

## Confidential

### **StepOne for Parents Screening Report**

### **Provided by Mentor Research Institute, a 501c3 charitable non-profit**

Based on: The Adolescent Clinical Screening Questionnaire

Version 2.32

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Date Survey Completed: 2/12/2005

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## Know Your Teen

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## **Adolescent Mental Health Screening and the Lack of Services in America**

According to the U.S. Health Department, nearly 21 percent of children between the age of 11 and 17 have a diagnosable mental health problem that significantly interferes with school, peer or family functioning. There is also a tremendous scarcity of funds, programs and community services that are available to work with these children. Likewise, there is a scarcity of health care and mental health care professionals who can properly screen such a high number of children. As a result, very few of these children are identified and receive appropriate help. Without help, many of these children will continue to have emotional, behavioral or substance abuse problems as adults.

U.S. Federal health and research agencies conclude there is a gap between the need for services and the ability of communities to provide services to children and adolescents. This is a national problem. As such, Mentor Research Institute expects that any screening may result in an increased demand for face to face evaluation and intervention services. Mentor Research Institute also believes that a lack of evaluation and treatment services in a community is no reason to minimize or ignore potential health and mental health concerns.

StepOne for Parents is a screening system designed to help involve, educate and empower parents to seek the care they believe is necessary and appropriate for their child while respecting their rights and responsibilities as parents. This objective is consistent with the recommendations set forth by the President's New Freedom Commission, Office of the President of the United States, Office of the U.S. Surgeon General, the U.S. Health Department and many professional and consumer organizations.

StepOne for Parents has been reviewed and endorsed by independent experts in mental health and the internet. The National Coalition of Mental Health Professionals and Consumers has endorsed StepOne for Parents. The Board of Directors state that StepOne for Parents maintains family privacy, parental control over information about their children and promises to move beyond controversy to provide a useful and effective means to bring families and adolescents to the clinical care they need. StepOne for Parents supports adolescents and their families. Parents screen the emotional health of their children, on their own schedule, in the privacy of their own homes. StepOne was developed from the awareness that:

- There is a scarcity of qualified professionals to screen children for behavioral and mental health concerns.
- Parents should not have to wait for a screening appointment if the need is urgent.
- Parents can provide reliable and useful information about their child.
- Parents should be involved, educated and empowered to find help for their children.
- Parents should be in control of the information about their children's lives.

The advantage and greatest strength of this screening approach is that it involves, educates and empowers parents to help their child while respecting parental rights and responsibilities. It also does so in a thorough and reliable manner, on demand and at little or no cost.

## Information for Health Care Professionals

This report is based on the observations, responses and the history provided by Robert Smith. The usefulness and validity of the report is therefore dependent on the accuracy of the information provided.

Mr. Smith has acknowledged and has agreed to the following:

- This report is NOT a psychological or medical evaluation and does not constitute a diagnosis, treatment or emergency service of any kind.
- This report is for screening purposes and is designed to help identify potential problems or areas of concern.
- Mr. Smith will discuss any health concerns he may have regarding Bradon with a qualified health care professional.
- Any decision regarding treatment or placement in a treatment program should be made as the result of consultation and with the approval of a qualified professional.
- These results are intended to support and not substitute for the importance of qualified face to face evaluation with a health or mental health care professional.

Parents and professionals reviewing this report may find a few inconsistencies. More than one problem or concern may be raised. Parents and counselors should discuss these concerns and evaluate these further. Serious inconsistencies may indicate that a parent does not know their child very well. Inconsistencies can also surface because this is a screening report and NOT a psychological evaluation that provides a diagnosis. Only a qualified professional can perform an evaluation, resolve inconsistencies and make a diagnosis. The screening report describes potential issues based on the answers provided by Mr. Robert Smith. Results are more valid when the person completing the questionnaire knows their child very well.

This report is designed to raise issues and questions for parents to discuss with professionals. NO screening process or result is always correct. The results may raise potential problems that seem unlikely. This occurs most often when eating disorders or the risk of violent, suicidal or self-injuring behavior is identified. The screening results may also produce a false positive or a false negative. In other words, these results may suggest there is a problem when there is no actual problem (false positive). It may also indicate there is no problem when there actually is a problem (false negative). In some cases, the identified problems may be the result of other underlying problems that Mr. Smith may not see or be aware of. More than one problem, concern or issue may be raised in this report. Discussing these results and further evaluation as indicated by a health or mental health care professional is always appropriate. In a sample of nearly 600 parents, no less than 97% felt StepOne for Parents was well organized and useful. Approximately 99% felt they could share this report with a health care professional.

Health care professionals should conduct their own evaluation using additional information and assessment sources they deem are necessary. The purpose of the screening questionnaire and report is NOT to make a diagnosis nor is it to offer a professional opinion. The purpose is to document and organize information, educate parents regarding potential issues, and to support follow-up evaluation as well as discussions between Mr. Smith and appropriate health and mental health care professionals.

## Use of This Report

Throughout this report parents and health care professionals will be reminded that this is a screening and not an evaluation, diagnostic or treatment service. The purpose of this report is to help involve, educate and empower parents with information so they can seek the care they believe is appropriate and necessary for their child. This report is designed primarily for parents to be used with a health care or mental health professional. As a result, "gatekeepers" may be reluctant or slow to respond to an increased demand for services by parents. A gatekeeper is a person who's job is to authorize payment or deny access to services. This requires parents to work cooperatively and realistically with health care and mental health professionals in communities where services may be limited, in short supply or not available. It also requires parents and professionals to decide if the long term cost of minimizing or ignoring potential problems in their community is greater than the cost of further evaluation and intervention. Health care and mental health professionals are not necessarily gatekeepers. Many provide only services.

Public schools are also a point of contact where parents seek help for youth at-risk. Parents should keep in mind that a school counselor may or may not have the time to screen your child. Depending on their training and credentials, they may or may not be able to evaluate or diagnose your child. However, a school counselor may know your child and can probably help. They may be able to provide you with more information about your child as well as school resources and a referral.

