

The Deakin Family Options Project

Family Assessment Interview

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Procedures and concepts within this interview protocol have drawn on a number of areas of research, particularly child and adolescent psychology, assessment and development; and child, adolescent and adult mental illness including alcohol and other drug misuse. This interview is designed for use in clinical settings by those who have training and experience in clinical psychology settings, supported by appropriate clinical judgement and supervision. The authors take no responsibility and accept no liability for the use or misuse of any of the information contained herein.

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The authors would like to acknowledge the contribution of the Structured Clinical Interview for DSM Disorders to the development of questions 35 – 44 in this interview protocol. All care has been taken to cite the source of these questions on each page, as per instructions on the test publishers' website www.scid4.org. Other than this section, copyright of this protocol rests with the authors. Copies (by any process) either in full, or of extracts, may be made only in accordance with written permission of the authors. This page must form part of any such copies made. The ownership of any intellectual property rights which may be described in this manual is vested with the authors, subject to any prior agreement to the contrary, and may not be made available for use by third parties without written permission of the authors, which will prescribe the terms and agreements of any such agreement. Further information on the conditions under which disclosures and exploitations may take place is available from the authors.

Instructions to assessors

The following interview was created specifically for the Deakin Family Options project, a trial of therapies for young people with depression, anxiety or substance abuse issues. The interview is intended for use with youth aged 12-25, and their parent/s or carer/s.

Prior to the interview the assessor should have already collected basic background information from the family via an intake screen, to ensure that families who clearly do not meet the selection criteria are not being asked to complete a comprehensive interview process. It is estimated that the interview should take approximately 60 – 90 minutes to complete in entirety, but may be longer or shorter depending on the family members and the developmental history. This should be discussed with family members prior to their attendance.

In addition to the structured interview, the Deakin Family Options program utilised a battery of questionnaires prior to, following and 6 months after treatments. These included the Millon's Clinical Multiaxial Inventory (3rd edition), the Parent Relationships Questionnaire, the Parent Questionnaire (see Toumbourou, Blythe, Bamberg & Forer, 2001), the Relationships Scales Questionnaire and the Relationships Questionnaire (adult attachment measures), the Youth Self Report Inventory or the Adult Self Report Inventory, the Substance Abuse Subtle Screening Inventory- Adolescent version, the Beck Suicide Scale, and the Hamilton's Rating Scale for Depression.

The following interview protocol contains instructions for assessors, and examples of how assessors might ask each question in red bolded text with quotation marks ("___"). Assessors may use their own words where the content is essentially equivalent in meaning, with the aim of employing a natural and engaging style of communication with families. Throughout the interview, interviewers should try to encourage all family members to participate where possible. This may be achieved by directing questions at different people, and using basic counselling skills to summarise, encourage elaboration, and normalise/validate the family's experience (for more information on these basic counselling skills, see Gerard Egan's book *The Skilled Helper*, ISBN 0-534-34948-0).

The first section of the interview is completed with all family members present, and contains items on the family makeup, general medical history, and the presenting problem. The next section is completed with only the parents present, and contains questions about the child/young person's developmental history. Following this, the young person is seen individually to obtain information on schooling and/or work history, social supports and peers, interests and hobbies. In addition, the young person is asked some targeted clinical questions that align with diagnostic criteria in the DSM-IV. This section is based on the SCID instruments (Structured Clinical Interview for DSM Disorders, see www.scid4.org).

Assessor to complete

Welcome, Introductions, Check everyone is comfortable, collect background survey and consent forms.

Say the following in your own words:

Thank you all for making the time to come along today. It is a very positive thing that you are here, as it shows that you (name of parent and name of adolescent) are willing to work to reduce difficulties and improve relationships. We are currently trialling a method of asking families about their history and current difficulties. You are welcome and encouraged to give feedback following this interview today, about the method we have used to gather your information.

The purpose of the assessment interview today is to help us get a better understanding of the problems you are facing as a family, and in particular for (name of identified youth). This information helps us in several ways.

Firstly, the information is used for research purposes, and allows us to determine who the treatments have helped, in what ways, and why. In the future, other clinicians will be able to use this information when they are deciding the best treatment to use for families facing similar issues. For your peace of mind you should know that we have an ethical responsibility to protect your privacy in the conduct of our research. When electronically storing your data we use codes rather than names so that it is not readily identifiable. We also take care to store any personal information in locked cabinets on the premises, to minimise the risk of your private information being used inappropriately. When publishing results we use the group data, with no way of identifying the individuals or families involved.

Another useful thing about the information that we will collect from the interview today is that it helps us ALL to better understand the problems you are facing. Because of that we can then determine whether the treatments we have on offer are likely to be suitable for you, or whether it would be better for us to find you a different treatment option that would be better suited to your current problems.

