

MyDOOR 2 Practitioner Aide Memoire (with Parent-Child questions)

Client ID
Practitioner.....
Date

For MyDOOR 1 follow up or interview-based screening

Once a client has completed MyDOOR 1, the practitioner meets with him/her/them to discuss and evaluate any items of risk that were endorsed by the client (here shown as the **shaded responses**). MyDOOR 2 can also be used when the screen is completed face-to-face, with ready-to-hand follow-up questions.

- About you In relation to the children you care for, are you? (Tick all that apply)
- | | | | |
|---------------------------------|------------------------------------------|----------------------------------------|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Same-sex parent | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Donor |
| <input type="checkbox"/> Father | <input type="checkbox"/> Step-parent | <input type="checkbox"/> Kinship carer | <input type="checkbox"/> Other carer |

Domain 1. Your culture and religious background											
<p>Domain-specific notes Specific cultural and religious factors may be protective, or may elevate risk.</p> <ul style="list-style-type: none"> Genograms can be helpful in mapping sources of stress and support, and lines of responsibility (eg financial, care-giving), both here and in country of origin. See DOOR 3 for further detailed analyses and follow up options. Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response. 											
MyDOOR 1: Parent Self-Report Items	MyDOOR 2: Example prompts for follow-up										
<p>1.1 Is there anything about your culture or religion that is important for us to understand in order to help you with this issue?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> What would you like me to understand about your background? 										
Domain 2. About you today											
<p>Domain-specific notes</p> <ul style="list-style-type: none"> Risks are often higher for women considering leaving a relationship, or recently separated, especially if a partner was unaware of this or had different expectations of attending counselling. Children or young people may also feel compelled to attend against their will. If clients have used other services for similar issues, then inquire what (or who) may have changed since then. Note how openly, coherently and rationally the client talks about their feelings or how restricted and cut-off they seem. Normalise a range of feelings that occur around key personal, relationship or family transitions such as loss of employment, retirement or birth of a first child post-separation. Enquire further when normative feelings are absent. Note extreme or irrational responses and consider links to safety. Note unbalanced assertions about parent’s perception of their entitlements and rights. 											
MyDOOR 1: Parent Self-Report Items	MyDOOR 2: Example prompts for follow-up										
<p>2.1 What’s the main issue that brought you to here today? (Tick one only)</p> <table border="0"> <tr> <td><input type="checkbox"/> Relationship assistance</td> <td><input checked="" type="checkbox"/> Relationship separation</td> </tr> <tr> <td><input type="checkbox"/> My mental health</td> <td><input type="checkbox"/> Child’s coping/behaviour</td> </tr> <tr> <td><input type="checkbox"/> Financial stress</td> <td><input checked="" type="checkbox"/> Gambling</td> </tr> <tr> <td><input checked="" type="checkbox"/> Drug/alcohol problem</td> <td><input type="checkbox"/> Wider family issue</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other matter</td> <td></td> </tr> </table>	<input type="checkbox"/> Relationship assistance	<input checked="" type="checkbox"/> Relationship separation	<input type="checkbox"/> My mental health	<input type="checkbox"/> Child’s coping/behaviour	<input type="checkbox"/> Financial stress	<input checked="" type="checkbox"/> Gambling	<input checked="" type="checkbox"/> Drug/alcohol problem	<input type="checkbox"/> Wider family issue	<input checked="" type="checkbox"/> Other matter		<ul style="list-style-type: none"> Is this the first time you sought help for this issue? What happened at the other places or with the self-help methods you already tried?
<input type="checkbox"/> Relationship assistance	<input checked="" type="checkbox"/> Relationship separation										
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<input checked="" type="checkbox"/> Drug/alcohol problem	<input type="checkbox"/> Wider family issue										
<input checked="" type="checkbox"/> Other matter											