Issues and potential problems are raised in this report by examining the information provided in five ways. Each way represents a different approach to screening. Any one of these approaches may raise an issue while another approach may not. The five approaches are,

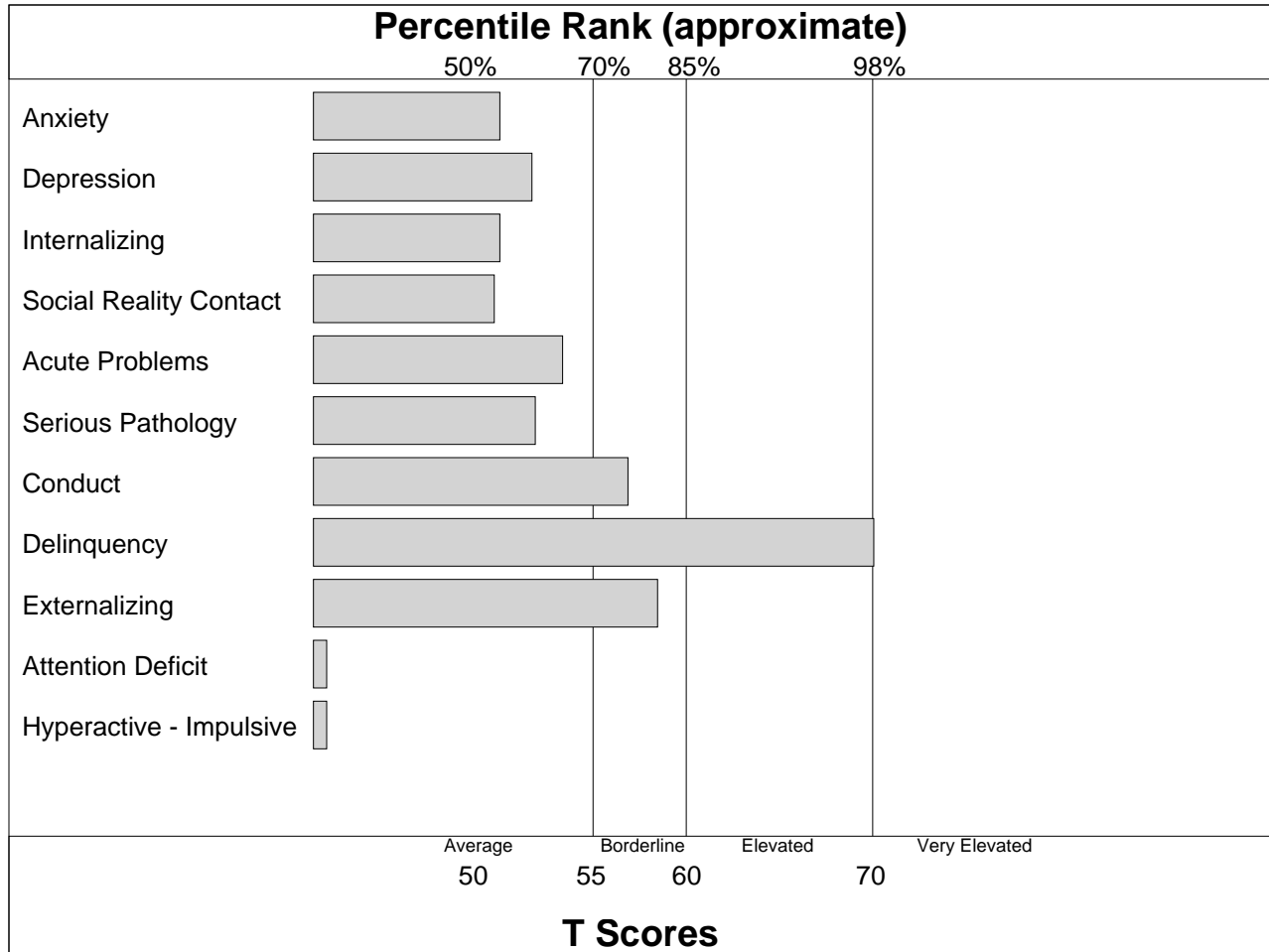
- Description of Severity and Risk Factors
- Presenting Problem
- Critical Problem Responses
- Screening Based on Behavioral Profile
- Screening for Broad Mental Health Problems

Parents should read the entire report. Keep in mind that your child has been screened using five different approaches. One approach may identify a potential problem while another approach may not. This is where further professional evaluation may be very appropriate. However, further evaluation is not always available. In that case, parents should become more educated and obtain brief consultation for serious concerns. In some cases this can be done by phone if a face to face evaluation is not available. This report provides initial guidance but is no substitute for professional face to face evaluation and consultation.

Parent reactions and response to this report vary a great deal. The vast majority of parents find this report very useful and helpful, and feel the report reflects their concerns. In effect, the report may help to clarify what they suspect, fear or are concerned about. Other parents will find that the report raises issues that they were not aware of. This is also very common because parents can know a great deal about their child but they do not always understand the potential significance or meaning of certain behaviors and patterns of behavior. As a result, some parents will experience a higher level of concern after completing their screening than before. Parents should remember that this is a screening process - not an evaluation. As such, the results are not always correct. In some cases, the screening will reveal a problem that is actually the result of an underlying problem that a parent, family member or teacher could not see.

Diagnosing medical, behavioral, mental health and substance abuse problems can be difficult. This happens most often when the symptoms or initial problems identified are caused by something else. For example, a child who complains of a headache and upset stomach may have the flu. As an alternative, they may have consumed a large quantity of alcohol the night before. In either case, this child probably has a health concern. Mental health, and especially behavioral problems, can be more difficult to diagnose. This is where the information in this report may help professionals. The information gathered and presented in this report is comprehensive and reliable. While extensive, this process is designed to save time and reduce mistakes. This can help professionals focus on concerns raised by parents more effectively. Preliminary findings indicate that this information can, in some cases, save up to three appointments (as much as 5 hours) with a mental health professional. This happens more often when adolescents have serious problems, are not honest with counselors or doctors, and the parents know their child well.

### Profile Summary



### Clinical Issues

Overall Risk: low  
 Diagnostic Complexity: minimal  
 Mental Health Problems: minimal  
 Medical Problem Risk: low

### Dangerousness & Self-Harm

Suicidal Behavior Risk: low  
 Violent Behavior Risk: low  
 Self-Harming Behavior Risk: low

### School

Academic Failure Immediate Risk: high

### Alcohol and Other Drug Use

Substance Abuse Health Problem Risk: low  
 Substance Abuse Risk of a Life Threatening Event: low

### Social

Risk of Injury Based on Social Behavior: low

### Illegal Behavior

Deliberately Breaking the Law: no  
 Legal Problems: yes

## Description of Severity and Risk Factors

### Clinical Issues

No severity or risk factor in this report is perfect, nor can they predict concerns with a high degree of certainty. These severity and risk factors raise concerns and can help create a focus for further evaluation. The severity and risk can increase, decrease or stay the same depending on additional information not provided, changing circumstances and unpredictable events.

#### Overall Risk: low

This overall level of risk indicates that the potential for problems is low and probably limited to a low number of concerns.

#### Diagnostic Complexity: minimal

The problems and potential problems identified are minimal in complexity. The diagnosis is probably not complex.

#### Mental Health Problems: minimal

The potential mental health problems reported are minimal. Diagnosis may provide an adequate understanding of the problems involved. These problems may prove relatively easy to manage.

#### Medical Problem Risk: low

This report is not designed to replace the role of a face to face medical examination. The screening provided is very simple and is intended to identify symptoms that are sometimes associated with stress and substance abuse. The medical problem risk reflects the number of symptoms reported and combinations of symptoms which when found together are cause for concern. A low risk means that the symptoms reported are not usually significant cause for concern.

