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# Alameda County Behavioral Health Child and Adolescent Needs and Strengths

Ages Birth – 24

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REFERENCE  
GUIDE

# ACKNOWLEDGEMENTS

A large number of individuals have collaborated in the development of the Youth and Adolescent Needs and Strengths. Along with the CANS, versions for developmental disabilities, juvenile justice, and youth welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The CANS is an open domain tool for use in multiple youth-serving systems that address the needs and strengths of youths, adolescents, and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and annual certification is expected for appropriate use.

## Literary Preface/Comment regarding gender references:

We are committed to creating a diverse and inclusive environment. It is important to consider how we are precisely and inclusively using individual words. As such, this reference guide uses the gender-neutral pronouns “they/them/themselves” in the place of “he/him/himself” and “she/her/herself”.

Additionally, “child/youth” is being utilized in reference to “child”, “youth”, “adolescent”, or “young adult.” This is due to the broad range of ages to which this manual applies (e.g., ages birth to 24 years old).

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# INTRODUCTION

## THE CANS

The **Child and Adolescent Needs and Strengths (CANS)** is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the CANS is to accurately represent the shared vision of the youth/youth serving system—children, youth, and families. As such, completion of the CANS is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the CANS is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the CANS.

### SIX KEY PRINCIPLES OF THE CANS

1. **Items were selected because they are each relevant to service/treatment planning.** An item exists because it might lead you down a different pathway in terms of planning actions.
2. **Each item uses a 4-level rating system that translates into action.** Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. **Rating should describe the youth, not the youth in services.** If an intervention is present that is masking a need but must stay in place, this should be factored into the rating consideration and would result in a rating of an “actionable” need (i.e. ‘2’ or ‘3’).
4. **Culture and development should be considered prior to establishing the action levels.** Cultural sensitivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the youth’s developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young youth but would be for an older youth or youth regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the youth/youth’s developmental age.
5. **The ratings are generally “agnostic as to etiology”.** In other words this is a descriptive tool; it is about the “what” not the “why”. Only one item, Adjustment to Trauma, has any cause-effect judgments.
6. **A 30-day window is used for ratings in order to make sure assessments stay relevant to the child/youth’s present circumstances.** However, the action levels can be used to over-ride the 30-day rating period.

## HISTORY AND BACKGROUND OF THE CANS

The CANS is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The CANS was developed from a communication perspective in order to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

The CANS gathers information on youths and parents/caregivers’ needs and strengths. Strengths are the child/youth’s assets: areas life where he or she is doing well or has an interest or ability. Needs are areas where a child/youth requires help or intervention. Care providers use an assessment process to get to know the child or youth and the families with whom they work and to understand their strengths and needs. The CANS helps care providers decide which of a child/youth’s needs are the most important to address in a treatment or service planning. The CANS also helps identify strengths, which can be the basis of a treatment or service plan. By working with the child/youth and family during the assessment process and talking together about the CANS, care providers can develop a treatment or service plan that addresses a child/youth’s strengths and needs while building strong engagement.

The CANS is made of domains that focus on various areas in a child/youth's life, and each domain is made up of a group of specific items. There are domains that address how the child/youth functions in everyday life, on specific emotional or behavioral concerns, on risk behaviors, on strengths and on skills needed to grow and develop. There is also a section that asks about the family's beliefs and preferences, and a section that asks about general family concerns. The care provider, along with the child/youth and family as well as other stakeholders give a number action level to each of these items. These action levels help the provider, youth and family understand where intensive or immediate action is most needed, and also where a youth has assets that could be a major part of the treatment or service plan.

The CANS action levels, however, do not tell the whole story of a youth's strengths and needs. Each section in the CANS Comprehensive is merely the output of a comprehensive assessment process and is documented alongside narratives where a care provider can provide more information about the child/youth.

## HISTORY

The Child and Adolescent Needs and Strengths grew out of John Lyons' work in modeling decision-making for psychiatric services. To assess appropriate use of psychiatric hospital and residential treatment services, the childhood Severity of Psychiatric Illness (CSPI) tool was created. This measure assesses those dimensions crucial to good clinical decision-making for intensive mental health service interventions and was the foundation of the CANS. The CSPI tool demonstrated its utility in informing decision-making for residential treatment (Lyons, Mintzer, Kisiel, & Shallcross, 1998) and for quality improvement in crisis assessment services (Lyons, Kisiel, Dulcan, Chesler & Cohen, 1997; Leon, Uziel-Miller, Lyons, Tracy, 1998). The strength of this measurement approach has been that it is face valid and easy to use, yet provides comprehensive information regarding clinical status.

The CANS assessment builds upon the methodological approach of the CSPI, but expands the assessment to include a broader conceptualization of needs and an assessment of strengths – both of the child/youth and the caregiver, looking primarily at the 30-day period prior to completion of the CANS. It is a tool developed with the primary objective of supporting decision making at all levels of care: children, youth and families, programs and agencies, youth serving systems. It provides for a structured communication and critical thinking about children/youth and their context. The CANS Comprehensive is designed for use either as a prospective assessment tool for decision support and recovery planning or as a retrospective quality improvement device demonstrating an individual child/youth's progress. It can also be used as a communication tool that provides a common language for all youth-serving entities to discuss the child/youth's needs and strengths. A review of the case record in light of the CANS assessment tool will provide information as to the appropriateness of the recovery plan and whether individual goals and outcomes are achieved.

Annual training and certification is required for providers who administer the CANS and their supervisors. Additional training is available for CANS SuperUsers as experts of CANS assessment administration, scoring, and use in the development of service or recovery plans.

## MEASUREMENT PROPERTIES

### Reliability

Strong evidence from multiple reliability studies indicates that the CANS can be completed reliably by individuals working with youth and families. A number of individuals from different backgrounds have been trained and certified to use the CANS assessment reliably including health and mental health providers, youth welfare case workers, probation officers, and family advocates. With approved training, anyone with a bachelor's degree can learn to complete the tool reliably, although some applications or more complex versions of the CANS require a higher educational degree or relevant experience. The average reliability of the CANS is 0.78 with vignettes across a sample of more than 80,000 trainees. The reliability is higher (0.84) with case records, and can be above 0.90 with live cases (Lyons, 2009). The CANS is auditable and audit reliabilities demonstrate that the CANS is reliable at the item level (Anderson et al., 2001). Training and certification with a reliability of at least 0.70 on a test case vignette is required for ethical use. In most jurisdictions, re-certification is annual. A full discussion on the reliability of the CANS assessment is found in Lyons (2009) *Communimetrics: A Communication Theory of Measurement in Human Service Settings*.

## Validity

Studies have demonstrated the CANS' validity, or it's the ability to measure and their caregiver's needs and strengths. In a sample of more than 1,700 cases in 15 different program types across New York State, the total scores on the relevant dimensions of the CANS-Mental Health retrospectively distinguished level of care (Lyons, 2004). The CANS assessment has also been used to distinguish needs of children in urban and rural settings (Anderson & Estle, 2001). In numerous jurisdictions, the CANS has been used to predict service utilization and costs, and to evaluate outcomes of clinical interventions and programs (Lyons, 2004; Lyons & Weiner, 2009; Lyons, 2009). Five independent research groups in four states have demonstrated the reliability and validity of decision support algorithms using the CANS (Chor, et al., 2012, 2013, 2014; Cordell, et al., 2016; Epstein, et al., 2015; Israel, et al., 2015; Lardner, 2015).

## RATING NEEDS & STRENGTHS

The CANS Comprehensive is easy to learn and is well liked by children, youth and families, providers and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to the youth and family.

- ★ Basic core items – grouped by domain – are rated for all individuals.
- ★ A rating of 1, 2 or 3 on key core questions triggers extension modules.
- ★ Individual assessment module questions provide additional information in a specific area.

Each CANS rating suggests different pathways for service planning. There are four levels of rating for each item with specific anchored definitions. These item level definitions, however, are designed to translate into the following action levels (separate for needs and strengths):

### Basic Design for Rating Needs

Rating	Level of Need	Appropriate Action
0	No evidence of need	No action needed
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment
2	Need interferes with functioning	Action/intervention required
3	Need is dangerous or disabling	Immediate action/Intensive action required

### Basic Design for Rating Strengths

Rating	Level of Strength	Appropriate Action
0	Centerpiece strength	Central to planning
1	Strength preset	Useful in planning
2	Identified strength	Build or develop strength
3	No strength identified	Strength creation or identification may be indicated

The rating of 'N/A' for 'not applicable' is available for a few items under specified circumstances (see reference guide descriptions). For those items where the 'N/A' rating is available, the N/A rating should be used only in the rare instances where an item does not apply to that particular youth.

