1

Beginning the Interview

1.1. Advance Preparation

Preparing the Parent(s) and Child for the Interview

See Chapter 2 regarding initial questions for parents.

Usually the initial contact with parents (or other caregivers) and children occurs on the phone. If so, the building of rapport begins even before a family arrives in the clinician's office. Use the phone call to determine whether the parents are anxious, hostile, eager, or ambivalent about being interviewed, and use this assessment as a way to approach the family in the actual interview.

- Discuss with the parent who has called you which family members should attend the first session (one or both parents, the child, etc.).
- Introduce yourself to the child's parent(s), using the name you would prefer the parents to use when speaking to you.
- Briefly describe what you will be doing with the child and what type of participation you will need from the parent(s).
- Give the parents an indication of how long the evaluation/intake will last and of how much the evaluation will cost.

Parents will often want the clinician's help in preparing their child for the first session. It is generally best for the child to know the reason for the interview or evaluation. Clear and simple statements can be used by parents to help their child understand the purpose of the evaluation—for example, "I know you've been struggling in school lately, and we want to find out how to make things better for you," or "You've seemed really sad lately, and we want to talk to someone about how we can help you feel better." These statements won't be misunderstood by the child as implying blame or be likely to distort your evaluation.

Preparing Yourself for the Interview

Be well prepared in advance of meeting a child and his/her family. Know the child's age, gender, and reason for referral. This will help you tailor your approach to each specific child. If you are scheduled to complete a testing evaluation, have all materials ready.

There are many good books for clinicians on conducting and structuring interviews with children and families. An excellent text is *The First Session with Children and Adolescents* (House, 2002).

Materials you will need for the initial session(s) include the following:

- Information regarding confidentiality and limits of privilege.
- Releases of information, multiple copies. *(See Section 40.1 for a release form.)*
- A form giving permission to evaluate or treat (to be completed by parents and/or child, depending on the child's age and state law).
- Behavior rating scales for parents and/or teachers/other professionals to complete.

1.2. Guidelines for Structuring the Interview Process

The interview is most often begun in one of the following ways:

- Parent(s) and child are interviewed together, after which time the parent(s) or child will each be asked to respond to questions separately (with the other party out of the room).
- One or both parents are interviewed first, followed by an interview with the child, and then a joint interview.

Gathering Information from Multiple Sources

Ryan, Hammond, and Beers (1998) have suggested the following guidelines for gathering information from multiple sources.

For Inpatients

1. Observe the child's interactions with staff members.
2. Obtain information from the staff about the child's behavior and child–family interactions.
3. Evaluate whether formal assessment is appropriate.

For Outpatients

1. Obtain records from the referring professional and other relevant professionals.
2. Discuss the purpose of the evaluation with a family member (this is often done by phone).
3. Provide an opportunity for the child to speak to you, and speak plainly with the child about the limits of confidentiality and what you can and cannot do.
4. Ask parents to bring school records to the evaluation.

Structured Diagnostic Interviews

Structured interviews range from highly structured to semistructured. In clinical practice, face-to-face structured interviews are most often used when there is a research component to the treatment. The more highly structured of these interviews are typically used by lay interviewers, as experienced clinicians typically find that they do not allow for latitude in clinical decision making. Semistructured interviews are designed to be administered by more extensively trained interviewers. Some clinicians will use a combination of structured and unstructured formats, such as administering a written evaluation form that will include structured questions, as well as conducting a less structured face-to-face interview. Examples of face-to-face structured interviews include the following (all of these interviews have both a parent and a child version):

- Diagnostic Interview Schedule for Children, Version IV (DISC-IV; Shaffer, 1996; Shaffer, Fisher, Lucas, Dulcan, & Schwab-Stone, 2000)
- Schedule for Affective Disorders and Schizophrenia for School-Age Children (6–18 years; K-SADS-PL-DSM-5; Kaufman et al., 2016)
- Child Assessment Schedule (CAS; Hodges, 1993)

1.3. Establishing Rapport

The first few minutes of any interview are important. Suggestions for enhancing rapport include the following.

