

# Resources for Anna's Case



Anna's Case Report Form

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Completion Guidelines

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Anna's Baseline Reports

# Anna's Case Report Form

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## CIMI Sample Case: Anna



Anna is a 16-year-old Hispanic girl who arrived in the United States from the Dominican Republic when she was 12. Currently she lives at home with her mother, step dad, and two younger brothers.

Anna was referred for therapeutic services by a family court judge following an arrest for exchanging sex for drugs and money. Anna shared with her therapist that she currently sleeps only 3-4 hours per night as she is having trouble with nightmares. Anna constantly feels nervous and shares that she has a lot of problems catching her breath. Anna is proud of her excellent writing ability and academic achievement, but shares that she has not been submitting assignments at school and was recently suspended for skipping class.

During her intake evaluation session, the clinician was able to get Anna's full trauma history which includes sexual abuse by her babysitter from ages 5-8, physical abuse by her father while visiting him at age 7, and domestic violence between her mom and step dad at ages 7-11, which eventually resulted in her step dad's incarceration. Anna and her mother came to the US when Anna was 12. At age 14. Anna was placed in a residential facility for three months for aggressive behavior, truancy, and repeated alcohol and drug use. Anna continues to use substances to deal with the persistent thoughts about her abuse and has started to exchange sex for drugs and money.

## Core Clinical Characteristics (Baseline Assessment Form)

Child ID Number:  -  -  Child's Initials:     
 Center ID Subcenter ID Child ID First Middle Last

### System Screening Information

Please Complete the following.

1. Child's initials:    (Enter a dash if no middle initial.)  
First Middle Last
2. Child's date of birth:   /   /    
Month Day Year  

Select a date that makes  
 Anna 16 based on today's  
 date
3. What sex was the child assigned at birth (on their original birth certificate)?  
 Male  
 Female  
 Declined  
 Don't know/ Information not available
4. Has this child been seen at another NCTSN center(s) for previous episode(s) of care?  
 No  
 Yes  
 Unknown  
 If Yes: Was this child enrolled in the NCTSN Core Data Set or CIMI?  
 No  
 Yes
5. Has this child been seen at this center for a previous episode(s) of care?  
 No  
 Yes  
 If Yes: Was this child already enrolled in the NCTSN's Core Data Set or CIMI?  
 No  
 If No: Click Save to continue Enrollment  
 Yes  
 If Yes: STOP, do not proceed with enrollment.  
 If Yes: GO to the Follow-up Assessment and create a Follow up Visit record.

Child ID Number:     -   -       
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## Baseline Visit and Demographic Information

Complete the following.

1. Date of visit:   /   /     
 Month Day Year
2. How was this form administered?  
 Pen and paper only  
 Electronic only

### BASELINE VISIT INFORMATION

3. Is this the child's first visit at this center for the current episode of care?  
 No  
 If No: How many visits (including today's visit) has the child had at your center for the current episode of care? Number of visits \_\_\_\_\_  
 Yes
4. From whom are you collecting information for this form? (Select all that apply.)  
 Parent (Biological, adoptive, step)  
 Other adult relative  
 Foster parent  
 Agency staff  
 Child/adolescent/self  
 Collateral sources (e.g., Child welfare, case worker)  
 Other, please specify: \_\_\_\_\_
5. Who is currently the legal guardian for this child? (Select only one.)  
 Parent  
 Other adult relative  
 State  
 Emancipated minor (self)  
 Other, please specify: \_\_\_\_\_  
 Unknown
6. How was this child referred for services? (Select all that apply.)  
 Self-Referral  
 Peer Support (e.g., A friend, community support group)  
 Mental Health Provider  
 Courts  
 Child Welfare  
 School  
 Medical Health Provider  
 Other, please specify: \_\_\_\_\_
7. Please specify ZIP code of child's current residence:      (5 digit zip code)  
 Or, check the following if unknown:  Unknown

Child ID Number:  -  -  -   
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**8. What additional services do you intend to provide to the client during the client's course of treatment?**

**(Select all that apply.)**

- Assessment/screening
- Brief intervention
- Brief treatment services
- Evidence-based treatment (e.g., TF-CBT/CPP)
- Ancillary services (e.g., case management)
- Referral to treatment services
- Treatment/ Recovery Planning
- Individual Counseling
- Group Counseling
- Family Counseling
- Other, please specify: \_\_\_\_\_
- Unknown

### **DEMOGRAPHIC INFORMATION**

**1. What is the child's current gender identity (for clients 5 or older)?**

- Male
- Female
- Transmale (female to male)
- Transfemale (male to female)
- Other, please specify: \_\_\_\_\_
- Declined
- Unknown

**2. Which of the following do you consider yourself to be (for clients 12 or older)?**

- Heterosexual (that is straight)
- Lesbian (if female) or Gay (if male)
- Bisexual
- Other, please specify: \_\_\_\_\_
- Declined
- Unknown

**3. Child's ethnicity: (Select only one.)**

- Hispanic or Latino

If Hispanic or Latino: What ethnic group does the child belong to? (Select all that apply.)

- Central American
- Cuban
- Dominican
- Mexican
- Puerto Rican
- South American
- Other, please specify: \_\_\_\_\_
- Unknown
- Not Hispanic or Latino
- Refused
- Unknown

Child ID Number:  -  -  -   
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**DEMOGRAPHIC INFORMATION (CONTINUED)**

4. Child's race (If multiracial, select all that apply.)

- White
- Black/African American
- American Indian
- Alaska Native
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Refused/Prefer not to answer
- Unknown

5. Was the child born in the United States?

- No
  - If No: In what country was the child born? Dominican Republic
  - If No: Please complete the Refugee and Immigrant Families Form (See Page 26)
- Yes
- Unknown

6. Was the child's parent/caregiver born in the United States?

- No
  - If No: In what country was the parent/caregiver born? Dominican Republic
  - If No: Please complete the Refugee and Immigrant Families Form (See Page 26)
- Yes
- Unknown

7. Does the child have one or more siblings enrolled in the Core Data Set/CIMI?

- No
- Yes
  - If Yes: How many? \_\_\_\_\_
  - If Yes: If known, Please enter the ID numbers for the child's sibling(s) \_\_\_\_\_
- Unknown

8. Are you currently serving on active duty in the Armed Forces, the Reserves, or the National Guard (for clients over 18 years old)?

- No
- Yes
  - If Yes: Please complete the Military Families Form (see Page 28)
- Refused
- Unknown

Child ID Number:     -   -       
 Center ID Subcenter ID Child ID

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**DEMOGRAPHIC INFORMATION (CONTINUED)**


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9. Since 2001, has anyone in your [your child's] family or someone close to you [your child] served on active duty in or retired/separated from the Armed Forces, the Reserves, or the National Guard?

No  
 Yes, only one person  
 Yes, more than one person

If Yes: Please complete the Military Families Form (see Page 28)

Refused  
 Unknown

10. How would you rate your [your child's] overall health right now?

If "Fair" or "Poor": Please complete the Health Module (see Page 9)

Excellent  
 Very Good  
 Good  
 Fair  
 Poor  
 Refused  
 Unknown

11. Please indicate the child's physical/medical health status. (Select only one.)

If "mild/treatable," "chronic illness," or "life threatening illness": Please complete the Health Module (see Page 9)

Child has no current health problems or chronic conditions  
 Child has mild/treatable medical problems that require medical treatment  
 Child has chronic illness that requires ongoing medical intervention  
 Child has life threatening illness or medical condition that requires frequent hospitalization and medical intervention  
 Unknown

12. Please indicate where your child gets regular health care. (Select all that apply.)

No regular place (no medical home)  
 Health department  
 Hospital clinic  
 Community health center  
 Private Doctor/ HMO  
 Other, please specify: \_\_\_\_\_  
 Unknown

13. Please indicate healthcare providers currently caring for this child. (Select all that apply.)

Child sees no healthcare providers  
 Primary care provider (Family practice physician, pediatrician, nurse practitioner, physician assistant)  
 Routine preventative care provider (For services such as annual eye exam, dental cleanings)  
 Specialist (e.g., surgeon, heart doctor, allergy doctor, lung doctor, etc.)  
 Occupational therapist, physical therapist, and/or speech-language pathologist  
 Emergency department providers  
 Urgent care providers  
 Unknown  
 Other, please specify: \_\_\_\_\_

14. Height: Feet 5 Inches: 7

Weight: (lbs.) 130

Please check this box if either/both of the above is an estimate.

This will be used to calculate the child's BMI.

Child ID Number:     -   -       
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**DEMOGRAPHIC INFORMATION (CONTINUED)**

15. Has the child ever been diagnosed with a birth defect or developmental disability, including conditions currently well-managed (e.g., difficulty hearing, Autism Spectrum Disorder, intellectual disability, Spina Bifida, etc.)?

 No

If No: Please skip to the next section.

 Yes

If Yes: Please identify the disability/disorder. (Select all that apply.)

- Attention/learning disability/disorder
- Autism Spectrum Disorder/Asperger's
- Blind or serious difficulty seeing
- Cerebral Palsy
- Cystic Fibrosis
- Deaf or serious difficulty hearing
- Down Syndrome
- Intellectual disability/mental retardation
- Muscular Dystrophy
- Spina Bifida
- Tourette's and Tic disorders
- Unknown

 Other, please specify: \_\_\_\_\_ Unknown

If Unknown: Please skip to the next section.

16. For any/all of the birth defect(s) or developmental conditions above, does the child have a current course of treatment?

 No Yes Unknown

If Yes: Please identify the course of treatment. (Select all that apply.)

- Takes oral medication
- Receives injections
- Physical limitations (e.g., restriction from activities, limitations due to condition)
- Prescribed diet
- Orthotics or assistive devices
- Unknown

 Other, please specify: \_\_\_\_\_

17. In the past year, has the child used any healthcare services beyond primary care related to any/all of the birth defect(s) or developmental disabilities above?

 No Yes Unknown

If Yes: Please identify the services. (Select all that apply.)

- Hospital stay
- Emergency department/room
- Surgery
- Urgent Care
- Occupational therapy, physical therapy, and/or speech-language therapy
- Unknown

Child ID Number:  -  -  -   
 Center ID Subcenter ID Child ID

**HEALTH MODULE**

1. Please indicate any current physical/medical health condition(s) and rate the condition's impact on the child's ability to perform activities of daily living using the following scale: the child does not have this condition (**no condition**), the condition has a **mild** impact on daily living, the condition has a **moderate** impact on daily living, or the condition has a **severe** impact on daily living). (Select all conditions that apply.)

Physical/Medical Health Condition	If child has/exhibits this condition, please rate impact on activities of daily living.			
	<input type="checkbox"/> No Condition	<input checked="" type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
1. Allergy (to medications, food, animals, insects, environment)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Cancer/Leukemia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dental Conditions (e.g., Tooth decay, gum disease, other major dental problems, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Diabetes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Encopresis (If over 5 years old, having bowel movement accidents in pants/bed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Enuresis (If over 5 years old, wetting pants/bed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Feeding Conditions (e.g., eats non-foods, has swallowing difficulties, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. GI Problems (e.g., constipation, stomach aches, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Headaches/Migraines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Heart Conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Physical Impairments (e.g., visual, hearing, speech, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Recurrent Ear Infections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Seizures/Convulsions/Epilepsy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Weight Issues (overweight, underweight)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Weight Loss/Weight Gain/Thyroid Problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Other, please specify: _____	<input checked="" type="checkbox"/> No Condition	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe

2. For any/all of the conditions above, does the child have a current course of treatment?

No  
 Yes  
 Unknown

If Yes: please identify the course of treatment (Select all that apply.)

- Takes oral medication
- Receives injections (e.g., allergy shots, insulin for diabetes)
- Has physical limitations (e.g., restriction on activities, limitations due to illness or condition)
- Follows a prescribed diet
- Unknown
- Other, please specify: \_\_\_\_\_

Child ID Number: 

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Center ID                      Subcenter ID                      Child ID

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**HEALTH MODULE (CONTINUED)**

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3. In the past year, has the child used any healthcare services beyond routine care related to any/all of the conditions above?

No  
 Yes  
 Unknown

If Yes: Please identify the services. (Select all that apply.)

- Hospital stay  
 Emergency department/room  
 Surgery  
 Urgent Care  
 Occupational therapy, physical therapy, and/or speech-language therapy  
 Unknown

Child ID Number:     -   -

Center ID

Subcenter ID

Child ID

**INSURANCE INFORMATION**

1. Is the child currently covered by any type of public or private health insurance?

 No

If No: Skip to Question 2

 Yes

If Yes: Specify type below in Question 1a

 Unknown

- 1a. What type of public or private health insurance is currently covering the child? (Select all that apply.)

 Public:

- Children's Health Insurance Program (CHIP)
- Indian Health Service
- Medicaid
- Medicare
- Military health care (TRICARE, CHAMPVA)
- Unknown
- Other public, please specify: \_\_\_\_\_

 Private:

- HMO
- PPO
- Fee-for-service
- Unknown
- Other private, please specify: \_\_\_\_\_

2. Is the child's parent/guardian covered by any type of insurance?

 No

If No: Skip to Domestic Environment

 Yes

If Yes: Specify type below in Question 2a

 Unknown

- 2a. What type of public or private health insurance is currently covering the child's parent/guardian? (Select all that apply.)

 Public:

- Children's Health Insurance Program (CHIP) (Parents under 18 years of age)
- Indian Health Service
- Medicaid
- Medicare
- Military health care (TRICARE, CHAMPVA)
- Other public, please specify: \_\_\_\_\_

 Private:

- HMO
- PPO
- Fee-for-service
- Other private, please specify: \_\_\_\_\_

Child ID Number:     -   -        
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**DOMESTIC ENVIRONMENT**

1. Where is the child's current primary residence? (Select only one.)
 

<input type="checkbox"/> Independent (alone or with peers)	<input type="checkbox"/> Correctional facility
<input checked="" type="checkbox"/> Home (with parent(s))	<input type="checkbox"/> Homeless
<input type="checkbox"/> With relatives or other family	<input type="checkbox"/> Shelter
<input type="checkbox"/> Regular foster care	<input type="checkbox"/> Unknown
<input type="checkbox"/> Treatment foster care	<input type="checkbox"/> Other, please specify: _____
<input type="checkbox"/> Residential treatment center	
2. How many months has the child been living in above setting? (Select only one.)
 

<input type="checkbox"/> Less than 1 month
<input type="checkbox"/> Entire Life
<input type="checkbox"/> 1-6 months
<input type="checkbox"/> 7-12 months
<input checked="" type="checkbox"/> 13-24 months
<input type="checkbox"/> Greater than 24 months
<input type="checkbox"/> Unknown
3. During the course of the child's life how many out of home placements has he/she had (i.e., Foster care, group home, correctional facility)? (Select only one.)
 

<input type="checkbox"/> 0
<input type="checkbox"/> 1
<input checked="" type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4
<input type="checkbox"/> 5
<input type="checkbox"/> More than 5 placements
<input type="checkbox"/> Unknown
4. In the past 30 days, where have you [has your child] been living most of the time? (Select only one.)
 

<input checked="" type="checkbox"/> Caregiver's owned or rented house, apartment, trailer, or room
<input type="checkbox"/> Independently owned or rented house, apartment, trailer, or room
<input type="checkbox"/> Someone else's house, apartment, trailer, or room
<input type="checkbox"/> Homeless (shelter, street/outdoors, park)
<input type="checkbox"/> Group home
<input type="checkbox"/> Foster care (specialized therapeutic treatment)
<input type="checkbox"/> Transitional living facility
<input type="checkbox"/> Hospital (medical)
<input type="checkbox"/> Hospital (psychiatric)
<input type="checkbox"/> Detox/inpatient or residential substance abuse treatment facility
<input type="checkbox"/> Correctional facility (juvenile detention center/jail/prison)
<input type="checkbox"/> Refused
<input type="checkbox"/> Unknown
<input type="checkbox"/> Other housing, please specify: _____

Child ID Number:     -   -

Center ID                          Subcenter ID                          Child ID

**DOMESTIC ENVIRONMENT (CONTINUED)**

5. The following question refers to stability in housing for the child.

In the past 30 days, how many...	Number of Nights/ Times	Refused	Unknown
a. nights have you [has your child] been homeless?	<input type="text"/> 0	<input type="checkbox"/>	<input type="checkbox"/>
b. nights have you [has your child] spent in a hospital for mental health care?	<input type="text"/> 0	<input type="checkbox"/>	<input type="checkbox"/>
c. nights have you [has your child] spent in a facility for detox/inpatient or residential substance abuse treatment?	<input type="text"/> 0	<input type="checkbox"/>	<input type="checkbox"/>
d. nights have you [has your child] spent in a correctional facility, including juvenile detention, jail, or prison?	<input type="text"/> 2	<input type="checkbox"/>	<input type="checkbox"/>
[ADD UP THE TOTAL NUMBER OF NIGHTS SPENT HOMELESS, IN HOSPITAL FOR MENTAL HEALTH CARE, IN DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT, OR IN A CORRECTIONAL FACILITY. (ITEMS A-D CANNOT EXCEED 30 NIGHTS).]	<input type="text"/> 2		
e. times have you [has your child] gone to an emergency room for a psychiatric or emotional problem?	<input type="text"/> 0	<input type="checkbox"/>	<input type="checkbox"/>

Child ID Number:     -   -       
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**DOMESTIC ENVIRONMENT DETAILS**

If 'Home (with parent(s))' or 'With relatives or other family' is selected for primary residence on the Domestic Environment form at Baseline, complete the following questions.

1. What types of adults live in the home with the child? (Select all that apply.)

- Mother (Biological, adoptive, or step)
- Father (Biological, adoptive, or step)
- Parent's partner/significant other
- Grandparent
- Other adult relative (e.g., aunts, cousins)
- Other adult non-relative
- Unknown
- Other, please specify: \_\_\_\_\_

2. Total number of adults (18 years of age or older) living in child's home: 2  
 Or, check the following if unknown:  Unknown

3. Total number of children younger than 18 years of age (including client) living in child's home: 3  
 Or, check the following if unknown:  Unknown

4. Primary language spoken at home: (Select only one.)

- English
- Spanish
- French
- Mandarin
- Cantonese
- Navaho
- Japanese
- Korean
- Russian
- Arabic
- Hebrew
- Unknown
- Other, please specify: \_\_\_\_\_

5. What is the total income for the child's household for the past year, before taxes and including all sources? (US \$) (Select only one.)

- Less than \$5,000
- \$5,000 – \$9,999
- \$10,000 – \$14,999
- \$15,000 – \$19,999
- \$20,000 – \$24,999
- \$25,000 – \$34,999
- \$35,000 – \$49,999
- \$50,000 – \$74,999
- \$75,000 – \$99,999
- \$100,000 and over
- Unknown
- Other, please specify: \_\_\_\_\_

Child ID Number: 

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Center ID                      Subcenter ID                      Child ID

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**DOMESTIC ENVIRONMENT DETAILS (CONTINUED)**

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**Caregiver Rating:**

6. Please rate your family's resources (income and other resources available to address family needs).

(Select only one.)

- My family has financial resources necessary to meet our needs  
 My family has financial resources necessary to meet most of our needs; however, some limitations exist  
 My family has financial difficulties that limit our ability to meet significant family needs  
 My family has been experiencing financial hardship, poverty  
 Unknown

**Clinician Rating:**

7. Please rate the child and caregiving system.

- Resilient  
 Average adaptive, could benefit from education or information on post-trauma adjustment  
 Risk of disturbance and intervention recommended  
 Disturbance and in need of intensive intervention  
 Unknown

**EDUCATION**

1. What is the highest level of education you have (your child has) finished, whether or not you (he/she has) received a degree?

<input type="checkbox"/> Never attended	<input type="checkbox"/> 8 <sup>th</sup> Grade
<input type="checkbox"/> Preschool	<input type="checkbox"/> 9 <sup>th</sup> Grade
<input type="checkbox"/> Kindergarten	<input checked="" type="checkbox"/> 10 <sup>th</sup> Grade
<input type="checkbox"/> 1 <sup>st</sup> Grade	<input type="checkbox"/> 11 <sup>th</sup> Grade
<input type="checkbox"/> 2 <sup>nd</sup> Grade	<input type="checkbox"/> 12 <sup>th</sup> Grade
<input type="checkbox"/> 3 <sup>rd</sup> Grade	<input type="checkbox"/> 12 <sup>th</sup> Grade/high school diploma/equivalent (GED)
<input type="checkbox"/> 4 <sup>th</sup> Grade	<input type="checkbox"/> Vocational/technical diploma
<input type="checkbox"/> 5 <sup>th</sup> Grade	<input type="checkbox"/> Some college or university
<input type="checkbox"/> 6 <sup>th</sup> Grade	<input type="checkbox"/> Refused
<input type="checkbox"/> 7 <sup>th</sup> Grade	<input type="checkbox"/> Unknown

2. During the past 30 days of school, how many days were you [was your child] absent for any reason?

0 days  
 1 day  
 2 days  
 3 to 5 days  
 6 to 10 days  
 More than 10 days  
 Refused  
 Unknown  
 Not applicable

- a. If absent, how many days were unexcused absences?

<input type="checkbox"/> 0 days	<input type="checkbox"/> More than 10 days
<input type="checkbox"/> 1 day	<input type="checkbox"/> Refused
<input type="checkbox"/> 2 days	<input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> 3 to 5 days	<input type="checkbox"/> Not applicable
<input type="checkbox"/> 6 to 10 days	

**INDICATORS OF SEVERITY OF PROBLEMS – CHILDREN 6 AND ABOVE**

This section relates to the types of problems and experiences the child might have displayed. Indicate if the child experienced these types of problems within the past 30 days. Please answer each question.

This section should be completed for children ages 6 and older.

All responses should be the Indicator of Severity of problems experienced within the past 30 days.

<p>1. Academic problems ( i.e., Problems with school work or grades)</p>	<input type="checkbox"/> Not a problem <input checked="" type="checkbox"/> Somewhat/sometimes a problem <input type="checkbox"/> Very much/often a problem <input type="checkbox"/> Unknown
<p>2. Behavior problems in school or daycare (i.e., Getting into trouble, detention, suspension, expulsion)</p>	<input type="checkbox"/> Not a problem <input type="checkbox"/> Somewhat/sometimes a problem <input checked="" type="checkbox"/> Very much/often a problem <input type="checkbox"/> Unknown
<p>3. Problems with skipping school or daycare (i.e., Where he/she skipped at least 4 days in the past month, or skipped parts of the day on at least half of the school days)</p>	<input type="checkbox"/> Not a problem <input type="checkbox"/> Somewhat/sometimes a problem <input checked="" type="checkbox"/> Very much/often a problem <input type="checkbox"/> Unknown
<p>4. Behavior problems at home or community (i.e., Violent or aggressive behavior; breaking rules, fighting, destroying property, or other dangerous or illegal behavior)</p>	<input type="checkbox"/> Not a problem <input type="checkbox"/> Somewhat/sometimes a problem <input checked="" type="checkbox"/> Very much/often a problem <input type="checkbox"/> Unknown
<p>5. Suicidality (i.e., Thinking about killing himself/herself or attempting to do so)</p>	<input checked="" type="checkbox"/> Not a problem <input type="checkbox"/> Somewhat/sometimes a problem <input type="checkbox"/> Very much/often a problem <input type="checkbox"/> Unknown
<p>6. Other self-injurious behaviors (i.e., Cutting him/herself, pulling out his/her own hair)</p>	<input checked="" type="checkbox"/> Not a problem <input type="checkbox"/> Somewhat/sometimes a problem <input type="checkbox"/> Very much/often a problem <input type="checkbox"/> Unknown
<p>7. Developmentally inappropriate sexualized behaviors (i.e., Saying or doing things about sex that children his/her age do not usually know or do)</p>	<input type="checkbox"/> Not a problem <input checked="" type="checkbox"/> Somewhat/sometimes a problem <input type="checkbox"/> Very much/often a problem <input type="checkbox"/> Unknown
<p>8. Alcohol use (i.e., Use of alcohol)</p>	<input type="checkbox"/> Not a problem <input type="checkbox"/> Somewhat/sometimes a problem <input checked="" type="checkbox"/> Very much/often a problem <input type="checkbox"/> Unknown
<p>9. Substance use (i.e., Use of illicit drugs or misuse of prescription medication)</p>	<input type="checkbox"/> Not a problem <input type="checkbox"/> Somewhat/sometimes a problem <input checked="" type="checkbox"/> Very much/often a problem <input type="checkbox"/> Unknown
<p>10. Attachment problems (i.e., Difficulty forming and maintaining trusting relationships with other people)</p>	<input type="checkbox"/> Not a problem <input type="checkbox"/> Somewhat/sometimes a problem <input checked="" type="checkbox"/> Very much/often a problem <input type="checkbox"/> Unknown
<p>11. Criminal activity (i.e., Activities that are illegal, and/or that have resulted in being stopped by the police or arrested)</p>	<input type="checkbox"/> Not a problem <input type="checkbox"/> Somewhat/sometimes a problem <input checked="" type="checkbox"/> Very much/often a problem <input type="checkbox"/> Unknown

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**INDICATORS OF SEVERITY OF PROBLEMS – CHILDREN 6 AND ABOVE (CONTINUED)**

12. Running away from home (i.e., Staying away for at least one night)  
 Not a problem  
 Somewhat/sometimes a problem  
 Very much/often a problem  
 Unknown
13. Commercial Sex (i.e., Exchanging sex for money, drugs or other resources, prostitution)  
 Not a problem  
 Somewhat/sometimes a problem  
 Very much/often a problem  
 Unknown
14. Child has shown signs of an eating disorder (Anorexia, Binge Eating, and/or Bulimia)  
 Not a problem  
 Somewhat/sometimes a problem  
 Very much/often a problem  
 Unknown
15. Child has other medical problems or disabilities (i.e., Chronic or recurrent condition that affects the child's ability to function)  
 Not a problem  
 Somewhat/sometimes a problem  
 Very much/often a problem  
 Unknown

**Suicide Detail:**

Please complete if the answer to question 5 above is "Somewhat" or "Very much."

16. Has the child ever talked about killing themselves (suicide)?

No

Yes

If Yes: In the past 30 days, has the child talked about committing suicide?

Yes

Unknown

Unknown

17. Has the child ever attempted suicide?

No

Yes

If Yes: In the past 30 days, has the child attempted suicide?

No

Yes

Unknown

Unknown

**Criminal Activity Detail:**

Please complete if the answer to question 11 above is "Somewhat" or "Very much."

18. In the past 30 days, how many times have you [has your child] been arrested?

Times: 1

Refused

Unknown

Child ID Number:  -  -

Center ID                      Subcenter ID                      Child ID

### SERVICES RECEIVED IN PAST 30 DAYS, LIFETIME, AND AS A RESULT OF TRAUMA

**BASELINE INSTRUCTIONS:** Has the child received any of these services or been placed in any of the following within the past 30 days (excluding today's visit) or during their lifetime (excluding the past 30 days)? Did the child receive the services as a result of trauma (could have been anytime during his or her life)? These may include services provided by your center, as well as services provided by any other clinician, setting, or sector.

	Past 30 Days	Lifetime	As a Result of Trauma
1. Inpatient psychiatric unit or a hospital for mental health problems	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
2. Residential treatment center (Self-contained treatment facility where the child lives and goes to school)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown
3. Detention center, training school, jail, or prison	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
4. Group home (Group residence in a community setting)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
5. Treatment foster care (Placement with foster parents who receive special training and supervision to help children with problems)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
6. Probation officer or court counselor	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
7. Day treatment program (Day program that includes a focus on therapy and may also provide education while the child is there)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
8. Case management or care coordination (Someone who helps the child get the kinds of services s/he needs)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown
9. In-home counseling (Services, therapy, or treatment provided in the child's home)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
10. Outpatient therapy (From psychologist, social worker, therapist, or other counselor)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown
11. Outpatient treatment from a psychiatrist	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
12. Primary care physician/pediatrician for symptoms related to trauma or emotional/behavioral problems. (Excluding emergency department)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
13. School counselor, school psychologist, or school social worker (For behavioral or emotional problems)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
14. Special class, special school, or Early Intervention Services (Part B or C) (For all or part of the day)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

Child ID Number:  -  -  -   
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**SERVICES RECEIVED IN PAST 30 DAYS, LIFETIME, AND AS A RESULT OF TRAUMA (CONTINUED)**

	Past 30 Days	Lifetime	As a Result of Trauma
15. Child welfare (Excluding foster care)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown
16. Social services other than child welfare (e.g., TANF, food stamps, child care)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
17. Foster care (Placement in kinship or non-relative foster care)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
18. Therapeutic recreation services	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
19. Hospital emergency room (For problems related to trauma or emotional or behavioral problems)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
20. Self-help groups (e.g., AA, NA)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
21. Medication management	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
22. Home Visiting (e.g., Visit from doctor/nurse, psychiatrist, probation officer, social worker)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
23. Head Start Program or Early Intervention Service Coordination	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
24. Parent education and skill-building programs	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
25. Peer support / therapy	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
26. 'Wraparound' services	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
27. Mentor	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
28. Other, please specify: _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

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**SERVICES RECEIVED IN PAST 30 DAYS, LIFETIME, AND AS A RESULT OF TRAUMA (CONTINUED)**

29. If the child received outpatient therapy/ treatment, please indicate which of the following treatment modalities were received. (Select all that apply.)

	Past 30 Days	Lifetime
Attachment-based therapy		
Behavioral therapy		✓
Cognitive therapy		
Cognitive behavioral therapy		
Expressive therapies (e.g., drawing, movement, theater)		
Family therapy		
Narrative therapy		
Phase-oriented trauma treatment		
Play therapy		
Psychoanalysis		
Psychodynamic psychotherapy		
Social skills training		✓
Solution-focused therapy		
Stress management/relaxation training		
Supportive therapy		
Other, please specify:		

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**REFUGEE AND IMMIGRANT FAMILIES FORM**

If the child was not born in the United States, as indicated by question 5 in the Baseline Visit and Demographic Information Form above, and/or if the child has a parent who was not born in the United States as indicated by question 6, please complete the following questions. These questions require detailed information; please include caregiver if appropriate.

