

Conversation Starting Points for the ANSA-T

Use of ANSA-T

Note for Clinicians: Determine in collaboration with your client which sections of the ANSA-T you would like to prioritize and remember that the ANSA-T may be done in more than one sitting.

Confidentiality

The following is a script to help you inform and engage your client about confidentiality. It is highly encouraged to use this as a model and create your own dialogue about confidentiality so that the conversation is natural and fluid.

Clinician:

Your right to privacy is very important, and in most circumstances, everything you tell me will be kept confidential. But before we get started, I also want to remind you about 2 situations where I would have to break confidentiality and tell someone outside of the treatment team about something you have told me.

- 1) If I have reason to believe that any child under 18 is being abused or neglected. I am a mandated reporter which means I am legally obligated to consult with Child Protective Services if I hear about suspected child abuse or neglect.
- 2) If you make a serious threat to harm yourself or someone else. I need to make a report in order to help keep yourself and or someone else safe, as that is my priority in this work.

Because I want us to be able to trust each other as we move forward, I want to be sure that I've communicated this information to you in a way that's useful and accurate. Can you tell me what you've heard me say about what confidentiality means, and when it has to be broken? Do you have any other questions about the exceptions to the confidentiality rule?"

ANSA-T CONVERSATION STARTING POINTS BY SECTION

Life Functioning

Family Functioning

- How does the family get a long? Are there problems between family members? Has there ever been any violence?

Residential Stability

- Is individual staying in temporary housing, homeless shelter, transitional housing or looking for new housing due to eviction, being “kicked out of family home”, or running away from family home?

School

- How is the individual doing in school? Has he/she had any problems? Any problems with attendance or leaving school during the day? How is the individual doing academically? Is he/she having difficulty with subjects? Is he/she failing any classes? Or being held back?

Social Functioning

- Currently, how well does the individual get along with others? Has there been an increase in peer conflicts? Does s/he have unhealthy friendships? Does he/she tend to change friends frequently?

Recreational

- Does the individual have things that s/he likes to do with her or his free time? Things that give him/her pleasure? Activities that are a positive use of his/her extra time? Does he/she often claim to be bored or have nothing to do?

Caregiving Roles

- Does the individual have younger siblings, minor children, or dependent adults whom he/she is providing significant caregiving responsibilities? Is individual able to effectively meet caregiving responsibilities or is s/he struggling or feeling overwhelmed and requiring significant external supports at this time?

Developmental

- Does the individual’s growth and development seem healthy? Has the individual been screened for any developmental problems?

Self-Care

- Does individual require verbal prompting to manage activities of daily living (dressing, grooming)? Does individual require daily or physical prompting to manage ADL's?

Knowledge of Illness

- Has individual been diagnosed with SMI (Severe mental illness) and does individual understand this diagnosis? Does individual rejection of an SMI diagnosis need to be considered in treatment?

Judgment

- Does the individual make good choices? Is he/she able to anticipate the consequences of his/her behavior? Does the individual think through his/her decisions like others his/her age?

Job Functioning

- *This item rates how an individual is doing in job and job-related functions.* Does the individual have a job? If so, how is he/she doing at work?

Medication Involvement

- Does individual require verbal prompting to manage medications? Does the individual need more intensive interventions to manage medication in safe manner? For example, receiving medication by RN through office or home visitation interventions? Does individual misuse or is there a suspicion individual may be selling medications?

Legal

- *This item indicates the individual's level of involvement with the juvenile justice system. Family involvement with the courts is not rated here.* Has the individual ever admitted to you that he/she has broken the law? Has he/she ever been arrested? Has he/she ever been placed in juvenile detention?

Medical

- Is the individual generally healthy? Does he/she have any medical or physical problems? Does the individual have to see a doctor regularly to treat any problems (such as asthma, diabetes)? Does the individual have an illness or a medical condition for which they need to take treatment or medications?" Does the individual use alternative medical practices such as yoga, meditation, nutrition, church or spiritual healers, massage therapy, or home remedies?"

Physical

- Does the individual have any physical limitations (such as may be caused by asthma e.g. child cannot go to gym, or needs an inhaler)? Are there any activities the individual cannot do because of a physical or medical condition? How much does this interfere with his/her life?

Sexual Development

- Are there concerns about the individual's healthy sexual development? Is the individual sexually active? Does s/he have less interest/more interest in sex than other individual his/her age? Or sex a source of distress for individual?