General Tips

- Greet the child by her/his first name and introduce yourself. Use the name you would prefer the child to call you. Some clinicians prefer to be called by their first names, while others prefer to use a title (e.g., "Dr."). Many clinicians use their first names with very young children, but use a title when working with adolescents.
- Give younger children time to settle down. If they've brought something from home, use it as a way of making conversation.
- The things you say to a child and the first questions you ask should be flexible and geared to the particular child (see Chapter 3 for initial interview questions). However, these often include questions that a child can easily answer, such as "How old are you?" and "Do you have any pets?"
- Respond to the child with openness, warmth, empathy, and respect. Be attentive to the child's needs, such as hunger, need for physical activity, or use of the toilet. In contrast, know when it is appropriate to set limits on behaviors.
- Provide age-appropriate breaks as necessary.

With the Very Young Child (Ages 2½–6 years)

- Have a working knowledge of types of toys and activities that children of this age would enjoy. Know what is currently popular for the age group. You can then ask about and comment on a child's favorite toys and activities.
- Begin building rapport by talking about children's clothing, toys they may have brought to the office, toys they are playing with in the waiting room, how they got to the office, what the drive was like, how long it took them to get there, or the like.
- Be aware of a child's emotional state, and respond appropriately to how he/she feels.
- Activities that enhance rapport with a very young child include drawing pictures of her/his choosing, playing structured games (Candy Land, Connect Four, Mancala, etc.), or playing with "open-ended" toys (Legos, modeling clay, dolls, etc.).

With the School-Age Child (Ages 6–12 Years)

- Children in this age group often enjoy talking about their hobbies, teachers, school, after-school activities, friends, video games, sports, clothes, shopping, "hanging out," and so forth.
- Have a working knowledge of activities, toys, TV programs, computer games, and the like that are of interest to this age group.
- Begin building rapport by talking about what the drive to the office was like; whether children are missing school or an activity for the appointment; any objects (e.g., Game Boy, iPod, MP3 player) or books they might have brought to the office; or similar topics.
- If an evaluation is being completed with the intention of beginning therapy, it is important to discuss the rules of therapy and of confidentiality in age-appropriate language. The "rules" of therapy vary by individual professionals or clinics, and frequently by individual cases as well. One such "rule" involves what type of information is shared by the therapist between parents and child (e.g., everything can be shared; nothing is shared, with the exception of topics the therapist is legally required to report; certain topics, such as boyfriends/girlfriends, are off limits; etc.). Other "rules" may include how frequently the parents will meet with the therapist; whether the child has a role in determining the frequency and content of

these meetings; whether the treatment is to be individual or have a family component; and so on. It is important to make these "ground rules" clear to both the child and the parents. In some cases, the establishment of these rules becomes an important part of the therapy itself, opening the discussion of limit setting for parents and their children.

- Ask the child what he/she was told would happen. Decide where and how (in the presence of the parents, with the child alone, etc.) you will address this question, as it may be differently phrased, depending upon the age of the child. If you want a frank view from the child, it is frequently best to ask the child with the parents out of the room.

With Adolescents (Ages 12–18 Years)

- It is important to acknowledge an adolescent's feelings. Many adolescents are not happy at the prospect of an evaluation or therapy, and most will appreciate a clinician who validates their feelings.
- Adolescents also appreciate being treated as mature individuals. It is best to treat them as if they are adults, to the degree that this is reasonable. Of course, once adolescents reach the age of 18 they are legally adults, but it is the therapist's responsibility to decide to what degree they should be treated as adults. This is a central issue of adolescence; however, each child and family is different, so you will need to develop (and model) a balance that is logical, clear, acceptable, and therapeutically appropriate to all concerned.
- Discuss confidentiality and the "rules" of therapy (see above). Adolescents are typically much more involved in establishing these types of "rules," including who attends the sessions, what type of information will and will not be shared with the parents, how frequently sessions will be held, and so forth.

1.4. Informed Consent

Therapists are obligated to obtain informed consent before beginning assessment or treatment with any client. Although state regulations may vary somewhat, a clinician cannot treat or evaluate a minor without written consent from the minor's legal guardian. Although some state laws may differ, you can typically evaluate or treat a child from an intact family with the permission of either parent. When a minor's parents are divorced, it is essential to obtain the consent of the parent who has legal physical custody. If custody is shared, you will generally need to obtain permission from both parents. It is important to check your state's legal requirements regarding consent to treating a minor.