<p>2.2 Which words describe how you personally feel about the issue?</p> <table border="0"> <tr> <td><input type="checkbox"/> Fine/Content</td> <td><input type="checkbox"/> Accepting/Resigned</td> </tr> <tr> <td><input type="checkbox"/> Sad/Down</td> <td><input type="checkbox"/> Distressed/Upset</td> </tr> <tr> <td><input type="checkbox"/> Frustrated/Annoyed</td> <td><input type="checkbox"/> Worried/Anxious</td> </tr> <tr> <td><input checked="" type="checkbox"/> Hopeless/Powerless</td> <td><input checked="" type="checkbox"/> Scared/Afraid</td> </tr> <tr> <td><input checked="" type="checkbox"/> Embarrassed/Humiliated</td> <td><input checked="" type="checkbox"/> Jealous/Resentful</td> </tr> <tr> <td><input checked="" type="checkbox"/> Angry/Furious</td> <td><input checked="" type="checkbox"/> Shocked/Devastated</td> </tr> </table>	<input type="checkbox"/> Fine/Content	<input type="checkbox"/> Accepting/Resigned	<input type="checkbox"/> Sad/Down	<input type="checkbox"/> Distressed/Upset	<input type="checkbox"/> Frustrated/Annoyed	<input type="checkbox"/> Worried/Anxious	<input checked="" type="checkbox"/> Hopeless/Powerless	<input checked="" type="checkbox"/> Scared/Afraid	<input checked="" type="checkbox"/> Embarrassed/Humiliated	<input checked="" type="checkbox"/> Jealous/Resentful	<input checked="" type="checkbox"/> Angry/Furious	<input checked="" type="checkbox"/> Shocked/Devastated	<ul style="list-style-type: none"> • How manageable are these feelings now? • Are you getting enough support with this?
<input type="checkbox"/> Fine/Content	<input type="checkbox"/> Accepting/Resigned												
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<input checked="" type="checkbox"/> Angry/Furious	<input checked="" type="checkbox"/> Shocked/Devastated												

Domain 3. Managing conflict

Domain-specific notes

- Disagreements in relationships are normal, so take notice if a client expresses that conflict is completely absent in all areas of interpersonal life.
- Also notice if a client is highly dysregulated and involved in conflict across many areas of life.
- Explore the severity of anger and hostile attitudes, and patterns of communication, noting escalating conflict and hostility.
- Note the manner with which the parent describes problems – overly constricted and poorly restricted emotional responses need to be considered further.
- Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response.

3.a Managing conflict with your partner

MyDOOR 1: Parent Self-Report Item	MyDOOR 2: Example prompts for follow-up
<p>Please answer this question if you are in a current committed relationship. Otherwise skip to the next section 3b.</p> <p>3a.1 With regard to your current partner, over the past 6 months how often have you:</p> <p>a. Felt hostile or hateful towards him/her/them? <input checked="" type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Not often/Never</p> <p>b. Had angry disagreements with him/her/them? <input checked="" type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Not often/Never</p> <p>c. Avoided or kept away from him/her/them? <input checked="" type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Not often/Never</p>	<ul style="list-style-type: none"> • How frequent? How severe? • Is this getting worse lately? • At its worst, what does this look like

3b Managing conflict with a former partner or other parent

MyDOOR 1: Parent Self-Report Item	MyDOOR 2: Example prompts for follow-up
<p>Please answer this question if you have separated recently or if you have a child(ren) from a previous relationship. Otherwise skip to the next section 3c.</p> <p>3b.1 With regard to your former partner and/or your child(rens)'s other parent, over the past 6 months, how often have you:</p> <p>a. Felt hostile or hateful towards him/her/them? <input checked="" type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Not often/Never</p> <p>b. Had angry disagreements with him/her/them? <input checked="" type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Not often/Never</p> <p>c. Avoided or kept away from him/her/them? <input checked="" type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Not often/Never</p>	<ul style="list-style-type: none"> • How frequent? How severe? • Is this getting worse lately? • At its worst, what does this look like

