BH Assessment Form

Client Name: Cal A. Midad
MRN#: 1001-xx-xxxx

Language in which client received services, if other than English: ☐ Spanish ☐ Vietnamese ☐ Other (Specify):
Interpreter Utilized? ☐ No ☐ Yes (Describe in Progress Note)

DOMAIN 1

Presenting Problems & Current Episode

Presenting Problem *(should include current sxs/bx's, intensity of sxs/bx's and duration of sxs/bx's*):

Use Cl's words, referral's description, and/or clinician's understanding of the problem. Include duration, severity, frequency, what makes it worse or better impact on Cl's life, Cl's perception, and Cl's understanding of problem

Cal is a 6 year-old, Salvadorian male, who was referred WYS East by his school, for possible post traumatic stress disorder. Records indicate that he suffered sexual assault on multiple occasions by a teenager living at the same shelter, while his client and his family were awaiting court hearing their application for asylum in the U.S. Mother reported that both parents were forced to work in a warehouse in order to stay at the shelter and could not protect Cal and his older sister. Normally a joyful child, Cal was now quiet and tearful and had bouts of anger. In addition to the mood change his parents had first noticed, he now struggled to sleep, was not eating well and was soiling himself. After several days of mother pleading with him about "What is wrong?", he finally disclosed he was sexually assaulted. Cal was also being threatened to be beaten up by a group of teenage boys; however, when his older sister jumped in to protect him, they attacked and raped his sister. They forced him to run away, while they attacked her; but he is still haunted by hearing her call out for his help. His parents reported that they were away working and had no knowledge that these threats and attacks were happening to their children. Currently at school, Cal seems "checked out", gets triggered and upset easily by peers, often requiring him to be sent to the office. He complained that kids were picking on him at school, and he needed protection, even though teachers have not seen any hostility shown by classmates towards him.

History of Presenting Problem:

Use Cl's words, referral's description, and/or clinician's understanding of the problem. Include duration, severity, frequency, what makes it worse or better impact on Cl's life, Cl's perception, and Cl's understanding of problem

Mother reported that the family was attempting to seek asylum from their home country in El Salvador 4 months ago. Before they traveled to the border, Cal's family had been extorted for months by members of a local gang in El Salvador. The gang demanded a weekly fee for protection. When Cal's father was assaulted for not making the payment, leaving him severely injured and permanently blind in one eye, Cal's parents decided it wasn't safe for Cal and his older sister to be raised in their hometown. So the family fled from El Salvador toward the U.S. to seek asylum. After 2 grueling months, they finally arrived at a shelter in Juarez, Mexico. They did not know, unfortunately, that 850,000 hearings of immigration cases had been put on hold, so they were stuck at the shelter until their number would be called. With hundreds of families living at this shelter, resources were scarce, and both parents were forced to find work at a warehouse making zippers. As the days became weeks, and then months, they noticed Cal becoming more withdrawn and fearful. After his symptoms worsen over the next week, mother was able to find out what had happened to Cal and his older sister. His parents were angry with Cal for running away when his sister was attacked and raped and not helping her. Cal felt extremely guilty and cannot talk about what happened to him or his sister.
The family was finally granted asylum after several months and have now settled in Santa Ana, California. Cal continues to have problems being withdrawn, fearful, emotionally reactive and not adjusting to starting school. Cal's family was referred to CYS MHRS East by the school due to the reported sexual abuse and his struggles staying at school. The school psychologist referred both the client and his older sister for mental health evaluations and treatment of possible PTSD.

Mental Status Exam

Appearance/Speech/Interaction/Eye Contact/Motor Activity

Appears

- ☐ Stated Age
- ☐ Older than stated age
- ☑ Younger than stated age

Manner of Dress

- ☑ Appropriate
- ☐ Inappropriate
- ☐ Seductive
- ☐ Odd
- ☐ Other: _____

Hygiene Level

- ☐ Normal
- ☐ Neat
- ☐ Poor
- ☑ Disheveled
- ☐ Malodorous
- ☐ Other: _____

Eye Contact

- ☐ Good
- ☑ Avoidant
- ☑ Stares into space
- ☐ Intense/ Fixed
- ☐ Poor
- ☐ Eyes shut
- ☐ Other:

Attitude & Rapport

☐ Cooperative ☐ Evasive ☑ Dependent ☐ Manipulative ☐ Responsive ☐ Apathetic ☐ Oppositional ☐ Eager to Please
☐ Pleasant ☑ Aggressive ☐ Demanding ☐ Passive ☐ Engaging ☐ Uncooperative ☐ Threatening ☐ Silly
☐ Impulsive ☐ Distant ☐ Dramatic ☑ Guarded ☐ Hostile ☐ Seductive ☐ Other: _____

Motor Activity

☑ Agitated ☐ Hyperactive ☐ Normal ☐ Slow ☐ Tics ☐ No Extrapyramidal Symptoms/ Tardive Dyskinesia
☐ Tremor ☐ Posturing ☐ Pacing ☐ Hand Wringing ☐ Buccolingual masticatory ☐ Other: _____

MANDATORY

Emotional State

Mood

- ☐ Euthymic
- ☐ Euphoric
- ☐ Irritable
- ☐ Hostile
- ☐ Bland
- ☐ Expansive
- ☐ Fearful
- ☐ Other: _____
- ☑ Depressed
- ☐ Manic
- ☑ Anxious
- ☐ Anhedonic
- ☑ Agitated
- ☐ Elevated

Affect

- ☐ Appropriate
- ☐ Constricted
- ☐ Expansive
- ☐ Flat
- ☐ Inappropriate
- ☐ Blunted
- ☑ Labile
- ☐ Other: _____

Thought Process/Content/Perceptions

Process

- ☐ Normal
- ☐ Loose associations
- ☑ Blocking
- ☐ Poverty of thought
- ☑ Concrete
- ☐ Circumstantial
- ☐ Slow
- ☐ Perseverating
- ☐ Rambling
- ☐ Disorganized
- ☐ Tangential
- ☐ Illogical
- ☐ Other: _____

Content

- ☑ Mood congruent
- ☐ Mood incongruent
- ☐ Bizarre
- ☐ Systemized
- ☐ Poorly Organized
- ☐ Other: _____

Delusions

- ☐ None
- ☐ Thought broadcasting
- ☑ Guilt
- ☐ Paranoid
- ☑ Persecutory
- ☐ Grandiosity
- ☐ Jealousy
- ☐ Ideas of reference
- ☐ Erotomanic
- ☐ Being controlled
- ☐ Thought Insertion
- ☐ Hyper religiosity
- ☐ Hypochondriacal
- ☐ Somatic
- ☐ Other: _____

Hallucinations

- ☑ None
- ☐ Gustatory
- ☐ Auditory
- ☐ Somatic
- ☐ Visual
- ☐ Tactile
- ☐ Olfactory
- ☐ Command
- ☐ Other: _____

Themes of Preoccupation

- ☐ None
- ☐ Sexual
- ☐ Obsessions
- ☐ Somatic
- ☐ Compulsions
- ☐ Magical thinking
- ☑ Phobias
- ☐ Depression
- ☑ Other: fear of separation

Somatic

- ☐ None
- ☐ Dizzy/unsteady
- ☐ Chills
- ☑ Muscle tension
- ☐ Lightheaded
- ☐ Hot Flashes
- ☐ Heart palpitation
- ☐ Numbness/tingling
- ☐ Other:
- ☐ Heart pounding
- ☐ Chest pain/discomfort
- ☐ Trembling
- ☐ Shortness of breath
- ☐ Choking Sensation
- ☑ Nausea/stomach distress

Sensorium/ Intellectual Functioning

Orientation

- ☐ Oriented x4
- ☑ Person
- ☑ Place
- ☐ Date
- ☐ Purpose/Environment/Situation
- ☐ None

Concentration & Memory

- ☐ Intact
- ☐ Impaired
- ☑ Poor
- ☐ Unable to assess

As Measured by

- ☐ Serial 7's/3's
- ☐ Immediate Recall
- ☐ Number of digits forward
- ☐ Recent recall
- ☐ Number of digits backward
- ☐ Remote recall
- ☑ Naming 3 items
- ☐ Other:
- ☐ Recall 3 items at 5 minutes

General Fund of Knowledge

- ☑ Average
- ☐ Above average
- ☐ Below average

Estimated Intellectual Functioning

- ☑ Average
- ☐ Above average
- ☐ Below average

Insight

- ☐ Good
- ☐ Fair
- ☑ Poor

Judgement

- ☐ Good
- ☐ Fair
- ☑ Poor

Areas of Immediate Concern

Current Thoughts of Self-Harm

- ☐ Denies
- ☐ Yes
- ☑ Refused to State
- ☐ Unable to assess

Self-Harm

- ☐ Thoughts
- ☐ Intent
- ☐ Plan
- ☐ Means

Method, Frequency & Triggers

No method or attempts reported

MANDATORY

Current Suicidal Ideation

- ☐ Denies
- ☐ Yes
- ☑ Refused to State
- ☐ Unable to assess

Suicidal Ideation

- ☑ Thoughts
- ☐ Intent
- ☐ Plan
- ☐ Means

Specificity, Availability & Lethality

Cal makes statements that he wishes he were dead rather than having to go to school to face peers.

