

Mar Section 5: Moving from Assessment to Treatment Planning

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**San Francisco Comprehensive
CANS Treatment Planning Manual**

**REVISED
July, 2009**

This Treatment Planning Manual has been developed specifically for the San Francisco Department of Public Health's Child, Youth and Family System of Care (CYF-SOC). The San Francisco CYF-SOC Treatment Plan has been created to address two responsibilities. The first responsibility is to develop an evidence-based, collaborative Treatment Plan with children, youth, and their families. The second responsibility is to satisfy Medi-Cal requirements to justify and ensure the effectiveness of services that are delivered. We look forward to working with you to deliver effective interventions in collaboration with San Francisco's children, youth, and families.

NOTES ON THE REVISED MANUAL:

There is **one substantive change here that is critical to note**. In writing this Treatment Plan and having it reviewed by Quality Assurance, QA reversed their earlier decision regarding how to write out the individual CANS items. Previously, it was suggested that CANS items be written in action terms, such as "Reduce symptoms of Psychosis." However, it was decided that following that item description with a more specific goal in the 'Expected Behavioral Change' box might be confusing for state auditors. The problem was that it might look like the item itself was a goal, and the Expected Behavioral Change / Step Down Criteria' was another goal. QA has dropped that structure, recognizing that in a CANS Tx Plan a single goal often addresses several CANS items.

So when writing a CANS item in the first box of the Goal section, one should merely describe the need the item represents. For instance, "Psychosis" becomes "Symptoms of Psychosis." **To help you in this I have included a blank Treatment Plan form that includes pre-loaded menus of CANS items that you can select by merely pointing and clicking.**

When writing a CANS goal in the "Expected Behavioral Change / Step Down Criteria" box you are looking to write a few cross-cutting, high-impact goals that will address all of the identified '2's' and '3's' that are identified. Usually a client experiences a few behaviors that are particularly troubling or challenging and that lead to a multiple problems in school, at home, and in the community. These should be the focus of the expected Behavioral Change section of the Treatment Plan.

THE ROLE OF THE CANS IN TREATMENT PLANNING

The CANS is designed to help guide treatment planning. Any Need items on the CANS which have been rated a '2' or '3' should be addressed in the treatment plan. Strength items rated '0' or '1' can be used for strength-based planning while those rated '2' or '3' should be addressed through strength identification and building activities.

When you are monitoring whether a plan was successful or needs to be adjusted, a recently completed CANS will let you show whether needs have been resolved and strengths created. Information about treatment progress can then be used to celebrate successes with the child, youth and family.

We'll spend the rest of this manual walking you step-by-step through the process of developing a CANS-Based Treatment Plan. We'll start by walking you through each section of the Treatment Plan form. As we walk through each section we'll provide clear directions as to how to fill out that section of the form. Then we'll discuss a couple of more advanced topics in Treatment Plan development. Finally, we'll provide you with a wealth of examples of completed Treatment Plans. Let's Begin!

OVERVIEW OF THE CYF-SOC TREATMENT PLAN FORM

Identifying Information

At the top of the Treatment Plan Form is a box that looks like this:

Name:
BIS:
RU:
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In this box you'll fill in three pieces of information: the client's name, their BIS number, and your program's Reporting Unit number-- its "RU."

Diagnosis

The next fields to fill in are the DSM Diagnosis fields:

DSM IV Diagnosis– Axis I – IV Include <u>code</u> and <u>name</u> . For AB3632 services, goals & interventions must coordinate with IEP Mental Health Addendum	
Axis I:	Axis III:
Axis II:	Axis IV:

Fill these fields in with the client's multi-axial diagnoses.

Parent / Caretaker and Youth Input

Parent and Youth Input (include parent and youth goals in their own words, stated priorities for intervention, treatment barriers and how they will be addressed):
--

As we work collaboratively to build a Treatment Plan, we must understand parents' and youth's priorities for intervention.

Creating goals that everyone values will help generate buy-in for the plan and the work that lies ahead. The Parent and Youth Input box allows you to begin to put down on paper the goals that parents and youth have identified for treatment.

Goals

The next column we encounter is the Goals column. This column is very important, as it sets the stage for all of the rest of the columns. Let's look closely at each of the fields in this column.

Goals: After completing the CYF Assessment or Treatment Report, list all items rated a '2' or '3' on the Treatment Planning Summary, by Domain. For each item or group of items, describe the expected behavioral change or outcome of addressing the need or deficit. (Updated goals must be dated when added)
Domain 1: Behavioral / Emotional Needs
Item(s):
Expected Behavioral Change/Step-Down Criteria:

Domain This field is pre-filled and lets you know which section of the CANS Assessment you're referring to. Not all Domains of the CANS Assessment are represented in the Treatment Plan. Goals for items from those domains that are not represented should be put in Domain 7: Other Treatment Needs.

Items The field labeled "Items" is designed for you to insert information about the specific CANS items that have been identified as requiring intervention. Each item must be described in a way that makes clear *the client's need that will be addressed*. For example, if the CANS item rated a '2' is "Depression", we would write: "Symptoms of Depression." If the CANS item is "Legal" we would write "Involvement in the Legal system." **All of these items are available from drop-down menus in the online CANS.**

Then we have to take the next step and be specific about the behaviors that are targeted for change, and the type of change we are working towards.

Expected Behavioral Change In the ‘Expected Behavioral Change / Step Down Criteria’ field we must be clear about the behavior or impairment that will improve as a result of our intervention. In this field we enter the specific behavioral changes that we expect the client will be able to make. These changes must be *specific, observable, and realistic*.

We begin by defining the behavior as specifically as possible. For instance, for every clinical syndrome represented in the “Presenting Problem” section there are specific symptoms that a client may experience. For example, a client rated a ‘2’ on Depression may have trouble engaging in daily activities, trouble eating, and difficulty interacting with other people. These are specific behaviors that we can include in the Expected Behavioral Change section. For a client rated a ‘2’ on Family in the Impact on Functioning section we might identify reducing arguments among family members as our specific target behavior for change.

Then we move to defining the change that we are working to create. There are two ways to define the expected behavioral change: 1) by stating who will report that a meaningful change has taken place **or** 2) by defining the change in terms of the baseline (current) frequency of behavior and the targeted frequency of behavior. **Either way is generally acceptable.** We’ll walk through each way of building a goal.

METHOD 1: Writing Treatment Goals Per Key Informant Report

We’ll start with the first way: stating who will report that a meaningful change has taken place. The general rule for this is that you want the ‘reporter’ to be the person or persons who are most likely to see the client’s behavioral change. Let’s walk through a couple of examples.

EXAMPLE 1: Let’s say that the client’s problem is Anger Control. Specifically, Johnny is a nine-year-old boy who throws books at his peers when they call him names. He also throws books at his teacher when she tries to intervene. On the CANS, we would likely rate the following items as ‘2’s or ‘3’s: Anger Control (2 or

3), Oppositional (2), School Behavior (3), Danger to Others (2 or 3). We want our intervention to reduce how frequently he throws books at his peers or teacher. Who should the ‘reporter’ be for this goal? It should probably be the teacher—she’s the one who sees this behavior and can tell us if it has changed. So we would write this goal as:

“Reduce frequency of book-throwing towards peers and teachers, as evidenced by teacher report.”

Let’s try this again with another client.

EXAMPLE 2: This client is a 15-year old female who is reporting that she feels “very depressed.” When you talk with her more, you learn that she has been exposed to many losses in her life (she has no father figure in her life, she was removed from her mother’s care at 3 years old due to neglect, and her brother was killed two years prior in gang-related violence). She denies any suicidal ideation or intent. She has a hard time believing that her life will get any better. She also has a hard time getting out of bed in the morning, and often stays home all day never leaving her bed. Because it is the summertime, she has yet to miss school because of this. Her biological grandmother is her legal guardian, and remains supportive of her though she reports that the client is highly irritable and frequently argues with her from her bedside. On the CANS, we would rate the client a ‘3’ on Depression, a ‘2’ on Family functioning and a ‘2’ or ‘3’ on ‘Well Being’ and ‘Optimism.’ As one of our goals, we would like the client to have more days in which she is in a neutral or positive mood. Who should be the reporter for this goal? It should be the client—she is the person who can best judge whether or not her mood improved. So we would write this goal as:

“Increase number of days in which client has a neutral or positive mood, as evidenced by client report.”

If the goal were stated in terms of observable behaviors, either the client or the grandmother could report on it. If we define a more positive mood as “fewer arguments and less irritability,” then the grandmother would be an excellent reporter.

In this vein, we would also consider other goals related to her Depression, including the client’s getting out of bed each day. In fact, we would want her to get out of bed and engage in the activities of daily living that we normally take for granted: taking a shower, getting dressed, eating meals. Who would be a reasonable reporter of this behavior? The client’s grandmother is probably best suited to report on this behavior, since she can objectively observe it. The client can also report on this behavior.

Here’s how we would write the Expected Behavioral Change for this goal:

“Increase number of days per week in which client engages in activities of daily living, per grandmother’s report.”

or

“Increase number of days per week in which client engages in activities of daily living, per client report.”

METHOD 2: Writing Treatment Goals Per Analysis Of Behavior

There is another, equally valid way to write goals in the Expected Behavioral Change section. This second way of writing treatment goals, per an Analysis of Behavior, requires some specific information about the behavior, but also offers a very clear target for your treatment.

Goals written per analysis of behavior require that you have three pieces of information. First you must clearly define the behavior you are targeting. Second, you must know how frequently the target behavior is currently happening. Third, you must define the desired frequency of the target behavior.

This means that when you are interviewing the client or key people in the client's life who observe the behavior, you must ask them how often the target behavior happens. Often this takes a little thought, but usually a person can tell you how often a behavior has happened in the last week or month. Then you can ask for how often they would like the behavior to occur after treatment. As a clinician, you may have to help the client or informant set reasonable expectations for reductions or improvements in behavior. Oftentimes our goal, at least initially, is to reduce rather than eliminate unwanted behavior. Now let's revisit the examples above to see how we would write those goals per an Analysis of Behavior.

EXAMPLE 1:

Our first example client has the unfortunate tendency to throw books when provoked. What additional information would we need to know to write a more behaviorally specific treatment goal for him? We know the target behavior we want to change: throwing books at peers and his teacher. We don't know how often this behavior happens. So we need to ask his teacher. We might ask, "How many times did Johnny throw books at people last week?" She replies, "Four times, I think. Once on Monday, two times on Wednesday, and then once on Friday." You might follow up with, "Was this a typical week?" She could say, "Yes, most weeks go like that," then you have the second piece of information you need: the initial frequency of behavior. If she says, "No, it doesn't usually happen like that. Usually he only gets upset and throws his books twice a week." In this case you'd go with *what typically occurs* (in this case book-throwing twice a week) as your initial frequency of behavior.