3c Managing conflict in wider relationships	
MyDOOR 1: Parent Self-Report Item	MyDOOR 2: Example prompts for follow-up
<p>Please answer this question about wider family members, friends, colleagues and others involved in your life (eg house mates, neighbours).</p> <p>3c.1 With regard to these other people, over the past 6 months, how often have you:</p> <p>a. Felt hostile or hateful towards any of them? <input checked="" type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Not often/Never</p> <p>b. Had angry disagreements with any of them? <input checked="" type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Not often/Never</p> <p>c. Avoided or kept away from any of them? <input checked="" type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Not often/Never</p>	<ul style="list-style-type: none"> • <i>How frequent? How severe?</i> • <i>Is this getting worse lately?</i> • <i>At its worst, what does this look like</i>

Domain 4. How you are coping	
<p>Domain-specific notes</p> <ul style="list-style-type: none"> • Consider connections between coping difficulties and surrounding stressors on Domain 10. • Consider overflow into parenting and safety problems raised in Domains 7, 8 and 9. • Note the parent’s ability to talk openly and coherently; overly constricted or poorly restricted emotional responses indicate a need for further assessment. • Explore the nature and effectiveness of support they are receiving. • Receiving psychological treatment is not in itself a risk factor. • Untreated, ongoing or worsening mental health or drug and alcohol problems need to be further assessed (see DOOR 3). • Note the high prevalence of mental health and alcohol/drug issues in family violence. • If severe distress/depression is noted, follow up carefully on suicide risk (see Domain 9b). • Consider specialist referral options when multiple risks are evident, or when downward escalation of problem behaviour is apparent. • Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response. 	
MyDOOR 1: Parent Self-Report Item	MyDOOR 2: Example prompts for follow-up
<p>4.1 Do you have any <i>major</i> worries about how you have been coping in the past 6 months? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What are the concerns? History and severity of the problem?</i> • <i>Is this getting worse lately?</i>
<p>4.2 In the past 6 months, have you:</p> <p>a. felt very anxious/fearful? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. felt very angry/irritated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. felt very sad/empty/depressed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. done or felt things that are unusual or out of character for you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Is this affecting how you are managing everyday tasks?</i> • <i>Are you getting any professional help?</i>

<p>4.3 In the past year, for whatever reason:</p> <p>a. have you drunk alcohol and/or used drugs more than you meant to? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. have you felt you wanted or needed to cut down on your drinking and/or drug use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. is anyone else worried about your alcohol and/or drug use these days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Have drug and alcohol problems led to legal or work-related problems (eg road accidents, losing a job)? • Are you receiving professional help for this?
<p>4.4 In the past year, for whatever reason:</p> <p>a. have you gambled more than you meant to? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. have you felt you wanted or needed to cut down on your gambling? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. is anyone else worried about your gambling these days? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Have gambling problems led to legal or work-related problems (eg significant unmanageable debts, losing a job)? • Are you receiving professional help for this?
<p>4.5 In the past 2 years, have you been seriously ill or injured, requiring hospitalisation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Can you foresee this happening again? • Are there any ongoing health concerns for you?
<p>4.6 In the past 2 years, have you seen a doctor, psychologist or psychiatrist for a mental health problem or drug/alcohol problem? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Was this helpful? Is there a formal diagnosis? Does this link to why you're here today?
<p>4.7 Are you getting enough emotional support now (eg from friends, family, professionals)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • Would you like any help with this?

Domain 5. How others are coping

Domain-specific notes

- Explore any problems in light of safety problems raised in Domains 7, 8 and 9.
- Note the high prevalence of alcohol/drug usage in family violence (see literature in DOOR 3).
- Receiving psychological treatment is not in itself a risk factor.
- Untreated, ongoing or worsening mental health or drug and alcohol problems need to be further assessed (see DOOR 3).
- Consider specialist referral options when multiple risks are evident, or escalation of problem behaviour is apparent (see DOOR 3).
- Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response.