To complete the CANS, a CANS trained and certified care coordinator, case worker, clinician, or other care provider, should read the anchor descriptions for each item and then record the appropriate rating on the CANS form (or electronic record). This process should be done collaboratively with the child/youth, family and other stakeholders.

Remember that the item anchor descriptions are examples of circumstances which fit each rating ('0', '1', '2', or '3'). The descriptions, however, are not inclusive and the action level ratings should be the primary rating descriptions considered (see page 6). The rater must consider the basic meaning of each level to determine the appropriate rating on an item for an individual.

The CANS is an information integration tool, intended to include multiple sources of information (e.g., child/youth and family, referral source, treatment providers, school, and observation of the rater). As a strength-based approach, the CANS supports the belief that children, youth, and families have unique talents, skills, and life events, in addition to specific unmet needs. Strength-based approaches to assessment and service or treatment planning focus on collaborating with youth and their families to discover individual and family functioning and strengths. Failure to demonstrate a child/youth's skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on child/youth's strengths instead of weaknesses with their families may result in enhanced motivation and improved performance. Involving the family and child/youth in the rating process and obtaining information (evidence) from multiple sources is necessary and improves the accuracy of the rating. Meaningful use of the CANS and related information as tools (for reaching consensus, planning interventions, monitoring progress, psychoeducation, and supervision) support effective services for children, youth and families.

As a quality improvement activity, a number of settings have utilized a fidelity model approach to look at service/treatment/action planning based on the CANS Comprehensive assessment. A rating of '2' or '3' on a CANS need suggests that this area must be addressed in the service or treatment plan. A rating of a '0' or '1' identifies a strength that can be used for strength-based planning and a '2' or '3' a strength that should be the focus on strength-building activities, when appropriate. It is important to remember that when developing service and treatment plans for healthy children and youth trajectories, balancing the plan to address risk behaviors/needs and protective factors/strengths is key. It has been demonstrated in the literature that strategies designed to develop youth and youth capabilities are a promising means for development, and play a role in reducing risky behaviors.

Finally, the CANS can be used to monitor outcomes. This can be accomplished in two ways. First, CANS items that are initially rated a '2' or '3' are monitored over time to determine the percent of individuals who move to a rating of '0' or '1' (resolved need, built strength). Dimension scores can also be generated by summing items within each of the domains (Behavioral/Emotional Needs, Risk Behaviors, Functioning, etc.). These scores can be compared over the course of treatment. CANS dimension/domain scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs.

The CANS is an open domain tool that is free for anyone to use with training and certification. There is a community of people who use the various versions of the CANS and share experiences, additional items, and supplementary tools.

## HOW IS THE CANS USED?

The CANS is used in many ways to transform the lives of children, youth, and their families and to improve our programs. Hopefully, this guide will help you to also use the CANS as a multi-purpose tool. What is the CANS?

### IT IS AN ASSESSMENT STRATEGY

When initially meeting clients and their caregivers, this guide can be helpful in ensuring that all the information required is gathered. Most items include "Questions to Consider" which may be useful in when asking about needs and strengths. These are not questions that must be asked, but are available as suggestions. Many clinicians have found this useful to use during initial sessions either in person or over the phone if there are follow up sessions required to get a full picture of needs before treatment or service planning and beginning therapy or other services.

## IT GUIDES CARE AND PLANNING

When an item on the CANS is rated a '2' or '3' ('action needed' or 'immediate action needed') we are indicating not only that it is a serious need for our client, but one that we are going to attempt to work on during the course of our treatment. As such, when you write your treatment plan, you should do your best to address any Needs, Impacts on Functioning, or Risk factors that you rate as a 2 or higher in that document.

## IT FACILITATES OUTCOMES MEASUREMENT

Many users of the CANS and organizations complete the CANS every 6 months to measure change and transformation. We work with children, youth, and families and their needs tend to change over time. Needs may change in response to many factors including quality clinical support provided. One way we determine how our supports are helping to alleviate suffering and restore functioning is by re-assessing needs, adjusting treatment or service plans, and tracking change.

## IT IS A COMMUNICATION TOOL

When a client leaves a treatment programs, a closing CANS may be completed to define progress, measure ongoing needs and help us make continuity of care decisions. Doing a closing CANS, much like a discharge summary integrated with CANS ratings, provides a picture of how much progress has been made, and allowing for recommendations for future care which tie to current needs. And finally, it allows for a shared language to talk about our youth and creates opportunities for collaboration. It is our hope that this guide will help you to make the most out of the CANS Comprehensive and guide you in filling it out in an accurate way that helps you make good clinical decisions.

## CANS: A BEHAVIOR HEALTH CARE STRATEGY

The CANS is an excellent strategy in addressing children and youth's behavioral health care. As it is meant to be an outcome of an assessment, it can be used to organize and integrate the information gathered from clinical interviews, records reviews, and information from screening tools and other measures.

It is a good idea to know the CANS and use the domains and items to help with your assessment process and information gathering sessions/clinical interviews with the youth and family. This will not only help the organization of your interviews, but will make the interview more conversational if you are not reading from a form. A conversation is more likely to give you good information, so have a general idea of the items. The CANS domains can be a good way to think about capturing information. You can start your assessment with any of the sections—Life Domain Functioning or Behavioral/Emotional Needs, Risk Behaviors or Youth Strengths, or Caregiver Resources & Needs—this is your judgment call. Sometimes, people need to talk about needs before they can acknowledge strengths. Sometimes, after talking about strengths, then they can better explain the needs. Trust your judgment, and when in doubt, always ask, "We can start by talking about what you feel that you and your youth/youth need, or we can start by talking about the things that are going well and that you want to build on. Do you have a preference?"

Some people may "take off" on a topic. Being familiar the CANS items can help in having more natural conversations. So, if the family is talking about situations around the youth's anger control and then shift into something like---"you know, he only gets angry when he is in Mr. S's classroom", you can follow that and ask some questions about situational anger, and then explore other school related issues that you know are a part of the School/Preschool/Daycare module. .

## MAKING THE BEST USE OF THE CANS

Children and youth have families involved in their lives, and their family can be a great asset to their treatment. To increase family involvement and understanding, it is important to talk to them about the assessment process and describe CANS and how it will be used. The description of the CANS should include teaching the youth and family about the needs and strengths rating scales, identifying the domains and items, as well as how the actionable items will be used in treatment or serving planning. When possible, have share with the youth and family the CANS

domains and items (see the CANS Core Item list on page 14) and encourage the family to look over the items prior to your meeting with them. The best time is your decision—you will have a sense of the timing as you work with each family. Families often feel respected as partners when they are prepared for a meeting or a process. A copy of the completed CANS ratings should be reviewed with each family. Encourage families to contact you if they wish to change their answers in any area that they feel needs more or less emphasis.

## LISTENING USING THE CANS

Listening is the most important skill that you bring to working with the CANS. Everyone has an individual style of listening. The better you are at listening, the better the information you will receive. Some things to keep in mind that make you a better listener and that will give you the best information:

- ★ **Use nonverbal and minimal verbal prompts.** Head nodding, smiling and brief “yes”, “and”—things that encourage people to continue
- ★ **Be nonjudgmental and avoid giving person advice.** You may find yourself thinking “if I were this person, I would do X” or “that’s just like my situation, and I did “X”. But since you are not that person, what you would do is not particularly relevant. Avoid making judgmental statements or telling them what you would do. It’s not really about you.
- ★ **Be empathic.** Empathy is being warm and supportive. It is the understanding of another person from their point of reference and acknowledging feelings. You demonstrate empathetic listening when you smile, nod, maintain eye contact. You also demonstrate empathetic listening when you follow the person’s lead and acknowledge when something may be difficult, or when something is great. You demonstrate empathy when you summarize information correctly. All of this demonstrates to the youth or youth that you are with the youth.
- ★ **Be comfortable with silence.** Some people need a little time to get their thoughts together. Sometimes, they struggle with finding the right words. Maybe they are deciding how they want to respond to a question. If you are concerned that the silence means something else, you can always ask “does that make sense to you”? “Or do you need me to explain that in another way”?
- ★ **Paraphrase and clarify—avoid interpreting.** Interpretation is when you go beyond the information given and infer something—in a person’s unconscious motivations, personality, etc. The CANS is not a tool to come up with causes. Instead, it identifies things that need to be acted upon. Rather than talk about causation, focus on paraphrasing and clarifying. Paraphrasing is restating a message very clearly in a different form, using different words. A paraphrase helps you to (1) find out if you really have understood an answer; (2) clarify what was said, sometimes making things clearer; (3) demonstrate empathy. For example, you ask the questions about health, and the person you are talking to gives a long description. You paraphrase by saying “Ok, it sounds like .....is that right? Would you say that is something that you feel needs to be watched, or is help needed?”

