

SERVICE PROVIDER MONTHLY TREATMENT & PROGRESS SUMMARY Child and Adolescent Mental Health Division (CAMHD)

Instructions: Please complete and electronically submit this form to CAMHD by the 5th working day of each month (summarizing the time period of 1st to the last day of the previous month). The information will be used in service review, monitoring, planning and coordination in accordance with CAMHD policies and standards. Mahalo!

| | | |
|----------------------------|------------------------------|-------------------------------|
| Client Name: | CR #: | DOB: |
| Month/Year of Services: | Eligibility Status: | Level of Care (one per form): |
| Axis I Primary Diagnosis: | Axis I Secondary Diagnosis: | Axis I Tertiary Diagnosis: |
| Axis II Primary Diagnosis: | Axis II Secondary Diagnosis: | |

Service Format (circle all that apply):

Individual Group Parent Family Teacher Other: _____

Service Setting (circle all that apply):

Home School Community Out of Home Clinic/Office Other: _____

| | | | | | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Service Dates: | | | | | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Targets Addressed This Month (number up to 10):

| | | | | | | | | | |
|--|------------------------------------|--|-----------------------------------|--|-------------------------------------|--|--------------------------------|--|---------------------------------|
| | Activity Involvement | | Community Involvement | | Hyperactivity | | Positive Peer Interaction | | Shyness |
| | Academic Achievement | | Contentment, Enjoyment, Happiness | | Learning Disorder, Underachievement | | Phobia/Fears | | Sleep Disturbance |
| | Adaptive Behavior/Living Skills | | Depressed Mood | | Low Self-Esteem | | Positive Thinking/Attitude | | Social Skills |
| | Adjustment to Change | | Eating, Feeding Problems | | Mania | | Pregnancy Education/Adjustment | | Speech and Language Problems |
| | Aggression | | Empathy | | Medical Regimen Adherence | | Psychosis | | Substance Use |
| | Anger | | Enuresis, Encopresis | | Occupational Functioning/Stress | | Runaway | | Suicidality |
| | Anxiety | | Fire Setting | | Oppositional/Non-Compliant Behavior | | School Involvement | | Traumatic Stress |
| | Assertiveness | | Gender Identity Problems | | Peer Involvement | | School Refusal/Truancy | | Treatment Engagement |
| | Attention Problems | | Grief | | Peer/Sibling Conflict | | Self-Control | | Willful Misconduct, Delinquency |
| | Avoidance | | Health Management | | Personal Hygiene | | Self-Injurious Behavior | | Other: |
| | Cognitive-Intellectual Functioning | | Housing/Living Situation | | Positive Family Functioning | | Sexual Misconduct | | Other: |

CR # _____ (please repeat the number here)

Progress Ratings This Month (check appropriate rating for any target numbers endorsed as targets):

| # | Deterioration < 0% | No Significant Changes 0%-10% | Minimal Improvement 11%-30% | Some Improvement 31%-50% | Moderate Improvement 51%-70% | Significant Improvement 71%-90% | Complete Improvement 91%-100% | Date (If Complete) |
|----|-----------------------|-------------------------------------|-----------------------------------|--------------------------------|------------------------------------|---------------------------------------|-------------------------------------|-----------------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |

Intervention Strategies Used This Month (check all that apply):

| | | | | |
|----------------------------|---|-----------------------------------|----------------------------------|--------------------------------|
| Activity Scheduling | Emotional Processing | Line of Sight Supervision | Personal Safety Skills | Stimulus or Antecedent Control |
| Assertiveness Training | Exposure | Maintenance or Relapse Prevention | Physical Exercise | Supportive Listening |
| Attending | Eye Movement, Tapping | Marital Therapy | Play Therapy | Tangible Rewards |
| Behavioral Contracting | Family Engagement | Medication/ Pharmacotherapy | Problem Solving | Therapist Praise/Rewards |
| Biofeedback, Neurofeedback | Family Therapy | Mentoring | Psychoeducation, Child | Thought Field Therapy |
| Care Coordination | Free Association | Milieu Therapy | Psychoeducation, Parent | Time Out |
| Catharsis | Functional Analysis | Mindfulness | Relationship or Rapport Building | Twelve-Step Program |
| Cognitive | Goal Setting | Modeling | Relaxation | Other: |
| Commands | Guided Imagery | Motivational Interviewing | Response Cost | Other: |
| Communication Skills | Hypnosis | Natural and Logical Consequences | Response Prevention | Other: |
| Crisis Management | Ignoring/Differential Reinforcement of Other Behavior | Parent Coping | Self-Monitoring | |
| Cultural Training | Individual Therapy for Caregiver | Parent/Teacher Monitoring | Self-Reward/ Self-Praise | |
| Discrete Trial Training | Insight Building | Parent/Teacher Praise | Skill Building | |
| Educational Support | Interpretation | Peer Pairing | Social Skills Training | |

CR # _____ (please repeat the number here)

| Psychiatric Medications (List All) | Total Daily Dose | Dose Schedule | Check if Change | Description of Change |
|---------------------------------------|---------------------|------------------|--------------------------|-----------------------|
| _____ | _____ | _____ | <input type="checkbox"/> | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> | _____ |
| _____ | _____ | _____ | <input type="checkbox"/> | _____ |

Projected Discharge Date: _____ Check if Discharged During Current Month

IF YOUTH WAS DISCHARGED THIS MONTH, PLEASE COMPLETE ITEMS A & B:

A. Discharge Living Situation (check one):

- Home Foster Home Group Care Residential Treatment
 Institution/Hospital Jail/Correctional Facility Homeless/Shelter Other: _____

B. Reason(s) for Discharge (check all that apply):

- Success/Goals Met Insufficient Progress Family Relocation
 Runaway/Elopement Refuse/Withdraw Eligibility Change Other: _____

Outcome Measures: Optional. If you have any of the following data, please report the most recent scores:

| | | | |
|--|--------------------------------|-------------------------|-------|
| CAFAS (8 Scales): (1-School:) (2-Home:) (3-Community:) (4-Behavior Toward Others:) | Date: | | |
| (5-Moods/Emotions:) (6-Self-Harm:) (7-Substance:) (8-Thinking:) (Total:) | | | |
| CASII/CALOCUS (Total): | CASII/CALOCUS (Level of Care): | Date: | |
| CBCL (Total Problems T): | CBCL (Internalizing T): | CBCL (Externalizing T): | Date: |
| YSR (Total Problems T): | YSR (Internalizing T): | YSR (Externalizing T): | Date: |
| TRF (Total Problems T): | TRF (Internalizing T): | TRF (Externalizing T): | Date: |
| Arrested During Month? (Y/N): | School attendance (% of days): | | |

Comments/Suggestions (attach additional sheets if necessary):

| | |
|--------------------------------------|-------------------------------|
| Provider Agency & Island: _____ | Clinician Name and ID#: _____ |
| Provider Supervisor Signature: _____ | Clinician Signature: _____ |
| Submitted to CAMHD (date): _____ | Care Coordinator: _____ |