Suicide Risk Indicators

- ☑ Current/previous S/I, S/A
- ☐ History of psychiatric hospitalization
- ☐ Means or access to means
- ☐ Chronic physical illness
- ☐ Access to a firearm
- ☐ History of impulsivity
- ☐ History of drug/alc use/abuse
- ☐ Recent loss (death, divorce, job)
- ☑ Significant life events/stressors
- ☐ Chronic pain
- ☐ Perceives self as burden to other
- ☑ Sees no other option
- ☐ Major psychiatric diagnosis
- ☐ Preparations (will, give aways, goodbyes)
- ☑ Hopelessness
- ☐ Suicide Plans
- ☐ Intent to commit suicide
- ☐ Possession of a firearm
- ☐ Prior use of violent meth
- ☐ Command hallucination

Suicide Protective Factors/Consumer Strengths

- ☐ Hope and optimism about future
- ☐ Future plans/goals
- ☐ Purpose/meaning in life
- ☑ Seeing a therapist
- ☑ Will see psychiatrist in 24-48 hours
- ☐ Suicide not supported by current belief/values
- ☐ Religiously/spiritually involved
- ☐ Agrees to elimination of means
- ☐ Agrees to 24-hour monitoring
- ☐ Agrees to take psychiatric meds
- ☑ Positive connection with family
- ☐ Other_____
- ☐ Resilient towards life stressors
- ☐ Immediate, reliable support
- ☐ Able to follow thru w/safety planning
- ☐ Agrees not to consume drugs/alcohol

Current Homicidal Ideation

- ☑ Denies
- ☐ Yes
- ☐ Refused to State
- ☐ Unable to assess

Homicidal Ideation

- ☑ Thoughts
- ☐ Intent
- ☐ Plan
- ☐ Means

Specificity, Availability & Lethality

States that he would hurt anybody who threatens his older sister.

Danger to Others Risk Indicators

- ☐ History of violence
- ☐ Plans to harm or kill another
- ☐ Possession of a firearm
- ☐ Access to a firearm
- ☐ Other means
- ☐ Intent to harm or kill another
- ☑ Anger/rage/frustration
- ☐ History of impulsivity
- ☐ Paranoid delusions about others
- ☑ Agitated easily
- ☐ Prescription drug abuse
- ☐ Obsessing about violence
- ☐ History of psychiatric hospitalization
- ☐ History of drug/alcohol use/abuse
- ☐ Preoccupation with violent fantasy
- ☐ Command halluc. involving violence
- ☐ Persecutory delusions
- ☐ Major psychiatric diagnosis
- ☐ Sees no other option
- ☐ Identifiable/intended victim(s)

Danger to Others Protective Factors/Consumer Strengths

- ☐ Hope and optimism about future
- ☐ Future plans/goals
- ☐ Immediate, reliable support
- ☐ Purpose/meaning in life
- ☐ Positive connection with family
- ☑ Seeing a therapist
- ☐ Agrees to take psychiatrist meds
- ☑ Will see psychiatrist in 24-48 hrs
- ☐ Violence not supported by current belief/values
- ☐ Religiously/spiritually involved
- ☐ Resilient towards life stressors
- ☐ Agrees to elimination of means
- ☐ Able to follow thru w/safety planning
- ☐ Agrees to 24 hr monitoring
- ☐ Agrees not to consume drugs/alcohol
- ☐ Other:

MANDATORY

Current Grave Disability

- ☐ Yes
- ☑ No
- ☐ Unable to assess

Grave Disability/Self Neglect Risk Indicators

☐ Previous history of grave disability	☑ Poor hygiene	☐ Lack of positive social support
☐ Refusing or failing to eat	☐ Disoriented/confused	☐ Paranoia related to food or shelter
☐ Major psychiatric diagnosis	☑ Insufficient clothing	☐ No plans for filling basic needs (food)
☐ Refusing to take medications	☐ Wandering aimlessly	☐ Eviction/recent homelessness

Comments

Family suffers from poverty and client and sister have insufficient clothes as a result

Impulse Control

- ☐ Good
- ☑ Fair
- ☐ Poor

Impulse Control Narrative

N/A

Activities of Daily Living (ADL's)

ADL's

	Descriptor	Independence	Requires Assistance
Personal Hygiene	Bathing/showering, grooming, nail care and oral care.		Yes
Dressing	Being able to make appropriate clothing decisions and physically dress and undress oneself.	Yes	
Eating	The ability to obtain food, feed oneself.		Yes
Maintaining Continence	Being able to mentally and physically use a restroom. This includes the ability to get on and off the toilet and cleaning oneself.	Yes	recent soiling
Transferring/ Mobility	Being able to stand from a sitting position, as well as get in and out of bed. The ability to walk independently from one location to another.	Yes	

Travel's Via

- ☑ Public Transportation
- ☐ Own Conveyance

Effectively communicates needs to others

- ☐ Yes
- ☑ Sometimes
- ☐ No
- ☐ Other_____

Instrumental Activities of Daily Living (IADL's)

	Independent	Requires Assistance
Ability to keep appointments		Yes
Housework		N/A
Meal Preparation		Yes
Managing Medication		Yes
Transportation		Yes

Is there an impairment in this area of Functioning in Daily Activities due to Mental Health? ☑ **Yes** ☐ **No**

If yes, Identify the DSM symptoms and behaviors resulting in the impairment/s:

Symptoms *LPHA or licensed waivered only*

Trauma abreactions at school with peers and teachers and fearful authority figures will not believe him.

Behaviors

School attendance sporadic. Poor social relationships with peers at school

Impairments

Behaviors affect adjustment in school and academic achievement. Client appears stuck in past trauma and fears.

MANDATORY

DOMAIN 2

Abuse & Trauma

Any History of Abuse or Trauma?

☑ Yes
☐ No

(i.e., having experienced traumatic events including experiences such as having witnessed violence, having been a victim of crime or violence, having lived through a natural disaster, having been a combatant or civilian in a war zone, having witnessed or having been a victim of a severe accident or having been a victim of physical, emotional, or sexual abuse)

If yes, *please provide additional information regarding the history and exposure to trauma:*

Cal was sexually assaulted on multiple occasions at a shelter he and his family were living at by a teenage boy, while the family was awaiting being granted asylum into the U.S. He also feels extreme guilt that he did not protect his sister from being raped by several youths as she was trying to protect him from being beaten up. His parents reacted angrily at him when they found out what had happened to his older sister, and he did not fight or get help. Rather, he froze and felt paralyzed to do anything.

As a child was the client:

PAST			CURRENT			Describe:
	Yes	No		Yes	No	Sexually assaulted 6 months ago. Threatened physical harm by older youths especially if he told anyone. Witnessed his older sister being raped by group of youths at the shelter.
Physically Abused?		X	Physically Abused?	X		
Neglected?		X	Neglected?		X	
Sexually abused or molested?		X	Sexually abused or molested?	X		
Witness to violent acts?		X	Witness to violent acts?	X		
Were there any other childhood events to note?		X	Were there any other events to note?		X	

If yes *to any items above, please describe any negative life circumstances (e.g., homelessness) or placements (e.g., foster care) which resulted from the past or current abuse or trauma: MANDATORY if Marked* ***Yes*** *to any items above*

Cal and his older sister live with his biological parents after being granted asylum to enter the U.S. As a result of the above traumatic events, Cal and his older sister have never been placed in any foster care. The only shelter the family lived in was in Juarez, where the abuses occurred.

DOMAIN 3

Psychiatric & Substance Abuse History

Psychiatric History

History of Mental Health Treatment? ☐ Yes ☑ No ☐ Unknown

If yes is selected then the Outpatient and Psychiatric Hospitalization Section, below is MANDATORY.

Age of Onset

Outpatient ☐ Yes ☑ No

If yes is selected, then the Outpatient Mental Health Treatment History Narrative is MANDATORY.

Outpatient Mental Health Treatment Narrative

No substance or alcohol reported for this child.

Previous treatment, including providers, therapeutic modality (i.e. medications, psychosocial treatment, and response).

Is there an impairment in the client's ability to manage their Mental Illness? ☐**Yes** ☑**No**
(i.e. Hospitalizations, dropping out of services, gap in services, stopping medications, missed appointments, etc.)

If yes, identify the DSM symptoms and behaviors resulting in the impairment/s:

Symptoms *LPHA or licensed waivered only*	**Behaviors**	**Impairments**
N/A	N/A	N/A

MANDATORY

History of Psychiatric Hospitalization ☐Yes ☑No

If yes, how many times in past 12 months? N/A **How many times in past 36 months?** N/A

Psychiatric Hospitalization History Narrative: *(Previous hospitalizations and hospitalization patterns, including name of hospital, admit legal status, date of admit and length of stay)*

N/A

Substance Abuse & Recovery

Substance Abuse & Recovery Narrative: *(Please include current/past use, age first use, type of substance/s and previous SUD services in narrative)*

No substance use or dependence reported for this client.

MANDATORY

Questions to consider:
Can you tell me a bit about your past and/or current substance use?
About how often did/do you use substances?
Do you think that substance use has led to any negative effects on your life? If so, can you explain those negative effects and which areas of your life have been affected?
Do you think that you use substances to cope with negative feelings or experiences?
Do you ever feel like you want to reduce or quit using substances?