The first part of the interview today is with everyone together. Then I will spend some time with (name of youth) alone, and some time with (name of parents) alone, and then we will come back together as a group at the end. Does that sound ok?

Does anyone have any questions before we begin?

Important note to clinicians:

Please remember to discuss confidentiality processes with the family before the interview.

Assessor to complete:

Who is present?

Mother: Y N CODE
Father: Y N CODE
Identified Adolescent/Young person: Y N CODE
Other (relationship and CODE):

How is the interview being conducted?

via Phone: Y N
Face-to-face: N Y → at: (specify location)
Other:

PART 1: WITH ALL FAMILY MEMBERS PRESENT



Describe the family

→ **QUESTION 1** *“The first thing I would like to ask is for you to describe your family to me.”*
Can you tell me who is in the family?”

When drawing your genogram, probe for family members’ ages + occupations + relationships to parents (e.g. step or adopted) + any other relevant info

Dram a Genogram here and include:

- family structure
- ages, occupations
- divorce, conflict in relationships

Key	
Male	
Female	
Married	
Defacto	
Separated	
Divorced	

OPTIONAL - Any additional notes re: family structure

→ QUESTION 2 *“Do you all live together in the same house?”*

Y

N describe arrangements:

→ QUESTION 3 (Grief)

“Has there been any recent losses of loved ones in the family network, or in (name of youth’s) social network of friends and peers?”

If yes, clinician to rate *“How much does this affect (name’s) day-to-day functioning?”*

- Not at all
- Somewhat
- A lot

Family Medical and Mental Health History

“Now I just have a few questions to ask about your family medical and mental health history. This will help us to understand whether there are any biological predispositions for mental health problems, or any physical problems that could be contributing to the issues that you are concerned about for (name of youth)”

General Medical Conditions *“First off there are some questions about general health problems.”*

→ QUESTION 4 *“Does anyone in your family have any medical condition that is significantly impacting on your lives at the moment?”*

N Y (specify) _____

→ QUESTION 5 *“Has (name) ever had a concussion or head injury?”*

N Y (details)

→ QUESTION 6

To female youth ONLY : *“Are you currently pregnant?”* N Y (how far along) _____

“Next I’d like to ask you a bit more about the problem for which you and your family have come to get help.”

→ QUESTION 7 *“Can you tell me how you would each describe the problem you have come here about today?”* (If possible, ask for perspectives from each member of the family)

Who’s answer is this (above):
Who’s answer is this:
Who’s answer is this:
Who’s answer is this:
Who’s answer is this:

Treatment of youth presenting problem

“Next I’d like to ask you some questions about whether (name) has had any mental health treatments before. This helps us to understand what has been helpful in the past and what hasn’t.”

→ **QUESTION 8** *“has (name) ever taken any prescribed medications for this depression, anxiety or other mental health concerns, or drug or alcohol problems?”*

If medicated, what was medication, was it for depression/anxiety or other, what was the dose, when start/end, still taking?

If they don’t know all of the detail you may need to follow up with a phone call when they have the packet, to get the details.

Type of Medication – Be specific. What is the name of the drug?	What is the medication prescribed for? <i>e.g. depression</i>	Dosage. Be specific. <i>Exactly how many tablets do you take, and how many milligrams of active drug are contained in each tablet.</i>	Current or past? <i>Are they currently taking the drug? If yes, how long have they taken it for? If no, when did they last take it and for how long?</i>	Do you always take it as prescribed? If no, how do you take it exactly? E.g. when, how much?

→ **QUESTION 9** *“Has (name) ever had any counselling or therapy for this or other problems?”*

If therapy, what for, what type, who with, when start + end or still attending?

→ **QUESTION 10** *“Has (name) ever been hospitalised for a mental health problem?”*

If hospitalised, when, what for, where and for how long?

→ **QUESTION 11** To the youth and the family:

“Have you tried anything else to try to fix or help with your (mood/substance use) problems?”

→ **QUESTION 12** *“Out of all the things you’ve tried to help with your problem, what have you found to be helpful and what was unhelpful?”*

→ **QUESTION 13** *“The next questions are about any family mental health disorders.”*
Apart from what we’ve just discussed, to the best of your knowledge, has any member of the family, including (name), been diagnosed with mental illnesses like depression, other mood or anxiety disorders or drug or alcohol addiction, or had any such problems but didn’t seek treatment?”

If yes, describe:

“Who had the problem?”

“What were the symptoms?”

“When was it diagnosed and by whom?”

“How severe was/is it?”

“When did it start?”

“How was it managed / treated at the time?”

“Has (name) ever been re-assessed by another clinician?” If yes, *“what was the outcome?”*

“(Are the symptoms / Is the problem) still present in your opinion?”