## REDIRECT THE CONVERSATION TO PARENTS’/CAREGIVERS’ OWN FEELINGS AND OBSERVATIONS

Often, people will make comments about other people’s observations such as “well, my mother thinks that his behavior is really obnoxious.” It is important to redirect people to talk about their observations: “so your mother feels that when he does X, that is obnoxious. What do YOU think?” The CANS is a tool to organize all points of observation, but the parent or caregiver’s perspective can be the most critical. Once you have the youth’s perspective, you can then work on organizing and coalescing the other points of view.

## ACKNOWLEDGE FEELINGS

People will be talking about difficult things and it is important to acknowledge that. Simple acknowledgement such as “I hear you saying that it can be difficult when ...” demonstrates empathy.

## WRAPPING IT UP

At the end of the assessment, we recommend the use of two open-ended questions. These questions ask if there are any past experiences that people want to share that might be of benefit to planning for their young person, and if there is anything that they would like to add. This is a good time to see if there is anything “left over”—feelings or thoughts that they would like to share with you.

Take time to summarize with the individual and family those areas of strengths and of needs. Help them to get a “total picture” of the individual and family, and offer them the opportunity to change any ratings as you summarize or give them the “total picture”.

Take a few minutes to talk about what the next steps will be. Now you have information organized into a framework that moves into the next stage—planning.

So you might close with a statement such as: “OK, now the next step is a “brainstorm” where we take this information that we’ve organized and start writing a plan—it is now much clearer which needs must be met and what we can build on. So let’s start....”

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# CANS BASIC STRUCTURE

The Alameda County Behavioral Health Care Services Child and Adolescent Needs and Strengths 2.1 basic core items are noted below. A rating of '1', '2', or '3' on items noted in italics and with an asterisk (\*) triggers the completion of specific Extension Modules.

## CORE ITEMS

### 1. LIFE FUNCTIONING DOMAIN

<b>Early Childhood (Age 0-5)</b>	<i>Developmental/Intellectual* (B)</i>	Feeding/Elimination
Family Functioning	Medical/Physical	Sleep
<i>Early Education* (A)</i>	Cognition	
Social and Emotional Functioning	Sensory Reactivity	
<b>Age 6-24</b>	<i>School Attendance* (C)</i>	Sexual Development
Family Functioning	<i>Developmental/Intellectual* (B)</i>	Social Functioning
Living Situation	Decision Making	Recreational
<i>School Behavior* (C)</i>	Legal	Sleep
<i>School Achievement* (C)</i>	Medical/Physical	Independent Living

### 2. BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

<b>Early Childhood (Age 0-5)</b>	Oppositional	Regulatory
Impulsivity/Hyperactivity	Attachment Difficulties	Atypical Behaviors
Depression	Adjustment to Trauma	Aggression
Anxiety	Motor	Autism Spectrum
<b>Age 6-24</b>	Anxiety	Anger Control
Psychosis (Thought Disorder)	Oppositional	<i>Substance Use* (D)</i>
Impulsivity/Hyperactivity	Conduct (Antisocial Behavior)	Eating Disturbance
Depression	Adjustment to Trauma	

### 3. INDIVIDUAL STRENGTHS DOMAIN

<b>Early Childhood (Age 0-5)</b>	Natural Supports	Family Spiritual/Religious
Family Strengths	Resiliency (Persistence & Adaptab.)	Creativity/Imagination
Interpersonal	Playfulness	Curiosity
<b>Age 6-24</b>	Vocational	Community Life
Family Strengths	Coping and Savoring	Relationship Permanence
Interpersonal	Talents and Interests	Natural Supports
Optimism	Spiritual/Religious	Resilience
Educational Setting	Cultural Identity	Resourcefulness

### 4. RISK BEHAVIORS AND FACTORS DOMAIN

<b>Early Childhood (Age 0-5)</b>	Prenatal Care	Birth weight
Self-Harm (12 months – 5 years old)	Exposure	Failure to Thrive
Exploited	Labor and Delivery	Maternal/Primary Caregiver Availab.
<b>Age 6-24</b>	<i>Danger to Others* (F)</i>	Intentional Misbehavior
<i>Suicide Risk* (E)</i>	Sexual Aggression	Sexual Exploitation
Non-Suicidal Self-Inj. Behavior	Runaway	
Other Self-Harm (Recklessness)	Delinquent Behavior (Criminal Beh)	

### 5. CULTURAL FACTORS DOMAIN (All Ages, 0-24; Early Childhood: Rate for Family)

Language	Cultural Stress
Traditions and Rituals	Cultural Diff. within the Family

**6. DEVELOPMENTAL FACTORS/MILESTONES (OPTIONAL for Age 6-24 Only)**

Motor	Birth Weight	Playfulness
Sensory	Prenatal Care	Temperament
Communication	Substance Exposure	Feeding/Elimination
Autism Spectrum	Labor and Delivery	Daycare/Preschool
Failure to Thrive	Maternal/Primary Caregiver Avail.	
Regulatory Problems	Curiosity	

**7. DYADIC CONSIDERATIONS DOMAIN (Age 0-5)**

Caregiver Emotional Responsiveness	Caregiver Adj. to Traumatic Expers.
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**8. POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES (All Ages)**

Sexual Abuse	Natural or Manmade Disaster	Witness /Victim of Criminal Acts
Physical Abuse	Witness to Family Violence	Parental Criminal Behavior
Neglect	Witness to Community/School	Disrupt in Caregiving/Attachment
Emotional Abuse	Violence	Losses
Medical Trauma	War/Terrorism Affected	

**9. TRAUMATIC STRESS SYMPTOMS DOMAIN (Age 6-24)**

Emot. and/or Phys. Dysregulation	Hyperarousal	Dissociation
Intrusions / Re-experiencing	Avoidance	Time Before Treatment
Traumatic Grief	Numbing	

**10. TRANSITION AGE YOUTH DOMAIN (Age 18-24)**

<b>Behavioral/Emotional Needs</b>	Interpersonal Problems	
<b>Strengths</b>	Individual Involvement in Care	
<b>Functioning</b>	<i>Job Functioning* (G)</i>	Medication Involvement
Residential Stability	Self-Care	Intimate Relationships
Parental/Caregiving Roles	Knowledge of Illness	Transportation

**11. CAREGIVER RESOURCES AND NEEDS DOMAIN (OPTIONAL)**

Supervision	Residential Stability	Safety
Involvement with Care	Medical/Physical	Family Stress
Knowledge	Mental Health	Family Rel. to the System (0-5)
Organization	Substance Use	Legal Involvement (0-5)
Social Resources	Developmental	

*\*A rating of '1', '2', or '3' on this items triggers the completion of specific Individualized Assessment Modules\**

# I. LIFE FUNCTIONING DOMAIN

Life domains are the different arenas of social interaction found in the lives of children, youth, and their families. This domain rates how they are functioning in the individual, family, peer, school, and community realms. This section is rated using the needs scale and therefore will highlight any struggles the individual and family are experiencing.

**Question to Consider for this Domain:** How is the individual functioning in individual, family, peer, school, and community realms?

For **Life Functioning Domain**, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

## ITEMS FOR EARLY CHILDHOOD (AGES 0 – 5)

### **FAMILY FUNCTIONING (Ages 0-5)**

This item rates the child’s relationships with those who are in their family. It is recommended that the description of family should come from the child’s perspective (i.e. who the child describes as their family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the child is still in contact. Foster families should only be considered if they have made a significant commitment to the child. For children involved with child welfare, family refers to the person(s) fulfilling the permanency plan. When rating this item, take into account the relationships and interactions the child has with their family as well as the relationship of the family as a whole.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>• How does the child get along with siblings or other children in the household?</li> <li>• How does the child get along with parents or other adults in the household?</li> <li>• Is the child particularly close to one or more members of the family?</li> </ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of problems in relationships with family members, and/or child is doing well in relationships with family members.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of problems, and/or child is doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships. Relationship stress may be common but does not result in major problems.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child’s problems with parents, siblings and/or other family members are impacting their functioning. Frequent relationship stress, difficulty maintaining positive relationships may be observed. [continues]</p>

**FAMILY FUNCTIONING continued**

- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Child's problems with parents, siblings, and/or other family members are debilitating, placing them at risk. This would include problems of domestic violence, absence of any positive relationships, etc.

**Supplemental Information:** Family Functioning should be rated independently of the problems the child experienced or stimulated by the child currently assessed.