## Dangerousness & Self-Harm

#### Suicidal Behavior Risk: low

There is a low risk that Bradon is involved in suicidal behavior or is having symptoms associated with suicidal behavior. A low risk does not mean that he will not attempt suicide. It does not estimate the risk that a child will complete their own suicide. Bradon is probably not thinking about or considering his own suicide. Parents should learn more about suicidal behavior and obtain consultation if their child has any significant health, social, family, school or peer problems.

#### Violent Behavior Risk: low

There is a low risk that Bradon will become violent. He does not appear to be having symptoms associated with a risk of violence. A low risk does not mean he will not become violent. Violence is more likely when there is a history of violence, recent violence, an increasing frequency of violence or when alcohol and drugs are involved.

#### Self-Injuring Behavior Risk: low

There is a low risk for self-injuring behavior given the history and observations provided.

## School

#### Academic Failure Immediate Risk: high

This risk factor describes the possibility that Bradon will fail to perform adequately at

school and will fail his classes. The is based on both his academic behavior and contributing mental health problems.

## **Alcohol and Other Drug Use**

Substance Abuse Health Problem Risk: low

This score indicates the potential seriousness of currently identified substance abuse and the potential for health consequences. This score is based on any past and recent substance abuse and alone cannot predict future behavior. This measures the risk of health consequences.

Substance Abuse Risk of a Life Threatening Event: low

This risk describes the seriousness of this child's substance use and whether or not it could result in a life threatening event or death. This is based primarily on current reported behavior. More than the risk of health consequences from substance abuse, this estimates the risk that a child's behavior related to substance abuse could be life threatening.

## **Social**

Risk of Injury Based on Social Behavior: low

This score indicates the risk that Bradon is involved in activities and has associations that could result in physical injury. This is based on reported behavior and does not predict future behavior that may be more or less dangerous.

## **Illegal Behavior**

Deliberately Breaking the Law: no

Legal Problems: yes

## Identifying Information

Child's Name: Bradon Fictitious  
Date of Birth: 6/17/1988  
Age: 16 years old  
Gender: male  
Eye Color: blue  
Hair Color: brown  
Height: 5 feet, 7 inches  
Weight: 154 pounds  
Educational Status: 10th grade

## Information Sources

This report is based solely on information provided by Robert Smith.

Information for this report was gathered using the Adolescent Clinical Screening Questionnaire. The questionnaire was completed on 2/12/2005.

Mr. Smith is 49 years old. He has indicated that he has a reading disorder. He further states that he has poor reading skills. English is Mr. Smith's second language. Mr. Smith did not complete high school.

## Reliability & Validity

Mr. Smith's ability to provide reliable information appears to be poor. This is based on Mr. Smith's reported experience, education, reading ability and level of interaction.

Mr. Smith's relationship to Bradon is that of other relative. He has known Bradon for 18 years and 4 months. He believes he knows Bradon extremely well. Mr. Smith is responsible for and has been involved in raising Bradon. His interaction level with Bradon has been very infrequent over the past 4 weeks, very infrequent over the past 3 months, very infrequent over the past 6 months, and very infrequent over the past year.

The results of the clinical youth screening questionnaire are based on the observations and report of one observer. As such, the results are potentially less reliable.

## Psychiatric Medications

This report does not interpret or comment on the use, benefit or appropriateness of psychiatric medications ("medications"). Medications can change a child's behavior, feelings and thought processes. They can also create physical symptoms that are side-effects. Medications can reduce symptoms and may create new symptoms. In some cases, the screening report will reflect the benefit as well as the adverse affect of a medication. The report is measuring what parents see and know primarily and not the problem that a medication is affecting. The benefit or adverse affects of medications can only be evaluated by a trained and qualified health care professional. This section is for reference purposes. Talk with your pharmacist and physician regarding medications if you have any questions about the benefits, side effects or potential adverse impacts. Parents should talk with their physician if a child is on a medication and appears to have significant symptoms despite taking the medication. Obtain medical advice immediately if your child is experiencing a significant or unexpected side affect from a medication.

Mr. Smith reports that Bradon has taken and is currently taking the following psychiatric medications.

Current Psychiatric Medication: Generic (Brand Name)

- Fluoxetine (Prozac)

Past Psychiatric Medication: Generic (Brand Name)

- Methylphenidate (Ritalin, Concerta, Metadate)

- Sertraline (Zoloft, Lustral)

## Presenting Problem

### School

Bradon has been experiencing some extremely serious problems at school. He has not recently changed his attitude about school. His grades are not dropping. He has been skipping classes. He has been doing his homework and turning it in. Bradon is reportedly getting along with other students. There have been no violent conflicts or physical altercations at school.

Bradon has been suspended from school for

- attendance problems
- disrespect toward authority
- lying

Bradon has been expelled from school for:

- attendance problems
- disrespect toward authority
- lying

### Substance Abuse (Known)

Bradon reportedly does not appear to have a substance abuse problem. There does not appear to be direct evidence of substance abuse. He does not use tobacco products. Bradon does not use alcohol. Bradon does not use drugs. Bradon has not been abusing prescription drugs. Bradon has not been abusing over-the-counter (non-prescription) drugs.

### Social Problems

Bradon has serious social problems. Bradon does not appear to place importance on unhealthy friendships and he does not appear to be manipulated by others. These people are reportedly reckless and out of control, however they are neither destroying property nor violent. Bradon is not going to parties where there is drug and/or alcohol use.

### Illegal Behavior

Bradon's behavior and recent history is such that he appears to have known legal problems that are associated with illegal or criminal behavior.

## Critical Problem Responses

The following are responses that are significant and may be of clinical concern. The responses are grouped according to meaningful problem categories. These items warrant further inquiry by a qualified professional. The items are those that were identified by Mr. Smith. (Note: All critical responses are listed for suicidal, destructive and violent

behavior.)

### **Substance Abuse**

No critical items

### **Health & Medical Symptoms**

No Critical Items

### **Movement Symptoms**

No critical items.

### **Sleep Problems**

No critical items.

### **Eating Disorder & Nutrition**

No critical items.

### **Anger & Aggression**

Becomes angry and fails to control his anger around his family.  
Blames others for his own actions (refuses to take responsibility).  
Becomes irritable or cranky.  
Argues with adults (other than his parents).  
Becomes extremely angry and aggressive.  
Has tantrums, gets angry or makes people miserable when he does not get what he wants.

### **Destruction & Violence**

No critical items.

