

Information in all areas should be obtained by multiple sources if possible (individual, family, records etc.)

Safety risks (be sure to complete full Risk Assessment):

Evidence of suicidality or self-harm: *Needs further assessment*

Aggression: *Needs further assessment*

Access to weapons: *Hunting family- need to ask about weapons: how many, location, secure? Who has access?*

Health risks:

Pregnancy ☐ YES ☒ NO

Medical problems: *Need more information- ask John for ROI to request medical records (MD, DO, ND? Given family history and potential preference for non-allopathic doctors ask: Other?)*

Evidence of psychosis: (Explore duration, severity, level of distress, quality of each psychotic symptom).

hallucinations: *significant sensory experiences—Need to ask about auditory and visual perception*

delusions: *None reported at this time.*

unusual thought content: *Thoughts that cameras are tracking him*

disorganized speech: *None reported or observed*

PRODROMAL SYMPTOMS:

Difficulties in thinking (attention, concentration, memory, organization): *Ask Tania to assess*

Difficulties in speaking or writing:

Follow-up: Need to ask John, family, school counselor.

Anxiety: *Experiences anxiety while going to and from school.*

Follow-up: What does John think is causing him to experience anxiety? Is he in the car? Bike? On the school bus? What is he doing/ experiencing before he gets on the bus/bike/car? Bike? Ask about bullying and harrassment.

Drop in functioning (work, school, self-care, activities): *Significant drop in grades. Now not going to school, not being as social as he used to be.*

Follow-up: Self-care? Playing guitar? Basketball? Helping family on farm?

Perceptual disturbances/sensitivities: *Ask about what is happening in the classroom.*

Suspiciousness, ideas of persecution: *Believes cameras are tracking him in classroom and at home. Why does John think this is happening?*

Grandiosity: *Need to ask.*

Social isolation or withdrawal: *Few months of social withdrawal. How is he spending his time?*

Follow up: How often is he seeing friends?

Decreased emotional expressiveness or sense of loss of emotions and self: *Need to ask.*

Odd/bizarre behavior or appearance: *None noticed or reported during first screening appointment.*

Disturbances of: sleep *Ask-- Tania and Dr. Gray to assess right away. This could place him at risk for worsening symptoms.*

mood *Anxious*

motor functioning *Ask about functional issues at school, home, and on farm. Assess for potential risks (heavy equipment, farm tools, etc.)*

appetite/nutrition *Ask—needs further assessment at RN initial meeting.*

Family psychiatric history: *There is a history of mental health agency unsuccessful attempt to "fix" some kind of experiences (symptoms?) that are unspecified. Need to ask Mom about her side of the family.*

Stressors: *Recent social withdrawal, drop in grades, not going to school, not spending usual amount of time socializing. Decline in capacity to stay in classroom, new symptoms/experiences, John expressed concern to mother "might be going crazy"*

Substance abuse history: *None reported. Ask.*

Education and work history: *No history of problems with school.*

Current Treatment (include attitude about): *Engaged with school counselor, willing to disclose experiences/symptoms and partner to talk with EASA.*

Current Medications (include attitude about): *None identified. Need to ask John about attitude and medication preference.*

Previous Treatment (hospitalizations, physicians, therapists, evaluations, medications):
None.

Family and social supports: *John's family is involved in the screening. His mom is eager to access mental health treatment for John's symptoms. John's Dad is supportive of John but significantly reticent about working to address John's experiences in a mental health setting. John's sibling wants to know how to help John get back to school. She expressed distress about how many of their friends are asking her why John is not in school.*

Significant Psychosocial History: *John has been very active in sports; which kept him consistently closely connected with friends. He has no known history of social challenges or difficulty making friends.*

Young person and/or family's beliefs (use Family intake form) about current problem:
John thinks he "might be going crazy". Peter, John's Dad, believes John is having experiences related to his spiritual development and relationship to God. Important to ask Mom and sister about what their beliefs are. Provide psychoeducation about range of explanations and common conflicts this creates in

many families; provide education about how EASA works with explanatory model as well as strategies to address conflicts.

Recommended referral/engagement: *Meet at family home—evenings before dinner are best. See if I can introduce Tania soon--to learn more about what's happening at school and at home. Appears to meet EASA criteria at this time—double check substance abuse and medical rule outs via records, family interview, and conversation with John. Bring strengths assessment to next meeting and blank ROI's. Bring cookies as promised!*

Insurance/Medicaid: *Private insurance—emergency and catastrophic coverage only. Family expressed discomfort, values conflict, with accessing public health insurance.*

Special Notes:

- ✓ *Share status of screening based on current information.*
- ✓ *Complete EASA comprehensive risk assessment with John and family. Develop initial plan to reduce identified risks.*
- ✓ *Share crisis resources, how family can access them if needed, what family can expect if they contact crisis. Provide list of team members, roles, and contact information.*
- ✓ *Begin EASA strengths assessment and use to inform treatment planning. What is John hoping for himself? What are his families hopes?*
- ✓ *Need to use family interview and cultural formulation interview to learn more about what happened in family psychiatric history. Need to ask about father's side psychiatric history.*
- ✓ *Provide information about John's legal rights.*
- ✓ *Share specific psychoeducation materials from orientation packet at next meeting that fits the families and John's immediate needs and concerns.*
- ✓ *Schedule initial appointment with MD for meet and greet, Q & A. Can cancel if John declines.*