There is no "one size fits all" informed consent form, because different informed consent procedures are likely to be needed, depending on what a parent (and sometimes a child) wants and needs to hear (Braaten & Handelsman, 1997). Handelsman (2001) encourages professionals to follow these guidelines in providing informed consent:

- Obtaining informed consent should be thought of as a process and not a one-time event. For example, issues of confidentiality involving a minor can arise throughout the course of therapy, and such issues will need to be addressed as they arise.
- The informed consent process should be incorporated into the treatment of any child. In the case of a young child (below the age of 5 or 6 years), the "client" who needs to be kept informed is typically one or both parents; for a school-age child or an adolescent, the "client" typically includes both the child and the parent(s).
- Provide information that, in your opinion, "[children] or their loved ones would want" (Handelsman, 2001, p. 457).
- Solicit assent even from those who are not competent (or of age) to consent.

- Provide information that a "reasonable person would want to know" (Handelsman, 2001, p. 454).
- Document the consent process, including the initial conversation as well as ongoing ones.
- Make your forms readable and personalized to your practice.
- Give the client (see the definitions of "client" in the second point above) a copy of the form.
- Review the initial information as needed throughout the professional relationship.

Wiger (1999) has identified several areas of confidentiality that should be addressed with the client (again, see the definitions of "client" above):

- A professional must report abuse of children and vulnerable adults.
- A professional has a duty to warn and protect when a client indicates she/he has a plan to harm self or others.
- Parents and legal guardians have the right of access to their children's psychotherapy and testing records, unless doing so would be harmful to the children.
- The client should be informed if someone other than the therapist types the child's reports.
- A professional is required to report admitted prenatal exposure to controlled substances.
- A therapist is required to release records in the event of a court order.
- Professional misconduct by a health care provider must be reported.
- Professionals should inform clients about their policy regarding the use of collection agencies. Clinicians have a right to use such an agency, if a client is informed that some aspects of the treatment (such as number of sessions) can be shared with a collection agency in the interest of obtaining unpaid fees.
- Information about third-party payers should be provided, such as what type of information (e.g., diagnosis, progress reports) you are required to give to a client's insurance company in order for insurance to cover the claim.
- The client should be informed about the role of professional consultations.
- The therapist should provide clear guidelines regarding the keeping of information in child, family, and relationship counseling.
- The client should be provided with information regarding telephone calls, answering machines, and voice mail.

Here are some final points to keep in mind regarding consent with children and adolescents:

- Discuss the issues of confidentiality involved in treating minor patients with the client. The discussion should include how you intend to balance the child's need for confidentiality against the parents' need for essential information.
- Consider writing a formal agreement regarding this discussion. Although the agreement would not be legally binding, it is often helpful to have a clearly written understanding of this policy.
- Working with minors often entails communicating with other professionals (teachers, etc.), which can present dilemmas for clinicians. Therapists and evaluators need consent from parents in order to share information with school personnel, and a therapist or evaluator should be aware that the information thus shared may not necessarily be entirely confidential.
- *The Paper Office for the Digital Age* (Zuckerman & Kolmes, 2017) provides a wealth of data regarding informed consent to treatment and assessment, including some forms.
- Clinicians should always consult the state statutes that govern their profession.

1.5. Obtaining Identifying Information from Parents

"What is the child's name? Address? Phone number? Date of birth? Age?"
"What is your family's living arrangement? Who lives with your child?"
"What school does your child attend? What grade is she/he in?"

"What language is spoken in the home/the school/the neighborhood?"
"How would you describe your family's racial or ethnic identity?"

1.6. Eliciting the Chief Concern/Problem from Parents

"What is your reason for seeking this evaluation/consultation?"
"Tell me in your own words what you feel your child's main problem is."
"Tell me what has been going on with the child."
"What are your specific concerns?"
"What concerns you most?"
"What are your hopes for this evaluation/consultation/treatment?"
"What are your hopes for the child?"

