



Provincial Primary Assessment Interview Guide

Please ensure that informed consent and confidentiality are explained to the client

Sources of Information, From Whom and Date:

Examples:

Interview, Child with Auntie, Ms. Jane Smith, June 6, 2011

School Report, Grade 4 teacher, June 2010

Child Behaviour Checklist (Parent and Teacher Forms), June 4 & 5, 2011

Child Psychiatry Report, Dr. Donald Smith, May 22, 2011

Reason for Referral

*If the client has been referred from another source, any relevant information from the referral agent can be documented here (e.g., probation, school, other health professional)

Client and/or Family Perspective

- Is there anything that you see as stressful in your life?
 - Stressful events (e.g., finances, loss/grief, concern for others, traumatic events, family responsibilities, parenting, separation/divorce, moves)

Background Information

1. Developmental History

- Collect a developmental history, including issues during pregnancy such as addictions; delivery; developmental milestones; temperament; separations; family of origin

2. Physical Health History

- Are you or anyone in your family experiencing significant health concerns?
 - Relevant Medical conditions, chronic conditions, surgical history,
 - Communicable diseases?
- Nutritional status?
 - Tell me about your appetite?
 - Do you ever starve yourself? Or have you ever binged and purged?
- Tell me about your sleep?
- Is it possible that you could be pregnant?
- Medications?
 - Are medications being taken as prescribed?
 - Are you on any new medications?
 - Do you ever take more or less than is prescribed? Do you use anyone else's medications?
- Have you been on other medications in the past? Do you have any upcoming appointments, treatments, surgeries?
- Exercise
 - Frequency and intensity of exercise?

3. Educational/Occupational Status & History

- Highest level attained, current schooling concerns (further assessment may occur regarding school-aged children), employment
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4. Family Functioning and Relationships

Composition: how do you define your family?

- Dynamics: How do you communicate in your family, resolve conflict?
- Is there someone in your family you are particularly close to?
- Extend family involvement
- Elaborate on your supports
- How do you get along with others in your family or in other relationships?
- Behavioural and parenting issues

5. Financial

- Source of Income
- Have you made trade-offs to get by? (e.g., paid rent instead of buying groceries or medication)
- Children/Youth:
 - o What do you do when you need money?
 - o Do you receive allowance?
 - o Are there activities you would like to be involved in but can't due to the cost?

6. Spirituality/Cultural Practices and Needs

Would you like to share your current spiritual and cultural practices?

7. Social Involvement/Activities

- What recreational activities do you participate in? (e.g., sports, volunteering, church groups, clubs, hobbies, other interests)
- When did you last participate in the activities you enjoy?
- Has substance use affected the activities you once participated in?

8. Personal and Family Psychiatric History

Are you seeing a psychiatrist, mental health or addictions professional?

- Who?
 - How long have you been seeing them?
 - Do you have a diagnosis? (Who made the diagnosis and when?)
 - Have they prescribed meds?
 - Are you on any medications?
 - Have any of your family had mental health issues?
 - Are there any other feelings or thoughts affecting your life right now?
 - How are you coping?
 - Any concerns around your sexuality?
 - Do you have any concerns about feeling depressed or anxious right now?
 - Is anyone else affected by your problems?
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9. Danger to Self/Others

- Suicidal thoughts/behaviors

All clients must be screened and where appropriate assessed for suicidal thoughts and behaviors. A hierarchy of questions below, which gently leads to asking about suicidal ideas, is a generally accepted procedure for all health care professionals. These questions may have to be asked in a different manner with younger or cognitively challenged populations.

1. Are you having any feelings of hopelessness, helplessness or depression?
2. Have you had any thoughts, urges or behaviors related to harming yourself?
3. Have you recently engaged in any reckless behavior such as; abusing alcohol or drugs, reckless driving or impulsive actions?
4. Have things been so bad lately that you have thought you would rather not be here?
5. Are you thinking of suicide?
6. Have you made any current plans?
7. Do you have the means to act on your plan?

- Do you (or anyone in your family), currently engage in high risk behaviours?
 - o Deliberate self harm (e.g., cutting, burning)
- Have you ever been aggressive toward others?
(thoughts, intimidation, violence)
- Have you ever harmed an animal?
- Have you ever set fires?
- Personal safety
 - o Do you feel safe? Is anyone hurting you?
 - o Are you being physically abused?
 - o Are you being sexually abused?
 - (by whom and when?)

10. Substance Use, Problem Gambling and other Problem Behaviours

- Have alcohol, drugs (prescription or non-prescription), gambling, tobacco ever been a concern for you or anyone in your family?
 - Can you tell me about your use (or the use of others in your family)?
 - Can you tell me what your (their) drug of choice is?
 - How often do you (they) use it?
 - What happens when you (they) use it?
 - Has anyone ever told you that you have a problem with alcohol?
 - Has anyone ever told you that you have a problem with drugs?
 - Do you (or anyone in your family) feel you need to cut down on your drinking/drug/gambling?
 - Do you (or anyone in your family) ever get angry when others comment on your drinking/drug/gambling?
 - Do you (or anyone in your family) ever have an eye opener (drink/drugs) to settle your nerves in the morning?
 - Do you (or anyone in your family) have a problem with gambling? Or has someone said you have a problem with gambling?
 - Are you affected by other people's problem behaviours
 - Other behavioural problems such as pornography, internet, food, sexual promiscuity, shopping, gaming
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11. Legal

- For youth who are not referred for YO - specific services, but have verified history or documentation of YO - specific involvement, you can record this information on the mental health and/or alcohol and drug clinical file. However, the disclosure of any YO - specific information (e.g., offences, sentences) must comply with the restrictions under the Youth Criminal Justice Act (YCJA). Typically disclosure of YO specific information is for safety and/or treatment and rehabilitation purposes and can only be done by the author or owner of the YO - specific documentation.
- Have you or a member of your family been a victim of crime?
- Do you (or a member of your family) have any outstanding charges, upcoming court cases?
- Convictions?
- Are you on probation/ parole?
- Do you have any court or community orders? (i.e. restraining orders)
- Any legal history related to substance use, gambling or mental health issues?
- Is there a custody/access agreement in place? Do you expect any changes to this agreement?

12. Motivation/Resiliency/Protective Factors

- Share a personal and/or family strength
- What are your or your family's expectations? What might get in your way?
- Do you think there are benefits to making a change?
- What do you hope to get from being here?
- What would success look like?
- What supports do you have? (e.g., stable/secure housing, income security, positive role models, community recreation/involvement)

Client/Family Goals

Have a collaborative discussion regarding goals and treatment options (consider barriers, strengths)

- How would you rank or prioritize your goals?
- Is there anything else you'd like to talk about?
- Is there anything we haven't addressed?

Clinical Impressions/Conceptualization

- Summarize, observation based on facts presented. (comment on appearance, behaviour and cognition)
- Identify the client's (and/or the family's) transtheoretical stage of change in relation to each area of difficulty
- Sources of external motivators
- Note the diagnosis arrived at (in accordance with scope of practice of diagnostician)
- Include alerts if any present (health risks, safety risks, pregnancy)

Baseline Measures

- DIAGNOSIS
- CAFAS
- CDOI

Treatment Plan (including timelines)

- Further clinical screening/assessment required
 - Referrals
 - Timeframe for treatment and reassessment
 - Discuss nature, anticipated length, benefits and limitations of treatment; roles/expectations of therapist and client; and measurement of outcomes in relation to goals
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