

## Religion and Spirituality

- *What are your religious or spiritual beliefs? Do these align with those of your family?*
- *What aspects of religion or spirituality help you cope with stress or provide comfort?*
- *Are you part of a spiritual or religious community? If so, how does this group provide support?*
- *What is considered a cause for celebration in your family?*
- *What does celebration look like in your family?*
- *Are there restrictions in celebrations when there is a death and / or loss in the family?*
- *Are there more than one religion / spirituality followed in your family (one or two household family)?*
- *Are there any specific practices or restrictions you would like us to know about while we are providing care?*

## Gender

- *Describe your gender identity. How has this changed at all throughout your life?*
- *How comfortable do you feel with your gender identity?*
- *Describe gender roles in your family.*
- *Does your gender identity and expression align with your family's beliefs around gender roles? Please explain.*
- *What are your views on gender roles?*

## Views on Education

- Family:
  - *What is your highest level of education?*
  - *What is your preferred method of learning (e.g. reading materials, listening to instructions, taking notes, etc.)?*
  - *What are your hopes for your child's education?*
  - *Describe your level of involvement in your child's education.*
  - *How does your child do in school?*
  - *How do you define success in school?*
  - *Do you find yourself facing barriers with your child accessing appropriate educational supports?*
  - *What types of supports might be helpful in overcoming barriers?*
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- Patient
  - *How do you feel about school?*
  - *What is your preferred method of learning (e.g. reading materials, listening to instructions, taking notes, etc.)?*
  - *What would you like to accomplish in school?*
  - *What would you like to be when you grow up?*

## Race and Ethnicity

- *How would you describe your race and ethnicity in your own words?*
- *Have you faced any challenges due to your race or ethnicity? If so, what were they?*
- *Does this align with the rest of your immediate family?*
- *What is your preferred language (Patient and Family)?*
- *Where is your family originally from?*
- *Where were you born and raised?*

## Immigration History

- *I'd like to ask you some questions about your immigration history since there can sometimes be trauma or stress related to the experience. Everything we talk about remains private and we do not work with law enforcement to disclose any of the information you share today.*
- *At what age did you and/or your child come to the US? Did you come together as a family or were you separated from your child for a period of time?*
- *What was the immigration process like for your family? What led to your decision to immigrate?*
- *Did you experience any traumatic events when coming to the US?*
- *Are there any current stressors in the home due to immigration status?*

### **Views on Parenting**

- *Describe your parenting style (e.g. discipline, rewards, etc.).*
- *Do you find that there is consistency with parenting styles amongst all caregivers involved in your child's care?*
- *What do you consider to be the most important thing you have done for your child(ren)?*
- *How do you express love to your child(ren)?*
- *If your child demonstrates challenging behavior, how do you usually respond?*
- *Describe how your family typically solves problems.*
- *What self-care practices do you use to cope with stress within the home?*

### **Definition of Success**

- *How do you define success in your family?*
- *Who are some successful people in your family?*
- *What does your family expect of a child this age?*
- *What responsibilities should your child have?*
- *What are your hopes and dreams for your child?*
- *When your child becomes an adult, what kinds of things would you look for in order to determine if they were successful or not?*

### **Socioeconomic Status\***

- *How is your family doing financially?*
- *Has anything prevented you from getting the help you need?*
- *Is it difficult to meet the basic needs of your family (for financial reasons)?*
- *Tell me about the neighborhood you live in.*

### **Physical Ability**

- *Do you or your child have any health problems that make it difficult to carry out day-to-day tasks?*
- *Are there any health problems I should be aware of that might make it challenging to attend our sessions and/or carry out recommendations?*

### **Family Decision-Making Process**

- *How do decisions about important things get made in your family?*
- *What role does your child's opinion play in making important decisions?*
- *How do you explain decisions or changes to your child?*
- *Whose idea was it to seek mental health services?*

### **Views of Mental Health and Help Seeking**

- *How do you feel about getting mental health services? How does your extended family feel about it?*
- *What kinds of help do you think would be most useful at this time for the problem?*
- *Are there other kinds of help that your family, friends, or other people have suggested would be helpful for you? What do they think is causing the problem?*
- *What have you done on your own to cope with the problem?*
- *Why do you think this is happening? What do you think is the cause?*
- *How open are you with other people in your life about seeking mental health services?*