Eliciting the Parents' Understanding of the Chief Concern/Problem

"Do you have any ideas about what might have caused the child's problem?"
"Do you think anything particular triggered or contributed to your child's problems?"
"What do you think are the most important aspects of the child's history in light of the chief concern?"
"Do you think that any aspects of the family's medical or psychological history may have played a role in the problem?"

Dimensionalizing the Concern/Problem

"When did you first notice the child's difficulties?" *(duration)*
"How long has this been happening?" *(duration)*
"How often does this happen?" *(frequency)*
"How intense or mild is it usually?" *(intensity)*
"How difficult is the problem for the child?" *(intensity)*
"Where are the child's difficulties most apparent? (At home? At school? In friendships?)" *(setting)*

Determining Earlier Efforts to Deal with the Concern/Problem

"How have you, as parents, dealt with the problem?"
"How has your family adjusted to the child's problem(s)? Have any types of accommodations been made in the school?"
"Has your child been previously diagnosed with a psychological or academic difficulty? *(If yes:)* What was the diagnosis? Who made the diagnosis? When was the diagnosis made?"
"Did you agree with the diagnosis? Why or why not?"
"What is the child's teacher's view of her/his problem(s)?"

1.7. Prenatal, Birth, and Neonatal History *See Chapter 10 for descriptors.*

Prenatal History

"Did you experience any difficulties during pregnancy, such as preterm labor, medical complications, or psychosocial stressors? *(If yes:)* What types of difficulties did you experience?"
"Did you receive prenatal medical care? *(If yes:)* Beginning at what month?"
"Was the child exposed to any prescription or nonprescription drugs during pregnancy? *(If yes:)* What were they, and how often were they taken?"
"Did you/the child's mother smoke during pregnancy? *(If yes:)* How much?"
"Did you/the child's mother drink alcohol during pregnancy? *(If yes:)* How much?"

Delivery

"Was the pregnancy full-term, or was the child born prematurely? *(If prematurely:)* At how many weeks' gestation?"
"How much did the child weigh at birth?"
"Was the delivery normal, or were there complications?"
"What was the child's general health at the time of the delivery?"
"What were the child's Apgar scores?"

Infant Temperament

"What type of baby was the child?"
"What was the child's activity level? Level of alertness?"
"Was it easy or difficult for you to soothe/calm the child? Could the child soothe/calm him-/herself?"
"Would you say that the child was a generally happy baby? A generally fussy baby?"
"How did the child respond to you as an infant?"
"Did the child experience any feeding difficulties in infancy? Sleeping difficulties? Other problems?"

Adoption

"At what age was the child adopted?"
"Where did the child's adoption take place?"
"What do you know of the child's prenatal and birth history?"
"With whom was the child living at the time of the adoption?"
"Describe the terms of the adoption (open adoption, international adoption, etc.)."
"Are there any issues regarding the child's adoption that are important to consider in light of her/his current difficulties? *(If so:)* What are they?"

1.8. Developmental History

See Section 40.2 for a developmental history form that can be used to elicit information. For developmental history descriptors, as well as lists of milestones in specific developmental areas, see Chapter 11.

Ask the parent or guardian whether the child reached key developmental milestones at the appropriate ages. The following lists, adapted from one by Powell and Smith (1997), gives various milestones by average age.

List of Developmental Milestones

By 3 Months of Age

MOTOR SKILLS

- Lift head and chest when lying on his/her stomach.
- Follow a moving object or person with her/his eyes.
- Grasp rattle when given to him/her.

SENSORY AND THINKING SKILLS

- Turn head toward the sound of a human voice.
- Recognize bottle or breast.
- Respond to the shaking of a rattle or bell.

LANGUAGE AND SOCIAL SKILLS

- Make cooing, gurgling sounds.
- Communicate hunger, fear, discomfort (through crying or facial expression).
- React to "peek-a-boo" games.

By 6 Months of Age

MOTOR SKILLS

- Reach for and grasp objects.
- Play with toes.
- Explore by mouthing and banging objects.
- Move toys from one hand to another.
- Sit with only a little support.
- Roll over.

SENSORY AND THINKING SKILLS

- Imitate familiar actions a caregiver performs.

LANGUAGE AND SOCIAL SKILLS

- Babble, making almost sing-song sounds.
- Know familiar faces.
- Smile at her-/himself in a mirror.

