

Fall 2021

CE 651 Appendix Diagnosis and Psychopathology of Children and Adolescents

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Appendix I: Race and Intersectionality Mental Health Article Review and Presentation/Discussion Leader (50 points each)

Article Review

- Black/Indigenous youth mental health: Students will explore peer-reviewed quantitative and/or qualitative studies that address mental health issues of Black/Indigenous boys and girls.
- LGBTQ+ youth mental health: Students will explore studies that address mental health issues relate to and intersect with race, gender, sexual/affectual orientation, class, citizenship status, etc.

Answer the following on the form (D2L)

- 1) APA style reference citation
- 2) Research problem
- 3) Identify research questions (quantitative and qualitative)
- 4) Identify research hypotheses (quantitative)
- 5) The purpose of the study (e.g., Why was this study necessary? What is the gap that the study is trying to fill?)
- 6) Sample
- 7) Procedures
- 8) Instruments
- 9) Summarize key findings

Two weeks prior to the presentation date, students must post their chosen journal article (pdf) to the Discussion Board. One week prior to the presentation date, students must post review form (Word) to the Discussion board.

Presentation (no more than 10 mins) and Discussion Leader (No more than 20 minutes)

- Provide a brief overview of the article by presenting the items 1 through 6 on the article review form (no more than 10 mins)
- Facilitate class discussion (no more than 20 mins) based on key findings by discussing and describing social determinants of mental health and mental illnesses, present what the researchers found, discuss how the findings can be applied to reduce social determinants of mental health and mental illnesses among Black youth and LGBTQ+ youth, how the findings inform your own counseling practice, and how you will use the findings to advocate for the groups.

Some tips for locating the literature

- Conduct key words search in Google first if you are unfamiliar with the topics of intersectionality and social determinants of mental health. After getting some ideas about what the issues are, then you can start your literature search via the WSU library database or Google Scholar.
- **Keywords suggestions for your search:** Intersectionality and child (or youth) mental health (or mental illness); social determinants of child (or youth) mental health; mental illness and racial and ethnic minority youth; Black children (youth) mental health; Latinx children (youth) mental health; indigenous children (youth) mental health; transgender gender nonconforming children and mental health (or mental illness); LGBTQ youth of color and mental health issues (or mental illnesses); racism and mental health (or mental illnesses); etc.

Some questions that you may want to keep in mind:

- How are Black children with autism and ADHD treated differently than White children?
Intersectionality question: How are undocumented queer Latinx adolescent girls with autism or ADHD treated differently than their peers in school?
- What is society's notion about Black boys' (or girls') behavior related to mental health treatment

and intervention?

- What is society's notion about gender identity of gender non-conforming youth?
- How gender identity became pathologized?

Appendix II: Race and Intersectionality Mental Health Article Review Form (Word)

- 1) APA style reference citation
- 2) Research problem
- 3) Identify research questions (quantitative and qualitative)
- 4) Identify research hypotheses (quantitative)
- 5) The purpose of the study (e.g., Why was this study necessary? What is the gap that the study is trying to fill?)
- 6) Sample
- 7) Procedures
- 8) Instruments
- 9) Summarize key findings

More on how to complete an article review form:

Please review the Appendices I (instruction) and II (form) for the assignment. You can find the appendix in the "syllabus" module in D2L. Also, the article review form (in Word) can be found in "Mental Health Article Reviews Assignment" module. You will have to scroll down to locate the folder (the 3rd folder from the bottom).

You do not need to create PowerPoint for your review assignment.

A simple word document addressing the nine items is sufficient.

Make sure to double-click the heading and insert your name so your name will appear every page of your article review form.

When you are working on (9) Summarize key findings, you will need to summarize the results and discussion sections. Usually the result section of a quantitative study (where you see inferential statistical analysis in the results section) may be shorter than the discussion section. In a qualitative study, the results section where the authors discuss emerging themes from the data (i.e., often interview transcripts) may be longer than the discussion section. The results section of a quantitative study may sound like a foreign language, so you read the discussion section first and then come back to the results section. You may have to repeat this back-and-forth multiple times and if you need help, please let me know. Before we meet, please send me your article in advance or upload the article if you already decided which one to work on on D2L discussion board.