**EARLY EDUCATION\* (Ages 0-5)**

This item rates the child's experiences in educational settings (such as daycare and preschool) and the child's ability to get their needs met in these settings. This item also considers the presence of problems within these environments in terms of attendance, progress, support from the school staff to meet the child's needs, and the child's behavioral response to these environments. ***Children under 5 who are not in any congregate learning settings (EHS, HS, Preschool, Pre-K) would be rated a '0' here.***

Questions to Consider

- What is the child's experience in preschool/daycare?
- Does the child have difficulties with learning new skills, social relationships or behavior?

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence of problem with functioning in current educational environment.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
History or evidence of problems with functioning in current daycare or preschool environment. Child may be enrolled in a special program.
- 
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Child is experiencing difficulties maintaining their behavior, attendance, and/or progress in this setting.
- 
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Child's problems with functioning in the daycare or preschool environment place them at immediate risk of being removed from program due to their behaviors, lack of progress, or unmet needs.

\*A rating of '1,' '2' or '3' on this item triggers the completion of the [A] Daycare/Preschool Module.\*

## [A] DAYCARE/PRESCHOOL MODULE (AGES 0-5 ONLY)

Complete this section if the Early Education item in the Functioning domain is rated '1', '2' or '3'.

For the **Daycare/Preschool Module**, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

### PRESCHOOL/DAYCARE QUALITY (Ages 0-5)

This item rates the overall quality of the preschool or daycare as well as the ability of the program to meet the needs of the child within a larger care giving context.

#### Questions to Consider

- Does the daycare or preschool provide for the needs of the child?

#### Ratings and Descriptions

- 0 Infant/child's preschool/daycare meets the needs of the infant/child.
- 1 Infant/child's preschool/daycare is marginal in its ability to meet the needs of the infant/child. Caregivers may be inconsistent or curriculum may be weak in areas.
- 2 Infant/child's preschool/daycare does not meet most of their needs. Care giving may not support the infant/child's growth or promote further learning.
- 3 Infant/child's preschool/daycare is contributing to problems for the infant/child in one or more areas.

### PRESCHOOL/DAYCARE BEHAVIOR (Ages 0-5)

This item rates the child's behavior in the learning environment. ***Children under 5 who are not in any congregate learning settings (EHS, HS, Preschool, Pre-K) would be rated a '0' here.***

#### Questions to Consider

- What is the child's experience in preschool/daycare?
- Does the child have difficulties with following routines, responding to adult requests and directives, or following classroom rules?

#### Ratings and Descriptions

- 0 No evidence of problems with functioning in current educational environment.
- 1 History or evidence of problems with functioning in current educational environment. Child may be enrolled in a special program.
- 2 Child is experiencing difficulties maintaining their behavior, attendance, and/or progress in this setting.
- 3 Child's problems with functioning in the preschool environment place them at immediate risk of being removed from program due to their behaviors, lack of progress, or unmet needs.

**PRESCHOOL/DAYCARE ACHIEVEMENT (Ages 0-5)**

This item rates the child’s social, emotional, and academic learning progress in the early education setting.

**Questions to Consider**

- What is the child’s experience in preschool/daycare?
- Does the child have difficulties with learning new academic, social, or emotional skills?

**Ratings and Descriptions**

- |   |   |
|---|---|
| 0 | No evidence of problems with learning in current educational environment.   |
| 1 | Child is able to learn but has some challenges and requires extra adult support.  |
| 2 | Child is having challenges learning, even with adult support, in some areas.  |
| 3 | Child is having significant learning problems in all skill areas and may be completely unable to participate, learn, or understand. |

**PRESCHOOL/DAYCARE ATTENDANCE (Ages 0-5)**

This item rates any challenges, including medically excused absences that the child is experiencing with regard to being physically present at preschool.

**Questions to Consider**

- How often does the child miss preschool?

**Ratings and Descriptions**

- |   |  |
|---|--|
| 0 | Child attends educational setting regularly.   |
| 1 | Child has some problems attending preschool but generally is present. The child may be missing up to one day per week on average. Children who were missing school regularly but have attended regularly for the past 30 days would be rated here. |
| 2 | Child is having problems attending preschool regularly and is missing at least two days each week on average.  |
| 3 | Child is frequently absent (more than twice a week on average) and these absences create a barrier to social/emotional/academic learning.  |

**END OF DAY CARE/PRESCHOOL MODULE**

### SOCIAL AND EMOTIONAL FUNCTIONING (Ages 0-5)

This item rates the child's social and relationship functioning. This includes age appropriate behavior and the ability to engage and interact with others. When rating this item, consider the child's level of development.

	Ratings and Descriptions
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• How does the child get along with others?</li><li>• Can an infant engage with and respond to adults? Can a toddler interact positively with peers?</li><li>• Does the child interact with others in an age-appropriate manner?</li></ul>	<b>0</b> <i>No evidence of any needs; no need for action.</i> No evidence of problems with social functioning; child has positive social relationships.
	<b>1</b> <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child is having some problems in social relationships. Infants may be slow to respond to adults, toddlers may need support to interact with peers and preschoolers may resist social situations.
	<b>2</b> <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child is having problems with their social relationships. Infants may be unresponsive to adults, and unaware of other infants. Toddlers may be aggressive and resist parallel play. Preschoolers may argue excessively with adults and peers and lack ability to play in groups even with adult support.
	<b>3</b> <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child is experiencing disruptions in their social relationships. Infants show no ability to interact in a meaningful manner. Toddlers are excessively withdrawn and unable to relate to familiar adults. Preschoolers show no joy or sustained interaction with peers or adults, and/or aggression may be putting others at risk.

### DEVELOPMENTAL/INTELLECTUAL\* (Ages 0-5)

This item describes the child's development as compared to standard developmental milestones, as well as rates the presence of any developmental or intellectual disabilities or delays. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders.

	Ratings and Descriptions
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• Does the child's growth and development seem age appropriate?</li><li>• Has the child been screened for any developmental problems?</li></ul>	<b>0</b> <i>No evidence of any needs; no need for action.</i> No evidence of developmental delay and/or child has no developmental problems or intellectual disability.
	<b>1</b> <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There are concerns about possible developmental delay. Child may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning or development are indicated.
	<b>2</b> <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others. [continues]

## DEVELOPMENTAL/INTELLECTUAL continued

- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Child has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social functioning and self-care across multiple environments.

\*A rating of '1,' '2' or '3' on this item triggers the completion of the [C] Developmental NeedsModule.\*

## MEDICAL/PHYSICAL (Ages 0-5)

This item describes both health problems and chronic/acute physical conditions or impediments.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>• Is the child generally healthy?</li><li>• Does the child have any medical problems?</li><li>• How much does the health or medical issue this interfere with the child's life?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> No evidence that the child has any medical or physical problems, and/or they are healthy.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child has serious medical or physical problems that require medical treatment or intervention. Or child has a chronic illness or a physical challenge that requires ongoing medical intervention.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child has life-threatening illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to child's safety, health, and/or development.

**Supplemental Information:** Most transient, treatable conditions would be rated as a '1'. Most chronic conditions (e.g., diabetes, severe asthma, HIV) would be rated a '2'. The rating '3' is reserved for life threatening medical conditions.

### COGNITION (Ages 0-5)

This item rates any needs related to the cognitive or intellectual functioning of the child. Cognitive functions include child understanding and awareness of the world around them and the ability of young children to learn, think and remember.

<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Does the caregiver have any concerns about the child's ability to learn?</li><li>• How does the infant/child do with "picking up" routines and recognizing familiar people?</li></ul>	<p>Ratings and Descriptions</p>
	<p>0 <i>No evidence of any needs; no need for action.</i> The child has no apparent cognitive delays.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child has some indicators that cognitive skills are not appropriate for age or are at the upper end of age expectations. Infants may not consistently demonstrate familiarity with routines and anticipatory behavior. Infants may seem unaware of surroundings at times. Older children may have challenges in remembering routines, and completing tasks such as sorting, or recognizing colors some of the time.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child has clear indicators that cognitive development is not at expected level and interferes with functioning much of the time. Infants may not have the ability to indicate wants/needs. Infants may not demonstrate anticipatory behavior all or most of the time. Older children may be unable to demonstrate understanding of simple routines or the ability to complete simple tasks.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child has significant delays in cognitive functioning that are seriously interfering with their functioning. Infant/child is completely reliant on caregiver to function.</p>

### SENSORY REACTIVITY (Ages 0-5)

This item describes the history of the child's sensory functioning and sensory reactivity.

<p>Questions to Consider:</p> <ul style="list-style-type: none"><li>• Does the child become easily overwhelmed by sensory stimuli? Underreact to stimuli?</li></ul>	<p>Ratings &amp; Descriptions</p>
	<p>0 <i>No evidence of any needs; no need for action.</i> The child's sensory functioning appears normal (no evidence of being hyper or hypo-reactive to stimuli). There is no reason to believe that the child has any problems with sensory functioning.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Infant/child may have a history of sensory issues or have mild issues currently that are controlled by caregiver support.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Infant/child demonstrates hyper/hypo reactivity to sensory input in one or more sensory modality such that impairment in functioning is present.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Infant/child demonstrates significant reactivity to sensory input such that caregiver cannot mediate the effects of such.</p>

### FEEDING/ELIMINATION (Ages 0-5)

This category refers to all dimensions of eating and/or elimination. Pica would be rated here.  
Note: Child must be older than 18 months in order to rate Pica.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>• Did the child have any unusual difficulties with urination or defecation?</li><li>• Did the child have any difficulties with breast or formula feeding?</li></ul>	0 <i>No current need; no need for action or intervention.</i> Child does not appear to have any problems with feeding or elimination.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or evidence of problems with feeding and/or elimination (e.g. picky eating).
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child has problems with feeding and/or elimination that are interfering with functioning in at least one life domain area.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child's problems with feeding and/or elimination are debilitating or placing their development at risk without intervention.

### SLEEP (Ages 0-5)

This item rates the child's sleep patterns. This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep as well as sleeping too much. Both bedwetting and nightmares should be considered sleep issues. **The child must be 12 months of age to rate this item.**

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>• Does the child appear rested?</li><li>• What are the child's nap and bedtime routines?</li><li>• How does the child's sleep routine impact the family?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> Child gets a full night's sleep each night.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child has some problems sleeping. Generally, child gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or having night terrors.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child is having problems with sleep. Sleep is disrupted often and child seldom obtains a full night of sleep.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child is generally sleep deprived. Sleeping is almost always difficult and the child is not able to get a full night's sleep.
	NA Child is younger than 12 months old.

## ITEMS FOR AGES 6-24

### FAMILY FUNCTIONING (Ages 6-24)

This rates the child/youth's relationships with those who are in their family. It is recommended that the description of family should come from the child/youth's perspective (i.e. who the child/youth describes as their family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the child/youth is still in contact. Foster families should only be considered if they have made a significant commitment to the child/youth. For children/youth involved with child welfare, family refers to the person(s) fulfilling the permanency plan. When rating this item, consider the relationship the child/youth has with their family as well as the relationship of the family as a whole.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>• Is there conflict in the family relationship that requires resolution?</li> <li>• Is treatment required to restore or develop positive relationship in the family?</li> </ul>	<p>0 <i>No evidence of any needs; no need for action.</i>            No evidence of problems in relationships with family members, and/or child/child/youth is doing well in relationships with family members.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i>            History or suspicion of problems. Child/youth might be doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with child/youth. Arguing may be common but does not result in major problems.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i>            Child/youth is having problems with parents, siblings and/or other family members that are impacting the child/youth's functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i>            Child/youth is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, absence of any positive relationships, etc.</p>

### LIVING SITUATION (Ages 6-24)

This item refers to how the child/youth is functioning in the child/youth's current living arrangement, which could be with a relative, in a foster home, etc. This item should exclude respite, brief detention/jail, and brief medical and psychiatric hospitalization.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>How has the child/youth been behaving and getting along with others in the current living situation?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of problem with functioning in current living environment. Child/youth and caregivers feel comfortable dealing with issues that come up in day-to-day life.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth experiences mild problems with functioning in current living situation. Caregivers express some concern about child/youth's behavior in living situation, and/or child/youth and caregiver have some difficulty dealing with issues that arise in daily life.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth has moderate to severe problems with functioning in current living situation. Child/youth's difficulties in maintaining appropriate behavior in this setting are creating significant problems for others in the residence. Child/youth and caregivers have difficulty interacting effectively with each other much of the time.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth has profound problems with functioning in current living situation. Child/youth is at immediate risk of being removed from living situation due to problematic behaviors.</p>

### SCHOOL BEHAVIOR\* (Ages 6-24)

This item rates the behavior of the child/youth in school or school-like settings.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>How is the child/youth behaving in school?</li><li>Has the child/youth had any detentions or suspensions?</li><li>Has the child/youth needed to go to an alternative placement?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of behavioral problems at school, OR child/youth is behaving well in school.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth is behaving adequately in school although some behavior problems exist. Behavior problems may be related to either relationship with either teachers or peers.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth's behavior problems are interfering with functioning at school. The child/youth is disruptive and may have received sanctions including suspensions.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is having severe problems with behavior in school. The child/youth is frequently or severely disruptive. School placement may be in jeopardy due to behavior.</p>

\*A rating of '1', '2' or '3' on this item triggers the completion of the [B] - School Module. \*

**SCHOOL ACHIEVEMENT\* (Ages 6-24)**

This item rates the child/youth's grades or level of academic achievement.

Questions to Consider	Ratings and Descriptions
<p>How are the child/youth's grades?</p> <p>Is the child/youth having difficulty with any subjects?</p> <p>Is the child/youth at risk for failing any classes or repeating a grade?</p>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of issues in school achievement and/or child/youth is doing well in school.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth is doing adequately in school although some problems with achievement exist.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth is having moderate problems with school achievement. The child/youth may be failing some subjects.</p> <hr/> <p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is having severe achievement problems. The child/youth may be failing most subjects or has been retained (held back) a grade level. Child/youth might be more than one year behind same-age peers in school achievement.</p>

**\*A rating of '1', '2' or '3' on this item triggers the completion of the [B] - School Module.\***

**SCHOOL ATTENDANCE\* (Ages 6-24)**

This items rates issues of attendance. If school is not in session, rate the last 30 days when school was in session.

Questions to Consider	Ratings and Descriptions
<p>Does the child/youth have any difficulty attending school?</p> <p>Is the child/youth on time to school?</p> <p>How many times a week is the child/youth absent?</p> <p>Once the child/youth arrives at school, does the child/youth stay for the rest of the day?</p>	<p>0 <i>No evidence of any needs; no need for action.</i> Child/youth attends school regularly.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth has a history of attendance problems, OR child/youth has some attendance problems but generally goes to school.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth's problems with school attendance are interfering with academic progress.</p> <hr/> <p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is generally absent from school.</p>

**\*A rating of '1', '2' or '3' on this item triggers the completion of the [B] - School Module.\***

## [B] SCHOOL MODULE (AGE 6-24 ONLY)

The items in this module focus on several different elements/experiences that may impact a child/youth's functioning in school. This module is to be completed when any of the following Life Functioning Domain items are rated '1,' '2' or '3': School Behavior, School Achievement, School Attendance.

### EDUCATIONAL ATTRIBUTES

#### ACADEMIC PERSISTENCE (Age 6-24)

This rating should be based broadly on the child/youth's overall efforts to persist, regardless of outcome.

##### Questions to Consider

- Does the child/youth keep trying when presented with difficult academic tasks?
- Does the child/youth ask for help with difficult academic tasks?

##### Ratings & Definitions

- |   |  |
|---|--|
| 0 | Child/youth with academic persistence. For example, they take on assignments and asks for assistance when needed would be rated here.                  |
| 1 | Child/youth who is developing appropriate academic persistence. A student who tries but needs to learn when to ask for assistance would be rated here. |
| 2 | Child/youth whose academic persistence is inconsistent. This person initially attempts tasks but gives up and does not complete assignments.           |
| 3 | Child/youth whose academic persistence is inadequate. This person does not take on assignments or has refused assistance.                              |

#### TARDINESS (Age 6-24)

This item describes the child/youth's promptness to school and to classes.

##### Questions to Consider

- How often is the individual late to class or school?

##### Ratings & Definitions

- |   |   |
|---|---|
| 0 | No evidence of tardiness. Person is usually on time for school and classes.   |
| 1 | Child/youth has occasional problems with tardiness. For example, he/she may fail to arrive at school on time once or twice per month. |
| 2 | Child/youth is having problems with tardiness. He/she may be late to school weekly or late to a class on a regular basis.             |
| 3 | Child/youth is tardy for school or classes on a regular basis.  |

#### CLASS AVOIDANCE (Age 6-24)

This item describes the child/youth's avoidance of classes, or cutting of classes.

##### Questions to Consider

- Does the child/youth skip classes and how frequently?
- Is it one particular class or multiple classes?

##### Ratings & Definitions

- |   |   |
|---|---|
| 0 | Child/youth regularly attends all classes.  |
| 1 | Child/youth may occasionally fail to attend a particular class.                           |
| 2 | Child/youth may regularly avoid one class or occasionally fail to attend several classes. |
| 3 | Child/youth has a pattern of failing to attend more than one class each week.             |

**CLASSROOM BEHAVIOR (Age 6-24)**

This item describes the child/youth's behavior in school, outside the classroom setting. The person may be either the initiator or the responder.

