

SCREENER FOR MOVE UP PROGRAM

Name: _____

The purpose of this screening tool is to provide the Heron's Gate treatment team with some basic psychological information regarding your young adult. This information will help the team make treatment recommendations that will be most appropriate for your young adult and family.

In most cases, based on this information, families will be directed to Move Up, the less-intensive, skill-based program.

In some cases, families will be directed to a more intensive therapeutic program. This latter option may true for families and individuals where there are complex psychological and interpersonal issues underlying the failure to launch that cannot be addressed though skill building alone.

Whatever the treatment recommendation, it will be thoroughly discussed with the family as part of the treatment planning process.

FOR PARENTS: Please answer these questions with regard to your young adult:

1. Does your young adult have a history of inpatient psychiatric hospitalizations, Intensive Outpatient Program/ Day Hospital or residential treatment?
Yes ___ No ___

If yes, please provide details: _____

2. Has your young adult ever tried to commit suicide or made significant suicidal gestures? Yes ___ No ___

If yes, please provide details: _____

3. Has your young adult ever attempted to self-harm (e.g., cutting)?
Yes ___ No ___

If yes, please provide details: _____

4. Does your young adult have a history of substance abuse? Has there been treatment for substance abuse problems? Yes ___ No ___

If yes, please provide details: _____

5. Does your young adult have a history of trauma or neglect, such as bullying, physical abuse, emotional/ verbal abuse, sexual abuse or early childhood experiences in an orphanage? Yes___ No ___

If yes, please provide details: _____

6. Is there a history of violence or significant problems with managing anger? Yes___ No ___

If yes, please provide details: _____

7. Is there a lot of conflict within the family? Yes___ No ___

If yes, please provide details: _____

8. Has your young adult ever received a diagnosis of a personality disorder? Yes___ No ___

If yes, please provide details: _____

9. Has your young adult ever been asked to leave a treatment program? Yes___ No ___

If yes, please provide details: _____

10. Have they ever failed to complete a full course of recommended treatment? Yes___ No ___

If yes, please provide details: _____

11. Has your young adult ever had to engage in treatment mandated by the courts?

Yes___ No ___

If yes, please provide details: _____

12. Has your young adult ever experienced psychotic symptoms or episodes that have impaired their ability to function? Yes___ No ___

If yes, please provide details: _____

13. Do other family members have a history of significant mental health or substance use issues? Yes___ No ___

If yes, please provide details: _____

14. Does your young adult have a history of academic problems?

Yes___ No ___

If yes, please provide details: _____

15. Does your young adult have a history of academic problems?

Yes___ No ___

If yes, please provide details: _____

16. Please provide your thoughts about the strengths and successes of your young adult:

17. Has your young adult had any psycho-educational or neuropsychological testing?

Yes___ No ___ If yes, please provide us with copies.