By 12 Months of Age

MOTOR SKILLS

- Drink from a cup with help.
- Feed him-/herself finger foods (e.g., raisins or bread crumbs).
- Grasp small objects by using thumb and index finger/forefinger.
- Put small blocks into and take them out of a container.
- Sit well without support.
- Crawl on hands and knees.
- Pull her-/himself to stand or take steps while holding onto furniture.
- Stand alone momentarily.

SENSORY AND THINKING SKILLS

- Try to accomplish simple goals (e.g., seeing and then crawling to a toy).
- Look for an object he/she watched fall out of sight (such as a spoon that falls under the table).

LANGUAGE AND SOCIAL SKILLS

- Say her/his first word.
- Respond to another's distress by showing distress or crying.
- Show mild to severe anxiety at separation from parent.
- Show apprehension about strangers.
- Understand simple commands.

By 18 Months of Age

MOTOR SKILLS

- Pull off hat, socks, and mittens.
- Turn pages in a book.
- Stack two blocks.
- Scribble with crayons.
- Walk without help.

SENSORY AND THINKING SKILLS

- Identify an object in a picture book.
- Look for objects that are out of sight.
- Follow simple one-step directions.

LANGUAGE AND SOCIAL SKILLS

- Say 8–10 words a caregiver can understand.
- Ask specifically for his/her mother and father.
- Use "hi," "bye," and "please," with reminders.
- Asks for something by pointing or by using one word.
- Become anxious when separated from parent(s).
- Play alone on the floor with toys.
- Recognize her-/himself in the mirror or in pictures.

By 2 Years of Age

MOTOR SKILLS

- Drink from a straw.
- Feed him-/herself with a spoon.
- Toss or roll a large ball.
- Open cabinets, drawers, boxes.
- Walk up steps with help.

SENSORY AND THINKING SKILLS

- Like to take things apart.
- Point to five or six parts of a doll when asked.

LANGUAGE AND SOCIAL SKILLS

- Have a vocabulary of several hundred words.
- Use two- to three-word sentences.
- Say names of toys.
- Listen to short rhymes.
- Take turns in play with other children.
- Apply pretend action to others (e.g., pretending to feed a doll).
- Refer to self by name and use "me" and "mine."
- Verbalize desires and feeling (e.g., "I want cookie").
- Laugh at silly labeling of objects and events (e.g., calling a nose an ear).
- Point to eyes, ears, or nose when asked.

By 3 Years of Age

MOTOR SKILLS

- Feed her-/himself (with some spilling).
- Hold a glass in one hand.
- Hold a crayon well.
- Fold paper, if shown how.
- Throw a ball overhead.
- Dress him-/herself with help.
- Use the toilet with some help.
- Walk up steps, alternating feet.
- Kick a ball forward.
- Pedal a tricycle.

SENSORY AND THINKING SKILLS

- Remember what happened yesterday.
- Know some numbers (but not always in the right order).
- Understand "now," "soon," and "later."
- Look through a book alone.
- Match circles and squares.
- Match an object to a picture of that object.
- Match objects that have similar functions (e.g., putting a cup and plate together).
- Count two to three objects.
- Follow simple one-step commands.

LANGUAGE AND SOCIAL SKILLS

- Use three- to five-word sentences.
- Use plurals ("dogs," "cars," "hats").
- Name at least one color correctly.
- Ask to use the toilet almost every time.
- Demonstrate some shame when caught in a wrongdoing.
- Play spontaneously with two or three children in a group.
- Understand "I," "you," "he," and "she."
- Answer whether she/he is a boy or girl.

By 4 Years of Age

MOTOR SKILLS

- Feed him-/herself (with little spilling).
- Hold a pencil.
- Draw a circle.
- Draw a face.
- Try to cut paper with blunt scissors.
- Brush teeth with help.
- Build a tower of seven to nine blocks.
- Put together a simple puzzle of 4–12 pieces.
- Pour from a small pitcher.
- Use the toilet alone.
- Catch a bouncing ball.
- Walk downstairs, using a handrail and alternating feet.