Now all we need is one more piece of information: the target frequency of behavior. We could ask the teacher, "What would be considered a success, in terms of reducing the number of times a week he throws books in your classroom?" She could reply, "If this only happened once a month, I would be very relieved." Now we have the three critical pieces of information that we need:

1) the specific behavior to treat, 2) the frequency with which it occurs right now and 3) the desired, or target, frequency. Let's write this out as our Expected Behavioral Change, assuming that our teacher said that most weeks Johnny throws books 2x a week.

Expected Behavioral Change:

“Reduce frequency of book-throwing towards peers and teachers from 4x per week to 1x per month.”

Now let's see how this works with our second example.

EXAMPLE 2:

Now that we know to ask for three things, writing our expected behavioral change becomes easier for our second example. We know our target 'behavior' is actually a mood. We now need to know how frequently our client experiences this mood; thus we would need to ask her how often she experiences days in which her mood is neutral or pleasant. She may need specific prompting around how many days in the last week she had a neutral or pleasant mood. If she were to say, “No days. I never felt okay in the last week. In fact, I've only had one or two good days this whole month,” then you have your second piece of information.

We would then move to the third piece of information: the target for change. Now you would ask your client how often she would have to feel neutral or pleasant, in order for treatment to be considered a success. “Even if I could just feel good three or four days a week, it would be a success,” she says. And there you have your final piece of information, should the two of you agree that this is possible.

How then would we write this Expected Behavioral Change? Like this:

“Increase number of days in which client has a neutral or positive mood from 0 days per week to 4 days per week.”

And what of her other goal, that she would get out of bed and engage in the typical activities of daily living? Once again we know the behavior we are targeting for change: engagement in the activities of daily living. We would then ask either the client or the grandmother how many days a week the client currently engages in these activities. Already the client has given us a clue when she said that she, "...often stays home all day never leaving her bed." We would simply follow up by asking how many times a week she is able to get out of bed and engage in the activities of daily living.

If she were to say, "Lately, maybe once or twice a week," we might ask whether in the past few weeks she was more likely to be able to get out of bed one time per week or two times per week. She replies, "Probably more like just one time." There we have our second piece of information. We just need to know the third piece: our desired change in frequency. To find this out we would ask what success would look like, in terms of how often she would engage in the activities of daily living. She replies, "I'd like to be able to do what everyone else does most days of the week." Now we have a target for change: from 1 day a week to 4 days a week.

Here's how we could write up this Expected Behavioral Change:

"Increase number of days in which client engages in activities of daily living from 1 day per week to 4 days per week."

If you choose to write goals in this manner, be sure that you **document in the initial assessment (in the Presentation Section) how often the problem behavior occurs.** Then, in your Progress Notes, be sure to note periodically how often the problem behavior is occurring.

SUMMARY

Writing specific, observable, and realistic goals is a critical skill. Doing so helps identify clear goals for treatment and reduces confusion between client and case manager or therapist. Having a clear, mutually agreed-upon goal is a key

element of a working client-therapist relationship. Writing a clear goal will also help you at Re-assessment when you look to see what progress has been made. A clear goal makes it easier to identify change in the client's life.

Interventions

The 'Interventions' column is where we describe the treatment that will be provided. Each treatment described **must** contain the following pieces of information: the type of treatment, how often it will be provided, how long it will last, and to whom it will be provided.

Interventions: Describe type, frequency, expected duration of intervention, and to whom it will be provided.
<input type="checkbox"/> No Goal Warranted

For example, if our client experiences symptoms of ADHD, we want to be sure that we provide several types of treatment. First, we want this child to receive a psychiatric consult to see if medication should be prescribed.

Second, we want the parents to understand this behavior and be able to manage it: parent psycho-education and training should be provided. Third, we may want to provide some behavioral treatment for the child to help structure her/his environment. This will likely include ongoing consultation with the child's school teacher.

How would we write out each of these components of the treatment? First, we'd say : 1) Med Eval for ADHD; ongoing consultation with Psychiatrist. Then we'd state: 2) Weekly group Parent Management Treatment for parents (26 weeks). Next, we'd include: 3) Weekly consultation w/ client's Teacher. Last, we'd indicate 4) Weekly individual therapy w/ child (26 weeks).

For each listed intervention we've included specific information about the type of treatment, how often it will be provided, how long it will last, and to whom it will be provided. You may notice that one intervention is simply described as "ongoing"; because this intervention is used on an "as-needed" basis we cannot specify how often it will occur. If an intervention is described as "ongoing," Progress Notes need to reflect that this intervention is indeed being provided on an ongoing basis. Progress Notes would also need to reflect weekly contact with the client's teacher.

Let's try one more example. For this example let's assume a child is struggling with Depression. In this case the child has few skills in making friends, and little opportunity to engage in positive, enjoyable activities outside the home. For this child we might prescribe: 1) Med Eval for Depression; ongoing consultation with Psychiatrist. Then we'd state: 2) Weekly individual therapy with child (26 weeks). Last, we'd indicate 3) Weekly participation with mentor.

Target Date

The target date for goal completion is typically 6 months, unless otherwise noted. For providers who have to reauthorize services more frequently (such as every three months), it is useful to write goals that can be met in less than 6 months.

Target Date to meet Goal (6 months unless noted):

Also, if we are thinking of treatment as a process by which the client moves through different stages of change, we may want goals with different target dates. Let's say that our client has very aggressive behavior. We would like to reduce the client's aggressive behavior. The client experiences some negative consequences of aggressive behavior, but has yet to understand how to cope with aggressive impulses. In our plan we may want to walk the client through several steps towards reducing aggressive behaviors: identifying negative and positive consequences of aggression, identifying alternative ways to interpret peer

behavior, learning new coping skills for dealing with aggressive impulses, and (finally) reducing incidents of aggressive behavior. The client may be able to identify negative and positive consequences of aggression within the first month of treatment. S/he may be able to demonstrate new ways of interpreting peer behavior within 3 months. The client may then be able learn and apply new coping skills (within 5 months). The result of these efforts should then be visible (reduced number of aggressive incidents) within 6 months. In this example, the plan of treatment that we laid out resulted in step-by-step targets for meeting our goals.

Let's use another example: a client who is suffering from PTSD. In our plan we will walk the client through several steps towards reducing PTSD symptoms,: learning about PTSD, practicing relaxation techniques, identifying triggers, learning new coping skills for dealing with intrusive thoughts, identifying alternative ways to interpret feelings, and reducing hypervigilance. The client may be able to start using relaxation techniques within the first month. The client might be able to identify a reduction in intrusive or upsetting memories of the event within 2 months. She may be able to decrease the frequency of nightmares within 3 months. The client may decrease the intensity of physical reactions to the event (pounding heart, rapid breathing, nausea, muscle tension, or sweating) within 5 months, and the result of these efforts should then be visible within 6 months (decreased feelings of self blame). In this example, the plan of treatment we laid out resulted in step-by-step targets for meeting our goals.

One caution in setting up goals with different deadlines is that the Progress Notes must reflect the expected change within the allotted time period. Otherwise, the Treatment Plan must be revised. Often change takes longer than we initially expect. Setting a 6-month timeframe for a set of goals may allow you more flexibility to adapt treatment to your client's rate of progress.

Reassessment

At Reassessment you have the opportunity to do something very exciting: mark your progress with your client. This can be done very easily. First, list the CANS

At Reassessment: (to be completed w/ next plan of care);				
CANS	Rating			
Item	0	1	2	3
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

item that you identified in the “Item” section of the Goals column. Next, **rate that item in terms of how the client is currently functioning.** When you compare how the client is currently functioning with their previous rating on the CANS, you get a sense of the progress made towards addressing an identified need (or building a strength).

This way you can **identify areas in which the client is making progress, and celebrate those successes with your client!** You can also identify areas in which you may need to adjust treatment or find additional supports in order to help the client meet her/his treatment goals.

Completing this column also helps you complete your Reassessment and your next Treatment Plan. After you complete the “At Reassessment” column, you can transfer these scores to the Reassessment (Outpatient Treatment Report). If there are any scores that are 2s or 3s, they also transfer to the next Treatment Plan. Marking your progress with your client puts you ahead in completing the Reassessment. All that’s left now is to talk about those items that didn’t appear in the Reassessment column.

Treatment Planning: A Seven –Point Summary

Before we move on, let's briefly review the key elements of the Treatment Plan.

1. A Treatment Plan is an agreement between you and your client. It begins with input from the child / youth and, when applicable, the child's parent or guardian.
2. Goals are the heart of the Treatment Plan. Every CANS item rated a "2" or "3" should be addressed in the Treatment Plan. The only exceptions are a) items tapping events in the past that cannot be addressed or b) items from triggered modules, which may or may not be specifically addressed.
3. Descriptions of "Items" are simply a description of the need that the item represents ("Symptoms of Depression"). They are pre-written and available from the drop-down menus on the form itself.
4. Descriptions of Expected Behavioral Change require specification of symptoms for change or action steps to be taken ("Client will identify 3 pleasurable activities to engage in"; "Client will report increase in pleasant mood from 0x/week to 5x/week").
5. Interventions must tell the reader which treatments will be used to address each Item. Intervention descriptions must state the type, frequency, and expected length of treatment. They also must state who is being treated.
6. You may specify the Target Date of the Treatment. If you do not, it is assumed that it is 6 months for Outpatient services, 3 months for Day Treatment services.
7. At the Reassessment point all Items identified as Goals are reassessed. Celebrate successes, and adjust treatment as necessary.

ADVANCED TOPICS

Cross-cutting Goals

Each CANS item rated a '2' or '3' requires intervention. Yet some children and youth have significant needs across multiple domains. What happens when a child or youth has 20 items rated a '2' or a '3'? Do we need 20 separate goals?

The answer is a resounding '**NO.**' We are not rating the CANS items in order to overwhelm the child, youth and family, but to help them. So how do we approach the task of creating a useful number of goals from this long list of items that require intervention? The answer lies, in part, in using your clinical training to create **cross-cutting goals.**

A cross cutting goal is simply a goal that addresses more than one CANS items at a time. To create a cross-cutting goal, one needs to look for the **common problem across multiple items.** This may be a way of thinking, a troubling behavior, a core attachment representation, that is affecting the client in multiple ways.

For instance, a young client may have a disruption in attachment that affects their functioning in school, at home, and with peers. A cross-cutting goal would address the need to intervene with the child's attachment representation and/or behavior. Let's walk through two more thorough examples to get a clear sense of how and when to construct a cross-cutting goal.