Please note that *ethnic origin* in this case refers to culture or social background, traditions, identity group, language, and/or religious traditions.

1. How old was the child when he/she first entered the United States?

Age of entry 12

- Child was born in the United States  
 Unknown

2. What is the ethnic origin of the child? Dominican/Hispanic

3. Was the child's mother born in the United States?

No

If No: In what country was the child's mother born? Dominican Republic

If No: What is her ethnic origin? Dominican/Hispanic

- Yes  
 Unknown

4. Was the child's father born in the United States?

No

If No: In what country was the child's father born? Dominican Republic

If No: What is his ethnic origin? Dominican/Hispanic

- Yes  
 Unknown

5. Please indicate if the child has ever had any of the following statuses. (Select all that apply.)

- None  
 Refugee (U.S. government refugee status, "A refugee is someone who has been forced to flee his or her country because of persecution, war, or violence")  
 Asylee (formally going through a legal process to become an asylee because of fear of persecution in their country of origin)  
 Immigrant  
 Unknown

6. Please indicate if the parents have ever had any of the following statuses. (Select all that apply.)

- None  
 Refugee (U.S. government refugee status, "A refugee is someone who has been forced to flee his or her country because of persecution, war, or violence")  
 Asylee (formally going through a legal process to become an asylee because of fear of persecution in their country of origin)  
 Immigrant  
 Unknown

7. Did the child ever live in a refugee or detention camp?

No

Yes

If Yes: How long did the child live in a refugee/detention camp(s)?

Months: \_\_\_\_\_ Years: \_\_\_\_\_

- Unknown

Child ID Number: 

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Center ID                      Subcenter ID                      Child ID

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**REFUGEE AND IMMIGRANT FAMILIES FORM (CONTINUED)**

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8. How well do the child's parent(s)/primary caregiver(s) speak English? (Select only one. Please respond with respect to the parent/caregiver who is most proficient in English.)

Speaks little or no English  
 Speaks some English  
 Speaks English well  
 Unknown

9. How well does the child speak English (for a child of his or her age)? (Select only one.)

Speaks little or no English  
 Speaks some English  
 Speaks English well  
 Unknown

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**FAMILY ASSESSMENT MODULE – FAMILY APGAR (CAREGIVER REPORT)**

The following 5 questions are designed to be completed by the child's caregiver.

The following questions have been designed to help us better understand you and your family. You should feel free to ask questions about any item in the questionnaire. Answer each question as "hardly ever," "some of the time," "almost always," or "unknown." Family is defined as the individual(s) with whom you usually live.

- |   |  |
|---|--|
| <p>1. I am satisfied with the help that I receive from my family when something is troubling me.</p>                          | <input type="checkbox"/> Hardly ever<br><input checked="" type="checkbox"/> Some of the time<br><input type="checkbox"/> Almost always<br><input type="checkbox"/> Unknown |
| <hr/>   |  |
| <p>2. I am satisfied with the way my family discusses items of common interest and shares problem-solving with me.</p>        | <input checked="" type="checkbox"/> Hardly ever<br><input type="checkbox"/> Some of the time<br><input type="checkbox"/> Almost always<br><input type="checkbox"/> Unknown |
| <hr/>   |  |
| <p>3. I find that my family accepts my wishes to take on new activities or make changes in my life-style.</p>                 | <input type="checkbox"/> Hardly ever<br><input checked="" type="checkbox"/> Some of the time<br><input type="checkbox"/> Almost always<br><input type="checkbox"/> Unknown |
| <hr/>   |  |
| <p>4. I am satisfied with the way my family expresses affection and responds to feelings such as anger, sorrow, and love.</p> | <input type="checkbox"/> Hardly ever<br><input checked="" type="checkbox"/> Some of the time<br><input type="checkbox"/> Almost always<br><input type="checkbox"/> Unknown |
| <hr/>   |  |
| <p>5. I am satisfied with the amount of time my family and I spend together.</p>  | <input type="checkbox"/> Hardly ever<br><input type="checkbox"/> Some of the time<br><input checked="" type="checkbox"/> Almost always<br><input type="checkbox"/> Unknown |

From: G. Smilkstein. "The Family APGAR: A proposal for Family Function Test and Its Use by Physicians" Journal of Family Practice, 1978, 6, 1231-1239

Child ID Number:    -   -       
 Center ID Subcenter ID Child ID

**CANS STRENGTHS ASSESSMENT (CLINICIAN RATING) – CHILDREN AGES 3 AND ABOVE**

FROM THE CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) – TRAUMA COMPREHENSIVE MANUAL  
MARCH 2013 – CHILD STRENGTHS DOMAIN

*These ratings describe a range of assets that children and adolescents may possess that can facilitate healthy development. An absence of a strength is not necessarily a need, but an indication that strength-building activities are needed. In general, strengths are more trait-like, stable characteristics; however, the 30-day rating window still applies unless over-ridden by the action levels described below:*

0 = A well-developed or centerpiece strength. This area may be able to be used as a protective factor and a centerpiece for a strength-based plan.

1 = An area where a useful strength is evident but requires some effort to maximize this strength. This is a strength that might be able to be used and built upon in treatment.

2 = An area where strengths have been identified but require significant strength-building efforts.

3 = An area where no current strength is identified; there is no evidence of a strength in this area.

97 = Not Applicable

*\*Note: When you have no information/evidence about a strength in this area, use a score of 3;*

*Lower ratings are indicative of more adaptive functioning whereas higher scores can indicate*

*absence of strengths or the need for strength building.*

1. FAMILY – Family refers to all family members as defined by the youth or biological relatives and significant others with whom the child is still in contact. Is the family (as defined by the child) a support and strength to the child?

<input type="checkbox"/>	Significant family strengths. There is at least one family member who has a strong loving relationship with the child and is able to provide significant emotional or concrete support
<input type="checkbox"/>	Moderate level of family strengths. There is at least one family member who has a strong loving relationship with the child and is able to provide limited emotional or concrete support
<input checked="" type="checkbox"/>	Mild level of family strengths. Family members are known, but currently none are able to provide emotional or concrete support
<input type="checkbox"/>	This level indicates a child with no known family strengths. There are no known family members

2. INTERPERSONAL – This rating refers to the interpersonal skills of the child or youth both with peers and adults.

<input type="checkbox"/>	Significant interpersonal strengths. Child has close friends and is friendly with others
<input type="checkbox"/>	Moderate level of interpersonal strengths. Child may have a history of forming positive relationships with peers and/or non-caregivers. Child may have at least one healthy relationship, and is friendly with others
<input checked="" type="checkbox"/>	Mild level of interpersonal strengths. Child has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships
<input type="checkbox"/>	Very limited ability to make and maintain positive relationships. Child lacks social skills and has no history of positive relationships with peers and adults

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**CANS STRENGTHS ASSESSMENT (CLINICIAN RATING) (CONTINUED)****3. EDUCATIONAL SETTING** – *This rating refers to the strengths of the school system or the child's preschool setting, and may or may not reflect any specific educational skills possessed by the child or youth.*

<input type="checkbox"/>	This level indicates a child who is in school and is involved with an educational plan (or IEP) that appears to exceed expectations. School works exceptionally well with family and caregivers to create a special learning environment that meets the child's needs. Someone at the school goes above and beyond to take a healthy interest in the educational success of the child
<input type="checkbox"/>	This level indicates a child who is in school and has a plan that appears to be effective. School works fairly well with family and caregivers to ensure appropriate educational development
<input checked="" type="checkbox"/>	This level indicates a child who is in school but has a plan that does not appear to be effective
<input type="checkbox"/>	This level indicates a child who is either not in school or is in a school setting that does not further his/her education
<input type="checkbox"/>	This item is only rated not applicable when a child is not in a school or preschool setting

**4. VOCATIONAL** – *Generally this rating is reserved for adolescents and is not applicable for children 14 years and younger. Computer skills would be rated here. Scoring of this item supplements Ansell-Casey assessment.*

<input type="checkbox"/>	This level indicates an adolescent with vocational skills who is currently working in a natural environment
<input type="checkbox"/>	This level indicates an adolescent with pre-vocational and some vocational skills but limited work experience
<input checked="" type="checkbox"/>	This level indicates an adolescent with some pre-vocational skills but who is not presently working in any area related to those skills. This also may indicate a child or youth with a clear vocational preference
<input type="checkbox"/>	This level indicates an adolescent with no known or identifiable vocational or pre-vocational skills and no expression of any future vocational preferences
<input type="checkbox"/>	This item can be rated not applicable when a child is under 14 years old

**5. COPING AND SAVORING SKILLS** – *This rating should be based on the psychological strengths that the child or adolescent might have developed including both the ability to enjoy positive life experiences and manage negative life experiences. This should be rated independent of the child's current level of distress.*

<input type="checkbox"/>	This level indicates a child with exceptional psychological strengths. Both coping and savoring skills are well-developed
<input type="checkbox"/>	This level indicates a child with good psychological strengths. The person has solid coping skills for managing negative life experiences or solid savoring skills that include the ability to enjoy positive life experiences/pleasurable events
<input checked="" type="checkbox"/>	This level indicates a child with limited psychological strengths. For example, a person with very low self-esteem or someone who has difficulty managing negative life events would be rated here
<input type="checkbox"/>	This level indicates a child with no known or identifiable psychological strengths. This child is not able to enjoy positive experiences and has significant difficulties coping with negative life events. This may be due to intellectual impairment or serious psychiatric disorders

**6. OPTIMISM** – *This rating should be based on the child or adolescent's sense of him/herself in his/her own future. This is intended to rate the child's positive future orientation.*

<input type="checkbox"/>	Child has a strong and stable optimistic outlook on his/her life. Child is future oriented
<input type="checkbox"/>	Child is generally optimistic. Child is likely able to articulate some positive future vision
<input checked="" type="checkbox"/>	Child has difficulties maintaining a positive view of him/herself and his/her life. Child may be overly pessimistic
<input type="checkbox"/>	Child has difficulties seeing any positives about him/herself or his/her life

Child ID Number: 

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**CANS STRENGTHS ASSESSMENT (CLINICIAN RATING) (CONTINUED)****7. TALENT/INTERESTS – This rating should be based broadly on any talent, creative or artistic skill a child or adolescent may have including art, theatre, music, athletics, etc.**

<input checked="" type="checkbox"/>	This level indicates a child with significant creative/artistic strengths. A child/youth who receives a significant amount of personal benefit from activities surrounding a talent would be rated here
<input type="checkbox"/>	This level indicates a child with a notable talent. For example, a youth who is involved in athletics or plays a musical instrument but without gaining significant personal benefit would be rated here
<input type="checkbox"/>	This level indicates a child who has expressed interest in developing a specific talent or talents even if they have not developed that talent to date
<input type="checkbox"/>	This level indicates a child with no known talents, interests, or hobbies

**8. SPIRITUAL/RELIGIOUS – This rating should be based on the child or adolescent's and their family's involvement in spiritual or religious beliefs and activities.**

<input type="checkbox"/>	This level indicates a child with strong moral and spiritual strengths. Child may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort him/her in difficult times
<input checked="" type="checkbox"/>	This level indicates a child with some moral and spiritual strengths. Child may be involved in a religious community
<input type="checkbox"/>	This level indicates a child with few spiritual or religious strengths. Child may have little contact with religious institutions
<input type="checkbox"/>	This level indicates a child with no known spiritual or religious involvement

**9. COMMUNITY LIFE – This rating should be based on the child or adolescent's level of involvement in the cultural aspects of life in his/her community.**

<input type="checkbox"/>	This level indicates a child with extensive and substantial long-term ties with the community. For example, individual may be a member of a community group (e.g., Girl or Boy Scout, etc.) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.
<input type="checkbox"/>	This level indicates a child with significant community ties although they may be relatively short term (e.g., past year)
<input checked="" type="checkbox"/>	This level indicates a child with limited ties and/or supports from the community
<input type="checkbox"/>	This level indicates a child with no known ties or supports from the community

**10. RELATIONSHIP PERMANENCE – This rating refers to the stability of significant relationships in the child or youth's life. This likely includes family members, but may also include other individuals.**

<input type="checkbox"/>	This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of his/her life and are likely to remain so in the foreseeable future. Child is involved with both parents
<input type="checkbox"/>	This level indicates a child who has had one or more stable relationships but there is some concern about instability in the near future (one year) due to transitions, divorce, or illness, etc. A child who has a stable relationship with only one parent may be rated here
<input checked="" type="checkbox"/>	This level indicates a child who has had only one stable relationship over his/her lifetime and is at more immediate risk of instability due to life transitions, relocation, etc. which has the potential to disrupt this relationship
<input type="checkbox"/>	This level indicates a child who does not have any stability in relationships

Child ID Number: 

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**CANS STRENGTHS ASSESSMENT (CLINICIAN RATING) (CONTINUED)**

**11. RESILIENCE** – *This rating refers to the child's or youth's ability to recognize his or her strengths and use them in times of need or to support his/her own development.*

<input type="checkbox"/>	Child is able to recognize and use his/her strengths for healthy development and problem solving
<input checked="" type="checkbox"/>	Child recognizes his/her strengths, but is not yet able to use them in support of his/her healthy development or problem solving
<input type="checkbox"/>	Child has limited ability to recognize and use his/her strengths to support healthy development and/or problem solving
<input type="checkbox"/>	Child fails to recognize his/her strengths and is therefore unable to utilize them

**FROM:**

Kisiel, C., Lyons, J.S., Blaustein, M., Fehrenbach, T., Griffin, G., Germain, J., Saxe, G., Ellis, H., Praed Foundation, & National Child Traumatic Stress Network. (2010). *Child and adolescent needs and strengths (CANS) manual: The NCTSN CANS Comprehensive – Trauma Version: A comprehensive information integration tool for children and adolescents exposed to traumatic events*. Chicago, IL: Praed Foundation/Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.

Child ID Number: 

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**CLINICAL EVALUATION**

Based on your clinical evaluation, for questions 1-30 please check each problem/symptom/disorder currently displayed by the child. For question 31, please indicate the *primary* problem/symptom/disorder currently displayed by the child. Please note that some of the categories have changed to reflect the DSM-5.

Clinical Problems, Symptoms, and Disorders	Child has/exhibits this problem? (Select all that apply.)		
1. Attention-Deficit/Hyperactivity Disorder (ADHD) (persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development)	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Probable	<input type="checkbox"/> Definite
2. Bipolar Disorder (presence of manic episode(s) and major depressive episode(s)) (e.g., Bipolar I, Bipolar II, or related disorders)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Probable	<input type="checkbox"/> Definite
3. Depressive Symptoms (e.g., depressed mood, diminished interest or pleasure in activities)	<input type="checkbox"/> No	<input type="checkbox"/> Probable	<input checked="" type="checkbox"/> Definite
4. Depressive Disorder (Disruptive Mood Dysregulation Disorder, Major Depressive Disorder, or related disorders)	<input type="checkbox"/> No	<input type="checkbox"/> Probable	<input checked="" type="checkbox"/> Definite
5. Traumatic/Complicated Grief (response to significant loss; can include sadness, rumination about the loss, insomnia, poor appetite, etc.)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Probable	<input type="checkbox"/> Definite
6. Generalized Anxiety Disorder (excessive anxiety and worry about a number of events or activities, such as work or school performance; difficulty controlling worry)	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Probable	<input type="checkbox"/> Definite
7. Separation Anxiety Disorder (developmentally inappropriate and excessive fear or anxiety concerning separation from those to whom the individual is attached)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Probable	<input type="checkbox"/> Definite
8. Social Anxiety Disorder (Social Phobia) (fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Probable	<input type="checkbox"/> Definite
9. Panic Disorder (recurrent unexpected panic attacks)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Probable	<input type="checkbox"/> Definite
10. Specific Phobia (marked fear or anxiety about a specific object or situation)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Probable	<input type="checkbox"/> Definite
11. Obsessive Compulsive and Related Disorders (presence of obsessions, compulsions, or both) (e.g., trichotillomania [pulling out own hair], hoarding, body dysmorphic disorder, etc.)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Probable	<input type="checkbox"/> Definite
12. Acute Stress Disorder (exposure to actual or threatened death, serious injury, or sexual violation and presence of associated symptoms for up to one month after trauma exposure)	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Probable	<input type="checkbox"/> Definite
13. Post-Traumatic Stress Disorder (exposure to actual or threatened death, serious injury, or sexual violence and the presence of associated symptoms for more than one month)	<input type="checkbox"/> No	<input type="checkbox"/> Probable	<input checked="" type="checkbox"/> Definite
14. Adjustment Disorder (development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s))	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Probable	<input type="checkbox"/> Definite

Child ID Number:  -  -  -   
 Center ID Subcenter ID Child ID

**CLINICAL EVALUATION (CONTINUED)**

Clinical Problems, Symptoms, and Disorders		Child has/exhibits this problem? (Select all that apply.)		
15. Attachment Problems/ Difficulties (difficulty forming and maintaining trusting relationships with other people)		<input type="checkbox"/> No	<input type="checkbox"/> Probable	<input checked="" type="checkbox"/> Definite
16. Dissociative Symptoms (disruption of and/or discontinuity in the normal integration of consciousness, memory, emotion, behavior, etc.)		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Probable	<input type="checkbox"/> Definite
17. Dissociative Disorder (e.g., Dissociative Identity Disorder, Dissociative Amnesia, etc.)		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Probable	<input type="checkbox"/> Definite
18. Somatization (one or more somatic symptoms that are distressing or result in significant disruption in daily life) (e.g., abdominal pain, headache, fatigue, nausea, etc.)		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Probable	<input type="checkbox"/> Definite
19. Feeding and Eating Disorder (persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food and that significantly impairs physical health or psychosocial functioning) (e.g., Pica, Anorexia Nervosa, Binge-Eating Disorder, etc.)		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Probable	<input type="checkbox"/> Definite
20. Sleep-Wake Disorder (sleep-wake complaints regarding the quality, timing, and amount of sleep) (e.g., narcolepsy, insomnia, etc.)		<input type="checkbox"/> No	<input type="checkbox"/> Probable	<input checked="" type="checkbox"/> Definite
21. Sexual Behavioral Problems (e.g., saying or doing things about sex that is age inappropriate)		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Probable	<input type="checkbox"/> Definite
22. Oppositional Defiant Disorder (e.g., pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness)		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Probable	<input type="checkbox"/> Definite
23. Conduct Disorder (e.g., repetitive and persistent pattern of behavior in which the basic rights of others or major age appropriate society norms or rules are violated)		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Probable	<input type="checkbox"/> Definite
24. Intermittent Explosive Disorder (e.g., recurrent behavioral outbursts representing a failure to control aggressive impulses)		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Probable	<input type="checkbox"/> Definite
25. General Behavioral Problems (e.g., violent or aggressive behavior, breaking rules, fighting, destroying property, or other dangerous or illegal behavior)		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Probable	<input type="checkbox"/> Definite
26. Substance Abuse Problems (e.g., use of alcohol, illicit drugs, or misuse of prescription medication)		<input type="checkbox"/> No	<input type="checkbox"/> Probable	<input checked="" type="checkbox"/> Definite
27. Substance-Related and Addictive Disorders (e.g., Alcohol Use Disorder, Cannabis Use Disorder, Opioid Use Disorder, etc.)		<input type="checkbox"/> No	<input type="checkbox"/> Probable	<input checked="" type="checkbox"/> Definite
28. Suicidality (e.g., thinking about killing himself/herself or attempting to do so)		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Probable	<input type="checkbox"/> Definite
29. Suicidal Behavior Disorder (individual has made a suicide attempt in the past 24 months)		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Probable	<input type="checkbox"/> Definite

Child ID Number: 


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Center ID                      Subcenter ID                      Child ID

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**CLINICAL EVALUATION (CONTINUED)**

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30. Are there any other additional problems/symptoms currently displayed by this child?

- No  
 Yes

Please specify: \_\_\_\_\_

31. Please indicate the *primary* problem/symptom/disorder currently displayed by this child.

(Select only one.)

- Attention-Deficit/Hyperactivity Disorder (ADHD)  
 Bipolar Disorder  
 Depressive Symptoms  
 Depressive Disorder  
 Traumatic/Complicated Grief  
 Generalized Anxiety Disorder  
 Separation Anxiety Disorder  
 Social Anxiety Disorder (Social Phobia)  
 Panic Disorder  
 Specific Phobia  
 Obsessive Compulsive and Related Disorders  
 Acute Stress Disorder  
 Post-Traumatic Stress Disorder  
 Adjustment Disorder  
 Attachment Problems/Difficulties  
 Dissociative Symptoms  
 Dissociative Disorder  
 Somatization  
 Feeding and Eating Disorder  
 Sleep-Wake Disorder  
 Sexual Behavioral Problems  
 Oppositional Defiant Disorder  
 Conduct Disorder  
 Intermittent Explosive Disorder  
 General Behavioral Problems  
 Substance Abuse Problems  
 Substance-Related and Addictive Disorders  
 Suicidality  
 Suicidal Behavior Disorder  
 Other, please specify: \_\_\_\_\_

Child ID Number: 

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      Center ID      Subcenter ID      Child ID

**BRIEF INTERVENTION SERVICES INFORMATION**

**Brief Intervention** refers to the number of sessions that a child/family may receive. If a child/family is only going to receive 3–6 sessions (e.g., crisis response/stabilization), then complete the following.

1. Is this child/family receiving brief intervention services?

No  
 Yes

If Yes: Please complete the requested information for EACH treatment the child/family is receiving through a brief intervention. A new entry is required for each type of intervention and each distinct set of start/stop dates.

2. What treatment component(s) is the child/family receiving for this brief episode of care?  
(Select all that apply.)

Screening  
 Assessment  
 Case Consultation  
 Case Management  
 Child and Family Traumatic Stress Intervention (CFTSI)  
 Psychological First Aid (PFA)  
 Skills for Psychological Recovery  
 Acute Crisis Response and Management  
 Referral Services  
 Psycho-education  
 Safety Planning  
 Individual Therapy  
 Family Therapy  
 Group Therapy  
 Support Group  
 Other, please specify: \_\_\_\_\_

3. Date this brief episode of care began: 

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      Month      Day      Year

**Answer question 4 after the child/family terminated the selected treatment component(s).**

4. Did this child/family complete the treatment component(s) offered during this brief episode of care?

No, left treatment before completing

If No: Date left treatment: 

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      Month      Day      Year

Yes, completed treatment

If Yes: Date completed treatment: 

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      Month      Day      Year

Child ID Number: 

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**NCTSN BREAKTHROUGH SERIES/LEARNING COLLABORATIVE(S)**

Please complete the following.

1. Is this child/family receiving a treatment from a therapist participating in a breakthrough series or learning collaborative for that treatment?

No  
 Yes

If Yes: Please complete the requested information for EACH treatment the child/family is receiving through a breakthrough series or learning collaborative. A new entry is required for each type of treatment and each distinct set of start/stop dates.

2. Is the breakthrough series or learning collaborative led by the UCLA-Duke University National Center for Child Traumatic Stress?

No  
 Yes  
 Unknown

3. What treatment is this child/family receiving through a therapist participating in a breakthrough series or other learning collaborative? (Select only one.)

Trauma-Focused Cognitive Behavior Therapy (TF-CBT)  
 Life Skills/Life Stories  
 Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)  
 Trauma Adaptive Recovery Group Education and Therapy TARGET (TARGET)  
 Trauma Systems Therapy (TST)  
 Child Parent Psychotherapy (CPP)  
 Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)  
 Sexual Behavior Problems Therapy (SBP)  
 Parent-Child Interaction Therapy (PCIT)  
 Other, please specify name of treatment: \_\_\_\_\_

4. Date this treatment began: 

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Month

Day

Year

Complete question 5 after the child/family has terminated this treatment.

5. Did this child/family complete this treatment?

No, left this treatment before completing

If No: Date left this treatment: 

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Month

Day

Year

Yes, completed treatment

If Yes: Date completed this treatment: 

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Month

Day

Year

**NOMS****FUNCTIONING**

1. In order to provide the best possible mental health and related services, we need to know what you think about how well you were [your child was] able to deal with everyday life during the past 30 days. Please indicate your disagreement/agreement with each of the following statements.

STATEMENT	RESPONSE OPTIONS						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Refused	Not Applicable
a. I am [my child is] handling daily life.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
b. I get [my child gets] along with family members.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
c. I get [my child gets] along with friends and other people.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am [my child is] doing well in school and/or work.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
e. I am [my child is] able to cope when things go wrong.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
f. I am satisfied with our family life right now.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

2. The following questions ask about how you have been feeling during that past 30 days. For each question, please indicate how often you had this feeling.

QUESTION	RESPONSE OPTIONS						Refused
	All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time	Refused	
During the past 30 days, about how often did you feel...							Unknown
a. Nervous?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. So depressed that nothing would cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. That everything was an effort?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Worthless?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**FUNCTIONING (CONTINUED)**

3. The following questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record these if you have taken them for reasons or in doses other than prescribed.

QUESTION	RESPONSE OPTIONS					
	Never	Once or Twice	Weekly	Daily or Almost Daily	Refused	Unknown
In the past 30 days, how often have you used...						
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcoholic beverages (beer, wine, liquor, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cannabis (marijuana, pot, grass, hash, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine (coke, crack, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Methamphetamine (speed, crystal meth, ice, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Inhalants (nitrous oxide, glue gas, paint thinner, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Street opioids (heroin, opium, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other, please specify (e-cigarettes, etc.):	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child ID Number:  -  -  -   
 Center ID Subcenter ID Child ID

**PERCEPTION OF CARE**

1. In order to provide the best possible mental health and related services, we need to know what you think about the services you [your child] received during the past 30 days, the people who provided it, and the results. Please indicate your disagreement/agreement with each of the following statements.

STATEMENT	RESPONSE OPTIONS					
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Refused
a. Staff here treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Staff respected my family's religious/ spiritual beliefs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff spoke with me in a way that I understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Staff was sensitive to my cultural/ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I helped choose my [my child's] services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I helped to choose my [my child's] treatment goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I participated in my [my child's] treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Overall, I am satisfied with the services I [my child] received.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The people helping me [my child] stuck with me [us], no matter what.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I felt I had [my child had] someone to talk to when I [he/she] was troubled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The services I [my child and/or family] received were right for me [us].	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I [my family] got the help I [we] wanted [for my child].	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I [my family] got as much help as I [we] needed [for my child].	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Indicate who administered Question 1, above.

- Administrative staff
- Care coordinator
- Case manager
- Clinician providing direct services
- Clinician not providing services
- Consumer peer
- Data collector
- Evaluator
- Family advocate
- Research assistant staff
- Self-administered
- Other, please specify: \_\_\_\_\_

Child ID Number:  -  -  -   
 Center ID Subcenter ID Child ID

**Core Clinical Characteristics  
(Baseline Assessment Form)**

**SOCIAL CONNECTEDNESS**

1. Please indicate your disagreement/agreement with each of the following statements. Please answer for relationships with persons other than your [your child's] mental health provider(s) over the past 30 days.

STATEMENT	RESPONSE OPTIONS					
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Refused
a. I know people who will listen and understand me when I need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have people who I am comfortable talking with about my [my child's] problems.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In a crisis, I would have the support I need from family or friends.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have people with whom I can do enjoyable things.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**END OF BASELINE FORM**

## UCLA PTSD REACTION INDEX FOR CHILDREN/ADOLESCENTS – DSM-5©

Here is a list of problems people can have after bad things happen. Please think about the bad thing that happened to you that bothers you the most now. For each problem CIRCLE ONE of the numbers (0, 1, 2, 3 or 4) that tells how often the problem happened to you in the past month, even if the bad thing happened a long time ago. Use the Frequency Rating Sheet to help you decide how often the problem happened in the past month.

<i><b>HOW MUCH OF THE TIME DURING THE PAST MONTH...</b></i>		None	Little	Some	Much	Most
1 <sub>E3</sub>	I am on the lookout for danger or things that I am afraid of (like looking over my shoulder even when nothing is there).	0	1	2	3	4
2 <sub>D2</sub>	I have thoughts like, "I am bad."	0	1	2	3	4
3 <sub>C2</sub>	I try to stay away from people, places, or things that remind me about what happened.	0	1	2	3	4
4 <sub>E1</sub>	I get upset easily or get into arguments or physical fights.	0	1	2	3	4
5 <sub>B3</sub>	I feel like I am back at the time when the bad thing happened, like it's happening all over again.	0	1	2	3	4
6 <sub>D4</sub>	I feel like what happened was sickening or gross.	0	1	2	3	4
7 <sub>D5</sub>	I don't feel like doing things with my family or friends or other things that I liked to do.	0	1	2	3	4
8 <sub>E5</sub>	I have trouble concentrating or paying attention.	0	1	2	3	4
9 <sub>D2</sub>	I have thoughts like, "The world is really dangerous."	0	1	2	3	4
10 <sub>B2</sub>	I have bad dreams about what happened, or other bad dreams.	0	1	2	3	4
11 <sub>B4</sub>	When something reminds me of what happened I get very upset, afraid, or sad.	0	1	2	3	4
12 <sub>D7</sub>	I have trouble feeling happiness or love.	0	1	2	3	4
13 <sub>C1</sub>	I try not to think about or have feelings about what happened.	0	1	2	3	4
14 <sub>B5</sub>	When something reminds me of what happened, I have strong feelings in my body like my heart beats fast, my head aches or my stomach aches.	0	1	2	3	4
15 <sub>D3</sub>	I am mad with someone for making the bad thing happen, not doing more to stop it, or to help after.	0	1	2	3	4
16 <sub>B2</sub>	I have thoughts like, "I will never be able to trust other people."	0	1	2	3	4
17 <sub>D6</sub>	I feel alone even when I am around other people.	0	1	2	3	4
18 <sub>B1</sub>	I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I don't want them to.	0	1	2	3	4
19 <sub>D3</sub>	I feel that part of what happened was my fault.	0	1	2	3	4
20 <sub>E2</sub>	I hurt myself on purpose.	0	1	2	3	4
21 <sub>E6</sub>	I have trouble going to sleep, wake up often, or have trouble getting back to sleep.	0	1	2	3	4
22 <sub>D4</sub>	I feel ashamed or embarrassed over what happened.	0	1	2	3	4

23D1	I have trouble remembering important parts of what happened.	0	1	2	3	4
24E4	I feel jumpy or startle easily, like when I hear a loud noise or when something surprises me.	0	1	2	3	4
25D4	I feel afraid or scared.	0	1	2	3	4
26E2	I do risky or unsafe things that could really hurt me or someone else.	0	1	2	3	4
27D4	I want to get back at someone for what happened.	0	1	2	3	4

#### With Dissociative Symptoms (Dissociative Subtype)

28A1	I feel like I am seeing myself or what I am doing from outside my body (like watching myself in a movie).	0	1	2	3	4
29A1	I feel not connected to my body, like I'm not really there inside.	0	1	2	3	4
30A2	I feel like things around me look strange, different, or like I am in a fog.	0	1	2	3	4
31A2	I feel like things around me are not real, like I am in a dream.	0	1	2	3	4

**Clinician:** Check whether the reactions (thoughts and feelings) above appear to cause clinically significant *distress or functional impairment*.

Clinically Significant Distress: (check if youth endorses #1 below)

Yes     No 1. Do these reactions (thoughts and feelings) bother or upset you a lot?

Clinically Significant Functional Impairment: (check if functional impairment at home, at school, in peer relationships, in developmental progression)

Home: (check if youth endorses #1, #2, or #3 below)

- Yes     No 1. Do these reactions (thoughts and feelings) make it harder for you to get along with people at home?
- Yes     No 2. Do these reactions (thoughts and feelings) get you into trouble at home?
- Yes     No 3. Do these reactions (thoughts and feelings) cause some other problem at home?

Describe: *I am always afraid something else is going to happen so I use drugs to forget. To get the drugs I have to lie and steal.*

School: (check if youth endorses #1 or #2 below)

- Yes     No 1. Do these reactions (thoughts and feelings) make it harder for you to do well in school?
- Yes     No 2. Do these reactions (thoughts and feelings) cause other problems at school?

Describe: *I am having a hard time getting my work done and my grades are starting to suffer.*

Peer Relationships: (check if youth endorses #1 below)

- Yes     No 1. Do these reactions (thoughts and feelings) make it harder for you to get along with your friends or make new friends?
- Describe: *I can't trust anyone. People at my school make fun of me.*

Developmental Progression: (check if youth endorses #1 below)

- Yes     No 1. Do these reactions (thoughts and feelings) make it harder for you to do important things that other kids your age are doing?
- Yes     No 2. Other (describe): *graduate from school; keeping a real job*



Please print

## CHILD BEHAVIOR CHECKLIST FOR AGES 6-18

For office use only  
ID # \_\_\_\_\_

CHILD'S FULL NAME	First <u>Anna</u>	Middle <u>Maria</u>	Last <u>Rodriguez</u>	PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)								
CHILD'S GENDER	<input type="checkbox"/> Boy	<input checked="" type="checkbox"/> Girl	CHILD'S AGE <u>16</u>	CHILD'S ETHNIC GROUP OR RACE <u>Hispanic</u>	FATHER'S TYPE OF WORK _____							
TODAY'S DATE Mo. <u>01</u> Day <u>05</u> Year <u>15</u>		CHILD'S BIRTHDATE Mo. <u>10</u> Day <u>16</u> Year <u>98</u>		MOTHER'S TYPE OF WORK _____								
GRADE IN SCHOOL <u>10</u>	Please fill out this form to reflect your view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided on page 2. <i>Be sure to answer all items.</i>											
NOT ATTENDING SCHOOL <input type="checkbox"/>												
I. Please list the sports your child most likes to take part in. For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.				Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?				
<input type="checkbox"/> None a. _____ b. _____ c. _____				Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average	Don't Know	
				<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"/>	
II. Please list your child's favorite hobbies, activities, and games, other than sports. For example: stamps, dolls, books, piano, crafts, cars, computers, singing, etc. (Do not include listening to radio or TV.)				Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?				
<input type="checkbox"/> None a. _____ b. _____ c. _____				Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average	Don't Know	
				<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"/>	
III. Please list any organizations, clubs, teams, or groups your child belongs to.				Compared to others of the same age, how active is he/she in each?								
<input type="checkbox"/> None a. _____ b. _____ c. _____				Less Active	Average	More Active	Don't Know					
				<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"/>					
IV. Please list any jobs or chores your child has. For example: paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)				Compared to others of the same age, how well does he/she carry them out?								
<input type="checkbox"/> None a. _____ b. _____ c. _____				Below Average	Average	Above Average	Don't Know					
				<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"/>					
<i>Be sure you answered all items. Then see other side.</i>												

*Please print. Be sure to answer all items.*

**0 = Not True (as far as you know)**

**1 = Somewhat or Sometimes True**

**2 = Very True or Often True**

<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	57. Physically attacks people	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	84. Strange behavior (describe): _____
<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2	58. Picks nose, skin, or other parts of body (describe): _____	<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2	85. Strange ideas (describe): _____
<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	59. Plays with own sex parts in public	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	86. Stubborn, sullen, or irritable
<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	60. Plays with own sex parts too much	<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2	87. Sudden changes in mood or feelings
<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	61. Poor school work	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	88. Sulks a lot
<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	62. Poorly coordinated or clumsy	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	89. Suspicious
<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	63. Prefers being with older kids	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	90. Swearing or obscene language
<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	64. Prefers being with younger kids	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	91. Talks about killing self
<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2	65. Refuses to talk	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	92. Talks or walks in sleep (describe): _____
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	66. Repeats certain acts over and over; compulsions (describe): _____	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	93. Talks too much
<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	67. Runs away from home	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	94. Teases a lot
<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	68. Screams a lot	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	95. Temper tantrums or hot temper
<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2	69. Secretive, keeps things to self	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	96. Thinks about sex too much
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	70. Sees things that aren't there (describe): _____	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	97. Threatens people
<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2	71. Self-conscious or easily embarrassed	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	98. Thumb-sucking
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	72. Sets fires	<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2	99. Smokes, chews, or sniffs tobacco
<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	73. Sexual problems (describe): _____	<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2	100. Trouble sleeping (describe): _____
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	74. Showing off or clowning	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	101. Truancy, skips school
<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	75. Too shy or timid	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	102. Underactive, slow moving, or lacks energy
<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	76. Sleeps less than most kids	<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2	103. Unhappy, sad, or depressed
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	77. Sleeps more than most kids during day and/or night (describe): _____	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	104. Unusually loud
<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2	78. Inattentive or easily distracted	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	105. Uses drugs for nonmedical purposes ( <i>don't</i> <i>include alcohol or tobacco</i> ) (describe): _____
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	79. Speech problem (describe): _____	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	106. Vandalism
<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2	80. Stares blankly	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	107. Wets self during the day
<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2	81. Steals at home	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	108. Wets the bed
<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2	82. Steals outside the home	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	109. Whining
<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	83. Stores up too many things he/she doesn't need (describe): _____	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	110. Wishes to be of opposite sex
				<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2	111. Withdrawn, doesn't get involved with others
				<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2	112. Worries
							113. Please write in any problems your child has that were not listed above: <u>WAS arrested</u>

*Please print. Be sure to answer all items.*

Below is a list of items that describe children and youths. For each item that describes your child *now or within the past 6 months*, please circle the **2** if the item is *very true or often true* of your child. Circle the **1** if the item is *somewhat or sometimes true* of your child. If the item is *not true* of your child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to your child.

**0 = Not True (as far as you know)**

**1 = Somewhat or Sometimes True**

**2 = Very True or Often True**

<p><input type="radio"/> 0   <input type="radio"/> 1   <input checked="" type="radio"/> 2   1. Acts too young for his/her age</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   2. Drinks alcohol without parents' approval (describe): _____</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   3. Argues a lot</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   4. Fails to finish things he/she starts</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   5. There is very little he/she enjoys</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   6. Bowel movements outside toilet</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   7. Bragging, boasting</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   8. Can't concentrate, can't pay attention for long</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   9. Can't get his/her mind off certain thoughts; obsessions (describe): _____</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   10. Can't sit still, restless, or hyperactive</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   11. Clings to adults or too dependent</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   12. Complains of loneliness</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   13. Confused or seems to be in a fog</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   14. Cries a lot</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   15. Cruel to animals</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   16. Cruelty, bullying, or meanness to others</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   17. Daydreams or gets lost in his/her thoughts</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   18. Deliberately harms self or attempts suicide</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   19. Demands a lot of attention</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   20. Destroys his/her own things</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   21. Destroys things belonging to his/her family or others</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   22. Disobedient at home</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   23. Disobedient at school</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   24. Doesn't eat well</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   25. Doesn't get along with other kids</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   26. Doesn't seem to feel guilty after misbehaving</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   27. Easily jealous</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   28. Breaks rules at home, school, or elsewhere</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   29. Fears certain animals, situations, or places, other than school (describe): _____</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   30. Fears going to school</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   31. Fears he/she might think or do something bad</p>	<p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   32. Feels he/she has to be perfect</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   33. Feels or complains that no one loves him/her</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   34. Feels others are out to get him/her</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   35. Feels worthless or inferior</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   36. Gets hurt a lot, accident-prone</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   37. Gets in many fights</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   38. Gets teased a lot</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   39. Hangs around with others who get in trouble</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   40. Hears sound or voices that aren't there (describe): _____</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   41. Impulsive or acts without thinking</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   42. Would rather be alone than with others</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   43. Lying or cheating</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   44. Bites fingernails</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   45. Nervous, highstrung, or tense</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   46. Nervous movements or twitching (describe): _____</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   47. Nightmares</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   48. Not liked by other kids</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   49. Constipated, doesn't move bowels</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   50. Too fearful or anxious</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   51. Feels dizzy or lightheaded</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   52. Feels too guilty</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   53. Overeating</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   54. Overtired without good reason</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   55. Overweight</p> <p><input type="radio"/> 0   <input checked="" type="radio"/> 1   <input type="radio"/> 2   56. Physical problems <i>without known medical cause:</i></p> <ul style="list-style-type: none"> <li>a. Aches or pains (<i>not</i> stomach or headaches)</li> <li>b. Headaches</li> <li>c. Nausea, feels sick</li> <li>d. Problems with eyes (<i>not</i> if corrected by glasses) (describe): _____</li> <li>e. Rashes or other skin problems</li> <li>f. Stomachaches</li> <li>g. Vomiting, throwing up</li> <li>h. Other (describe): _____</li> </ul>
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# Strengths and Difficulties Questionnaire

P 11-17

For each item, please mark the box for Not True, Somewhat True, or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behavior over the last six months.

Your child's name..... Anna Rodriguez.....

Male/Female

Date of birth..... 10/16/98.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shares readily with other youth, for example CDs, games, food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Would rather be alone than with other youth	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has at least one good friend	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other youth or bullies them	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Generally liked by other youth	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nervous in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Picked on or bullied by other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Often offers to help others (parents, teachers, children)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gets along better with adults than with other youth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Good attention span, sees chores or homework through to the end	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behavior, or being able to get on with other people?

No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes," please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- Do the difficulties upset or distress your child?

Not at all	Only a little	A medium amount	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	A medium amount	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties put a burden on you or the family as a whole?

	Not at all	Only a little	A medium amount	A great deal
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Signature.....*Olga Rodriguez*.....

Date.....*1/5/15*.....

Mother/Father/Other (please specify):

# Strengths and Difficulties Questionnaire

S 11-17

For each item, please mark the box for Not True, Somewhat True, or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behavior over the last six months.

Your name... Anna Rodriguez

Male/Female

Date of birth... 10/16/98

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I usually share with others, for example CDs, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I would rather be alone than with people of my age	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I have one good friend or more	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I often offer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I get along better with adults than with people my own age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Overall, do you think that you have difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?

No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes," please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- Do the difficulties upset or distress you?

Not at all	Only a little	A medium amount	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with your everyday life in the following areas?

	Not at all	Only a little	A medium amount	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?

	Not at all	Only a little	A medium amount	A great deal
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Your Signature.....*Anna Rodriguez*

Today's Date.....1/5/15.....

## Core Clinical Characteristics (General Trauma Information Form)

Child ID Number:  -  -  -  -  -  -   
 Center ID:  Subcenter ID:  Child ID:

When were the questions on this form administered/updated? 01/05/15

### GENERAL TRAUMA INFORMATION

Please complete the following based on the client's trauma history. This information should be maintained during treatment if trauma is experienced or new trauma is revealed.

Trauma Type	Has child experienced this trauma? (Circle an answer for all Trauma Types)	When was this type of trauma experienced? (Age in years) (Check all ages that apply)																	
		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1. Sexual Maltreatment/Abuse: (Actual or attempted sexual molestation, exploitation or coercion by a caregiver) <i>Please note a new Trafficking category is available</i>	No <input checked="" type="radio"/> Yes <input type="radio"/> Suspected <input type="radio"/> Unknown																		
2. Sexual Assault/Rape: (Actual or attempted sexual molestation, or coercion not by a caregiver and not recorded as sexual abuse) <i>Please note a new Trafficking category is available</i>	No <input checked="" type="radio"/> Yes <input type="radio"/> Suspected <input type="radio"/> Unknown																		
3. Trafficking (Commercial Sexual Exploitation, Sex Trafficking, and/or Labor Trafficking): (Child has been offered, obtained, or engaged in any kind of trafficking in exchange for anything of value, money, goods, personal benefit, in-kind favors, or some other consideration)	No <input checked="" type="radio"/> Yes <input type="radio"/> Suspected <input type="radio"/> Unknown																		
4. Physical Maltreatment/Abuse: (Actual or attempted infliction of physical pain or bodily injury by a caregiver)	No <input checked="" type="radio"/> Yes <input type="radio"/> Suspected <input type="radio"/> Unknown																		

**GENERAL TRAUMA INFORMATION (CONTINUED)**

Please complete the following based on the clients trauma history. This information should be maintained during treatment if trauma is experienced or new trauma is revealed.

Trauma Type	Has child experienced this trauma? (Circle an answer for all Trauma Types)	When was this type of trauma experienced? (Check all ages that apply)																	
		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
5. Physical Assault: (Actual or attempted infliction of physical pain or bodily injury not by a caregiver and not recorded as physical abuse)	No																		
6. Psychological or Emotional Maltreatment/Abuse (Verbal abuse, Excessive Demands, Emotional Neglect): (verbal abuse, excessive demands, emotional neglect)	No																		
7. Neglect: (Physical, medical, or educational neglect)	No																		
8. Domestic Violence: (Exposure to physical, sexual, and/or emotional abuse directed at adult caregiver(s) in the home)	No																		
9. War/Terrorism/Political Violence Inside the U.S.: (Exposure to any of these events inside the U.S.)	No																		
10. War/Terrorism/Political Violence Outside the U.S.: (Exposure to any of these events outside of the U.S.)	No																		
11. Illness/Medical Trauma: (Chronic, Life threatening or extremely painful illness or medical procedure)	No																		

This form is part of the Clinical Improvement through Measurement Initiative (CIMI) of the National Child Traumatic Stress Network (NCTSN) - General Trauma - CRF Version 6.0

**GENERAL TRAUMA INFORMATION (CONTINUED)**

Please complete the following based on the clients trauma history. This information should be maintained during treatment if trauma is experienced or new trauma is revealed.

Trauma Type	Has child experienced this trauma? (Circle an answer for all Trauma Types)	When was this type of trauma experienced? Age in years: (Check all ages that apply)																	
		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
12. Serious Accident/Injury: (Unintentional accident or injury)	No <input checked="" type="radio"/> Yes <input type="radio"/> Suspected <input type="radio"/> Unknown <input type="radio"/>																		
13. Disaster (Natural and Manmade): (Major accident or disaster that is the result of a natural or manmade event)	No <input checked="" type="radio"/> Yes <input type="radio"/> Suspected <input type="radio"/> Unknown <input type="radio"/>																		
14. Kidnapping/Abduction: (Unlawful seizure or detention against the child's will)	No <input checked="" type="radio"/> Yes <input type="radio"/> Suspected <input type="radio"/> Unknown <input type="radio"/>																		
15. Bereavement: (Death of a loved one, primary caregiver, or sibling; the unexpected, or premature death of a close relative or close friend)	No <input checked="" type="radio"/> Yes <input type="radio"/> Suspected <input type="radio"/> Unknown <input type="radio"/>																		
16. Separation: (Separation from a primary caregiver or sibling)	No <input checked="" type="radio"/> Yes <input type="radio"/> Suspected <input type="radio"/> Unknown <input type="radio"/>																		
17. Forced Displacement: (Forced relocation to a different country due to political reasons)	No <input checked="" type="radio"/> Yes <input type="radio"/> Suspected <input type="radio"/> Unknown <input type="radio"/>																		
18. Impaired Caregiver: (History of exposure to caretaker depression/psychiatric problems, other medical illness, or alcohol/drug abuse)	No <input checked="" type="radio"/> Yes <input type="radio"/> Suspected <input type="radio"/> Unknown <input type="radio"/>																		
19. Extreme Interpersonal Violence (not reported elsewhere): (e.g., Homicide/suicide)	No <input checked="" type="radio"/> Yes <input type="radio"/> Suspected <input type="radio"/> Unknown <input type="radio"/>																		

This form is part of the Clinical Improvement through Measurement Initiative (CIMI) of the National Child Traumatic Stress Network (NCTSN) - General Trauma - CRF Version 6.0

**GENERAL TRAUMA INFORMATION (CONTINUED)**

Please complete the following based on the clients trauma history. This information should be maintained during treatment if trauma is experienced or new trauma is revealed.

Trauma Type	Has child experienced this trauma? (Circle an answer for all Trauma Types)	When was this type of trauma experienced? Age in years: (Check all ages that apply)																		
		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
20. Community Violence (not reported elsewhere): (e.g., Gang-related violence, neighborhood violence)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown																			
21. School Violence (not reported elsewhere): (e.g., School shooting, classmate suicide) Please note a new category for Bullying is available	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown																			
22. Bullying: (Unwanted aggressive behavior among school aged children/peers that involves a real or perceived power imbalance)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown																			
23. Other Trauma (not reported elsewhere): Please Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown																			
24. What is the Primary focus of the current treatment? (Select only one.)																				
<input checked="" type="checkbox"/> Sexual Maltreatment/abuse <input type="checkbox"/> Sexual Assault/rape <input type="checkbox"/> Trafficking <input type="checkbox"/> Physical Abuse/abuse <input type="checkbox"/> Physical Assault/rape <input type="checkbox"/> Psychological Maltreatment/Emotional Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Domestic Violence <input type="checkbox"/> War/Terrorism/Political Violence inside the U.S. <input type="checkbox"/> War/Terrorism/Political Violence outside the U.S. <input type="checkbox"/> Illness/Medical Trauma <input type="checkbox"/> Serious Accident <input type="checkbox"/> Disaster <input type="checkbox"/> Kidnapping <input type="checkbox"/> Bereavement <input type="checkbox"/> Separation <input type="checkbox"/> Forced Displacement <input type="checkbox"/> Impaired Caregiver <input type="checkbox"/> Extreme Interpersonal Violence (not reported elsewhere) <input type="checkbox"/> Community Violence (not reported elsewhere) <input type="checkbox"/> School Violence (not reported elsewhere) <input type="checkbox"/> Bullying <input type="checkbox"/> Other Trauma (not reported elsewhere)																				

## Core Clinical Characteristics (Trauma Detail Form)

Child ID Number: 

--	--	--	--

 - 

--	--

 - 

--	--	--	--	--

 Child's Initials: 

A	M	R
---	---	---

  
First      Middle      Last

### TRAUMA DETAIL, SEXUAL MALTREATMENT/ABUSE

Please note that this trauma type requires perpetration by someone in the role of a caregiver.

For Trafficking please skip to that section (page 5).

Complete the following if experience of this trauma type is indicated on the General Trauma Information Form.

1. When was this trauma revealed/known (to the clinician)?

Baseline  
 Other, please provide date: \_\_\_\_\_  
Month Day Year

2. Please describe the frequency of the experience. (Select only one.)

One-time event  
 Repeated exposure  
 Unknown

3. Please describe the type(s) of experience. (Select all that apply.)

Directly experienced  
 Witnessed in person  
 Learned that traumatic experience happened to a close family member or close friend  
 Unknown

4. Please indicate the setting(s) of the experience. (Select all that apply.)

Home  
 School  
 Community  
 Other, please specify: \_\_\_\_\_  
 Unknown

5. Please identify the perpetrator(s). (Select all that apply.)

Parent  
 Other adult relative  
 Unrelated (but identifiable) adult  
 Sibling  
 Other youth  
 Stranger (to the child)  
 Unknown

**TRAUMA DETAIL, SEXUAL MALTREATMENT/ABUSE (CONTINUED)**

6. Was serious injury inflicted?

 No Yes

If Yes: On whom? (Select all that apply.)

 Child Parent Other adult relative Unrelated (but identifiable adult) Sibling Other youth Other, please specify: \_\_\_\_\_ Unknown

7. Was a weapon used?

 No Yes Unknown

8. Was a report filed? (e.g., Police, Child Protective Services)

 No Yes Unknown

9. Did this maltreatment/abuse ever involve oral, vaginal, or anal penetration?

 No Yes Unknown

10. Did this maltreatment/abuse involve any of the following? (Select all that apply.)

 Pornography (print, Internet, television, etc.) Forced witnessing of adult sexual activity Orchestration of sexual contact with one or more minor children Other, please specify: \_\_\_\_\_

**TRAUMA DETAIL, TRAFFICKING (COMMERCIAL SEXUAL EXPLOITATION, SEX TRAFFICKING AND/OR LABOR TRAFFICKING)**

Complete the following if experience of this trauma type is indicated on the General Trauma Information Form. Please use this form to provide detail on a child who has been offered, obtained, or engaged in any kind of trafficking.

1. When was this trauma revealed/known (to the clinician)?  
 Baseline  
 Other, please provide date:   /  /    
                        Month Day Year
2. Please describe the frequency of the experience. (Select only one.)  
 One-time event  
 Repeated exposure  
 Unknown
3. Please describe the type(s) of experience. (Select all that apply.)  
 Directly experienced  
 Witnessed in person  
 Learned that traumatic experience happened to a close family member or close friend  
 Unknown
4. Please indicate the means by/through which the child was exploited/trafficked. (Select all that apply.)  
 Online/pornographic websites (sharing or posting of images, engaging in sex acts, forums)  
 Escort services  
 Street prostitution  
 Brothels/massage parlors/ strip clubs/ truck stops  
 Forced labor/domestic servitude  
 Other, please specify: \_\_\_\_\_  
 Unknown
5. Please indicate the setting(s) of the experience. (Select all that apply.)  
 Home  
 School  
 Community (street, truck stops, motels)  
 Other, please specify: \_\_\_\_\_  
 Unknown
6. Please identify the person (or trafficker) who brokered or received the benefit from the perpetration of the exploitation. (i.e., boyfriend, pimp, controller) (Select all that apply.)  
 Child is acting on his/her own (sole practitioner)  
 Parent  
 Other adult relative  
 Unrelated (but identifiable) adult  
 Sibling  
 Other youth  
 Stranger  
 Unknown

**TRAUMA DETAIL, TRAFFICKING (COMMERCIAL SEXUAL EXPLOITATION, SEX TRAFFICKING AND/OR LABOR TRAFFICKING) (CONTINUED)**

7. Please identify the purchaser(s)/perpetrator(s) of the exploitation or service. (Select all that apply.)

- Other adult relative  
 Unrelated (but identifiable) adult  
 Other youth  
 Stranger  
 Other, please specify: \_\_\_\_\_  
 Unknown

8. Was the child ever threatened or injured?

- No  
 Yes

If Yes: Please indicate. (Select all that apply.)

- Physically hit or slapped  
 Tattooed or branded  
 Pregnancy/ miscarriage/ forced abortion  
 Forced drug use  
 Resources withheld (e.g., food, medical attention, shelter)  
 Contracted an STD  
 Harm (or threatened harm) to family members or friends  
 Other, please specify: \_\_\_\_\_  
 Unknown

9. Did the child receive any compensation for his/her services?

- No  
 Yes

If Yes: Please indicate. (Select all that apply.)

- Money  
 Favors  
 Material possessions (electronic devices, clothing)  
 Shelter  
 Food  
 Drugs  
 Personal safety  
 Safety of another (family member or friend)  
 Other, please specify: \_\_\_\_\_  
 Unknown

10. Was the child ever transported to other cities or towns to engage in services?

- No  
 Yes

If Yes: Was the child transported across state lines to engage in services?

- No  
 Yes  
 Unknown  
 Unknown

11. Was a report filed? (e.g., Police, Child Protective Services)

- No  
 Yes  
 Unknown

**TRAUMA DETAIL, PHYSICAL MALTREATMENT/ABUSE**

Please note that this trauma type requires perpetration by someone in the role of a caregiver. Complete the following if experience of this trauma type is indicated on the General Trauma Information Form.

1. When was this trauma revealed/known (to the clinician)?

Baseline  
 Other, please provide date:   /  /    
Month Day Year

2. Please describe the frequency of the experience. (Select only one.)

One-time event  
 Repeated exposure  
 Unknown

3. Please describe the type(s) of experience. (Select all that apply.)

Directly experienced  
 Witnessed in person  
 Learned that traumatic experience happened to a close family member or close friend  
 Unknown

4. Please indicate the setting(s) of the experience. (Select all that apply.)

Home  
 School  
 Community  
 Other, please specify: \_\_\_\_\_  
 Unknown

5. Please identify the perpetrator(s). (Select all that apply.)

Parent  
 Other adult relative  
 Unrelated (but identifiable) adult  
 Sibling  
 Other youth  
 Stranger (to the child)  
 Unknown

6. Was serious injury inflicted?

No  
 Yes

If Yes: On whom? (Select all that apply.)

Child  
 Parent  
 Other adult relative  
 Unrelated (but identifiable) adult  
 Sibling  
 Other youth  
 Other, please specify: \_\_\_\_\_  
 Unknown

---

**TRAUMA DETAIL, PHYSICAL MALTREATMENT/ABUSE (CONTINUED)**

---

7. Was a weapon used?  
 No  
 Yes  
 Unknown
8. Was a report filed? (e.g., Police, Child Protective Services)  
 No  
 Yes  
 Unknown

---

**TRAUMA DETAIL, DOMESTIC VIOLENCE**


---

Complete the following if experience of this trauma type is indicated on the General Trauma Information Form.

1. When was this trauma revealed/known (to the clinician)?
 

Baseline

Other, please provide date:   /  /    
Month Day Year
2. Please describe the frequency of the experience. (Select only one.)
 

One-time event

Repeated exposure

Unknown
3. Please describe the type(s) of experience. (Select all that apply.)
 

Directly experienced

Witnessed in person

Learned that traumatic experience happened to a close family member or close friend

Unknown
4. Please indicate the setting(s) of the experience. (Select all that apply.)
 

Home

Community

Other, please specify: \_\_\_\_\_

Unknown
5. Please identify the perpetrator(s). (Select all that apply.)
 

Parent

Other adult relative

Unrelated (but identifiable) adult

Sibling

Other youth

Stranger (to the child)

Unknown
6. Please identify the type of domestic violence. (Select all that apply.)
 

Physical violence

Sexual violence

Threats of physical or sexual violence

Psychological or emotional violence

Unknown

---

**TRAUMA DETAIL, DOMESTIC VIOLENCE (CONTINUED)**

---

7. Was serious injury inflicted?

- No  
 Yes

If Yes: On whom? (Select all that apply.)

- Child  
 Parent  
 Other adult relative  
 Unrelated (but identifiable) adult  
 Sibling  
 Other youth  
 Other, please specify: \_\_\_\_\_

Unknown

8. Was a weapon used?

- No  
 Yes  
 Unknown

9. Was a report filed? (e.g., Police, Child Protective Services)

- No  
 Yes  
 Unknown

# Completion Guidelines

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### **Instructions for Completing the NCTSN CIMI Electronic Case Report Form (eCRF)**

This document is a companion guide for the CIMI system. Note it does not present all the content in CIMI. Its purpose is to:

- Provide background and contextual information related to CIMI's content.
- Offer additional information to explain and clarify the NCTSN Data and Evaluation Program's expectations and interpretations of the questions in CIMI
- Define terms and concepts used in CIMI

This document was written in response to the feedback and questions the NCCTS Data and Evaluation Program has received since the inception of the Core Data Set in 2004. It was updated for CIMI and will be periodically updated as we receive additional questions and feedback.

## Overview of CIMI Components

<b>Measure</b>	<b>Indicators</b>	<b>Data Source</b>	<b>Data Collection Method</b>	<b>Administration Timeline</b>
Baseline Assessment Forms	System Screening Baseline Visit Demographic Information Health Module Insurance Information Domestic Environment Education Indicators of Severity of Problems-Children 6 and Above Young Child Indicators of Severity of Problems-Children Under 6 Services Received Refugee and Immigrant Families Form Military Families Form Family Assessment Module- Family APGAR CANS Strengths Assessment (Clinician Rating) Clinical Evaluation Brief Intervention Services Information (Clinician Report) NCTSN Breakthrough Series/ Learning Collaborative(s) (Clinician Report) NOMs Functioning Social Connectedness	Caregiver, Child, Other Collateral Source (unless otherwise noted)	Interview by clinician	Treatment entry

Measure	Indicators	Data Source	Data Collection Method	Administration Timeline
Follow-up Assessment Forms	Follow-Up Information Demographic Information Brief Intervention Services Information (Clinician Report) NCTSN Breakthrough Series/ Learning Collaborative(s) (Clinician Report) Treatment by NCTSN Center Health Module Insurance Information Domestic Environment Education Indicators of Severity of Problems-Children 6 and Above Young Child Indicators of Severity of Problems-Children Under 6 Services Received Since Last CIMI Assessment Refugee and Immigrant Families Form Military Families Form Family Assessment Module-Family APGAR CANS Strengths Assessment (Clinician Rating) Clinical Evaluation (Clinician Rating) NOMs Functioning Perception of Care Social Connectedness Follow-up Questions NOMs Follow-up Questions Reassessment Status Clinical Discharge Status Services Received	Caregiver, Child, Other Collateral Source (unless otherwise noted)	Interview by clinician	Every 3 months after treatment entry

Measure	Indicators	Data Source	Data Collection Method	Administration Timeline
General Trauma & Trauma Details Forms	Trauma Type Age Experienced Exposure Type (e.g., witnessed) Frequency of Exposure Relationship to Perpetrator Other Salient Trauma Details	Caregiver, Child, Other Collateral Source	Interview by clinician	Treatment entry, Every 3 months and as needed
Child Behavior Checklist (CBCL) 1½-5 yrs., 6-18 yrs.	Internalizing/Externalizing/Total 1½-5 Scales: Emotionally Reactive, Anxious/Depressed, Somatic Complaints, Withdrawn, Attention Problems, Aggressive Behavior, and Sleep Problems 6-18 Scales: Anxious/Depressed, Withdrawn/Depressed, Somatic Complaints, Rule Breaking Behavior, Aggressive Behavior, Social Problems, Thought Problems, and Attention Problems	Caregivers of Children 1½-5 or 6-18 yrs.	Caregiver Report	Treatment entry, Every 3 months
Trauma Symptom Checklist for Young Children (TSC-YC)	Post-traumatic Stress Symptoms Anxiety Depression Anger/Aggression Sexual Concerns Dissociation Validity Indicators: Response Level and Atypical Response	Caregivers of children 3-12 yrs.	Caregiver Report	Treatment entry, Every 3 months
Trauma Symptom Checklist for Children - Alternative (TSCC-A)	Post-traumatic Stress Anxiety Depression Anger Dissociation Validity Indicators: Underresponse and Hyperresponse	Children 8-16 yrs.	Child Self-Report	Treatment entry, Every 3 months

<b>Measure</b>	<b>Indicators</b>	<b>Data Source</b>	<b>Data Collection Method</b>	<b>Administration Timeline</b>
UCLA Post Traumatic Stress Disorder - Reaction Index DSM-5 (PTSD-RI)	DSM-5 PTSD Criteria Criterion A (Exposure to death, injury, or violence) Symptom Scale B (Intrusion) Symptom Scale C (Avoidance) Symptom Scale D (Negative Mood/Cognition) Symptom Scale E (Arousal and Reactivity) Dissociative Subtype: Depersonalization or Derealization	Children 7+ yrs., Caregivers of children 7+ yrs.	Child Self-Report, Interview by clinician; Caregiver Report	Treatment entry, Every 3 months
Strength and Difficulties Questionnaire (SDQ)	Emotional Problems Scale Conduct Problems Scale Hyperactivity Scale Peer Problems Scale Prosocial Scale Total Difficulties	Caregivers of children 4-10 or 11-17 yrs., Children 11-17 yrs.	Caregiver Report, Child Self-Report	Treatment entry, Every 3 months
Parenting Stress Index-Short Form (PSI-SF V.4)	Parental Distress Parent-Child Dysfunctional Interaction Difficult Child	Caregivers of children 0-12 yrs. Parents should be 18-60 yrs.	Caregiver Report	Treatment entry, Every 3 months
Children's Depression Inventory 2- Short Form (CDI 2)	Emotional Problems Scale Functional Problems Scale Negative Mood Subscale Negative Self-Esteem Subscale Ineffectiveness Subscale Interpersonal Problems Subscale	Children 7-17 yrs.	Child Self-Report	Treatment entry, Every 3 months

The items from the standard assessment forms (e.g., CBCL, PTSD-RI, TSCC-A, etc.) are not included in this document. For links and training information related to the administration of the standard assessment measures, visit the NCTSN CIMI Intranet site at: <https://share.nctsn.org/cimi/default.aspx> or email [data@nctsn.org](mailto:data@nctsn.org).

## Overview and General Instructions

### GENERAL INSTRUCTIONS:

Answer each question with as much accuracy as possible. If a preferred response is not provided, select Other\* and enter a description in the Specify\* field. Be sure to read all options to minimize duplication. Do not leave expected fields blank (e.g., when Yes is checked, all related and subsequent questions must be completed).

If you (or the person completing CIMI) do not know the answer for a specific question, select Unknown\*. If the question is not appropriate given the client's answer, their situation, or your clinic's work flow, select Not Applicable\*.

See the "Glossary of Terms" for specified definitions of terms. (Note: \* refers to options on the forms in CIMI.)

## Unique Identification Numbers

**Center ID** refers to the unique numeric identifier assigned to your center for all NCTSN data collection initiatives. This number identifies all the data provided by your center as part of the National Child Traumatic Stress Initiative. Your center's ID number remains constant for each data collection activity that occurs within the Network.

**Sub-Center ID** is part of your center ID and refers to the 2-digit number following the hyphen. This segment identifies your center as a Sub-Center of an NCTSN center. If your center is not a Sub-Center of another NCTSN center, your Sub-Center ID will be "00".

**Client ID Number** is assigned sequentially by the CIMI system. It is a combination of three segments: Center ID [4 digits]-Sub-Center ID [2 digits]-Patient ID [5 digits]. For example, the first patient enrolled for center 1001-00 will be 1001-00-05001. *Each center should maintain a log or crosswalk that links the CIMI Client ID Number with the Medical Record Number your center uses to identify each client.* The crosswalk should link the CIMI records with your clinical records. This document should be kept in accordance with federal and state regulations on human subjects protection, HIPAA, and confidentiality procedures.

**Clinician ID** is assigned sequentially by the CIMI administrator. It is a combination of three segments: Center ID [4 digits]-Sub-Center ID [2 digits]-Clinician ID [2 digits]. For example, the first clinician for center 1001-00 will be 1001-00-01.

## System Screening

The system screening section includes the most basic information required for CIMI Client ID creation, such as initials and date of birth. This information is entered into CIMI only once rather than: when the client is initially enrolled into the system.

**Who Reports:** Client, Caregiver, or Other Collateral Source (e.g., information from referral, case manager, teacher, etc.)

**Rules:** *This page is required for all CIMI Participants.* The information is entered into CIMI during the enrollment process.

Section/Questions	Explanation
1. Child's initials:	<p>This question asks for the child's initials.  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Enter a dash if no middle initial.)</p> <p>First    Middle    Last</p>
2. Child's date of birth:	<p>This question assesses the client's age at Baseline, assigning forms and assessments accordingly.</p> <p><input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Month    Day    Year</p>
3. What sex was the child assigned at birth (on their original birth certificate)?	<p>This question refers to the biological sex assigned to the client at birth.</p> <p><input type="checkbox"/> Male  <input type="checkbox"/> Female  <input type="checkbox"/> Declined  <input type="checkbox"/> Don't know/ Information not available</p>
4. Has this child been seen at another NCTSN center(s) for previous episode(s) of care?	<p>This question assesses whether this visit is a continuation of previous care at another NCTSN center.</p> <p><input type="checkbox"/> No = 0  <input type="checkbox"/> Yes = 1  <input type="checkbox"/> Unknown = 99</p> <p>If Yes: Was this child enrolled in the NCTSN Core Data Set or CIMI?</p> <p><input type="checkbox"/> No = 0  <input type="checkbox"/> Yes = 1</p>
5. Has this child been seen at this center for a previous episode(s) of care?	<p>This question assesses whether this is an initial visit or if the client has been seen at this center prior to enrolling in CIMI.</p> <p><input type="checkbox"/> No = 0  <input type="checkbox"/> Yes = 1</p> <p>If Yes: Was this child already enrolled in the NCTSN Core Data Set or CIMI?</p> <p><input type="checkbox"/> No = 0</p> <p>If No: Click Save to continue Enrollment</p> <p><input type="checkbox"/> Yes = 1</p> <p>If Yes: <b>STOP</b>, do not proceed with enrollment.</p> <p>If Yes: <b>GO</b> to the Follow-up Assessment and create a Follow up Visit record.</p>

## Baseline Visit and Demographic Information

This section was designed to gather basic, yet essential information. This includes questions on legal guardian, gender identity, race, ethnicity, general health, and military family status.

**Who Reports:** Client, Caregiver, or Other Collateral Source (e.g., information from referral, case manager, teacher, etc.)

**Rules:** *This page is required for all CIMI Participants.*

**Notes:** Be sure to indicate how the form was administered, on paper or electronically. Be aware that questions involving physical/medical health problems are located in the Health Module section and should be answered, if applicable. Note that the NCTSN used categories from SAMHSA's Common Data Platform (CDP) to develop this form (e.g., child's race, child's ethnicity).

Section/Questions	Explanation
<b>Baseline Visit Information</b>	
8. What additional services do you intend to provide to the client during the client's course of treatment? <b>(Select all that apply)</b>	<p>This question was designed as a list of all services the clinician intends to provide to this client.</p> <p><i>Note: Sites vary in the services they provide. Select all services and interventions you intend to provide for this client. This information will be used to help us understand sites better.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assessment/screening</li> <li><input type="checkbox"/> Brief intervention</li> <li><input type="checkbox"/> Brief treatment services</li> <li><input type="checkbox"/> Evidence-based treatment (e.g., TF-CBT/CPP)</li> <li><input type="checkbox"/> Ancillary services (e.g., case management)</li> <li><input type="checkbox"/> Referral to treatment services</li> <li><input type="checkbox"/> Treatment/ Recovery Planning</li> <li><input type="checkbox"/> Individual Counseling</li> <li><input type="checkbox"/> Group Counseling</li> <li><input type="checkbox"/> Family Counseling</li> <li><input type="checkbox"/> Other, please specify: _____</li> <li><input type="checkbox"/> Unknown</li> </ul>

Section/Questions	Explanation								
<b>Demographic Information</b>									
1. What is the child's current gender identity (for clients 5 or older)?	<p>This question is asking about gender identity and pertains to those clients who are ages 5 or older.</p> <p><input type="checkbox"/> Male  <input type="checkbox"/> Female  <input type="checkbox"/> Transmale (female to male)  <input type="checkbox"/> Transfemale (male to female)  <input type="checkbox"/> Other, please specify: _____  <input type="checkbox"/> Declined  <input type="checkbox"/> Unknown</p>								
2. Which of the following do you consider yourself to be (for clients 12 or older)?	<p>This question is asking about sexual orientation and pertains to those clients who are ages 12 or older.</p> <p><input type="checkbox"/> Heterosexual (that is straight)  <input type="checkbox"/> Lesbian or Gay  <input type="checkbox"/> Bisexual  <input type="checkbox"/> Other, please specify: _____  <input type="checkbox"/> Declined  <input type="checkbox"/> Unknown</p>								
3. Child's ethnicity: <b>(Select only one)</b>	<p>This question was designed to gather information about the client's ethnicity.</p> <p><b>Note:</b> This section has been expanded to include specific ethnic groups.</p> <p>If you are not certain of the child's ethnicity and/or ethnic group, select Unknown. <b>Rules:</b> Ethnicity is based on the following categorization: "Hispanic or Latino" or "Not Hispanic or Latino." If Hispanic or Latino is selected, check all ethnic groups that apply.<sup>1</sup></p> <p><input type="checkbox"/> Hispanic or Latino</p> <p>If Hispanic or Latino: What ethnic group does the child belong to?  <b>(Select all that apply)</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding-right: 20px;"><input type="checkbox"/> Central American</td> <td style="width: 50%;"><input type="checkbox"/> Puerto Rican</td> </tr> <tr> <td><input type="checkbox"/> Cuban</td> <td><input type="checkbox"/> South American</td> </tr> <tr> <td><input type="checkbox"/> Dominican</td> <td><input type="checkbox"/> Other, please specify: _____</td> </tr> <tr> <td><input type="checkbox"/> Mexican</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> <p><input type="checkbox"/> Not Hispanic or Latino  <input type="checkbox"/> Refused  <input type="checkbox"/> Unknown</p> <p><b>Definitions:</b></p> <p><b>Ethnicity</b><sup>2</sup> – ethnic quality or affiliation; a particular ethnic affiliation or group</p> <p><b>Ethnic</b><sup>3</sup> – of or relating to large groups of people classed according to common racial, national, tribal, religious, linguistic, or cultural origin or background; being a member of a specified ethnic group</p> <p><b>Hispanic</b><sup>4</sup> – coming originally from an area where Spanish is spoken and especially from Latin America; of, relating to, or being a person of Latin American descent living in the United States, especially one of Cuban, Mexican, or Puerto Rican origin</p> <p><b>Latino</b><sup>5</sup> – a person who was born or lives in South America, Central America, or Mexico or a person in the U.S. whose family is originally from South America, Central America, or Mexico</p>	<input type="checkbox"/> Central American	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Cuban	<input type="checkbox"/> South American	<input type="checkbox"/> Dominican	<input type="checkbox"/> Other, please specify: _____	<input type="checkbox"/> Mexican	<input type="checkbox"/> Unknown
<input type="checkbox"/> Central American	<input type="checkbox"/> Puerto Rican								
<input type="checkbox"/> Cuban	<input type="checkbox"/> South American								
<input type="checkbox"/> Dominican	<input type="checkbox"/> Other, please specify: _____								
<input type="checkbox"/> Mexican	<input type="checkbox"/> Unknown								

Section/Questions	Explanation						
<b>Demographic Information</b>							
4. Child's Race: <b>(If multiracial, select all that apply)</b>	<p>This question is asking about the race of the client.</p> <p><i>Note: this section has been expanded to include additional racial groups. If you are not certain of the child's race, select Unknown. If the child is multiracial, select all that apply.</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding-bottom: 10px;"> <input type="checkbox"/> White  <input type="checkbox"/> Black/African American  <input type="checkbox"/> American Indian  <input type="checkbox"/> Alaska Native         </td><td style="width: 50%; padding-bottom: 10px;"> <input type="checkbox"/> Asian Indian  <input type="checkbox"/> Chinese  <input type="checkbox"/> Filipino  <input type="checkbox"/> Japanese         </td></tr> <tr> <td style="padding-bottom: 10px;"> <input type="checkbox"/> Native Hawaiian  <input type="checkbox"/> Guamanian or Chamorro  <input type="checkbox"/> Samoan  <input type="checkbox"/> Other Pacific Islander         </td><td style="padding-bottom: 10px;"> <input type="checkbox"/> Korean  <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Other Asian         </td></tr> <tr> <td></td><td style="text-align: right; padding-bottom: 10px;"> <input type="checkbox"/> Refused/Prefer not to answer  <input type="checkbox"/> Unknown         </td></tr> </table>	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian		<input type="checkbox"/> Refused/Prefer not to answer <input type="checkbox"/> Unknown
<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese						
<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian						
	<input type="checkbox"/> Refused/Prefer not to answer <input type="checkbox"/> Unknown						
5. Was the child born in the United States?	<p>This question is being asked to identify clients who may be refugees and/or immigrants.</p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes      <input type="checkbox"/> Unknown</p> <p>If No: In what country was the child born? _____</p> <p>If No: Please complete the Refugee and Immigrant Families Form</p> <p><i>"No" is a gateway response that indicates that the Refugee and Immigrant Families Form* should also be completed to get additional details about refugee or immigrant status.</i></p>						
6. Was the child's parent/caregiver born in the United States?	<p>This question is being asked to identify clients who may be children of refugees and/or immigrants.</p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes      <input type="checkbox"/> Unknown</p> <p>If No: In what country was the parent/caregiver born? _____</p> <p>If No: Please complete the Refugee and Immigrant Families Form</p> <p><i>"No" is a gateway response that indicates that the Refugee and Immigrant Families Form* should also be completed to get additional details about refugee or immigrant status.</i></p>						
8. Are you currently serving on active duty in the Armed Forces, the Reserves, or the National Guard (for clients over 18 years old)?	<p>This question is being asked to identify a client's military involvement. It pertains to those clients who are ages 18 or older.</p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes      <input type="checkbox"/> Refused      <input type="checkbox"/> Unknown</p> <p>If Yes: Please complete the Military Families Form</p> <p><i>"Yes" is a gateway response that indicates that the Military Families Form* should be completed.</i></p>						

Section/Questions	Explanation
<b>Demographic Information</b>	
9. Is anyone in your [your child's] family or someone close to you [your child] currently serving on active duty in or retired/separated from the Armed Forces, the Reserves, or the National Guard?	<p>This question is being asked to identify military family involvement for all children. Where possible, get caregiver responses to this question.</p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes, only one person      <input type="checkbox"/> Yes, more than one person  <input type="checkbox"/> Refused      <input type="checkbox"/> Unknown</p> <p>If Yes: Please complete the Military Families Form</p> <p><i>"Yes" is a gateway response that indicates that the Military Families Form* should be completed.</i></p>
10. How would you rate your [your child's] overall health right now?	<p>This question is being asked to better understand the overall health of the child. Where possible, obtain caregiver response for this item.</p> <p><input type="checkbox"/> Excellent    <input type="checkbox"/> Very Good    <input type="checkbox"/> Good    <input type="checkbox"/> Fair    <input type="checkbox"/> Poor  <input type="checkbox"/> Refused    <input type="checkbox"/> Unknown</p> <p>If "Fair" or "Poor": complete the Health Module</p> <p><i>"Fair" and "Poor" are gateway responses that indicate that the Health Module* should be completed.</i></p>
11. Please indicate the child's physical/medical health status. <b>(Select only one)</b>	<p>This question is being asked to identify the severity of the client's physical/medical health problems or conditions.</p> <p><input type="checkbox"/> Child has no current health problems or chronic conditions  <input type="checkbox"/> Child has mild/treatable medical problems that require medical treatment  <input type="checkbox"/> Child has chronic illness that requires ongoing medical intervention  <input type="checkbox"/> Child has life threatening illness or medical condition that requires frequent hospitalization and medical intervention  <input type="checkbox"/> Unknown</p> <p>If "mild/treatable," "chronic illness," or "life threatening illness": complete the Health Module</p> <p><i>"Mild/treatable," "chronic illness," or "life threatening illness" are gateway responses that indicate that the Health Module* should be completed.</i></p>

## Health Module (NEW FORM)

This module is designed to capture any current physical/medical health condition(s) the child has/exhibits. The table used in this module is meant to rate the condition's impact on the child's ability to perform activities of daily living.

**Who Reports:** Client, Caregiver, or Other Collateral Source (e.g., information from referral, case manager, teacher, etc.)

**Rules:** Types of physical/medical health conditions are listed, some with accompanying definitions. For each condition, choose one of the selections below to indicate its impact on activities of daily living:

- “No Condition” if the child does not have this condition
- “Mild” if the child has this condition and it has a mild impact on daily living
- “Moderate” if the child has this condition and it has a moderate impact on daily living
- “Severe” if the child has this condition and it has a severe impact on daily living

**Notes:** Questions 10 and 11 of the Baseline Visit and Demographic Information Form\* are gateway questions to this module. Be aware that questions involving birth defect(s) or developmental disabilities are also located in the Demographic Information section of this form and should be answered, if applicable.

## Insurance Information

This section is designed to capture whether or not the child and/or parent/guardian is covered by any type of insurance, public or private.

**Who Reports:** Client, Caregiver, or Other Collateral Source (e.g., information from referral, case manager, teacher, etc.)

**Rules:** When answering questions 1 and 2, be mindful of the branching responses and instructions (i.e., “If No” and “If Yes”). Follow these instructions carefully.

**Notes:** If “No” is selected, skip to the next question and if “Yes” is selected, specify the type of insurance the child or parent/guardian has. Answer Unknown if it is not known whether the child or parent is covered by insurance.

## Domestic Environment (includes Domestic Environment Details and Education)

This section is designed to capture the circumstances and stability of the child's living situation/domestic environment, both throughout his or her life and within the past 30 days.

**Who Reports:** Client, Caregiver, Clinician, or Other Collateral Source (e.g., information from referral, case manager, teacher, etc.)

**Notes:** Question 5 requires the addition of items "a" through "d" (total number of nights). This total should be entered in the space indicated after "d." If "Home (with parent(s))" or "With relatives or other family" is selected for Question 1 (current primary residence) on the Domestic Environment Form\* at Baseline, complete the Domestic Environment Details Form\*.

Section/Questions	Explanation
Caregiver Rating: 6. Please rate your family's resources (income and other resources available to address family needs). <b>(Select only one)</b>	<p>This question was designed to assess the family's financial resources. This question should be answered by a <u>caregiver</u>, regardless of who answered the preceding questions.</p> <p><input type="checkbox"/> My family has financial resources necessary to meet our needs  <input type="checkbox"/> My family has financial resources necessary to meet most of our needs; however, some limitations exist  <input type="checkbox"/> My family has financial difficulties that limit our ability to meet significant family needs  <input type="checkbox"/> My family has been experiencing financial hardship, poverty  <input type="checkbox"/> Unknown</p>
Clinician Rating: 7. Please rate the child and caregiving system.	<p>This question was designed as a way for the clinician to rate the resiliency of the child and the caregiving system for that child. This question should be answered by a <u>clinician</u>, regardless of who answered the preceding questions.</p> <p><input type="checkbox"/> Resilient, able to bounce back despite stress, no intervention needed  <input type="checkbox"/> Average, adaptive, could benefit from education or information on post-trauma adjustment  <input type="checkbox"/> Risk of disturbance and intervention recommended  <input type="checkbox"/> Disturbance and in need of intensive intervention  <input type="checkbox"/> Unknown</p> <p><i>Definitions:</i>  <i>Resilience</i><sup>6</sup> – the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress  <i>Average adaptive</i><sup>7</sup> – adaptive behavior for a child of his or her age, gender, and situation  <i>Risk of disturbance</i> – indicates a high risk for difficulties and intervention is recommended  <i>Disturbance</i> – indicates considerable problems are noted in the caregiving system and intensive intervention is warranted</p>
Education: 2. During the past 30 days of school, how many days were you [was your child] absent for any reason?	<p>This question asks about school attendance within the past 30 days.</p> <p><input type="checkbox"/> 0 days   <input type="checkbox"/> 1 day   <input type="checkbox"/> 2 days   <input type="checkbox"/> 3 to 5 days   <input type="checkbox"/> 6 to 10 days  <input type="checkbox"/> More than 10 days   <input type="checkbox"/> Refused   <input type="checkbox"/> Unknown   <input type="checkbox"/> Not applicable</p> <p>If one or more days of absence: Answer Question 2a (If absent, how many days were unexcused absences?)</p>

## Indicators of Severity - Children 6 and Above

This form is part of the baseline assessment and each follow-up assessment. It relates to the types of problems and experiences the child might have displayed within the past 30 days.

**Who Reports:** Client, Caregiver, or Other Collateral Source (e.g., information from referral, case manager, teacher, etc.)

**Rules:** This section should be completed for children ages 6 and older. Note that the *Young Child Indicators of Severity of Problems – Children Under 6\**, the next section, can be completed for children ages 5 and younger. Types of problems are listed along with their definitions. For each problem, choose one of the selections below to indicate the severity:

- Not a problem (No known problem)
- Somewhat/sometimes a problem (child has had some problems within the past 30 days)
- Very much/often a problem (frequently has problems in this area)
- Unknown

Indicate if the child experienced these types of problems within the past 30 days. Be mindful of the time frame of these questions.

**Notes:** These types of problems are designed to be developmentally appropriate and have face validity. Use your judgment in completing these questions and categorizing the severity. It is helpful to garner this information from the child, caregiver, and other collaterals who know the child well. If the response to questions 5 (Suicidality) or 11 (Criminal Activity) is “Somewhat/sometimes a problem” or “Very much/often a problem,” further details must be provided.

*Form on the next page*

Section/Questions	Explanation
<b>Suicide Detail</b>	
16. Has the child ever talked about killing themselves (suicide)?	<p>This question assesses whether the child has ever spoken of killing themselves. Complete if the answer to question 5 (Suicidality) is “Somewhat/sometimes a problem” or “Very much/often a problem.”</p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes      <input type="checkbox"/> Unknown</p> <p>If Yes: In the past 30 days has the child talked about committing suicide?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> Unknown</p> <p><i>Risk of harm and client safety: If Yes is selected, <b>STOP</b> to address this concern immediately.</i></p>
10. Has the child ever attempted suicide?	<p>This question assesses whether the child has attempted suicide. Complete if the answer to question 5 (suicidality) is “Somewhat/sometimes a problem” or “Very much/often a problem.”</p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes      <input type="checkbox"/> Unknown</p> <p>If Yes: In the past 30 days has the child attempted suicide?</p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes    <input type="checkbox"/> Unknown</p> <p><i>Risk of harm and client safety: If Yes is selected, <b>STOP</b> to address this concern immediately.</i></p>
<b>Criminal Activity Detail</b>	
18. In the past 30 days how many times have you [has your child] been arrested?	<p>This question assesses how many times the child has been arrested within the past 30 days. Complete if the answer to question 11 (criminal activity) is “Somewhat/sometimes a problem” or “Very much/often a problem.”</p> <p>Times: _____    <input type="checkbox"/> Refused      <input type="checkbox"/> Unknown</p>

## Young Child Indicators of Severity - Children Under 6

This form is part of the baseline assessment and each follow-up assessment. This section relates to the types of problems and experiences the child might have displayed within the past 30 days.

**Who Reports:** Client, Caregiver, Clinician, or Other Collateral Source (e.g., information from referral, case manager, teacher, etc.)

**Rules:** This section should be completed for children younger than age 6. The previous section, Indicators of Severity – Children 6 and Above, can be completed for children ages 6 and older. The types of problems are listed along with their definitions. Select the statement that best reflects the severity for each problem the child displays. Pay very close attention to the choices given to choose the most accurate response.

For example, if it is not a problem, select the first option. If you are unsure or have insufficient information to accurately rate the child on the particular dimension, select the last option, “unknown/unable to rate.” Indicate if the child experienced these types of problems within the past 30 days. Be mindful of the time frame of these questions.

**Notes:** These types of problems are designed to be developmentally appropriate and have face validity. Use your judgment in completing these questions and categorizing the severity. It may be helpful to garner this information from the child, caregiver, and other collaterals who know the child well.

Section/Questions	Explanation
11. Developmental concerns - Problems may occur in receptive language, expressive language; cognitive <sup>8</sup> , motor <sup>9</sup> , or social <sup>10</sup> domains.	<p>This question is being asked to identify any developmental concerns. Check domain(s) that needs further consideration:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Receptive Language (ability to understand or comprehend language heard or read)</li> <li><input type="checkbox"/> Expressive Language (ability to put thoughts into words and sentences that are understandable and grammatically correct)</li> <li><input type="checkbox"/> Cognitive (thinking, understanding, learning, and remembering)</li> <li><input type="checkbox"/> Motor (muscular movement)</li> <li><input type="checkbox"/> Social (interactions with individuals and in groups)</li> </ul> <p><i>Question 11 includes a list of domains which may be of concern. Be sure to indicate the level of severity, as well as the area of development, that needs further consideration. Pay very close attention to the choices given to choose the most accurate response.</i></p>

## Services Received in the Past 30 Days, Lifetime, and as a Result of Trauma

This section relates to the types of services the child might have received 1) in the past 30 days, 2) over the course of his/her lifetime, and 3) as a result of trauma.

**Who Reports:** Client, Caregiver, or Other Collateral Source (e.g., information from referral, case manager, teacher, etc.)

**Rules:** Indicate whether the child has received any of these services and/or been placed in any of the following services systems within the past 30 days (excluding today's visit) and/or during their lifetime (excluding the past 30 days). Did the child receive the services as a result of trauma (could have been anytime during their life)? Include services provided by your center, as well as services provided by any other clinician, setting, or sector.

Most of the common types of services are listed, some with definitions. For each question, choose “Yes,” “No,” or “Unknown” to indicate whether the client has or has not received the specified service for each time period (past 30 days, lifetime, as a result of trauma).

## Refugee and Immigrant Families Form (UPDATED FORM)

This section relates to the refugee, asylee, and/or immigrant status of the child and parent(s).

**Who Reports:** Client, Caregiver, or Other Collateral Source (e.g., information from referral, case manager, teacher, etc.)

**Notes:** Questions 5 and 6 of the Baseline Visit and Demographic Information Form\* are gateway questions to this form. These questions require detailed information; include caregiver or other collateral source when collecting responses.