PROBLEM	DESCRIPTION: Including frequency, severity, duration, differing perspectives of family members, <u>medication</u> , hospitalisation, suicidality, any other relevant info

Clinicians Please Note: If yes to this question for any person or problem (other than the identified youth + identified problem i.e. depression and or drug and alcohol), do you need to make a referral for assessment/treatment?

Separate the Family at this Point in the Interview

PART 2: WITH ONLY THE PARENTS PRESENT

“Is there anything you’d like to add to your answers in the previous section?”

PART TWO: DEVELOPMENT

“Next I’d like to ask you about (name of young person)’s developmental history.

→ **QUESTION 14** *“Were there any major complications during pregnancy, birth or labour?”*

What were the circumstances around the birth? etc.

→ **QUESTION 15** *“Were there any major illnesses or interruptions during (name’s) childhood?”*

→ **QUESTION 16** *“Who was the primary caregiver during (name)’s childhood and teenage years?”*

MILESTONES

→ **QUESTION 17** *“As best as you can remember, were there any significant delays or problems in reaching milestones such as learning to walk, talk and interacting with other children...?”*

→ **QUESTION 18** *“Were there any particular problems when he/she first started primary school?”*

Note: the aim of this question is to obtain information about whether there were any issues making friends, fitting in, obeying teachers, separating from primary caregiver. If don't get this kind of response, use prompts such as:

"did anything unusual happen during this period?"

"were there any problems at school with peers or teachers?"

"what was the first day of school like when you had to leave?"

Parent report:
<input type="checkbox"/> Very difficult, took a long time or never properly adjusted <input type="checkbox"/> Difficult, took more than a month to settle in <input type="checkbox"/> a bit uncertain but adjusted after a few weeks to a month <input type="checkbox"/> not too difficult, adjusted quite quickly <input type="checkbox"/> very easy, enjoyed it
Comments:

→ **QUESTION 19** *"What was the transition from primary school to high school like for (name)?"*

Parent report:
<input type="checkbox"/> Very difficult, took a long time or never properly adjusted <input type="checkbox"/> Difficult, took more than a month to settle in <input type="checkbox"/> a bit uncertain but adjusted after a few weeks to a month <input type="checkbox"/> not too difficult, adjusted quite quickly <input type="checkbox"/> very easy, enjoyed it
Comments:

→ **QUESTION 20**
"What sort of grades does (name) currently get?"

Or *"How well does (name) currently perform at work?"*

- Very poor (failing most things/receiving warnings at work)
- Poor (performing below average, failing some subjects or been told to lift game at work)
- Average (passing everything / getting jobs done to minimal required standard at work)
- Good (getting some occasional good grades / some occasional good performances at work)
- Very good (often get good grades or perform to a high standard at work)
- Excellent (top of class/ receive frequent praise or awards at work)

Comments (optional):

→ **QUESTION 21** *"Has this always been the case?"*

Y N

If no, *“what has changed and why?”*

→ **QUESTION 22** *“Are there any particular areas where (getting good grades /or/ doing well at work) seems to be easier for (name)?”*

Note looking to get info on Strengths. If don't get this, could ask

“Do you think name has any areas where she/he is particularly talented?”

“Did name ever do better than others his/her age in anything such as maths or sports?”

Y	N	Comments:

→ **QUESTION 23** *“Were there any problems with any of the following at any time during childhood or adolescence for (name):”*

If yes to any, ask them to describe:

“What was/is the problem and how does it occur?”

“When did it start happening?”

“When did it stop or is it still happening?”

“How often did/does it happen?”

“How severe was/is it?”

Also record if there are different perspectives of the problem for different family members

Note: May need to prompt with explanations of behaviours if necessary.

PROBLEM	DESCRIPTION: Including frequency, severity, duration, differing perspectives of family members
<p><i>“Eating?”</i></p> <p>Y N</p>	
<p><i>“Bedwetting?”</i></p> <p>Y N</p>	
<p><i>“Impulsive and/or disruptive behaviours?”</i></p>	

PROBLEM	DESCRIPTION: Including frequency, severity, duration, differing perspectives of family members
Y N	
“Making friends?” Y N	
“Aggression?” Y N	
“Bullying?” Y N	
“Any other similar problems?” Y N	

→ **QUESTION 24** *“Has (name) ever been diagnosed with autism, Aspergers syndrome, learning difficulties, other developmental disorders, or an intellectual disability?”*

If yes, describe:

“What was it and what were the symptoms?”

“When diagnosed and by whom?”

“How severe was/is it?”

“How was it managed / treated at the time?”

“Has (name) ever been re-assessed by another clinician?” If yes, “what was the outcome?”

