# **Diagnostic Evaluation for Children and Adolescents**

# Date of this Assessment

# Client Age at Time of the Assessment

# Persons and Resources Utilized in the Assessment

# Presenting Problem

# Onset of Symptoms

# Family and Support Network

# Previous Attempts to Solve Problems

# The client has used the following to resolve the presenting problem(s):

# Readiness for Change

## The following have expressed an interest in making changes to solve the presenting problem:

* client
* guardian or caregiver
* No one in the system has reported a readiness to make change

# Risk Assessment

## The client shows the following evidence of risk of harm to self or others:

* suicidal ideation       \_with plan      \_with intent
* previous suicide attempts
* thoughts of harm to others  \_with plan   \_with intent
* previous aggressive acts toward others
* episodes of intoxication
* episodes of impulsive behavior
* self-mutilating or cutting behavior
* fire setting
* psychotic or delusional
* sexual offending behavior
* coping with significant loss (job, relationship)
* The client does not show evidence risk of harm to self or others.

# Safety Plan:

## Screenings:  All children and adolescents require a screening for ADHD, Depression, and Substance Abuse. Assessment Tools: Click here [for DSM tools](https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures) and [PHQ-9](http://www.transformationsllc.net/wp-content/uploads/2019/01/PHQ-Questions.pdf)

## The screening showed symptoms of the following disorders:

* ADHD
* Depression
* Substance Abuse
* none of the above

# Trauma Experience

## The client reports a history of the following traumatic experience:

* physical abuse
* physical neglect
* sexual abuse
* emotional abuse
* witnessed abuse
* family violence
* community violence
* client's own aggressive behavior
* suicide of family or friend
* murder of family of friend
* adopted
* foster care
* illness of parent or guardian
* change in primary care giver
* pregnancy
* death of a loved one
* incarcerated parent
* multiple moves
* homelessness
* other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* none reported

# Health Risks

* chronic illness
* acute illness
* head injury
* surgeries
* prenatal exposure
* abnormal developmental milestones
* immunizations are unknown or not up to date
* other\_\_\_\_\_\_\_\_\_\_\_\_\_
* none reported
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Medications

## The client is currently receiving medications for

* behavioral health           \_compliant       \_non-compliant   Rx: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* medical health care       \_compliant       \_non-compliant   Rx: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* no current medications but has a prior history of behavioral health medication therapy
* prescribers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* known allergies to medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Biorhythms

## Sleep Habits are:

* within normal range
* disrupted or inadequate
* excessive

## Diet is:

* adequately balanced and healthy
* restricted to select food choices
* disrupted by nausea, vomiting or binging
* inadequate and would benefit from food resources
* other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Activity level

* enjoys passive activities
* enjoys physical activities
* engages in age appropriate activities at home and in the community
* hyperactive with difficulty focusing
* reports low energy and feeling lethargic

# Addictive Behaviors

## Nicotine Use

* cigarette smoking
* chewing tobacco
* e-cigarettes
* no known history of use
* guardian suspects use

## Alcohol Use

* recently
* in the past
* no reported use
* the guardian suspects use

# Recreational Substance Use

* recently
* in the past
* types of drugs used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* no reported use
* the guardian suspects use

# Sexuality

## Gender identity:

* \_ male
* \_female
* \_ transgender
* \_ other: \_\_\_\_\_\_\_\_\_\_

## Sexual orientation:

* heterosexual
* homosexual
* a-sexual
* bi-sexual
* other\_\_\_\_\_\_\_\_
* undetermined

## Puberty:

* \_ prepubescent
* \_ normal range onset
* \_ early onset
* \_ late onset

## Sexual activity:

* active
* inactive
* unknown

## Access to birth control

* yes
* no
* would benefit from access to birth control
* not in need at this time

# Education

Grade Level:

* at age appropriate grade level
* below
* above or advanced

## Grade performance

* average
* below norm
* above norm

## Impact of behavior on education

* IEP
* 504 Plan
* class room accommodations
* truancy/attendance
* suspension/discipline
* alternation placement
* home school

# Language and Communication

* client has no identified needs
* hearing needs
* vision needs
* English as a second language
* client has a language preference: \_\_\_\_\_\_\_\_\_\_\_\_\_
* translator is needed for the client or family
* communication aids are utilized
* maladaptive communication
* lost or undeveloped expressive skills
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Vocational and Employment

* self-care skills are appropriate for age level
* client would benefit form skills training
* client has identified career goals
* client is employed \_\_\_\_\_\_\_\_\_\_\_

# Legal

* custody order
* CPS involvement/open CPS case
* DJJ
* CDW
* DCBS Custody
* legal offense
* client has legal representative
* no known legal history

# Financial

* resources are adequate to meet the client's need.
* client would benefit from resource assistance.
* client would benefit from housing assistance

