

**CSOC BIO PSYCHOSOCIAL ASSESSMENT  
NARRATIVE SECTION**

**NOTE TO EVALUATOR:**

*Italicized prompts will not display in printed reports. Therefore, please be sure to respond in full and complete sentences. For a complete document training overview, please review the available training document at: <http://www.performcarenj.org/provider/training/performcare-presentations.aspx>*

**Identifying Information**

Individuals Interviewed:

Last Name	First Name	Relationship to Youth

Documents Reviewed:

*Provide a list of any documents reviewed relative to this youth and family.*

Document Type	Author	Date	Initial Requestor of Document (e.g. CMO, CST, Court, etc.)

Collateral Contacts:

*List all relevant collateral contacts that provided information for this evaluation. Collateral contacts may include grandparents, adult siblings, school personnel, treatment providers, neighbors, friends, or other significant parties. The interviewed individuals listed above (including the youth) may NOT count as collateral contacts. Document all failed attempts to outreach collateral contact(s) in comments column.*

Last Name	First Name	Relationship to Youth	Method of Contact (in person, phone, etc.)	Date	Comments

Where does the youth currently reside (drop-down): \_\_\_\_\_

**Reason for Evaluation**

*Who is the referral source? What prompted this referral (for example, detention center staff requested the BPS based on the outcome of the MAYSI, school recommendation, etc.)?*

*Why is the youth in need of an evaluation at this time, as described by the youth and family? Provide an integrated summary that includes the family's story, current circumstances, family's goal for evaluation, and needs of the youth and family. Specify any symptoms, behaviors, and/or risk factors for which the youth is being referred.*

**Youth Perspective**

*Where does youth feel most safe and with whom? What does the youth identify as most predictable about his/her support and environment? What does the youth want? What does the youth enjoy? What makes the youth feel better?*

*How does the youth identify in terms of culture, race, religion, ethnicity, language, gender, sexual orientation, etc. How does this impact her/his life?*

**Significant History/Life Events**

*Note any past history of the youth’s emotional and behavioral challenges. This information should include past risk behaviors (suicidal/homicidal ideation or gestures, etc.). Include duration for onset, severity, frequency, precipitants and mitigating factors. Note any significant challenging life events that may have impacted the youth’s past and/or current presentation. Describe the event(s) as related to the behavior described. Some examples include abuse/neglect, trauma, divorce, domestic violence, death, familial substance use, legal involvement, etc.*

*Note any successes/experiences that are reflective of resiliency and optimism. This information should include any protective factors and strengths. Note any significant successful life events that may have impacted the youth’s past and/or current presentation. Some examples include adoption/permanency, school completion, hobbies, interests, family vacations, awards, etc.*

**Developmental/Medical/Substance Use History**

**A) DEVELOPMENTAL HISTORY**

*Describe the youth’s development and growth history. This should include relevant information from the youth’s experience in utero through present day and should detail concerns related to development and any intellectual or developmental challenges.*

Did the youth’s mother have access to prenatal care?  Yes  No  Unknown

Length of pregnancy:  Pre-Term  Term  Post-Term  Unknown

*Please note any complications present in utero and/or at birth. Also, please describe the mother’s level of stress and support system throughout the pregnancy. Note any concerns related to Postpartum Depression (PPD).*

Was the youth exposed to alcohol before birth?  Yes  No  Unknown

Was the youth exposed to other substances before birth?  Yes  No  Unknown

Was the youth exposed to other toxins before birth?  Yes  No  Unknown

*If any of the above was answered "yes", specify type (i.e. prescription medications, illegal substances, etc.):*

*Note any parent/caregiver concerns related to the youth's developmental milestones (including crawling, walking, speaking single words, speaking sentences, toilet training, and separation from caregiver). Describe the youth's temperament as an infant. Note any other parent/guardian or third party concerns during ages 0-5 years. This information should include any concerns noted by the parent/caretaker related to attachment. Also, note any efforts taken to access support and interventions as well as identified supportive, strong attachments:*

*If FSIQ is available, provide the IQ score, means of assessment, date of IQ evaluation, and name of evaluator. If IQ is unknown, compare youth's chronological age to his/her developmental age:*

Has youth ever been referred for DD eligibility?  Yes  No\*  Unknown

If answered "yes", was the youth deemed eligible for DD services?  Yes  No  Unknown

*\*If "NO", please refer family to [www.performcarenj.org](http://www.performcarenj.org) for information related to the DD eligibility process.*

