



Family Assessment

What is your knowledge of the client's drug/alcohol use?

In your opinion, what has contributed to the client's use of addictive substances?

Do you recall any significant milestones/events in client's life that may have contributed to her addiction?

Do you know of any traumatic events in client's life?

In your recollection, what is her longest period of sobriety and when?

In your opinion, what has contributed to her relapses?

Are you aware of any cultural factors that would be helpful for treatment?

How would you describe your (or her) family?

Describe your (or her) family dynamics: divorces, separations, custody issues, extended family. _____

Does anyone in your (or her) family have a history of addiction?

Does the family understand the disease concept of chemical abuse or dependence?

Does the family understand that chemical dependency or abuse is a family illness?

How has her use affected your life and your relationship with her?

What are your expectations of her treatment?

How are you willing to support her during treatment (multi-family, couples sessions....)?

What friends or family members would you consider to be unhealthy for the client?

What are your conditions for allowing her back into your home?

In what capacity are you willing to support her after discharge (housing, finances, childcare...)?

If the client were threatening to leave, what hooks would be helpful in getting her to stay (what does she stand to lose)?

Do you have any additional information that may be useful in aiding us in her treatment?

If she was in past treatment, from your perspective, how was that experience for her?

Was she involved in treatment (on-time, consistent, willing to work)?
