**Date of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client age\_\_\_\_\_\_\_\_\_\_\_**

**Persons and resources utilized in this assessment:**

**Who referred the client and why?**

# **Presenting problem**:

# Family and Support Network:

Include family members and natural supports who will be involved in treatment. Identify who live in the home and quality of relationship with the client.

#

# Onset of symptoms:

Previous attempts to solve problems and their results:

[ ] **individual therapy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ] **helpful**

[ ] **family therapy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]

[ ] **medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]

[ ] **by client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_** [ ]

[ ] **psychiatric hospitalization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]

 **number of times hospitalized in past two years \_\_\_\_\_\_\_**

[ ] **self-help group\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]

[ ] **substance abuse treatment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]

[ ] **other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** [ ]

[ ] **no previous attempts reported**

# Desired results of treatment-readiness for change:

**Does the family want change? \_no \_yes:**

**Does the client want change: \_no \_yes:**

Risk assessment**:**

 **Suicidal behavior:** [ ] **yes** [ ] **no Access to weapons:** [ ] **yes** [ ] **no**

**Homicidal behavior:** [ ] **yes** [ ]  **no Potentially aggressive pets:** [ ] **yes** [ ] **no**

**Anger management issues:** [ ]  **yes** [ ] **no Illegal activities in home:** [ ] **yes** [ ] **no**

 **Self-abuse:** [ ] **yes** [ ] **no Family violence:** [ ]  **yes** [ ] **no**

 **Is client currently at risk of harm toward self or others?** [ ] **yes** [ ]  **no**

**If yes include an explanation of behavior and a safety plan with this assessment.**

# Screenings:

 **Has the client been screened for ADHD**?

 [ ] yes [ ] no

 **Has the client been screened for Depression?**

[ ]  **yes** [ ]  **no**

**Has the client been screened for Substance Abuse?**

[ ]  **yes** [ ]  **no**

Trauma:  **Does the client have a history of traumatic experience? \_\_no \_\_yes**

**\_\_\_ physical abuse \_\_\_ physical neglect \_\_\_ sexual abuse \_\_\_ emotional abuse**

**\_\_\_ witnessed abuse \_\_\_ family violence \_\_\_ community violence \_\_\_ own violence**

**\_\_\_ murder of family member or friend \_\_\_ suicide of family member or friend**

**\_\_\_ adopted \_\_\_illness of parent \_\_\_change in primary caregiver \_\_\_ pregnancy**

**\_\_\_ death of loved one \_\_\_ foster care \_\_\_incarcerated parent \_\_\_multiple moves**

**\_\_\_ other:**

# Health

 **Height and Weight:**

**Prenatal exposure to \_\_cigarettes \_\_ drugs \_\_alcohol \_\_ violence \_\_ no report/unknown**

 **Developmental milestones: \_\_ normal range \_\_ delays \_\_\_ early \_\_unknown**

 **Chronic illness: \_\_ yes \_\_no Surgeries: \_\_yes \_\_\_no**

 **Immunizations up to date: \_\_\_ yes \_\_ no Head injury: \_\_\_ yes \_\_\_not reported**

 **Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Medications

 **\_\_ no history of psychotropic medications**

**\_\_ prescribed psychotropic medications Meds are taken as prescribed \_\_ yes \_\_ no**

**\_\_ prescribed medications for health care**

**\_\_ No known allergies to medications**

**\_\_ known allergies to medications are as follows:**

**Prescribed type and benefit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Bio-rhythms

 **Sleep: \_\_normal range \_\_ inadequate \_\_\_ excessive**

 **Diet: \_\_ healthy diet \_\_over eats \_\_ under eats \_\_ family eats healthy**

 **Exercise: \_\_\_ regular activity \_\_\_prefers passive activities \_\_\_ athletic lifestyle**

# Substance Use

 **Cigarette/tobacco use: \_\_\_ yes, recent \_\_\_ past use \_\_ no history**

 **Substance use: \_\_\_ yes, recent \_\_\_ past use \_\_ no history**

 **Alcohol use: \_\_\_ yes, recent \_\_\_ past use \_\_ no history**

 **comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Sexuality

 **Gender Expression: \_\_male \_\_ female \_\_ transgender**

 **Sexual Orientation: \_\_ heterosexual \_\_ homosexual \_\_bisexual \_\_asexual \_\_ undetermined**

 **Puberty Onset: \_early \_late \_normal range \_\_ no onset**

 **Sexually active: \_\_unknown \_\_\_ no \_\_\_ yes**

 **Access to birth control: \_\_ yes \_\_ no \_\_ not applicable**

# Education

 **Performance: \_\_ on grade level \_\_ below grade level \_\_ advanced**

 **Learning disabilities: \_\_\_ yes \_\_\_ none reported \_\_ wants an evaluation**

 **\_\_\_has an IEP \_\_\_utilizes accommodations \_\_\_\_ truancy/attendance**

**\_\_\_\_ suspension/disciplines \_\_\_alternate placements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Language and Communication