He has NOT associated with potentially dangerous people.  
He has NOT destroyed or damaged property of minor value.  
He has NOT destroyed public property (not that of family or friends).  
He has NOT threatened to set a fire.  
He has NOT demonstrated a fascination or extreme interest in fire.  
He has NOT been arrested for destruction of property.  
He has NOT been arrested for possession of a weapon.  
He has NOT been arrested for threatening or menacing with a weapon.  
He has NOT been arrested for assault.  
Does NOT carry a weapon.  
Is NOT spending time with people who are violent.  
He has NOT teased, harassed or bullied others.  
He does NOT tease, harass or bully others.  
He does NOT show an interest in violence, injuries, death, accidents, or mutilation, etc.  
He has NOT set a fire that resulted or could have resulted in destruction of property.  
He does NOT hurt, injure or torture animals.  
He does NOT hurt, kick, punch, push, or physically threatens his family or others.

### **Suicide**

No critical items.

He has NOT threatened suicide.  
Has NOT talked about being dead.  
Does NOT talk about wishing he were dead.

Has NOT attempted suicide.  
Has NOT talked about a plan, nor does he report having a plan to commit suicide.  
He has NOT inflicted self-harm or self-injury.  
He does NOT explicitly talk about suicide or death.  
He does NOT talk about suicide indirectly or in a vague manner.  
He has NOT given important things away.

**Self-Harming**

No critical items.

**Sexual Behavior**

No critical items. (Is not sexually active.)

**Depression**

No critical items.

**Anxiety**

No critical items.

**Obsessions & Compulsions**

No critical items.

**Emotional Instability**

Becomes irritable or cranky.  
Acts as if he is easily upset.  
Has tantrums, gets angry or makes people miserable when he does not get what he wants.

**Mania, Hypomania & Hyperactivity**

No critical items.

**Previous Mania or Hypomanic Behavior**

No critical items.

**Thought Problems**

No critical items.

**Perceptual Problems**

No critical items.

**Impulsivity**

No critical items.

**Social Problems**

Refuses to speak to other people (who are not family).  
He ignores or disregards how others feel.

**Illegal Behavior**

No critical items.

**Responses Answered "Don't Know"**

There were no questions answered "Don't Know".

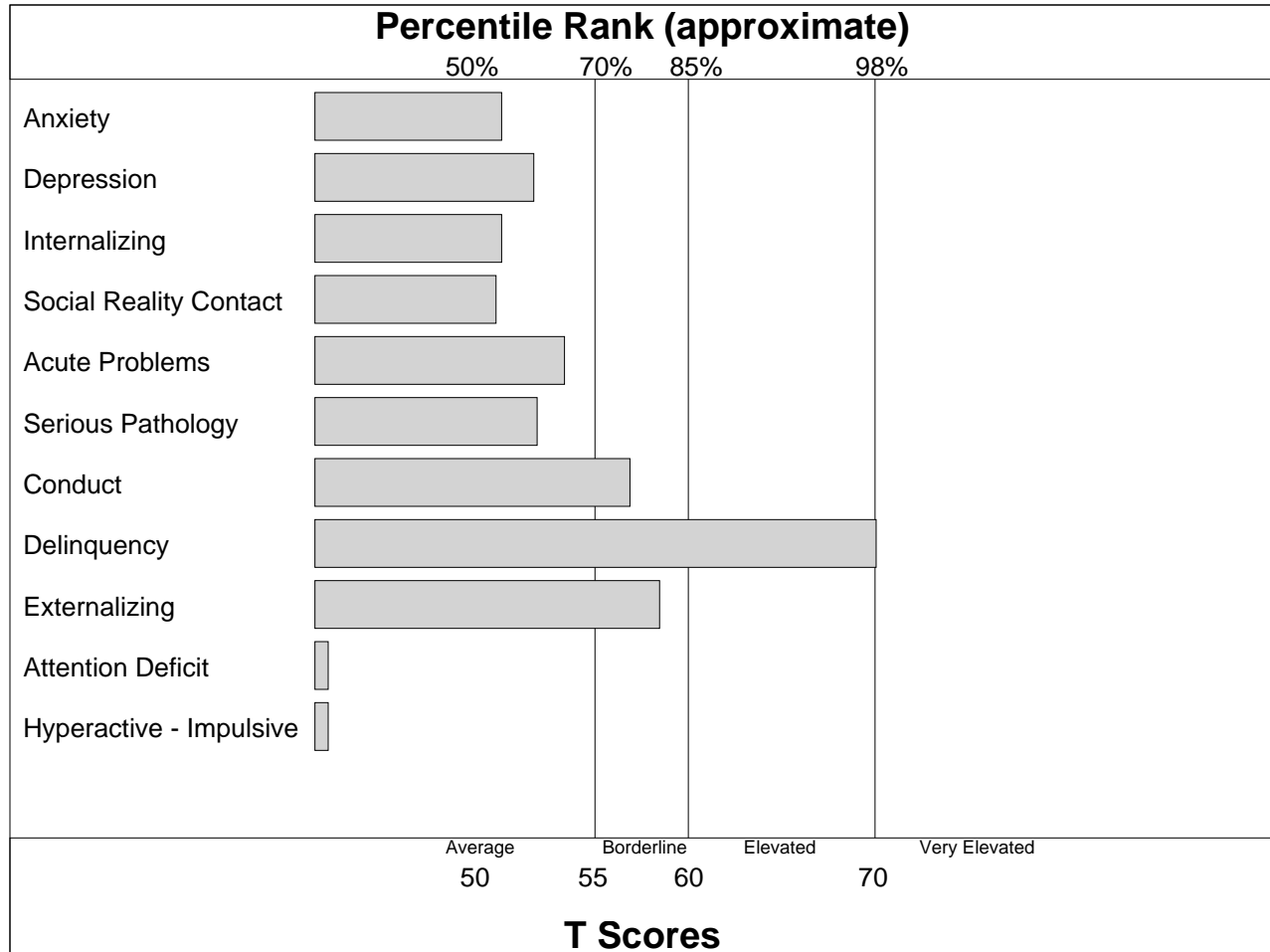
## Screening Based on Behavioral Profile

The following information illustrates how different Bradon's behaviors and problems are from other children. These results are not a diagnosis but rather are intended to estimate the degree and type of distress Bradon may be experiencing. It is important to recognize that a child may experience many of the symptoms associated with a disorder such as depression while the diagnosis may not be depression. It is possible for a person to experience all of the symptoms associated with a disorder when in fact the cause is from something entirely different.

Elevated and very elevated scores should be considered serious and suggest the importance of face-to-face professional evaluation or the potential need for treatment. Information that relates a scale and a particular score to a potential disorder is provided in some cases. The probability that there may be a disorder or no disorder may be presented. In no way does this information represent a determination that a disorder is or is not present. It possible that children may have a disorder while the symptoms of that disorder are in remission or currently not active. These scales are based primarily on behavior during the past 4 weeks. Recurrent problems may not be represented in these results.

The following screening results in the Behavioral Profile are based entirely on the observations of Robert Smith. The results may reflect the effects of or side effects of the medication that Bradon is taking.

## Profile Summary



### Anxiety Scale

The anxiety scale estimates the degree and severity of anxiety. The essence of anxiety is a psychological state that can cause restlessness, fear, worry and a state of physical tension. Anxious people have difficulty relaxing. Anxiety can make it difficult to recognize symptoms and behaviors associated with depression. Anxiety is an unpleasant state and youth will take action ("act out") to escape and avoid the experience.

Bradon does not have a significant number of symptoms that are associated with anxiety. His is near the 50th percentile. In general, this score indicates that the presence of an anxiety disorder is unlikely.

### Depression Scale

The depression scale estimates the degree and severity of depression. The essence of depression is a psychological state that can cause disturbances in sleep and appetite, reduce our level of energy, slow thought processes or cause us to dwell on problems and events in our life. Depression is an unpleasant state. Many youth will act in such a way as to escape and avoid that feeling. Depressed people are often sad, feel guilty, lack confidence and are usually self critical. Suicidal thoughts or dwelling on thoughts of death are quit common when the level of depression is severe.

Bradon does not have a significant number of symptoms that are associated with depression. His score is near the 56th percentile. In general, this score correctly identifies there is no depressive disorder.

### **Internalizing Scale**

The internalizing scale estimates Bradon's overall emotional well-being. This scale is referred to as internalizing because it includes problems that are mainly "within" Bradon. Internalizing problems consist primarily of negative psychological states such as anxiety, distress, exhaustion and depression.

The degree of internalizing appears to be normal.

### **Social Reality Contact Scale**

The social reality contact scale estimates the severity of problems Bradon may have with communication, social interactions as well as speech and other related behaviors. This scale is also associated with potentially severe social and interpersonal problems that are the result of developmental disorders, medical disabilities or an underlying mental illness. This score is referred to as "social reality" because it can reflect underlying psychological and medical problems that can be seen in verbal and non-verbal communication. These type of problems may in some cases include unusual speech, mannerisms, body movement, facial expressions, mood and eye contact. Social reality contact measures the overall degree to which Bradon has difficulty establishing and maintaining healthy social and interpersonal relationships. Children with elevated scores usually have serious social and academic difficulties. A recent change in behavior, such as those described in this scale, may be associated with early signs of mental disorders that impair contact with reality.

The degree of social reality contact appears to be normal. His score is in the 50th percentile. In general, this score cannot be interpreted reliably. Single responses can have significant meaning.

### **Acute Problems Scale**

The acute problems scale estimates the degree and severity of emotional and psychological distress associated with serious psychological and psychiatric disorders. This scale is also associated with severe psychiatric problems that develop rapidly as well as long term problems that are currently not managed or under control. Problems include dangerous behavior, hallucinations, delusional thinking, self-injury and bizarre behaviors. This score is referred to as "acute" because it includes symptoms that may develop quickly, require medical attention and can represent a serious safety or health risk. Acute problems measure the overall degree of psychological or medical instability and the possibility that new or more severe problems could surface.

The overall degree of acute problems does not appear to be significant. His score is in the 63rd percentile. In general, this scale and particular score is not associated with a psychotic disorder.

### **Serious Pathology Scale**

The serious pathology scale estimates Bradon's overall psychological and mental status. This score is referred to as serious pathology because it includes severe psychological and medical problems that can affect a child's health and ability to understand and interact with society and other people. Serious pathology consists primarily of problems such as impaired reality contact, disorganized thinking, hallucinations, delusions, severe mood disturbances as well as dangerous and self-harming behavior.

The overall degree of serious pathology does not appear to be significant. In general, this score correctly there is no psychotic disorder 9 out of 10 times.

### **Conduct Scale**

The conduct scale estimates the degree and severity of antisocial attitudes and behaviors. The essence of antisocial behavior is a pattern of choices and behaviors that disregard or does not consider the rights, property or well-being of others. Antisocial people may become involved in criminal or other illegal behavior that usually comes to the attention of legal authorities. Antisocial behavior can be a problem and it can cause other problems by itself.

Bradon's level of antisocial behavior is within the borderline range. His score is near the 75th percentile. This means that Bradon has some of the symptoms associated with antisocial attitudes but not a significant number of symptoms. This means that Bradon may be at risk to become more antisocial.

### **Delinquency Scale**

The delinquency scale estimates the degree and severity of defiant, irresponsible and disobedient behaviors. The essence of delinquency is an attitude as well as a pattern of choices and behaviors that disregard the expectations of others in authority and rules by which children are expected to follow. Delinquent children are not necessarily involved in antisocial behavior.

Bradon's level of delinquent behavior is very elevated. His score is in the 97th percentile. There is clear evidence of behaviors that are associated with a severe level of delinquent behavior.

### **Externalizing Scale**

The externalizing scale estimates Bradon's overall conflict with people and their expectations of him. This score is referred to as externalizing because it includes problems mainly "outside" Bradon. Externalizing problems consist primarily of negative behavioral problems such as delinquency, antisocial behavior and other conduct problems.

The degree of externalizing appears to be in the borderline range. The overall level of social and interpersonal conflict in Bradon's life is above normal and mild.

### **Attention Deficit Scale**

The attention deficit scale estimates Bradon's overall difficulty maintaining a focused awareness and recognizing details, objects, as well as elements in a task, communication or sequence of events. This score is referred to as attention deficit because it includes mild to severe problems that can affect a child's ability to understand, interact, pay attention and problem solve. High scores are not necessarily the result of an attention deficit disorder but may also be the result of other problems or a combination of issues such as anxiety, depression, anger, stimulant drug abuse, high intelligence, brain damage, etc...

The overall degree of attention deficit does not appear to be significant.

### **Hyperactivity Scale**

The hyperactivity scale estimates Bradon's overall level of physical activity and indirectly his pressure to be active. Hyperactivity means "extra-active." Significant scores may be the result of other problems or combination of issues such as an attention deficit hyperactivity disorder, anxiety, stimulant drug abuse, a medical disorder, etc...

The overall degree of hyperactivity does not appear to be significant.

## Screening for Broad Mental Health Problems

The youth clinical screening is designed to identify potential problems that may require further screening and possibly face-to-face professional evaluation. The following is NOT a diagnosis. Potential and general diagnostic issues are raised on the basis of significant history, symptoms and behavior associated with a wide range of disorders including anxiety disorders, mood disorders, eating disorders, psychotic disorders, conduct disorders and oppositional defiant disorders. These are merely areas of concern to support further inquiry by a qualified health care professional. A specific diagnosis cannot be identified at a screening level. A diagnosis should only be determined through a face-to-face evaluation conducted by a qualified health or mental health care professional. The fact that a parent reports symptoms that are similar to a mental health disorder does not mean that a child has that disorder. There can be more than one cause or reason for a specific behavior or symptom. A given symptom and more than one symptom can be associated with a number of disorders. Only a qualified professional can sort through these issues to arrive at a diagnosis.