SENSORY AND THINKING SKILLS

- Understand "big," "little," "tall," "short."
- Sort by shape or color.
- Count up to five objects.
- Distinguish between the real world and the imaginary or "pretend" world.

LANGUAGE AND SOCIAL SKILLS

- Have a large vocabulary and use good grammar often.
- Use regular past tenses of verbs ("pulled," "walked").
- Ask direct questions ("May I?", "Would you?").
- Understand "next to."
- Separate from a parent for a short time without crying.
- Help clean up toys at home or school when asked to.
- Like to play "dress-up."
- Often prefer playing with other children to playing alone, unless deeply involved in a solitary task.
- Share when asked.

By Childhood Years (Ages 6–12)

SOCIAL AND EMOTIONAL DEVELOPMENT

- Have an average of five good friends and at least one "enemy," who often changes from day to day.
- Act nurturing and commanding with younger children, but follow and depend on older children.
- Begin to see others' points of view more clearly.
- Define her-/himself in terms of appearance, possessions, and activities.
- Develop and practice inner control each time decisions are made.
- At around age 6–8, may still be afraid of monsters and the dark; these are replaced later by fears of school or disaster and confusion over social relationships.
- Often become attached to an adult (teacher, club leader, caregiver) other than parents, and quote the new "hero" or try to please him/her to gain attention.

PHYSICAL DEVELOPMENT

- Recognize differences between boys and girls.
- Develop muscle coordination and control (uneven and incomplete in the early stages, but almost as good as adults' by the end of middle childhood).
- Lose baby teeth and begin acquiring permanent ones.
- Reach visual maturity (both size and function).

MENTAL DEVELOPMENT

- Begin to read and write early in middle childhood, and should be skillful in reading and writing by the end of this stage.
- At first, can rarely sit for longer than 15–20 minutes for an activity; attention span gets longer with age.
- Can talk through problems to solve them.
- Can focus attention and take time to search for needed information.
- Can develop a plan to meet a goal.
- Develop greater memory capability, because many routines (brushing teeth, tying shoes, bathing, etc.) are automatic now.

Questions about Developmental Milestones/Delays

"How old was the child when he/she started to crawl? Walk? Talk? Use the toilet? Dress him-/herself?"
"Was the child delayed in reaching any of these milestones?"
(If yes:) "Did the child receive treatment for any of these delays/difficulties?"
(If yes:) "What were the treatments, and did you feel they were successful?"
"Were there any significant events in the child's early life that may be related to her/his current difficulties? *(If so:)* What were these events?"

1.9. Medical History *See Chapter 10 for descriptors.*

"Tell me about the child's medical or health history."
"Has the child experienced any difficulties with the following: Allergies? Asthma? Frequent ear infections? Epilepsy? Enuresis/bedwetting? Encopresis/soiling? Eczema? Head injury? Hypoxia/oxygen deprivation? Neonatal jaundice? Meningitis? Problems with vision or hearing?"
"Has the child experienced any significant illnesses? *(If so:)* What were they, and when did they occur?"
"Has the child had any surgeries? *(If so:)* What were they, and when did they occur?"
"Has the child ever been hospitalized? *(If so:)* When and why?"
"Has the child been exposed to toxins such as lead? Do you know whether your house has lead paint, and, if so, have you discussed this issue with your pediatrician?"
"Does the child currently take any medications? *(If so:)* What are the medications, and do these have any significant side effects?"
"In the past, has the child ever taken medications for an extended period of time? *(If so:)* What were the medications, and why were they prescribed?"
"Has the child been prescribed glasses/hearing aids? *(If so:)* Does the child consistently wear them?"
"Were there any significant medical problems in the child's life that may be related to his/her current difficulties? *(If so:)* What were these events?"

1.10. Family History *See Chapter 11 for descriptors.*

"Tell me what your home is like."
"Who lives in your home? What is each person's relationship to the child?"
"Has the child moved frequently/recently? *(If so:)* What were the reasons for the moves?"
"Has your family experienced any recent stresses that may be affecting the child's behavior?"

Information about Siblings

"Where is the child's place in your children's birth order?"
"Do any of the child's siblings have any significant medical problems or psychiatric problems? *(If so:)* What is the effect of these problems on the child?"

