

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

Parent Form

Paper Version

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PARENT PHONE INTERVIEW (Shaded items are required)

CHILD	
Child's 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: month day year
INFORMANT	
Informant Type (Circle 1): Parent Doctor Provider Self Teacher	
Name: (Circle 1): Female Parent 1 Female parent 2 Male Parent 1 Male parent 2 last first	
Address: street city province postal code	
Phone: home work	
Consent to contact for follow-up: Yes No	

Start with basic concerns saying something like....

"Please tell me about your concerns and any help you would like."

Record comments in box.

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 appropriate section, in accordance with your BCFPI protocol.

Externalizing

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

REGULATION OF ATTENTION, IMPULSIVITY AND ACTIVITY <i>"Do you notice that _____"?"</i>	never (1)	sometimes (2)	often (3)	comments
Is distractible or has trouble sticking to an activity				
Fails to finish things he/she starts				
Has difficulty following directions or instructions				
Is impulsive or acts without stopping to think				
Jumps from one activity to another				
Fidgets				

COOPERATIVENESS <i>"Do you notice that _____"?"</i>	never (1)	sometimes (2)	often (3)	comments
Is cranky				
Is defiant or talks back to adults				
Blames others for his/her own mistakes				
Is easily annoyed by others				
Argues a lot with adults				
Is angry and resentful				

CONDUCT <i>"Does _____"?"</i>	never (1)	sometimes (2)	often (3)	comments
Steal things at home				
Destroy things belonging to others				
Engage in vandalism				
Has _____ broken into a house, building, or car				
Does _____ physically attack people				
Does _____ use weapons when fighting				

Internalizing

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

SEPARATION FROM PARENTS <i>"Do you notice that _____"?"</i>	never (1)	sometimes (2)	often (3)	comments
Worries that bad things will happen to loved ones				
Worries about being separated from loved ones				
Is scared to sleep without parents nearby				
Is overly upset when leaving loved ones				
Is overly upset while away from loved ones				
Complains of feeling sick before separating				

MANAGING ANXIETY “Do you notice that _____?”	never (1)	some- times (2)	often (3)	comments
Worries about doing better at things				
Worries about past behaviour				
Worries about doing the wrong thing				
Worries about things in the future				
Is afraid of making mistakes				
Is overly anxious to please people				

MANAGING MOOD “Do you notice that _____?”	never (1)	some- times (2)	often (3)	comments
Has no interest in his/her usual activities				
Gets no pleasure from usual activities				
Has trouble enjoying him/her self				
Is not as happy as other children				
Feels hopeless				
Seems 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 3 ITEMS ARE ENDORSED, IMPLEMENT YOUR AGENCY'S RISK MANAGEMENT PROTOCOL.

“Would you say that _____?”	never (1)	some- times (2)	often (3)	comments
Has lost a lot of weight without trying				
Talks about killing himself/herself				
Deliberately harms self or attempts suicide				

“Now I'll ask few questions about _____'s day to day functioning and how all of this may have affected your child. Tell me if it is “NONE”, “A LITTLE”, or “A LOT”.”

Child Functioning	none (1)	a little (2)	a lot (3)	comments
Social Participation How much has _____ withdrawn or isolated him\herself as a result of these problems?				
How much has _____ been doing things less with other kids as a result of these problems?				
How much has _____'s life become less enjoyable as a result of these problems?				
Quality of Relationships How much trouble has _____ had getting along with his/her teachers as a result of these problems?				
How much trouble has _____ had getting along with you or your partner as a result of these problems?				
How much has _____ been irritable or fighting with friends as a result of these problems?				
School Participation & Achievement How much has _____ missed school as a result of these problems?				
How much have _____'s grades gone down as a result of these problems?				

“Now, I’d like to ask about some family circumstances. Tell me if they apply “NEVER”, “SOMETIMES”, “OFTEN”, or “ALWAYS”.”

Impact on Family	never (1)	sometimes (2)	often (3)	always (4)	comments
Family Activities How frequently has _____’s behaviour prevented you from taking him/her out shopping or visiting?					
How frequently has _____’s behaviour made you decide not to leave him/her with a babysitter?					
How frequently has _____’s behaviour prevented you from having friends, relatives or neighbours to your home?					
How frequently has _____’s behaviour prevented his/her brothers or sisters from having friends, relatives or neighbours to your home?					
Family Comfort How frequently have you quarreled with your spouse regarding _____’s behaviour?					
How frequently has _____’s behaviour caused you to be anxious or worried about his/her chances for doing well in the future?					
How frequently have neighbours, relatives or friends expressed concerns about _____’s behaviour?					