**B) MEDICAL HISTORY**

Is/was the youth diagnosed with a medical condition?  Yes  No  Unknown

*If answer is "yes", provide diagnosis, current health status, and interventions required, if applicable. If answer is "no", verify that youth is currently healthy with no medical conditions/concerns at this time. Indicate any past relevant medical history information.*

Has the youth been evaluated or treated by a medical specialist?  Yes  No  Unknown

*If answer is yes, please include relevant information:*

Is the youth currently prescribed medication (medical and/or psychotropic)?  Yes  No  Unknown

*If YES, provide the name, dosage, and frequency of dose (include any vitamins/supplements). What is the medication targeting? Note any side effects. If known, note any previous history of medication and side effects.*

Has the youth ever been treated for a serious injury (including a head injury)?  Yes  No  Unknown

Has the youth ever had or been treated for a seizure?  Yes  No  Unknown

Has the youth ever been treated for lead poisoning?  Yes  No  Unknown

*If "yes" is selected for any of the above, provide the youth's age of onset, intervention, and outcome, if appropriate. If "yes" is selected for seizures, include the frequency of seizures and seizure type (e.g. grand mal, petit mal, atonic, epilepsy, etc.).*

**C) SUBSTANCE USE HISTORY**

*Note any concerns related to substance use within the family, including youth and/or other family members. Include substance(s) of choice/use and any identified patterns of use. Note any previous substance use treatment history and its effectiveness. Describe any issues/concerns about the youth’s behavior at school as it relates to substance use (e.g. suspensions, declining grades, truancy, intoxicated at school, etc.). Note if substance use treatment is a condition to remaining in or returning to school.*

**Family Structure and Dynamics**

Family Composition Grid:

*Based on the information gathered in this interview, list the people who the youth identifies as family members:*

NAME	RELATIONSHIP	AGE	RESIDES IN HOME WITH YOUTH
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

*Describe youth’s family composition, family dynamics, and family environment. This section should include information pertaining to the youth’s relationships with parents/guardians, siblings, extended family, kinship/resource family, and other supports identified by the family and youth. Include any other people who reside in the home who are not family (include name and relationship to youth). This section should cover the scope of youth and family environment, routine daily activities, shared family activities and values (including culture and spirituality) that family members consider especially important, family strengths, and coping skills. If a family member does not reside with the youth, please specify frequency of contact. Include youth’s birth order (only child, oldest, youngest, etc.).*

*Provide information about any family-specific significant events, struggles, and strengths, which might include marriages/unions, births, losses, significant achievements, relocations, separations, immigration/acclturation, parenting challenges, legal challenges, substance use challenges, family reunions, special family outings, mental health challenges, medical challenges, financial challenges, etc.*

**DCP&P Involvement:**

Has the youth and family ever been involved with DCP&P?

- Yes, currently “open” with DCP&P.
- Yes, but not actively “open” at this time.
- Family has never been involved with DCP&P.
- Family refuses to disclose information.

*Note: if “Yes currently open” or “Yes, but not actively open”, the assessor must complete the following:*

*Describe the circumstances surrounding the youth and family’s involvement with DCP&P. If the family is “open” with DCP&P, please specify (open for investigation or open for services). Note if DCP&P has legal authority of youth (if so, specify custody or guardianship). Note DCP&P’s permanency plan for youth, if applicable.*

**Most Recent Caseworker Information:**

Case Worker Name:	
DCP&P Office:	
Phone #:	
Date of Last Contact:	

**Current and Past Treatment**

*Describe any current or past treatment that the youth is receiving/has received. Include the name of the treatment provider, timeframe of treatment, goal of treatment, and outcome of intervention:*

**Out of Home History**

Has the youth ever been removed from the home or entered another OOH setting?  Yes  No

If “yes”, indicate below how many episodes were reported:

Relative/Kinship home: \_\_\_\_ CSOC OOH Treatment Setting (IDD, Substance Use, or Behavioral Health):\_\_  
Resource Family Home: \_\_\_\_ Hospital (medical):\_\_  
Juvenile Detention/Jail: \_\_\_\_ Hospital (psychiatric):\_\_  
Shelter: \_\_\_\_ Withdrawal Management (Detox):\_\_  
Other:\_\_\_\_

Total: \_\_\_\_

*What were the circumstances for the above? Note any significant events that occurred while the youth was in placement, hospitalization, and/or OOH treatment (i.e. change in legal status, exposure to abuse/neglect, etc.):*