You do not have to wait until your article review form is complete to upload the journal article that you are reviewing. If you already have chosen a study to use for your article review, please go ahead and upload it, which allows us to read/skim and familiarize with what you are reviewing and presenting.

The results section of a quantitative study is usually presented three ways: Description in narrative form; Description in statistical language; and/or Material in table or graphs.

Quantitative studies are usually looking at a group comparison or correlation/association (and/or prediction). So, please pay attention what it is that the authors are trying to study: group comparison or correlation/association (and extension of correlation: prediction through regression analysis).

Appendix III: Individual Written Diagnostic Report Format

Diagnostic assessment report must be (a) incorporating parent and youth information, (b) using diagnostic nomenclature from the DSM-5, (c) linking the diagnosis to a theory driven case conceptualization and interventions, and (d) providing a personal reflection about the assignment and include all the sections below:

1. Demographic Information
2. Chief Complaint
3. History of Presenting Illness
4. Past Psychiatric History
5. Current Medication
6. Medical History
7. Developmental History*
8. Social History
9. Family History
10. Substance Abuse History
11. Education/Employment History
12. Risk Factors
13. Cultural Factors
14. Successes, Strengths, and Resources
15. Mental Status Exam
16. DSM-5 Diagnosis
17. Rationale for Diagnosis
18. Additional Rule-Out Diagnoses
19. Counseling Theory-Based Case Conceptualization (How your chosen theory describes the disorder? Based on the theory, what contributing to the development of the disorder?)
20. Treatment Recommendation
21. Personal Reflection
22. References

Written diagnostic reports adhere to APA style (7th ed) writing format and must be submitted to the corresponding assignment folders in D2L by the due date listed in the course schedule.

*Developmental History section must include **psychosocial development** and any other relevant development theories (e.g., gender identity, racial identity, cognitive, moral, etc.)

Please cite at least 5 peer-reviewed journal articles (one of the five can be an academic textbook other than our textbook) to support your conceptualization of the presenting issues. For example, you may want to review your textbook from human growth and development class to apply psychosocial development theory to your client. Or, if you choose to conceptualize the presenting issues from systems theory perspectives, you may want to refer to the textbooks from family counseling class. Then, apply a counseling theory of your choice to describe the presenting issues and support your conceptualization with four peer-reviewed sources.

Appendix IV: Group Presentation Rubric

Assessed Section	Excellent	Acceptable	Poor
Identifying Information (5 Points)	All relevant important demographic information including but not limited to sex, age, ethnic background, physical characteristics, disabilities, etc. are addressed in thorough, concise, and organized manner. (5 points)	Relevant demographic information including but not limited to sex, age, ethnic background, physical characteristics, disabilities, etc. are sufficiently addressed in a fairly well-organized manner. (3 points)	Only basic demographic information is addressed. (1 points)
Presenting Problem(s) Chief Complaint(s) (5 Points)	Presenting problem/chief complaint; include but not limited to the reason for seeking help, the background of the presenting problem(s), its impact on client’s functioning are addressed in a thorough, concise, and organized manner. It also includes client’s own words and provides a complete picture of the presenting problem. (5 points)	Presenting problem/chief complaint is sufficiently addressed in a fairly well-organized manner. Although it provides the picture of the presenting problem, it is not as complete, well-organized, and miss three or more key information. (3 points)	Presenting problem/chief complaint is adequately addressed though not as complete, well-organized and grossly miss key information. (1 points)
Symptoms (5 Points)	Student provide the thorough history of the presenting problem/chief complaint, including bio-psycho-social history of the presenting problem/chief complaint in an organized, specific, and written concise and professional manner. (5 points)	Student provide the sufficient history of the presenting problem/chief complaint, including bio-psycho-social history of the presenting problem/chief complaint, though it is not as complete, well-organized, and miss three or more key history. (3 points)	The description of history of the presenting problem/chief complaint is adequate. Bio-psycho-social history of the presenting problem/chief complaint is incomplete, grossly missing key history; thus, the symptom progression is unclear and the description is written in a disorganized and unprofessional manner. (1 point)
Mental Status Examination (5 Points)	The client’s behavior (thinking feeling, and action) and attitudes are thoroughly described, covering appearance, general behavior, speech, emotional state (affect and mood), through content and processes, mental capacity (memory/intelligence), and insight and judgement of the problem(s) in an organized, concise, and professional manner. (5 points)	The client’s behavior (thinking feeling, and action) and attitudes are sufficiently described, though it is not as complete, well-organized, and miss one or more domains of MSE. (3 points)	Partially mentions the client’s behavior (thinking feeling, and action) and attitudes. Major domains of MSE are overlooked or partially presented. (1 points)