5a. How your partner is coping	
MyDOOR 1: Parent Self-Report Item	MyDOOR 2: Example prompts for follow-up
If you are currently in a committed relationship, then please answer these questions about your partner. Otherwise skip to the next section 5b.	
5a.1 In the past 6 months, have you had any <i>major</i> worries about how your partner has been coping/behaving? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>What are the concerns? History and severity of the problem?</i> • <i>Is this getting worse lately?</i>
5a.2 In the past 6 months, has your partner behaved in a way that seemed: a. <i>very anxious/fearful?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No b. <i>very angry/irritated?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No c. <i>very sad/empty/depressed?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. <i>out of character or unusual for them?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Is this affecting their ability to function on a day-to-day basis?</i> • <i>Is s/he getting professional support?</i>
5a.3 In the past year, have you been worried about your partner's drinking and/or drug use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Have drug/alcohol problems led to legal or work related problems (eg road accidents, losing a job?) or problems with safe parenting?</i>
5a.4 In the past year, have you been worried about the gambling habits of your partner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Have drug/alcohol problems led to legal or work related problems (eg road accidents, losing a job?) or problems with safe parenting?</i>
5a.5 In the past year, has your partner been seriously ill or injured, requiring hospitalisation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Can you foresee this happening again?</i> • <i>Are there any ongoing health concerns for him/her/them?</i>
5a.6 In the past 2 years, to your knowledge, has your partner seen a doctor, psychologist or psychiatrist for a mental health problem or a drug/alcohol problem? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Is there a formal diagnosis?</i> • <i>Is s/he getting professional support?</i>
5b. How your former partner/your children's other parent is coping	
MyDOOR 1: Parent Self-Report Item	MyDOOR 2: Example prompts for follow-up
If you have separated recently and/or have children from a previous relationship, then please answer these questions about that person(s). If you have not communicated with that person(s) in the past six months then skip to the next section 5c.	
5b.1 In the past 6 months, have you had any <i>major</i> worries about how your former partner/your children's other parent has been coping/behaving? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>What are the concerns? History and severity of the problem?</i> • <i>Is this getting worse lately?</i>

<p>5b.2 In the past 6 months, has your former partner/your children's other parent behaved in a way that seemed:</p> <p>a. very anxious/fearful? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. very angry/irritated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. very sad/empty/depressed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. out of character or unusual for them? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Is this affecting their ability to function on a day-to-day basis?</i> • <i>Is s/he getting professional support?</i>
<p>5b.3 In the past year, have you been worried about your former partner/your children's other parent drinking and/or drug use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Have drug/alcohol problems led to legal or work related problems (eg road accidents, losing a job?) or problems with safe parenting?</i>
<p>5b.4 In the past year, has your former partner/your children's other parent been seriously ill or injured, requiring hospitalisation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Can you foresee this happening again?</i> • <i>Are there any ongoing health concerns for him/her/them?</i>
<p>5b.5 In the past two years, to your knowledge, has your former partner/your children's other parent seen a doctor, psychologist or psychiatrist for a mental health problem or a drug/alcohol problem? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Is there a formal diagnosis? Is s/he getting professional support?</i>
<p>5c. How other family members are coping</p>	
<p>MyDOOR 1: Parent Self-Report Item</p>	<p>MyDOOR 2: Example prompts for follow-up</p>
<p>Think about the people in your immediate family (like parents and siblings) and how they are coping</p>	
<p>5c.1 In the past 6 months, have you had any <i>major</i> worries about how a family member has been coping/behaving? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What are the concerns? History and severity of the problem?</i> • <i>Is this getting worse lately?</i>
<p>5c.2 In the past 6 months, has a family member behaved in a way that seemed:</p> <p>a. very anxious/fearful? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. very angry/irritated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. very sad/empty/depressed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. out of character or unusual for them? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Is this affecting their ability to function on a day-to-day basis?</i> • <i>Is s/he getting professional support?</i>
<p>5c.3 In the past year, have you been worried about a family member's drinking and/or drug use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Have drug/alcohol problems led to legal or work related problems (eg road accidents, losing a job?) or problems with safe parenting?</i>
<p>5c.4 In the past year, has a family member been seriously ill or injured, requiring hospitalisation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Can you foresee this happening again?</i> • <i>Are there any ongoing health concerns for him/her/them?</i>
<p>5c.5 In the past two years, to your knowledge, has a family member seen a doctor, psychologist or psychiatrist for a mental health problem or a drug/alcohol problem? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Is there a formal diagnosis? Is s/he getting professional support?</i>