Information about Parents

"Are you single, married, divorced, or living with a partner?"
(If married:) "Is your spouse the child's natural/birth mother/father? How many years have you been married? How would you describe the quality of your relationship?"
(If divorced:) "When did you separate? What was the effect of the divorce on the child's behavior? How would you describe your current relationship with the child's mother/father? Who has custody? How often does the child visit his/her noncustodial parent?"

"How old were you when the child was born?"
"How old was your spouse/partner when the child was born?"
"What is your/your spouse's/partner's current occupation?"
"What is the effect of your job/your spouse's/partner's job on the family?"
"Does either of your families have a history of drug or alcohol abuse? Learning disabilities? Medical problems? Psychiatric difficulties?"
(If living with a partner:) "How long have you been living with your current partner? How would you describe your child's relationship with your partner? How would you describe your partner's relationship with your child's father/mother?"

Adoption Issues

"Does the child know he/she is adopted?"
"Does the child have contact with her/his birth parents? *(If so:)* What kind of contact, and how frequently does it occur?"

1.11. Relationships

For descriptors, see Section 11.7 (relationships with parents); Section 11.8 (relationships with siblings); and Sections 19.3 and 19.4 (friendships and peer groups, respectively).

With Peers

"Does the child have friends? *(If no:)* Why do you think the child doesn't have friends?"
"How well does the child get along with his/her friends?"
"Do you like the child's friends?"
"What kinds of opportunities does the child have to make friends?"
"How do other children treat/react to the child?"

With Siblings

"How does the child get along with her/his brothers/sisters? What do they do that the child likes/dislikes?"

With Parents and Other Adults

"How would you describe the quality of your relationship with your child? Is it different from the quality of the relationship with your other children?"
"How does the child show affection for you? Anger toward you?"
"What family member is the child most like? Why?"
"How does the child interact with other adults? Is there anything about these relationships that concern you?"
"How is discipline handled in your home? Is it effective? Who usually administers the discipline?"

1.12. Interests and Routines

Interests

"What kinds of things does the child like to do in her/his free time?"
"What does the child like to do when he/she is alone? With friends/sisters/brothers/other family members?"

"How much television does the child watch? Do you feel happy with that amount? What kinds of TV shows does she/he like to watch?"
"Does your child play video games? How much time does he/she play per day/week? What types of video games does he/she play?"
"What kinds of music does the child like to listen to?"

Routines

"Do you have any particular routines (bedtime, homework, etc.) that you typically follow? *(If so:)* Can you describe these for me?"
"What happens to your child when you're not able to follow the routines on a particular day?"
"Does the child do any chores? *(If so:)* What are they?"

1.13. Academic History *See Chapter 12 for descriptors.*

Current Placement

"What type of school does the child attend (e.g., private, public, Montessori)?"
"How long has the child attended this school?"
"What grade is the child in?"
"What type of classroom setting is this (traditional, multiple ages, etc.)? How many teachers are in the classroom? How many students?"
"How do you feel about the school? About the child's current teacher(s)?"

School Experiences

"Describe the child's school experiences, beginning with preschool."
"At which ages or grades *(if any)* did the child begin experiencing difficulties?"
"What types of difficulties were observed?"
"What type of special services *(if any)* did the child receive?"
"Has the child ever been on an individualized education plan or a Section 504 plan?"

General Academic Functioning

"How do you feel school is going for the child?"
"What does the child like/dislike about school? What are his/her best/worst subjects?"
"How satisfied is the child with his/her progress or performance in school?"

1.14. Additional Questions about Adolescents

"Does your teen date? What does she/he generally do on a date? Do you approve?"
"Do you think that your teen may be sexually active? Have you discussed appropriate sexual behavior with him/her? *(If yes:)* What have you talked about?"
"Do you have any concerns about drug/alcohol use? *(If yes:)* What kind of drugs/alcohol do you think your teen may be using? Has the teen been in trouble because of drug/alcohol use? How does she/he pay for/get drugs/alcohol? Have you ever sought treatment for her/his alcohol/drug use? *(If yes:)* What type of treatment? Was it effective?"
"Does the teen have a job? *(If yes:)* What does he/she do? Do you approve of his/her working?"