<p>Diagnostic Assessment and Highlights of the Interview (10 points)</p>	<p>Clearly identifies the diagnostic category fits in the DSM-5 (e.g., Neurodevelopmental Disorder, Depressive Disorder, etc.) and lists all subcategories within the category. Clearly describes one diagnostic subcategory (e.g., ADHD, Persistent depressive disorder, etc.), including all diagnostic criteria/features; associated features; prevalence; risk & prognostic features; and comorbidity. Succinctly and accurately notes age criteria for subcategory and discusses specific developmental considerations in how symptoms may be expressed. Succinctly and accurately delineate important cultural considerations related to the disorder. List and succinctly describes rule-out diagnoses that should be considered. (10 points)</p>	<p>Clearly identifies the diagnostic category and lists all subcategories; however, some subcategories may be missing some diagnostic criteria. Adequately describes one diagnostic subcategory but may fail to address some aspects of diagnostic criteria/features; associated features; prevalence; risk & prognostic features; and comorbidity. Adequately addresses age criteria and developmental considerations but lacks clarity or depth. Addresses cultural considerations but lacks clarity or depth. Acknowledges differential diagnosis considerations but does not describe clearly. (5 points)</p>	<p>Fail to describe how this diagnostic category fits in with the DSM-5 organization. Fails to present what diagnostic subcategories are included. Missing subcategories and diagnostic criteria on multiple slides. Generally, describes one diagnostic subcategory, but fails to include many key pieces of information related to diagnostic criteria/features; associated features; prevalence; risk & prognostic features; and comorbidity. Fails to address age criteria and developmental considerations. Fails to address cultural considerations for the disorder. Fails to address differential diagnosis considerations. (1 points)</p>
<p>Visual & Aesthetics (10 Points)</p>	<p>Graphics used are engaging and enhance the presentation. Use of font sizes/variations and headings help the overall clarity of the presentation. (10 points)</p>	<p>Graphics used enhance the presentation. Use of font sizes/variations and headings make the overall flow of the slides clearer. (5 points)</p>	<p>Graphics used adequately enhance the presentation. Use of font sizes/variations and headings is inconsistent and distracting. (1 points)</p>
<p>Oral Presentation (10 Points)</p>	<p>Utilize a brief video that brings diagnosis to life for audience. Presentation is clear, logical, and organized within time constraints; presentation is a planned conversation-not reading of information; information is accurate and draws upon relevant literature. Narration and/or the answering of questions is engaging, thorough, and adds greatly to the presentation. (10 points)</p>	<p>Utilizes a brief video that supports the audiences understanding and gives moderate "feel" of disorder. Presentation is generally clear and well organized within time constraints; explanation of concepts and theories are accurate and complete; level and pacing are generally appropriate; a few minor points may be confusing. Narration and/or the answering of questions is adequate and adds to the presentation. (5 points)</p>	<p>Utilizes a brief video that is related to the diagnosis but fails to create a sense/feeling of the disorder. Narration and/or the answering of questions is somewhat lacking. (1 points)</p>

Appendix V:

**Winona State University
Biopsychosocial Assessment**

I) Presenting Information

Client: _____

Demographics

Age: ____ Date of Birth: _____ Race/Ethnicity:

Gender: M W Other: _____

Religion: _____ Primary Language: _____ Marital Status M S D W Sep

Date of Marriage/Partnership: ____/____/____

Date(s) of previous marriage(s)/Partnerships):

From: ____/____/____ To: ____/____/____ How did marriage end?: _____

From: ____/____/____ To: ____/____/____ How did marriage end?: _____

II) Presenting Problem/Circumstances of Referral

Can you tell me a little about why you are seeking counseling?