**Social Functioning/Peer Relationships**

*Describe the youth's relationship with peers, community members, and authority figures (teachers, pastors, coaches, etc.). Include number of friends, ages and gender, level of closeness, changes in peer groups, etc. This section should include information about the youth's ability to build and maintain relationships and function in various social settings (school, community, teams, sibling relationships, etc.) as well as any identified barriers to social functioning. Include any applicable information pertaining to bullying (victim or perpetrator).*

**School/Vocational Experience**

*Detail the quality of the youth's CURRENT and PAST school experience. Include level of involvement, activities, sports, achievements, favorite subject, etc. Note any difficult and/or repeated grades, periods of suspension, bullying, periods of "home instruction", etc.:*

*Detail Child Study Team Involvement (if applicable). If the youth is educationally classified, include classification and name/phone # of CST case manager. Note if the youth is not educationally classified.*

*Note any vocational or career aspirations that the youth may have. Note if the youth is involved with DVRS (Division of Vocational Rehabilitation Services):*

**Legal Involvement**

*Note if the youth has any history or active legal involvement (examples include charges, arrests, detainment, incarceration, probation, adjudications/convictions, etc.). Include the current status of any current involvement, if applicable:*

**Mental Status**

*Detail the youth's mental status presentation by describing the following:*

**GENERAL APPEARANCE**

*(include build, posture, dress, grooming, atypical physical appearance, level of alertness, emotional facial expression, attitude with evaluator, etc.)*

**BEHAVIOR**

*(describe psychomotor activity, rate and coordination of movements, gait, etc.)*

**SPEECH**

*(describe rate, rhythm, volume, content, etc.)*

**MOOD AND AFFECT**

*(describe prevalent emotional state the youth/young adult tells you they feel, appropriateness of affect, range, congruence, and stability of affect, etc.)*

**THOUGHT PROCESS**

*(describe the logic, relevance, organization, flow, and coherence of thought in response to general questioning during interview)*

**THOUGHT CONTENT**

*(describe and discuss the themes that occupy any thoughts and/or perceptual disturbances, preoccupations, illusions, misinterpretations of environment, hallucinations, delusions, etc.)*

**RISK ASSESSMENT**

*(assesses thoughts of suicide, homicide, self-harm, and/or harm to others. Include details on plans, means, intent, triggers, risk factors, and protective factors)*

**COGNITION**

*(describe orientation, attention, concentration, memory, abstraction, etc.)*

**INSIGHT**

*(describe the youth's awareness of own needs and/or situation)*

**JUDGMENT**

*(describe the youth's ability to anticipate the consequences of his/her behavior and make decisions to safeguard own well-being and that of others)*

**Diagnosis**

**Interpretive Summary**

*This summary should integrate all gathered assessment information and serve as a clinical formulation describing the assessor's clinical impressions of the youth and his/her family. This information should speak to the understood etiology of the youth's presentation, the youth and family's knowledge/understanding of the presenting issues, the motivation of the youth and family to be involved in treatment and to make behavioral change, strengths of the youth and family that reflect optimism and resiliency, youth/family preferences, and any barriers to treatment:*

Additional Narrative:

*Please include any other relevant information in the space provided below:*

**Recommended Interventions and Strategies**

*This section should detail the specific components of care that will benefit the youth and family. Using the above information, outline your treatment recommendations as developed in collaboration with the youth and family. These recommendations should detail priority target behaviors and goals and must indicate strength based strategies, resources, and supports that can be used to address the needs of the youth and family. Recommendations should include reference to a youth's need in domains/factors such as safety, supervision, structure, relationship building, self-regulation, social interaction, communication, etc. relative to target behaviors, strategies, supports, and services. Detail recommended frequency and intensity of interventions. Recommendations should NOT include specific intensities of service (e.g. out of home treatment). Where specific modality preferences (DBT, TF CBT, etc.) are recommended, provide details on the modality components that drive the recommendations and benefit the youth.*

Imminent Safety Concerns:

*This section should note specific intervention strategies employed that addressed any IMMEDIATE safety concerns that were identified or arose during the course of the evaluation:*

Referrals/Resources:

*Note any referrals and/or resources that were provided to this family by this evaluator at the time of this evaluation:*

**Attestation Statement**

Licensed Clinician Electronic Signature: \_\_\_\_\_

Credential: \_\_\_\_\_

License #: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Is the clinician dually credentialed? YES  NO

Dual Credential: \_\_\_\_\_

Dual License #: \_\_\_\_\_

Dual License Expiration Date: \_\_\_\_\_

Comments

I attest that I have administered and completed this bio psychosocial assessment and am operating within CSOC policies and procedures, the standards set forth by NJAC 10:77, and my specific board regulations: