

Online Supplement to

Parenting Through the Storm

**Find Help, Hope, and Strength When
Your Child Has Psychological Problems**

ANN DOUGLAS

You can use this online supplement either by printing it out and completing it by hand, or downloading it and saving it to your own computer and filling it out onscreen. To fill out the worksheets onscreen we recommend using Adobe Acrobat or the free Adobe Reader software and using the Tab key to progress through the areas to complete. You will notice as you type in the text boxes that the type size shrinks automatically if you fill the box, so you can fit a lot of text in each box.

If you are going to fill out the supplement onscreen, be sure to save the PDF to your own computer and work in the copy you have saved, not in a copy on your web browser. Save the forms after making changes so that you retain them.

Note that some versions of Adobe Reader may not allow you to save the filled-out worksheets. Please test your software to ensure you can save a completed worksheet.

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Record Keeping for Advocacy Purposes

You will find it easier to advocate for your child if you make a point of maintaining detailed records for your child on an ongoing basis. You may find it works well to create a binder for this purpose and to divide the binder into the following categories, so that you can organize existing information and add to this record over time.

- Important contacts
- Medical and developmental history
- Educational history
- Symptom notes (symptom tracker and mood tracker)
- Treatment notes (treatment log and medication log)
- Research notes (create your own folder)
- Important documents (create your own folder)
- To-do list (action items requiring follow-up by you and/or others)
- Crisis plan

IMPORTANT CONTACTS FOR _____ (CHILD'S NAME)

Record the contact information for the mental health professionals involved in diagnosing and treating your child as well as key contacts at your child's school (classroom teacher, special education teacher, principal). You'll want to update this record on an ongoing basis while also keeping a record of past contacts, so you'll have a complete record of your child's education and treatment. You can use the "Notes" area to describe this person's involvement with your child and/or how this person might be able to be of assistance to your child.

Name and Job Title	Agency, Institution, Office, or School	Contact Information	Notes
		Phone: Email: Mailing address:	
		Phone: Email: Mailing address:	
		Phone: Email: Mailing address:	

(continued)

IMPORTANT CONTACTS (page 2 of 3)

Name and Job Title	Agency, Institution, Office, or School	Contact Information	Notes
		Phone: Email: Mailing address:	

(continued)

IMPORTANT CONTACTS (page 3 of 3)

Name and Job Title	Agency, Institution, Office, or School	Contact Information	Notes
		Phone: Email: Mailing address:	

MEDICAL AND DEVELOPMENTAL HISTORY

This form offers space to record important details related to pregnancy, birth, and early development. Include details about childhood illnesses, medical assessments, diagnoses, and treatments. If you're keeping a binder, be sure to include a copy of your child's birth certificate in it. Or store one electronically here. Note: Details related to your child's symptoms and medication history, if applicable, should also be tracked using the separate tracker tools and logs provided in the Symptom Notes form and the Treatment Notes form.

Basic information

Child's name _____

Child's date of birth _____

Biological child, adopted child, foster child, or other (please specify) _____

Pregnancy and birth history

Mother's age at birth	
Pregnancy planned?	
Standard prenatal care during pregnancy? (Explain if not.)	
Medications used during pregnancy and reasons they were prescribed.	
Maternal substance use (alcohol or tobacco) or toxic exposures during pregnancy? (Enter "none" or list specifics.)	
Duration of pregnancy (in weeks). Indicate if full or pre-term.	

(continued)

MEDICAL AND DEVELOPMENTAL HISTORY (page 2 of 7)

Any complications related to the pregnancy? (Enter "none" or list specifics.)	
Any complications related to the birth? (Enter "none" or list specifics.)	
Baby's APGAR score at birth (if known).	
Baby's birth weight	
Baby's birth length	
Single birth or multiple birth? (Note number for multiples.)	

Physical health history

Dates of and details about any significant illnesses, accidents, and/or hospitalizations	
Details about any disabilities that are under investigation or that have been formally diagnosed	

(continued)

MEDICAL AND DEVELOPMENTAL HISTORY (page 3 of 7)

Any allergies or adverse reactions to medications?	
Frequent colds, flus, and/or fevers?	
Any history of convulsions or seizures?	
Other noteworthy details about your child's physical health history	

Developmental milestones

Age by which your child achieved the following early milestones (check the appropriate box):

Milestone	0–3 mo	4–6 mo	7–12 mo	13–18 mo	19–24 mo	2–3 yr	3–4 yr
Sitting up without help							
Crawling							
Walking alone							
Walking up stairs							
Speaking first words							
Speaking in sentences							
Bladder trained							
Bowel trained							
Stayed dry all night							

(continued)

Behavior during infancy

Did you have any significant concerns about any of the following behaviors when your child was a baby? (Check all that apply.)

