



PARENT QUESTIONNAIRE

Please complete the following worksheet as thoroughly as possible on a computer or tablet. Our facility believes that family interaction and support is absolutely critical to the client's chance of success. Our primary clinical philosophy is called family systems therapy, and the questions we ask below are to help us begin to see the entire system that we are going to be working with and trying to help.

Name(s):

Relationship to client:

1. Are you currently involved, or willing to be involved, in a support network such as AlAnon, Family Anonymous, individual therapy, family therapy, etc?
2. Please describe how your child manages emotions.
3. How were emotions discussed in your child's home growing up?
4. What happens to you when you see your child struggle?
5. Is there anything you keep secret for your child?

6. What are your emotional hooks? How does your child manipulate you or cause you to feel responsible?

7. Do you feel guilt or believe that you are to blame for your child's current issues? If so, why?

8. How does your anxiety manifest itself with regards to your child (not sleeping, eating, anger, etc.)?

9. What events in your history (loss, dysfunction in the home, abuse) affect the way you treat your child?

10. Describe your family system. What do the roles look like in the home? Who takes charge of what?

11. Is there anything about your child that we should know that you think is important (abuse your child has experienced, a physical injury, an incident that you feel was impactful, loss, a time where you saw a change in him/her)? Family insight in the beginning of treatment can be hugely helpful.

****Please return this form prior to admission to Kevin Johnson at kjohnson@familyfirstas.com****