“(Are the symptoms / Is the problem) still present in your opinion?” Y N

PART 3: WITH ONLY THE YOUNG PERSON PRESENT

“In this next part of the interview, I want to ask you a bit about your past, and also about what is going on for you at the moment and how you are dealing with it. You don’t have to answer a question if you

don't want to, just say 'pass' if you feel like you don't want to tell me something. Feel free to tell me as much as you like.

I will ask you at the end of this part of the interview if there's anything you don't want me to share with your parents. If there's something you don't want them to know, I won't tell them, UNLESS something you tell me suggests you or someone else might be in danger. In that case, I might need to share it with your parents or other people to keep you or others safe, but I won't do that without talking to you about it first. Understand?"

"First off, is there anything you want to add to your answers in the previous part of this interview?"

→ **QUESTION 25** ***"Do you remember what the transition from primary school to high school like for you?"***

Youth report:
<input type="checkbox"/> Very difficult, took a long time or never properly adjusted
<input type="checkbox"/> Difficult, took more than a month to settle in
<input type="checkbox"/> a bit uncertain but adjusted after a few weeks to a month
<input type="checkbox"/> not too difficult, adjusted quite quickly
<input type="checkbox"/> very easy, enjoyed it
OPTIONAL Comments:

→ **QUESTION 26** ***"do you like school / work at the moment?"***

Y N Why or why not =

→ **QUESTION 27** ***"Has this always been the case?"***

Y **N**

If no, ***"What has changed and why?"***

→ **QUESTION 28**

"What sort of grades do you currently get?"

Or ***"How well do you currently perform at work?"***

- Very poor (failing most things/receiving warnings at work)

- Poor (performing below average, failing some subjects or been told to lift game at work)
- Average (passing everything / getting jobs done to minimal required standard at work)
- Good (getting some occasional good grades / some occasional good performances at work)
- Very good (often get good grades or perform to a high standard at work)
- Excellent (top of class/ receive frequent praise or awards at work)

Comments (optional):

→ **QUESTION 29** *“Has this always been the case?”*

Y N

If no, *“what has changed and why?”*

→ **QUESTION 30** *“Currently, do you have some people in your life who you consider to be supportive?” For example, friends, colleagues, a boyfriend/girlfriend?*

Note: Attempting to illicit information about social supports vs social isolation. Could use the following prompts if not getting this information:

Prompt: *“Do you consider yourself to be a person with lots of friends and acquaintances, or more of a solitary person?”*

Prompt: *“Do you have people in your life who look out for you and who are there for you when you need them?”*

→ **QUESTION 31** *“Do you think your closest friendships are helpful or unhelpful in overcoming the problem you are here about today?”*

Helpful
Unhelpful
Unsure

→ **QUESTION 32** *“Why? In what ways are your friendships helpful / unhelpful in overcoming your problem?”*

→ QUESTION 33 *“Do you belong to any clubs/groups in the community (e.g. church groups, sporting clubs)”*

→ QUESTION 34 *“Do you have any other special interests or hobbies?” “What do you mostly do in your free time?”*

Based on the previous questions, clinician to rate the identified youth’s social supports =

- very poor, isolated or destructive
- poor
- reasonable
- good
- very good & protective

MOOD, ANXIETY and DRUG AND ALCOHOL

To the young person: *“There’s a few questions coming up next about your mood, anxiety, mental health and drug or alcohol use.”*

→ Question 35 (Depression)

“Has there been a period of at least two weeks when you were feeling depressed or down most of the day nearly everyday in the last month?”

Y N

- IF NO: *“What about losing pleasure in things you usually enjoyed?”*

Y N

If no to both of these questions, skip to **Question 36** (Generalised Anxiety Disorder)

“Lately, have you also experienced...”

<i>Weight loss or gain (when not dieting)? Changes in appetite? Do people have to encourage you to eat?</i>	Y N	Details:
<i>Sleeping difficulties? E.g. waking during the night, waking too early, or not being able to fall asleep?</i>	Y N	Details:
<i>Noticeably slowed movement or agitation?</i>	Y N	Details:
<i>Tiredness or loss of energy?</i>	Y N	Details:
<i>Feeling worthless?</i>	Y N	Details:
<i>Feeling Guilty? e.g. about letting people down, past mistakes</i>	Y N	Details
<i>Difficulty concentrating?</i>	Y N	Details:

<i>loss of libido (reduced sex drive).</i>	Y N	Details
<i>changes in menstruation (females only)?</i>	Y N	Details
<i>Any of these: Dry mouth, flatulence, indigestion, diarrhoea, constipation, cramps, belching, racing heart, headaches, over breathing, dizziness, frequent urination, sweating, blurred vision, or ringing ears</i>	Y N	Details
<i>Or any of these: heavy limbs back or head, backache, muscle ache, or joint ache</i>	Y N	Details
<i>Do you feel worse at any particular time of the day?</i>	Y N	Details

“How much does this affect your day to day life (tick one)?”