EXAMPLE 1:

Bella

Bella is a sixteen-year old female adolescent who has recently experienced a dramatic drop in her grades. Her parents also notice that she has become irritable and fatigued, snapping at them and spending much of her time in bed. Last weekend her mother found bottles of liquor underneath Bella's bed. When confronted Bella stated that she had no idea how the bottles got there and told her mother that her wish is that she could "just die and then you'd be sorry for ever having me." A call to the school indicated that Bella has been truant for much of the semester. In your interview with Bella she states that she has no wish to die, but that she was angry with her mother for not noticing how depressed she was. Furthermore, Bella tells you that she has been avoiding school because she feels that she "don't fit in" and that "nobody likes me there anyway." She reported going to school each morning and then sneaking back home after her first class ended. She stated that she got the alcohol from "the only kids who will talk to me," a group of kids prone to tardiness, absenteeism and petty delinquency. She stated that she got alcohol because "you have to do something to fit in," but that lately she had come to enjoy drinking because it "makes the blah days go away."

On Bella's CANS, she is rated a '2' on Depression, a '2' on Substance Use in the Presentation section. She rates a '2' on Family Functioning, a '2' on Recreational, a '1' on School Behavior, a '2' on School Achievement, and a '3' on School Attendance in the Life Domain Functioning section. In the Risk Behaviors section, she rates a '1' on Suicide Risk. In the Child Strengths section, she rates a

'2' on Interpersonal, a '2' on Educational, a '2' on Well Being, a '2' on Optimism, and a '2' on Community Life. On the Caregiver Strengths and Need section, her parents rated a '2' on Supervision. Bella reported that she has not experienced trauma.

For Bella, there are 11 items on the CANS that she's rated as a '2' or higher. This doesn't include any other items that may be triggered on the Substance Abuse module that we would complete. Does this client need 11 different goals?

No. Let's think about the core issue Bella's experiencing. Bella is having a hard time making good friends at school. This has resulted in a depressed mood, further worsened by her choice of coping behaviors: school avoidance and abusing alcohol. What needs to change for Bella to improve?

Clearly, Bella needs help making positive, pro-social friends. She needs to find non-threatening settings in which she can engage with those peers. To engage peers, she also needs to find alternate coping strategies for dealing with any feelings of insecurity or worthlessness. These form the core of our goals:

"Client will enact new ways of coping with feelings of low-self esteem or worthlessness, per client report."

"Client will increase number of positive peer interactions, per client report."

and, ultimately:

"Client will increase school attendance, per parent and teacher report."

“Client will reduce alcohol use, per parent and youth report.”

These five cross-cutting goals address, directly or indirectly, all 11 items rated as requiring action.

EXAMPLE 2:

Anthony

Anthony is a 13-year old youth presenting with angry outbursts in school and at home, trouble sleeping, irritability with parent and peers, and emotional unresponsiveness. His mother indicates that these behaviors began about six months ago and states that he was a “good boy” growing up, largely free of behavioral problems.

Anthony is difficult to talk to, but at one point in the interview states that he witnessed his best friend get shot “like six times.” He stated that his friend subsequently died. He also stated that he had not told his mother that his friend had died, for fear that she “wouldn’t let me do nuthin’ no more.” When further prompted, he states that he “can’t sleep because I keep thinkin’ of my friend getting shot” and that he is disturbed by images of the event while awake at home and in school.

In completing the CANS, Anthony rates a ‘2’ on Anxiety, and ‘2’ on Anger Control in the Presentation section. Anthony also rated a ‘2’ on Family functioning, a ‘2’ on School Behavior in the Life Domain Functioning section. He rated a ‘2’ on Danger to Others in the Risk Behaviors section. In the Child Strengths section, he rated a ‘2’ on Educational, ‘2’ on Well Being, ‘2’ on Optimism and ‘2’ on

Community Life. In the Abuse / Trauma History section he rated a '3' on Witness to Community Violence.

Anthony thus has 10 items that require action. But Anthony has only one core problem: he is experiencing Traumatic Stress symptoms after seeing a friend get murdered. Thus we can write just a few goals and address these connected issues. here's how they might look:

“Client will identify at least two cues that trigger trauma-related anger or anxiety.”

“Client will utilize relaxation techniques including progressive muscle relaxation to reduce episodes of anger and debilitating anxiety, per client report.”

“Client will reduce anger outbursts at home and school, per parent and teacher report.”

“Client will increase positive affect by engaging in desired community activities, per client and parent report.”

These four goals all address his difficulty in regulating his emotions due to exposure to Trauma. They also target his functioning at home, in school, and in the community. Thus just a few cross-cutting goals adequately address nearly three times as many CANS items.

Summary: Cross Cutting Goals

Identifying cross-cutting goals can help the client see the bigger picture of the whole treatment plan, and reduce the number of things they have to think about addressing outside of the session. If there are still too many goals, then you'll want to reduce the number of goals to focus on in the next six months. Helping your client set reasonable goals will help them stay motivated to complete therapeutic tasks and move towards wellness.

In this situation, a good step forward is to **identify the issues that are in the greatest need of intervention-** typically items rated as a '3.' From those items, you want to have the client identify what they feel is best to work on first. Typically this is the condition or symptom that is causing the most disruption in their life. Making progress on achieving that goal will often allow clients to feel more confident in working on other goals.

Trigger Items and Triggered Module Items

Trigger items and Triggered Module items refer to two special types of items within the CANS Assessment. These items are "Trigger Items" and the items that follow from them. For instance, in the Behavioral / Emotional Needs section (also called the Presenting Problem section) of the CANS, Substance Use is a "Trigger Item"—rating it a 1, 2, or 3 brings up a series of other items that need to be rated (Severity of Use, Duration of Use, Stage of Recovery, Peer Influences, etc). There are a total of 8 "Trigger Items" within the CANS Mental Health Assessment. They are: Substance Use, Suicide Risk, Danger to Others, Sexual Aggression, Runaway, Delinquency, Fire Setting, and Sexual Abuse.

These **“Trigger Items”** prompt you to ask for more information from the client, in order to help develop a better understanding of the **problem**. These additional items are often useful as specific symptoms or conditions that can be targeted for treatment. For instance, if a client was rated a ‘3’ on “Danger to others” we would follow up with the items that are triggered. We would ask the client about past exposure to violence, their own violent behavior, violence-related thoughts and emotions. We would also seek to understand the client’s awareness of the dangerousness of their behavior, and their willingness to work for change. This information can serve as the basis for the specific goals that we create in the “Expected Behavioral Change / Step-Down Criteria” domain of the “Goals” column.

Let’s fill in a concrete example. *Pete is a 16 year old boy who has anger control problems; recently he’s been engaged in several violent altercations. When talking to him he states that he grew up in a home marked by physical violence, and that he feels like he is justified in using violence to solve his problems “when someone disrespects me.” He stated that lately it feels like “a lot of people are gunnin’ for me.” He does not think that he needs to be in therapy, except that it might “get the Principal off my back.”*

Reviewing the CANS items for this youth, we would likely have scored his Anger Control a “2” and his Danger to Others a “2”. Of these two items, Danger to Others would then trigger us to move to the Violence module that will help us in getting additional information about what is going on. We would want to ask about his past violence and exposure to violence. Then we would move to rating risk factors for continued violence including the actions he’s engaged in, his

ability to manage hostile thoughts and emotions, and any gains he has experienced from displaying anger. Last, we would want to know about his potential to respond to treatment or positive consequences. This additional information can function as the basis of the specific goals that we create in the “Expected Behavioral Change/Step-Down Criteria” domain of the “Goals” column.

For instance, if Pete was rated a ‘2’ on Paranoid thinking and a ‘2’ on Violent thinking, and a ‘3’ on Secondary Gains from anger, we would want to address those in the ‘Expected Behavioral Change’ section. Specifically, we would want to train important persons in his life to set clear, safe limits on his behavior. We would want to emphasize that they should not reward him with desired privileges or let him escape consequences because he has become angry. We would also want to deal, in-session, with his cognitions about anger and his ability to see other people and situations in less hostile terms. Examples of such goals are: “Parent will identify clear consequences for aggressive actions by client; parent will enforce consequences as evidenced by parent report”; “Client will identify alternatives to hostile thoughts about peers; client will report increased use of substituting neutral thoughts for hostile thoughts.” Both of these goals are examples of using the additional information in a triggered domain to create useful treatment goals.

TREATMENT PLANNING TIPS / PREVIOUSLY ASKED QUESTIONS

Treatment Plan/Plan of Care Tips:

- To determine the inclusion of an item on a treatment plan, it IS helpful for the clinician to consider whether the problem is diagnosable and impairing functioning.
- Anytime there is a school behavior problem, ongoing consultation with the school/teacher should be included in the treatment plan.
- Anytime there are medications involved in a case, ongoing consultation with a psychiatrist needs to be reflected in the treatment plan.
- The old treatment plan had an item re: assessment as a final treatment goal. This does not need be the concluding goal any longer because the CANS assesses for discharge from services each time a case is closed (via the Closing Summary Form).
- Concrete treatment goals are often elicited and recorded in the narrative that allows you to rate CANS items. For example, a client may indicate that they have specific symptoms of depression (sleep problems, change in appetite, depressed mood, suicidal thoughts, pessimism re: future), which would lead you to rate the CANS item as a '2' or '3' Depression. Those symptoms are also to be used as the targets for expected behavioral change: decrease insomnia from 3x per week to 1x per week, decrease persistent suicidal ideation from 4 days per week to 2 days per week, and identify 1 concrete, desired goal that can be obtained in the next month.

Q. How do we write treatment goals related to the CANS items, like depression for example?

A. Treatment goals for depression may include concrete goals such as improving sleep patterns, decreasing suicidal ideation, decreasing irritability, and increasing engagement in pleasurable activities. Also refer to Stan Taubman's 'Manual for Writing Treatment Plan Goals' for specific examples of goals that relate to CANS Domains and Items.

Q. Does parent/youth input information come solely from the family or can it come from the therapist, e.g. treatment barriers? There is limited space for this information.

A. The parent / youth input information should primarily focus on parent and youth input. Brief comments by the therapist may also be appropriate, but this is a space that was created for parent and youth to have a clear say in the Treatment Plan process. Clinician input directs the Clinical Formulation on the Assessment. If one is having trouble fitting parent and youth comments into this space, then choosing the most appropriate quotes or thoughts is critical here. This can be done with child and youth input. For example, if a parent lists a number of issues that she would like to see change, asking “What is the single most important thing that you would like to see change?” is often an effective way to get a parent to identify what they would like to see happen for their child / youth. The same method can be used with children and youth.