Type in here

What precipitants led up to the problem and its onset? How long? Frequency?

Start typing

Who made the referral?

Start typing here

How does the referral source view the problem?

Start typing

How does your significant other(s) view the problem?

Start typing

III) History of the Presenting Problem:

When did this/these problems begin?

Start typing

How long (or how often) has this/these been an issue for you?

Start typing

How do/does these/this issue(s) affect your daily life?

Start typing

When are your symptoms/feelings most disturbing?

Start typing

When are your symptoms/feeling least disturbing?

Start typing

How would you rate your symptoms/feelings now on a 0 - 10 scale with 0 being low and 10 being high? 8__/10__

IV) Current Symptoms/ Problems: (Rate severity and duration for each)

Severity Rating:	1= Mild	2= Moderate	3= Severe		
Key: Duration Rating:	1= Less Than 1 Month	2= 1 – 6 Months	3= 7 – 11 Months	4= More Than 1 Year	

	Severity	Duration		Severity	Duration
1. Anxiety	_____	_____	15. Bizarre Ideation	_____	_____
2. Panic Attacks	_____	_____	16. Bizarre Behavior	_____	_____
3. Phobia	_____	_____	17. Paranoid Ideation	_____	_____
4. Obsessive Compulsive	_____	_____	18. Gender Issues	_____	_____
5. Somatization	_____	_____	19. Eating Disorders	_____	_____
6. Depression	_____	_____	20. Poor Judgement	_____	_____
7. Impaired Memory	_____	_____	21. Lack of Support System	_____	_____
8. Poor Self Care Skills	_____	_____	22. Poor Interpersonal Skills	_____	_____
9. Loss of Interest	_____	_____	23. Conduct Problems	_____	_____
10. Loss of Energy	_____	_____	24. School Problems	_____	_____
11. Sexual Dysfunction	_____	_____	25. Family Problems	_____	_____
12. Sleep Disturbance	_____	_____	26. Indep. Living Problem	_____	_____
13. Appetite Disturbance	_____	_____	27. Strange Body Movement	_____	_____
14. Weight Change	_____	_____	28 Other:	_____	_____

Please describe symptoms / problems above in detail:

Start typing

Assessment of Risk:

A. Current risk factors: (Check all that apply)

- Suicide: None Ideation Pain Intent w/o means Intent with means
- Homicide: None Ideation Plan Intent w/o means Intent with means
- If risk exists, client is able to contract not to harm: Self Others
- Impulse control: Sufficient Moderate Minimal inconsistent Explosive
- Substance abuse: None Abuse Dependence Unstable remission
- Medical risks: No Yes If “Yes”, explain: Start typing

V) Lifespan/ Development History:

A. Health at birth:

Start typing .

B. Developmental milestones

Within normal limits (adults only)

Start typing

C. Special services received during lifetime:

Start typing

D. Other lifespan/ Developmental issues: (include mid-life, senior/elder, other issues)

Start typing

VI) Family Information/Relationships

Does the client have any children?						
Name	Age	Date of Birth	Sex	Custody? Y/N	Lives With?	Additional Information

Who else lives with the client? (Include spouses, partners, siblings, parents, other relatives, friends)				
Family of Origin Name	Age	Sex	Relationship	Additional Information
<u>Client lives in a residential facility</u>				
Primary language of household/family: English			Secondary:	

Personal Family Information

Name	Occupation	Education (Highest Achieved)	SES	Religion	Physical/Mental Illness	Married?
		<u>High School Diploma</u>		<u>Catholic</u>	<u>Alcoholism</u>	<u>Widow</u>

VII) Education

What is the highest level of education you have attained? Type

Any special trades learned? _____

Were the school years experienced without any significant events, e.g. failure, acceleration, behavior problems?
Start typing

Did you receive special education services? _____

Favorite Class: _____

Least Favorite Class: _____

VIII) Social

Briefly describe your social network: Start typing

Do you have a support system? _____

How well do you utilize your social support system? Start typing

IX) Occupational History (check all that apply)