Domain 6a. About your baby/young child(ren)
Domain-specific notes

- Any recent signs of severe stress in the young child should be further explored.
- Consider these in light of other stressors identified in parent's coping, conflict, parenting and safety issues.
- Consider specialist referral options for parent when multiple risks are evident, or downward escalation of problem behaviour is apparent (see DOOR 3).
- Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response.

MyDOOR 1: Parent Self-Report Item
MyDOOR 2: Example prompts for follow-up

Please skip these questions if you do not have a child under 5 years, OR if you have not spent time with these young child(ren) during the past 6 months.

These questions are about babies and pre-school children, under 5 years. If you have more than one child under 5, tick 'yes' if any question is true for ANY of your young children.

6a.1 Does your young child(ren) have any <i>serious</i> health or developmental problems? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Nature of problem(s)? Diagnosis? Prognosis?</i>
6a.2 In the past 6 months , has any professional (teacher, doctor, etc.) been concerned about how your young child(ren) was doing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Nature of the problem(s)?</i>
6a.3 In the past 6 months , has your young child(ren) seemed: <ol style="list-style-type: none"> more distressed by normal separations than usual? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No more fussy/aggressive/upset than usual? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No distressed/angry/withdrawn? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No behaving in concerning ways? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> • <i>Nature and severity of concerns?</i> • <i>Why do you think that is happening?</i>
6a.4 Has your child(ren) ever heard or seen very angry disagreements or violence at home? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> • <i>Nature, history and current severity of exposure?</i>

Domain 6b. About your school-aged child(ren)	
<p>Domain-specific notes</p> <ul style="list-style-type: none"> Any recent and ongoing signs of severe stress/behavioural disturbance in the child should be further explored. Consider these in light of other stressors identified in parent's coping, conflict, parenting and safety issues. Consider specialist referral options for the child and/or parents when multiple risks are evident or downward escalation of problem behaviour is apparent (see DOOR 3). Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response. 	
MyDOOR 1: Parent Self-Report Item	MyDOOR 2: Example prompts for follow-up
<p>Please skip these questions if you do not have a child over 5 years and older, OR if you have not spent time with your school-aged child(ren) during the past 6 months.</p> <p><i>These questions are about your school-aged child(ren), ages 5 to 17 years. If you have more than one child 5 years and older, tick 'yes' if any question is true for ANY of your children.</i></p>	
<p>6b.1 Does your child(ren) have any <i>serious</i> health or developmental problems? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <i>Nature of problem(s)? Diagnosis? Prognosis?</i>
<p>6b.2 In the past 6 months, has any professional (teacher, doctor etc.) been concerned about how your child(ren) was doing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <i>Nature of the problem(s)?</i>
<p>6b.3 In the past 6 months, compared to how they usually are, do any of your children seem:</p> <p>a. more anxious/worried? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. more aggressive/angry? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. more sad/withdrawn? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. more defiant/disobedient? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. behaving in concerning ways? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <i>Nature, history, severity of concerns?</i> <i>Why do you think this is occurring?</i>
<p>6b.4 Has your child(ren) ever heard or seen very angry disagreements or violence at home? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <i>Nature, history and current severity of exposure?</i>

Domain 7. Managing as a Parent
Domain-specific notes

- High levels of parenting stress, harsh parenting and difficulty with warmth indicate a need for support, especially when a child's wellbeing appears compromised (Domain 6).
- See DOOR 3 for other follow-up tools and referral options.
- Review this domain in conjunction with risks on other domains; patterns and combined stressors are important in determining the best overall response.