Sleep

- How many hours does the individual sleep each night on average? Is this the proper amount for him/her? How does he/she sleep? Do he/she have any trouble falling asleep or staying asleep?

Intimate Relationships

- Is individual in romantic partnership or relationship at this time? What is the quality of this relationship? Does individual see relationship as source of comfort/strength or source of distress/conflict?

Independent Living

- *This item is used to describe life skills for the individual who is preparing to live independently.* Does the individual know how to take care of him/herself? Does he/she have the skills to live in an apartment by themselves? If not, what skills does he/she need to develop?

Transportation

- Does individual have reliable transportation? Are there any barriers to transportation?

Individual Strengths

General

"I'd like to talk about your positive qualities. Specifically, I'd like to hear about the things you do well, or did well in the past."

"What is something you have done that has makes you feel proud?"

"What are your career aspirations?"

"Is there a person who you get along with well?"

Family Support

- How do family members communicate with each other? How do family members show support for each other in the family? Is there a family member that the individual can go to in time of need for support? That can advocate for the individual? Is there potential to develop positive family relationships

Interpersonal

- Does the individual have the trait ability to make friends? Do you feel that the individual is pleasant and likeable? Do adults or other individuals like him/her?

Optimism

- Does s/he have a generally positive outlook on things; have things to look forward to? Does s/he have plans for the future? Is he/she forward looking and see him/herself as likely to be successful?

Educational

- Is your individual's school an active partner in figuring out how to best meet his/her needs? Does the individual like school? Has there been at least one year in which s/he did well in school? When has the individual been at his/her best in school?

Vocational

- Has the individual ever worked or is s/he developing vocational skills? Does s/he have plans to go to college or vocational school, or for a career?

Coping and Savoring Skills

- How does the individual handle stress and disappointment? How does the individual respond when good things happen to him/her?

Talents/Interests

- What are the individual's talents or interests? What are the things that he/she does particularly well? What does he/she enjoy? What does the individual like to do? Are there activities or organizations in which the individual is a part of?

Spiritual/Religious

- Is the individual involved with any religious or spiritual community? Does the individual have spiritual beliefs that provide comfort?

Community Life

- Is the individual active in a community? Is s/he a member of a community organization or group? Are there things that individual does in the community? Is there a place in which the individual does things particularly well (i.e school, home, church, sports, etc.)?

Relationship Permanence

- Does the individual have relationships with adults that have lasted his/her lifetime? Is he/she in contact with both parents? Are there relatives in the individual's life with whom he/she has long-lasting relationships?

Individual Involvement in Care

- Is the individual actively involved in his/her own treatment? Does he/she participate in treatment planning? Is the individual's voice being heard? Does the individual have the necessary skills to advocate or to participate in his/her treatment plan?

Natural Supports

- *This item refers to unpaid helpers in the individual's natural environment. All family members and paid caregivers are excluded.* Outside of your family are there people in your individual's life who help them out? How do they help? How often does the individual see them?

Resilience

- What does the individual do well? Does s/he recognize those skills as strengths? Is s/he able to use strengths and problem-solve for her/himself?

Resourcefulness

- How does the individual solve problems? What resources are available to the individual and how does he/she use them? How the individual get his/her needs does met?

Behavioral/Emotional Needs

Psychosis

- Has the individual ever talked about hearing, seeing or feeling something that was not there? Has the individual ever done strange or bizarre things that did not make sense? Does the individual have strange beliefs about things? Has anyone ever told the individual that he/she has a thought disorder or a psychotic condition?

Impulse/Hyperactivity

- Is the individual able to sit still for any length of time? Does he/she have trouble paying attention for more than a few minutes? Is the individual able to control him/herself? Has the individual ever been called “hyper?”

Depression

- Is individual concerned about possible depression or chronic low mood and irritability? Has she/he withdrawn from normal activities? Does the individual seem lonely or not interested in others?

Anxiety

- Does the individual have any problems with anxiety or fearfulness? Is s/he avoiding normal activities out of fear? Does the individual act frightened or afraid? Does the individual worry a lot?

Interpersonal Problems

- Is the individual being currently treated for personality disorder or have a diagnosis of one? Is individual experiencing overwhelming anger or fear around others abandoning them? Or have relationships that are often very intense but not very stable?

Antisocial Behavior

- Has the individual ever gotten in trouble for stealing? Has anyone told you that the individual has been part of any criminal behavior (e.g. vandalism, robbery) with or without police involvement? Has the individual shown violent or threatening behavior towards others (including animals)?