**\_\_\_ no needs identified \_\_ hearing needs \_\_\_ vision needs**

 **\_\_English as a second language \_\_translator needed \_\_\_ communication aids**

**\_\_ maladaptive communication skills \_\_ lost or undeveloped expressive skills**

# Vocational/employment

 **\_\_\_\_would benefit from skills training \_\_has career goals**

 **\_\_\_ self-care skills are appropriate to age level \_\_\_ employed**

# Legal

**\_\_ no history \_\_custody order \_\_\_DJJ involvement \_\_\_CDW \_\_\_ DCBS custody \_\_ legal offenses**

# Financial

**\_\_adequate to meet needs of child \_\_\_would benefit from resource assistance \_\_\_ housing needs**

# Social relationships

 **\_\_\_ shows the ability to develop and maintain satisfactory relationships with prosocial peers**

**\_\_\_ shows the ability to develop and maintain satisfactory relationships with adults**

**\_\_\_ would benefit from social skills development**

# Leisure and recreation skills/strengths

 **\_\_ loss of interest \_\_identifies special interests and hobbies:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Culture and Ethnicity

 **\_\_ identifies with majority culture \_\_ identifies with a specific culture or ethnicity:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Spirituality and Religion

 **\_\_ active with a religious organization \_\_\_reports spiritual interests or beliefs**

 **\_\_ not a significant resource or strength**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Community/neighborhood

 **\_\_\_ stable \_\_\_\_ distressed \_\_\_ threatening**

# Diagnosis:

# Intensity and Level of care recommendations: Trauma System Therapy Assessment Grid Social-Environmental Stability

|  |  |  |  |
| --- | --- | --- | --- |
|  | **\_\_Stable:** caregiver is stable and has the capacity to help manage emotion and to protect from stressors | **\_\_Distressed** : caregiver has difficulty helping child manage emotion or difficulty protecting from stressors | **\_\_Threatening:** caregiver has difficulty helping child manage emotion or protect from stressors and there is a threat of harm to the child |
| **\_\_Regulated:** has pretty good control over emotional states and spends most of time in a regulated emotional state | **Level 5****Beyond Trauma** | **Level 4****Beyond Trauma** | **Level 3****Safety Focused** |
| **\_\_Dysregulation of Emotions:** has difficulty controlling emotional states, limited ability to self-soothe, reinstate calmness, and engage with environment**.** | **Level 4****Regulation Focused** | **Level 3****Regulation Focused** | **Level 2****Safety Focused** |
| **\_\_Dysregulation of Behavior:** has difficulty controlling emotional states, and is expressed in potentially dangerous behaviors | **Level 3****Regulation Focused** | **Level 2****Safety Focused** | **Level 1** **Safety Focused** |

**Regulation of Emotion and Behavior**

[ ]  **Level 5:** outpatient therapy: 1x week or less that helps client transcend trauma, find meaning, and hope for the future. (Non-SED)

[ ]  **Level 4**: outpatient therapy with goal of establishing therapeutic communication between family and child so that they are no longer consumed by trauma history. Emotional regulation skills should already be in place so that the child can utilize cognitive therapy to process trauma.

[ ]  **Level 3**: outpatient care with additional intensive/supportive services with goal to develop skills to manage emotion and establish safe social environment. The child and family should be taught skills to help endure the impact of trauma and minimize behavior. The caregivers work to create a safe home environment. Medication therapy may be beneficial at times.

[ ]  **Level 2:** intensive, community based services, some may require acute residential with goal to create a safe social environment. The family disorganization or stressors may trigger the child. School, peer, and neighborhood may also be unstable and triggering. Treatment will focus on emotional regulation skills to cope with the difficult environment. Consider wrap around and assess for medication therapy.

[ ]  **Level 1:** very intensive services: crisis management/residential/in-patient with goal to protect the child from threats and dangerous impulses. Home and community based services should be intensive and coordinated with community services (CPS, jail, hospitals, DJJ, domestic violence, gangs, social services). Assess for medication therapy.

**Does this client meet the criteria for SED?** [ ] **yes** [ ] **no**

**Does this client meet the criteria for case management services?** [ ] **yes** [ ] **no**

# Provider summary and recommendations for care:

# Treatment Plan and Service Referrals:

|  |  |  |
| --- | --- | --- |
| **Problems** | **Goals** | **Interventions and modalities**  |
|  |  | **☐medication therapy ☐case management services ☐community support associate ☐substance abuse treatment☐group therapy ☐self-help groups☐psychological testing☐art therapy☐individual therapy☐family therapy** **☐crisis planning** |

**Provider signature and credentials with NPI# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**