## Questions to Consider

- Does the child/youth participate in class?
- Is the child/youth frequently disruptive to the class?
- What does the child/youth do to disrupt the class?

## Ratings &amp; Definitions

- 0 Child/youth participates appropriately in classes and is not disruptive.
- 1 Child/youth does not participate in classes but is not disruptive.
- 2 Child/youth is occasionally disruptive in classes.
- 3 Child/youth's behavior regularly disrupts classes.

**NON-CLASSROOM BEHAVIOR (Age 6-24)**

This item describes the child/youth's behavior in school, outside the classroom setting. The person may be either the initiator or the responder.

## Questions to Consider

- How does the child/youth behavior during unstructured time?
- Are transitions difficult?

## Ratings &amp; Definitions

- 0 Child/youth gets through non-classroom tasks (i.e. lunch, study hall, passing through hallways) without incidents.
- 1 Child/youth gets through non-classroom tasks (i.e. lunch, study hall, and passing through hallways) with occasional minor incidents, such as an argument.
- 2 Child/youth has incidents weekly during non-classroom tasks (i.e. lunch, study hall, passing through hallways).
- 3 Child/youth has major incidents, such as physical fights, during non-classroom tasks (i.e. lunch, study hall, passing through hallways).

**SCHOOL DISCIPLINE (Age 6-24)**

This item rates the overall behavior problems of the child/youth.

## Questions to Consider

- Does the child/youth get in trouble at school?
- What sanctions do they receive?
- Are they frequently suspended?

## Ratings &amp; Definitions

- 0 No evidence of behavior problems at school. No discipline referrals have occurred this school year.
- 1 Some problems with school behavior. A single office referral for discipline might be rated here.
- 2 Child/youth is having moderate behavioral difficulties at school. They are disruptive and may receive sanctions including a suspension or multiple detentions.
- 3 Child/youth is having severe problems with behavior in school. They are frequently or severely disruptive. School placement may be in jeopardy due to behavior.

## STUDENT NEEDS

### SELF-MANAGEMENT (Age 6-24)

This item refers to the child/youth's ability to manage their emotions and behaviors at a developmentally appropriate level.

#### Questions to Consider

- How well can the child/youth regulate their emotions at school?
- Do they become angry easily? Are they able to control their anger?
- Is the child/youth frequently overwhelmed by emotions?

#### Ratings & Definitions

- 0 The child/youth is able to manage emotions and behavior at a level consistent with age and developmental level.
- 1 The child/youth can usually manage emotions and behaviors. They occasionally require internal support.
- 2 The child/youth has moderate problems managing emotions and behaviors. They do not maintain control when upset but may respond to external support.
- 3 The child/youth is having severe problems managing emotions and behaviors. They do not respond to external support.

### DECISION-MAKING SKILLS (Age 6-24)

This item refers to the child/youth's ability to demonstrate decision-making skills and responsible behaviors in school.

#### Questions to Consider

- Does the child/youth demonstrate age appropriate decision-making skills?
- How do decisions interfere with school?

#### Ratings & Definitions

- 0 The child/youth makes decisions that are at a level consistent with age and developmental level. Student manages well in school and activities.
- 1 The child/youth usually makes decisions that are at a level consistent with age and developmental level. Student may have occasional difficulties managing in school or activities.
- 2 The child/youth does not usually make decisions that are at a level consistent with age and developmental level. Student regularly has difficulty managing in school or activities but responds to guidance.
- 3 The child/youth makes decisions that are below a level consistent with age and developmental level. Student is unable to manage in school or activities and does not appear to respond to guidance.

### ABILITY TO PAY ATTENTION (Age 6-24)

Problems with attention and staying on task would be rated here.

#### Questions to Consider

- Is the child/youth able to stay on task and pay attention in class?
- What supports does the child/youth need to maintain focus?

#### Ratings and Descriptions

- 0 Child/youth who is able to pay attention and stay on task at a level consistent with age and developmental level.
- 1 Child/youth with evidence of problems with attention. They may occasionally have difficulty staying on task for an age appropriate time period.
- 2 Child/youth with evidence of moderate problems with attention. They frequently has difficulty staying on task for an age appropriate time period.
- 3 Child/youth with evidence of major problems with attention. They is unable to stay on task for an age appropriate time period.

**BULLYING OTHERS (Age 6-24)**

This item rates behavior that involves intimidation (verbal or physical) of others; threatening others with harm if they do not comply with the child/youth's demands is rated here. A victim of bullying is not rated here.

## Questions to Consider

1. Are there concerns that the child/youth might bully other children?
2. Have there been any reports that the child/youth has picked on, made fun of, harassed or intimidated another person?
3. Does the child/ youth hang around with other people who bully?

## Ratings and Descriptions

- 0 No evidence that the child/youth has ever engaged in bullying at school or in the community.
- 1 History or suspicion of bullying, or child/youth has engaged in bullying behavior or associated with groups that have bullied other children.
- 2 Child/youth has bullied other children in school or in the community. They have either bullied the other children, or led a group that bullied other children.
- 3 Child/youth has repeatedly utilized threats or actual violence when bullying others in school and/or in the community.

**BULLIED BY OTHERS (Age 6-24)**

This rating describes the degree to which a child/youth has been bullied or victimized by others.

## Questions to Consider

- Has the child/youth been picked on, made fun of, intimidated or harassed by another child or group of children?
- How often do incidents of bullying take place?
- How do these incidents impact the child/youth?

## Ratings and Descriptions

- 0 There is no evidence that child/youth has been bullied by others.
- 1 Child/youth has been bullied occasionally in the past but has coped adequately.
- 2 Child/youth has been bullied in the past and has had difficulty coping. Child/youth's school performance has been negatively impacted by the bullying. For example, the child/youth may avoid certain places or activities that they would otherwise enjoy.
- 3 Child/youth is currently being bullied at school and is having difficulty coping. Child/youth's schoolwork, performance or attendance is being directly impacted by the bullying. For example, the student may no longer come to school regularly or skip certain classes to avoid being bullied.

## STUDENT LIFE DOMAIN NEEDS

### PARENTING RESPONSIBILITIES (Age 6-24)

This item rates the behavior of the child/youth related to their parental role with younger child, adults or another. In addition, the child /youth may need to take care of themselves due to lack of a functioning caretaker.

Questions to Consider	Ratings and Descriptions
	0 No evidence of child /youth needing to function in a parental role.
<ul style="list-style-type: none"> <li>Is the child/youth over- or under-sensitive to touch, movement, sights or sounds?</li> </ul>	1 Child/youth has parenting responsibilities but copes well. They may be serving in a parental role with younger person or dependent adult in the family but the role does not cause noticeable problems in school functioning. If no caretaker is available, child takes care of his or her minimal needs.
<ul style="list-style-type: none"> <li>Does the child/youth have poor body perception?</li> </ul>	2 Child/youth has some limitations due to parenting responsibilities. They may be pregnant or serving a parental role. They may have to take care of an adult in the family or take major responsibility for him or herself but may benefit in limited ways from other supports such as grandparents or daycare. Serving in this role limits the child's ability to function in school but does not completely prevent it.
<ul style="list-style-type: none"> <li>Does the child/youth have difficulty learning new movements?</li> </ul>	3 Child/youth has major parenting responsibilities. They may lack external supports. These responsibilities interfere with school participation. School placement or advancement is in jeopardy.

### GANG INVOLVEMENT (Age 6-24)

This item involves only the child's (not the families') involvement with gangs. Here 'gang' needs to be interpreted according to local usage and may include an child's involvement with a group of people who regularly engages in negative activities but does not formally call itself a 'gang.'

Questions to Consider	Ratings and Descriptions
	0 Child/youth has no known gang affiliations.
<ul style="list-style-type: none"> <li>Who is in the child/youth's non-family support group?</li> </ul>	1 Child/youth has a history of gang affiliations or hangs with current gang members but this does not appear to impact school performance.
<ul style="list-style-type: none"> <li>What activities does the child/youth engage in with their friend group?</li> </ul>	2 Child/youth has current gang affiliations that impact school performance. For example, they may get into arguments with persons from other gangs or refuse to work with them. They may be attempting to gain attention from or admission to a gang by acting out in educational settings.
<ul style="list-style-type: none"> <li>Does the child/youth live in a neighborhood where gangs are prevalent?</li> </ul>	3 Child/youth has current gang affiliation and it plays a major role in his life. They are at risk of not completing school due to gang activities.

## STUDENT STRENGTHS

For the **Student Strengths**, use the following categories and action levels:

- 0 Well-developed centerpiece strength; may be used as a centerpiece in an intervention/ action plan.
- 1 Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
- 2 Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
- 3 An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

### CLUBS/ATHLETICS (Age 6-24)

This item describes a child/youth's participation in school clubs or athletics.

	Ratings & Definitions
Questions to Consider <ul style="list-style-type: none"> <li>• Is the child/youth involved with clubs or sports teams?</li> </ul>	0 Child/youth takes on a leadership role in clubs and/or athletics. 1 Child/youth actively participates in clubs and/or athletics. 2 Child/youth is a member of a club or athletic activities. 3 Child/youth is not engaged in clubs or athletic activities.

### LEADERSHIP (Age 6-24)

Leadership refers to the child/youth's ability to accept responsibility, organize peers and inspire others. The person may demonstrate leadership potential even though they do not always use such skills in a positive way.

	Ratings & Definitions
	NA Not Applicable.
Questions to Consider <ul style="list-style-type: none"> <li>• What leadership quality does the child/youth exhibit?</li> <li>• Does the child/youth take on leadership roles at school?</li> </ul>	0 This level indicates a child/youth with significant leadership strengths. A child/youth who is regularly recognized by adults or is acknowledged as a positive leader by peers. 1 This level indicates a child/youth with a notable leadership talent. For example, a child/youth who is elected team captain or class representative. This may also include a child/youth who is recognized as a leader by his or her peers, even though the student does not always use such leadership skills to reach a positive outcome. 2 This level indicates a child/youth who accepts or expresses some interest in leadership roles (e.g. runs for student council) even if those roles have not developed to date. 3 This level indicates a child/youth who does not express interest in leadership roles.

### PEER RELATIONSHIPS (Age 6-24)

This item describes a child/youth's relationship with other students.

	Ratings & Definitions
Questions to Consider 1. How does the child/youth relate to their peers?	0 Child/youth is sought out by many other students. 1 Child/youth does well with other students or has some close friends. 2 Child/youth does adequately with other students or has few friends. 3 Child/youth tends to be a loner.

**RELATIONSHIPS WITH TEACHERS (Age 6-24)**

This item describes a child/youth's relationships with teachers.

## Questions to Consider

1. How does the child/youth relate to teachers?
2. Does the child/youth have a strong connection with one or more teachers?
3. Does the child/youth have regular conflict with teachers?

## Ratings &amp; Definitions

- |   |   |
|---|---|
| 0 | Child/youth has good relations with teachers.   |
| 1 | Child/youth has occasional difficulties relating with at least one teacher. Child/youth may have difficulties during one class period (e.g. math, gym).               |
| 2 | Child/youth has difficult relations with teachers that notably interfere with their education.  |
| 3 | Child/youth has very difficult relations with all teachers or all the time with their teachers. Relations with teachers currently prevents child/youth from learning. |

**END OF SCHOOL MODULE****DEVELOPMENTAL/INTELLECTUAL\* (Ages 6-24)**

This item describes the child/youth's development as compared to standard developmental milestones, as well as rates the presence of any developmental or intellectual disabilities. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders. Rate the item depending on the significance of the disability and the related level of impairment in personal, social, family, school, or occupational functioning.

## Questions to Consider

- Does the child/youth's growth and development seem healthy?
- Has the child/youth reached appropriate developmental milestones (such as walking, talking)?
- Has anyone ever mentioned that the child/youth may have developmental problems?
- Has the child/youth developed like other same age peers?

## Ratings and Descriptions

- |   |  |
|---|--|
| 0 | <i>No evidence of any needs; no need for action.</i><br>No evidence of developmental delay and/or child/youth has no developmental problems or intellectual disability.  |
| 1 | <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i><br>There are concerns about possible developmental delay. Child/youth may have low IQ, a documented delay, or documented borderline intellectual disability (i.e. FSIQ 70-85). Mild deficits in adaptive functioning are indicated.   |
| 2 | <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i><br>Child/youth has mild developmental delays (e.g., deficits in social functioning, inflexibility of behavior causing functional problems in one or more settings) and/or mild to moderate Intellectual Disability/Intellectual Disability Disorder. (If available, FSIQ 55-69.) IDD impacts communication, social functioning, daily living skills, judgment, and/or risk of manipulation by others. |
| 3 | <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i><br>Child/youth has severe to profound intellectual disability (FSIQ, if available, less than 55) and/or Autism Spectrum Disorder with marked to profound deficits in adaptive functioning in one or more areas: communication, social participation and independent living across multiple environments.  |

**\*A rating of '1', '2' or '3' on this item triggers the completion of the [C] Developmental Needs Module.\***

## [C] DEVELOPMENTAL NEEDS MODULE

The items in this module are intended to provide more detailed information when there is evidence of a developmental delay. This module is to be completed when the Life Functioning Domain, Developmental/Intellectual item is rated '1,' '2' or '3.'

### **COGNITIVE (All Ages, 0-24)**

This item rates the child/youth's IQ and cognitive functioning.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Has the child/youth been tested for or diagnosed with a learning disability?</li> <li>Does the child/youth have an intellectual disability or delay?</li> </ul>	0 Child/youth's intellectual functioning appears to be in normal range. There is no reason to believe that the child/youth has any problems with intellectual functioning.
	1 Child/youth has low IQ (70 to 85) or has identified learning challenges.
	2 Child/youth has mild Intellectual Developmental Disorder. IQ is between 55 and 70.
	3 Child/youth has moderate to profound Intellectual Developmental Disorder. IQ is less than 55.

### **DEVELOPMENTAL (All Ages, 0-24)**

This item rates the level of developmental delay/disorders that are present.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Is the child/youth progressing developmentally in a way similar to peers of the same age?</li> <li>Has the child/youth been diagnosed with a developmental disorder?</li> </ul>	0 Child/youth's development appears within normal range. There is no reason to believe that the child/youth has any developmental problems.
	1 Evidence of a mild developmental delay.
	2 Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay.
	3 Severe developmental disorder.

### **COMMUNICATION (All Ages, 0-24)**

This item rates the child/youth's ability to communicate with others via expression and reception.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Is the child/youth vocal about their needs and wants?</li> <li>Has the child/youth ever been diagnosed with a communication disorder?</li> </ul>	0 Child/youth's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child/youth has any problems communicating.
	1 Child/youth has receptive communication skills but limited expressive communication skills
	2 Child/youth has both limited receptive and expressive communication skills.
	3 Child/youth is unable to communicate.

### SELF-CARE DAILY LIVING SKILLS (All Ages 0-24)

This item aims to describe the child/youth's ability and motivation to engage in developmentally appropriate self-care tasks such as eating, bathing, dressing, toileting, and other such tasks related to keeping up with one's personal hygiene.

Questions to Consider	Ratings and Descriptions	
	0	Child/youth's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the child/youth has any problems performing daily living skills.
	1	Child/youth requires verbal prompting on self-care tasks or daily living skills.
	2	Child/youth requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting).
	3	Child/youth requires attendant care on more than one of the self-care tasks-eating, bathing, dressing, toileting.

- Does the child/youth show age appropriate self-care skills?
- Is the child/youth able to groom themselves?

### END OF DEVELOPMENTAL NEEDS MODULE

### DECISION MAKING (Ages 6-24)

This item describes the child/youth's age-appropriate decision making process and understanding of choices and consequences.

Questions to Consider	Ratings and Descriptions	
	0	<i>No evidence of any needs; no need for action.</i> No evidence of problems with judgment or decision making that result in harm to development and/or well-being.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or suspicion of problems with judgment in which the child/youth makes decisions that are in some way harmful to the child/youth's development and/or well-being.
	2	<i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Problems with judgment in which the child/youth makes decisions that are in some way harmful to the child/youth's development and/or well-being. As a result, more supervision is required than expected for their age.
	3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth makes decisions that would likely result in significant physical harm to self or others. Therefore, child/youth requires intense and constant supervision, over and above that expected for the child/youth's age.

- How is the child/youth's judgment and ability to make good decisions?
- Does the child/youth typically make good choices?

## LEGAL (Ages 6-24)

This item indicates the individual's level of involvement with the juvenile justice system. Family involvement with the courts is not rated here—only the identified individual's involvement is relevant to this rating.

