# **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. Provider must complete the electronic Level of Care Assessment form for all Medicaid clients: [Level of Care - Transformations LLC](https://www.transformationsllc.net/test-page/)

## 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