Is there an impairment in this area of Substance Abuse due to Mental Health? (comorbidity) ☐**Yes** ☑**No**
(i.e., getting arrested due to substance use, relapse, frequent ER visits due to drug-induced psychosis, etc.)

If yes, identify the DSM symptoms and behaviors resulting in the impairment/s:

Symptoms *LPHA or licensed waivered only*	**Behaviors**	**Impairments**
N/A	N/A	N/A

Medical, Developmental, Care Coordination

Medical Problems & Medications

Current & Past Medical Problems & Allergies as Reported by Client:

Recently, Cal was diagnosed with Irritable Bowel Syndrome (IBS). No allergies were reported.

MANDATORY

Current & Past Medications as Reported by Client

No current medication for IBS, but dietary changes and fiber supplements have been prescribed.

Is there an impairment in this area of Physical Health Care due to Mental Health? ☑ **Yes** ☐ **No**
(i.e. Not taking prescribed medications, refusing to see PCP, inability to manage chronic conditions, generally poor health care hx, etc.)

If yes, identify the DSM symptoms and behaviors resulting in the impairment/s:

Symptoms *LPHA or licensed waivered only*	**Behaviors**	**Impairments**
Stress and trauma exacerbates IBS	Misses many days at school as a result of stomach aches	Results in further social exclusion and concerns being at school if his stomach hurts which puts him at risk for retention.

Developmental History

MANDATORY

Is the client 20 years or younger? ☑ **Yes** ☐ **No** (*If no, then the remainder of Developmental History section does not need to be filled out)*
Were the client's developmental milestones achieved within normal limits? ☑ **Yes** ☐ **No** ☐ **Unable to assess**
If "No", please give a Developmental History Narrative:

N/A

During the mother's pregnancy did any of the following occur?

☐ Inadequate prenatal care
☑ Mother used caffeine
☐ Mother used medications
☐ Unknown
☐ Father used drugs or alcohol
☐ Mother had medical problems
☐ Mother had accident/injury
☑ Other Stressful situation in El Salvador during pregnancy
☐ Mother smoked
☐ Mother used drugs or alcohol
☐ Mother had emotional problems
☐ Mother was victim of violence
☐ Mother was hospitalized

During the client's birth, did any of the following perinatal problems or conditions occur?

☐ Child was premature
☐ Complicated labor
☐ Breech, caesarian, or forceps delivery
☐ Baby given oxygen or transfusion
☐ Baby placed in incubator
☐ Baby remained in hospital after mother went home
☑ None reported
☐ Unknown
☐ Fetal distress
☐ Delayed crying
☐ Other

Were there any special problems, delays, or events regarding the client's childhood?

☐ Holding head up
☐ Learning to bond
☐ Learning to crawl
☐ Bowel or bladder training
☐ Dressing independently
☐ Writing his or her name
☐ Learning to walk
☐ Feeding self with a spoon
☐ Sleeping through the night
☐ Cognitive delay
☐ Learning to talk
☐ Unspecified motor delay
☐ Language delay
☐ Learning to sit up alone
☐ Tying shoes
☑ None reported
☐ Unknown
☐ Other

Care Coordination

Health Plans

Does client have Medi-Cal/Health Insurance? ☑ Yes ☐ No

Have BHS staff offered client assistance in obtaining Medi-Cal/Health Insurance? ☐ **Yes** ☑ **No**

If yes, what was the Intervention/Outcome?

☐ **Linked to Medi-Cal/Health Insurance** ☐ **Referred to Medi-Cal Enrollment Counselor** ☐ **Client Not Eligible**

☐ **Other:** ☐ **Client Declined Assistance – Explain:** _____

PCP/ Other Health Care Providers

Does client have a Primary Care Physician (PCP) or other Health Care Providers? ☑ Yes ☐ No

If yes, Name of PCP Dr. Mario Martinez Phone 714 580-2256 Email MMartinezMD@pih.com

Address: 1742 4th Street, Santa Ana 92701

If "No", what was the Intervention/Outcome

☐ Linked to PCP under Medi-Cal/Health Insurance

☐ Linked to OC Community health Center (for clients without Health Insurance)

☐ Other:

Please list all other Ancillary Service Providers ☐ **None**

Ancillary Service Provider	Ancillary Service	Contact Info	Location	Comment
Monique Alvarado, DDS	Dentist	714 680-5787	Santa Ana	Last check up 8/12/2022

DOMAIN 5

Family History, Education, Employment-Financial, Gender-Sexual Orientation, Legal, Cultural/Religious/Spirituality and Supplemental

Family History

Family History – For how many people age -17 is the Client the Primary Care Giver (50% or more of their time): 0

For how many people age 18 or older is the Client the Primary Care Giver (50% or more of their time): N/A

Pertinent Family History to presenting problem:	☑ Yes	☐ No	☐ Unknown	If yes, please explain: Father's injury in his homeland
Mental Health History:	☑ Yes	☐ No	☐ Unknown	If yes, please explain: Abuse and trauma at 6 y.o.
Substance Use History:	☐ Yes	☑ No	☐ Unknown	If yes, please explain:
Other Pertinent Medical Condition:	☐ Yes	☑ No	☐ Unknown	If yes, please explain:

Family History (narrative for additional details)

Client live with biological parents and older sister. He attends Taft Elementary school in Santa Ana, CA. He was born in El Salvador and migrated with his family to the U.S. when he was 6 years old. Family suffered significant trauma during the migration to the U.S. including sexual assault on the client, and client witnessing rape and threatened by gang members. Father was attacked in El Salvador and permanently injured in one eye prompting family to move away from violence in their homeland.

Education

Has the client ever had:	Yes	No	Unknown
Problems learning certain subjects	Yes		
Problems with paying attention	Yes		
Problems getting along with teachers		No	
Problems with studying	Yes		
Problems with grades	Yes		
Problems with truancy	Yes		
Disruptive class behavior	Yes		
Suspensions or transfers		No	
Special education	In evaluation		
Special day classes			Awaiting results
Tutoring		No	

Other Education Problems:
Highest Level of Education Completed: 1st grade

Date Type	Event Date	Education Status	Attendance Level	Grades	Spec. Education Eligibility (Per IEP)	Special Ed Setting	Educational Goal (Adult)
Actual	9/1/2022	Enrolled	sporadic	Below Average	awaiting educational assess	could be SDC	N/A

Employment/Financial

Current Employment Status: Student

Is Employment a goal? ☐Yes ☑No

MANDATORY

Employment Year	LOS	Employment Description	Avg Hrs per week	Reason for Leaving	Comment

Is there an impairment in this area of Education/Employment due to Mental Health? *If "Yes", please fill out the symptom/behavior(s) and impairment(s) below:* ☑**Yes** ☐**No**

Symptoms *LPHA or licensed waivered only*	**Behaviors**	**Impairments**
Per teacher's report, he has poor concentration, angry outbursts at peers, lies about being picked on by peers, wanting protection from teachers, fears he won't be believed	fidgety in class; angry outbursts verbally and sometime physically at peers	Problems in education, keeping friends and being teased.

Financial

Income Source: father **Amount per month:** 1500

Assisted by and/or payee: _____ **Phone Number:** _____

SSI/SSDI Status: N/A

Is there an impairment in this area of Financial/Money Management due to Mental Health? ☐**Yes** ☑**No**
If "Yes", please fill out the symptom/behavior(s) and impairment(s) below:

Symptoms *LPHA or licensed waivered only*	**Behaviors**	**Impairments**
N/A	N/A	N/A

Gender/Sexual Orientation

Sex assigned at birth
- ☑ Male
- ☐ Female
- ☐ Intersex
- ☐ Declined to State
- ☐ Unknown

Gender Identity
- ☑ Male
- ☐ Female
- ☐ Transgender: Male to Female
- ☐ Transgender: Female to Male
- ☐ Questioning or unsure of gender identity
- ☐ Other:
- ☐ Declined to State
- ☐ Unknown

Sexual Orientation
- ☐ Bisexual
- ☐ Gay
- ☐ Heterosexual
- ☐ Lesbian
- ☐ Questioning
- ☑ Declined to State
- ☐ Other:

Gender Identity/Sexual Orientation Narrative (if applicable):

Preferred Gender Pronouns

☑ He/Him/His ☐ She/Her/Hers ☐ They/Them/Theirs ☐ Declined to State ☐ Other:

Coming out experience, if applicable:

N/A

Client's Relationship with their Family ☐ **Positive** ☐ **Negative** ☑ **Other:** family has suffered trauma also - distant communication

Describe how the client's relationship with their family, or lack thereof, contributes to the client's current mental health

Family supports mental health treatment

If the client identifies as transgender, are they pursuing a medical transition process? ☐ **Yes** ☑ **No**

Does the client believe they would benefit from Trans Health Care resources (knowledge of the transition process, trans-friendly providers, support resources, etc.)? ☐ **Yes** ☑ **No**

Living Arrangement

Current Housing Assistance

	Yes	No	Unknown
Section 8		x	
Other Financial		x	
Continuum of Care		x	
IPF		x	
IHF		x	
Family Support		x	

Additional information (if applicable):_____

Current Living Arrangement (MANDATORY): Parent/guardian home (minor)

For additional Living Arrangement information, please describe here:

Client lives with biological family in Santa Ana for past 5 months

Please include the length of time client has maintained current living arrangement and/or reason for leaving recent living arrangement and include facility name if applicable.