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				

Concern	none	A little	A lot	comments
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)				
<<<< The following 6 items are 'pilot' screening items re: Selective Mutism. They are optional, under review, and may be dropped or changed in future versions.>>>>	never	some-times	often	comments
In the past 2 months did your child speak to his/her parent at home?				
In the past 2 months did your child speak to his/her brothers or sisters at your home?				
In the past 2 months did your child speak to other children at your home?				
In the past 2 months did your child speak to his/her parent at school?				
In the past 2 months did your child speak to other children at school?				
In the past 2 months did your child speak to the teacher at school?				
Concern	none	A little	A lot	comments
Victimized/Bullied: Is repeatedly bullied, teased, harassed, or excluded from social activities by others				
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.)				
	none	A little	A lot	comments
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 three-month period				

Concern	none	A little	A lot	comments
Sexual Problems: Problems with sexual behaviour or identity which cause distress or impairment				

Risk Factors

“Some of the following items may help us understand your situation and _____’s overall situation better. Different combinations of these things seem to make life easier or more difficult for many families and children.”

“Here I’ll ask a couple of health questions.”

Health - Mom and Dad	very much	some-what	not at all	n/a	comments
Are you limited, in carrying out normal activities, at home, at a job, or in school, because of a medical condition or health problem?					
Is your spouse or partner limited, in carrying out normal activities, at home, at a job, or in school, because of a medical condition or health problem?					

“Parent’s moods are also important. The following statements describe some of the ways people feel at different times. Please tell me how often have you felt or behaved this way during the past week. Was it “less than 1 day”, “1-2 days”, “3-4 days” or “5-7 days”.”

Mood - Informant	less than 1 day	1-2 days	3-4 days	5 or more days	comments
You did not feel like eating; your appetite was poor.					
You had trouble keeping your mind on what you were doing.					
You felt depressed.					
Your sleep was restless.					
You felt sad.					
You could not ‘get going’.					

“Now some similar questions regarding your spouse or partner. During the past week, how often has your partner?”

Mood - Partner	less than 1 day	1-2 days	3-4 days	5 or more days	Comments
seemed unable to ‘get going’?					
seemed to feel sad?					
had crying spells?					

“We’d like to rate whether or not you feel that drinking is a problem in your home. Please say how much you agree or disagree that”

Alcohol - Mom & Dad	strongly agree	agree	disagree	strongly disagree	n/a	comments
Your drinking is a source of tension or disagreement in your home.						
Your spouse or partner’s drinking is a source of tension or disagreement in your home.						

“The next statements are about families and family relationships. How much do you agree or disagree with the following statements about your family?”

Family Functioning	strongly agree	agree	disagree	strongly disagree	comments
In times of crises we can turn to each other for support.					
Individuals (in the family) are accepted for what they are.					
We express feelings to each other.					
We are able to make decisions about how to solve problems.					
We DON'T get along well together.					
We confide in each other.					

Couple Relationship	excellent	good	fair	poor	n/a	comments
Overall, how would you rate the relationship between you and your spouse or partner?						

“Next, a few questions regarding discipline. When _____ is being bad or doing something wrong, how often do you.....?”

Discipline Style	never	sometimes	often	always	comments
Reason with ___ or explain to ___?					
Send ___ to his/her room?					
Take away ___'s privileges?					
Spank ___ with your hand?					
Spank ___ with a belt, brush, or something else?					

“We also need to know whether abuse or neglect has been part of _____'s situation.”

Abuse	yes	no	don't know	comments
To your knowledge, has _____ ever been physically abused?				
To your knowledge, has _____ ever been sexually abused?				
To your knowledge, has _____ ever been neglected to that extent that seemed to impair his/her emotional or physical well being?				
To your knowledge, has _____ ever witnessed verbal or physical violence amongst the adults who have been involved in parenting him/her?				

Protective Factors

“Next, a few questions regarding some of _____’s activities and talents, and some related family characteristics.”