MyDOOR 1: Parent Self-Report Item
MyDOOR 2: Example prompts for follow-up

These questions are about caring for children (including as a parent, step-parent, grandparent or carer). Please skip this section if you do not care for a child 18 years or younger or if you have not spent time with them during the past 6 months.

Given all that goes on at these times, parenting can be hard work. Thinking about the past 6 months:

7.1 Was it difficult for you to know how your child(ren) was feeling?

No Sometimes Often

- *Why do you think this happens? History, severity of the difficulty? Supports/ professional help received?*

7.2 Was it difficult to comfort and be warm with each of your children?

No Sometimes Often

- *Why do you think this happens? History, severity of the difficulty? Supports/ professional help received?*

7.3 Was it difficult to set limits and deal with problem behaviour?

No Sometimes Often

- *Why do you think this happens? History, severity of the difficulty? Supports/ professional help received?*

7.4 Was it difficult to support your child(ren)'s activities and interests?

No Sometimes Often

- *Why do you think this happens? History, severity of the difficulty? Supports/ professional help received?*

7.5 Were you harsher toward your child(ren) than you wanted or meant to be?

No Sometimes Often

- *Why do you think this happens? History, severity of the difficulty? Supports/ professional help received?*

The following questions are about your child(ren)'s safety, your safety, and the safety of others. Even if you didn't come here intending to talk about safety, we always check to see if our clients need extra support to feel safe and be safe. Your practitioner will talk about this further with you. If you'd like any extra time to consider these questions, or help to answer them, your practitioner will be willing to assist.

Domain 8. Your child(ren)'s safety	
<p>Domain-specific notes</p> <ul style="list-style-type: none"> Note carefully the client's openness and ability to discuss these issues. Note any disparity of facts against referral information. Immediate threats to safety require immediate follow-up including safety planning and may require rapid referral to specialist services. See DOOR 3 for further assessment tools. Mandatory reporting to the relevant child protection authority may apply (see DOOR 3). Abduction risks are higher when the threatening parent sees no value in the child's contact with the other parent, and when a child is under 5. 	
MyDOOR 1: Parent Self-Report Item	MyDOOR 2: Example prompts for follow-up
<p>Consider all of your children, and tick 'yes' if any question is true for ANY of your children.</p>	
<p>8.1 In the past 6 months, did you have any concerns about your child's safety:</p> <p>a. when they were with your partner or their other parent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. when they were with you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. when they were in the care of any other adult (eg step-parent, other relative?) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> What is the concern? History, nature and severity of the concern?
<p>8.2 Has anyone else said they were worried about your child(ren)'s safety with anyone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> Who is concerned? What is their concern?
<p>8.3 Have any child protection reports ever been made about your child(ren)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. Is there a current investigation into child protection matters? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> History, nature, substantiation and current status of report(s)? Any current concerns not being addressed?
<p>8.4 If you have separated from the other parent, since separation:</p> <p>a. Has the other parent threatened or actually taken the child(ren), or kept them without consent, far beyond the agreed time? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Have you threatened or actually taken the children, or kept them without consent, far beyond the agreed time? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> History, nature and current severity of the threat? Does the parent have foreign/dual citizenship? Is the country covered by the Hague Convention??