- Not at all
- Not much, only a little bit, still doing most of the things you used to do
- Moderately, stopped doing some of the things you used to do
- Quite a lot – stopped doing many of the things you used to
- Extremely – completely interferes with ability to function (e.g. cant go to work/school)

“How distressing is this for you (tick one)?”

- Not at all distressing
- Only very slightly distressing but can cope easily
- Moderately distressing, think about frequently but can still cope ok
- Very distressing, worried about it most of the time
- Extremely distressing, think about it constantly, severely debilitating

➔ **Question 36 – (Generalised Anxiety Disorder)**

“In the last six months have you felt particularly nervous or anxious?”

- If **NO**, skip to **Question 37** (Panic Attacks / Panic Disorder)
- If **YES**, ask:

“For SIX MONTHS or more on more days than not, have you...”

<i>felt very worried?</i>	Y	N
<i>found it hard to stop worrying?</i>	Y	N
<i>found that your anxiety made it difficult for you to do everyday activities (e.g. work/study, seeing friends and family)?</i>	Y	N

- If the youth answered **No to any or all** of these questions, **move to Question 37**
- If the youth answered 'YES' to **ALL** of these questions, ask if they have also experienced **THREE** or more of the following:

“For SIX MONTHS or more on more days than not, have you also...”

<i>felt restless or on edge?</i>	Y	N
<i>felt easily tired?</i>	Y	N
<i>had difficulty concentrating?</i>	Y	N
<i>felt irritable?</i>	Y	N
<i>had muscle pain (e.g. sore jaw or back)?</i>	Y	N
<i>had trouble sleeping (e.g. difficulty falling or staying asleep or restless sleep)?</i>	Y	N

“How much does this affect your day to day life (tick one)?”

- Not at all
- Not much, only a little bit, still doing most of the things you used to do
- Moderately, stopped doing some of the things you used to do
- Quite a lot – stopped doing many of the things you used to
- Extremely – completely interferes with ability to function (e.g. cant go to work/school)

“How distressing is this for you (tick one)?”

- Not at all distressing
- Only very slightly distressing but can cope easily
- Moderately distressing, think about frequently but can still cope ok
- Very distressing, worried about it most of the time
- Extremely distressing, think about it constantly, severely debilitating

➔ **Question 37 (Panic Attacks/ Panic Disorder)**

“Have you ever had a panic attack when you suddenly felt frightened or anxious or suddenly developed a lot of physical symptoms?”

- If **NO**, move to **Question 38 (PTSD)**
- If **YES** or **UNSURE**, administer the following:

“Within a 10 MINUTE PERIOD have you felt the following symptoms:”

<i>sweaty</i>	Y N
<i>shaky</i>	Y N
<i>increased heart rate</i>	Y N
<i>short of breath</i>	Y N
<i>choked</i>	Y N
<i>nauseous or pain in the stomach</i>	Y N
<i>dizzy, lightheaded or faint</i>	Y N
<i>numb or tingly</i>	Y N
<i>derealisation (feelings of unreality) or depersonalization (feeling detached from yourself or your surroundings)</i>	Y N
<i>hot or cold flushes</i>	Y N
<i>scared of going crazy</i>	Y N
<i>scared of dying?</i>	Y N

- If **NO to ALL** or **most** of these questions move to **Question 38(PTSD)**
- If the youth answered '**YES**' to **FOUR OR MORE** of these questions, ask

“Have you also felt scared, for ONE MONTH OR MORE, of experiencing these feelings again?”

Y N

“How much does this affect your day to day life (tick one)?”

- Not at all
- Not much, only a little bit, still doing most of the things you used to do
- Moderately, stopped doing some of the things you used to do
- Quite a lot – stopped doing many of the things you used to
- Extremely – completely interferes with ability to function (e.g. cant go to work/school)

“How distressing is this for you (tick one)?”

- Not at all distressing
- Only very slightly distressing but can cope easily
- Moderately distressing, think about frequently but can still cope ok
- Very distressing, worried about it most of the time
- Extremely distressing, think about it constantly, severely debilitating

→ **Question 38 (Post Traumatic Stress Disorder)**

“Sometimes things happen to people that are very upsetting, things like being in a life threatening situation like a major disaster, very serious accident or fire, being physically assaulted or raped, seeing another person killed or dead or badly hurt, or hearing that something horrible has happened to someone you are close to. At any time during your lie have any of these sorts of things happened to you?”

If **NO**, move to **Question 39** (OCD)

If **YES**, ask ***“Have you...”***

<i>Experienced or seen something that involved death, injury, torture or abuse and felt very scared or helpless</i>	Y	N
<i>had upsetting memories or dreams of the event for at least ONE month</i>	Y	N
<i>found it hard to go about your daily life (e.g. made it difficult for you to work/study or get along with family and friends)?</i>	Y	N

- If **NO** to these questions move to **Question 39** (OCD)
- If the youth answered '**YES**' to **ALL** of these questions, has the youth also experienced at least **THREE** of the following.

“Have you also ...”

<i>Avoided activities that remind you of the event</i>	Y	N
<i>Had trouble remembering parts of the event</i>	Y	N
<i>Felt less interested in doing things you used to enjoy</i>	Y	N
<i>Had trouble feeling intensely positive emotions (e.g. love or excitement)</i>	Y	N
<i>Thought less about the future (e.g. about career or family goals)?</i>	Y	N

AND has the youth experienced at least TWO of the following:

<i>had difficulties sleeping (e.g. had bad dreams, or found it hard to fall or stay asleep)</i>	Y N
<i>felt easily angry or irritated</i>	Y N
<i>had trouble concentrating</i>	Y N
<i>felt on guard</i>	Y N
<i>been easily startled?</i>	Y N
<p><i>“How much does this affect your day to day life” (tick one)?</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> Not much, only a little bit, still doing most of the things you used to do <input type="checkbox"/> Moderately, stopped doing some of the things you used to do <input type="checkbox"/> Quite a lot – stopped doing many of the things you used to <input type="checkbox"/> Extremely – completely interferes with ability to function (e.g. cant go to work/school) 	
<p><i>“How distressing is this for you” (tick one)?</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all distressing <input type="checkbox"/> Only very slightly distressing but can cope easily <input type="checkbox"/> Moderately distressing, think about frequently but can still cope ok <input type="checkbox"/> Very distressing, worried about it most of the time <input type="checkbox"/> Extremely distressing, think about it constantly, severely debilitating 	

➔ **Question 39 (Obsessive Compulsive Disorder)**

“Have you ever been bothered by thoughts that didn’t make any sense and kept coming back to you even when you tried not to have them... thoughts like hurting somebody, or being contaminated by germs?”

Y N

“Was there ever anything that you had to do over and over again and couldn’t resist doing, like washing your hands again and again, counting up to a certain number or checking something several times to make sure you’d done it right?”

Y N

If no to both, go to next Question 40 (Phobias)

If yes to either, ask: “Have you...”

<i>had repetitive thoughts or concerns that are not simply about real life problems (e.g. thoughts that you or people close to you will be harmed)</i>	Y N
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<i>Done the same activity repeatedly and in a very ordered, precise and similar way each time e.g.:</i> <i>constantly washing your hands or clothes, showering or brushing your teeth</i> <i>constantly cleaning, tidying or rearranging in a particular way things at home, at work or in the car</i> <i>constantly checking that doors and windows are locked and/or appliances are turned off</i>	Y	N
<i>felt relieved in the short term by doing these things, but soon felt the need to repeat them</i>	Y	N
<i>recognised that these feelings, thoughts and behaviours were unreasonable</i>	Y	N
<i>found that these thoughts or behaviours take up more than 1 hour a day and/or interfered with your normal routine (e.g. working, studying or seeing friends and family)?</i>	Y	N
<p>“How much does this affect your day to day life” (tick one)?</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> Not much, only a little bit, still doing most of the things you used to do</p> <p><input type="checkbox"/> Moderately, stopped doing some of the things you used to do</p> <p><input type="checkbox"/> Quite a lot – stopped doing many of the things you used to</p> <p><input type="checkbox"/> Extremely – completely interferes with ability to function (e.g. cant go to work)</p>		
<p>“How distressing is this for you” (tick one)?</p> <p><input type="checkbox"/> Not at all distressing</p> <p><input type="checkbox"/> Only very slightly distressing but can cope easily</p> <p><input type="checkbox"/> Moderately distressing, think about frequently but can still cope ok</p> <p><input type="checkbox"/> Very distressing, worried about it most of the time</p> <p><input type="checkbox"/> Extremely distressing, think about it constantly, severely debilitating</p>		

→ **Question 40 (Phobias)**

“Is there anything that you have been afraid to do or felt uncomfortable doing in front of other people, like speaking, eating or writing?”

Y N

“Are there any other things that you have been especially afraid of, like flying, seeing blood, getting an injection, closed places, or certain kinds of animals or insects?”