Section/Questions	Explanation
1. How old was the child when he/she <u>first</u> entered the United States?	<p>This question is asking for a written response regarding how old the child was when he/she first entered the United States. If the client was born <i>in</i> the United States, indicate that response. Be sure to complete the rest of the form.</p> <p>Age of entry _____</p> <p><input type="checkbox"/> Child was born in the United States    <input type="checkbox"/> Unknown</p>
2. What is the ethnic origin of the child?	<p>This question is asking for a written response regarding the child's ethnic origin.</p> <p>Ethnic origin_____</p> <p><i>Definitions:</i></p> <p><i>Ethnic</i><sup>3</sup> – of or relating to large groups of people classed according to common racial, national, tribal, religious, linguistic, or cultural origin or background; being a member of a specified ethnic group</p>
5. Please indicate if the child has ever had any of the following statuses: <b>(Select all that apply)</b>  6. Please indicate if the parents have ever had any of the following statuses: <b>(Select all that apply)</b>	<p>These questions assess whether the child or the child's parents have ever had the status of refugee, asylee, or immigrant.</p> <p>Child: <input type="checkbox"/> None    <input type="checkbox"/> Refugee    <input type="checkbox"/> Asylee    <input type="checkbox"/> Immigrant    <input type="checkbox"/> Unknown</p> <p>Parents: <input type="checkbox"/> None    <input type="checkbox"/> Refugee    <input type="checkbox"/> Asylee    <input type="checkbox"/> Immigrant    <input type="checkbox"/> Unknown</p> <p><i>Note: The criteria listed below should be used when selecting the most appropriate option</i></p> <p><i>Asylee</i><sup>11</sup> – person who is formally going through a legal process to become an asylee because of fear of persecution in their country of origin</p> <p><i>Immigrant</i><sup>12</sup> – person who comes to a country to take up permanent residence</p> <p><i>Refugee</i><sup>13</sup> – U.S. government refugee status is someone who has been forced to flee his or her country because of persecution, war, or violence</p>

## Military Families Form (UPDATED FORM)

This section relates to the military status and service of the child and/or his or her close family members and relatives.

**Who Reports:** Client, Caregiver, or Other Collateral Source (e.g., information from referral, case manager, teacher, etc.)

**Rules:** If the service member(s) indicated in Question 1 of this module is the client, caregiver, or immediate family member (e.g., father, sister), answer Questions 3 through 6 for each family member. If not, skip to the next section of the Baseline Visit, Family APGAR. Fill out the items in Question 4 for every family member counted in Question 3. For Questions 5 and 6, list all instances and types of physical injury, stress symptoms/difficulties adjusting following deployment, and death experienced by the family members indicated in question 4. For Question 4, if the child is the person who served or is serving in the military, choose “Other” under “Family Member” and specify “self.”

**Notes:** Questions 8 and 9 of the Baseline Visit and Demographic Information Form\* are gateway questions to this form. These questions require detailed information; include all relevant information sources. Caregivers may be needed to verify information provided by children and adolescents.

Section/Questions	Explanation
<p>3. What is the total number of immediate family members who have served in the military since 2001? <b>(Select only one)</b></p>	<p>This question is designed to ascertain the total number of family members of the child who have served in the military.</p> <p><input type="checkbox"/> 0   <input type="checkbox"/> 1   <input type="checkbox"/> 2   <input type="checkbox"/> 3   <input type="checkbox"/> 4   <input type="checkbox"/> Greater than 4   <input type="checkbox"/> Unknown</p> <p>Note that “immediate family member” refers only to the client’s father (biological, adoptive, or step), mother (biological, adoptive, or step), sister(s), and brother(s).</p>

## Family Assessment Module - Family APGAR<sup>14</sup> (Caregiver Report)

This section is a rating of family functioning, designed to better understand the client and his/her satisfaction with family relationships.

**Who Reports:** Caregiver or Other Collateral Source (e.g., information from referral, case manager, teacher, etc.)

**Rules:** The 5 FAPGAR questions are designed to be completed by the child's caregiver. Answer each question as:

- Hardly ever (0)
- Some of the time (1)
- Almost always (2)
- Unknown

The measure consists of five parameters of family functioning: Adaptability, Partnership, Growth, Affection, and Resolve ("APGAR"). The scale is scored by summing the values for the five items for a total score ranging from 0 to 10. A higher score indicates a greater degree of satisfaction with family functioning. If one or more items are missing, the assessment should not be scored.

**Notes:** Caregivers should feel free to ask questions about any item in the questionnaire.

## CANS Strength Assessment (Clinician Rating)<sup>15</sup> (NEW FORM)

This section is designed to assess the strengths a child holds in each category. It is taken from the Child and Adolescent Needs and Strengths (CANS), Trauma Comprehensive Manual March 2013<sup>15</sup>.

**Who Reports:** Clinician

**Rules:** This section should be completed for children ages 3-18. These ratings describe a range of assets that children and adolescents may possess that can facilitate healthy development. As absence of a strength is not necessarily a need, but an indication that strength-building activities are suggested. In general, strengths are more trait-like, stable characteristics; however, the 30-day rating window still applies unless over-ridden by the action levels described below:

- 0 = A well-developed or centerpiece strength. This area may be able to be used as a protective factor and a centerpiece for a strength-based plan.
- 1 = An area where a useful strength is evident but requires some effort to maximize this strength. This is a strength that might be able to be used and built upon in treatment.
- 2 = An area where strengths have been identified but require significant strength-building efforts.
- 3 = An area where no current strength is identified; there is no evidence of a strength in this area.
- 97 = Not applicable

**Notes:** When you have no information/evidence about a strength in this area, use a score of 3.

Lower ratings are indicative of more adaptive functioning whereas higher scores can indicate absence of strengths or the need for strength building.

## Clinical Evaluation<sup>16</sup>

This section allows clinicians to share their diagnostic impressions with regard to problems/symptoms/disorders based on information received about the child's behavior, presenting problems and symptoms, and results of standardized measures.

**Who Reports:** Clinician

**Rules:** Based on your clinical evaluation, for questions 1-30 check each problem/symptom/disorder currently displayed by the child. For each question, choose one of the options below to indicate whether or not the child has or exhibits the clinical problem, symptom, or disorder:

- No (No evidence of problems/symptoms/disorders)
- Probable (Child/adolescent exhibits some problems/symptoms that may be consistent with this disorder)
- Definite (Child/adolescent definitely exhibits this problem/symptom/disorder)

For question 31, indicate the primary problem/symptom/disorder currently displayed by the child.

**Notes:** When compared to NCTSN Core Data Set, some of the categories have been updated to reflect the changes in the DSM-5<sup>16</sup>.

## Brief Intervention Services Information

This section is designed for children/adolescents/families receiving short term or acute services (less than 90 days).

**Who Reports:** Clinician

**Rules:** If a child/family is only going to receive 3-6 sessions (e.g., crisis response/stabilization), then complete the following section. One Brief Intervention Services Information (BIS) record is required for each brief episode of care during which the child receives treatment.

**Notes:** Answer Question 4 only after the child/family terminated the selected treatment component(s).

## NCTSN Breakthrough Series/Learning Collaborative(s)

This section is intended for those clients who receive treatment from a therapist participating in an NCTSN Breakthrough Series or an NCTSN Learning Collaborative<sup>17</sup>.

**Who Reports:** Clinician

**Rules:** Create a new Breakthrough Series/Learning Collaborative(s) record for each treatment the child is receiving from a therapist who is participating in an NCTSN Breakthrough Series or Learning Collaborative for that treatment.

**Notes:** Answer Question 5 only after the child/family has terminated this treatment.

Section/Questions	Explanation
2. Is the breakthrough series or learning collaborative led by the UCLA-Duke University National Center for Child Traumatic Stress?	<p>This question is being asked to identify whether the breakthrough series or learning collaborative was led by the UCLA-Duke University National Center for Child Traumatic Stress.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown</p> <p><i>Note: The breakthrough series or learning collaborative can only be “led by” the NCCTS if it includes all three of the following NCCTS staff: 1) a Project Director, 2) a Project Manager, and 3) an Improvement Advisor.</i></p>

## NOMs<sup>18</sup> (NEW FORM)

The NOMs<sup>18</sup>, or the National Outcome Measures survey, is provided to assist CIMI participants in completing their SAMHSA reporting requirements. All NOMs questions ask about activities, situations, or feelings that have occurred within the past 30 days.

**Who Reports:** Client, Caregiver, or other collateral source (e.g., information from referral, case manager, teacher, etc.)

**Rules:** Answer each question as accurately as possible, using the scale unique to each.

**Notes:** The NOMs form is divided into two sections: Functioning, and Social Connectedness.

## Follow-up Assessments Forms

Follow-Up Assessment(s) should be completed in each of the following conditions:

1. Near the end of planned treatment (e.g., approaching the last session for a planned discharge, at the time of termination for children who indicate they are dropping out, or at the last session before transferring to an out-of NCTSN provider),
2. Every three months as long as the child remains in treatment, and/or
3. When children return to treatment for a new episode of care, every child with a baseline form must have a Follow-up Assessment Form\* completed. The “End of Treatment” status must also be indicated.

**Notes:** Some follow-up data is expected to be reported for all cases except those “Lost to follow-up”.

**Who Reports:** Client, Caregiver, or Other Collateral Source (e.g., information from referral, case manager, teacher, etc.)

**Rules:** This page is required for all CIMI Participants. The information is entered into CIMI during each follow-up.

Section/Questions	Explanation
<p>1. Date of follow-up:</p>	<p>Date of follow-up visit is required for all CIMI participants.  <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>  Month/Day/Year</p> <p><i>Note: This date is used in conjunction with the child's date of birth (provided at baseline) to calculate age at follow-up. Age at follow-up is used in the display of standardized assessments.</i></p>
<p>3. Which type of follow-up is being performed?</p>	<p>Select one:</p> <p><input type="checkbox"/> Follow-up for ongoing treatment (follow-up completed at an interval after baseline)  If Follow-up for ongoing treatment please indicate the follow-up time frame:  <i>(If yes, Indicate the follow-up timeframe):</i></p> <p><input type="checkbox"/> 0-3 month      <input type="checkbox"/> 3-month      <input type="checkbox"/> 6-month  <input type="checkbox"/> 9-month      <input type="checkbox"/> 12-month      <input type="checkbox"/> 15-month  <input type="checkbox"/> 18-month      <input type="checkbox"/> 21-month      <input type="checkbox"/> 24-month  <input type="checkbox"/> Other, please specify: _____</p> <p><input type="checkbox"/> End of treatment (treatment has ended for any reason)  If End of treatment: Please indicate the status of the child at the completion of follow-up: <i>(If yes, indicate the status of the child at the completion of follow-up)</i></p> <p><input type="checkbox"/> Treatment is completed as planned  <input type="checkbox"/> Case was transferred to another clinic or program  <input type="checkbox"/> Child dropped out prior to end of planned treatment (for any reason)  <input type="checkbox"/> Case is lost, no follow-up assessments performed  <input type="checkbox"/> Other, please specify: _____</p> <p><input type="checkbox"/> Re-Opening case for new episode of care (child was previously assessed using the Core Data Set or CIMI, the treatment for that particular episode was terminated (planned/unplanned), and the child returned to your site for treatment of a new episode of care.)</p> <p><input type="checkbox"/> Post treatment evaluation (e.g., follow-up one year after treatment completed)  <input type="checkbox"/> Other, please specify: _____</p>

Section/Questions	Explanation
<p>7. From whom are you collecting information for this form?  <b>(Select all that apply.)</b></p>	<p>This question is being asked to identify all sources of information used to complete the follow-up assessment.</p> <p><input type="checkbox"/> Parent (Biological, adoptive, step)  <input type="checkbox"/> Other adult relative  <input type="checkbox"/> Foster parent  <input type="checkbox"/> Agency staff*  <input type="checkbox"/> Child/Adolescent/Self  <input type="checkbox"/> Collateral sources (e.g., Child Welfare, Case Worker)  <input type="checkbox"/> Other, please specify: _____</p> <p><i>Note: *Agency Staff – The expectation is that staff from your site will complete this assessment; however, if staff from another agency is providing the information, then choose this option.</i></p>
<p>11. Have you [has your child] or someone in your [your child's] family experienced any military-associated life changes since his/her last CIMI assessment (e.g., deployment, injury, reintegration, etc.)?</p>	<p>This question is being asked to identify a client or a client family's change in military involvement. It pertains to any client who has experienced a change in their family's military involvement.</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes          If Yes: Please complete the Military Families Form*.  <input type="checkbox"/> Unknown</p> <p><i>"Yes" is a gateway response that indicates that the Military Families Form* should be completed.</i></p>
<p>11. How would you rate your [your child's] overall health right now?</p>	<p>This question is being asked to identify changes in a child's health status since the last assessment.</p> <p>If Fair or Poor, please complete the Health Module*.</p> <p><input type="checkbox"/> Excellent  <input type="checkbox"/> Very Good  <input type="checkbox"/> Good  <input type="checkbox"/> Fair  <input type="checkbox"/> Poor  <input type="checkbox"/> Refused  <input type="checkbox"/> Unknown</p> <p><i>"Yes" is a gateway response that indicates that the Health Module* should be completed.</i></p>

## Treatment by NCTSN Center

### This form only displays at follow-up visits.

When thinking about the period since the last assessment, please complete the following about services and treatment your agency has provided for this child. The form asks about specific types of treatment (e.g., trauma-focused CBT, MST, social skills training) as well as various techniques/activities that may be used with children. More than one treatment can be selected for those questions with the designation, "(Select all that apply.)".

Complete each section to reflect the specific types of treatment a client received as well as the techniques/activities that may have been incorporated into a variety of treatment types.

Refer to the Glossary of Treatments, Modalities, and Services for clarifications, definitions, and links to additional resources.

**Who Reports:** Clinician

**Rules:** This page is required for all CIMI Participants. The information is entered into CIMI during each follow-up.

## General Trauma Exposure (UPDATED WITH NEW TRAUMA TYPES)

The General Trauma section was designed to gather information related to children's overall trauma exposure. This includes 22 trauma types and a space to provide other traumas not otherwise specified.

**Who Reports:** Client, Caregiver, or other collateral source (e.g., information from referral, case manager, teacher, etc.)

**Before you administer the General Trauma or Trauma Details Sections, read and review the following section carefully. New trauma types have been added, categories have been updated, and definitions have been expanded to provide greater clarity.**

**Rules:** Complete the following based on the client's trauma history. This information should be updated during treatment in the following situations:

1. When a new trauma is experienced or suspected.
2. When new information about a known trauma is revealed to the clinician.
3. When a new trauma is revealed during treatment (i.e., a trauma that occurred prior to treatment, but was not revealed at baseline).

### Trauma Types included in CIMI:

<ul style="list-style-type: none"> <li>• Sexual Maltreatment/Abuse</li> <li>• Sexual Assault/Rape</li> <li>• Trafficking (Commercial Sexual Exploitation, Sex Trafficking, and/or Labor Trafficking)*</li> <li>• Physical Maltreatment/Abuse</li> <li>• Physical Assault</li> <li>• Psychological or Emotional Maltreatment/Abuse (Verbal Abuse, Excessive Demands, Emotional Neglect)</li> <li>• Neglect</li> </ul>	<ul style="list-style-type: none"> <li>• Domestic Violence</li> <li>• War/ Terrorism/ Political Violence Inside the U.S.</li> <li>• War/ Terrorism/ Political Violence Outside the U.S.</li> <li>• Illness/Medical Trauma</li> <li>• Serious Accident/ Injury</li> <li>• Disaster (Natural and Manmade)</li> <li>• Kidnapping/ Abduction</li> <li>• Bereavement+</li> </ul>	<ul style="list-style-type: none"> <li>• Separation+</li> <li>• Forced Displacement</li> <li>• Impaired Caregiver</li> <li>• Extreme Interpersonal Violence (not reported elsewhere)</li> <li>• Community Violence (not reported elsewhere)</li> <li>• School Violence (not reported elsewhere)</li> <li>• Bullying*</li> <li>• Other Trauma (not reported elsewhere): Please Specify</li> </ul>
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\* Note: This is a new trauma type added to CIMI.

+ Note: Bereavement and Separation are now split into two trauma types.

For each trauma type, categorize it as **No**, **Yes**, **Suspected**, or **Unknown**.

- Select **No** when the client has not experienced that trauma type (*Note: the form defaults to No on the online CIMI system.*)
- Select **Yes** when the client has experienced the specified trauma type and provide the age at which the child experienced the trauma or select Age Unknown.
- Select **Suspected** when you suspect that the client has experienced the specified trauma type and provide the age at which the child experienced the trauma or select Age Unknown.
- Select **Unknown** when you do not have enough information to answer the question.

### **General Trauma Interview Techniques:**

Information for this section can be obtained in a number of ways.

- If you or your center has a standard interviewing approach to collecting trauma history, follow that approach. Ensure that you ask about **all** of the types of trauma listed and the age of exposure. *Also complete the associated Trauma Detail forms.*
- If collection of trauma history is new for you or your center, use the General Trauma form, definitions provided below, and Trauma Details questions as an interview guide.

Examples might include:

- “Has [child’s name] ever experienced actual or attempted infliction of physical pain and/or bodily injury by someone in a caregiving role? Physical abuse can include, hitting, kicking, severe corporal punishment, or bruising.”
- “Has your child ever experienced a life threatening illness or extremely painful medical procedure?”
- “Bullying can include physical, sexual, verbal or social acts. Have you ever experienced bullying from your peers?”

## Trauma Details Overview

For the purposes of CIMI, a Trauma Detail Form is provided for each of the types of trauma that the client has experienced based on the General Trauma Form.

**Who Reports:** Client, Caregiver, or other collateral source (e.g., information from referral, case manager, teacher, etc.)

**Rules:** The following rules apply to all of the trauma details sections.

In situations where a client has experienced multiple traumas of a particular type (e.g., several unrelated incidents of sexual assault perpetrated by different individuals), the Trauma Detail Form for that trauma type is used to summarize characteristics of all of those experiences.

Example: If a child was sexually assaulted by a family friend in the child's home and sexually assaulted by a teacher's aide on school property, you would indicate both settings in question 4. In other words, for the question: "Please indicate the setting(s) of the experience" on the Sexual Assault/Rape Trauma Detail Form *both* Home and School would be selected.

For each trauma, **indicate when the trauma was revealed/ known (to the clinician)**.

- Select **Baseline** if the trauma was revealed during the baseline assessment or initial intake. If a trauma was revealed to the clinician or agency staff during an appointment after baseline, indicate **Other** and provide the date the information was revealed.

For each trauma, **describe the frequency of the experience**.

- **One-time event:** the client experienced the trauma one time only.
- **Repeated Exposure:** more than one exposure to this trauma type.

Example: Trauma occurred more than once over a period of time (e.g., physical maltreatment by caregiver over several years), *and/or*

Example: Trauma occurred multiple times but the incidents are not necessarily related to one another (e.g., physical maltreatment by caregiver over several years and single incident of physical maltreatment by the child's foster parent).

For each trauma, **describe the type(s) of experience**.

- **Directly experienced:** Child actually experienced the trauma.  
Example: The child was physically maltreated by his/her mother's boyfriend.
- **Witnessed in person:** Child was present at the time the trauma occurred to another individual.  
Example: The child watched his/her mother's boyfriend hit her.  
Example: The child heard his/her mother's boyfriend hitting her, but the child was in another room.
- **Learned that traumatic experience happened to a close family member or close friend:** the child heard about the trauma, saw pictures or other media representations, but was not present when the trauma occurred. This can include learning from a third party about the event, including from the victim.  
Example: The child arrived home after his/her mother's boyfriend hit her and the child saw the injuries.

*Note: There may be experiences for which the witnessed/learned that traumatic experience happened to a close family member or close friend distinction is not clear. Example, the child finds her mother so badly beaten that she has to call 911 for her. In cases like this, seek guidance from your clinical supervisor, use your clinical judgment, or email [data@nctsn.org](mailto:data@nctsn.org) for assistance.*

When appropriate, **indicate the setting(s) of the trauma**. Setting can include the child's home, school, community, etc.

Example: The child was physically assaulted on the playground, therefore community would be selected.

When appropriate, **identify the perpetrator of the trauma**.

- **Perpetrator:** a person who has been determined to have caused or knowingly allowed the maltreatment of a child.<sup>51</sup>

Example: The child was sexually abused by a babysitter. The perpetrator would be identified as Unrelated (but identifiable) adult.

Example: The child did not receive adequate nourishment while in a parent's care. The perpetrator of the neglect would be identified as Parent.

When appropriate, **report if serious injury was inflicted** as a result of the trauma exposure.

- **Serious Injury:** personal injury which results in either permanent or non-permanent damage that interferes with performing daily activities. Examples include fractures, burns, disfigurement, etc.<sup>52</sup>

Example: The child was in a serious car accident and went to the hospital to treat a broken leg.

Example: The child's sibling was treated for a concussion caused by an earthquake.

When appropriate, **report if a weapon was used**. Weapons can include knives, guns, etc.

Example: The child witnessed community gang violence that included a gun.

Example: The child was threatened with a knife during a sexual assault.

When appropriate, **document if a report was filed**. Reporting can include the police, child protective services, medical professionals, etc.

Example: The child's neighbor called child protective services after hearing domestic violence.

**Notes:** The following definitions were largely taken from information collected by National Child Abuse and Neglect Data System. Any additions or clarifications to the original definitions have been noted and citations have been included.

## **1. Sexual Maltreatment/Abuse**

Sexual maltreatment/abuse is actual or attempted sexual molestation or coercion by someone in a caregiving role.

### **Examples/Categories:**

- Actual or attempted sexual contact (e.g., fondling, genital contact, intercourse, oral or anal sex, exhibitionism, masturbation, obscene phone calls, etc.)<sup>19</sup>
- Exposure to or coercion leading to involvement in age-inappropriate sexual material or environments (e.g., print, Internet, or television pornography; forced witnessing of adult sexual activity)
- Orchestration of sexual contact between two or more minor children

**Perpetrator(s):** An adult or youth who is in a caregiving role for the child/youth (i.e., parent, parent-substitute [e.g., foster parent], babysitter, adult relative, teacher, other caregiver, guardian, or custodian)

### **Exceptions:**

- Sexual contact/exposure by others (i.e., non-caregivers) should be classified as **Sexual Assault/Rape**.
- Sexual abuse of children through the exchange of sex or sexual acts for money, materials, or resources (prostitution) or the sale of children for sex should be classified as **Trafficking (Commercial Sexual Exploitation, Sex Trafficking, and/or Labor Trafficking)**.

## **2. Sexual Assault/Rape**

Sexual assault/rape is actual or attempted sexual molestation or coercion by someone who is not in a caregiving role. Sexual assault is unwanted sexual contact that stops short of rape or attempted rape. Rape is forced sexual intercourse, including vaginal, anal, or oral penetration, no matter how slight.<sup>20</sup> This includes instances in which the victim is incapable of giving consent because of temporary or permanent mental or physical incapacity or because of age.<sup>21</sup>

### **Examples/Categories:**

- Actual or attempted sexual contact (e.g., fondling, genital contact, intercourse, oral or anal sex, exhibitionism, masturbation, obscene phone calls, etc.)<sup>19</sup>
- Exposure to or coercion leading to involvement in age-inappropriate sexual material or environments (e.g., print, Internet, or television pornography; forced witnessing of adult sexual activity)
- Orchestration of sexual contact between two or more minor children

**Perpetrator(s):** An adult or youth who is not in a caregiving role for the child/youth (e.g., stranger, dating partner, classmate)

### **Exceptions:**

- Sexual misconduct by someone in a caregiving role should be classified as **Sexual Maltreatment/Abuse**.
- Sexual abuse of children through the exchange of sex or sexual acts for money, materials, or resources (prostitution) or the sale of children for sex should be classified as **Trafficking (Commercial Sexual Exploitation, Sex Trafficking, and/or Labor Trafficking)**.
- If the sexual assault is verbal (e.g., name-calling, insults, threats of violence) and the perpetrator is a youth who is not in a caregiving role, the trauma should be classified as **Bullying**.

### **3. Trafficking (Commercial Sexual Exploitation, Sex Trafficking, and/or Labor Trafficking)**

Trafficking is the abuse of children through:

- The exchange of sex or sexual acts (prostitution) for drugs, favors, clothing, food, shelter, protection, other basics of life and/or money, or
- The sale of children for sex and/or labor (also referred to as sex trafficking or human trafficking).

Trafficking can take place in any location, including the child's home, adult strip clubs, brothels, massage parlors, hotel/motel rooms, truck stops, sex parties, etc.<sup>22</sup>

#### **Examples/Categories<sup>23</sup>:**

- Involving children in the production of child pornography or sexually explicit websites (sharing or posting of images, forums, etc.) [for money]
- Escort services
- Street prostitution
- Brothels, massage parlors, strip clubs, truck stops
- Forced labor/domestic servitude

**Perpetrator(s):** Any adult or youth (i.e., can be in *either a caregiving or non-caregiving role*)

#### **Exceptions:**

- Sexual misconduct, outside of the sale of children for sex or the abuse of children for economic gain, *by someone in a caregiving role* should be classified as **Sexual Maltreatment/Abuse**.
- Sexual misconduct, outside of the sale of children for sex or the abuse of children for economic gain, *by someone who is not in a caregiving role* should be classified as **Sexual Assault/Rape**.

Section/Questions	Explanation
<p>1. Please indicate the means by/ through which the child was exploited/ trafficked. <b>(Select all that apply)</b></p>	<p><input type="checkbox"/> Online/pornographic websites (sharing or posting images, engaging in sex acts, forums)  <input type="checkbox"/> Escort services  <input type="checkbox"/> Street Prostitution  <input type="checkbox"/> Brothels/massage parlors/strip clubs/truck stops  <input type="checkbox"/> Forced labor/domestic servitude  <input type="checkbox"/> Other, please specify: _____  <input type="checkbox"/> Unknown</p> <p><i>Definitions:</i></p> <p><i>Online/pornographic websites<sup>24</sup></i> – use of the internet to advertise commercial sex or for posting pornographic images</p> <p><i>Escort Services<sup>25</sup></i> – any business, agency, or person who arranges escort appointments for clients</p> <p><i>Street Prostitution<sup>26</sup></i> – selling commercial sex on the streets</p> <p><i>Brothels<sup>27</sup></i> – a building or residence where individuals go to purchase commercial sex</p> <p><i>Massage Parlors<sup>28</sup></i> – location where legal services such as massage are offered, as well as commercial sex to the patrons</p> <p><i>Strip Clubs<sup>29</sup></i> – location where services such as nude dancing or stripping are offered, as well as commercial sex to the patrons</p> <p><i>Truck Stops<sup>30</sup></i> – location where commercial sex victims may be sold. Victims may be moved to many truck stops within the same regional area</p> <p><i>Forced labor/domestic servitude<sup>31</sup></i> – common types include people forced to work in homes as domestic servants; farmworkers coerced through violence as they harvest crops; or factory workers held in inhumane conditions.</p>

#### **4. Physical Maltreatment/Abuse**

Physical maltreatment/abuse is actual or attempted infliction of physical pain or bodily injury *by someone who is in a caregiving role*.

##### **Examples/Categories:**

- Non-accidental stabbing, bruising, burning, suffocation, hitting, kicking, shaking, or other show of physical force, with or without use of an object or weapon<sup>33, 34</sup>
- Includes the use of severe corporal punishment (e.g., spanking that causes marks, bruises, or serious injury)

**Perpetrator(s):** An adult or youth *who is in a caregiving role for the child* (i.e., parent, parent-substitute [e.g., foster parent], babysitter, adult relative, teacher, other caregiver, guardian, or custodian).

##### **Exceptions:**

- Does not include rough and tumble play or developmentally normative fighting between siblings or peers of similar age and physical capacity.
- Infliction of physical pain and/or injury *by those not in a caregiving role* should be classified as **Physical Assault**.

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#### **5. Physical Assault**

Physical assault is actual or attempted infliction of physical pain or bodily injury *by someone who is not in a caregiving role*.

##### **Examples/Categories:**

- Actual or attempted infliction or physical pain or bodily injury (non-accidental stabbing, bruising, burning, suffocation, hitting, kicking, shaking, or other show of physical force, with or without use of an object or weapon)<sup>33, 34</sup>
- Includes the use of severe corporal punishment (e.g., spanking that causes serious injury)

**Perpetrator(s):** An adult or youth *who is not in a caregiving role for the child/youth* (e.g., stranger, dating partner, classmate)

##### **Exceptions:**

- Infliction of physical pain or bodily injury *by someone in a caregiving role* should be classified as **Physical Maltreatment/Abuse**.
- Does not include rough and tumble play or developmentally normative fighting between siblings or peers of similar age and physical capacity.
- Infliction of physical pain or bodily injury *by a youth who is not in a caregiving role for the child/youth* should be classified as **Bullying**.

## **6. Psychological Maltreatment or Emotional Maltreatment/Abuse (Verbal Abuse, Excessive Demands, Emotional Neglect)**

Psychological maltreatment is actual or attempted infliction of psychological abuse which causes or could cause a change in behavior, cognition, affect, emotional response, or other mental capacities, and that is repeated over time. Psychological maltreatment harms a child's self-worth, self-image, or emotional well-being.<sup>33, 34</sup>

### **Examples/Categories:**

- Verbal abuse – the use of words to cause harm (e.g., belittling, rejecting, name-calling, cruel teasing)<sup>33</sup>
- Excessive demands on a child's performance – unreasonable or impossible demands (e.g., scholastic, athletic, musical, pageantry)
- Emotional neglect – denial of proper care and attention; failure to respond (e.g., shunning, withdrawal of love)
- Intentional social deprivation – preventing interaction between the child and others (e.g., isolation)

**Perpetrator(s):** Any adult or youth *who is in a caregiving role for the child/youth*

### **Exceptions:**

- Infliction of emotional or psychological abuse *by a youth who is not in a caregiving role* should be classified as **Bullying**.
- Psychological Maltreatment does not include **Physical Maltreatment/Abuse** or **Sexual Maltreatment/Abuse**.

## **7. Neglect**

Neglect refers to failure by the child victim's caregiver(s) to provide needed, age-appropriate care although financially able to do so, or offered financial or other means to do so. Neglect results in a threat to the child's health, safety, and well-being.<sup>34, 35</sup>

### **Examples/Categories:**

- Physical neglect (e.g., inadequate nutrition, hygiene, shelter, clothing)<sup>36</sup>
- Medical/dental neglect (e.g., failure to provide child with access to needed medical/dental or mental health treatments and services, failure to consistently disperse or administer prescribed medications or treatments such as insulin injections)
- Educational neglect (e.g., withholding child from school, failure to attend to special educational needs, truancy)
- Exposure to violent or unsafe environments (caregiver intentionally fails to protect child)<sup>36</sup>
- Inadequate supervision<sup>37</sup>

**Perpetrator(s):** An adult or youth *who is in a caregiving role for the child/youth* (i.e., parent, parent-substitute [e.g., foster parent], babysitter, adult relative, teacher, other caretaker, guardian, or custodian).