ACCULTURATION / CULTURAL ISSUES

Q. Where do we note goals regarding cultural issues/acculturation in the Treatment Plan of Care?

A. Put acculturation/cultural issues in Domain 7: Other Treatment Needs.

PROCEDURE TABLE FOR THE TREATMENT PLAN

Form	Treatment Plan of Care
Form Number	MRD 86A CYF
Last Revised	02/06/2009
Who	Clinician or Case Manager <i>who is certified in the Child and Adolescent Needs and Strengths (CANS) Protocol</i> ; this form cannot be completed by an uncertified clinician.
When	Within 30 days of a new episode of care, and then every 6 months.
What	The Treatment Plan of Care is a 1-sided, 4-page form. It is the clinical document which describes the needed services to be provided to the client in order to achieve specific observable or quantifiable goals, consistent with the results of the MRD 85A CYF (Child / Youth / CANS / Mental Health Assessment).
Procedure	Every client of the CYF System of Care is required to have an initial Treatment Plan of Care, followed by a new Treatment Plan of Care every six months. In cases where there are multiple providers, the providers shall provide input to the care manager in the development of the plan.
	An Adjunctive Plan of Care may be done for site specific Reporting Units, e. g. residential programs, day treatment.
	For AB 3632 services, goals and interventions must coordinate with IEP Mental Health Addendum.
	Copies of the Plan of Care shall be offered to the client and caregiver and made available upon request.
	DSM-IV R Diagnosis: Complete the four (4) required axes, using DSM-IV R Manual. Include code and name.
	Parent and Youth Input: Describe, in the language of the parent and / or youth.
	Goals: Goals are to be completed per each CANS domain. If no goal is clinically warranted for the domain, the box "No Goal Warranted" must be checked. Goals must relate to key problems and symptoms identified in the initial assessment and leading to diagnosis; must consider demography (i.e., culture, socio-economic status, gender, environment); must be specific, observable, and realistic; and must include a description of the client's expected behavioral change and / or criteria for step-down to less intensive clinical services. Updated goals must be dated when added.
	Interventions: May include individual treatment, family treatment, group treatment, psychiatric evaluation, medication support services, referrals to other services (i.e., substance abuse) collaboration and consultation with other systems of care (i.e., school, primary care).
	Target Goal Completion Date: Complete if other than 6 months; date must be included for each goal
	At Reassessment (to be completed at time of next Treatment Plan): List each item from initial assessment that is a focus of treatment. Rate current functioning, per the SF CANS Scoring Manual.
	Print Staff Name and Date: Complete
	Clinician Signature / Date / LPHA Signature / Date: Complete
	Client / Parent / Guardian Signature / Date: Proffer for Completion.
If No Signature: List date of Progress Note documenting reason. Demonstrate consistent / repeated attempts to obtain signature.	

Additional Resources

More questions? Comments? Your first line of information is your agency's CANS SuperUser. If that person does not know the answer to your question, s/he can get it answered. Your SuperUser can always ask for help from the SuperUser group that they'll be talking to each month, or can ask Nathaniel Israel, your CBHS representative on the CANS. You can also contact Nathaniel directly at 415 255-3428 or by e-mail at: nathaniel.israel@sfdph.org.

EXAMPLES OF COMPLETED TREATMENT PLAN FORMS

EXAMPLE 1: REGGIE (PTSD)

ASSESSMENT

**OVERVIEW OF LOGIC BEHIND CLINICAL FORMULATION /
TREATMENT PLAN**

**TREATMENT PLAN EXAMPLE 1: KEY INFORMANT BASED
GOALS**

**TREATMENT PLAN EXAMPLE 2: FUNCTIONAL ANALYSIS
OF BEHAVIOR-BASED GOALS**

ADDITIONAL / ALTERNATE GOALS TO CONSIDER



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 COMMUNITY BEHAVIORAL HEALTH SERVICES
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 ASSESSMENT

PAGE 1

NAME: REGGIE WILLIAMS

BIS#:

RU#:

DATE: 5/24/2009

SOURCES OF INFORMATION (check all that apply): Client Family/Guardian DHS/JPD School Other

I. PRESENTATION

a. **Current presentation (include symptoms, behaviors, onset, duration, severity, and family response to current situation):**

Reggie is a 16-year-old African American male student who lives with his mother and three younger siblings in a public-assisted housing development. His mother worked at a community-based agency and met this writer at a public information-gathering event. His mother reports that Reggie has become increasingly disobedient and verbally abusive to her over the past two months. She states, "we get into it nearly every other day." He also talks back to the teacher, his grades have dropped, he violates curfew 2 to 3 times per week, and he has stopped doing his chores. Mother also notes that he has become irritable and hyper-vigilant, and 'explodes' several times a week for no apparent reason. Reggie reports that he feels "on edge, like somethin's gonna happen" for most of the day, nearly every day. He has good relationships with his siblings, all of whom have different fathers.

For each section, refer to CANS Scoring Manual for detailed Scoring Instructions

KEY: 0 = no evidence or no reason to believe that the rated item requires any action.

1 = a need for watchful waiting, monitoring or possibly preventive action.

2 = a need for action. Some strategy is needed to address the problem/need.

3 = a need for immediate or intensive action. This level indicates an immediate safety concern or a priority for intervention.

N/A = Not Applicable

	0	1	2	3		0	1	2	3	N/A
Psychosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eating Disturbances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Impulse / Hyper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral Regression	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Depression	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Somatization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anger Control	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Conduct	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Substance Use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	go to SUD Module (p. 4)					

II. IMPACT ON FUNCTIONING

b. **Describe impact on self-care, home, school, and community. Please note whether the impairments are due to symptoms/behavior of the included DSM-IV diagnosis (Axis I):** Reggie experiences poor concentration and decreased effort in the classroom. He also experiences sleep disturbance, staying awake most of the night 2-3 nights a week. His oppositional behavior has led to conflicts with his teacher, resulting in two suspensions in the past semester. Additionally, his grades have dropped from Bs and Cs to mostly Ds. He spends more time with his friends after hours, breaking curfew two or three times per week. Conflicts with his mother have resulted in little engagement in most family activities (including eating meals together, spending time with siblings, and participating in routine activities with family members).

	0	1	2	3	N/A		0	1	2	3	N/A
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Living Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Physical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recreational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Sexuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Developmental	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		School Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	School Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		School Attendance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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PAGE 2

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III. RELEVANT HISTORY

Describe precipitating events and other significant life events leading to current situation (e.g., divorce, immigration, level of acculturation/assimilation, losses, moves, school changes, financial difficulties): Reggie's father left the home when Reggie was a small boy. Since then he has had sporadic and infrequent contact with Reggie. This tends to lead to verbal arguments and physical altercations between father and son. Mother currently is unemployed, and worries about being able to provide for her children. About 3 months ago, Reggie was apprehended and held at gunpoint by the police, who suspected him of committing a robbery in the community. About two months ago, Reggie's oppositional and aggressive behavior began escalating. According to mother, Reggie does not like to talk about the event, and works to avoid any visual contact with police. Reggie has repeatedly been exposed to violence and death in the community.

IV. CULTURAL FACTORS

Describe cultural factors which may influence presenting problems as viewed by child/youth/parent/caregiver and clinician (may include ethnicity, race, religion, spiritual practice, sexual orientation, caregiver socioeconomic status, living environment): Since the incident of mistaken identity by the police, Reggie has become increasingly angry, defiant, and mistrustful toward authority figures. He does not feel safe in his 'home community' and has become hyper-vigilant and suspicious. His mother's current financial situation prevents the family from moving. Reggie told his mother that he wants to carry a gun.

KEY: 0=no needs/sig. strength 1=some risk, monitor 2=moderate need, act 3=severe need, act immediately / intensively

	0	1	2	3		0	1	2	3
Language	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ritual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

V. RISK BEHAVIORS

Describe aggressive/violent behavior/danger to others (include level of impairment [e.g., school suspension, law enforcement/incarceration, crisis services, and hospitalization]): **Date of onset:** 03/24/2009

Mother reports Reggie has had physical altercations with father, including one in last 30 days. Two weeks ago, Reggie was suspended from school for two days for making verbal threats toward his teacher.

Self-destructive/suicidal behavior/danger to self (include level of impairment [e.g., ideation, plan, threats, attempts/gestures, crisis services, hospitalization]). Date of onset: 4/10/2009

Reggie has expressed passive suicidal ideation, "I do not want to be part of this world anymore." He did not enunciate a clear plan, and has no history of suicidal gestures or attempts. He has no history of hospitalization or use of crisis services.

KEY: 0 = no evidence 1 = history, watch / prevent 2 = recent, act 3 = acute, act immediately

	0	1	2	3		0	1	2	3	
Suicide Risk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Go to SR (p. 3)	Delinquency	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Go to JJ (p. 3)
Self Mutilation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other Self-Harm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Fire Setting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Go to FS (p.3)
Danger to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Go to Violence (p. 3)	Social Behavior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sexual Aggression	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Go to SAB (p. 3)	Sexually Reactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Runaway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Go to Runaway (p. 3)	Behavior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



V. RISK BEHAVIORS (cont.)

COMPLETE THE FOLLOWING RATINGS **ONLY** IF CLIENT SCORES BETWEEN 1 and 3 ON TRIGGER ITEM

KEY: 0 = no evidence 1 = history, watch / prevent 2 = recent, act 3 = acute, act immediately Unk = Unknown

SUICIDE RISK

	0	1	2	3		0	1	2	3
History of Attempts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conduct (p. 1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse (p. 1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caregiver Mental Health (p. 4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression (p. 1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accessible Firearm / Medication	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIOLENCE

	0	1	2	3		0	1	2	3	Unk
<i>History</i>					<i>Emotions / Behavior (cont.)</i>					
Past Physical Violence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secondary gains from anger	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Past Violence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violent Thinking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Witness Domestic Vlnc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Resiliency Factors</i>					
Witness Env. Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Aware of Violence Potential	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Emotions / Behavior</i>					Response to Consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Commitment to Self Control	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frustration Management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Treatment Involvement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hostility	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
Paranoid Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						

SEXUALLY AGGRESSIVE BEHAVIOR (SAB)

	0	1	2	3	Unk
Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Force / Threat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age Differential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type of Sex Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Accusation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporal Consistency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History of Sex'l. Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severity of Sex'l. Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RUNAWAY

	0	1	2	3	Unk
Frequency of Running	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistency of Destination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety of Destination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement in Illegal Acts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likelihood of Return on Own	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement of Others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Realistic Expectations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

JUVENILE JUSTICE (JJ)

	0	1	2	3
Seriousness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrests	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parental Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Environmental Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FIRE SETTING (FS)

	0	1	2	3
Seriousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Accelerants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intention to Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Accusation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remorse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likelihood of Future Fires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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VI. SUBSTANCE ABUSE / DISORDER

Describe substance/alcohol abuse (specify onset, type- including tobacco and caffeine, frequency and amount, and level of impairment [e.g., missing work/school, law enforcement/incarceration, family's level of concern and attempts to intervene]): Client reports using marijuana and alcohol with his friends on the weekend. Client stated that he has been an occasional user of marijuana and alcohol since age 15 years (approximately one year ago). When asked, he stated that he smokes marijuana and drinks alcohol "a little more" in the past 3 months, but does not use during the week. Reggie also reports that mother has been drinking in the afternoon since losing her job one month ago.