Anger Control

- How does the individual control his/her emotions? Does s/he get upset or frustrated easily? Does he/she overreact if someone criticizes or rejects him/her? Does the individual seem to have dramatic mood swings

Substance Use

- *Substance abuse refers to any alcohol or illegal drug use or the inappropriate use of prescription drugs or household chemicals. This dimension describes the individual's current use of the above.* Has the individual used alcohol or any kind of drugs on more than an experimental basis? Do you suspect that the individual may have an

alcohol or drug use problem? Has anyone reported that they think the individual might be using alcohol or drugs?

Eating Disturbance

- How does the individual feel about his/ her body? Does s/he seem to be overly concerned about his/her weight? Does s/he ever refuse to eat, binge eat, or hoard food? Has the individual ever been hospitalized for eating related issues.

Adjustment to Trauma

- *This dimension covers the youth's reaction to any of a variety of traumatic experiences -- such as emotional, physical, or sexual abuse, separation from family members, witnessing violence, or the victimization or murder of family members or close friends.* Has individual experienced a traumatic event? Does s/he experience frequent nightmares? Is s/he troubled by flashbacks? Is s/he unusually afraid of being alone, or of participating in normal activities

Traumatic/Adverse Childhood Experiences

General

“In this section we will be talking about any difficult or traumatic experiences you may have experienced. These questions are asked of everyone. The reason we ask these questions is to ensure we are meeting your needs and that we are sensitive to the experiences you may have had. Some people feel nervous when these questions are asked, and that is normal. If you would like to see my notes, I can sit next to you so that you can see what I am writing down. I would like to remind you that if you disclose information that poses a threat or danger to your well-being, I am obligated to make a report of the information.”

- Be supportive and composed
- Make sure you have Kleenex on hand
- Don't be surprised if the person reacts by showing discomfort, crying or becoming anxious
- Give him/her extra time to answer questions, especially if s/he appears affected by the question

Sexual Abuse

- Has the individual disclosed sexual abuse? How often did the abuse occur? What was the individual's relationship to the perpetrator? Did the abuse result in physical injury?

Physical Abuse

- Has the individual disclosed a history of physical abuse? Is/was physical discipline used in the home? What forms? Has the individual ever received bruises, marks, or injury from physical discipline?

Neglect

- Did the individual receive adequate supervision? Were/are the individual's basic needs for food and shelter being met? Is the individual allowed access to necessary medical care? Is the individual being prevented from accessing education?

Emotional Abuse

- How does the caregiver talk to/interact with the individual? Is/was there name calling or shaming in the home?

Medical Trauma

- Has the individual broken any bones? Has he/she had to go to the emergency room or stay overnight in the hospital?

Natural Disaster

- Has the individual been present during a natural or man-made disaster? Does the individual watch television shows containing these themes or overhear adults talking about these kinds of disasters?

Witness to Family Violence

- Is there frequent fighting in the individual's family? Does the fighting ever become physical?

Witness to Community Violence

- Does the individual live in a neighborhood with frequent violence?

School Violence

- Are there frequent fights or other acts of violence at the individual's school? Are weapons involved? Has the individual witnessed or directly experienced violence at the school?

War Affected

- Has the individual or his/her family lived in a war torn region? How close was s/he to violence? Was the family displaced? What acts of war did the individual or family witness or experience directly?

Terrorism Affected

- Has the individual witnessed an act of terrorism? Was his/her community targeted in an act of terrorism? Does the individual know people injured or killed in an act of terrorism?

Witness/Victim of Criminal Acts

- Has the individual ever been the victim of a crime? Has the individual seen criminal activity in his/her community or home? Has someone in the individual's family been the victim of a crime? Did the individual witness this?

Parental Criminal Behavior

- Have the caregivers of this individual engage in criminal acts? Is either of the parents in jail? If so, do they have contact with the individual?

Disruption in Caregiving/Attachment Losses

- Has the individual ever been placed in foster care? Has the individual lost contact with a caregiver or had limited access to the caregiver?

Risk Behaviors

Suicide Risk

- Has the individual ever talked about a wish or plan to die or to kill him/herself? Has s/he ever tried to commit suicide?

Self-Injurious Behavior

- Has the individual ever talked about a wish or plan to hurt him/herself? Does the individual ever purposely hurt him/herself (e.g. cutting)?

Other Self-Harm

- Has the individual ever talked about or acted in a way that might be dangerous to him/herself (e.g. reckless behavior such as riding on top of cars, climbing grain elevators, promiscuity)?