Employment: Currently Employed?			
<input type="checkbox"/> Yes	Employer	Length of Employment	
<input type="checkbox"/> Satisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Supervisor Conflict	<input type="checkbox"/> Co-Worker Conflict
<input type="checkbox"/> No	Last Employer:	Reason for Leaving:	
<input type="checkbox"/> Never Employed	<input type="checkbox"/> Disabled	<input type="checkbox"/> Student	<input type="checkbox"/> Unstable Work History
<input type="checkbox"/> Sheltered Employment		<input type="checkbox"/> Receiving Vocational Services	
Comments: Career Hopes/Career Dreams: <u>Start typing</u>			
Role Models (Two Individuals): <u>Start typing</u>			

X) **Military/Veteran Status:** N/A Veteran? Yes No

Dates: _____ Branch: _____ Rank Held: _____

Position in the Service: _____ Stationed: _____

Discharge Status: Honorable Dishonorable Medical Other

Experienced Combat: Yes No

Disciplinary Actions: Yes No

If yes, please briefly describe: _____

List any injuries or traumas suffered during service: _____

XI) Medical (Treatment/services received, when, where, outcome):

Do you have any current medical issues? Start typing

Current or Past medical or physical problems/conditions (i.e., allergies, seizures, high blood pressure, diabetes, cardio problems, TB etc.): Start typing

Are you currently taking any prescribed medications? Yes No

List all medications presently prescribed:

Medications	Purpose	Dosage	Frequency	Name of MD. monitoring medications

Physical handicaps or limitations? Start typing

Date of last exam: _____ Where?

Physician's Name / Phone number:

Address: _____

If applicable is the release of information form signed Yes No

Uses or Needs assistive or adaptive devices (select all that apply)			
<input type="checkbox"/> None	<input type="checkbox"/> Glasses	<input type="checkbox"/> Walker	<input type="checkbox"/> Braille
<input type="checkbox"/> Hearing Aids	<input type="checkbox"/> Cane	<input type="checkbox"/> Crutches	<input type="checkbox"/> Wheelchair
<input type="checkbox"/> Translated Written Information	<input type="checkbox"/> Translator for Speaking	<input type="checkbox"/> Other:	
<input type="checkbox"/> Does the client have a history of falls? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:			
Additional Information:			

XII) Pain Questionnaire

<p>Pain Management: Is the client in pain now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, ask client to rate the pain on a scale of 1-10 (with 10 being the severest) and enter score here</p> <p>Is the client receiving care for the pain? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, would the client like a referral for pain management? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--

XIII) Substance Abuse/Addictions Behavioral Assessment

Abuse/Addiction – Chemical/ Behavioral						
Substance	Age of 1 st use	Amount/ Frequency	Duration of Use	Date of Last Use	Period of Heaviest Use	Amount Used in Last 24 hrs.

Alcohol						
Cannabis						
Cocaine						
Stimulants (crystal, speed, amphetamines, etc)						
Methamphetamine						
Inhalants (gas, paint, glue, etc)						
Hallucinogens (LSD, PCP, mushrooms, etc)						
Opioids (heroin, narcotics, methadone, etc)						
Sedative/ Hypnotics, (Valium, Phenobarb, etc)						
Designer Drugs/ Other (herbal, Steroids, cough syrup, etc)						
Tobacco (smoke, chew)						
Caffeine						
Ever injected drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, which ones?		
Drug of Choice?						
Consequences as a Result of Drug/Alcohol Use (select all that apply)						
<input type="checkbox"/> Hangovers	<input type="checkbox"/> DTs/Shakes	<input type="checkbox"/> Blackouts	<input type="checkbox"/> Binges			
<input type="checkbox"/> Overdoses	<input type="checkbox"/> Increased Tolerance (need more to get high)	<input type="checkbox"/> GI Bleeding	<input type="checkbox"/> Liver Disease			
<input type="checkbox"/> Sleep Problems	<input type="checkbox"/> Seizures	<input type="checkbox"/> Relationship Problems	<input type="checkbox"/> Left School			
<input type="checkbox"/> Lost Job	<input type="checkbox"/> DUIs	<input type="checkbox"/> Assaults	<input type="checkbox"/> Arrests			
<input type="checkbox"/> Incarcerations	<input type="checkbox"/> Homicide	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:			
Longest Period of Sobriety?				How long ago?		