COMPLETE ONLY IF Substance Abuse Item from page 1 is RATED 1, 2, or 3:

	0	1	2	3		0	1	2	3
Severity of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Peer Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Duration of Use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parental Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stage of Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Environmental Influences	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

VII. CHILD STRENGTHS, and SUPPORTS / FAMILY STRENGTHS and NEEDS

Describe Family, Community and Individual Strengths and Supports. Also describe Caregiver Needs: Reggie has a loving family, with concerned members eager for him to return to his previous level of functioning. Reggie also has an identified talent, basketball; he is currently a member of his HS basketball team. His mother stated that he previously expressed interest in using basketball as a means to obtaining a college education. He has a close relationship with the basketball coach. In general, he is able to talk openly and honestly with his mother. Open communication has been challenged recently by Reggie's explosive behavior and his mother's own preoccupation with providing for the family due to her recent job loss. Reggie's mother may need specific assistance around finding meaningful employment and reducing her focus on emotion-focused coping strategies, such as drinking, and using more problem-oriented coping strategies. Reggie's father is a source of discord when they meet, and Reggie does not have close relationships with extended family members. Reggie is well liked by peers; he has a steady girlfriend and he states that she "always be there for me."

KEY: 0=centerpiece strength 1=useful strength 2=identified strength 3=not yet identified strength

Child Strengths	0	1	2	3	N/A		0	1	2	3
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Optimism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Interpersonal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Talents / Interests	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Spiritual / Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vocational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community Life	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Well-Being	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Relationship Permanence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A. Caregiver Strengths and Needs

Caregiver Name: Regina Caregiver Relationship to child: Mother Additional primary caregivers? Yes No

For Primary Caregivers in additional Households, Xerox this page and complete this section for each additional Household.

KEY: 0=no evidence / strength 1=some risk, monitor 2=moderate need, act 3=severe need, act immediately / intensively

	0	1	2	3		0	1	2	3
Physical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Residential Stability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Marital / Partner Violence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post-Traumatic Reactions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parental Criminal Behavior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Foster Caregiver Resources and Fit

Caregiver Relationship to child (choose one): Relative Non-relative extended fam. member Other Paid Caregiver

	0	1	2	3		0	1	2	3
Self-care / Daily Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culture Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Motivation for Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment / Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Attainment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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VIII. PSYCHIATRIC HISTORY (include psychiatric hospitalization and residential treatment, etc.):

Date	Provider / Type	Reasons for Treatment	Outcome (was it helpful and why)
03/01/2009	School Counselor	Behavioral problems at school	Reggie reports this was not helpful, that he "didn't trust" the counselor

IX. MEDICAL HISTORY

Primary Physician: (name):SFGH Pediatric Clinic (phone #):222-5566

Other providers / medical: (name):None (phone #):

Alternative: (name):None (phone #):

Date records requested: 05/21/2009

Past / current illnesses and medical conditions (include previous hospitalizations):

Client has asthma, for which he occasionally uses an inhaler. Client has not had any hospitalizations for illness or injuries, other than a broken leg as a result of a biking accident at age 6 years.

Alternative healing practice/date (e.g., acupuncture, hypnosis, etc.): None reported.

Date	Provider / Type	Reasons for Treatment	Outcome (was it helpful and why)
------	-----------------	-----------------------	----------------------------------

Current medication/previous medication (include all prescribed, over the counter medications and holistic/alternative remedies):

Name	Dosage	Date Started	Last Dose	Effectiveness / Side Effects
Inhaler	As needed	01/01/2006	05/20/09	None reported

Allergies: Dust

Date of last physical exam: 09/01/2008

Date of last dental exam: 06/01/2004

X. DEVELOPMENTAL HISTORY

Describe significant events in prenatal/birth/early childhood stages, as well as enduring or pervasive developmental or cognitive difficulties: Mother reports that Reggie's birth was normal, with the exception of some respiratory problems. She stated that he hit all developmental milestones at times that were within normal limits, and that he was curious and playful as a young child. She stated that he has always gotten along well with his siblings, even as a young child.

KEY: 0=no evidence of problems 1=history, mild problems 2=moderate problems 3=severe problems

	0	1	2	3	N/A		0	1	2	3
Motor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Prenatal Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Substance Exposure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Labor & Delivery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Failure to Thrive	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Parent / Sibling Problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Maternal Availability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth Weight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Curiosity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pica	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Playfulness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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X. DEVELOPMENTAL HISTORY (cont.)

Describe significant events in Latency stage (peer/sibling relations, extracurricular activities, delinquency): Reggie began participating in organized basketball in elementary school. He has always been well liked by peers. Due to his mother's work schedule, Reggie was given responsibility for taking care of his younger siblings when he was still a young boy (exact age unclear). He continues to serve as a role model and authority for his younger siblings.

Describe significant events in Adolescence (include onset of puberty, extracurricular activities, teen parenthood, delinquency, gang involvement): Reggie appears larger than his stated age. He reports that he is sexually active with his girlfriend; he reports being monogamous and using protection. He continues to play basketball with his school team, and travels out of state on occasion for competition. He reports no gang involvement. Until recently, he would arrive to school late periodically because of his caretaking responsibilities at home. He appears to have a standing conflict with his biological father, which may have to do with his father's attempts to assert parental authority over Reggie; Reggie reports that his father "always try to tell me what to do" but that his father "ain't no role model."

Complete if youth is 16 years or older OR if the child / youth has any of these needs:

	0	1	2	3		0	1	2	3
Independent Living	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intimate Relationships	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Role	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education Attainment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personality Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Victimization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

XI. ABUSE / TRAUMA HISTORY

Abuse history (include type, age, and details of any neglect, and/or physical, sexual, and emotional abuse): Reggie reports having witnessed community violence and the effects of community violence (persons injured or killed) on multiple occasions. He also reports being the victim of a traumatic event. He reports that three months ago police held him at gunpoint after he was mistakenly identified as a robbery suspect. He reports that since this incident he has not felt safe, and has trouble trusting people. He stated that he "can't stop thinking about it." He has recently become irritable and explosive with authority figures. Reggie also reports that he has witnessed numerous incidents of community violence, including witnessing a man getting beaten with a piece of pipe.

KEY: 0 = no evidence 1 = single event / suspicion of trauma 2 = multiple traumas experienced 3= repeated and severe trauma

	0	1	2	3		TRAUMA SYMPTOMS			
Sexual abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See Below SEE MANUAL FOR SCORING: Affect Regulation Intrusions Attachment Dissociation Adjustment to Trauma	0	1	2	3
Physical Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emotional Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Neglect	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Trauma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Witness Family Violence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Sexual Abuse >0, complete the following: Emotional closeness to Perp. 0 1 2 3 Unk Frequency Duration Force Reaction to Disclosure				
Witness Community Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Violence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural / man-made disaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic Grief / Separation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
War Affected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terrorism Affected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Witness to / Victim of Crime	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

XII. FORMAL SERVICES / SUPPORTS

DHS: 300 legal guardianship adoption voluntary
 DHS Worker **Name:** _____ **Phone #:** _____
 Court Ward (601, 602)
 Probation Officer **Name:** _____ **Phone #:** _____
 Special Education AB3632 **Eligibility/Placement:** _____ **Current IEP (date):** _____
 Wrap Around Services Shadow TBS Mentor Tutor Other: _____
 Family Involvement Team (FIT) **Name:** _____ **Phone #:** _____
 Family Mosaic Project (FMP) **Name:** _____ **Phone #:** _____
 Children's System of Care (CSOC) **Name:** _____ **Phone #:** _____

Other (identify): No use of other formal services / supports reported.



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XIII. Mental Status Examination. Document clinical observations to support mental status listed below: Reggie was fully oriented; made limited eye contact with interviewer. Reported some suicidal ideation; also anger towards father.

Instructions: Check *[x]* box or circle number for the most appropriate answer. If "NORMAL" is checked, go to the next section: If NOT "NORMAL", rate pertinent items only. 1=MILD, 2=MODERATE, 3=SEVERE TERMS ARE DEFINED IN "GLOSSARY" OF DSM IV (p.763).

INTERACTION WITH INTERVIEWER

Rate: Good (G) Fair (F) Poor (P)

	G	F	P
Eye Contact	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Responsive to Questions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excess use of Profanity	1	2	3
Level of Cooperation	G	F	P
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

GENERAL APPEARANCE

NORMAL for:
 Culture Age

	1	2	3
Good Self Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meticulous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eccentric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seductive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inappropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOTOR ACTIVITY

NORMAL for:
 Culture Age

	1	2	3
Increased Amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased Amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tremor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peculiar Posturing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unusual Gait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive Acts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regarding Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPEECH

NORMAL for:
 Culture Age

	1	2	3
Excessive Amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poverty of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slurred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stuttering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFFECT/BEHAVIOR

NORMAL for:
 Culture Age

	1	2	3
Angry Outbursts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Irritable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Impulsive	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hostile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apathetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evasive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overly Dramatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manipulative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Callous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uncooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOOD / SELF REPORT

NORMAL for:
 Culture Age

	1	2	3
Elevated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Euphoric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expansive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nightmares	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dysphoric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NORMAL for:
 Culture Age

	1	2	3
Blocking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circumstantial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tangential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseveration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flight of Ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loose Associatns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incoherence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neologisms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Echolalia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clanging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FLOW OF THOUGHT

CONTENT OF THOUGHT

NORMAL for:
 Culture Age

	1	2	3
Antisocial Attdes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspiciousness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poverty of Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phobias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obsessions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compulsion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feelings of Unreality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts of Running Away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somatic Complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ideas of Guilt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ideas of Hopelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ideas of Worthlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive Religiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Preoccupation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ideas of Reference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illogical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HALLUCINATIONS

Mood Congruent
 Mood Incongruent

	1	2	3
Auditory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Olfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gustatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tactile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dissociative Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DELUSIONS

