summary

This clinical/interpretive summary is based upon information provided by (check all that apply)

☒ Child ☒ Parent(s) ☐ Guardian(s) ☐ Family/Friend ☒ Physician ☐ Records ☐ Law enforcement
☐ Service providers ☒ School personnel ☒ Other Father Jim Albert

Narrative Summary

The narrative summary concisely reviews and integrates the information collected in the diagnostic assessment, leading to a case conceptualization and diagnostic formulation. Information about the history of symptoms and treatment, known or possible etiology, and symptom presentation including duration, frequency and severity should be compiled to demonstrate that a specific diagnosis is a better fit to the client's presentation than other possible or overlapping diagnoses. If alternative diagnoses cannot be definitively ruled out, a plan for the collection of further information to do so should be included.

In addition to specific diagnoses, the summary should also detail the functional impact of the client's mental health condition, across settings including home/family, school/work and within the community. This functional summary should inform the level of care which the diagnostic assessment will recommend for the client. Both the diagnoses and the functional summary should also lead to specific treatment recommendations, including modalities, priority areas for intervention, and specific treatment components which can reasonably be expected to benefit the client.

NARRATIVE SUMMARY

Etta and her mother state that she has been experiencing an excessive amount of anxiety and worry for more days than not for the past year; she has been worried about school, her hair, her peers, her parent's bills, her somatic complaints being a result of cancer, and her father's safety. She states that she cannot control the worry. Because of Etta's worries she has trouble making friends, completing her homework, and being able to play as a child. Etta currently experiences a sleep

disturbance due to her anxiety (each night her thoughts race about Grandma Becky and her father) which impacts her ability to feel rested during the day. She also states that she has difficulty concentrating in school (even though it hasn't affected her grades) because she is worried the other students are not obeying the rules and getting their tasks done. She has no medical conditions and is not taking any substances. She does not suffer from panic attacks, separation anxiety or obsessive compulsive disorder. Etta is a 10 year old girl who often acts like she is 35 because of her anxiety and worries which causes a significant rift in her ability to bond and make friends with children in her age group.

As Etta is biracial in a small town, she is having trouble feeling like she fits in because she has different hair, different skin tone and has a different favorite foods than the other children in her class. Her grandmother's death and her father's military service contribute to Etta's feelings of instability and give her, in her opinion, real examples of how "bad things can happen." Etta interacts with the other students in a protective manner—trying to save them from bad things happening, even though the consequence would be minor and, in comparison, she suffers from serious social consequences from her insistence on rule following and bossiness with her peers.

While Etta is sad that she doesn't have friends and that her grandma died, she is not experiencing symptoms of depression at this time. She did experience witnessing her parents fights as traumatic, she does not have symptoms consistent with a post-traumatic stress disorder diagnosis.

If Etta does not receive outpatient psychotherapy at this time she runs the risk of needing medication management and possibly day treatment services in the future to help monitor her anxiety and help her build new skills with other children her own age. Etta would also benefit from family therapy time so that her parents can learn more about her struggles and come up with alternate modes of interaction with her to shield her from adult concerns while she is learning alternate coping skills.

Diagnosis ○ DSM-IV Codes (or successor) ○ ICD-9 CM Codes (or successor)

Check Primary	Axis	Code	Narrative Description
☒	AXIS I	300.02	Generalized Anxiety Disorder
☐			
☐			
☐	AXIS II	V71.09	None
☐			
☐			
	AXIS III	none	
	AXIS IV		Peer Problems
			Father in Afghanistan
			Parents divorce
	AXIS V	CURRENT GAF 55	HIGHEST GAF IN PAST YEAR (IF KNOWN)

NOTE TO CLINICIAN: If there are any diagnoses deferred, or listed as rule-outs, there must be a plan for resolution/follow-up.

1.	***Problem areas identified by assessment***
A.	Constant feelings of anxiety and worry
B.	Trouble making friends and interacting with peers
C.	Sleep disturbance caused by anxious racing thoughts

2.	***Target symptoms/behaviors to be addressed by treatment***
A.	Reduce frequency and intensity of daily anxiety response so that functioning is not impaired
B.	Decrease rumination, over-analyzing and misinterpretation to increase sleep
C.	Replace maladaptive social skills to increase social interactions with peers.

3.	***Treatment strategies to be used to address target symptoms***
A.	Cognitive Behavioral Therapy (including exposure therapy, cognitive restructuring and desensitization)
B.	Psycho-education for Etta and her family about normal development and age appropriate anxieties
C.	Peer interaction skills training

Specific services recommendations

Addressed	**Treatment Recommendation (Box 2 A, B, C)**
☐ Medication Management	
☐ Case Management	
☒ Individual Psychotherapy	2 to 3 times a month
☐ Group Psychotherapy	
☒ Family Psychotherapy	1 to 2 times a month
☒ Individual Skills Training	4 times a month
☐ Group Skills Training	
☐ Family Skills Training	
☐ Day Treatment	
☐ Residential Treatment	
☐ Respite	
☐ Other	

Further Evaluations Needed (check all that apply)

- [ ] None indicated
- [ ] Psychiatric
- [ ] Psychological
- [ ] Neurological
- [x] Medical
- [ ] Educational
- [ ] Vocational
- [ ] Visual
- [ ] Auditory
- [ ] Nutritional
- [ ] Substance abuse
- [ ] Other

NOTE TO CLINICIAN: Checked box indicates a referral should and/will be made.

PLEASE INDICATE PLANS TO COMPLETE FURTHER EVALUATION

Etta is past due for an annual medical exam.

Client/Guardian/Family Participation in Assessment

Ms. Jones agrees with the services but is worried about being able to attend psychotherapy with such regularity. Mr. Jones would like to participate by phone whenever possible and there is a plan in motion for a HIPAA compliant web-based video conferencing so that he can actively participate while he is stationed in Afghanistan.

Client/Family/Guardian Expression of Service Preferences

(Describe applicable age appropriate needs/ preferences for the identified child/ adolescent client and comment as relevant)

Clinician, client, and parent/ care taker/ guardian should have a meaningful dialogue to engage and allow the client and family to express their desired treatment preferences and priorities. Identify the indicated needs/ preferences of client/ family/guardian for the full range of behavioral health clinical and community-based rehabilitative services, and environmental support services available to them.

Children's Mental Health

Child/Adolescent Diagnostic Assessment

Signature Page

Signatures

Provider		**Provider rendering diagnosis** (if different than above)		**Supervisor** (if applicable)	
SIGNATURE		SIGNATURE		SIGNATURE	
PRINTED NAME Jane Jackson		PRINTED NAME		PRINTED NAME Theresa Thomas	
CREDENTIALS MSW, LGSW	DATE 5/7/2011	CREDENTIALS	DATE	CREDENTIALS MSW, LICSW, LMFT	DATE 5/7/11

Agency Information

AGENCY NAME		AGENCY PHONE NUMBER	AGENCY FAX NUMBER
Meanwell, Inc.		218-554-5623	

ADDRESS	CITY	STATE	ZIP CODE
		MN	

Client Information

CHILD NAME (FIRST, MI, LAST)	CLIENT NUMBER
Etta Loraine Jones	335487