Is there an impairment in this area of functioning in Living Arrangement/Housing due to Mental Health? ☐ **Yes** ☑ **No**

If "Yes", please fill out the symptom/behavior(s) and impairment(s) below:

Symptoms *LPHA or licensed waivered only*	**Behaviors**	**Impairments**
Client has guilt and parents have unresolved grief and anger	Cal has difficulty sharing sexual assault history with parents as well as talking about witnessing sister's rape; while parents have unresolved grief and anger toward client.	Results in poor communication and unresolved anger and further risk of family conflict and turmoil.

MANDATORY

Legal

Is there an impairment in this area of Legal Status due to Mental Health? ☐ **Yes** ☑ **No**

If "Yes", please fill out the symptom/behavior(s) and impairment(s) below:

Symptoms *LPHA or licensed waivered only*	**Behaviors**	**Impairments**
N/A	N/A	N/A

Court Involvement - ☑ **Yes** ☐ **No**

If yes, please explain:

Granted asylum to come to U.S from El Salvador 6 months ago

Incarceration History - ☐ **Yes** ☑ **No**

If yes, please explain:

N/A

Culture, Religion, Spirituality

Please gather information for this section based on an interview with the client or, when clinically or developmentally appropriate, from the client's conservator/caregiver/parent.

Client's culture and how it may impact treatment recovery

Client is born into a Salvadorian family, who immigrated to U.S. about 6 months ago. Client struggles with acculturation issues. Family reported being Catholic

Client's religion and how it may impact treatment/recovery

Family has found local mass to attend, which offers some community support.

Client's spirituality and how it may impact treatment/recovery

Client will need therapeutic work to recover ability to feel safe and trust again, which has impacted his spirituality and trust in God.

MANDATORY

Caregivers

Conservator/Care Giver	Address	Phone	Fax	Email	Relationship
Maria - biological mother	12 4th St, Apt 3, S.A., CA, 92701	714 567-2351	N/A	MMidad@gmail.com	mother
Ernesto - biological father	12 4th St., Apt 3, S.A., CA, 92701	714 567-2351	N/A	EMidad@gmail.com	father

DOMAIN 6

Harm Assessment, Suicide Attempts, Strengths

Self-Harm

Thoughts ☑ **No** ☐ **Yes**

If yes, please explain when and how and resulting treatment:

N/A

Suicidal Ideation ☐ **No** ☑ **Yes**

If yes, please explain when and how and resulting treatment:

Passive thoughts about wishing he were dead rather than facing peers at school and having to tell his teacher.

Suicide Attempts ☑ **No** ☐ **Yes**

If yes, please explain when and how and resulting treatment in grid below:

Date Type	Date	How	Comments	Outpatient Tx	Hospitalization?

Homicidal Ideation/Thoughts of Hurting Others ☐ **No** ☑ **Yes**

If yes, please explain when and how and resulting treatment

Non-specific statements about hurting anyone who would try to hurt his older sister or himself.

History of Violence (Toward People, Animals, Objects) ☐ **No** ☑ **Yes**

If yes, please explain when and how and resulting treatment:

Recent anger outbursts and destroying of property and toys in room

Safety Planning (specific Safety Plans to be used should risk behaviors arise and emergency contacts:
Please describe safety plan:

At this time, a safety plan is not needed for danger to others. However, his parents will be instructed to monitor Cal's property destruction and angry outburst and bring that to the clinician's attention for working his anger through in session.

MANDATORY

Emergency Contact	Phone Number
Maria Midad - mom	714 567-2351
Ernesto Midad - dad	714 567-2351

Was a support person informed about the Safety Plan: ☐ **No** ☑ **Yes**
If yes, who was informed and what is their role in the client's life? Maria who is the mother of Cal

Strengths, Social Relationships & Communication Skills *(strengths should help achieve objective and/or overcome barriers)*

Describe the client's overall strengths

Cal was described by mother to be a joyful, fun-loving child prior to his abuse and being threatened when sister was attacked. He was described as good-hearted and kind and had a good relationship with his parents prior to the trauma.

Please list client's strengths that may benefit client in treatment (i.e., social/family support, displays good verbal skills, etc.).

Describe the client's social relationships & communication skills

Client had good family and was able to make friends and communicate his needs prior to the experienced trauma during the migration.

