

*The
Brief Child and Family
Phone Interview (BCFPI)*

Adolescent Form

Paper Version

*Charles E. Cunningham, Ph.D.
Offord Centre for Child Studies
McMaster Children's Hospital
Hamilton Health Sciences
McMaster University*

Peter Pettingill, MSW, MsC

*Michael Boyle, Ph.D.
Offord Centre for Child Studies
McMaster University*

ADOLESCENT PHONE INTERVIEW (Shaded items are required)

ADOLESCENT	
Name last first	ID NUMBER
Address street	Date of birth . month day year
city province postal code	Sex male (1) female (2)
Phone	
AGENCY	
Agency Name	Agency dates (record 1, 2 or 3 of:) 1. Referral _____ 2. admission _____ 3. discharge
Stage of Service (Circle 1:) Before During After	Date Form Completed:
Consent to contact for follow-up: Yes No	

Start with basic concerns saying something like.....
“Please tell me about your concerns and any help that you would like.”
Record comments in box below.

Move on by saying something like.....
“Thanks...that’s a good start! Now, I’d like to go on to some other questions.”
Go to the appropriate section, in accordance with your BCFPI protocol.

Externalizing

"I will read you examples of (other types of) problems which people sometimes have. Tell me whether each is 'NEVER true', 'SOMETIMES true', or 'OFTEN true' of you."

REGULATION OF ATTENTION, IMPULSIVITY AND ACTIVITY <i>"Do you notice that you?"</i>	never (1)	some- times (2)	often (3)	comments
Are easily distracted or have trouble sticking to activities				
Fail to finish things you start				
Have difficulty following directions or instructions				
Are impulsive, or that you act without stopping to think				
Jump from one activity to another				
Fidget				
COOPERATIVENESS <i>"Do you notice that you.....?"</i>	never (1)	some- times (2)	often (3)	comments
Are cranky				
Are defiant, or that you talk back to people				
Blame others for your own mistakes				
Are easily annoyed by others				
Argue a lot with adults				
Are angry and resentful				
CONDUCT <i>"Do you?"</i>	never (1)	some- times (2)	often (3)	comments
Steal things at home				
Destroy things belonging to others				
Damage school or other property				
Have you broken into someone else's house, building, or car				
Do you physically attack people				
Do you use weapons when fighting				

Internalizing

"Now I will read you examples of (other types of) problems which people sometimes have. Tell me whether each is 'NEVER true', 'SOMETIMES true', or 'OFTEN true' of you."

SEPARATION FROM PARENTS <i>"Do you notice that you?"</i>	never (1)	some- times (2)	often (3)	comments
Worry that something bad will happen to the people you are close to				
Worry about being separated from those you are close to				
Are scared to go to sleep without your parents nearby				

SEPARATION FROM PARENTS <i>“Do you notice that you?”</i>	never (1)	some- times (2)	often (3)	comments
Become overly upset when leaving someone you are close to				
Become overly upset while away from someone you are close to				
Feel sick before being separated from those you are close to				
MANAGING ANXIETY <i>“Do you notice that you?”</i>	never (1)	some- times (2)	often (3)	comments
Worry about doing better at things				
Worry about your past behaviour				
Worry about doing the wrong thing				
Worry about things in the future				
Are afraid of making mistakes				
Are overly anxious to please people				
MANAGING MOOD <i>“Do you notice that you?”</i>	never (1)	some- times (2)	often (3)	comments
Have no interest in your usual activities				
Get no pleasure from your usual activities				
Have trouble enjoying yourself				
Are not as happy as other children				
Feel hopeless				
Are unhappy, sad, or depressed				
ASK THE NEXT 3 QUESTIONS IF THERE IS ANY CONCERN RE POSSIBLE DEPRESSION OR SELF-HARM. IF ANY OF THE NEXT THREE ITEMS ARE ENDORSED, IMPLEMENT YOUR AGENCY’S RISK MANAGEMENT PROTOCOL.				
<i>“Would you say that you.....?”</i>	never	some- times	often	comments
Have lost a lot of weight without trying				
Think about killing yourself				
Deliberately try to hurt or kill yourself				

Youth Functioning

“Now let me ask you about how these problems have affected you. Tell me if it is ‘NONE’, ‘A LITTLE’ OR ‘A LOT’.”

Youth Functioning	none	a little	a lot	comments
Peer Relationships How much have you withdrawn or isolated yourself as a result of these problems?				
How much have you been doing things less with other kids as a result of these problems?				
How much has your life become less enjoyable as a result of these problems?				
How much have you been irritable or fighting with friends as a result of these problems?				

Youth Functioning	none	a little	a lot	comments
Adult and School Relationships How much trouble have you had getting along with your teachers as a result of these problems?				
How much trouble have you had getting along with your parents as a result of these problems?				
How much have you missed school as a result of these problems?				
How much have your grades gone down as a result of these problems?				