Systematized
 Mood Congruent
 Mood Incongruent

	1	2	3
Of Persecution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Of Grandeur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Of Reference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being Controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bizarre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nihilistic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Of Poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jealousy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SENSORIUM

NORMAL for:
 Culture Age

Orientation Impaired:

	1	2	3
Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Memory:

Clouding of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor Recent Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor Remote Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTELLECT

NORMAL for:
 Culture Age

	1	2	3
Above Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paucity of Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor Abstraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSIGHT & JUDGMENT

NORMAL for:
 Culture Age

	1	2	3
Poor Insight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor Judgment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Unrealistic Re: Degree of Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doesn't Know Why S/He is Here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unmotivated for Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AREAS OF IMMEDIATE CONCERN

	1	2	3
Suicidal Thghts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assaultive Ideas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homicidal Thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homicidal Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Under Influence of:</i>			
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illicit Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribed Meds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**City and County of San Francisco
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 COMMUNITY BEHAVIORAL HEALTH SERVICES
 CHILD / YOUTH / CANS / MENTAL HEALTH
 ASSESSMENT**

PAGE 8

NAME: REGGIE WILLIAMS

BIS#:

RU#:

XIV. Clinical formulation (*hypothetical reasons/context for presenting problems; if applicable include any relevant cultural factors*): Reggie suffers from chronic environmental stressors that include early childhood abandonment, living in a violent community, and racial profiling. Until a recent traumatic incident, Reggie displayed exceptional coping skills and responsibility. Since this traumatic incident, Reggie has become irritable, hyper-vigilant, and oppositional. He is prone to explosive outbursts, and gets into verbal altercations with his mother and school personnel. He also had a recent physical altercation with his father. His poor concentration and sleep disturbance, along with caretaking responsibilities at home, likely contribute to his affect dysregulation and diminished academic performance. His anxiety-related behaviors are likely maintained by environmental and cognitive triggers of his traumatic event, as well as the diminished capacity of his mother to cope with current stressors and set and enforce boundaries on his behavior. Priorities for intervention include identifying triggers for Reggie's trauma-related anxiety and anger, identifying and teaching alternative ways for Reggie to cope with such feelings, and improving parental capability for supervision and limit-setting.

Diagnosis can only be made by a Licensed Practitioner of the Healing Arts (LPHA)

(Physician, Psychologists [Ph.D.], Licensed Clinical Social Workers [LCSW], Marriage, Family & Child Therapists [MFT], and Registered Nurses. Ph.D., LCSW, MFT candidates w/waivers are considered LPHA)

DSM IV diagnosis (*must be within past 12 months at current assessing clinic. Criteria w/Dx must be documented in section 2 of assessment*):

		DSM Code	Name (Diagnosis)	Check for Primary Diagnosis
AXIS I ▶	Clinical Psychiatric Syndromes & Other Conditions:	309.81	Post-Traumatic Stress Disorder	<input checked="" type="checkbox"/>
		311	R/O Depression NOS	<input type="checkbox"/>
		313.81	R/O Oppositional Defiant D/O	<input type="checkbox"/>
AXIS II ▶	Personality & Special Developmental Disorders:	V71.09	No diagnosis	<input type="checkbox"/>
				<input type="checkbox"/>
AXIS III ▶	Physical Disorders:		Allergy to Dust	
AXIS IV ▶	Psychosocial and Environmental Problem Areas (1-10):		School, community	
AXIS V ▶	GAF Scale:	55		

LPHA Name: _____

Signature: _____

Title: _____

Date: _____

Clinician Completing Assessment

Name: _____

Signature: _____

Title: _____

Date: _____

Co-Signature: _____

Date: _____

(Not required for licensed or waived staff [LPHA] and Mental Health Rehabilitation Specialist [MHRS])



City and County of San Francisco
 Department of Public Health
 COMMUNITY BEHAVIORAL HEALTH SERVICES
 CHILD / YOUTH / CANS / MENTAL HEALTH
 ASSESSMENT

D A C R O

NAME: REGGIE WILLIAMS

BIS#:

RU#:

Behavioral / Emotional Needs (& Trauma Symptoms)

Item: Anxiety	<input checked="" type="checkbox"/> 2 or <input type="checkbox"/> 3	Item: Oppositional	<input checked="" type="checkbox"/> 2 or <input type="checkbox"/> 3
Item: Anger Control	<input checked="" type="checkbox"/> 2 or <input type="checkbox"/> 3	Item: Adjustment to Trauma	<input type="checkbox"/> 2 or <input checked="" type="checkbox"/> 3
Item:	<input type="checkbox"/> 2 or <input type="checkbox"/> 3	Item:	<input type="checkbox"/> 2 or <input type="checkbox"/> 3
Psychosis	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		

Summary of Behavioral / Emotional Needs: None Moderate Serious **Profound**

Life Domain Functioning

Item: Family	<input checked="" type="checkbox"/> 2 or <input type="checkbox"/> 3	Item: Living Situation	<input checked="" type="checkbox"/> 2 or <input type="checkbox"/> 3
Item: School Behavior	<input checked="" type="checkbox"/> 2 or <input type="checkbox"/> 3	Item: School Achievement	<input checked="" type="checkbox"/> 2 or <input type="checkbox"/> 3
Item:	<input type="checkbox"/> 2 or <input type="checkbox"/> 3	Item:	<input type="checkbox"/> 2 or <input type="checkbox"/> 3

Summary of Life Domain Functioning: None Moderate Serious **Profound**

Risk Behaviors

Item: Danger to Others	<input checked="" type="checkbox"/> 2 or <input type="checkbox"/> 3	Item:	<input type="checkbox"/> 2 or <input type="checkbox"/> 3
Item: Judgment	<input checked="" type="checkbox"/> 2 or <input type="checkbox"/> 3	Item:	<input type="checkbox"/> 2 or <input type="checkbox"/> 3
Item:	<input type="checkbox"/> 2 or <input type="checkbox"/> 3	Item:	<input type="checkbox"/> 2 or <input type="checkbox"/> 3

Summary of Risk Behaviors: None Moderate **Serious** Profound

Child Strengths -- Needs

Item: Family	<input checked="" type="checkbox"/> 2 or <input type="checkbox"/> 3	Item: Educational	<input checked="" type="checkbox"/> 2 or <input type="checkbox"/> 3
Item: Vocational	<input checked="" type="checkbox"/> 2 or <input type="checkbox"/> 3	Item: Optimism	<input checked="" type="checkbox"/> 2 or <input type="checkbox"/> 3
Item: Spiritual / Religious	<input type="checkbox"/> 2 or <input checked="" type="checkbox"/> 3	Item: Community Life	<input checked="" type="checkbox"/> 2 or <input type="checkbox"/> 3

Summary of Needs for Strength Development: None Moderate Serious **Profound**

Child Strengths -- Assets

Item: Interpersonal	<input type="checkbox"/> 0 or <input checked="" type="checkbox"/> 1	Item: Well-Being	<input type="checkbox"/> 0 or <input checked="" type="checkbox"/> 1
Item: Talents / Interests	<input type="checkbox"/> 0 or <input checked="" type="checkbox"/> 1	Item: Relationship Permanence	<input type="checkbox"/> 0 or <input checked="" type="checkbox"/> 1
Item:	<input type="checkbox"/> 0 or <input type="checkbox"/> 1	Item:	<input type="checkbox"/> 0 or <input type="checkbox"/> 1

Caregiver Needs / Strengths

Item: Supervision	<input checked="" type="checkbox"/> 2 or <input type="checkbox"/> 3	Item: Knowledge	<input checked="" type="checkbox"/> 2 or <input type="checkbox"/> 3
Item: Resources	<input checked="" type="checkbox"/> 2 or <input type="checkbox"/> 3	Item:	<input type="checkbox"/> 2 or <input type="checkbox"/> 3
Item:	<input type="checkbox"/> 2 or <input type="checkbox"/> 3	Item:	<input type="checkbox"/> 2 or <input type="checkbox"/> 3

Summary of Caregiver Needs / Strengths: None Moderate Serious **Profound**

Foster Caregiver Resources and Fit

Item:	<input type="checkbox"/> 2 or <input type="checkbox"/> 3	Item:	<input type="checkbox"/> 2 or <input type="checkbox"/> 3
Item:	<input type="checkbox"/> 2 or <input type="checkbox"/> 3	Item:	<input type="checkbox"/> 2 or <input type="checkbox"/> 3
Item:	<input type="checkbox"/> 2 or <input type="checkbox"/> 3	Item:	<input type="checkbox"/> 2 or <input type="checkbox"/> 3

Summary of F. Caregiver Resources and Fit: None Moderate Serious Profound

Other Treatment Needs

Item:	<input type="checkbox"/> 2 or <input type="checkbox"/> 3	Item:	<input type="checkbox"/> 2 or <input type="checkbox"/> 3
Item:	<input type="checkbox"/> 2 or <input type="checkbox"/> 3	Item:	<input type="checkbox"/> 2 or <input type="checkbox"/> 3
Item:	<input type="checkbox"/> 2 or <input type="checkbox"/> 3	Item:	<input type="checkbox"/> 2 or <input type="checkbox"/> 3

LOGIC BEHIND THE CLINICAL FORMULATION

Explanation of the Case Formulation Logic:

Reggie recently experienced a traumatic stressor (being held at gunpoint by police) that has disrupted his ability to regulate his emotions and cope with the various challenges in his life. He is using emotion-focused coping strategies (displaying explosive anger, substance use) to cope with these overwhelming feelings. His mother, previously a source of direction and regulation, is having difficulty regulating her own affect, and reportedly relies on substance use to regulate her own affect and feelings of powerlessness.

In order to better regulate his affect, Reggie needs specific strategies for dealing with the memories and emotions that trigger his anxiety and anger. A typical course of treatment would include: psychoeducation about the symptoms and effects of PTSD; training on how to recognize those symptoms; specific skill training around controlled breathing and muscle relaxation; the creation of a hierarchy of feared thoughts and situations; gradual controlled exposure to these anxiety provoking thoughts, memories, and stimuli. In Reggie's case, this would likely be accompanied by primarily conjoint sessions with his mother to ensure consistent identification and response to his PTSD-related symptoms. Should Reggie assent and his mother consent, this would also include ongoing consultation with his teacher. Consultation with the teacher would revolve around providing a consistent, calming response to Reggie's triggered outbursts, and ensuring her safety and the safety of other students when outbursts do occur.

The clinician would also monitor Reggie's substance use. The treatment strategy outlined above is designed to give Reggie more productive ways of coping with overwhelming anxiety and anger. Should Reggie turn instead to avoidance strategies (such as substance use), this would need to be reflected in a new Plan of Care item addressing his substance use.