- My baby didn't turn to me for comfort and/or didn't enjoy cuddling. He wasn't easily calmed by being held or he was difficult to comfort, period.
- My baby didn't demonstrate affection.
- My baby ignored me, avoided me, or demonstrated a lot of anger after I'd been away from her.
- My baby didn't seem interested in "talking" with people or making eye contact.
- My baby was just as affectionate with strangers as she was with people she knew well—and she had reached the age (8 to 18 months) at which stranger anxiety typically becomes a problem.
- My baby didn't look to me for reassurance when she was exploring her environment (a behavior known as *social referencing*, which typically emerges at around 9 months old) or my baby didn't explore her environment at all.
- My baby didn't seem to understand that he could turn to me for help.
- My baby didn't seem to understand that she could do some things on her own.

Behavior during childhood and adolescence

Have you had any significant concerns about any of the following behaviors in your child/teen? (Check all that apply.)

- My child is having more difficulty at school.
- My child is hitting or bullying other children.
- My child is attempting to injure himself.
- My child is threatening to run away.
- My child is avoiding friends and family.
- My child is experiencing frequent mood swings (mood swings that seem to be something more than the moment-to-moment shifts in mood that are typical of the teenage years).
- My child is experiencing intense emotions (extreme fear, angry outbursts).
- My child is lacking in energy or motivation.
- My child is no longer pursuing hobbies or interests he used to enjoy.
- My child is having difficulty concentrating.
- My child is having difficulty sleeping or having a lot of nightmares.
- My child is experiencing a lot of physical complaints.
- My child is neglecting her appearance.
- My child is obsessed with his weight, shape, or appearance.
- My child is eating significantly more or less than usual.
- My child is consuming a lot of alcohol or using drugs—or my child is experimenting with alcohol before reaching high school age.

(continued)

Note: Your child may exhibit one of these symptoms or a number of symptoms. You know your child best. What you are looking for are changes in your child's usual behavior or a discrepancy between the types of behaviors you would expect to see in a child at a particular developmental stage and what you are observing in your child. Don't forget to take into account other factors that can have an impact on your child's social and emotional development, at least over the short term: being born prematurely, losing a primary caregiver or experiencing another similarly traumatic event, or having a history of significant medical interventions.

Current areas of concern at a glance

Which of the following best describe your current concerns about your child? (Check all that apply.)

- Mood (my child is depressed and withdrawn; my child is anxious and fearful; my child has extremely volatile emotions)
- Attention (my child has difficulty completing tasks or is constantly losing things)
- Behavior (my child lashes out at people or damages property; my child seems to have difficulty regulating his behavior)
- Temperament (my child has difficulty coping with change; my child has difficulty sticking with difficult tasks; my child is highly sensitive to sight, sound, texture, and movement; my child's emotional reactions seem to be particularly intense)
- Social (my child has difficulty making and keeping friends; my child experiences a lot of conflicts with others)
- Academic (my child has difficulty functioning at school; my child doesn't want to go to school; my child isn't motivated to complete school assignments)

The details:

Which particular settings are most difficult for your child?

Any identifiable behavioral triggers?

Life history

Has your child experienced any frightening or traumatic events that could be causing him difficulty?
(If so, give details.)

Has your child experienced any significant changes to his or her life over the past two years? (If so,
give details.)

Specific situations in which your child has particular difficulty:

Other things you need to know about my child and my family

My child's greatest strengths are:

MEDICAL AND DEVELOPMENTAL HISTORY (page 7 of 7)

My family's greatest strengths are:

More about my child's needs, abilities, interests, and preferences:

EDUCATIONAL HISTORY

This is the place for details about your child's school history, including report cards, records of educational assessments and standardized tests, correspondence with the school, and incident reports. If your child has been suspended from school or experienced other significant incidents, describe the incident that occurred, using your child's own words, and note how the incident was handled by the school and any disciplinary action that was taken. In the case of school meetings, capture the highlights of those discussions and note any recommended actions.

