

# Child Psycho-Social Interview

*Clinician-Led – Psychodynamic & Systemic Assessment*

## Identifying Information/Orientation

- Child's Name:
- Date of Birth / Age:
- Date of Interview:
- Interviewed by:
- Referral Source:
- Reason for Referral (in referrer's words):

## Presenting Concerns

- What concerns have led to this referral at this time?
- When were these difficulties first noticed?
- What has changed recently that prompted seeking help now?
- How do the concerns impact:
  - Home life
  - School / learning
  - Peer relationships
  - Family functioning

## Pregnancy & Birth History

- Was the pregnancy planned or unplanned?
- Any stressors during pregnancy (emotional, relational, medical, financial)?
- Maternal and Paternal mental health during pregnancy
- How did the mother/father feel about the conception?
- Preferred gender of child
- Birth details:
  - Place of birth
  - Gestation: Early, full term, late
  - Delivery: C section, natural, forceps
  - Complications: birth weight, genetic conditions, jaundice
- Early bonding experiences following birth

## **Early Development (0–2 years)**

- Feeding, sleeping, settling patterns
- Separation experiences (daycare, preschool, carers)
- Temperament as an infant/toddler, impact on early attachment
- How did the child seek comfort when distressed?
- How did caregivers respond to distress?
- Milestones: sitting, crawling, walking, talking (babble, words)
- Early signs of anxiety, withdrawal, sensitivity, or aggression
- Mother/Father’s felt experience of the baby

## **Early Development (2-5 years)**

- Toilet Training: age started, how handled, how long (dry by day/night), enuresis, encopresis (nocturnal, diurnal), consistency
- Discipline and control: self-willed behaviours, reactions to “no”
- Co-ordination: fine motor, gross motor
- Sensory Processing Difficulties: oral, touch, smell, light
- Early signs of anxiety, withdrawal, sensitivity, or aggression
- Habits, fears: dummy, thumb sucking, nail biting, tantrums, breath holding, tics, rocking, night terrors, favourite toy.
- Day Care: when 1<sup>st</sup> separated, feelings about going, adjustment to other adults/peers
- Gender Identification
- Reaction to birth of other siblings
- General activity/passivity levels

## **Attachment & Relationship Patterns**

- Who is/was the primary attachment figure?
- How does the child respond to separation and reunion?
- How does the child seek reassurance?
- Capacity to be soothed by caregivers
- Any patterns of clinginess, avoidance, or role-reversal

## **Emotional & Behavioural Regulation**

- Typical emotional range and expression
- Triggers for distress or dysregulation
- Capacity to tolerate frustration
- Aggressive, oppositional, avoidant, or withdrawn behaviours
- Use of control, rigidity, rituals, or reassurance-seeking

## **Family Structure & Dynamics**

- Household members and roles, who are the main caregivers?
- Quality of parental relationship
- Parenting styles (consistency, boundaries, emotional availability)

- How conflict is managed in the family
- Child's role in the family system

## **Family Mental Health History**

- Anxiety, depression, substance use, trauma, or significant illness
- Patterns of emotional expression or suppression
- Intergenerational attachment themes, cultural norms

## **Loss, Trauma & Significant Life Events**

- Bereavements (people, pets)
- Illness, hospitalisations, separations
- Moves, school changes, disruptions
- Child's response to losses and transitions

## **School & Learning History**

- School engagement and attendance
- Separation at school entry
- Academic strengths and difficulties
- School refusal, avoidance, or anxiety
- Peer relationships and social functioning
- Relationships with teachers
- Cognitive and Motor development

## **Peer & Social Relationships**

- Friendships (quality and stability)
- Social confidence vs withdrawal
- Sensitivity to rejection
- Capacity for play and shared activity
- Interests/hobbies

## **Strengths & Protective Factors**

- Child's strengths (emotional, relational, cognitive)
- Interests, talents, passions
- Supportive relationships
- Moments where the child copes well

## **Previous Interventions**

- Previous assessments or therapies
- Type of intervention (CBT, counselling, etc.)
- Child and family response to treatment
- What helped / what didn't

## **Clinician Observations (Here-and-Now)**

- Child's affect and mood
- Capacity for engagement and play
- Separation from parent in session
- Transference themes
- Therapist's countertransference responses

## **Formulation Hypotheses (for Clinician Use)**

- Developmental contributors
- Attachment patterns
- Systemic maintaining factors
- Function of symptoms
- Readiness for therapeutic work
- Parental expectation of therapist and child

## **Initial Recommendations**

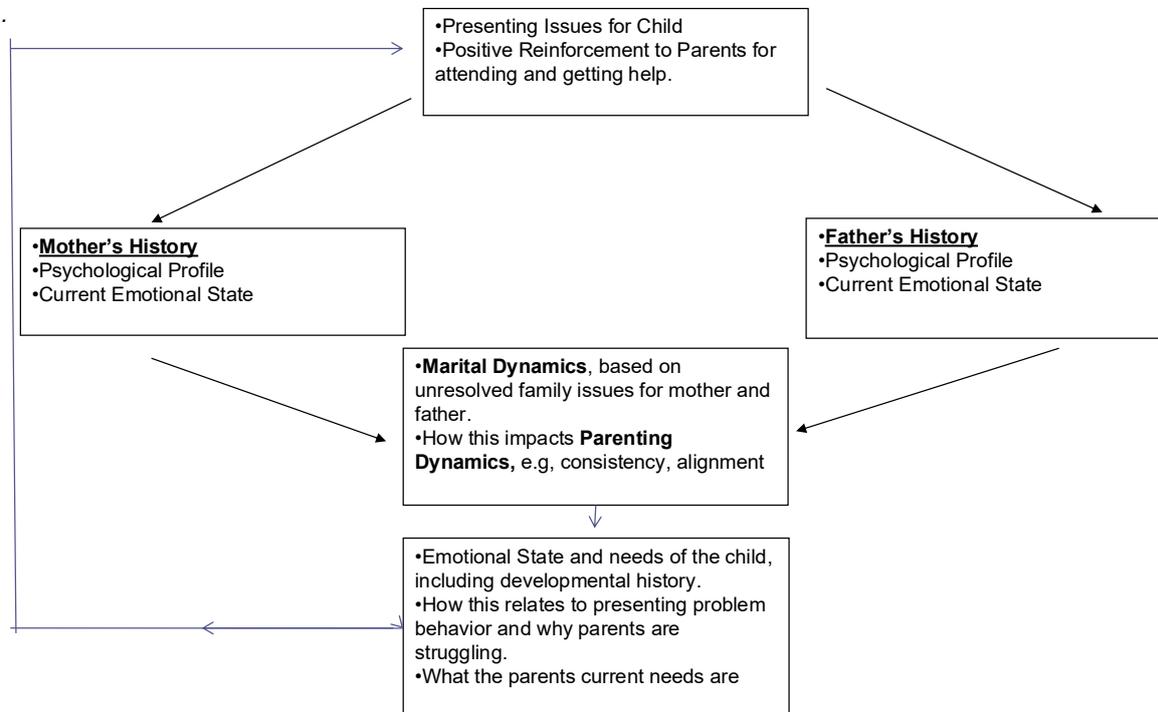
- Suitability for individual therapy
- Need for concurrent parent work
- Frequency and modality
- Areas requiring further assessment

## **Clinical Note**

*Symptoms are understood as adaptive responses to relational and emotional experience rather than isolated pathology.*

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### FORMULATION/FEEDBACK TEMPLATE



## References – Ed Dev Conference 2026

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