# **Diagnostic Evaluation for Children and Adolescents**

# Date of this Assessment

# Client Age at Time of the Assessment

# Name of Legal Guardian showing Valid Photo Identification

# Other 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):

[ ] Client Reports No Previous Attempts to Solve Problems

[ ] Individual Therapy

[ ] Family Therapy

[ ] Group Therapy

[ ] Couples Therapy

[ ] Medication Therapy

[ ] Abuse Treatment

[ ] Self Help Groups

[ ] Partial Hospitalization

[ ] Psychiatric Hospitalization

[ ] Other\_\_\_\_\_\_\_

# 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

# ADHD medications require a follow up appointment 30 days after the start of medication and two follow up appointments in the following nine months. Psychotherapy must be provided 90 days prior to referral for an antipsychotic unless diagnosis is schizophrenia, bipolar or a psychotic disorder. All clients receiving psychotropic medications should be regularly monitored by a physician. Click here for medication list.

## The client is currently receiving medications for

[ ]  behavioral health          [ ]  \_compliant      [ ]  \_non-compliant

  Rx/dose/start date/prescriber:

 Follow-up appointments:

[ ]  medical health care      [ ]  \_compliant      [ ]  \_non-compliant

 Rx/dose/start date/prescriber:

 Follow-up appointments:

[ ]  no current or prior history of medication therapy

[ ]  no current medications but has a prior history of behavioral health medication therapy: \_\_\_\_\_\_\_\_\_

[ ]  known allergies to medications: \_\_\_\_\_\_\_

[ ]  The client would benefit from assistance in obtaining follow-up appointments.

# 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