- A. Does client have a history of withdrawal, DTs, blackouts, (loss of time), seizures, etc.? Yes No
- B. What happens when you stop using? Start typing
- C. Longest Period of sobriety? _____ When?
- D. Has client received treatment for drug or alcohol issues? Yes No (ATTACH RELEASES)
(If yes, list in-patient providers, out-patient providers, services received, dates of service, and outcomes)

Substance/Addiction Family History

Family History of (select all that apply):						
	Mother	Father	Siblings	Aunt	Uncle	Grandparents
Alcohol/Substance Abuse						
History of Completed Suicide						
History of Mental Illness/Problems such as:						
Depression						
Schizophrenia						
Bipolar Disorder						
Alzheimer's						
Anxiety						
Attention Deficit/Hyperactivity						
Learning Disorders						
School Behavior Problems						
Incarceration						
Other						
Comments:						

XIV) Addictive Behaviors

Has client traded sex for drugs? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:		
Triggers to use (list all that apply):		
Has client been tested for HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, date of last test:	Results:	
Has client had any of the following problem gambling behaviors? Select all that apply:		
<input type="checkbox"/> Gambling longer than planned	<input type="checkbox"/> Gambled until last dollar was gone	
<input type="checkbox"/> Lost sleep thinking of gambling	<input type="checkbox"/> Used income or savings to gamble while letting bills go unpaid	
<input type="checkbox"/> Borrowed money to gamble	<input type="checkbox"/> Made repeated, unsuccessful attempts to stop gambling	
<input type="checkbox"/> Been remorseful after gambling	<input type="checkbox"/> Broken the law or considered breaking the law to finance gambling	
<input type="checkbox"/> Other:	<input type="checkbox"/> Gambled to get money to meet financial obligations	
Risk Taking/Impulsive Behavior (current/past) – select all that apply:		
<input type="checkbox"/> Unprotected Sex	<input type="checkbox"/> Shoplifting	<input type="checkbox"/> Reckless Driving
<input type="checkbox"/> Gang Involvement	<input type="checkbox"/> Drug Dealing	<input type="checkbox"/> Carrying/Using weapon
<input type="checkbox"/> Other:		

XV) Nutritional Screening

Nutritional Status: Current Weight Current Height BMI
Appetite: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor, please explain below

<input type="checkbox"/> Recently gained/lost significant weight	<input type="checkbox"/> Binges/overeats to excess
<input type="checkbox"/> Restricts food/ Vomits/over-exercises to avoid weight gain	<input type="checkbox"/> Special dietary needs
<input type="checkbox"/> Hiding/hording food	<input type="checkbox"/> Food allergies
Comments:	

Wellness

Physical Realm	Yes	No
Client acknowledges he/she has caused damage to his/her body by abusing drugs, alcohol, or food. <i>If yes, complete Behavioral Assessment.</i>		
Client understands the connection between emotions, life stressors, sense of self, and the effect these elements have on physical health.		
Client manages his/her anger effectively and does not inflict pain on himself/herself or others.		
Client engages in activities designed to maintain physical health. <i>Optional-Physical Fitness</i>		
Allergies (Medication and Other):		
Comments:		

Leisure & Recreation

Which of the following does the client do? (Select all that apply)			
Spend time with Friends		Sports/Exercise	
Classes		Dancing	
Time with Family		Hobbies	
Work Part-Time		Watch Movies/TV	
Go "Downtown"		Stay at Home	
Listen to Music		Spend Time at Clubs/Bars	
Go to Casinos		Other:	
What limits the client's leisure/recreational activities?			

