



Short Term Residential Therapeutic Program (STRTP)

IPC Presentation Guide

Child Name: _____ DOB: _____

Reason for STRTP Referral:

CHILD AND FAMILY TEAM:

Has a CFT been held? Y N (If no, skip to next section.) Date of last CFT: _____

When is the next CFT scheduled? _____

Please provide the following information:

CFT Members:

Positive Social Support Network?

CASA?

Underlying Needs:

Identified Strengths:

Cultural Background Considerations:

CFT Recommendations:

What will success look like for this child/youth?

What does the CFT believe this child/youth needs in order to be successful?



Family Finding/ Social Supports: (any supportive adult to is active participate in the youth's life)

CASA

MENTAL HEALTH TREATMENT INFORMATION:

Current Therapist: _____ **Phone:** _____ **Agency:** _____

Psychiatrist: _____ **Phone:** _____ **Agency:** _____

Mental Health Diagnosis and Date: _____

Psychotropic Medications: _____

History of psychiatric hospitalizations? Y N **Most Recent Hospitalization Date?** _____

History of self-injury/suicide attempts? Y N

MENTAL HEALTH AND BEHAVIORAL AREAS OF CONCERN:

Please discuss only those sections that apply to the youth.

Hyperactivity/Impulsivity/Inattention

<input type="checkbox"/> Child does not follow through on instructions.
<input type="checkbox"/> Child is easily distracted by external stimuli.
<input type="checkbox"/> Child Fidgets or often leaves his / her seat in the classroom.
<input type="checkbox"/> Other (Explain)

Eating Problems

<input type="checkbox"/> Child has a lack of control in eating habits (e.g., over/under eating, etc.).
<input type="checkbox"/> Child has misuse of laxatives, diuretics, enemas, fasting, excessive exercise, self-induced vomiting, etc.
<input type="checkbox"/> Other (Explain)



Sexualized Behavior

- Child engages in excessive, compulsive or public masturbation.
- Child exposes him/herself to others (in person, social media, sexting).
- Child touches/rubs against non-consenting persons.
- Child is having casual sexual relations with frequent partners.
- Child engages in sexual activity in exchange for goods (money, food, sex, drugs etc.).
- Child sexually assaulted or molested other children.
- Child engages in sexual activity with animals.
- Other (Explain)

Irritable/Mood Swings

- Child experiences frequent changes in mood.
- Child has a decreased need for sleep.
- Child expressed thoughts that move quickly.
- Child is more talkative than usual.
- Child is often agitated.
- Other (Explain)



Substance Abuse

- Child engages in recurrent substance use (legal or illegal substances).
- Child's recurrent substance use has resulted in repeated absences from school, poor school performance, suspensions or expulsions, etc.
- Child uses substances in situations where it is hazardous (e.g., driving a vehicle, operating a machine, cycling, etc.).
- Other (Explain)

Anxious/Nervous

- Child has unusual anxiety about being in places or situations (e.g., leaving the house, going to school, driving in a car, being near a dog, etc.).
- Child has intense fear or discomfort and experiences any of the following (palpitations, sweating, trembling, shortness of breath, feeling of choking, chest pain, feeling dizzy, fear of dying, etc.).
- Child worries excessively
- Child appears jumpy and/or is easily startled.
- Other (Explain)

Sad/Depressed

- Child has a depressed mood most of the day (e.g., tearful, feeling sad, irritable mood, etc.).
- Child has a marked diminished interest or pleasure in almost all activities.
- Child has had significant weight gain/loss.
- Child has trouble sleeping or a loss of energy/fatigue.
- Child expresses feelings of hopelessness and worthlessness.
- Other (Explain)



Delinquent/Defiant

- Child deliberately destroys others' property.
- Child has broken into someone else's house, building or car.
- Child has stolen items from others.
- Child often stays out all night without caregiver's/parent's consent.
- Child has run away from home.
- Child is often truant from school.
- Child has set fires
- Child has been suspended or expelled for failure to follow instructions at school.
- Other (Explain)

