# **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. Screening Tools: click here [for guardian to complete](https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Level-1-Measure-Parent-Or-Guardian-Of-Child-Age-6-to-17.pdf)  or here [for the child to complete](https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Level-1-Measure-Child-Age-11-to-17.pdf). Assessment Tools: Click here [for all DSM tools](https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures) and for the [PHQ-9](http://www.transformationsllc.net/wp-content/uploads/2019/01/PHQ-Questions.pdf)

## or the [PHQ-9 modified for teens](https://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/GLAD-PC_PHQ-9.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 needed 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

[ ]  classroom 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 from 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 Caretaker: 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- nonclinical

[ ] \_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