XVI) Functional Assessment

Functional Assessment:			
Is the client able to care for him/herself? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:			
Living Situation:			
<input type="checkbox"/> Housing Adequate	<input type="checkbox"/> Housing Dangerous	<input type="checkbox"/> Ward of State/ Tribal Court	<input type="checkbox"/> Dependent on Others
<input type="checkbox"/> Housing Overcrowded	<input type="checkbox"/> Incarcerated	<input type="checkbox"/> Homeless	<input type="checkbox"/> At Risk of Homelessness

XVII) Legal Status Screening

Past or current legal problems (select all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Gangs	<input type="checkbox"/> DUI/DWI
<input type="checkbox"/> Arrests	<input type="checkbox"/> Conviction	<input type="checkbox"/> Detention
<input type="checkbox"/> Jail	<input type="checkbox"/> Probation	<input type="checkbox"/> Other:
If yes to any of the above, please explain:		
Any court-ordered treatment? <input type="checkbox"/> Yes (explain below) <input type="checkbox"/> No		
Ordered by	Offense	Length of Time

XVIII) Spiritual/Religious Awareness

Spiritual Self	Yes	No
Client demonstrates a willingness to seek out new persons, places, and experiences.		
Client expresses a desire to make a positive life change.		
Client seeks to balance his/her rights, needs and desires with those of others in order to achieve harmony.		
Client desires personal harmony, balance and freedom.		
Client seeks to strengthen his prayer life/belief system.		
Additional Information:		

Religious Affiliation:

Start typing

Significant Religious Beliefs:

Additional Religious Information:

XIX) Bereavement/Loss

Please list significant losses, deaths, abandonments, traumatic incidents:
Spiritual/Cultural Awareness & Practice
Knowledgeable about traditions, spirituality, or religion? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:
Practices traditions, spirituality, or religion? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:
How does client describe his/her spirituality?
Does client see a traditional healer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comment:

XX) Abuse/Neglect/Exploitation Assessment

History of neglect (emotional, nutritional, medical, educational) or exploitation? Yes No
If yes, please explain:

Has client been abused at any time in the past or present by family, significant others, or anyone else?
 Yes No **If Yes, please explain:**

Type of Abuse	By Whom	Client's Age(s)	Currently Occurring? Y/N
Verbal Putdowns			
Being Threatened			
Made to feel afraid			
Pushed			
Shoved			
Slapped			
Kicked			
Strangled			
Hit			
Forced or coerced into sexual activity			
Other			

Was it reported? Yes No **To Whom? To counselor**

Outcome

Has the client ever witnessed abuse or family violence? Yes No **If Yes, please explain:**

Mental/Introspective Thought	Yes	No
Client believes that he is speaking honestly with him/herself		
Client looks at both problems & accomplishments as an indicator of his/her sense of self		
Client examines the ways in which he/she has tried to manipulate, control, or manage the lives of others		
Client acknowledges that changes in his/her life must start with him/her		
Additional Information:		

Strengths/ Resources (enter score if present) 1 = Adequate, 2 = Above Average, 3 = Exceptional				
	Family Support		Social Support Systems	
	Intellectual/ Cognitive Skills		Coping Skills & Recovery	
	Socio-Economic Stability		Communication Skills	
	Maturity and Judgment Skills		Motivation For Help	
				Relationship Stability
				Parenting Skills
				Insight & Sensitivity
				Other:
Comments:				
Describe appropriateness & level of need for the family's participation:				

Mental Status Exam

1. **Mental Health Assessment** (Check all that apply)

Height: Short Medium Tall

Build: Thin Slim Medium Stocky Obese

Dress: Appropriate Meticulous Eccentric Disheveled

Facial Expression: Appropriate Sad Happy Angry Flat

Grooming: Appropriate Meticulous Dirty Poor Bizarre

Remarks/Comments: _____

2. **Observed Behaviors and Attitudes:**

- | | | | |
|---|------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Appropriate/Acceptable | <input type="checkbox"/> Critical | <input type="checkbox"/> Suspicious | <input type="checkbox"/> Irritable |
| <input type="checkbox"/> Disinterested | <input type="checkbox"/> Guarded | <input type="checkbox"/> Evasive | <input type="checkbox"/> Defensive |
| <input type="checkbox"/> Manipulative | <input type="checkbox"/> Rejecting | <input type="checkbox"/> Frightened | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Silly | <input type="checkbox"/> Naïve | <input type="checkbox"/> Dramatic |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Hostile | <input type="checkbox"/> Passive | <input type="checkbox"/> Dependent |
| <input type="checkbox"/> Overly cooperative | <input type="checkbox"/> Withdrawn | | |

Remarks/Comments: Client had no problem talking about her issues such as depression and eating disorders, but presented as guarded and defensive when talking about her offense on her neighbor.