### **Exceptions:**

- Emotional neglect (e.g., shunning, withdrawal of love, isolation), should be classified as **Psychological Maltreatment**.
- Neglect that results from caregiver impairment (e.g., substance abuse, mental illness), should be classified as both **Neglect** and **Impaired Caregiver**.

## **8. Domestic Violence**

Domestic violence is exposure to actual or threatened physical, sexual, and/or psychological abuse directed at a household member. The violence is not directed at the child.

### **Examples/Categories:**

- Exposure to acts or threats of physical violence (e.g., slapping, hitting, kicking, and beating)<sup>38</sup>
- Exposure to acts or threats of psychological violence (e.g., intimidation, financial control, constant belittling, stalking, and humiliation)<sup>38</sup>
- Exposure to acts or threats of sexual violence (e.g., forced intercourse and other forms of sexual coercion)<sup>38</sup>
- Children could directly experience domestic violence if a caregiver's violence towards another household member inadvertently injures the child.

**Perpetrator(s):** Caregiver (i.e., parent, parent-substitute [e.g., foster parent], babysitter, adult relative, teacher, other caregiver, guardian, or custodian), caregiver's intimate partner, other adult, sibling, or an adolescent

### **Exceptions:**

- Any of the above acts directed at the child should be classified as that trauma type (e.g., a child hit by a parent would be considered physical abuse).

## **9. War/Terrorism/Political Violence Inside the U.S.**

War/terrorism/political violence inside of the U.S. is defined as exposure to such acts on U.S. soil (including Puerto Rico).

**Terrorism** is a form of undeclared war, fought using the civilian population in addition to, or instead of, the military as a target, with the intent to inflict psychological damage on an adversary by creating an atmosphere of danger and threat.<sup>39</sup>

**Political Violence** includes war and related violent conflicts, state violence, and similar acts carried out by larger groups.<sup>40</sup>

### **Examples/Categories:**

- Living in a region affected by bombing, shooting, or looting in the U.S.
- Violence that is committed to advance a particular social agenda includes (e.g., crimes of hate committed by organized groups, terrorist acts, and mob violence)<sup>40</sup>
- Any kind of violence that utilizes the following types of weapons (e.g., September 11, 2001; Boston Marathon bombing):
  - Conventional
  - Chemical
  - Radiological/Nuclear
  - Rocket and mortar attacks
  - Biological

**Perpetrator(s):** Individuals acting in isolation, people acting on behalf of groups, and/or other governments/militaries

### **Exceptions:**

- War, terrorism, and political violence that a child experiences *outside* of the U.S. should be classified as **War/Terrorism/Political Violence Outside of the U.S.**
- Violence that occurs on school grounds (e.g., Sandy Hook shooting), should be classified under **School Violence**.

## **10. War/Terrorism/Political Violence Outside the U.S.**

War/terrorism/political violence outside of the U.S. is defined as exposure to such acts outside of U.S. soil.

**Terrorism** is a form of undeclared war, fought using the civilian population in addition to, or instead of, the military as a target, with the intent to inflict psychological damage on an adversary by creating an atmosphere of danger and threat.<sup>39</sup>

**Political Violence** includes war and related violent conflicts, state violence, and similar acts carried out by larger groups.<sup>40</sup>

### **Examples/Categories:**

- Living in a region affected by bombing, shooting, or in looting other than the U.S.
- Violence that is committed to advance a particular social agenda (e.g., crimes of hate committed by organized groups, terrorist acts, and mob violence)<sup>40</sup>
- State-perpetrated violence such as genocide, repression, disappearances, torture, and other abuses of human rights.<sup>40</sup>
- Refugee and war-zone trauma include exposure to human-perpetrated acts of violence (e.g., torture, bombing, shelling, shooting, land mines, sniper fire, atrocities, or looting)<sup>39</sup>
- Any kind of violence that utilizes the following types of weapons (e.g., Middle East Uprising; conflict in Syria; conflict between Israel/Palestine):
  - Conventional (e.g., firearms (shootings), bombs, etc.)
  - Chemical
  - Radiological/Nuclear
  - Rocket and mortar attacks
  - Biological

**Perpetrator(s):** Individuals acting in isolation, people acting on behalf of groups, and/or other governments/militaries

### **Exceptions:**

- War, terrorism, and political violence that a child experiences *inside* of the U.S. should be classified as **War/Terrorism/Political Violence Inside of the U.S.**
- Refugees or political asylees who were exposed to war *and* forced to move should be classified here *and* under **Forced Displacement**, as well.

## **11. Illness/Medical Trauma**

Illness/medical trauma is trauma associated with a chronic or life-threatening illness, or painful or invasive medical procedures.<sup>41</sup>

### **Examples/Categories:**

- Having a chronic physical illness (e.g., cancer, AIDS) or experiencing medical procedures (e.g., undergoing chemotherapy or surgery) that are extremely painful and/or life-threatening
- The event of being told that one has a serious or life-threatening illness
- Chronic or life-threatening illness or painful or invasive medical procedures experienced by a loved one (e.g., learning that a parent has cancer or witnessing a sibling's painful medical procedure).

**Perpetrator(s):** N/A

**Exceptions:** Illness/Medical trauma *does not include* medical injuries that would otherwise be classified under **Serious Injury/Accident** (e.g., a child who is burned in a fire would be designated as experiencing an accident/injury trauma; however, if the child then had to undergo repeated, painful dressing changes, the experience would also qualify as illness/medical trauma).

## **12. Serious Injury/Accident**

Serious injury/accident is defined as an unintentional accident or injury.

**Notes:** If the serious injury/accident led to an Illness/Medical Trauma, complete that form as well.

**Examples/Categories:**

- Accident such as unintentional/accidental shooting, animal bite, broken bones, burns, falls, house fire, motor vehicle accident, near drowning, poisoning, serious playground injury, etc.<sup>42</sup>
- Serious injury such as concussion, animal bite, broken bone(s), burn, etc.
- Key concept here is “Unintentional”

**Perpetrator(s):** N/A

**Exceptions:** Injury/Accident *does not include* injury or accident caused at the hands of another person who is intending harm of any type.

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## **13. Disaster (Natural and Manmade)**

A disaster is a major catastrophic event that can be either natural or man-made.

**Notes:** If the disaster led to a serious injury/accident or an illness led to an Illness/Medical Trauma, complete the appropriate form(s) as well.

**Examples/Categories:**

Any epidemic, fire, flood, explosion, or other catastrophic event that extensively damages property and leads to loss of lives, such as:<sup>39</sup>

- Earthquake
- Hurricane
- Flood
- Tornado
- Fire/wildfires
- Landslides
- Drought
- Industrial/technological (e.g., bridge collapse, nuclear power plant emergency)
- Public health emergency (e.g., Pandemic Flu emergency, Ebola)

**Perpetrator(s):** Man-made disasters may have a perpetrator who caused the emergency. Often, there is no direct perpetrator of a disaster.

**Exceptions:** Disaster *does not include* catastrophic events that are intentionally caused (e.g., train bombing). Such a disaster would be classified as **War/terrorism/political violence Inside or Outside of the U.S.**

## **14. Kidnapping / Abduction**

Kidnapping/abduction is the unlawful seizure or detention of a child against his or her will.

**Notes:** If the kidnapping/abduction included rape, sexual assaults, and/or trafficking, complete the appropriate form(s) as well.

### **Examples/Categories:**

- *Nonfamily abduction:*
  - An episode in which a nonfamily perpetrator takes a child by the use of physical force or threat of bodily harm or detains the child for a substantial period of time (at least 1 hour) in an isolated place by the use of physical force or threat of bodily harm without lawful authority or parental permission

### **OR**

- An episode in which a child younger than 15 or mentally incompetent is taken or detained without parental permission or lawful authority, or voluntarily accompanies a nonfamily perpetrator who conceals the child's whereabouts, demands ransom, or expresses the intention to keep the child permanently.<sup>43</sup>
- *Family abduction:* the taking or keeping of a child by a family member in violation of a custody order, a decree, or other legitimate custodial rights, where the taking or keeping involved some element of concealment, flight, or intent to deprive a lawful custodian indefinitely of custodial privileges.<sup>44</sup>
- *Stereotypical kidnapping:* A nonfamily abduction in which a child is detained overnight, transported at least 50 miles, held for ransom, abducted with intent to keep the child permanently, or killed.<sup>43</sup>

**Perpetrator(s):** Stranger or someone who is in a caregiving role for the child/youth.

**Exceptions:** If child experienced a *lawful* separation from his or her parent (e.g., due to hospitalization), the trauma should be classified as **Separation**.

## **15. Bereavement**

Bereavement refers to the circumstance of losing a loved one (e.g., parent, sibling, close relative or close friend) through death.

**Notes:** If appropriate (i.e., the child was traumatized by the cause of death of the loved one), complete the appropriate form(s) as well. For example, if a child was traumatized by the gang violence that killed their parent, **Community Violence Not Reported Elsewhere** should be identified. The type of experience would be “learned that traumatic experience happened to a close family member or close friend.”

**Examples/Categories of Causes of Death:**

- Natural death due to chronic condition/prolonged illness (e.g., cancer)
- Sudden natural death due to illness (heart attack, stroke, organ failure)
- Murder/Homicide
- Violence (e.g., gang violence, school shooting)
- Accident (e.g., motor vehicle accident)
- Suicide
- Natural Disaster (e.g., tornado)
- Terrorism/Political Violence/Civilian casualty of war
- War

**Perpetrator(s):** Some causes of death have perpetrators (e.g., homicide) while others do not (e.g., death due to illness)

**Exceptions:**

- If the child lost a close relative, parent, or friend as a result of war violence, classify under **Bereavement, and War/Terrorism/Political Violence Inside of OR Outside of the U.S.**
- **Separation** and **Bereavement** are classified as distinct trauma types. Report each trauma type in its respective category.

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## **16. Separation**

Separation is defined as temporary or permanent separation of child and parent, caregiver, other youth, or sibling due to circumstances beyond the child's control.<sup>45</sup>

**Examples/Categories:**

- Child removed from home due to: custody battle, divorce, or separation; court mandated changes in custody or removal through Child Protective Services or Juvenile Justice System, etc., foster care or group home placement, hospitalization (medical or psychiatric), incarceration, etc.
- Caregiver(s) removed from home due to: custody battle, divorce, or separation; court mandated separation, hospitalization (medical or psychiatric), incarceration, military (assignment, deployment), training/education, travel for work, etc.
- Separation can be temporary or permanent.

**Perpetrator(s):** N/A

**Exceptions:**

- **Separation** and **Bereavement** have been classified as distinct trauma types. Report each trauma in its respective category.
- If separation was due to *unlawful* seizure or detention of the child, classify as **Kidnapping/Abduction**.

## **17. Forced Displacement**

Forced displacement is forced relocation to a different country.<sup>39</sup>

### **Examples/Categories:**

- As a result of fleeing war, civil strife, and/or religious persecution.<sup>39</sup>
- As a result of exile from a cultural, religious, or political community.<sup>39</sup>
- Refugees or asylees may have been forced to relocate.
- Natural or man-made disasters could result in displacement. Those who experienced a disaster may be classified here and also under Natural Disaster.

**Perpetrator(s):** Can include actions of individuals acting in isolation, people acting on behalf of groups, and/or other governments/militaries

### **Exceptions:**

- Forced displacement *does not include* immigrants who move voluntarily.
- Forced displacement *does not include* individuals who were evicted from their homes or are homeless.
- Refugees or political asylees who were forced to move and were exposed to war should be classified here and under **War/Terrorism/Political Violence Outside of the U.S.**

## **18. Impaired Caregiver**

A child who has an impaired caregiver is not provided adequate nurturance, guidance, supervision, support, and/or attention to meet their basic developmental needs.<sup>34</sup>

**Notes:** If the impairment was due to caregiver medical illness and the child was traumatized by the associated illness or medical procedures, **Illness/Medical Trauma** should be identified. The “type(s) of experience” would either be “directly witnessed in person” or “learned that traumatic experience happened to close family member or close friend.”

### **Examples/Categories:**

- Functional impairment (i.e., due to a disability or handicap)
- Mental illness/disorder
- Medical illness
- Alcohol/substance use/abuse or addiction<sup>34</sup>
- Criminal activity
- Chronic overexposure to severe life stressors (e.g., extreme poverty, community violence).

**Perpetrator(s):** An adult or youth *who is in a caregiving role for the child/youth* (i.e., parent, parent-substitute [e.g., foster parent], babysitter, adult relative, teacher, other caregiver, guardian, or custodian), can be impaired.

**Exceptions:** If the child has experienced additional traumas due to impaired caregiving (e.g., neglect), report both **Impaired Caregiver** and the additional trauma.

## **19. Extreme Interpersonal Violence (not reported elsewhere)**

Extreme interpersonal violence is defined as extreme violence between individuals or groups that has not been reported elsewhere.

### **Examples/Categories:**

- All acts of violence not reported elsewhere, whether public or private; reactive (in response to provocation) or proactive (anticipatory actions); criminal or noncriminal (e.g., robbery, assault)<sup>46</sup>
- Homicide or suicide in which the victim was not someone in a caregiving role, close relative, or a close friend of the child

**Perpetrator(s):** Adults or youth(s) who are not in a caregiving role for the child; stranger

### **Exceptions:**

- When homicide or suicide victim is a close relative, friend, or caregiver of the child, the trauma should be classified as **Bereavement**.

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## **20. Community Violence (not reported elsewhere)**

Community violence refers to violence emanating from personal conflicts between or among people who are not family members, and who may or may not know each other, generally taking place outside the home.<sup>38</sup>

### **Examples/Categories:**

- Chronic Episodic or pervasive violence in the youth's community that have not been captured in other categories including extreme violence in the community (e.g., stabbings, muggings)
- Exposure to gang-related violence should be recorded here (e.g., drive-by shooting)

**Perpetrator(s):** Adults or youth(s) who are not in a caregiving role for the child; strangers

**Exceptions:** Physically, socially, or psychologically aggressive behaviors between youth and/or groups of youth that involve an observed or perceived power imbalance and is repeated multiple times or seems highly likely to be repeated should be classified as **Bullying**.

## **21. School Violence (not reported elsewhere)**

School violence is violence which occurs in a school setting and which has not been reported elsewhere. School violence can occur on school property or during a school-sponsored event.<sup>47, 48</sup>

**Examples/Categories:**

- School shooting
- Classmate suicide
- Vandalism
- Sexual harassment
- Fighting
- Stealing
- Weapon possession and/or use

**Perpetrator(s):** Most often: other youth/peer or a group of youths/peers with school affiliation; however, it can include adult(s) and those without school affiliation (e.g., gang members from rival gang)

**Exceptions:**

- Physically, socially, or psychologically aggressive behaviors between youth and/or groups of youths that involve an observed or perceived power imbalance and is repeated multiple times or seems highly likely to be repeated should be classified as **Bullying**.
- Sexual harassment that involves touching or coercion, should be classified as either **Sexual Abuse** (by a caregiver) or **Sexual Assault/Rape** (by someone not in the caregiving role)

## **22. Bullying**

Bullying is defined as any unwanted aggressive behavior(s) by another youth or group of youths that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated.<sup>49</sup>

**Examples/Categories:**

- Behaviors intended to inflict harm or distress on the targeted youth including physical, psychological, social, or educational harm.
- Electronic aggression or cyber-bullying is bullying that happens through email, chat rooms, instant message, a website/blog, text message, or social media.<sup>50</sup>
- Physical bullying is hurting a person's body or possessions (e.g., taking or breaking someone's things, spitting, hitting/tripping).<sup>49</sup>
- Psychological bullying is any kind of intentional mental abuse (e.g., teasing, name-calling, threatening).<sup>50</sup>
- Social or relational bullying involves hurting someone's reputation or relationships (e.g., leaving someone out on purpose, spreading rumors about someone).<sup>49</sup>
- Verbal bullying is saying or writing mean things (e.g., spreading rumors, inappropriate sexual comments).<sup>49</sup>

**Perpetrator(s):** Another youth or group of youths who are not siblings. A young person can be a perpetrator, a victim, or both (also known as "bully/victim").<sup>50</sup>

**Exceptions:**

- Infliction of emotional or psychological abuse *by any adult or by a youth who is in a caregiving role for the child/youth* should be classified as **Psychological Maltreatment**.
- Physical pain and or injury *by an adult or sibling who is not in a caregiving role for the child/youth*, or a dating partner, should be classified as **Physical Assault**.
- Does not include rough and tumble play or developmentally normative fighting between siblings or peers of similar age and physical capacity.
- Sexual misconduct *by someone who is not in a caregiving role* should be classified as **Sexual Assault/Rape**.

## Glossary of Terms

**Active duty:** **1)** full-time service in the armed forces with regular duties and pay; **2)** Public Health Service or the National Oceanic and Atmospheric Administration; **3)** active duty service person who is a cadet attending one of the five United States Military Service Academies; **4)** service in the military Reserves or National Guard (only if the person has been called up for active duty, mobilized, or deployed).

<http://www.census.gov/hhes/veterans/about/definitions.html> & <http://www.merriam-webster.com/dictionary/active%20duty>

**Advocate:** a person who argues for or supports a cause or policy; one that supports or promotes the interests of another.

<http://www.merriam-webster.com/dictionary/advocate>

**Age-appropriate:** suitable for a particular age or group.

<http://www.oxforddictionaries.com/us/definition/english/age-appropriate>

**Allergy:** immune system reaction to a foreign substance that does not cause a reaction in most people.

<http://www.mayoclinic.org/diseases-conditions/allergies/basics/definition/con-20034030>

**American Indian or Alaska Native:** origins in any of the original peoples of North and South America (including Central America); maintenance of cultural identification through tribal affiliation or community attachment.

<http://nces.ed.gov/ipeds/reic/definitions.asp>

**Amputation:** to cut or remove from the body. <http://www.merriam-webster.com/dictionary/amputation>

**Anorexia Nervosa:** characterized by distorted body image and excessive dieting that leads to severe weight loss with a pathological fear of becoming fat; primarily affects adolescent girls and young women.

<http://www.dsm5.org/documents/eating%20disorders%20fact%20sheet.pdf>

**Ansell-Casey Life Skills Assessment:** helps educators determine students' independent living skills. Skill areas addressed include: career planning, communication, daily living, home life, housing and money management, self-care, social relationships, work life, and work and study skills. [http://transitioncoalition.org/transition/assessment\\_review/view.php?id=6](http://transitioncoalition.org/transition/assessment_review/view.php?id=6)

**Asian:** origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent; includes Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam, among others.

<http://nces.ed.gov/ipeds/reic/definitions.asp>

**Assault:** a violent physical or verbal attack; a threat or attempt to inflict offensive physical contact or bodily harm on a person (as by lifting a fist in a threatening manner) that puts the person in immediate danger of or in apprehension of such harm or contact. <http://www.merriam-webster.com/dictionary/assault>

**Asthma:** condition in which an individual's airways narrow, swell, and produce extra mucus; breathing is difficult; triggers coughing, wheezing, and shortness of breath. <http://www.mayoclinic.org/diseases-conditions/asthma/basics/definition/con-20026992>

**Asylee:** a person who is found to be unable or unwilling to return to his or her country of nationality, or to seek the protection of that country, because of persecution or a well-founded fear of persecution; persecution or the fear thereof must be based on the person's race, religion, nationality, membership in a particular social group, or political opinion.

<http://www.uscis.gov/tools/glossary/asylee>

**Attachment Problems/Difficulties:** refers to a child's relationship with and need for its caregiver(s), which sets the tone for all future relationship patterns and interactions; problems or difficulties with attachment seen when the child exhibits an absent degree of or grossly underdeveloped level of attachment towards caregiving adults compared to what is normal or expected; for example, an infant or very young child would be observed as rarely or minimally turning to their adult caregivers for comfort, support, protection, or nurturance.

<http://www.apa.org/research/action/glossary.aspx> & <http://psychcentral.com/encyclopedia/2008/attachment-styles/>  
<http://psychcentral.com/disorders/reactive-attachment-disorder-symptoms/>

**Atypical (behaviors):** not typical; not like the usual or normal type.

<http://www.merriam-webster.com/medical/atypical>

**Autism Spectrum disorder (ASD):** characterized by: 1) Persistent deficits in social communication and social interaction across multiple contexts 2) Restricted, repetitive patterns of behavior, interests, or activities; 3) Symptoms must be present in the early developmental period (typically recognized in the first two years of life); 4) Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning; and 5) These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay.

<http://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-asd/index.shtml>  
<http://www.cdc.gov/ncbdd/autism/hcp-dsm.html>

**Binge Eating:** 1) recurring episodes of eating significantly more food in a short period of time than most people would eat under similar circumstances, with episodes marked by feelings of lack of control; 2) someone with binge eating disorder may eat too quickly, even when he or she is not hungry; the person may have feelings of guilt, embarrassment, or disgust and may binge eat alone to hide the behavior.

<http://www.dsm5.org/documents/eating%20disorders%20fact%20sheet.pdf>

**Biological weapon:** 1) using biological agents to wreak physical and psychological damage on an adversary's entire population; 2) bioweapons may use bacteria such as Anthrax, viruses such as Smallpox, toxins such as Ricin, and others; 3) agents deliberately made into weapons by converting them to an aerosol for airborne delivery; agent is inhaled into the lungs and illness or death may follow, but this varies widely with the type of agent.

<http://www.nctsnet.org/trauma-types/terrorism/biological>

**Birth defect:** a physical or biochemical defect (such as cleft palate, phenylketonuria, Down syndrome, hearing loss, spina bifida, heart defect, etc.) that can be found before birth, at birth, or after birth, and may be inherited or environmentally induced.

<http://www.merriam-webster.com/medical/birth%20defect>  
<http://www.cdc.gov/ncbdd/birthdefects/facts.html>

**Black or African American:** origins in any of the black racial groups of Africa.

<http://nces.ed.gov/ipeds/reic/definitions.asp>

**Body Mass Index (BMI):** a number calculated from a person's weight and height; BMI provides a reliable indicator of level of body fat and can be used to screen for weight categories that may lead to health problems.

<http://www.cdc.gov/healthyweight/assessing/bmi/Index.html>

**Breakthrough Series Collaborative (BSC):** teams from around the country focus on an "intractable" issue in a specific area (e.g., child welfare practice, mental health intervention, etc.); test multiple ideas, strategies, and tools on a very small scale in their pilot sites; share learnings with other teams via the Internet, phone conferences, and three two-day meetings; most successful field-tested and measurable strategies and tools rapidly introduced throughout the teams' jurisdictions or systems.

<http://www.casey.org/resources/initiatives/breakthroughseries/>

**Brothel:** a building or residence where individuals go to purchase commercial sex.

Retrieved from <http://www.polarisproject.org/human-trafficking/sex-trafficking-in-the-us/residential-brothels>

**Bulimia Nervosa:** a serious physical and emotional illness in which people, especially young women, binge eat (eat large amounts of food) and followed by inappropriate behaviors such as self-induced vomiting to avoid weight gain.

<http://www.dsm5.org/documents/eating%20disorders%20fact%20sheet.pdf>

**Bullying:** unwanted, aggressive behavior among school-aged children that involves a real or perceived power imbalance; behavior is repeated, or has the potential to be repeated, over time.

<http://www.stopbullying.gov/what-is-bullying/definition/index.html>

**Cancer:** a term used for diseases in which abnormal cells divide without control and are able to invade other tissues.

<http://www.cancer.gov/cancertopics/cancerlibrary/what-is-cancer>

**Caregiver:** a person who provides direct care to a child (such as a parent, parent-substitute, foster parent, step parent, babysitter, teacher, adult relative, sibling, or guardian).

<http://www.merriam-webster.com/dictionary/caregiver>

**Case manager:** a person who assists in the planning, coordination, monitoring, and evaluation of medical services for a patient with emphasis on quality of care, continuity of services, and cost-effectiveness, such as a social worker or a nurse.

<http://www.merriam-webster.com/medical/case+management?show=0&t=1407958936>

**Cerebral Palsy (CP):** group of disorders that affect a person's ability to move and maintain balance and posture; caused by abnormal brain development or damage to the developing brain that affects a person's ability to control his or her muscles; symptoms of CP can be mild or severe, varying from person to person, and can cause 1) stiff muscles (spasticity), 2) uncontrollable movements (dyskinesia), and/or 3) poor balance and coordination (ataxia).

<http://www.cdc.gov/ncbddd/cp/facts.html>

**Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA):** a health benefits program in which the Department of Veterans Affairs (VA) shares the cost of certain health care services and supplies with eligible beneficiaries; in general, the CHAMPVA program covers most health care services and supplies that are medically and psychologically necessary.

<http://www.military.com/benefits/veterans-health-care/champva-overview.html>

**Chemical weapon:** weapon used in chemical warfare (tactical warfare using incendiary mixtures, smokes, or irritant, burning, poisonous, or asphyxiating gases).

<http://www.merriam-webster.com/dictionary/chemical%20weapon> & <http://www.merriam-webster.com/dictionary/chemical%20warfare>

**Children's Health Insurance Program (CHIP):** provides health coverage to children in families with incomes too high to qualify for Medicaid, but can't afford private coverage.

<http://www.medicaid.gov/medicaid-chip-program-information/by-topics/childrens-health-insurance-program-chip/childrens-health-insurance-program-chip.html>

**Child Welfare System:** group of services designed to promote the well-being of children by ensuring safety, achieving permanency, and strengthening families; programs focus on preventing child abuse and neglect.

<https://www.childwelfare.gov/pubs/factsheets/cpswork.pdf>

**Chronic illness:** suffering from a disease, ailment, or disorder of long duration or frequent recurrence.

<http://www.merriam-webster.com/medical/chronic>

**Cognitive (domain/skills):** of, relating to, being, or involving conscious intellectual activity (as thinking, reasoning, remembering, imagining, or learning words).

<http://www.merriam-webster.com/medical/cognitive>

**Combat:** active fighting in a war.

<http://www.merriam-webster.com/dictionary/combat>

**Community:** a group of people who live in the same area (such as a city, town, or neighborhood).

<http://www.merriam-webster.com/dictionary/community>

**Conventional weapon:** weapon in relatively wide use and doesn't include weapons of mass destruction, such as nuclear, chemical, and biological weapons; examples include small arms and light weapons, seas and land mines; non-nuclear bombs, shells, rockets, missiles, and cluster munitions.

<http://medical-dictionary.thefreedictionary.com/Conventional+weapons>

**Coping (skills):** the process of dealing with internal or external demands that are perceived to be threatening or overwhelming.

<http://www.merriam-webster.com/dictionary/cope> & <http://www.apa.org/research/action/glossary.aspx>

**Core Data Set (CDS):** a set of forms and assessment measures designed to systematically capture important demographics, trauma exposure, client functioning, treatment, and services information for youth and families affected by trauma.

[http://www.nctsnet.org/nctsn\\_assets/pdfs/CoreDataSet\\_InfoBrief\\_FINAL.pdf](http://www.nctsnet.org/nctsn_assets/pdfs/CoreDataSet_InfoBrief_FINAL.pdf)

**Correctional facility/detention center:** an institution where people are held in detention for short periods, in particular youthful offenders, people awaiting trial or sentence; illegal immigrants, refugees.

[http://www.oxforddictionaries.com/us/definition/american\\_english/detention-center](http://www.oxforddictionaries.com/us/definition/american_english/detention-center)

**Cyberbullying:** bullying that takes place using electronic technology, including devices and equipment such as cell phones, computers, and tablets, as well as social media sites, text messages, chat, and websites (e.g., mean text messages or emails, rumors sent by email or posted on social networking sites, embarrassing pictures, videos, websites, fake profiles, etc.).

<http://www.stopbullying.gov/cyberbullying/what-is-it/index.html>

**Cystic Fibrosis:** life-threatening genetic disease that primarily affects the lungs and digestive system in which the body produces unusually thick, sticky mucus that clogs the lungs and leads to life-threatening lung infections and can also obstruct the pancreas and stop enzymes from helping the body break down food and absorb vital nutrients.

<http://www.cff.org/aboutcf/>

**Deployment:** refers to activities required to move military personnel and materials from a home installation to a specified destination.

<http://www.military.com/deployment/deployment-overview.html>

**Detox:** a program or facility for detoxification from an intoxicating or addictive substance.

<http://www.merriam-webster.com/dictionary/detox>

**Developmental disability:** a group of conditions which are due to an impairment in physical, learning, language, or behavior areas; having a physical or mental disability (as mental retardation) that becomes apparent in childhood and prevents, impedes, or limits normal development including the ability to learn or to care for oneself.

<http://www.cdc.gov/ncbdd/developmentaldisabilities/index.html> & <http://www.merriam-webster.com/medical/developmental%20disability>

**Diabetes:** 1) refers to a group of diseases that affect how your body uses blood sugar (glucose); 2) a person has too much glucose in their blood.

<http://www.mayoclinic.org/diseases-conditions/diabetes/basics/definition/con-20033091>

**Disability:** a condition (such as an illness or an injury) that damages or limits a person's physical or mental abilities.

<http://www.merriam-webster.com/dictionary/disability>

**Down Syndrome:** congenital condition caused by a trisomy (or third chromosome) 21; mild-to-moderately low range IQ is typical and physical features such as a flattened face with almond-shaped eyes are common.

<http://www.cdc.gov/ncbdd/birthdefects/downsyndrome.html>

**Drowning:** to die by being underwater too long and unable to breathe.

<http://www.merriam-webster.com/dictionary/drown?show=0&t=1405710768>

**Dysregulation/ dysregulated:** impairment of a physiological regulatory mechanism (as that governing metabolism, immune response, or organ function).