Other Concerns Checklist

The interviewer may record degree of concern, if any, regarding any of the following items. Items should be selected which seem to be of concern to the informant, or are of routine concern to the provider.

Concern	none	a little	a lot	comments
Bullying: Repeatedly bullies, teases, harasses or excludes other children from social activities				
Cruelty to Animals: Cruel to animals, hurts and/or teases animals repeatedly				
Fire: Inappropriate involvement with fire, matches, etc.				
Substance Use: Recurrent use of alcohol or drugs leading to impaired functioning (e.g., substance-related absences, suspensions, or expulsions from school)				
	none	a little	a lot	comments
Specific Fear: Unusually strong and persistent fear of something specific (e.g. animals, needles, heights)				
Social Phobia: Persistent fear and avoidance of social situations with peers, or social performance demands due to a fear of embarrassment or scrutiny				
Obsessions: Recurrent thoughts or impulses cause distress or impair functioning				
Compulsions: Repetitive behaviours (e.g. hand washing, ordering, or checking) cause distress or impair functioning				
Movement Problems: Recurrent movements (tics) or vocalizations cause stress or impairment				
Thought Problems: Delusions, hallucinations, paranoia, disorganized speaking or behaviour resulting in significant impairment				
School Refusal: Persistent unwillingness or refusal to regularly attend school due to anxiety or a fear of separation				
Selective Mutism: Consistent failure to speak in some situations (e.g. school) but speaks comfortably in other situations (e.g. home)				
Victimized/Bullied: Is repeatedly bullied, teased, harassed, or excluded from social activities by others				

Concern	none	a little	a lot	comments
Trauma: Experienced or witnessed an event(s) that threatened death or serious injury to self or others resulting in intense fear or helplessness. Re-experiences the event, attempts to avoid similar settings and shows increased arousal (sleep difficulties, irritability, etc.)				
Speech Difficulties: Significant difficulty speaking or understanding speech				
Development Problems: General development significantly below age.				
Learning Problems: Academic progress significantly below ability. Record examples in 'comment' section.				
	none	a little	a lot	comments
Sleep Difficulties: Persistent difficulty falling asleep, staying asleep, awakening from anxiety-provoking nightmares, or prolonged sleep during the day which causes stress or impairment.				
Eating Problems: Not maintaining weight, significant loss of weight, fear of being overweight, disturbed thinking about body shape or weight				
Urination Problem: Urinates in bed or clothing several times per week				
Bowel Movement Problem: Bowel movements in inappropriate places (e.g., clothes, floor) several times over a 3 month period				
Sexual Problems: Problems with sexual behaviour or identity which cause distress or impairment				

Abuse

“Now I’d like to ask you about some other things that will help us understand your situation better. These next 4 items inquire about some disturbing things some young people have experienced.”

	never	some-times	often	comments
Have you been physically abused?				
Have you been sexually abused?				
Have you experienced physical or emotional discomfort due to neglect?				
Have you witnessed verbal or physical violence amongst the adults who raised you?				

“These 3 items inquire about substances that some people use which can be harmful.”

Substance Abuse	yes (1)	no (2)	comments
Have you ever smoked cigarettes every day for a month or longer?			
Have you ever had three or more drinks of beer, wine or other alcoholic beverage, such as rum, whiskey, etc. at one time? (a drink means one 12 oz. bottle of beer, one 5 oz. glass of wine or one ½ oz. shot of liquor)			

Altogether, how many times in the last 6 months did you use drugs without prescription, such as marijuana, amphetamines, barbiturates, cocaine, opiates and psychedelics.	# of times	
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Basic Demographics

“I’m asking these questions to get general background.”

Who are you presently living with?	
1. two parents 2. single parent 3. other relatives 4. foster parent(s) 5. guardian(s) 6. friends 7. own place	8. shelter/hostel 9. open custody 10. closed custody 11. treatment facility 12. on the street 13. other _____
What language was used most often in the home where you spent most of your childhood?	
1. English 2. French 3. Italian 4. Polish 5. Punjabi 6. Chinese 7. German 8. Portuguese	9. Ukrainian 10. Spanish 11. Dutch 12. Greek 13. Hungarian 14. Croatian 15. Urdu 16. Khmer (Cambodian)
	17. Serbian 18. Slovenian 19. Serbo-Croatian 20. Other _____ (please specify) 21. Ojibway 22. Cree 23. Ojicree
Do you attend school...	At what level do you take all or most of your courses?
1. full time 2. part time 3. temporarily out, own choice 4. temporarily suspended 5. permanently expelled 6. decided to leave school	1. Basic 2. General 3. Advanced 4. OAC 5. N/A
(If applicable.....) Are you working....	(If applicable....) What is your main source of regular income?
1. Full time competitive 2. Part time competitive 3. Employment/training program 4. Unemployed	1. Work 2. Family 3. School or social program 4. None

“Have we missed anything important?”

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“Thank you.” Inform Client of next steps in your organization’s service delivery process.