3. **Observed Motor Activity:**

- | | | | |
|---|--|---|---------------------------------|
| <input type="checkbox"/> Within normal limits | <input type="checkbox"/> Over activity | <input type="checkbox"/> Retardation | <input type="checkbox"/> Tremor |
| <input type="checkbox"/> Poor coordination | <input type="checkbox"/> Posturing | <input type="checkbox"/> Repetitive act | <input type="checkbox"/> Tics |
| <input type="checkbox"/> Echoproxic | <input type="checkbox"/> Grimacing | <input type="checkbox"/> Gestures | |

Remarks/Comments: _____

GAIT: Shuffling Staggering Stiff Awkward Heavy No impairment apparent

Remarks/Comments: _____

4. **Mood & Affect** (Mood is subjective-client reported. Affect is observed):

Mood: Normal Elevated Dysphoric Euphoric Anxious Irritable
 Expansive

Affect: Broad Restricted Blunted Flat Inappropriate Appropriate

Remarks/Comments:

5. **Speech** (Refers to the manner of speech, not the content of speech):

- | | | | |
|---|------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Normal rate/volume | <input type="checkbox"/> Pressured | <input type="checkbox"/> Rambling | <input type="checkbox"/> Stammering |
| <input type="checkbox"/> Verbigeration | <input type="checkbox"/> Echolalia | <input type="checkbox"/> Slurred | <input type="checkbox"/> Loud |
| <input type="checkbox"/> Foreign accent | <input type="checkbox"/> Monotone | <input type="checkbox"/> Mutism | <input type="checkbox"/> Soft |

Remarks/Comments: _____

6. **Thought Processes** (continuity of thought processes; associations between ideas):

- | | | | |
|---|-------------------------------------|---|--|
| <input type="checkbox"/> Within normal limits | <input type="checkbox"/> Blocking | <input type="checkbox"/> Circumstantial | <input type="checkbox"/> Clanging |
| <input type="checkbox"/> Flight of ideas | <input type="checkbox"/> Tangential | <input type="checkbox"/> Indecision | <input type="checkbox"/> Perseveration |
| <input type="checkbox"/> Loose associations | | | |

Remarks/Comments: _____

7. **Thought Content:**

- | | | |
|--|---|---|
| <input type="checkbox"/> Within normal limits | <input type="checkbox"/> Phobias | <input type="checkbox"/> Obsessive ideas |
| <input type="checkbox"/> Feelings of unreality | <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Worthlessness |
| <input type="checkbox"/> Somatic complaints | <input type="checkbox"/> Suspiciousness | <input type="checkbox"/> Magical thinking |
| <input type="checkbox"/> Feelings of persecution | <input type="checkbox"/> Guilt | <input type="checkbox"/> Illogical thinking |

Remarks/Comments:

8. **Memory:**

- Immediate memory: Good Fair Poor Unable to determine
Recent memory: Good Fair Poor Unable to determine
Remote memory: Good Fair Poor Unable to determine

Remarks/Comments:

9. **Orientation:** No Impairment

Not oriented to: Person Place Time

Remarks/Comments: _____

10. **Insight into Problems/Illness:**

Insight: Poor Fair Moderate Good Excellent

Motivation to participate in treatment: Poor Fair Moderate Good Excellent

Remarks/Comments: _____

DSM-5 Diagnosis

Diagnosis #1

____. ____ (____. ____)

Explanation For Diagnosis #1:

Diagnosis #2

____. ____ (____. ____)

Explanation For Diagnosis #2:

Diagnosis #3

____. ____ (____. ____)

Explanation For Diagnosis #3:

Diagnosis #4

____. ____ (____. ____) _____

Explanation For Diagnosis #4:

Psychosocial Stressors/Disabilities (V-codes)

____: ____ / ____.
____: ____ / ____.
____: ____ / ____.
____: ____ / ____.

Case Formulation:

Recommendations:

Prognosis: (Excellent, Good, Fair, Poor)