Danger to Others

- Has the individual ever injured another person on purpose? Does he/she get into physical fights? Has the individual ever threatened to kill or seriously injure another person?

Sexual Aggression

- Has the individual ever been accused of being sexually aggressive with another child? What happened after that?

Criminal Behavior

- Is individual at risk for contact with criminal justice system due to drug sales, illegal graffiti, weapons, etc.?

Fire Setting

- Has the individual ever played with matches, or set a fire? If so, please describe what happened. Did the fire setting behavior destroy property or endanger the lives of others?

Gambling

- Does the individual have financial stressors due to street or online gaming or gambling activities?

Sanction Seeking Behavior

- Does the individual ever intentionally do or say things to upset others? Has the individual ever told you that he/she has sworn at others or done other behavior that was insulting, rude or obnoxious? Does the individual seem to purposely get in trouble by making adults angry with them?

High Risk Sexual Activity

- Is the individual sexually active? Is the youth's sexual activity developmentally normative and healthy? Does the individual's sexual activity put him/her at risk for abuse, unwanted pregnancy or sexually transmitted infections?

Sexual Exploitation

- Has the individual traded sexual activity for goods, money, affection or protection? Has the individual been a victim of human trafficking?

Cultural Factors

General

“In this section we will be talking about factors that may influence your problems. These factors include ethnicity, race, religion, spiritual practices, sexual orientation, socioeconomic status and the community environment. These factors may positively or negatively impact the challenges you face.”

“Has any of the stated factors influenced the presenting problems for you?”

“Have any of these factors helped to protect or made your problem better? Such as creating a decrease or improvement in the presenting problem(s)?”

Language

- *This item includes both spoken and sign language. Does the individual or significant family members have any difficulty communicating (either because English is not their first language, or due to another communication issue such as the need to use/learn sign language)?*

Cultural Identity

- *Cultural identity refers to the individual’s view of his/herself as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle. Do you and/or your family have a sense of belonging to a specific cultural group? Do you have role models, friends and community who share your sense of culture?*

Ritual

- *Cultural rituals are activities and traditions that are culturally including the celebration of culturally specific holidays such as kwanza, cinco de mayo, etc. Rituals also may include daily activities that are culturally specific (e.g. prayer at specific times, eating a specific diet, access to media). Are you (and your family) able to celebrate with others (friends, family, community) who share their traditions and customs?*

Discrimination/Bias

- Does the Individual or his/her family experience racism, sexism, or any other kind of discrimination? → How does discrimination impact his/her life?

Cultural Differences within the Family

- Do the parents and the Individual have different understandings of appropriate behaviors that are rooted in cultural traditions? Do the family and Individual understand and respect each other’s perspectives? Do the family and Individual have conflicts that result from different cultural perspectives?

Developmental Factors/History

Motor

- What is reported regarding the individual’s motor development during early childhood? Did the individual meet motor related developmental milestones?

Sensory

- Did the individual have hearing or visual impairment; did his/she have sensory impairments in childhood? Did the individual become easily overwhelmed by sensory stimuli?

Communication

- What is reported regarding the individual's language development during early childhood? Did the individual meet language related developmental milestones?

Autism Spectrum

- Was the individual evaluated or diagnosed for autism or spectrum disorder?

Failure to Thrive

- Did the individual have a difficulty in gaining weight or growing?

Regulatory Problems

- Did the individual have a problem with any of the following activities; sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, and ability to be consoled?

Birth Weight

- How did the individual's weight compare to typical averages? (i.e. normal, underweight)

Prenatal Care

- What kind of prenatal care did the biological mother receive? Did the mother have any unusual illnesses or risks during pregnancy?

Substance Exposure

- Was the individual exposed to substances during the pregnancy? If so, what substances?

Labor and Delivery

- Were there any unusual circumstances related to the labor and delivery of the individual as a baby?

Maternal Availability

- Was the primary caregiver available to meet the individual's needs in the first 3 months after birth?

Curiosity

- Did the individual attempt to explore their world with all of their senses during early childhood?

Playfulness

- Was the individual playful during early childhood?

Temperament

- How easily did the individual get upset? How easy was it to help the individual calm down?

Feeding/Elimination

- Difficulties breastfeeding/formula? Issues in the transition to solid foods? Difficulties with urination or defecation?

Daycare/Preschool

- Did the individual have interpersonal or other difficulties in play, day care or preschool settings?