### **Externalizing ("acting out")**

There is sufficient evidence to suggest that Bradon has demonstrated a number of behavior and choices that may be associated with a potential antisocial, conduct or oppositional defiant disorder. Antisocial behavior is generally viewed as an adult behavioral problem. While minors may act in a manner similar to adults, they are diagnosed differently. In minors these problems are classified as conduct or oppositional defiant disorders. Conduct disorder and oppositional defiant disorder are behavior problems and the most frequently occurring behavior disorders among youth. They may or may not be associated with a medical problem or psychiatric disorder. They represent a high percentage of referrals for treatment in children.

Research regarding the cause of conduct and oppositional defiant disorders points to the role of family interactions and the manner in which the family socializes a child. Biological factors may be related to the occurrence of this disorder with some children. These factors include neurological, genetic and medical conditions that can have a negative impact on family interactions and the socialization of children. The development and maintenance of these behavior disorders are strongly influenced when both biological and environmental factors are present. Environmental factors that influence the development of conduct disorders include family systems, drug and alcohol use, educational systems and the impact of friends and peer relationships.

## Summary and Options

The overall risk identified by this screening is low.

Elevated scores suggest that a brief consultation with a health care professional is appropriate even though the overall risk appears to be low. The potential mental health problems identified by this screening appear to be minor or minimal. The diagnostic complexity in this case is minimal. There may be substance abuse issues in this case.

This questionnaire can help identify the risk of violent, suicidal and self-harming behavior in the near future but it cannot assess imminent risk. Violent, suicidal and self-harming behavior is difficult to predict with certainty unless there is a clear pattern and motivated plan. The actual risk can change quickly depending on events, circumstances and the

behavior of others.

The risk of suicidal and violent behavior appears low. Bradon's parents or caregiver should contact Bradon's medical or mental health care professional if there are any remaining or new concerns regarding violence or suicide. Regardless of this finding, Bradon's parents or caregiver should consult with a qualified medical or mental health professional if they believe, suspect or are worried that Bradon may be suicidal.

The clinical screening questionnaire is designed to provide a basic screening for potential medical problems as well as physical reactions to emotional stress. The history and symptoms reported are used to generate a risk profile that may be associated with a medical problem. A diagnosis or determination that there is in fact a medical problem cannot be determined by this screening questionnaire alone.

The risk for medical problems is low based on the information provided. If there are any other concerns or symptoms that were not elicited, asked about or identified by this questionnaire then these should be brought to the attention of Bradon's physician.

This questionnaire and screening process does not assess Bradon's intelligence, capacity for insight, nor his ability and desire to participate in defining and resolving problems that he may have. This information can only be assessed by having Bradon work with a professional that he trusts and that he will be open and honest with.

Information resources including handouts on disorders, behavioral problems, high risk behavior and crisis intervention are available on our web site. Information and handouts may also be available from your community mental health center, hospital or your health care provider. Please pursue these resources if you are concerned or worried about any issues or potential problems whether they are raised by this report or not. Bradon's parents or caregiver should seek immediate consultation if they have reason to believe there are more or new problems beyond those identified in this report that are potentially serious, dangerous or threatening.

## Parenting and Discipline Concerns

Implementing or changing a parenting plan that includes an increased level of discipline or punishment at this time may result in an escalation of problems. Consultation with a mental health professional who can provide parenting advice may be necessary and appropriate. Increased parental involvement can be helpful, but in some cases, if not handled well, can make matters worse. It is not possible to predict exactly what may happen based on the information provided. This is why consultation with a mental health professional can be helpful. This should not be taken to mean that parents should do nothing. It is always appropriate to take steps if you believe Bradon is dangerous to their self or others. If this happens, contact emergency mental health or law enforcement services in your area.

## Suicide Prevention

The following information is provided whether your child has a high or low risk of suicidal behavior. These are general information and education guidelines. Talking to your child about suicide may be a good idea even if the risk is not high.

Patients, family, friends and health care professionals should always be concerned and compassionate when the possibility of suicide is raised. Nearly 17% of adolescent children seriously think about suicide. While it is extremely rare, perfectly normal looking children can be suicidal. Suicide can be the result of untreated depression, traumatic experiences, health problems, an injury or a subtle buildup of events that are stressful or tragic. Suicidal feelings, thoughts and behavior are usually associated with symptoms of depression, anxiety, drug use, chronic pain or untreated medical problems that impair mental and emotional functioning. It is also strongly associated with (1) violence, (2) unsafe or early sexual activity, (3) smoking, (4) alcohol and other drug abuse, and (5) over-eating or body image problems resulting in excessive effort to lose weight. In order to screen for the risk of suicide, may want to find out which of these risk factor are in fact true. As a general rule, children with three or more of these five problems have probably thought about suicide or they have considered suicide during the past year. Children who have all five and an elevated score on the depression scale are high risk, probably suicidal and may have already attempted suicide.

Suicidal behavior is more common among adolescents than many parents are prepared to accept. Each year between 6 and 9% of adolescents have attempted suicide and required medical attention as a result. Suicidal behavior is more than just a suicide attempt. It is more than self-harming behavior. Adolescents may not be attempting suicide but may be thinking about it or considering suicide as a solution to their problems. An adolescent may not reveal obvious signs that they are suicidal. Sometimes they will make direct suicidal statement like "I feel like killing myself." Most of the time they will make an indirect statement. Statements associated with a risk of suicide include,

- "Life isn't worth living."
- "My family would be better off without me."
- "Next time I'll take enough pills to do the job right."
- "Take my (prized collection, valuables) -- I don't need this stuff anymore."
- "I won't be around to deal with that."
- "You'll be sorry when I'm gone."
- "I won't be around much longer."
- "I just can't deal with everything; life's too hard."
- "Nobody understands me -- nobody feels the way I do."
- "There's nothing I can do to make it better."
- "I'd be better off dead."
- "I feel like there is no way out."

A suicidal statement should always be taken seriously. A suicidal statement does not mean you should conclude your child will take their life. It means they are probably considering the possibility. It means they may try. It means that you should not ignore or minimize a statement or a concern.

Parents should take thoughtful action if they suspect their child is suicidal or may be suicidal. This would include talking with your child about suicide. Simply asking your child if they are feeling or thinking about suicide or death will not increase the risk of suicide. Listening to your child and asking respectful questions will not put more suicidal thoughts in their head. It will only uncover what may be there already.

Parents sometimes need to do more than ask, "Are you suicidal?" because an adolescent may simply say, "No." If you ask the question differently you may discover your child is thinking about, considering or has even thought about ways they might kill their self. For example, if you ask, "Do you think about death or dying?" they might say, "I think about dying a lot and ways to kill myself." Here are some additional ideas and things you can say, ask and do:

- Tell your child, "Many adults and children think about suicide. In fact as many as 1 out of 16 think about it."
- "Do you know anyone who is suicidal, self-destructive or self-injuring?"
- "Have you ever felt like you wanted to hurt yourself or go to sleep and not wake up?"
- "Have you ever thought about dying or your own death?"
- "Have you ever thought about ways to die or hurt yourself?"
- "Have you ever done anything to hurt yourself?"

There are some very important things to keep in mind if you are dealing with a suicide risk. It may help if you review these approaches, then discuss these with a qualified professional if possible, and consider talking with your child. These are merely guidelines and options.

- Listen to your child. Try to imagine how they feel. Stay calm and respectful.
- Ask them how long they have been feeling this way.
- Ask them to tell you how they might kill themselves.
- Ask them if they are seriously considering suicide.
- Ask them to tell you about any previous suicide attempts.
- Ask them why they would want to commit suicide.
- Don't argue and make them feel bad. They already feel bad enough.
- Never dare a child to commit suicide.
- Never act angry, sarcastic or humorous if your child is suicidal or talking about suicide.
- Do not tell a child that you believe they are threatening suicide to manipulate people or to get what they want.
- Do not force a child to talk with you or answer a specific question.
- Do not tell a child that you do not believe them and that they are not really suicidal.
- Tell your child that you love them and that you would never get over their suicide.
- Offer to help.
- Tell them you are going get information and advice from someone who knows more than you do.
- Ask your child if they will talk with someone who can help.
- Ask your child to promise they will not attempt suicide.
- Call a suicide prevention helpline (1 800 273-TALK) for advice and guidance, or
- Call 911 and ask for the phone number of a local emergency mental health or suicide helpline.

## Local Resources

### **Parent Seminars - Call for reservations**

SEMINAR TITLE: "Understanding and Helping Adolescents in Crisis"

AUDIENCE: Parents (please do not bring minors).

DESCRIPTION: This seminar will be an entertaining, inspirational and practical look at ways to understand and deal with adolescent behavior and problems. Parents will learn how make difficult problems better. Useful information and practical approaches will be presented covering lack of motivation, school problems, defiance, depression, anxiety, drugs, alcohol, negative peers influences, self-harming and suicide risk will be presented. Parents will have an opportunity to ask questions during and after the presentation.

PRESENTER: Michael Conner, PsyD, author of "Crisis Intervention with Adolescents: A Parent Guide"

NO CHARGE. But you must call to reserve a space. (888) 577-3384 (Toll free call). Leave you name, phone number and how many will attend. We can accommodate 25 people at one time. Come 30 minutes early if you have specific questions you want to ask or see covered.

#### PROPOSED DATES in 2005

Saturdays, November 26, 9am to 12 noon

Mondays, November 28, 30 6pm to 9pm

Mondays, December 12, 19, 6pm to 9pm

Wednesday, December 14, 21, 28, 9am to 12 noon

Saturdays, December 17, 9am to 12 noon

For updated information about parent seminars go to [www.MentorResearch.org](http://www.MentorResearch.org)

LOCATION: The Wiestoria Depot, 805 Wiest Way (in the Village Wiestoria, near the corner of NE 8th and Revere), Bend Oregon. Drive into the village, park and you can walk to the Depot. The Depot is a large two story lodge meeting house. You will see smoke and a fire burning outside the building. The Village Depot is a warm, friendly and relaxing atmosphere.)

HANDOUTS: Handouts are available online at [www.InCrisis.Org](http://www.InCrisis.Org). A copy of the book "Crisis Intervention with Adolescents - A Parent Guide" will be available for review and purchase at cost. You can also purchase a copy at the beginning of the seminar or online at [www.InCrisis.org](http://www.InCrisis.org).

## **Crisis and Urgent Services**

The following resources are listed based on your Zip code area - 97701.

### **EMERGENCY 911**

- Oregon: 911

You should call 911 if your child requires immediate medical attention, is unconscious or their behavior is severely disorganized and unresponsive to direction or guidance. You can contact emergency 911 if you believe there is an immediate danger to your child, yourself or others. Keep in mind that police respond to calls based on public safety priorities. Parent-child disputes that are not dangerous will be assigned a lesser priority than calls involving violence, self-injury or other threatening behavior. You should contact the police if you or your child is victim of violence or you fear for their safety, your safety, or the safety of others.

### **HOSPITAL EMERGENCY MEDICAL SERVICES**

- St. Charles Medical Center - Bend: 541-382-4321

- St. Charles Medical Center - Redmond: 541-548-8131

You can take your child to your nearest Emergency Department if you believe your child is actively suicidal, may cause injury to their self or others, or is in need of immediate medical care. Emergency Department services are most appropriate if your child is suicidal and you or your child feel they cannot remain safe. If possible, call and ask to speak with Emergency admitting. Let them know you are coming and why. Answer any questions they may have. You should call the police if your child is uncooperative and unwilling to receive critical or emergency medical care. You should contact the police if your child has recently been physically or sexually abused. Call a local or national suicide prevention helpline if you believe your child may be suicidal, there is no immediate danger or threat, and you are not sure what to do.

### **NATIONAL SUICIDE PREVENTION HELPLINE**

1-800-273-TALK (1-800-273-8255)

### **THE NATIONAL HOPELINE NETWORK**

1-800-SUICIDE (1-800-784-2433)

<http://hopeline.com/>

### **COMMUNITY MENTAL HEALTH CRISIS INTERVENTION**

- Deschutes County 541-322-7500

- Jefferson County 541-475-6575

- Crook County 541-447-7441

- [www.oregon.gov/DHS/mentalhealth](http://www.oregon.gov/DHS/mentalhealth)

You can contact your local county mental health agency for urgent problems that do not require emergency medical, rescue or law enforcement services. The phone number will connect you to a mental health professional day or night including weekends.

### **CHILD ABUSE**

- Bend 541-388-6161

- Redmond 541-548-2206

- Madras 541-475-2292

- Prineville 541-447-6207

To report concerns related to child abuse or neglect, you can contact your local law enforcement agency or the State of Oregon Department of Human Services Child Welfare office. Child Welfare offices are located in Bend, Redmond, Madras and Prineville.

### SAFE SCHOOLS ASSESSMENT

- Bend LaPine, Sisters and Redmond School Districts

All three School Districts, working with Deschutes County Mental Health offer Safe Schools Assessments for youth who are thought to be at risk for violence within the schools. Students are referred by the administration staff of their home school following a violation of the school's safety code. Concerned parents of a youth thought to be at risk for violence can call the administration of their child's school for a possible referral for a Safe School Assessment.

### LAW ENFORCEMENT (non-emergency)

- Bend Police: 541-322-2960
- Deschutes County Sheriff's Office: 388-6659
- Redmond Police: 504-3400
- Sunriver Police: 593-1014
- Black Butte Ranch Police: 595-2191
- Crook County Sheriff's Office: 447-6398
- Prineville PD: 447-4168
- Jefferson County Sheriff's Office: 475-6520
- Madras Police: 475-2424

You can contact your local law enforcement if you need information about criminal activities in your area, community safety and law enforcement services. You should contact law enforcement if your child has been physically or sexually abused by anyone. You should call 911 if your child was a victim of abuse within the past several hours. You can contact emergency 911 if you believe there is an immediate danger to your child, yourself or others. (see above)

### PUBLIC SCHOOL RESOURCE OFFICERS (non-emergency)

- Bend: Summit High: 322-3327, Mt. View High: 312-4923, Bend High: 383-6304, High Desert Middle School: 383-6480
- Redmond: Redmond High: 923-4800, Brown High: 923-4868, Obsidian Middle School: 923-4900
- Sisters: Sisters High: 549-4045
- LaPine: LaPine High: 322-5360
- Terrebonne/Tumalo: All schools: 383-4431

The above public schools districts have police officers who work in these schools providing law enforcement services. These officers are available to talk with parents and students regarding student safety, campus safety and potential illegal behavior. Parents should contact 911 for emergency and immediate law enforcement response. School Resource Officers who work in schools may find it necessary to report high risk students on campus to school officials. At this point a school may choose to further investigate the risk that a child may represent to their self or others. Schools may, depending on the circumstances, consult with community mental health professionals.

**CASCADE YOUTH and FAMILY SERVICES (CYFS)**

- Toll free crisis line: 1-800-660-0934
- Bend: main number 541 382-0934
- [www.jbarj.org/CYFC/cyfc.html](http://www.jbarj.org/CYFC/cyfc.html)

CYFS provides Crisis Intervention and Support Services to youth ages 12-20. CYFC provides comprehensive services targeted to work with runaway, homeless and "throw-away" youth in Deschutes County. Troubled youth can call toll-free 24-hours a day to access shelter and basic needs. CYFS provides emergency shelter and counseling, works to reunite youth with their families, strengthen family relationships, encourage stable living conditions for youth, and supports youth in choosing constructive courses of action toward education and employment. Crisis priorities include youth who have run away, are homeless, have been abandoned, are under current abuse or serious neglect, or for other reasons have no safe and stable living conditions. See their web site for more up to date information.

**RIMROCK TRAILS**

- Prineville, Bend & Redmond: 541 447-2631
- [www.rimrocktrailsats.com](http://www.rimrocktrailsats.com)

Central Oregon Extended Unit for Recovery, Inc. (COEUR) provides alcohol and drug addiction treatment for adolescents age 12 to 18. COEUR operate offices in Prineville, Bend and Redmond. COEUR is a non-profit organization licensed by the Oregon Office of Alcohol and Drug Abuse Programs. They are also certified by the Department of Human Resources, Services to Children and Families. Their programs include residential treatment, prevention and intervention and outpatient treatment. See their web site for more up to date information.

## Health, Drug Screening and Family Services

The following resources are listed based on your Zip code area - 97701.

### PONDEROSA MEDICAL

- Bend: (541) 312-8679
- [www.PonderosaMedical.com](http://www.PonderosaMedical.com)

Ponderosa Medical is a family owned and operated practice that provides a full range of family and adolescent health care services. Internal Medicine services include comprehensive physical examinations including all laboratory services available on site. Adolescent behavioral health care services address sexual activity, and screening for alcohol and other drug use.

Comprehensive drug and alcohol screening services are available. Adolescents are brought to the facility, checked in and then taken to a collection room where a chain of custody process begins. This involves a collection procedure to insure the results are not contaminated, diluted or adulterated. Insurance does not cover drugs screening. The costs of screenings are \$32 to \$79. Results are typically available within 24 to 48 hours. Parents can have their child screened for:

- Nicotine - Cigarettes, Cigars, Chewing Tobacco
- Amphetamine/Methamphetamine - Speed, Meth, Crank, Crystal
- Club drugs such as MDA, MDEA, MDMA
- Marijuana - Pot, Dope, Reefer, Joint, Grass
- Barbiturates - Downers, Dolls, Reds, Yellows, M&M s, Phenobarbital
- Benzodiazepines - Downers, Diazepam, Oxazepam, Valium, Xanax
- Cocaine - Coke, Crack, Nose candy, Blow, Rock, Snow
- Methadone - Dolls, Done, Dolophine, Methadose
- Methaqualone - Ludes, Sopor, Lemmon, Quaalude, Mequin
- Alcohol - Beer, Wine, Liquor, Brew, Ethanol
- Opiates - Heroin, Smack, Morphine, Codeine,
- Synthetic Opiates - Vicodin, Hydrocodone, Oxycodone, Oxycontin, Percodan
- Propoxyphene - Darvon
- Phencyclidine - PCP, Angel Dust, Wack

### DESCHUTES COUNTY MENTAL HEALTH

- Bend: 541-322-7500

Deschutes County Mental Health offers mental health and alcohol /drug related services at various public school and clinic locations in the County. Priority is given to eligible individuals including children or adults on the Oregon Health Plan and people who are indigent. To inquire about your eligibility for an assessment and county services, contact the Department. Services are also offered in many, but not all, schools in the County. Deschutes County also provides child abuse treatment services at the KIDS Center.

### THE FAMILY ACCESS NETWORK (FAN)

- [www.familyaccessnetwork.org](http://www.familyaccessnetwork.org)

Call your nearest school if you are in the Bend LaPine and Redmond School District. Ask for the FAN Family Advocate.

FAN is a collaborative network of agencies that provide services efficiently and effectively to children and families in need of resources including food, shelter, clothing, parenting classes and family counseling. This is not an emergency service.

## Disclaimer - Use of InCrisis Reports

This report is designed primarily for educational, documentation and consultation purposes.

This report is based entirely on information and data supplied by the person completing a questionnaire. The usefulness and validity of the report is therefore dependent on the accuracy of the information entered into the questionnaire. You should discuss any concerns you have regarding health, safety or high risk behavior with a qualified health care professional.

The results of this report are intended to provide parents, caregivers and qualified professionals with reliable and useful information. Any decision based on this report with regard to treatment, diagnosis, intervention, placement or admission to a program must be the result of consultation with a qualified health or mental health care professional. Placement in boarding school should also include consultation with a qualified educational consultant. Recommendations in this report to seek further evaluation or professional assistance should be followed unless you receive qualified consultation otherwise.

The information contained in this report can be used for guidance but cannot replace or substitute for informed medical, educational and mental health advice. We recommend you obtain consultation and evaluation from qualified professionals as recommended in this report. If you suspect or have other reason to believe Bradon may have a health problem, you should speak with a qualified health care professional. The information provided in this report can help a health, education and mental health care professional understand, evaluate, diagnose and find appropriate solutions or treatment. This report should NOT be given to Bradon Fictitious to read.