# Social Relationships

* client shows the ability to develop pro-social relationships      \_with peers    \_ with adults
* client would benefit from training in pro-social skills

# Culture and Ethnicity

* The client identifies with the majority culture
* The client identifies with a minority culture

Client identifies self as

* White
* Black
* American Indian
* Hispanic or Latino
* Other\_\_\_\_\_\_\_\_\_\_

# Recreational and Leisure Skills and Strengths

* Client identifies hobbies and special interests:
* Client expresses a loss of interest

# Spirituality and Religion

* Client is active with a religious organization:
* Client reports spiritual interests or beliefs
* Client does not see spirituality or religion as a significant resource or support
* Client reports experiencing religious abuse

# Community and Neighborhood is identified as

* stable
* distressed
* threatening

# Environmental Factors for Home Based Therapy

* Dog(s) in the home
* Cat(s) in the home
* Bird(s) in the home
* Cigarette use in the home
* Gun(s) or other weapons in the home
* Illegal activities in the home
* Recent domestic violence
* No identified risks or allergens
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Telehealth Video Conferencing Assessment

### Telehealth, without regularly scheduled in-person sessions, are not appropriate for the client who experiences reoccurring crises or emergencies; is suicidal or likely to become suicidal, is violent or likely to become violent, or otherwise poses a risk to self or others.

* The client meets criteria and is eligible for telehealth video conferencing services
* Due to risk factors the client is eligible for telehealth only as an addendum and support to regular in person sessions and should not replace in person therapy.
* A crisis plan that includes in-person resources for emergencies at the client’s location shall be added to the treatment plan.
* Due to risk factors the client is not recommended for telehealth services.
* The client has access to technology and the skills to benefit from telehealth services.
* The client does not have access to technology or the skills to benefit from telehealth services.

# Diagnosis

# SED Determination Criteria

### The client must be under 18 or under 21 if services started prior to the age of 18. The client must have a significant disorder of thought, mood, perception, orientation, memory or behavior. And is impaired in two of the five areas of functioning for a period of one year or meets the exception criteria.

* + Client is under the age of 18 or started services prior to the age of 18
	+ Client has a significant disorder of thought, mood, perception, orientation, memory or behavior
	+ Impaired functioning in self-care
	+ Impaired functioning in interpersonal relationships
	+ Impaired functioning in family life
	+ Impaired functioning at school
	+ Impaired functioning in self-direction
	+ And symptoms have persisted for one year or are judged to be at high risk for continuing for one year
	+ And/or DCBS has removed the child from the home and has been unable to maintain in a stable setting due to emotional instability

## Does the client meet the requirements for a Severe Emotional Disability (SED)?

* + yes
	+ no

# Level of Care and Intensity of Service Assessment

### The Child Adolescent Service Intensity Instrument is for ages 5 to 19.  The Early Childhood Service Intensity Instrument (ECSII) should be used for children ages 0 to 5.

## CASII Scores

* I Risk of Harm: score 1 to 5
* II Functional Status: score 1 to 5
* III. Co-occurrence: score 1 to 5
* IV. Recovery Environment: Environmental Stress: score 1 to
* IV. Recovery Environment: Support: score 1 to 5
* V. Resiliency and/or Response to Services: score 1 to 5
* VI. Involvement in Services: Child or Adolescent for Service Profile Score 1 to 5

VI. Involvement in Services: Parent and/or Primary Care taker: score 1 to 5

* Pick the highest of the two VI scores to add in the composite score
* Composite Assessment Score \_\_\_\_\_\_\_\_\_\_\_

## CASII Service Level\*

\_Level 0 (0-9) Basic Services-Prevention and Health maintenance- These are the basic services everyone should have available Prevention services Crisis services Most services are provided in the community- non clinical

\_Level 1 (10-13) Recovery and Health maintenance Brief therapy, medication, and community resources

\_Level 2 (14-16) Outpatient services Traditional 1 x week outpatient therapy

\_Level 3 (17 -19) Intensive outpatient services Therapy 2 to 3 times per week with up to three hours per visit. Includes multiple community services requiring coordination. Case management is an option

\_Level 4 (20-22) Intensive Integrated Services without 24-hour psychiatric monitoring.  Wrap-around with formal supports such as CSA. May include partial, day treatment, case management is required. Score 20 to 22.

\_Level 5 (23-27) Non-secure 24-hour services without psychiatric monitoring Residential, group home, foster care and/or a tight knit wrap around team.

\_Level 6 (28+) Secure 24 hour services with psychiatric monitoring   Inpatient, or highly structured residential, or wraparound if safety needs are met.  Case management is essential.

Other Assessment Tools and Scores**:** CAFAS, PHQ-9, etc.

## Do clinical recommendations differ from the assessment recommended level of care?

* no
* yes.  If so, explain:

# Summary and Treatment Plan Recommendations