Is there an impairment in this area of functioning in Social Relationship/ Communication Skills due to Mental Health? ☑ **Yes** ☐ **No**
If "Yes", please fill out the symptom/behavior(s) and impairment(s) below:

Symptoms *LPHA or licensed waivered only*	**Behaviors**	**Impairments**
Client fearful and mistrusting after trauma.	Client has avoided social relationships since the trauma	Client has no friends at school and tends to isolate. Client withdrawal tends to bring negative interactions with others which causes further isolation.

DOMAIN 7

Clinical Narrative Summary & Differential Diagnosis

A clinical hypothesis / understanding / core theme regarding what drives the client's experience of illness and recovery, makes connections between themes and describes the provider's understanding of the "why."

Diagnostic/Clinical Impression:

Cal appears to be suffering from F43.11 Post-traumatic stress disorder, acute as he has directly experienced sexual assaults on multiple occasions by a teenage boy in the same shelter, and witnessed his older sister being gang raped and feeling helpless to protect her. Cal also appears to be having recurrent and distressing memories that are expressed in his current social relationships at school as he claims peers want to pick on and harm him, even though the teacher has not observed any of those situations. His appearance to be "checked out" may also be dissociative reactions. Cal makes persistent attempts to avoid going to school to avoid other kids and is exacerbated by his IBS and stomach problems. He experiences much sadness and guilt regarding his inability to help his older sister and is distraught about his parents being angry with him for not protecting her. He has experienced these problems for the past 6 months since the traumatic event, and these problems are affecting his ability to learn, concentrate and form friendships in school. He is currently not making a good adjustment in his new home and school.

Cal is likely having trauma abreactions at school as certain situations trigger memories when he is with peers or with his teacher. His struggle with his teacher may be related to his struggle to tell his parents what happened to him and his older sister as their initial angry reaction at him. There may be some learning problems that has not yet been identified; however, the school is currently assessing him for any learning disabilities. School problems may also be related living in a fearful state of mind most of the time, that Cal cannot concentrate or learn as he is mostly concerned about surviving and protecting himself and his family.

Determination of medical necessity, level of care, access criteria

Cal meets the automatic access criteria for specialty mental health services due to exposure to trauma. He meets medical necessity due to F43.11 PTSD, acute diagnosis and subsequent impairments in living arrangement/family functioning, school/academics and social relationships. He qualifies for PWB/IS under intensive services as he is being considered for special education because of his problems learning and being in school, that would be detrimental to his development. Based on this assessment, Cal meets the outpatient level of care from the MHP for specialty mental health services.

Treatment recommendations:

Cal would benefit from individual and family therapy with a focus on psychoeducation for both client and parents on the effects of trauma on children and families. Cal would benefit from learning how his fight/flight part of his brain is triggered by trauma memories, and how his body holds many of his nonverbal pain. He would benefit from learning how to regulate his body and stress level. Some tools could be taught where he can relax his body through breathing and bilateral movement. EMDR (evidenced based therapy) can be beneficial in therapy by helping Cal process his painful memories without overwhelming him through keeping his body regulated. ICC can help link Cal's family to needed resources that lowers the stress on the family due to poverty. Peer support specialist with lived experience of overcoming trauma abuse may help by partnering with the family and working with both Cal and his parents. Working through the unresolved grief of the parents and children and the pain from the immigration trauma, sexual abuse, experiencing homelessness while living in a shelter for 4 months, and helping Cal deal with the guilt he feels toward his sister are all problems that likely need to be addressed in therapy. Medication services may be considered if Cal continues to be depressed, especially if his passive suicidal statements become more prominent.

I have completed the assessment and am ready to add a diagnosis: ☑ **Yes**

Problem List

Code	Descriptor (Use ICD10 codes only or Snomed codes verbatim - see https://snomed.terminology.tools/terminology-ui/index.html#/terminology#content)	Date Established	Date Ended	Responsible Provider
F43.11	Post Traumatic Stress Disorder - Acute	3/31/2023		Mark Lum, Psy.D.
K58.1	Irritable Bowel Syndrome with constipation	2/10/2023		Mario Martinez, M.D.
Z59.0	Homelessness	9/1/2022	1/15/2023	Alfonso Mercado, Ph.D.
Z55.4	Educational maladjustment and discord with teachers and classmates	3/31/2023		Mark Lum, Psy.D.
T74.2	Sexual abuse, confirmed	9/1/2022		Alfonso Mercado, Ph.D.
Z59.6	Low Income	3/31/2023		Mark Lum, Psy.D.

Print Name: Mark Lum, Psy.D. **Date:** 3/31/2023

Provider Signature: Mark Lum, Psy.D. **Credentials:** Licensed Psychologist

Additional Signature if needed:
Print Name: _____ **Date:** _____

Provider Signature: _____ **Credentials:** _____

MANDATORY