Date	Nature of incident or highlights of meeting/assessment	Details about what happened and/or action to be taken

(continued)

EDUCATIONAL HISTORY (page 2 of 3)

Date	Nature of incident or highlights of meeting/assessment	Details about what happened and/or action to be taken

(continued)

EDUCATIONAL HISTORY (page 3 of 3)

Date	Nature of incident or highlights of meeting/assessment	Details about what happened and/or action to be taken

SYMPTOM NOTES

Use the *symptom tracker* to record the date of the onset of symptoms (or a change in the nature of symptoms) and make notes about the severity of symptoms and about any possible triggers. Use the *mood tracker* to keep track of your child's moods—and to try to pinpoint triggers that could be addressed.

Symptom tracker

Use this symptom tracker to keep track of new or changing symptoms.

Date	Symptom	New symptom or change in symptom?	Severity of symptom (from 1 [mild] to 10 [severe])	Triggers

(continued)

SYMPTOM NOTES (page 2 of 4)

Date	Symptom	New symptom or change in symptom?	Severity of symptom (from 1 [mild] to 10 [severe])	Triggers

(continued)

SYMPTOM NOTES (page 3 of 4)

Mood tracker

Check the box(es) that best represent(s) your child's mood at any given time.

	Happy	Sad	Angry	Anxious	Calm	Other	Notes/observations
Monday							
Morning							
Afternoon							
Evening							
Tuesday							
Morning							
Afternoon							
Evening							
Wednesday							
Morning							
Afternoon							
Evening							

(continued)

SYMPTOM NOTES (page 4 of 4)

	Happy	Sad	Angry	Anxious	Calm	Other	Notes/observations
Thursday							
Morning							
Afternoon							
Evening							
Friday							
Morning							
Afternoon							
Evening							
Saturday							
Morning							
Afternoon							
Evening							
Sunday							
Morning							
Afternoon							
Evening							

TREATMENT NOTES

Include notes about the different approaches to treatment that have been tried. Use the *treatment log* to record the dates that treatment started and ended, the name of the treatment provider (doctor/therapist and agency), a brief description of the nature of treatment, and a description of the outcome (was this treatment successful?). Use the *medication log* to keep track of your child's medication history by recording the medications that have been prescribed for your child, including details about dosages and dosage changes, side effects, and anything else you consider noteworthy.

Treatment log

Use this treatment log to keep track of your child's treatment history.

Start date of treatment	Type of treatment	Prescriber/provider (doctor/therapist and agency)	Treatment outcome and other treatment notes

(continued)

TREATMENT NOTES (page 2 of 4)

Start date of treatment	Type of treatment	Prescriber/provider (doctor/therapist and agency)	Treatment outcome and other treatment notes

(continued)

Medication log

Use this medication log to keep track of your child's medication history.

Medication start date	Medication type and dosage	Side effects	Medication notes

(continued)

TREATMENT NOTES (page 4 of 4)

Medication start date	Medication type and dosage	Side effects	Medication notes

TO-DO LIST

Use this list to keep track of items requiring follow-up by you or someone else involved in your child's treatment.

What needs to be done	When it needs to be done	Who is responsible for doing it	Progress notes	Item completed

(continued)

TO-DO LIST *(continued)*

What needs to be done	When it needs to be done	Who is responsible for doing it	Progress notes	Item completed

CRISIS PLAN

Update this crisis plan on a regular basis (at least twice a year—and more often than that if there is any significant change to the information contained on this form). Make additional copies of this form and distribute them to anyone who might be in a position to provide crisis support to your child. Keep an extra copy of this document on your phone so that you will be able to access and/or share it quickly in the event of an emergency.

Emergency services in your community (police, ambulance, crisis psychiatric resources)

Other emergency contacts (the names of people you could call for help and what you could ask them to do)

Contact information for your child's mental health treatment team (doctor, therapist, others)

(continued)

Important information about your child

My child's full legal name and preferred name (if relevant)

Medication information (both current medications and medications tried in the past, including details about side effects and effectiveness)

Medication	Date(s) tried/used	Effective or not?	Timing of administration	Side effects	Reason prescribed	Prescriber name	Prescriber phone

My child's health card/insurance policy number and claims contact information and details about any extended health care benefits

What techniques are most effective in calming my child when he/she is agitated or upset?

Allergy information