<p>Supervised activities Outside of regular physical education classes, did ___ take part in any sports during the past year which involved adult coaching or instruction? (If 'yes', record number and details in comments for this question).</p> <p style="text-align: center;"> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know </p>	<p>comments</p>
<p>Outside of regular classes in school, did ___ take any lessons or instruction during the past year in music, dance, or other non-sport activities? (If 'yes', record number and details in comments for this question).</p> <p style="text-align: center;"> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know </p>	<p>comments</p>
<p>During the past year, did ___ belong to any clubs or groups with adult leadership, such as cubs, scouts, brownies, a church group or community programs? (If 'yes', record number and details in comments for this question).</p> <p style="text-align: center;"> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know </p>	<p>comments</p>
<p>Family Recreation How often have all or most of the family participated together in any recreational activities, such as walks, games, fishing, etc., in the past 6 months?</p> <p style="text-align: center;"> <input type="checkbox"/> once a week or more <input type="checkbox"/> 2-3 times per month <input type="checkbox"/> once a month <input type="checkbox"/> less than once per month <input type="checkbox"/> never </p>	<p>comments</p>
<p>Spiritual How often does ___ attend religious services or cultural ceremonies?</p> <p style="text-align: center;"> <input type="checkbox"/> almost every week <input type="checkbox"/> less than weekly, but more often than just on holidays <input type="checkbox"/> only on holidays or special occasions <input type="checkbox"/> never, almost never </p>	<p>comments</p>
<p>Child - Confidant Does ___ have anyone in particular he/she talks to or confides in? (if answer is 'yes', record relationship of confidant to child and impact of sharing on child's coping in comment section for this question.)</p> <p style="text-align: center;"> <input type="checkbox"/> yes ▶ <input type="checkbox"/> no <input type="checkbox"/> don't know </p>	<p>relationship _____</p> <p>impact:</p>

<p>Parent - Confidant Do you have anyone in particular that you can talk to or confide in about yourself or issues you are concerned about? (if 'yes', record relationship of confidant to parent and impact of sharing on parent's coping in this comment section).</p> <p style="text-align: right;"> <input type="checkbox"/> yes ▶ <input type="checkbox"/> no <input type="checkbox"/> don't know </p>	relationship _____ impact:
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Readiness & Barriers

“The next questions ask about other services and information you may be interested in. Tell me if it is “NO”, “MAYBE” or “YES”.”

Readiness	no	maybe	yes	comments
Would you be interested in reading about the issues you described?				
Would you be interested in watching a videotape about the issues you have described?				
If there was a group of parents meeting together to discuss similar issues, would you be interested in attending?				
If workshops were available to learn about things you could do as a parent to help your child, would you be interested in attending?				
Is your child interested in getting help with the difficulties he/she is having?				

“Would you be willing to give us a phone number where we can reach you to get updates on these items, so we can track how _____ is doing while waiting for, during, and after service?” (IF YES, ENTER PHONE NUMBER NOW) _____

“Let me ask about some things that may affect your ability to work with us. We are located _____ (describe location client would attend).”

Do you know where that is?” Yes / No

Barriers	none	a little	a lot, but can participate	will prevent participation	n/a	comments
How much of a problem would it be for you to get to the Centre? Would that stop you from attending?						
Would parking costs be difficult for you? Would that stop you from attending?						
Would it be a problem if services were only during the day? Would that stop you from attending?						
Would it be a problem if services were only during the evening? Would that stop you from attending?						
How much of a problem would babysitting be if you were to come to the Centre? Would that stop you from attending?						
Would it be difficult for you to read and fill in a questionnaire? Would that stop you from attending?						

Readiness Wrap Up:

“If you would like, we will send you a list of books, videotapes, talks and workshops which you might interested in. What is the best way to get it to you?” _____

“Do you have a fax?” _____

“Do you have an email address?” _____

Demographics

“Finally, I’d like to ask a few basic background questions.”

Are you a single parent, or do you live with a spouse or partner?		
1. single parent 2. partner or spouse		
What language is most often used in your home?		
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
What is the highest level of education you’ve completed?		
1. no schooling 2. some elementary school 3. completed elementary school 4. some secondary or high school 5. completed secondary or high school	6. some Community College 7. completed Community College 8. some University 9. completed University	
What is the highest level of education your spouse or partner has completed?		
1. no schooling 2. some elementary school 3. completed elementary school 4. some secondary or high school 5. completed secondary or high school	6. some Community College 7. completed Community College 8. some University 9. completed University	
Could you tell me which of the following describes your total family income over the past year?		
1. \$0-\$9,999 2. \$10,000-\$14,999 3. \$15,000-\$19,999	4. \$20,000-\$29,999 5. \$30,000-\$39,999 6. \$40,000-\$49,999	7. \$50,000-\$59,999 8. greater than \$60,000
(Optional) What is the primary source of your family income?		
1. Employment Insurance 2. Disability 3. Social Assistance	4. Employment 5. Other	

“Have we missed anything important?”

A large, empty rectangular box with a black border, occupying the central portion of the page. It is intended for the user to write down any additional information or observations related to the question above.

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