Reggie's mother also has symptoms of distress that may require individual treatment outside of, but impacting, Reggie's treatment. There is circumstantial evidence and Reggie's report to suggest that losing her job and trying to care for a youth with a challenging response to trauma (as well as two younger children) has greatly taxed her coping resources.

Justification of the diagnosis of PTSD:

Reggie experienced intense fear at being held at gunpoint by police. This has led to recurrent and intrusive distressing recollections of the event. These are accompanied by:

- + Efforts to avoid thoughts, feelings, conversations associated with the trauma
- + Efforts to avoid activities, places, people that arouse recollections of the trauma (particularly the police)
- + Markedly diminished participation in school and family life
- + Feeling of estrangement from mother

Justification of Diagnosis continues on the next page

Justification of Diagnosis (cont.)

and...

Irritability / outbursts of anger

Hypervigilance


for less than 3 months.

= **309.81** Post-Traumatic Stress Disorder, Acute

Reggie also has a specific expression of this anxiety (through angry outbursts directed at authority figures) that potentially threatens others around him and markedly impairs his functioning in multiple life domains (at home, in school). Because of this we have indicated a need to rule out Oppositional Defiant Disorder.

He also has some symptoms of Depression. His sleep disturbance, poor concentration and irritability are common symptoms of Depression. He has also indicated a passive desire to die. These symptoms need to be monitored as Anxiety and Depression are highly co-morbid.

TREATMENT PLAN: KEY INFORMANT VERSION

	City and County of San Francisco Department of Public Health Community Behavioral Health Services Child, Youth, and Family System of Care TREATMENT PLAN OF CARE	Name: REGGIE WILLIAMS BIS: RU:
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DSM IV Diagnosis- Axis I - IV Include code and name. For AB3632 services, goals & interventions must coordinate with IEP Mental Health Addendum

Axis I: 309.81 Post-Traumatic Stress Disorder, Acute; R/O 311 Depression NOS; 313.81 R/O Oppositional Defiant Disorder	Axis III: Allergy to Dust
Axis II: V71.09 No diagnosis	Axis IV: School, Community

Parent and Youth Input (include parent and youth goals in their own words, stated priorities for intervention, treatment barriers and how they will be addressed): **Reggie stated that he would like "to stop having these crazy thoughts [related to the trauma that he recently experienced] and just calm down, I can't concentrate anymore."** He stated that he wants to get his grades up so that he can remain eligible for Varsity Basketball. His mother stated that she would like to, "feel like things are back to normal, but I don't know how to get there. We just need some help right now."

Goals: After completing the CYF Assessment or Treatment Report, list all items rated a '2' or '3' on the Treatment Planning Summary, by Domain. For each item or group of items, describe the expected behavioral change or outcome of addressing the need or deficit. (Updated goals must be dated when added)	Interventions: Describe type, frequency, expected duration of intervention, and to whom it will be provided.	Target Date to meet Goal (6 months unless noted):	At Reassessment: (to be completed w/ next plan of care) CANS Rating
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Domain 1: Behavioral / Emotional Needs	<input type="checkbox"/> No Goal Warranted		Item	0	1	2	3
Item(s): 1 . Symptoms of Anxiety 2 . Oppositional Behavior 3 . Anger control problems 4 . Problems Adjusting to Trauma	<input type="checkbox"/> No Goal Warranted Weekly individual therapy with client; Med. Eval. with Psychiatrist; collateral conjoint therapy with mother as needed; ongoing consultation with teach			□	□	□	□
				□	□	□	□
				□	□	□	□
				□	□	□	□
				□	□	□	□
				□	□	□	□
				□	□	□	□
				□	□	□	□
				□	□	□	□
Expected Behavioral Change/Step-Down Criteria: (1,4) Reduce frequency and intensity of triggered anxiety per client report; (1,2,3,4) Reduce conflict with authority figures per parent and teacher report				□	□	□	□
				□	□	□	□

PLAN CONTINUES ON NEXT PAGE



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 Child, Youth, and Family System of Care
 TREATMENT PLAN OF CARE**

Name: REGGIE WILLIAMS

BIS:

RU:

Goals: After completing the CYF Assessment or Treatment Report, list all items rated a '2' or '3' on the Treatment Planning Summary, by Domain. For each item or group of items, describe the expected behavioral change or outcome of addressing the need or deficit. **(Updated goals must be dated when added)**

Interventions: Describe type, frequency, expected duration of intervention, and to whom it will be provided.

Target Date to meet Goal **(6 months unless noted):**

At Reassessment: **(to be completed w/ next plan of care)**
 CANS Rating

Domain 2: Impact on Functioning

No Goal Warranted

Item 0 1 2 3

Item(s): 1. Problems w/ Family functioning
 2. Difficulty functioning in current Living Situation 3. Problems with School Behavior
 4. Problems with School Achievement

Weekly individual therapy with client; Med. Eval. with Psychiatrist; collateral conjoint therapy with mother as needed; ongoing consultation with teacher

Expected Behavioral Change/Step-Down Criteria:
 (4) Reduce frequency and intensity of triggered anxiety per client report; (1,2,3,4) Reduce conflict with authority figures per parent and teacher report

Domain 3: Risk Behaviors

No Goal Warranted

Item 0 1 2 3

Item(s): 1. Behaviors that are a Danger to Others
 2. Problems with decision-making (Judgment)

Weekly individual therapy with client; Med. Eval. with Psychiatrist; collateral conjoint therapy with mother as needed; ongoing consultation with teacher; develop Safety Plan to address escalation in dangerous behavior

Expected Behavioral Change/Step-Down Criteria:
 (1) Reduce conflict with authority figures per parent and teacher report;
 (2) Increase time Reggie spends with pro-social peers by increasing parental supervision, enforcing curfew per parent and client report

PLAN CONTINUES ON NEXT PAGE



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 BIS:
 RU:

Goals: After completing the CYF Assessment or Treatment Report, list all items rated a '2' or '3' on the Treatment Planning Summary, by Domain. For each item or group of items, describe the expected behavioral change or outcome of addressing the need or deficit. **(Updated goals must be dated when added)**

Interventions: Describe type, frequency, expected duration of intervention, and to whom it will be provided.

Target Date to meet Goal **(6 months unless noted):**

At Reassessment: **(to be completed w/ next plan of care)**
 CANS Rating

Domain 4: Child Strengths

No Goal Warranted

Item 0 1 2 3

Item(s): 1. Difficulty participating in Family activities
 2. Difficulty accessing effective School supports 3. Need to develop Vocational skills
 4. Lack of Optimism 5. Need to develop Spiritual/Religious strengths
 6. Need for involvement in Community Life

Weekly individual therapy with client; Med. Eval. with Psychiatrist; collateral conjoint therapy with mother as needed; ongoing consultation with teacher link to community mentoring / programs at YMCA

Expected Behavioral Change/Step-Down Criteria:
 (1,2) Reduce frequency and intensity of triggered anxiety per client report;
 (1,2) Reduce conflict with authority figures per parent and teacher report;
 (3,4,5,6) Identify community resources for client talent / skill development

Client has indicated that he does not wish to pursue development of Religious / Spiritual strengths.

Domain 5: Caregiver Strengths and Needs

No Goal Warranted

Item 0 1 2 3

Item(s): 1. Caregiver problems in Supervision of child
 2. CG lack of Knowledge of child's strengths/needs
 3. Caregiver's lack of Resources to meet child needs

Weekly individual therapy with client; Med. Eval. with Psychiatrist; collateral conjoint therapy with mother as needed; ongoing consultation with teacher

Expected Behavioral Change/Step-Down Criteria:
 (1) Decrease Reggie's outbursts by increasing parental supervision and limit-setting capacity, per parent and client report; (2)Decrease Reggie's anxiety and irritability by increasing number of symptoms and behaviors that mother can identify as PTSD-related, per parent and client report;
 (3)Increase frequency of appropriate supervision by increasing caregiver access to social and financial resources, per parent report

Domain 6: Foster Caregiver Resources and Fit (if applicable)

No Goal Warranted

Item 0 1 2 3

Item(s):
 .
 .
 .

PLAN CONTINUES ON NEXT PAGE



City and County of San Francisco
Department of Public Health
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TREATMENT PLAN OF CARE

Name: REGGIE WILLIAMS
BIS:
RU:

Goals: After completing the CYF Assessment or Treatment Report, list all items rated a '2' or '3' on the Treatment Planning Summary, by Domain. For each item or group of items, describe the expected behavioral change or outcome of addressing the need or deficit. **(Updated goals must be dated when added)**

Interventions: Describe type, frequency, expected duration of intervention, and to whom it will be provided.

Target Date to meet Goal (6 months unless noted):

At Reassessment: (to be completed w/next plan of care)

CANS Rating

Domain 7: Other Treatment Needs

No Goal Warranted

Item 0 1 2 3

Item(s):

Expected Behavioral Change/Step-Down Criteria:

Staff Name (PRINT):

Staff Signature:

Date:

(if Staff not LPHA, must have a LPHA Co-Signator)

LPHA Signature:

Date:

SIGNATURE of Client/Parent/Guardian/Other Legal Representative: DATE:

By signing, I agree that I have: 1) participated in the development of the Treatment Plan of Care; 2) been informed of the DPH problem resolution and grievance policy; 3) understood that my protected health information may be exchanged verbally, electronically, or in paper format with members of the DPH Safety Net treatment providers as necessary and allowed and outlined in the Notice of DPH Privacy Policies; 4) been informed of how and where the DPH Notice of Privacy Practices may be obtained; 5) been given a copy of the Treatment Plan of Care, if requested.

IF NO SIGNATURE, DOCUMENT THE REASON(S) IN PROGRESS NOTE(S), DATED:

TREATMENT PLAN EXAMPLE: FUNCTIONAL ANALYSIS OF BEHAVIOR VERSION



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Name: REGGIE WILLIAMS
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PAGE 1 of 4

DSM IV Diagnosis- Axis I - IV Include code and name. For AB3632 services, goals & interventions must coordinate with IEP Mental Health Addendum

Axis I: 309.81 Post-Traumatic Stress Disorder, Acute; R/O 311 Depression NOS; 313.81 R/O Oppositional Defiant Disorder

Axis III: Allergy to Dust

Axis II: V71.09 No diagnosis

Axis IV: School, Community

Parent and Youth Input (include parent and youth goals in their own words, stated priorities for intervention, treatment barriers and how they will be addressed): **Reggie stated that he would like "to stop having these crazy thoughts [related to the trauma that he recently experienced] and just calm down, I can't concentrate anymore."** He stated that he wants to get his grades up so that he can remain eligible for Varsity Basketball. His mother stated that she would like to, "feel like things are back to normal, but I don't know how to get there. We just need some help right now."

