



T R U T H E R A P Y

TRAUMA ASSESSMENT REPORT SUMMARY

(AGES 3-12)

DEMOGRAPHIC DATA:

Youth's Name:

Youth's Date of Birth:

Youth's Age:

Youth's Sex:

Youth's Amerigroup ID #:

Youth's Medicaid #:

Youth's Guardian Name:

Guardian's Address:

Guardian's Contact Information:

Person Completing Assessment:

Code billed: H0031

Total #Units:

Evaluation Date and Time:

TOOLS USED FOR ASSESSMENT PURPOSES:

TRAUMA SYMPTOM CHECKLIST FOR YOUNG CHILDREN
CHILD AND ADOLESCENTS NEEDS AND STRENGTHS (CANS)
CLINICAL INTERVIEW

TRAUMA SYMPTOM CHECKLIST FOR YOUNG CHILDREN:

The TSCYC is the first fully standardized and normed broadband trauma measure for young children who have been exposed to traumatic events such as child abuse, peer assault, and community violence between age 3-12 years of age. Eight clinical scales (Anxiety, Depression, Anger/Aggression, Posttraumatic Stress-Intrusion, Posttraumatic Stress-Avoidance, Posttraumatic Stress-Arousal, Dissociation, and Sexual Concerns) and a summary scale provide valuable information to help you evaluate acute and chronic symptomatology and provide information on other symptoms found in many traumatized children. Contains separate norms for males and females and for three age groups: 3-4 years, 5-9 years, and 10-12 years. TSCYC scale patterns have been found to predict different forms of trauma exposure in a published study of traumatized children.

CHILD AND ADOLESCENTS NEEDS AND STRENGTHS (CANS):

The CANS-MH provides a comprehensive assessment of the type and severity of clinical and psychosocial factors that may impact treatment decisions and outcomes. It is part of the Child and Adolescent Needs and Strengths (CANS) series of decision support tools, with different versions of the CANS tailored to the needs of specific youth populations (see altered versions).

The CANS-MH is designed to affect clinical decision making with the intensity of treatment indicated by the number and severity of presenting risk factors. The measure also assesses for strengths. The CANS-MH can be used either as a prospective assessment tool during treatment planning or as a retrospective assessment tool to review existing information (e.g., chart reviews) for quality assurance monitoring or system planning.

CLINICAL INTERVIEW:

A clinical interview is a verbal interview where the assessor engages the client with a line of questioning for the purpose of assessing the client in order to make a diagnosis based on the Diagnostic and Statistical Manual of Mental Health Disorders, 5th Edition (DSM-5).

PRESENTING HISTORY:

CANS ASSESSMENT SUMMARY:

Life Domain Functioning:

Youth Strengths:

Acculturation:

Caregiver Strengths and Needs:

Youth Behavioral/Emotional Needs:

Youth Risk Behaviors:

Substance Use:

Trauma:

Violence Module:

Emotional/Behavioral Risks:

Resiliency Factors:

Developmental Needs:

SAB – Sexually Aggressive

Runaway:

JJ – Juvenile Justice:

FS – Fire Starting:

SUMMARY OF ASSESSMENT:

DIAGNOSTIC IMPRESSION:

AXIS I:

AXIS II:

AXIS III:

AXIS IV:

AXIS V:

RECOMMENDATION BASED ON ASSESSMENT:

Clinician Signature and Credentials: _____ Date: _____