Odd/Strange Behavior

- Child hears voices, sees things, or has sensations that others do not (e.g. insects crawling on them, smells odors).
- Child has delusions (a false belief strongly held in spite of no supporting evidence.) (e.g., "believes foster parent is poisoning me.")
- Child has grossly disorganized speech or behavior (e.g. Dressing inappropriate for circumstance, twitching, etc.). Child shows no or inappropriate emotion.
- Child does not act age appropriate (e.g. child reverts to younger/older behaviors).
- Other (Explain below)



Aggressive/Violent

- Child has a pattern of setting fires.
- Child is cruel to animals.
- Child often loses his/her temper.
- Child often argues with adults.
- Child often bullies, threatens or intimidates others.
- Child often initiates fights.
- Child has used a weapon to harm others.
- Child is violent when angry (e.g., throws objects, punches walls, etc.).
- Other (Explain below)

Danger to Self or Others

- Child has previously attempted suicide.
- Child has made suicidal gestures (e.g., extreme scratching, burning or deeply cutting him/herself, etc.).
- Child engages in high-risk/dangerous behaviors (e.g., running into the street, playing with fire, jumping out of moving vehicles, etc.).
- Child has expressed thoughts of suicide.(verbal, written or use of social media communication).
- Child has a desire to harm others (e.g., verbal, written or use of social media).
- Child puts self in harms way without realizing the risk or consequences.
- Other (Explain below)



Exposure to Trauma

Child has fear that a family member may be injured or die.

Child feels un-safe in a certain setting.

Child appears to have difficulty trusting adult care givers.

Child has witnessed traumatic events such as: bad accidents, domestic violence, sibling abuse, shootings, etc.

There is recent development of a specific fear that was not there before; connected to people, places, things or situations.

Child appears to be more isolative from others.

Child is speaking less than before.

Child appears to be reactive whenever they pass by or are near a certain place at specific times of the day, or near specific people.

Child avoids a specific location, people, things or situations.

Child has said he or she is dreaming or thinking a lot about a difficult experience/trauma.

Child is displaying a recent change in sleep, concentration, or irritability or has a strong startle response.

Other (Explain below)

MENTAL HEALTH SERVICES:

Service Type	Active	Past Services
TBS (Therapeutic Behavioral Services)	<input type="checkbox"/>	<input type="checkbox"/>
FSP (Full Service Partnership)	<input type="checkbox"/>	<input type="checkbox"/>
ITFC (Intensive Treatment Foster Care)	<input type="checkbox"/>	<input type="checkbox"/>
Wraparound	<input type="checkbox"/>	<input type="checkbox"/>
IFCCS (Intensive Field Capable Clinical Services)	<input type="checkbox"/>	<input type="checkbox"/>
RRR (Recovery, Resilience, and Re-Integration)	<input type="checkbox"/>	<input type="checkbox"/>

PLACEMENT HISTORY:

Was placement history completed on referral form? Yes No

Additional comments about placement history



SWEEP Evaluation

ONLY COMPLETE FOR CHILDREN 12 AND UNDER

S: Sleep quality/quantity

Is the child getting enough quantity and quality of sleep?

W: (Work) but in this case: School (academically & socially)

Is the child fulfilled at school and happy at the end of the day?

E: Eating well and regularly with family

Is the child using food to stay healthy and energetic? Does the child prefer to eat alone or with family?

E: Emotional expressions (mental health)

How does the child handle disappointment, anger, fear, etc.? Does the child let the important people in his/her life know how he/she feels?

P: Play with others, play with a family, hobbies, demonstrated interests, etc.

Does the child appear to have a way to let go of worry and direct his/her energy to a positive place? What are the child's hobbies or preferred recreational activity?

EDUCATION:

IEP/Special Education? Y N If yes, date of most recent IEP? _____

Non-Public School? Y N Most recent school district where enrolled? *(drop down of districts)*

Regional Center Consumer? Y N