Y N

- If no to both of these questions, move to Question 41 (Alcohol)
- If yes to either, ask:

<p><i>“Have you avoided a situation that might cause you to face the phobia e.g.: needed to change work patterns, not attending social events, not getting health check-ups?”</i></p>	<p>Y N</p>
<p><i>“Have you ever found it hard to go about your daily life (e.g. working, studying or seeing friends and family) because you are trying to avoid such situations?”</i></p>	<p>Y N</p>
<p><i>“How much does the phobia affect your day to day life” (tick one)?</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> Not much, only a little bit, still doing most of the things you used to do <input type="checkbox"/> Moderately, stopped doing some of the things you used to do <input type="checkbox"/> Quite a lot – stopped doing many of the things you used to <input type="checkbox"/> Extremely – completely interferes with ability to function (e.g. cant go to work) 	
<p><i>“How distressing is this for you” (tick one)?</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all distressing <input type="checkbox"/> Only very slightly distressing but can cope easily <input type="checkbox"/> Moderately distressing, think about it when the thing/situation is not present <input type="checkbox"/> Very distressing, worried about it most of the time <input type="checkbox"/> Extremely distressing, think about it constantly, severely debilitating 	

DRUG AND ALCOHOL

QUESTION 41 *“Do YOU use any drugs or alcohol?”*

Examples:

Beer, wine, spirits, cannabis or marijuana, amphetamines, speed, ecstasy, ice, uppers, inhalants, hallucinogens, heroin, ketamine, cocaine, acid, excess use of over the counter medications including painkillers, excess use of prescription medications or use of prescription medications that weren't prescribed for you, etc

If **yes**, specify what, amount, frequency of use, perception of drug use (e.g. ok, under control, want to quit etc)

WHAT (drug)	AMOUNT (e.g. in standard drinks, grams or points, joints/cones/bongs, tabs/pills, sniffs/cans/bags)	HOW OFTEN (e.g. smokes 3 times a day)	SUBJECTIVE PERCEPTION OF DRUG USE (e.g. ok, under control, want to quit etc)	ANY OTHER RELEVANT INFO

→ Question 42 (Alcohol)

“Has there ever been any time in your life when you had five or more drinks (beer, wine or liquor) on one occasion?”

Y N

- If no, move to **Question 43 (Drugs)**
- If yes, Administer the following

If yes, *“Over the past year, has alcohol use resulted in any problems for you?”* (please tick):

- poor work or school performance,
- legal problems,
- arguments within the family about when or how much alcohol is consumed,
- drinking that has put (name) in physically hazardous situations e.g. when driving
- drinking to avoid or reduce negative moods such as anxiety or depression?

“How much does alcohol use affect your day to day life” (tick one)?

- Not at all
- Not much, only a little bit, has caused a few problems but nothing too serious
- Moderately, stopping you from achieving some of the things you would like to
- Quite a lot – has stopped you from doing many of the things you want to, has caused lots of problems (e.g. often have sick days for hangovers, often do things you regret)
- Extremely – completely interferes with ability to function on a day-to-day basis (e.g. can't work/study)

“How distressing is this for you” (tick one)?

- Not at all distressing
- Only very slightly distressing but can cope easily
- Moderately distressing
- Very distressing
- Extremely distressing

→ **Question 43 (Drugs)**

“Over the past year, has drug use resulted in any problems for you”:

- poor work or school performance,
- legal problems,
- arguments within the family about drug use,
- drug use that has put (name) in physically hazardous situations e.g. when driving
- drug use to avoid or reduce negative moods such as anxiety or depression?

“How much does drug use affect your day to day life” (tick one)?

- Not at all
- Not much, only a little bit, has caused a few problems but nothing too serious
- Moderately, stopping you from achieving some of the things you would like to
- Quite a lot – has stopped you from doing many of the things you want to, has caused lots of problems (e.g. often have sick days after using drugs, often do things you regret)
- Extremely – completely interferes with ability to function on a day-to-day basis (e.g. can't work/study)

“How distressing is this for you” (tick one)?

- Not at all distressing
- Only very slightly distressing but can cope easily
- Moderately distressing
- Very distressing
- Extremely distressing

➔ **QUESTION 44 PSYCHOTIC FEATURES**

“Now I just have some questions about other symptoms you might have noticed at some stage. Has there ever been a period of time when you had strange or unusual experiences such as...”

SYMPTOM	Reported? Y N	Time period when it occurred	Details <i>e.g. Exactly what was it like? Were you awake/ going to sleep/waking up/ asleep? How often did/does it happen? Still happening? Only after using drugs or at other times as well? What are your thoughts about it? Any other info you can provide about it?</i>
“Hearing or seeing things that other people didn’t notice?”	Y N		
“Hearing voices or conversations when no one was around?”	Y N		
“Seeing visions that no one else saw?”	Y N		
“Had the feeling that something odd was going on around you, that people were doing things to test you or antagonize or hurt you so that you felt you had to be on guard constantly?”	Y N		

➔ **QUESTION 45 Risk assessment including Homocidality or Suicidality**

“Now I just need to ask a question to ensure your safety...Sometimes when people are having a very difficult time, they have thoughts of harming themselves or someone else. Have you ever felt like that?”