Goals: After completing the CYF Assessment or Treatment Report, list all items rated a '2' or '3' on the Treatment Planning Summary, by Domain. For each item or group of items, describe the expected behavioral change or outcome of addressing the need or deficit. **(Updated goals must be dated when added)**

Interventions: Describe type, frequency, expected duration of intervention, and to whom it will be provided.

Target Date to meet Goal **(6 months unless noted):**

At Reassessment: **(to be completed w/ next plan of care)**
 CANS Rating

Domain 1: Behavioral / Emotional Needs No Goal Warranted Item 0 1 2 3

Item(s): 1. Symptoms of Anxiety
 2. Oppositional Behavior
 3. Anger control problems
 4. Problems Adjusting to Trauma
 .
 .
 .
 .

Weekly individual therapy with client; Med. Eval. with Psychiatrist; collateral conjoint therapy with mother as needed; ongoing consultation with teach

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expected Behavioral Change/Step-Down Criteria:
 (1,4) Reduce frequency and intensity of triggered anxiety from every day to 1x per week per client report; (1,2,3,4) Reduce conflict with authority figures from 3x per week to 1x per week per parent and teacher report

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Name: REGGIE WILLIAMS

BIS:

RU:

Goals: After completing the CYF Assessment or Treatment Report, list all items rated a '2' or '3' on the Treatment Planning Summary, by Domain. For each item or group of items, describe the expected behavioral change or outcome of addressing the need or deficit. **(Updated goals must be dated when added)**

Interventions: Describe type, frequency, expected duration of intervention, and to whom it will be provided.

Target Date to meet Goal **(6 months unless noted):**

At Reassessment: **(to be completed w/ next plan of care)**
 CANS Rating

Domain 2: Impact on Functioning

No Goal Warranted

Item 0 1 2 3

Item(s): 1. Problems w/ Family functioning
 2. Difficulty functioning in current Living Situation 3. Problems with School Behavior
 4. Problems with School Achievement

Weekly individual therapy with client; Med. Eval. with Psychiatrist; collateral conjoint therapy with mother as needed; ongoing consultation with teacher

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expected Behavioral Change/Step-Down Criteria:
 (4) Reduce frequency and intensity of triggered anxiety from every day to 1x per week per client report; (1,2,3,4) Reduce conflict with authority figures from 3x per week to 1x per week per parent and teacher report

Domain 3: Risk Behaviors

No Goal Warranted

Item 0 1 2 3

Item(s): 1. Behaviors that are a Danger to Others
 2. Problems with decision-making (Judgment)

Weekly individual therapy with client; Med. Eval. with Psychiatrist; collateral conjoint therapy with mother as needed; ongoing consultation with teacher; develop Safety Plan to address escalation in dangerous behavior

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expected Behavioral Change/Step-Down Criteria:
 (1) Reduce conflict with authority figures from 3x per week to 1x per week per parent and teacher report;
 (2) Increase time Reggie spends with pro-social peers by increasing parental supervision from 4 days/wk to 6 days/wk, enforcing curfew per parent and client report

PLAN CONTINUES ON NEXT PAGE



**City and County of San Francisco
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 TREATMENT PLAN OF CARE**

Name: REGGIE WILLIAMS

BIS:

RU:

NAME: REGGIE WILLIAMS
 NAME: REGGIE WILLIAMS

Goals: After completing the CYF Assessment or Treatment Report, list all items rated a '2' or '3' on the Treatment Planning Summary, by Domain. For each item or group of items, describe the expected behavioral change or outcome of addressing the need or deficit. **(Updated goals must be dated when added)**

Interventions: Describe type, frequency, expected duration of intervention, and to whom it will be provided.

Target Date to meet Goal **(6 months unless noted):**

At Reassessment: **(to be completed w/ next plan of care)**
 CANS Rating

Domain 4: Child Strengths

No Goal Warranted

Item 0 1 2 3

Item(s): 1. Difficulty participating in Family activities
 2. Difficulty accessing effective School supports 3. Need to develop Vocational skills
 4. Lack of Optimism 5. Need to develop Spiritual/Religious strengths
 6. Need for involvement in Community Life

Weekly individual therapy with client; Med. Eval. with Psychiatrist; collateral conjoint therapy with mother as needed; ongoing consultation with teacher link to community mentoring / programs at YMCA

Expected Behavioral Change/Step-Down Criteria:
 (1,2) Reduce frequency and intensity of triggered anxiety from 7 days/wk to 1 day/wk per client report; (1,2) Reduce conflict with authority figures from 3x/wk to 1x/wk per parent and teacher report; (3,4,5,6) Identify 2 new community resources for client talent / skill development

Client has indicated that he does not wish to pursue development of Religious / Spiritual strengths.

Domain 5: Caregiver Strengths and Needs

No Goal Warranted

Item 0 1 2 3

Item(s): 1. Caregiver problems in Supervision of child
 2. CG lack of Knowledge of child's strengths/needs
 3. Caregiver's lack of Resources to meet child needs

Weekly individual therapy with client; Med. Eval. with Psychiatrist; collateral conjoint therapy with mother as needed; ongoing consultation with teacher

Expected Behavioral Change/Step-Down Criteria:
 (1) Decrease Reggie's outbursts from 3x/wk to 1x/wk by increasing parental supervision and limit-setting capacity, per parent and client report;
 (2)Decrease Reggie's anxiety and irritability by increasing number of PTS symptoms and behaviors that mother identifies from 0 to 5; (3)Increase frequency of supervision from 4 days/wk to 6 days/wk by increasing caregiver access to social and financial resources, per parent report

Domain 6: Foster Caregiver Resources and Fit (if applicable)

No Goal Warranted

Item 0 1 2 3

Item(s): .
 .
 .
 .

PLAN CONTINUES ON NEXT PAGE



**City and County of San Francisco
 Department of Public Health
 Community Behavioral Health Services
 Child, Youth, and Family System of Care
 TREATMENT PLAN OF CARE**

Name: REGGIE WILLIAMS

BIS:

RU:

Goals: After completing the CYF Assessment or Treatment Report, list all items rated a '2' or '3' on the Treatment Planning Summary, by Domain. For each item or group of items, describe the expected behavioral change or outcome of addressing the need or deficit. **(Updated goals must be dated when added)**

Interventions: Describe type, frequency, expected duration of intervention, and to whom it will be provided.

Target Date to meet Goal **(6 months unless noted):**

At Reassessment: **(to be completed w/next plan of care)**

CANS Rating

Domain 7: Other Treatment Needs

No Goal Warranted

Item	0	1	2	3
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Item(s):

Expected Behavioral Change/Step-Down Criteria:

Staff Name (PRINT):

Staff Signature:

Date:

(if Staff not LPHA, must have a LPHA Co-Signator)

LPHA Signature:

Date:

SIGNATURE of Client/Parent/Guardian/Other Legal Representative:

DATE:

By signing, I agree that I have: 1) participated in the development of the Treatment Plan of Care; 2) been informed of the DPH problem resolution and grievance policy; 3) understood that my protected health information may be exchanged verbally, electronically, or in paper format with members of the DPH Safety Net treatment providers as necessary and allowed and outlined in the Notice of DPH Privacy Policies; 4) been informed of how and where the DPH Notice of Privacy Practices may be obtained; 5) been given a copy of the Treatment Plan of Care, if requested.

IF NO SIGNATURE, DOCUMENT THE REASON(S) IN PROGRESS NOTE(S), DATED:

NOTES ON THE BEHAVIORALLY-SPECIFIC TREATMENT PLAN:

All baseline frequencies in this example are pulled from the narrative in the first two sections (Presentation and Impact on Functioning). Specifically, it mentions conflict with his mother "nearly every other day" and with his teacher resulting in two suspensions. Thus a conservative estimate of the baseline frequency of conflict with authority is 3x per week. He breaks curfew 2-3x per week; thus we extrapolate that supervision and effective curfew enforcement occurs only 4 days / week. Reggie reports that he feels "on edge" for most of the day, nearly every day; his mother corroborates that with her report that he is irritable and hyper-vigilant. Thus we want to reduce his intense feelings of anxiety from 7 days / week. His mother reports that he 'explodes' several times a week; thus we want to decrease such behavior from 3x a week to something less.

For clinicians who regularly build Treatment Plans using only or primarily this method, it is recommended that s/he be explicit about the number of times a behavior occurs at baseline. This means going ahead and getting a number for phrases such as "every other day" that suggest, but do not explicitly state, the frequency of a behavior.

ADDITIONAL OPTIONAL GOALS FOR REGGIE'S PLAN

Under Domain 1, add:

(2) Reduce curfew violation from 3 times per week to no more than once every other week.

Under domain 2, add:

(3) Reduce school suspension to no more than once per school semester.

(3) Improve school grades from D average to B to C average.

(2) Increase frequency of restful sleep from 2-3 nights per week to at least 5 nights per week.

Under domain 5, instead of the (2) goal, replace with:

(2) Reggie and mother can increase identification of PTS symptoms/behaviors and their triggers from 0 to at least 3.

QUESTIONS ON BUILDING A CANS-BASED TREATMENT PLAN

Questions on the “Reggie” Treatment Plan Example

Q: Is it okay for treatment plan goals not to mention frequencies and baselines of behaviors, such as to reduce frequency of triggered anxiety from daily to every three days?

A: Only if the goal is written in a very specific way, e.g. per the examples in the Treatment Plan which specify what constitutes evidence that progress is being made toward goal achievement. However, we are moving towards being increasingly specific, so that we're on the same page with our clients and can celebrate their successes as they reach their goals. If we don't clearly define with our families what constitutes success, then we may never have the occasion to celebrate achieving it. To assist in this, I will be writing a version of the Treatment Plan for Reggie that lays out these goals in the format you described (baseline frequency, expected frequency at 6 months).

Q: Are we supposed to be able to justify the diagnosis in Section I a (current presentation) of the Initial Assessment form as the narrative did not mention the key diagnostic symptoms of PTSD, or elsewhere?

A: In the Presentation section we noted the presence of irritability, hypervigilance, and explosive outbursts directed towards authority figures. In the section "Impact on Functioning," we noted disturbance in concentration, sleep disturbance, oppositional / angry outbursts and impairments in school and at home. In these two sections we justify medical necessity for Specialty Mental Health Services by describing the client's symptoms and their associated impairment. The narrative in these two sections sets up the Clinical Formulation in which we draw from our assessment and lay out our theory of why the person is experiencing these problems and what needs to happen to reduce their symptoms and impairment.