

Conversation Guide

Child and Adolescent Needs and Strengths

Name:	Respondents:
Date:	Assessor:
<p>Behavioral/Emotional</p> <ul style="list-style-type: none"> Psychosis Impulsivity/Hyperactivity Depression Anxiety Oppositional Conduct Anger Control Substance Use Adjustment to Trauma 	<p>Conversation Starters: <i>Primary reason for referral? (i.e. precipitating event, symptoms, primary stressors)*</i> How would you describe your mood? Do you have trouble paying attention in school? Is it hard for you to sit still in class? Have you felt down or sad a lot recently? Do you feel lonely or like you don't want to do things you used to like? Do you worry a lot or feel fearful? What do you do when you are upset or angry? Is it hard for you to follow directions? A lot of people have had a scary or hurtful experience that still effects them today. Have you ever experienced something like that? its ok if you don't want to talk about it.</p>
<p>Life Functioning</p> <ul style="list-style-type: none"> Family Functioning Living Situation Social Functioning Developmental/Intellectual Decision-Making School Behavior School Achievement School Attendance Medical/Physical Sexual Development Sleep 	<p>Conversation Starters: Can you tell me about some of the things you think you may need help with? How are things going with your family? What do you do together? How is school going? How do you get along with people your age? Do you feel supported by others? How is your health? How well do you sleep? Are you ever tired at school? Is there anyone special in your life right now? <i>What are the functional impairments?*</i></p>
<p>Risk Behaviors:</p> <ul style="list-style-type: none"> Suicide Risk Non Suicidal Self-Injurious Behaviors Other self harm(Recklessness) Danger to Others Sexual Aggression Delinquent Behavior Runaway Intentional Misbehavior Fire Setting 	<p>Conversation Starters: Do you currently or have you ever had thoughts of killing yourself? Have you ever acted on those thoughts? Have you ever engaged in self harm behaviors like cutting or burning yourself? Have you ever been in a fight with someone? Have you ever done anything to harm another person? Have you ever gotten into trouble with the law? <i>Current and past danger to self or others and grave disability?*</i></p>

<p>Cultural Factors: (<i>client & family</i>)</p> <p>Language</p> <p>Traditions and Rituals</p> <p>Cultural Stress</p> <p>Cultural Identity (Strength)</p> <p>Spirituality/Religious (Strength)</p>	<p>Conversation Starters: With respect to Culture, Race, Ethnicity, Gender, religion/spirituality, sexual orientation etc....how do you identify? What parts of your identity give you a sense of belonging, support, or connection? Are there places in your community where you feel uncomfortable due to how others react to a part of your identity? Have you had experiences where you have been misunderstood, mistreated, discriminated against due to an aspect of your identity? Are there places/situations where you feel you need to hide part of your identity?</p>
<p>Strengths:</p> <p>Family Strengths</p> <p>Interpersonal</p> <p>Education Setting</p> <p>Talents/Interests</p> <p>Spiritual/Religious</p> <p>Cultural Identity</p> <p>Community Life</p> <p>Natural Supports</p> <p>Resiliency</p>	<p>Conversation Starters: Tell me about your strengths.. What are you most proud of? Who are some of the most important people in your life? Who are your friends and how do you get along? What is your favorite activity? Is there anything you are interested in trying? Do you have any future goals or plans? Is spirituality important to you? How do you get through a hard day? How is school going? Do you feel connected to your community?</p>
<p>Caregiver Resources and Needs:</p> <p>Supervision</p> <p>Involvement with Care</p> <p>Knowledge</p> <p>Social Resources</p> <p>Residential Stability</p> <p>Medical/Physical</p> <p>Mental Health</p> <p>Substance Use</p> <p>Developmental</p> <p>Safety</p>	<p>Conversation starters: What are your strengths (as a parent)? What are you most proud of? What do you need help with? How do you manage your child's behavior? Do you have enough support from people in your life? Do you know people in your neighborhood or participate in community events? How do you handle stressful events in your life? Are you happy with your current housing situation? Are all of your family's basic needs met? Do you have any unmet physical, medical, mental health, or substance use needs that you would like support with? Do you feel your family is safe in your home and community? Family history of mental illness & substance use, major family traumas and losses?*</p>
<p>Trauma/ACEs:</p> <p>Sexual Abuse</p> <p>Physical Abuse</p> <p>Emotional Abuse</p> <p>Neglect</p> <p>Medical Trauma</p> <p>Witness to Family Violence</p> <p>Witness to community/School Violence</p> <p>Natural or Manmade Disasters</p> <p>War/Terrorism Affected</p> <p>Victim/Witness to Criminal Activity</p> <p>Disrupt. in Caregiving/Attachment Losses</p> <p>Parental Criminal Activity</p>	<p>Conversation Guidance and Starters: Remember, do not pressure individuals to talk about trauma if they are not ready. Explain why you are asking about trauma : e.g. a lot of people have had difficult experiences that have affected them, and often it still hurts, or affects them in different ways. Have you had any experiences like this? Focus on strengths and resilience: Can you tell me about how you got through that? Normalize the person's reactions to the traumatic event: Thank you for sharing that. When something happens that threatens our safety or well-being, it can often change the way we feel, think, or act.</p>

* Specific Information looked for by UR