If yes, proceed with the risk assessment that is currently used where you are (at DSRC/BARWON). Ask questions such as

“have you felt like that lately?”

“Do you have a plan for how you might go about it?”

“What has stopped you in the past from following through with these plans?”

“How likely do you think it is that you would go through with it now?”

If evidence of current suicidality or homocidality, follow up with referral to appropriate service (e.g. CATT if high risk/crisis). Follow standard clinic procedures here.

Risk =	high	moderate	low
Follow up necessary?	Y	N	
<i>check with supervisor if unsure</i>			
If yes, what did you do?			

Refer page 14 and 15 of Shadey Manual to determine risk category

If low risk provide numbers for services and discuss with supervisor.

If moderate to high risk immediate intervention required. Find supervisor asap, keep client on premises if possible, consider CATT.

Thank you for answering all of those questions, I know some of them might have been hard to answer, but I really appreciate your honesty and openness. Is there anything you'd like to ask me or tell me that you haven't had a chance to yet?

Is there anything that you have just told me that you DO NOT want me to share with your parents?

Let's take a quick break and we'll get everyone back together to finish off today.

PART 4: WITH THE WHOLE FAMILY PRESENT

→ QUESTION 46 Family Strengths

“To end on a positive note, and as an important part of our assessment, I would like to ask you all about what you think are your strengths as a family. Can you tell me what you think you do well together...?”

Prompts: what makes your family special? / thinking back to a time when things were going well for you, what were you doing as a family? / how does your family help or encourage each other? /are there times when things are better for your family than others? How do you look out for each other / care about each other / help each other?

Who’s answer is this (above):
Who’s answer is this:
Who’s answer is this:
Who’s answer is this:
Who’s answer is this:

“Thank you for your time and honesty in answering the interview questions today. The interview has helped to rule out some possibilities like (intellectual disability/psychotic features/developmental delays/etc), and given a few clues as to what might be going on from a psychological perspective.”

FORMULATION/DIAGNOSIS

> be careful not to share (name's) confidential information that he/she didn't want to share with parents

Either:

(a) Briefly summarize any findings from the interview, your initial hypothesis / formulation re: names presenting issues (use clinical judgement and take care not to over-interpret)

e.g. "it seems to me that there are issues in areas such as ... (e.g. sleeping, feeling flat and down, feeling irritable / keyed up / on edge, difficult behaviours, avoiding activities) for name. This may indicate that name has some current difficulties with (a mood / anxiety disorder, etc). The results from your surveys will also help us to find out a bit more about what's going on."

Or,

(b) Alternatively if you aren't sure yet, let them know that you need to go back through the information and will let them know a bit more about what you think is going on for (name) in the next week (arrange a phone meeting for feedback of results).

ARRANGE A TIME TO FEEDBACK RESULTS AND PROVIDE INFORMATION ABOUT TREATMENT OPTIONS TO THE FAMILY

"Do you have any comments or suggestions for us about the interview today, including suggestions for future improvements?"

"Is there anything we DIDN'T ask you about that you think might be important for us to know?"

END OF INTERVIEW

ASSESSOR TO COMPLETE:

<p>Family accepted into study?</p> <p>Y Name of Key worker? _____ (clinician who completed intake/seeing clients for therapy)</p> <p>N → reason and action taken (referred to? Who is following up? etc)</p>
<p>Collected consent forms from all participants? Y N</p>
<p>Provided with consent forms, PLS, and pre-measures prior to today's interview? Y N</p>
<p>Arrangement for return of data (please tick one):</p> <ul style="list-style-type: none"><input type="checkbox"/> Brought it with them today<input type="checkbox"/> Completed on-site following interview<input type="checkbox"/> Took home will drop it back on _____ (date)<input type="checkbox"/> Took home and will post back by _____ (date)<input type="checkbox"/> Other (describe)
<p>To be followed up on _____ (date) by _____ (name) if data not received</p> <p>Contact number for family =</p> <p>Postal Address =</p>
<p>Data entered into SPSS (please tick when complete):</p> <ul style="list-style-type: none"><input type="checkbox"/> This interview schedule<input type="checkbox"/> CLINICIAN RATED MEASURES<input type="checkbox"/> Pre-test survey measures (when returned)
<p><input type="checkbox"/> Data re-checked for accuracy of entry into SPSS</p>
<p>Assessment Data – coded and stored appropriately Y N</p>