<http://www.merriam-webster.com/medical/dysregulation>

**Ear infection:** often a bacterial or viral infection in the middle ear that can cause pain.

<http://www.mayoclinic.org/diseases-conditions/ear-infections/basics/definition/con-20014260>

**Early Intervention Services:** early intervention services made available to all eligible birth-through-2-year-olds with disabilities and their families under the Grants for Infants and Families program; infants and toddlers with disabilities are defined as children who: 1) are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following five areas: cognitive development, physical development, communication development, social or emotional development, or adaptive development or 2) have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

<http://www2.ed.gov/programs/osepeip/index.html>

**Emancipated minor:** a minor who is released from paternal care and responsibility and has full legal rights or capacity.

<http://www.merriam-webster.com/dictionary/emancipate>

**Emotional abuse (or psychological maltreatment):** a pattern of behavior that impairs a child's emotional development or sense of self-worth and may include constant criticism, threats, or rejection, as well as withholding love, support, or guidance.

<https://www.childwelfare.gov/pubs/factsheets/whatisca.pdf>

**Emotional neglect:** inattention to a child's emotional needs, withholding love, and/or failure to provide psychological care.

<https://www.childwelfare.gov/pubs/factsheets/whatisca.pdf>

**Epilepsy:** a general term for conditions with recurring seizures; all varieties of seizures involve abnormal electrical activity in the brain that causes an involuntary change in body movement or function, sensation, awareness, or behavior.

<http://www.cdc.gov/epilepsy/>

**Ethnic:** 1) of or relating to large groups of people classed according to common racial, national, tribal, religious, linguistic, or cultural origin or background; 2) being a member of a specified ethnic group.

<http://www.merriam-webster.com/dictionary/ethnic>

**Ethnicity:** 1) ethnic quality or affiliation; 2) a particular ethnic affiliation or group.

<http://www.merriam-webster.com/dictionary/ethnicity>

**Ethnic cleansing:** the expulsion, imprisonment, or killing of an ethnic minority by a dominant majority in order to achieve ethnic homogeneity.

<http://www.merriam-webster.com/dictionary/ethnic%20cleansing>

**Excessive demands:** unreasonable demands on a child's scholastic, athletic, musical, or pageant performance, which may lead to negative self-image and disturbed behavior.

[http://www.nctsnet.org/nctsn\\_assets/pdfs/CWT3\\_SHO\\_Definitions.pdf](http://www.nctsnet.org/nctsn_assets/pdfs/CWT3_SHO_Definitions.pdf)

**Face validity:** 1) "Face validity is a characteristic associated with a psychological test and its individual items. Distinct from more technical types of validity, face validity is the appropriateness, sensibility, or relevance of the test and its items as they appear to the persons answering the test"; 2) the degree to which test items appear to be directly related to the attribute the researcher wishes to measure.

Weiner, I. B., & Craighead, W. E. (Eds.). (2010). *The Corsini Encyclopedia of Psychology* (4th ed., Vol. 2, D-L). Hoboken, NJ: John Wiley & Sons, Inc. <http://www.apa.org/research/action/glossary.aspx>

**Feeding and Eating Disorders:** disorders which include extreme emotions, attitudes, and behaviors surrounding weight and food issues, (e.g., anorexia, bulimia, and binge eating disorder, etc.); involves serious emotional and physical problems that can have life-threatening consequences for both men and women/boys and girls.

<http://www.nationaleatingdisorders.org/general-information>

**Fee-for-Service:** (medicaid enrollees) served through a fee-for-service delivery system where health care providers are paid for each service (e.g., an office visit, test, or procedure, etc.).

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Fee-for-Service.html>

**Foster care:** 1) supervised care for orphaned, neglected, or delinquent children or for persons mentally ill in a substitute home or an institution on either a full-time or day-care basis; 2) a situation in which for a period of time a child lives with and is cared for by people who are not the child's parents.

<http://www.merriam-webster.com/dictionary/foster%20care> & <http://www.merriam-webster.com/dictionary/foster>

**General Equivalency Diploma (GED):** used for educational testing services designed to provide a high school equivalency credential.

<http://www.merriam-webster.com/dictionary/ged>

**Group home:** 1) a place where people who need special care or attention live together in a group; 2) a residence for persons (as developmentally disabled individuals or foster children) requiring care, assistance, or supervision.

<http://www.merriam-webster.com/dictionary/group%20home>

**Hallucinogen:** a drug that induces hallucinations or profound distortions in a person's perception of reality.

<http://www.drugabuse.gov/publications/drugfacts/hallucinogens-lsd-peyote-psilocybin-pcp>

**Headaches/Migraines:** **1)** pain in any region of the head; **2)** type of headache that can cause intense throbbing or pulsing sensation in one area of the head and is commonly accompanied by nausea, vomiting, and extreme sensitivity to light and sound.

<http://www.mayoclinic.org/symptoms/headache/basics/definition/sym-20050800>

**Head Start Program:** a federal program that promotes school readiness of children ages birth to 5 from low-income families by enhancing their cognitive, social, and emotional development.

<http://www.acf.hhs.gov/programs/ohs>

**Hispanic/Latino:** Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

<http://nces.ed.gov/ipeds/reic/definitions.asp>

**Health Maintenance Organization (HMO):** type of health insurance plan where coverage is limited to providers inside a network (list of approved providers); patients may have to pay the full cost of services provided outside of network.

<https://www.healthcare.gov/glossary/health-maintenance-organization-HMO/>

**Homicide:** a killing of one human being by another.

<http://www.merriam-webster.com/dictionary/homicide>

**Human trafficking/sex trafficking:** organized criminal activity in which human beings are treated as possessions to be controlled and exploited (as by being forced into prostitution or involuntary labor).

<http://www.merriam-webster.com/dictionary/human%20trafficking>

**Individualized Education Program (IEP):** program or plan designed for one student which must be truly individualized; creates an opportunity for teachers, parents, school administrators, related services personnel, and students (when appropriate) to work together to improve educational results for children with disabilities.

<http://www.nclcd.org/students-disabilities/iep-504-plan/what-is-iep>

**Immigrant:** a person who comes to a country to take up permanent residence.

<http://www.merriam-webster.com/dictionary/immigrant>

**Incarceration:** to put in prison; to subject to confinement.

<http://www.merriam-webster.com/dictionary/incarceration>

**Indian Health Service:** agency within the Department of Health and Human Services responsible for providing federal health services to American Indians and Alaska Natives; provides a comprehensive health service delivery system for American Indians and Alaska Natives who are members of 566 federally recognized tribes across the U.S.

<http://www.ihs.gov/aboutihs/overview/>

**Inhalant:** products found at home or in the workplace that contain volatile substances that have mind-altering properties when inhaled (e.g., spray paints, markers, glue, and cleaning fluids, etc.).

<http://www.drugabuse.gov/publications/drugfacts/inhalants>

**Inpatient:** a patient who spends one or more nights in a hospital for treatment.

<http://www.merriam-webster.com/medical/inpatient>

**Insomnia:** prolonged and usually abnormal inability to obtain adequate sleep.

<http://www.merriam-webster.com/dictionary/insomnia>

**Intellectual Disability/Mental Retardation:** characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills; can be caused by a problem that starts any time before a child turns 18 years old – even before birth.

<http://www.cdc.gov/ncbdd/developmentaldisabilities/documents/intellectualdisabilities.pdf>

[http://www.cdc.gov/ncbdd/actearly/pdf/parents\\_pdfs/IntellectualDisability.pdf](http://www.cdc.gov/ncbdd/actearly/pdf/parents_pdfs/IntellectualDisability.pdf)

**Interpersonal:** relating to or involving relations between people: existing or happening between people.

<http://www.merriam-webster.com/dictionary/interpersonal>

**Intervention:** action taken to improve a situation or affecting the course or outcome of a process.

<http://www.merriam-webster.com/medical/intervention>

**Invasive:** involving entry into the living body (as by incision or by insertion of an instrument).

<http://www.merriam-webster.com/dictionary/invasive?show=0&t=1405976627>

**Juvenile delinquent:** a person whose transgressions of the law have been adjudged to constitute juvenile delinquency because the violator is below the legally established age of adulthood.

<http://www.merriam-webster.com/medical/juvenile%20delinquent>

**Kinship Foster Care:** full-time care, nurturing, and protection of a child by relatives, members of their Tribe or clan, godparents, stepparents, or other adults who have a family relationship to a child.

<https://www.childwelfare.gov/topics/outofhome/kinship/about/definitions>

**Learning collaborative:** a model and process that focuses on adoption of best practices in diverse service settings and emphasizes adult learning principles, interactive training methods, and skill-focused learning by bringing together teams from multiple NCTSN centers working on improving a process, practice, or system, and learning from their collective experiences and challenges. <http://www.nctsnet.org/resources/training-and-education/nctsn-learning-collaboratives>

**Leukemia:** a cancer that starts in blood-forming tissue (e.g., bone marrow) and causes large numbers of abnormal blood cells to be produced and enter the blood stream. <http://www.cancer.gov/cancertopics/types/leukemia>

**Medicaid:** public health insurance program for individuals with disabilities and/or low-income individuals; all children enrolled are entitled to the comprehensive set of health care services known as Early, Periodic Screening, Diagnosis, and Treatment.

<http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Population/Children/Children.html>

<http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/By-Topic.html>

**Medicare:** public health insurance program for people age 65 or older; certain people younger than age 65 can qualify for Medicare, including those who have disabilities and those who have permanent kidney failure. <http://www.ssa.gov/medicare/>

**Mentor:** someone who teaches or gives help and advice to a less experienced and often younger person.

<http://www.merriam-webster.com/dictionary/mentor>

**Motor (domain/skills):** of, relating to, concerned with, or involving muscular movement.

<http://www.merriam-webster.com/medical/motor>

**Multi-racial:** composed of, involving, or representing various races.

<http://www.merriam-webster.com/dictionary/multiracial>

**Muscular Dystrophy:** any of a group of hereditary diseases characterized by progressive weakening of muscles.

<http://www.merriam-webster.com/dictionary/muscular%20dystrophy>

**Native Hawaiian or Other Pacific Islander:** origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

<http://nces.ed.gov/ipeds/reic/definitions.asp>

**Near drowning:** to come close to drowning (dying by being underwater too long and unable to breathe).

<http://www.merriam-webster.com/dictionary/drown>

**Opioid:** a drug synthesized from morphine which causes rapid changes in the brain and can include heroin and prescription opioids (e.g., Oxycontin, Vicodin, etc.).

<http://www.drugabuse.gov/publications/drugfacts/heroin>

**Orthotic:** a device (as a brace or splint) for supporting, immobilizing, or treating muscles, joints, or skeletal parts which are weak, ineffective, deformed, or injured.

<http://www.merriam-webster.com/dictionary/orthotics>

**Outpatient:** a patient who is not hospitalized overnight but who visits a hospital, clinic, or associated facility for diagnosis or treatment.

<http://www.merriam-webster.com/medical/outpatient>

**Peer support:** getting help from someone who has been there: people with similar experiences may be able to listen and give hope and guidance toward recovery in a way that is different from professional services, yet just as valuable.

[http://www.nami.org/Content/NavigationMenu/Inform\\_Yourself/About\\_Mental\\_Illness/About\\_Treatments\\_and\\_Supports/Peer\\_Services\\_and\\_Supports.htm](http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_Mental_Illness/About_Treatments_and_Supports/Peer_Services_and_Supports.htm)

**Perpetrator:** a perpetrator is a person who has been determined to have caused or knowingly allowed the maltreatment of a child.

<https://www.childwelfare.gov/can/perpetrators/>

**Pharmacology/pharmacological:** the properties and reactions of drugs especially with relation to their therapeutic value.

<http://www.merriam-webster.com/dictionary/pharmacological>

**Preferred Provider Organizations (PPO):** a type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers: a person with a PPO pays less if using providers that belong to the plan's network, but can use doctors, hospitals, and providers outside of the network for an additional cost.

<https://www.healthcare.gov/glossary/preferred-provider-organization-PPO/>

**Psychiatry:** a branch of medicine that deals with mental, emotional, or behavioral disorders; psychiatrists can prescribe medications for the treatment of psychological disorders.

<http://www.merriam-webster.com/dictionary/psychiatric?show=0&t=1405625944>

<http://www.apa.org/research/action/glossary.aspx>

**Radiological/Nuclear weapons:** involves the dispersion of radiological material to contaminate people by using an RDD, a Radiological Dispersion Device (“dirty bomb”), which refers to 1) placing radiological materials with a conventional bomb that explodes and disperses the radioactive materials over a limited area, or 2) placing radiological materials in a place where people come into close contact with the materials; note that radiological terrorism is not the same as nuclear terrorism - a nuclear detonation or explosion involves a large geographical area and different kind of radiation.

<http://www.nctsnet.org/trauma-types/terrorism/radiological>

**Refugee:** any person outside his or her country of nationality who is unable or unwilling to return to that country because of persecution or a well-founded fear of persecution; persecution or fear of persecution must be based on the person’s race, religion, nationality, membership in a particular social group or political opinion.

<http://www.uscis.gov/tools/glossary>

**Regular foster care:** is a temporary service provided by States for children who cannot live with their families. Children in foster care may live with relatives or with unrelated foster parents. Foster care can also refer to placement settings such as group homes, residential care facilities, emergency shelters, and supervised independent living.

<https://www.childwelfare.gov/topics/outofhome/foster-care/>

**Rehabilitation:** to bring (someone or something) back to a normal, healthy condition (e.g., after an illness, injury, drug problem, etc.) <http://www.merriam-webster.com/dictionary/rehabilitation>

**Resilience:** the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress.

<http://www.apa.org/helpcenter/road-resilience.aspx>

**Reunification (reunite):** 1) to bring (people or things) together again, especially after they have been apart for a long time; 2) to be together again after being apart for a long time. <http://www.merriam-webster.com/dictionary/reunite>

**Rocket & mortar attacks:** mortar - a muzzle-loading cannon with a short tube (short in relation to its caliber) that is used to throw projectiles at high angles or any of several similar firing devices; rocket - any kind of rocket-propelled bomb, missile, projectile, or vehicle.

<http://www.merriam-webster.com/dictionary/mortar?show=0&t=1405715262> & <http://www.merriam-webster.com/dictionary/rocket>

**Sedative:** a drug that acts on sites of the brain that calm or tranquilize (e.g., Valium, Rohypnol, GHB, etc.).

<http://www.drugabuse.gov/publications/drugfacts/club-drugs-ghb-ketamine-rohypnol>

**Serious injury:** 1) a personal injury which results in dismemberment, disfigurement, bone fracture, limitation of use of a body organ, member, body function, or system; 2) a medically determined injury or impairment of a non-permanent nature which prevents the injured person from performing substantially any daily or routine activities. *Hyacinthe v. United States*, 2009 U.S. Dist. LEXIS 108192 (E.D.N.Y. Nov. 19, 2009).

<http://definitions.uslegal.com/s/serious-injury/>

**Sexual behavioral problems:** problem which may pose a risk to the safety and well-being of the child and other children in his or her world and usually have one or more of the following characteristics: 1) are clearly beyond the child’s developmental stage; 2) involve threats, force, or aggression; 3) involve inappropriate or harmful use of sexual body parts; 4) involve children of widely different ages or abilities; 5) are associated with strong emotional reactions in a child—such as anger or anxiety, and/or 6) interfere with typical childhood interests and activities. [http://nctsnet.org/nctsnet\\_assets/pdfs/caring/sexualbehaviorproblems.pdf](http://nctsnet.org/nctsnet_assets/pdfs/caring/sexualbehaviorproblems.pdf)

**Sexual harassment:** uninvited and unwelcome verbal or physical behavior of a sexual nature, especially by a person in authority toward a subordinate (as an employee or student). <http://www.merriam-webster.com/dictionary/sexual%20harassment>

**Sexual Orientation:** refers to the sex of those to whom one is sexually and romantically attracted; categories typically have included 1) attraction to members of one's own sex (gay men or lesbians), 2) attraction to members of the other sex (heterosexuals), and 3) attraction to members of both sexes (bisexuals); research suggests sexual orientation does not always appear in such definable categories and instead occurs on a continuum.

<http://www.apa.org/pi/lgbt/resources/sexuality-definitions.pdf>

**Shelter:** an establishment providing food and shelter for people who need assistance (as for the homeless).

<http://www.merriam-webster.com/dictionary/shelter>

**Social connectedness:** degree to which a person or group is socially close, interrelated, or shares resources with other persons or groups

[http://www.cdc.gov/violenceprevention/pdf/suicide\\_strategic\\_direction\\_full\\_version-a.pdf](http://www.cdc.gov/violenceprevention/pdf/suicide_strategic_direction_full_version-a.pdf)

**Social (domain/skills):** 1) tending to form cooperative and interdependent relationship with others of one's kind; 2) of or relating to human society, the interaction of the individual and the group. <http://www.merriam-webster.com/medical/social>

**Spina Bifida:** a type of neural tube defect (NTD), usually present at birth, which results in the backbone/spine not forming and closing as it should, causing damage to the exposed spinal cord and nerves, as well as physical and intellectual disabilities (depending on the size and location of the opening in the spine and whether part of the spinal cord and nerves are affected). <http://www.cdc.gov/ncbddd/spinabifida/facts.html>

**Sexually Transmitted Disease (STD):** any of various diseases or infections (as syphilis, gonorrhea, chlamydia, and genital herpes) that are usually transmitted by direct sexual contact; may include some diseases (e.g., hepatitis B, AIDS, etc.) that may be contracted by other than sexual means. <http://www.merriam-webster.com/dictionary/std?show=0&t=1405713549>

**Stimulant:** a drug which increases dopamine levels, impacting pleasure, movement, and attention (e.g., Adderall, Ritalin, Concerta, etc.)

<http://www.drugabuse.gov/publications/drugfacts/stimulant-adhd-medications-methylphenidate-amphetamines>

**Stockholm syndrome:** the psychological tendency of a hostage to bond with, identify with, or sympathize with his or her captor <http://www.merriam-webster.com/dictionary/stockholm%20syndrome>

**Substance Abuse Problems:** abuse of alcohol or a substance (e.g., cocaine, nicotine, marijuana, etc.) is generally characterized by a maladaptive pattern of alcohol or substance use leading to significant impairment or distress, such as failing to fulfill role obligations at work or school, legal problems, etc.

<http://psychcentral.com/disorders/alcohol-substance-abuse-symptoms/>

**Suicidality:** thoughts or intentions about taking one's own life.

<http://psychcentral.com/encyclopedia/2008/suicidality/>

**Suicide:** the act or instance of taking one's own life voluntarily and intentionally, especially by a person of years of discretion and of sound mind <http://www.merriam-webster.com/dictionary/suicide>

**Temporary Assistance for Needy Families (TANF):** a federal program designed to help needy families achieve self-sufficiency (through temporary financial assistance); often referred to as "welfare".

<http://www.acf.hhs.gov/programs/ofa/programs/tanf>

**Therapeutic:** of, or relating, to the treatment of disease or disorders by remedial agents or methods.

**Therapy:** therapeutic or remedial treatment of mental or bodily disorder. <http://www.merriam-webster.com/medical/therapy>

**Tourette's Syndrome:** a familial neurological disorder of variable expression that is characterized by recurrent involuntary tics involving body movements (as eye blinks or grimaces) and/or vocalizations (as grunts or utterance of inappropriate words); often has one or more associated conditions (as obsessive-compulsive disorder).

<http://www.merriam-webster.com/dictionary/tourette's%20syndrome>

**Transgender:** umbrella term for persons whose gender identity, gender expression, or behavior does not conform to that typically associated with the sex to which they were assigned at birth. <http://www.apa.org/topics/lgbt/transgender.aspx>

**Traumatic Brain Injury (TBI):** a form of acquired brain injury which occurs when a sudden trauma (e.g., head suddenly and violently hits an object, when an object pierces skull, etc.) causes damage to the brain. <http://www.ninds.nih.gov/disorders/tbi/tbi.htm>

**Traumatic event:** experiences which call forth overwhelming feelings of terror, horror, and/or helplessness, such as 1) experiencing a serious injury to yourself or witnessing a serious injury to or the death of someone else, 2) facing imminent threats of serious injury or death to yourself or others, or 3) experiencing a violation of personal physical integrity.

<http://www.nctsnet.org/content/defining-trauma-and-child-traumatic-stress>

**Treatment foster care:** also called therapeutic foster care, is out-of-home care by foster parents with specialized training to care for a wide variety of children and adolescents, usually those with significant emotional, behavioral, or social issues or medical needs. Foster parents typically receive additional supports and services.

<https://www.childwelfare.gov/topics/outofhome/foster-care/treat-foster/>

**Treatment:** the delivery of adequate measures to alleviate a pathological condition. <http://psychologydictionary.org/treatment/>

**TRICARE:** (Previously CHAMPUS) the Department of Defense's health care program which provides health coverage for medical services, medications, and dental care for military families and retirees and their survivors. <http://www.military.com/benefits/tricare>

**Vandalism:** willful or malicious destruction or defacement of public or private property.

<http://www.merriam-webster.com/dictionary/vandalism>

**Verbal abuse:** insults, debasement, or threats of violence. [http://www.nctsnet.org/nctsn\\_assets/pdfs/CWT3\\_SHO\\_Definitions.pdf](http://www.nctsnet.org/nctsn_assets/pdfs/CWT3_SHO_Definitions.pdf)

**Vocational/Technical:** relating to the special skills, training, etc., that you need for a particular job or occupation.

<http://www.merriam-webster.com/dictionary/vocational>

**White:** origins in any of the original peoples of Europe, the Middle East, or North Africa.

[http://nces.ed.gov/statprog/2002/std1\\_5.asp](http://nces.ed.gov/statprog/2002/std1_5.asp)

**Wraparound (services):** an intensive, holistic method of engaging with individuals with complex needs (most typically children, youth, and their families) so that they can live in their homes and communities and realize their hopes and dreams; most commonly conceived of as an intensive, individualized care planning and management process.

<http://www.nwi.pdx.edu/wraparoundservices.shtml>

## Glossary of Treatments, Modalities, and Services (Follow-Up Forms)

**Acupuncture:** technique to improve health and functioning through stimulation of specific points in the body typically with needles. Acupuncture can be used for relieving symptoms of depression and anxiety.

<http://www.apa.org/monitor/2013/04/ce-corner.aspx>

**Adapted Dialectical Behavior Therapy for Special Populations (DBT-SP):** addresses general symptoms of trauma. Also addresses intellectual and processing barriers that may be limiting factors in original model. Focuses on emotion regulation, distress tolerance, relationship effectiveness, and mindfulness.

[http://www.nctsnet.org/nctsn\\_assets/pdfs/promising\\_practices/DBTSP\\_General.pdf](http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/DBTSP_General.pdf)

**Advocacy activities:** an advocate is a person who argues for the cause of another person.

<http://www.merriam-webster.com/dictionary/advocating>

**Alternatives for Families: A Cognitive Behavioral Therapy (AF-CBT):** designed for families who are referred for problems related to the management of anger and/or aggression which include several behaviors on a continuum reflecting the use of coercion and/or physical force. The goal is to improve the relationships between children and their parents/caregivers.

<http://www.cebc4cw.org/program/alternatives-for-families-a-cognitive-behavioral-therapy/>

**Assessment-Based Treatment for Traumatized Children: Trauma Assessment Pathway (TAP):** incorporates a multifaceted assessment process to enable clinicians to gain an in-depth understanding of the child, their developmental level, their traumatic experience, and the family, community and cultural system in which the child lives. The information is used to effectively triage and treat the child and family and to assist the clinician in making decisions throughout the treatment process.

<http://www.chadwickcenter.org/TAP/tap.htm>

**Attachment-based [family] therapy:** treatment for adolescents aged 12-18 that is designed to treat clinically diagnosed major depressive disorder, eliminate suicidal ideation, and reduce dispositional anxiety.

<http://www.nrpp.samhsa.gov/ViewIntervention.aspx?id=314>

**Attachment, Self-Regulation and Competence (ARC): A Comprehensive Framework for Intervention with Complexly Traumatized Youth:** targets the child's surrounding system (caregiver(s), treatment system, community). Grounded in attachment theory and early childhood development and addresses how a child's entire system of care can become trauma-informed to better support trauma-focused therapy.

[http://www.nctsn.org/sites/default/files/assets/pdfs/arc\\_general.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/arc_general.pdf)

**Behavioral therapy:** focused on helping an individual understand how changing their behavior can lead to changes in how they are feeling. <http://psychcentral.com/lib/about-behavior-therapy/000669>

**Case management/case coordination:** a case manager coordinates services and supports; and assists with assessing goals, strengths, and needs, identifies, links, and coordinates benefits, and services, and monitors progress towards goals.

[https://www2.nami.org/Template.cfm?Section=About\\_Treatments\\_and\\_Supports&Template=/ContentManagement/ContentDisplay.cfm&ContentID=143980](https://www2.nami.org/Template.cfm?Section=About_Treatments_and_Supports&Template=/ContentManagement/ContentDisplay.cfm&ContentID=143980)

**Child Adult Relationship Enhancement (CARE):** trauma-informed modification of specific Parent-Child Interaction Therapy skills for general usage by non-clinical adults who interact with traumatized children and their caregivers in various settings (homeless shelters, domestic violence shelters, transitional housing, etc.)

[http://www.nctsnet.org/nctsn\\_assets/pdfs/promising\\_practices/CARE\\_General.pdf](http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/CARE_General.pdf)

**Child Development-Community Policing Program (CD-CP):** model collaboration of mental health, law enforcement, juvenile justice, education, judicial, and social service professionals. The program includes cross training for professionals, acute response and follow-up to potentially traumatizing events, interdisciplinary meetings, trauma clinic, and domestic violence home visits.

<http://childstudycenter.yale.edu/community/cdcp.aspx>

**Child-Parent Psychotherapy (CPP):** treatment for trauma-exposed children aged 0-5 including the child's primary caregiver forming a dyad as the unit of treatment. It examines how the trauma and the caregivers' relational history affect the caregiver-child relationship and the child's developmental trajectory.

<http://www.cebc4cw.org/program/child-parent-psychotherapy/>

#### **Children with Problematic Sexual Behavior Cognitive-Behavioral Treatment Program: School-age Program (PSB-CBT):**

family-oriented, cognitive-behavioral, psychoeducational, and supportive treatment group designed to reduce or eliminate incidents of sexual behavior problems for children aged 6-12.

<http://www.cebc4cw.org/program/children-with-sexual-behavior-problems-cognitive-behavioral-treatment-program-school-age-group-2/>

**Cognitive therapy:** the therapist and client work together as a team to identify and solve problems. Therapists help clients overcome their difficulties by changing their thinking, behavior, and emotional responses.

<http://www.cebc4cw.org/program/cognitive-therapy/>

**Cognitive-Behavioral Intervention for Trauma in Schools (CBITS):** school-based, group and individual intervention designed to reduce symptoms of posttraumatic stress disorder, depression, and behavioral problems among students exposed to traumatic life events. The goals are to reduce symptoms and behavior problems and improve functioning, peer and parent support, and to enhance coping skills.

<http://www.cebc4cw.org/program/cognitive-behavioral-intervention-for-trauma-in-schools/>

**Cognitive behavioral therapy:** emphasizes collaborative empiricism, the importance of socializing clients to the cognitive therapy model, and the monitoring and modification of automatic thoughts, assumptions, and beliefs.

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=106>

#### **Combined Parent Child Cognitive-Behavioral Therapy: Empowering Families Who Are at Risk for Physical Abuse (CPC-CBT):**

strength-based therapy program for children ages 3-17 and their caregivers in families where caregivers engage in a continuum of coercive parenting strategies. The goal is to help the child heal from the trauma of the physical abuse, empower and motivate parents to modulate their emotions and use effective, non-coercive parenting strategies, and strengthen parent-child relationships while helping families stop the cycle of violence.

<http://www.cebc4cw.org/program/combined-parent-child-cognitive-behavioral-therapy-cpc-cbt/>

#### **Combined Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Selective Serotonin Reuptake Inhibitors (SSRI) Treatment:**

treatment combines TF-CBT with SSRI treatments for youth with PTSD (with or without co-morbid psychiatric conditions).

[http://www.nctsnet.org/nctsn\\_assets/pdfs/promising\\_practices/CombinedTF-CBT-SSRI\\_fact\\_sheet\\_3-21-07.pdf](http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/CombinedTF-CBT-SSRI_fact_sheet_3-21-07.pdf)

**Community Outreach Program-Esperanza (COPE):** home- and school-based trauma-focused treatment with an emphasis on case management to enable clinicians to offer evidence-based trauma treatments in community settings suitable for children 4-18.

[http://www.nctsnet.org/nctsn\\_assets/pdfs/promising\\_practices/COPE\\_fact\\_sheet\\_3-21-07.pdf](http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/COPE_fact_sheet_3-21-07.pdf)

**Culturally Modified Trauma-Focused Treatment (CM-TFT):** developed for use with Latino children and is based on Trauma-Focused Cognitive Behavior Therapy with the addition of modules integrating cultural concepts throughout treatment. Maintains the therapeutics of TF-CBT while it targets engagement in treatment to reduce treatment dropouts and no-shows, while increasing adherence with homework assignments and in-session activities.

[http://nctsn.org/nctsn\\_assets/pdfs/promising\\_practices/CM-TFT\\_fact\\_sheet\\_3-21-07.pdf](http://nctsn.org/nctsn_assets/pdfs/promising_practices/CM-TFT_fact_sheet_3-21-07.pdf)

**Day treatment or partial hospitalization:** structured program of outpatient psychiatric services provided to patients as an alternative to inpatient psychiatric care. Services are provided during the day and do not require an overnight stay.

<http://www.medicare.gov/coverage/partial-hospitalization-mental-health-care.html>

**Debriefing:** to question someone about an experience after it has ended, like a treatment, therapy, intervention, etc.

