

Attachment B



Parent Behavioral Health Assessment For

(Parent's Name)

DOB:

Prepared By:
Contact Information:
Dates of Assessment Period: (Assigned on) - (Due date)

General Identifying Information

Name	
Nickname (if any)	
Race	
Gender	
Date of Birth and current age	
Social Security Number	
Insurance and Policy Number	
Parent's Address	
Parent's Employer	
DSM-V Diagnosis Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition	
Referral Source, credential, phone number:	

Confidentiality Notice:

The contents of this report are considered a legally protected medical document. The information in this report is to be used for the stated purpose. Finally, the report is to be released to, and used appropriately by, the authorized recipient.

Informed Consent:

Immediately prior to the interview, this assessor discussed with the identified client the assessment procedures; what was expected of both the client and the evaluator; who would be involved or affected; and the risks and benefits of giving and withholding information. This client was made aware that this evaluator was not his/her treating practitioner at this time and any information disclosed would be incorporated into this evaluation summary. This client was also made aware that this report would be given to the Court and made available to the attorneys involved in this case. Once this report is released to the Department of Children and Families (DCF)/Big Bend Community Based Care (BBCBC), it was explained that the information becomes the sole property of DCF/BBCBC and they may choose to share this report with anyone identified as part of the professional treatment team. The above named client appeared to clearly understand these conditions and agreed to participate fully.

Reason for Referral:

The goals of a Parent Behavioral Health Assessment are to:

- Provide assessment of areas where no other information exists;
- Update pertinent information not considered to be current;
- Integrate and interpret all existing and new assessment information;
- Provide functional information, including strengths and needs, to the referral source that will aid in the development of long and short term, culturally sensitive intervention strategies to improve caregiver protective capacities;
- Provide specific information and recommendation to accomplish family preservation, reunification, or re-entry and permanency planning;

- Provide the basis for development of an effective, individualized, strength based, culturally sensitive behavioral health treatment plan.

The specific issues/questions specific to the parent, as outlined by the referral source are as follows (include what you were asked to address such as family history of domestic violence, long standing non-adherence with medication management of a behavioral health disorder, etc):

Sources of Information:

Interviews/Interventions Conducted – Documents Reviewed:

- Present Danger Assessment- required
- Safety Plan-required
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Assessment Tools:

Patient Health Questionnaire 9 (PHQ-9) for suspected depression

Generalized Anxiety Disorder-7 (GAD-7) screener for suspected anxiety

Primary Care Post-Traumatic Stress Disorder (PC-PTSD) screener for trauma

Mood Disorder Questionnaire (MDQ) for suspected mood disorders beyond depression

Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-V)

ACE Score

Trauma Antecedents Questionnaire http://www.traumacenter.org/products/pdf_files/TAQ_rev4.4.2017.pdf

Abbreviated PTSD checklist https://www.integration.samhsa.gov/clinical-practice/Abbreviated_PCL.pdf

Trauma Assessment Description

A brief description of the assessment ...

Parent's Family History:

Behavioral Health History of Parent:

Current behavioral health issues:

Parent's previous evaluations including dates, diagnoses, treatment and interventions:

Parent's adherence with medication:

Social adjustment:

Daily living skills of the parent:

Medical History of Parent:

Parent's current medications (this should include psychotropic medication)

Medication Name	Dosage	Target Symptoms/Diagnosis

Parent's last physical exam and findings (was the parent referred for a physical?):

Any medical problems (including previous medications):

Parent's health that may have an effect on their ability to parent their child(ren) (include chronic illness, medication side-effects, physical limitations):

Educational History of the Parent:

Employment History of the Parent:

Activities in which the parent has interest or enjoys:

Legal Involvement and Status of Parent:

Current legal status of this parent:

Legal history of parent:

DCF abuse report findings as a child:

DCF abuse report findings as an adult:

Functional Analysis:

Adequate Caregiver Protective Capacities

Diminished Caregiver Protective Capacities

Cultural Analysis:

Family's unique values, ideas, customs and skills that have been passed on to family members and that require consideration in working and planning with the client and family:

Assessment of the family's own operational style, including habits, characteristics, preferences, roles and methods of communicating with each other:

Ecological Analysis:

Describe relationships that are important to the parent, including their relationship with their own parent(s), sibling(s), and other significant people in his /her life:

Financial and Community Resources for Parent:

All resources and financial amounts:

Any non-financial/community resources:

How resources affect family functioning:

Services and Goals:

Overview of goals that the parent wants to achieve:

Overview of desired services from parent's perspective, that will help them achieve their goals:

Cognitive Functioning/Mental Status Exam:

Appearance:

Engagement:

Mood:

Affect Thought Processes/Content:

Speech:

Attention/Concentration:

Perception/Cognitive:

Orientation:

Memory/Recall:

Intellectual:

Insight:

Judgment:

Ability to care for self:

Sleep Disturbance:

Eating Disturbance:

Risk Factors:

Stage of Change:

Current Diagnosis:

ICD-10 Code:

DSM-V Diagnosis:

Summary:

Recommendation of Services to Improve Caregiver Protective Capacities:

A copy of this document will be provided to any service provider involved with this parent/family.

Date

DRAFT