The following questions include your partner (if you are in a current committed relationship); your former partner; and/or your child/ren's other parent

Domain 9a. Your safety	
Domain-specific notes <ul style="list-style-type: none"> Note carefully the client's openness and ability to discuss these issues. Patterns of being dismissive, minimising, avoiding, or appearing overwhelmed, or fearful to talk are important to notice. Note any disparity of facts against referral information. If in doubt about comfort to disclose, a useful question is <i>'If you had ever been threatened/hurt, would you feel worried about telling someone?'</i> Has the client spoken to a professional or authorities about any concerns? Immediate threats to safety require immediate follow-up, including safety planning, and may require further, coordinated referral to specialist services. 	
MyDOOR 1: Parent Self-Report Item	MyDOOR 2: Example prompts for follow-up
9a.1 In the past year, have you <i>in any way</i> been concerned for your own safety because of your current and/or former partner or your child(ren)'s other parent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <i>What has happened?</i> <i>History and current severity of concern?</i>
9a.2 Are you <i>now in any way</i> afraid for your own safety because of him/her/them, or anyone else? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <i>Who and what is causing the fear?</i>
9a.3 In the past year, has anyone else said they were worried for your safety? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <i>Who and what was the concern?</i>
9a.4 As a result of your partner/former partner/other parent's behaviour, have the police ever been called, a criminal charge been laid, or Intervention/Violence/Protection Order been made against him/her/them? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No a. Is there now an Intervention/Violence/Protection Order against him/her/them? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <i>What happened?</i> <i>Current status of order and any breaches?</i> <i>Request copy of order.</i>
9a.5 In the past year, has your partner/former partner/child(ren)'s other parent: <ol style="list-style-type: none"> Followed you or watched your movements in a way that felt worrying (eg driving by or watching your home, being in the same place when he/she/they had no business there)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Tried to control you or acted in a very jealous way (eg controlling your money, where you went, who you saw)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Threatened your safety? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Hurt you in a way that wasn't an accident or used force to get you to do something you did not want to do? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> <i>What happened?</i> <i>History and current severity of concern?</i> <i>Are you changing anything about your life as a result of these behaviours (eg taking a different route to work, not answering the phone or other more extreme solutions)?</i>
9a.6 Has your partner/former partner <i>ever</i> threatened to or actually tried to hurt or kill him/her/themself? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <i>History, nature, current severity of threat?</i>

<p>9b.5 Have things in your life ever felt so bad that you have thought about hurting yourself, or even killing yourself? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If yes: do you feel that way lately? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Current thoughts about this? Prior attempts?</i> • <i>Do you have a plan about how you would do that?</i> • <i>What is the plan?</i>
<p>9b.6 Do you have access to a gun or weapon? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>What weapon? Where is it kept? Is it possible you would use this?</i>

10. Other stresses	
<p>Domain-specific notes</p> <ul style="list-style-type: none"> • Cumulative stress is a trigger for safety incidents when discussing separation or soon after separation. • Explore the effectiveness of supports the client has in place, including children. Consider what else you can assist them with, directly or by referral. • When multiple or severe stressors co-occur with risks on other domains, coordinated response by a network of services is recommended. 	
MyDOOR 1: Parent Self-Report Items	MyDOOR 2: Example prompts for follow-up
Are these things happening now and causing major stress for you?	
<p>10.1 Being unemployed/under-employed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
<p>10.2 Financial difficulties <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
<p>10.3 Property/asset settlement <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
<p>10.4 Financial support from spouse/former spouse/child support payments <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
<p>10.5 Getting legal advice/representation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
<p>10.6 Housing problems <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
<p>10.7 Transportation problems <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
<p>10.8 Feeling lonely/isolated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
<p>10.9 Feeling harassed by your current or former partner, the other parent, or by their family/new partner (including online) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
<p>10.10 Illness/sickness/physical disability <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>
<p>10.11 Problems in your neighbourhood with safety, crime, drugs etc. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> • <i>Would you like support with this?</i>

<p>10.12 Are there any other stresses that are a serious problem for you at the moment?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, please tell us what they are.</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>• <i>Would you like support with this?</i></p>
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Citations and references

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