<http://www.merriam-webster.com/dictionary/debrief>

**Eye Movement Desensitization and Reprocessing (EMDR):** 8-phase psychotherapy treatment originally designed to alleviate the symptoms of trauma. During trauma processing phases, guided by standardized procedures, the client attends to emotionally disturbing material in brief sequential doses that include the client's beliefs, emotions, and body sensations associated with the traumatic event while simultaneously focusing on an external stimulus.

<http://www.cebc4cw.org/program/eye-movement-desensitization-and-reprocessing/>

**Expressive therapies:** combines visual arts, movement, drama, music, writing, and other creative processes to foster personal growth and community development.

<http://www.ieata.org/about.html>

**Family therapy:** type of psychological counseling that helps family members improve communication and resolve conflicts.

<http://www.mayoclinic.org/tests-procedures/family-therapy/basics/definition/prc-20014423>

**Group Treatment for Children Affected by Domestic Violence:** group program with 11 topic-driven modules where children and caregivers attend parallel groups with similar content. The intervention utilizes trauma-focused intervention for complex trauma cases, affect regulation, relaxation components (mindfulness, mediation, movement, art, and music).

[http://www.nctsn.org/sites/default/files/assets/pdfs/GroupTreatmentChildrenDomesticViolence\\_fact\\_sheet\\_3-21-07.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/GroupTreatmentChildrenDomesticViolence_fact_sheet_3-21-07.pdf)

**Honoring Children, Making Relatives (HC-MR):** Cultural adaptation of Parent Child Interaction Therapy incorporates American Indian and Alaskan Native philosophies into the basic concepts of Parent-Child Interaction Therapy. Appropriate for children aged 3-7.

<http://www.icctc.org/treatmentmodels-1.asp>

**Honoring Children, Mending the Circle (HC-MC):** Cultural adaptation of Trauma Focused Cognitive Behavior Therapy combines trauma-sensitive interventions with elements of cognitive behavioral therapy into a treatment designed to address the unique needs of children with PTSD and other problems related to traumatic life experiences appropriate for children through age 18.

<http://www.icctc.org/treatmentmodels-1.asp>

**Honoring Children, Respectful Ways (HC-RW):** Cultural adaptation of Treatment for Children with Sexual Behavior Problems is appropriate for children 3-12 who have experienced sexual abuse, physical abuse, and violence in the family.

<http://www.icctc.org/treatmentmodels-1.asp>

**Integrative Treatment of Complex Trauma (ITCT):** assessment-driven treatment, with standardized trauma specific measures administered at 3 month intervals to identify symptoms requiring special clinical attention. Includes multiple treatment modalities: cognitive therapy, exposure therapy. Play therapy, and relational treatment in individual and group therapy. [http://www.nctsnet.org/nctsn\\_assets/pdfs/promising\\_practices/ITCT\\_General.pdf](http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/ITCT_General.pdf)

**Intensive in-home services:** behavioral health intervention designed to meet the child's needs in his/her home and home community. Planning and provision require a specific, individualized process that focuses on the strengths and needs of the child and the importance of the family in supporting the child. Interventions could include comprehensive strength-based assessments, crisis services, case management, clinical teams, and individualized supports including behavioral specialist. [http://www2.nami.org/Content/ContentGroups/Policy/Issues\\_Spotlights/Medicaid/using\\_medicaid\\_to\\_obtain\\_home\\_services.pdf](http://www2.nami.org/Content/ContentGroups/Policy/Issues_Spotlights/Medicaid/using_medicaid_to_obtain_home_services.pdf)

**International Family Adult and Child Enhancement Services (IFACES):** provides comprehensive community-based mental health services to refugee children, adolescents, and families. Outreach is seen as the cornerstone of the program and occurs throughout the treatment process. It includes identifying refugee children who can benefit from services, engaging them and their families in services, retaining them in services, and supporting them as necessary after the active treatment phase has ended.

[http://www.nctsnet.org/nctsn\\_assets/pdfs/promising\\_practices/IFACES\\_General.pdf](http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/IFACES_General.pdf)

**Life Skills/Life Stories (STAIR/NST):** is a two-module treatment that reduces symptoms of PTSD and other trauma-related symptoms and builds and enhances specific social and emotional competencies that are frequently disturbed in youth who have experienced multiple and/or sustained trauma.

[http://www.nctsnet.org/nctsn\\_assets/pdfs/promising\\_practices/Life\\_Skills\\_Life\\_Stories\\_10-24-06.pdf](http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/Life_Skills_Life_Stories_10-24-06.pdf)

**Meditation/Yoga:** 1) Meditation is a process by which people learn to focus their attention as a way of gaining greater insight into themselves and their surroundings. 2) Yoga incorporated several techniques to increase strength and flexibility to relax the client while working to balance the mind, body, and spirit.

<http://www.apa.org/monitor/2013/04/ce-corner.aspx>

**Mentoring:** a relationship where someone with more experience teaches or gives advice to someone younger and/or with less experience. <http://www.merriam-webster.com/dictionary/mentor>

**Multi-systemic Treatment (MST):** targets youth 12-17 years old, with possible substance abuse issues who are at risk of out-of-home placement due to anti-social or delinquent behaviors and/or youth involved in the juvenile justice system. The intervention is an intensive family and community-based treatment with the goal of decreasing youth criminal behavior and out-of-home placement.

<http://www.cebc4cw.org/program/multisystemic-therapy/>

**Narrative therapy:** a range of approaches to the process of therapeutic change. Change occurs by exploring how language is used to construct and maintain problems.

*Etchison, M., & Kleist, D. M. (2000). Review of narrative therapy: Research and utility. The Family Journal, 8(1), 61-66. Doi: 10.1177/1066480700081009*

**Parent-Child Interaction Therapy (PCIT):** dyadic behavioral intervention for children aged 2-7 and their caregivers that focuses on decreasing externalizing child behavior problems (defiance, aggression), increasing child social skills and cooperation, and improving the parent-child attachment relationship.

<http://www.cebc4cw.org/program/parent-child-interaction-therapy/>

**Parent training:** services to help parents improve their parenting of and communication with their children, with the goal of reducing the risk of child abuse and neglect and/or reducing disruptive behaviors.

<http://www.cebc4cw.org/topic/parent-training/>

**Peer therapy:** also referred to as Peer Support. Services are delivered by individuals who have common life experiences with the people they are serving. This support could be informational, emotional, and intentional.

<http://www.samhsa.gov/recovery/peer-support-social-inclusion>

**Pharmacotherapy/medication:** treatment of disease (especially mental illness) with drugs.

<http://www.merriam-webster.com/dictionary/pharmacotherapy>

**Phase-oriented trauma treatment:** tailoring treatment to the needs of a clients current life phase and adapting as phases change.

<http://www.trauma-pages.com/a/vanderk.php>

**Play therapy:** systemic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development.

<http://a4pt.site-ym.com/?page=WhyPlayTherapy>

**Posttraumatic Stress Management (PTSM):** phase-oriented intervention consisting of four components: orientation sessions, stabilization groups, coping groups, and individual and dyadic sessions.

Macy, R.D., Behar, L., Paulson, R., Delman, J., Schmid, L., Smith, S.F., (2004). Community-Based, Acute Posttraumatic Stress Management: A Description and Evaluation of a Psychosocial-Intervention Continuum. Harvard Review of Psychiatry; 12:4. Doi: 10.1080/10673220490509589 Accessed via: [http://journals.lww.com/hrpjournal/Abstract/2004/07000/Community\\_Based,\\_Acute\\_Posttraumatic\\_Stress.5.aspx](http://journals.lww.com/hrpjournal/Abstract/2004/07000/Community_Based,_Acute_Posttraumatic_Stress.5.aspx)

**Psychoanalysis:** method of treatment that helps people understand themselves, their relationships, and how they behave in the world. During treatment the patient is encouraged to talk about everything that comes to mind to assist the analyst in identifying patterns and recurring themes.

<http://www.apsa.org/content/about-psychanalysis>

**Psychodynamic psychotherapy:** focuses on unconscious processes as they are manifested in the client's present behavior to achieve the goals of client self-awareness and understanding the influence of the past on present behavior.

SAMHSA/CSAT. (1999). Brief Interventions and Brief Therapies for Substance Abuse. Treatment Improvement Protocol, 24. Chapter 7 "Brief Psychodynamic Therapy" Accessed via: <http://www.ncbi.nlm.nih.gov/books/NBK64952/>

**Psycho-education:** intervention that teaches patients and their families the nature of mental illness, its treatment, coping and management strategies, and skills needed.

<http://www.psychiatrictimes.com/articles/evidence-based-practice-psychoeducation-schizophrenia>

**Psychological First Aid (PFA):** modular approach to help children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism.

Brymer M, Jacobs A, Layne C, Pynoos R, Ruzek J, Steinberg A, Vernberg E, Watson P, (National Child Traumatic Stress Network and National Center for PTSD), Psychological First Aid: Field Operations Guide, 2nd Edition. July, 2006.

Available on: <http://www.nctsn.org/content/psychological-first-aid> and [www.ncptsd.va.gov](http://www.ncptsd.va.gov)

**Real Life Heroes (RLH):** also called Real Life Heroes: Resiliency-focused Treatment for Children with Traumatic Stress is for school-aged children between 6-12 who have experienced traumatic events, have a breakdown in emotionally supportive relationships, and show symptoms of traumatic stress/complex trauma including high risk behaviors that threaten the safety of children, families, and communities. The goal is to help clinicians reframe referrals based on symptoms and blame into a shared journey or pathway to healing and recovery focused on restoring or building emotionally supportive and enduring relationships and promoting development of affect regulation and co-regulation skills for children and caregivers.

<http://www.cebc4cw.org/program/real-life-heroes-rlh/>

**Safe Harbor Program:** program designed to help students, parents, and schools cope with the violence, victimization, and trauma that occurs in their communities. The program is provided in schools for children aged 6-20.

[http://www.nctsnet.org/nctsn\\_assets/pdfs/materials\\_for\\_applicants/Safe\\_Harbor\\_Program\\_2-11-05.pdf](http://www.nctsnet.org/nctsn_assets/pdfs/materials_for_applicants/Safe_Harbor_Program_2-11-05.pdf)

**Safety, Mentoring, Advocacy, Recovery, and Treatment (SMART):** structured, phase-based, abuse-focused treatment approach to address the emotional and behavioral needs of young children with a history of child sexual abuse exhibiting problematic sexual behavior. The family unit is a major target of treatment.

<http://www.cebc4cw.org/program/safety-mentoring-advocacy-recovery-and-treatment/>

**Sanctuary Model:** full-system approach that targets the entire organization for clinical and organizational change with the intention of improving client care and outcomes. The focus is to create a trauma-informed and trauma-sensitive environment in which trauma-focused interventions can be effectively implemented.

<http://www.cebc4cw.org/program/sanctuary-model/>

**School-based treatment:** treatment provided in a school setting

**Self-Management/Coaching:** 1) Self-Management is a treatment approach in which patients assume responsibility for their behavior, changing their environment, and planning their future. 2) Coaching is to instruct or train.

self-management approach. (n.d.) Mosby's Medical Dictionary, 8th edition. (2009). Retrieved from [http://medical-dictionary.thefreedictionary.com/\\_/cite.aspx?url=http%3A%2F%2Fmedical-dictionary.thefreedictionary.com%2Fself-management%2Bapproach&word=self-management%20approach&sources=mosbyMD](http://medical-dictionary.thefreedictionary.com/_/cite.aspx?url=http%3A%2F%2Fmedical-dictionary.thefreedictionary.com%2Fself-management%2Bapproach&word=self-management%20approach&sources=mosbyMD)  
<http://www.merriam-webster.com/dictionary/coach>

**Social skills training:** learning activities utilizing behavior therapy techniques for teaching individuals to communicate their emotions and requests so they are more likely to achieve their goals and meet their needs for relationships.

Kopelocicz, A., Liberman, R. P., Zarate, R. (2006). Recent Advances in Social Skills Training for Schizophrenia. Schizophrenia Bulletin, 32 (Suppl 1); S12-23. Doi: 10.1093/schbul/sbl023 Accessed via: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2632540/>

**Solution-focused therapy:** strengths-based intervention that uses language and social interactions to construct new psychological meanings and behaviors; focuses on building solutions to reach desired goals.

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=281>

**Support groups:** groups, often facilitated by peers offering support, education, and socialization. Topics can be broad or can be targeted for a specific disorder, traumatizing experience, or age. <http://www.samhsa.gov/treatment>

**Streetwork Project:** provides shelters known as drop-in centers for homeless teens and young adults up to age 24 in New York City. <http://www.safehorizon.org/page/streetwork-project-helping-homeless-youth-68.html>

**Stress management/relaxation training:** comprises a wide variety of approaches to help clients better deal with stress and adversity. Can include problem-solving, prioritization and time management, improve emotional flexibility, finding greater meaning in life, increasing the sense of control and cultivating optimism, deep breathing, mediation, etc.

<http://www.mayoclinic.org/tests-procedures/stress-management/basics/definition/prc-20021046>

**Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS):** guided group treatment designed to improve the emotional, social, academic, and behavioral functioning of adolescents exposed to chronic interpersonal trauma and/or separate types of trauma. Based on cognitive-behavioral principles and teaches skills to foster resilience and enhance group members' current strengths.

<http://www.cebc4cw.org/program/structured-psychotherapy-for-adolescents-responding-to-chronic-stress/>

**Supportive therapy:** dyadic treatment characterized by use of direct measures to reduce symptoms and to maintain, restore, or improve self-esteem, adaptive skills, and psychological function.

Rosenthal, R. N., Muran, J.C., Pinsker, H., Hellerstein, D., Winston, A., (1999). Interpersonal Change in Brief Supportive Psychotherapy. *Journal of Psychotherapy Practice Research*, 8(1); 55-63.

Accessed via: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3330523/>

**'Wrap around' services:** an intensive, holistic method of engaging with individuals with complex needs (most typically children, youth, and their families) so that they can live in their homes and communities and realize their hopes and dreams; most commonly conceived of as an intensive, individualized care planning and management process

<http://www.nwi.pdx.edu/wraparoundbasics.shtml>

**Therapeutic recreational activities including summer camp:** treatment service designed to restore, remediate, and rehabilitate a person's level of functioning and independence in life activities, to promote health and wellness as well as reduce or eliminate activity limitations caused by an illness or condition.

<https://www.atra-online.com/what/FAQ>

**Trauma Adaptive Recovery Group Education and Therapy (TARGET):** strengths-based approach to education and therapy for trauma survivors. The goal is to help understand how trauma changes the body and brain's normal stress response into an extreme survival-based alarm response.

<http://www.ptsdfreedom.org/>

**Trauma Affect Regulation: Guidelines for Education and Therapy for Adolescents and Pre-Adolescents (TARGET-A):** educational and therapeutic approach for the prevention and treatment of complex PTSD. Provides a practical skill-set that can be used by trauma survivors and family members to de-escalate and regulate extreme emotional states, to manage intrusive trauma memories in daily life, and to restore the capacity for information processing and autobiographical memory. This intervention teaches a sequence of seven skills referred to as the FREEDOM steps.

<http://www.cebc4cw.org/program/trauma-affect-regulation-guidelines-for-education-and-therapy/>

**Trauma-Focused Cognitive Behavioral Therapy (TF-CBT):** targets children with a known trauma history who are experiencing significant PTSD, depression, anxiety, and/or shame related to their traumatic exposure. Conjoint child and parent psychotherapy model for children who are experiencing significant emotional and behavioral difficulties related to traumatic life events.

<http://www.cebc4cw.org/program/trauma-focused-cognitive-behavioral-therapy/>

**Trauma-Focused Cognitive Behavioral Therapy for Childhood Traumatic Grief (TG-CBT):** goal of intervention is to improve PTSD, childhood traumatic grief, and depressive, anxiety, and behavior problems in children with traumatic grief as well as improve PTSD, depression, and traumatic grief symptoms in their caregivers. Uses parallel individual child and parent trauma- and grief-focused sessions and joint parent-child sessions.

[http://www.nctsn.org/nctsn\\_assets/pdfs/promising\\_practices/TG-CBT\\_fact\\_sheet\\_3-21-07.pdf](http://www.nctsn.org/nctsn_assets/pdfs/promising_practices/TG-CBT_fact_sheet_3-21-07.pdf)

**Trauma-Focused Coping (TFC)/ Multimodality Trauma Treatment (MMTT):** is a school-based group intervention for children and adolescents in grades 4-12 who have been exposed to a traumatic stressor. The intervention targets PTSD, depression, anxiety, anger, and external locus of control symptoms.

<http://www.nrpp.samhsa.gov/ViewIntervention.aspx?id=234>

**Trauma and Grief Component Therapy for Adolescents (TGCT-A):** manualized treatment for trauma-exposed or traumatically bereaved older children and adolescents. The intervention is based on a developmental psychopathology model that addresses the complexity of traumatic experience, the roles of trauma and loss reminders, the interplay of trauma and grief, the influences of life adversities, the influence of traumatic expectations on current and future behavior, and the importance of restoring developmental progression.

[http://www.nctsn.org/nctsn\\_assets/pdfs/promising\\_practices/TGCT\\_fact\\_sheet\\_%203-22-07.pdf](http://www.nctsn.org/nctsn_assets/pdfs/promising_practices/TGCT_fact_sheet_%203-22-07.pdf)

**Trauma-Informed Brief Intervention Services:** refers to children/adolescents/families receiving short-term or acute trauma-informed services (less than 90 days). These services can include crisis response, stabilization, etc.

*Source: CIMI Baseline User Guide*

**Trauma Systems Therapy (TST):**- also known as Trauma Systems Therapy is a comprehensive, phase-based treatment program for children and adolescents who have experienced traumatic events and/or who live in environments with ongoing traumatic stress. The goal is to stabilize the child's environment while simultaneously enhancing the child's ability to regulate emotions and behaviors.

<http://www.cebc4cw.org/program/trauma-systems-therapy-tst/>

**Youth Dialectical Behavioral Therapy/Dialectical Behavior Therapy for Adolescents (DBTA):** used to treat adolescents with emotional or behavioral problems of any level of severity. Adolescents and caregivers are taught five sets of skills: Mindfulness, Disress Tolerance, Walking the Middle Path, Emotional Reguation, and Interpersonal Effectiveness.

Rathus, J. H., Miller, A. L., Linehan, M. M., (2014). DBT Skills Manual for Adolescents. 1st Edition. Guilford Press Accessed via:  
<http://www.guilford.com/books/DBT-Skills-Manual-for-Adolescents/Rathus-Miller/9781462515356/summary>

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## **Anna's Baseline Reports**

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# NCTSN Client Summary Report

## Client Information

ID#	Initials	Gender	Visit Age	Visit Type	Date of Visit
1002-00-00085	AMR	Female	16	Baseline	01/05/2015

## NCTSN Client Summary Report

### Strengths

These ratings describe a range of assets that children and adolescents may possess that can facilitate health development. Response options include: A well-developed strength, a useful strength, an area where strengths are identified, an area where no current strength is identified.

For this child, the following strengths are indicated :

Strengths	Rating
Talent/Interests	A well-developed strength
Spiritual/Religious	A useful strength
Resilience	A useful strength
Family	An area where strengths are identified
Interpersonal	An area where strengths are identified
Educational Setting	An area where strengths are identified
Vocational	An area where strengths are identified
Coping and Savoring Skills	An area where strengths are identified
Optimism	An area where strengths are identified
Community Life	An area where strengths are identified
Relationship Permanence	An area where strengths are identified

### Indicators of Severity

For children 6 and above, response options include: not a problem, somewhat/sometimes a problem, and very much/often a problem.

For this child, the following problems and symptom severity are indicated:

Problems	Rating

Behavior problems in school or daycare	Very much/often a problem.
Problems with skipping school or daycare	Very much/often a problem.
Behavior problems at home or community	Very much/often a problem.
Alcohol use	Very much/often a problem.
Substance use	Very much/often a problem.
Attachment problems	Very much/often a problem.
Criminal activity	Very much/often a problem.
Commercial Sexual Acts	Very much/often a problem.
Academic Problems	Somewhat/sometimes a problem
Developmentally inappropriate sexualized behaviors	Somewhat/sometimes a problem
Child has other medical problems or disabilities	Somewhat/sometimes a problem

## Trauma History

Date: 1/5/2015

Trauma Type	Age	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	Unk
Sexual Maltreatment/Abuse	Confirmed	00	01	02	03	04	<b>05</b>	<b>06</b>	<b>07</b>	<b>08</b>	<b>09</b>	10	11	12	13	14	15	16	17	18	Unk
Trafficking	Confirmed	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	<b>16</b>	17	18	Unk
Physical Maltreatment/Abuse	Confirmed	00	01	02	03	04	05	06	<b>07</b>	08	09	10	11	12	13	14	15	16	17	18	Unk
Domestic Violence	Confirmed	00	01	02	03	04	05	<b>06</b>	<b>07</b>	<b>08</b>	<b>09</b>	<b>10</b>	<b>11</b>	12	13	14	15	16	17	18	Unk

## Services Received

- | Last 30 Days  | Lifetime   |
|---|--|
| <ul style="list-style-type: none"> <li>Detention center, training school, jail, or prison</li> <li>Probation officer or court counselor</li> <li>Case management or care coordination</li> <li>Outpatient therapy</li> <li>Primary care physician/pediatrician for symptoms related to trauma or emotional/behavioral problems.</li> <li>School counselor, school psychologist, or school social worker</li> <li>Home Visiting</li> </ul> | <ul style="list-style-type: none"> <li>Residential treatment center</li> <li>Case management or care coordination</li> <li>Outpatient therapy</li> <li>Primary care physician/pediatrician for symptoms related to trauma or emotional/behavioral problems.</li> <li>School counselor, school psychologist, or school social worker</li> </ul> |

## Standardized Measures

**CBCL**

<u>Category</u>	<u>T-Score</u>	<u>Percentile</u>	<u>Significance</u>
Overall Score	78	98+	Clinical
Internalizing Score	81	98+	Clinical
Externalizing Score	75	98+	Clinical

**PTSD-RI****Score Cluster(s) Meeting Criteria:**

- Intrusion
- Avoidance
- Negative Alterations in Cognitions/Mood
- Alterations in Arousal/Reactivity

**SDQ**

<u>Category</u>	<u>Score</u>	<u>Significance</u>
SDQ Parent Overall Stress Score	Not Available.	Missing/Incomplete
SDQ Self Overall Stress Score	30	Clinical

**Family APGAR**

Family member's perception of functioning, scores range from 0-10. A higher score indicates a greater degree of satisfaction with family functioning. Generally, scores of 5 or below are considered problematic.

Total Score 5

**Clinical Evaluation**

Problems/symptoms/disorder currently displayed by the child:

Primary Problem: Substance Abuse Problems

Other Problem(s):

**Problems, Symptoms, and Disorders**

**Has/Exhibits this problem?**

Depressive Symptoms	Definite
Depressive Disorder	Definite
Post-Traumatic Stress Disorder	Definite
Attachment Problems/ Difficulties	Definite
Sleep-Wake Disorder	Definite
Substance Abuse Problems	Definite
Substance-Related and Addictive Disorders	Definite
Attention-Deficit/Hyperactivity Disorder	Probable
Generalized Anxiety Disorder	Probable
Acute Stress Disorder	Probable
Dissociative Disorders	Probable
Somatization	Probable
Oppositional Defiant Disorder	Probable
Conduct Disorder	Probable
General Behavioral Problems	Probable

# Child Behavior Checklist - Ages 6-18

ID	Initials	Current Age	Gender	Visit Type
1002-00-00085	AMR	17	Female	Baseline

## Symptom Analysis Report

Date of administration: 01/05/2015

The CBCL measures symptoms across a broad range of emotional and behavioral areas in order to identify problems that may be targets for intervention. The CBCL is completed by an adult caregiver who reports on the child's functioning. Results from the CBCL can be used to identify possible treatment areas.

### Potential Treatment Targets

#### Clinical Range

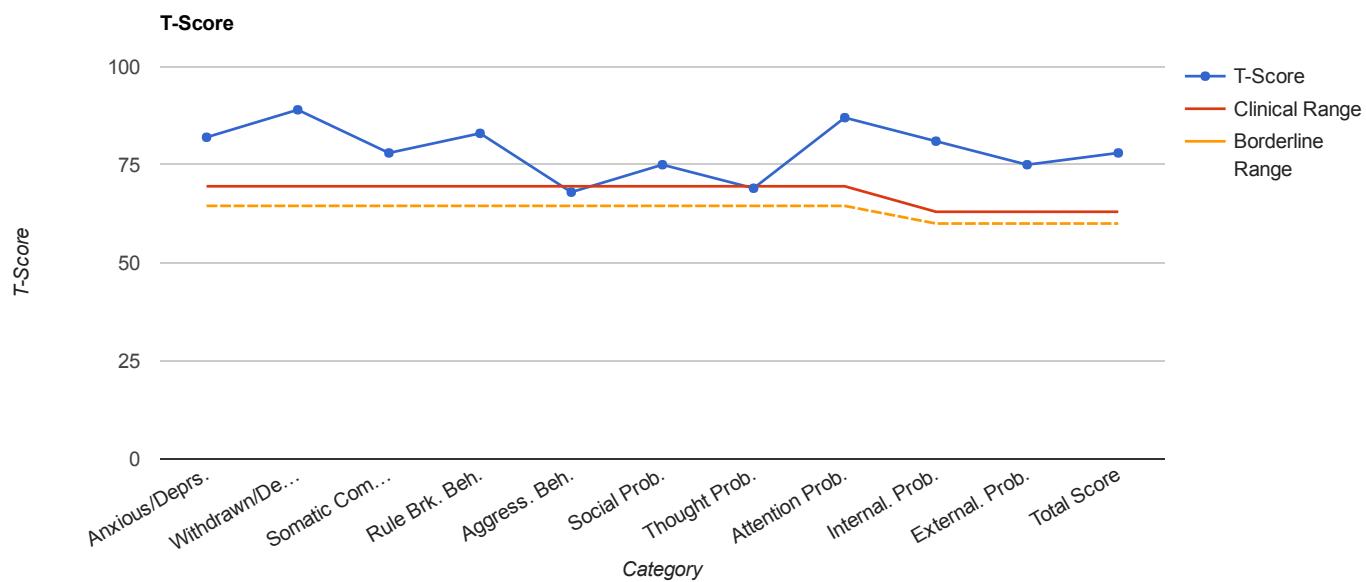
The child's symptoms on the following scales are in the clinically significant range compared to other children their age: Internalizing Problems, Anxious/Depressed, Withdrawn/Depressed, Somatic Complaints, Externalizing Problems, Rule Breaking Behavior, Social Problems, Attention Problems, Total Problems

#### Borderline Range

The child's symptoms on the following scales are in the borderline range compared to other children their age: Aggressive Behavior, Thought Problems

These areas may also be a focus of treatment and should be monitored. Exact scores are in the table below.

Category	T-Scores	Percentile	Significance
Internalizing Problems Score	81	98+	Clinical Range
Anxious/Depressed	82	98+	Clinical Range
Withdrawn/Depressed	89	98+	Clinical Range
Somatic Complaints	78	98+	Clinical Range
Externalizing Problems Score	75	98+	Clinical Range
Rule Breaking Behavior	83	98+	Clinical Range
Aggressive Behavior	68	97	Borderline Range
Social Problems	75	98+	Clinical Range
Thought Problems	69	97	Borderline Range
Attention Problems	87	98+	Clinical Range
<b>Total Problems Score</b>	<b>78</b>	<b>98+</b>	<b>Clinical Range</b>



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ID	Initials	Current Age	Gender	Visit Type
1002-00-00085	AMR	17	Female	Baseline

## Symptom Analysis Report

The UCLA PTSD Reaction Index for DSM-5 measures the child's experience of PTSD symptoms. This measure assesses the frequency with which the child experienced PTSD symptoms over the past month.

This report provides a list of the symptoms that are present and some guidance on whether a child is likely to meet the DSM-5 diagnosis of PTSD.

Date	Visit	Meets UCLA PTSD Diagnostic Criteria DSM-5	UCLA PTSD-RI Total Scale Score	Symptom Category Score (Symptom Criteria Met)				F Duration greater than one month	G Clinically Significant Distress	Clinician Assessment: Functional Impairment	Presence of one or more Dissociative Symptoms
				B Intrusion	C Avoidance	D Negative Alterations in Cognitions/Mood	E Alterations in Arousal/Reactivity				
01/05/2015	Baseline	Meets	67	18 [Met]	7 [Met]	21 [Met]	21 [Met]	Yes	Yes	Yes	Yes
<b>Symptoms Present</b>				<ul style="list-style-type: none"> <li>• Intrusive Recollections</li> <li>• Recurrent Dreams</li> <li>• Flashbacks</li> <li>• Psychological Reactivity to Reminders</li> <li>• Physiological Reactivity to Reminders</li> </ul>	<ul style="list-style-type: none"> <li>• Avoidance of Thoughts or Feelings</li> <li>• Avoidance of Reminders</li> </ul>	<ul style="list-style-type: none"> <li>• Negative Beliefs</li> <li>• Distorted Negative Cognitions</li> <li>• Negative Emotional State</li> <li>• Detachment</li> <li>• Inability for Positive Emotions</li> </ul>	<ul style="list-style-type: none"> <li>• Irritability and Anger</li> <li>• Reckless/Self-Destructive Behavior</li> <li>• Hypervigilance</li> <li>• Concentration Problems</li> <li>• Sleep Disturbance</li> </ul>			<ul style="list-style-type: none"> <li>• Home</li> <li>• School</li> <li>• Peer Relationships</li> <li>• Developmental Progression</li> </ul>	<ul style="list-style-type: none"> <li>• Depersonalization</li> <li>• Derealization</li> </ul>

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