

THE CHILDREN'S CENTER

Mental Health Assessment

CONFIDENTIAL

Time: _____
Date: _____

Duration: _____

Name of Child: _____ DOB: _____ Age: _____

Parents:

Mother: _____ Age: _____

Occupation: _____

Father: _____ Age: _____

Occupation: _____

Parents are: Married Separated Divorced Never Married Mother deceased Father deceased

Legal Custody of the child: Mother Father Joint Relative DCFS Other:

Information Obtained from: Mother DCFS Father Foster Parent Both Other: Relative:

Child currently resides with (if other than biological parents):

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Date placed with current caregivers: _____

Living Arrangements: House Apartment Other: _____
(Indicate who currently resides in the home)

Referral Source: _____ **Pediatrician:** _____

Current Child Care/ Preschool/ School: _____

DCFS Caseworker: _____ Phone: _____

Guardian ad Litem: _____ Phone: _____

Family Constellation/ Genogram

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Family History of Psychiatric/Developmental Disorders

Maternal Family History	<input type="checkbox"/> History unknown	<input type="checkbox"/> No known psychiatric problems
Relationship to child	Disorder	
Paternal Family History	<input type="checkbox"/> History unknown	<input type="checkbox"/> No known psychiatric problems
Relationship to child	Disorder	

Primary Referral Concerns:

Caregiver's reason for seeking treatment:

Primary Concerns:

1.

2.

3.

4.

5.

Parent/Child Relationships, Siblings

Attachment Issues:

Pregnancy, delivery, separations, unresolved losses, crises

Family or Environmental Stressors:

No Concerns Reported

Parent-Time Concerns:

No Concerns Reported

Externalizing Behaviors

CBCL EXT

Mother Normal Borderline Clinical**Father** Normal Borderline Clinical

Aggressive/Destructive Behaviors:

Temper Outbursts:

Defiance:

Attention Problems:

Internalizing Behaviors

CBCL INT

Mother Normal Borderline Clinical**Father** Normal Borderline Clinical

Emotional Regulation:

Anxiety/Depression:

Sleep Problems:

Appetite:

Toileting:

Rituals/Obsessions:

Preschool/Child Care/ Peer Relationships:

No Concerns Reported

Developmental, Speech/language, Self Care:

No Concerns Reported

Sensory Integration:

No Concerns Reported

Prior Treatment:

Trauma:

Abuse/Neglect/Exposure to Domestic Violence:

 No Concerns Reported

Death/Grief/Loss:

 No Concerns Reported

Foster Care/Adoption/Multiple Caregivers:

 No Concerns Reported

Serious Accidents/Hospitalizations/Illnesses:

 No Concerns Reported

Attachment

Parenting Stress Index
(Clinical Range)

Mother

- Acceptability**
 Competence
 Attachment
 Reinforcing

Father

- Acceptability**
 Competence
 Attachment
 Reinforcing

Please describe a time over the past two weeks when you and your child got along really well:

Please describe a time over the past two weeks when you struggled with your child:

What brings you the most joy in your relationship with your child?

What causes you the most pain in your relationship with your child?

Over the past two weeks was your child frightened? Hurt? Separated from you?

How did your child respond?

How did you respond?

What are your child's greatest strengths and weaknesses?

How is the stress of parenting impacting your marital relationship?

Child Interview/Observations:

Mental Status Exam:

Appearance: Appropriately groomed and dressed for age Comments:

Size: Average sized, appears his/her age Comments:

Activity Level:

Appropriate for age and situation Wandering/restless
 Inhibited/passive Impulsive
 Overly active Clumsy

Comments:

Eye Contact: Appropriate eye contact Avoids eye contact
 Makes eye contact when name is called

Comments:

Affect/Mood:

Appropriate for situation/conversation Irritable
 labile Angry
 Cheerful Crying
 Inhibited Incongruent

Comments:

Attention Span/Distractibility:

Becomes absorbed in tasks independently Persists despite distractions
 Stays with tasks with adult support Sustains attention if highly motivated
 Rarely stays with any task or activity Overstimulated
 Easily distracted

Comments:

Adaptability:

Adapts to new situations/people/activities quickly Never adapted to assessment situation
 Adapts to assessment situation over time

Comments:

Cooperativeness:

Listens to and follows directions Forgets or is distracted from directions
 Requires prompts to listen Ignores directions
 Overly anxious to please Openly defiant

Comments:

Response to challenge/frustration:

- | | |
|--|---|
| <input type="checkbox"/> Persists independently/ handles frustration | <input type="checkbox"/> Rejects adult help |
| <input type="checkbox"/> Gives up easily | <input type="checkbox"/> Seeks adult help |
| <input type="checkbox"/> Accepts adult help | <input type="checkbox"/> Openly frustrated |

Comments:

Self-confidence:

- | | |
|--|---|
| <input type="checkbox"/> Appears confident and proud of achievements | <input type="checkbox"/> High expectations of self |
| <input type="checkbox"/> Reacts with helplessness | <input type="checkbox"/> Seeks approval to proceed with tasks |
| <input type="checkbox"/> Negative self-opinion | <input type="checkbox"/> Overly confident, grandiose |
| <input type="checkbox"/> Upset, distressed, or silly when given praise | |

Comments:

Language:

- | | |
|--|--|
| <input type="checkbox"/> Expresses self appropriate to situation | <input type="checkbox"/> Difficult to understand |
| <input type="checkbox"/> Receptive language delays | <input type="checkbox"/> Withholds speech |
| <input type="checkbox"/> Expressive language delays | |

Comments:

Thought process/Play Content:

- | | |
|---|--|
| <input type="checkbox"/> Play is organized with imaginative content | <input type="checkbox"/> Play is disorganized and confused |
| <input type="checkbox"/> Violent themes are expressed | <input type="checkbox"/> Homicidal ideation present/reported |
| <input type="checkbox"/> Overly preoccupied with fantasy | <input type="checkbox"/> Suicidal ideation present/reported |
| <input type="checkbox"/> Play is perseverative or nonproductive | |

Comments:

Interactions with Caregiver:

- | | |
|---|---|
| <input type="checkbox"/> Cooperates with caregiver | <input type="checkbox"/> Rejects outreach from caregiver |
| <input type="checkbox"/> Overly clingy | <input type="checkbox"/> Aggressive or angry with caregiver |
| <input type="checkbox"/> Overly independent/ unconcerned with caregiver | <input type="checkbox"/> Ignores caregiver |
| <input type="checkbox"/> Seeks out caregiver for praise/help/comfort | <input type="checkbox"/> Seeks out other adults |
| <input type="checkbox"/> Accepts help/praise/comfort from caregiver | <input type="checkbox"/> Uses helpless, regressed behavior |

Comments:

Caregivers Behavior During Assessment:

- Appropriately concerned, nurturing and responsive
 Struggles with multitask demands of the situation
 Harsh and punitive with child
 Shows high level of distress with child
 Overwhelmed

Comments:

Formulation:

Diagnostic Impression (DSM IV)

Axis I _____

Axis II _____

Axis III _____

Axis IV _____

Axis V Global Assessment of Functioning: _____

Recommendations:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Signatures:

Clinician's Signature & Title

Supervisor