Ratings and Descriptions	
Questions to Consider	0 <i>No evidence of any needs; no need for action.</i> Youth has no known legal difficulties or involvement with the court system.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Youth has a history of legal problems (e.g., status offenses such as juvenile/family conflict, in-county runaway, truancy, petty offenses) but currently is not involved with the legal system; or immediate risk of involvement with the legal system.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Youth has some legal problems and is currently involved in the legal system due to moderate delinquent behaviors (misdemeanors such as offenses against persons or property, drug-related offenses, underage drinking).
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Youth has serious current or pending legal difficulties that place him/her at risk for a court ordered out of home placement, or incarceration (ages 18 to 21) such as serious offenses against person or property (e.g., robbery, aggravated assault, possession with intent to distribute controlled substances, 1st or 2nd degree offenses).

## MEDICAL/PHYSICAL (Ages 6-24)

This rating describes both health problems and chronic/acute physical conditions or impediments.

Ratings and Descriptions	
Questions to Consider	0 <i>No evidence of any needs; no need for action.</i> No evidence that the child/youth has any medical or physical problems, and/or the child/youth is healthy.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth has serious medical or physical problems that require medical treatment or intervention. Or child/youth has a chronic illness or a physical challenge that requires ongoing medical intervention.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth has life-threatening illness or medical/physical condition. Immediate and/or intense action should be taken due to imminent danger to child/youth's safety, health, and/or development.

### SEXUAL DEVELOPMENT (Ages 6-24)

This item looks at broad issues of sexual development including developmentally inappropriate sexual behavior or sexual concerns, and the reactions of others to any of these factors. The child/youth's sexual orientation, gender identity or expression (SOGIE) could be rated here only if they are leading to difficulties. Sexually abusive behaviors are rated elsewhere.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>• Are there concerns about the child/youth's healthy sexual development?</li><li>• Is the child/youth sexually active?</li><li>• Does the child/youth have less/more interest in sex than other same age peers?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of issues with sexual development.</p> <hr/>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of problems with sexual development, but does not interfere with functioning in other life domains. May include the child/youth's concerns about sexual orientation, gender identity and expression (SOGIE), or anxiety about the reaction of others.</p> <hr/>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Moderate to serious problems with sexual development that interferes with the child/youth's life functioning in other life domains.</p> <hr/>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Severe problems with sexual development. This would include very frequent risky sexual behavior, sexual aggression, or victim of sexual exploitation.</p>

### SOCIAL FUNCTIONING (Ages 6-24)

This item rates social skills and relationships. It includes age appropriate behavior and the ability to make and sustain relationships. Social functioning is different from Interpersonal (Strengths Domain) in that functioning is a description of how the child/youth is doing currently. Strengths are longer-term assets.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>• Is the child/youth pleasant and likeable?</li><li>• Do same age peers like the child/youth?</li><li>• Do you feel that the child/youth can act appropriately in social settings?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of problems and/or child/youth has developmentally appropriate social functioning.</p> <hr/>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or suspicion of problems in social relationships. Child/youth is having some difficulty interacting with others and building and/or maintaining relationships.</p> <hr/>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth is having some problems with social relationships that interfere with functioning in other life domains.</p> <hr/>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is experiencing significant disruptions in social relationships. Child/youth may have no friends or have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the child/youth's social relationships presents imminent danger to their safety, health, and/or development.</p>

## RECREATIONAL (Ages 6-24)

This item rates the youth's access to and use of leisure activities. For age 0-5: this item rates the degree to which an infant/child is given opportunities for and participates in age appropriate play. Play should be understood developmentally. When rating this item, you should consider if the child is interested in play and/or whether the child needs adult support while playing. Problems with either solitary or group (e.g. parallel) play could be rated here.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>Does the child/youth have things that they like to do with free time?</li><li>Things that give the child/youth pleasure?</li><li>Activities that are a positive use of the child/youth's extra time?</li><li>Does the child/youth often claim to be bored or have nothing to do?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> No evidence of any problems with recreational functioning. Child/youth has access sufficient activities that the youth enjoys.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth is doing adequately with recreational activities although some problems may exist.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth is having moderate problems with recreational activities. Child/youth may experience some problems with effective use of leisure time.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth has no access to or interest in recreational activities. Child/youth has significant difficulties making use of leisure time.

## SLEEP (Ages 6-24)

This item rates the child/youth's sleep patterns. This item is used to describe any problems with sleep, regardless of the cause including difficulties falling asleep or staying asleep as well as sleeping too much. Both bedwetting and nightmares should be considered sleep issues.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>Does the child/youth appear rested?</li><li>Is the child/youth often sleepy during the day?</li><li>Does the child/youth have frequent nightmares or difficulty sleeping?</li><li>How many hours does the child/youth sleep each night?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> Child/youth gets a full night's sleep each night. Sleep patterns are normative for age.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth has some problems sleeping. Generally, child/youth gets a full night's sleep but at least once a week problems arise. This may include occasionally awakening or bed wetting or having nightmares.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth is having problems with sleep. Sleep is often disrupted and child/youth seldom obtains a full night of sleep.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is generally sleep deprived. Sleeping is almost always difficult and the child/youth is not able to get a full night's sleep. Caregivers have exhausted their strategies for assisting the child/youth.

## INDEPENDENT LIVING SKILLS (Ages 6-24)

This item is used to describe the individual's ability to take responsibility for and also manage themselves in an age appropriate way. Skills related to healthy development towards becoming a responsible adult and living independently may include money management, cooking, housekeeping, and/or finding transportation, etc. Ratings for this item focus on the presence or absence of short- or long-term risks associated with impairments in independent living abilities.

	Ratings and Descriptions
Questions to Consider	
<ul style="list-style-type: none"><li>• Does individual know how to take care of themselves?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of any deficits or barriers in demonstrating developmentally appropriate responsibility or anything that could impede the development of skills to maintain one's own home. This level indicates a person who is fully capable of independent living.</p>
<ul style="list-style-type: none"><li>• Are they responsible when left unsupervised?</li></ul>	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> This level indicates an individual with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems with money management may occur at this level. Problems are generally addressable with training or supervision.</p>
<ul style="list-style-type: none"><li>• Are they developing skills to eventually be able to live in an apartment by themselves?</li></ul>	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> This level Indicates an individual with moderate impairment of independent living skills. Notable problems completing tasks necessary for independent living and/or managing themselves when unsupervised would be common at this level. Problems are generally addressable with in-home services and supports.</p>
<ul style="list-style-type: none"><li>• Or, if living on their own, how well can they maintain the home?</li></ul>	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action</i> This level indicates a person with profound impairment of independent living skills. This individual would be expected to be unable to live independently given current status. Problems require a structured living environment.</p>
	<p>NA Youth is under the age of 16.</p>

# 2. BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

The ratings in this section identify the behavioral health needs of the child/youth. While the CANS is not a diagnostic tool, it is designed to be consistent with diagnostic communication. In the DSM, a diagnosis is defined by a set of symptoms that is associated with either dysfunction or distress. This is consistent with the ratings of '2' or '3' as described by the action levels below.

**Question to Consider for this Domain:** What are the presenting social, emotional, and behavioral needs of the child/youth?

For **Behavioral/Emotional Needs Domain**, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed.
- 3 Problems are dangerous or disabling; requires immediate and/or intensive action.

## ITEMS FOR EARLY CHILDHOOD (AGES 0-5)

### IMPULSIVITY/HYPERACTIVITY (Ages 0-5)

Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here. This includes behavioral symptoms associated with Attention-Deficit Hyperactivity Disorder (ADHD) and Impulse-Control Disorders as indicated in the DSM-5. Children with impulse problems tend to engage in behavior without thinking, regardless of the consequences.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>• Is the child unable to sit still for a length of time that is developmentally typical?</li> <li>• Is the child able to control their behavior at a developmentally appropriate level?</li> </ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of symptoms of loss of control of behavior.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or evidence of mild levels of impulsivity evident in action or thought that place the child at risk of future functioning difficulties. The child may exhibit limited impulse control (e.g., child may yell out answers to questions or may have difficulty waiting one's turn). Some motor difficulties may be present as well, such as pushing or shoving others. [continues]</p>

## IMPULSIVITY/HYPERACTIVITY continued

- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child's functioning in at least one life domain. This indicates a child with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, etc.). A child who often intrudes on others and often exhibits aggressive impulses would be rated here. [continues]
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the child at risk of physical harm. This indicates a child with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous physical play). The child may be impulsive on a nearly continuous basis. The child endangers self or others with impulsive behaviors.

## DEPRESSION (Ages 0-5)

Symptoms included in this item are irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of interest or pleasure in daily activities. This item can be used to rate symptoms of the depressive disorders as specified in DSM-5.

	Ratings and Descriptions
	0 <i>No evidence of any needs; no need for action.</i> No evidence of problems with depression.
Questions to Consider	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of depression or evidence of depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer or family interactions, or learning that does not lead to pervasive avoidance behavior. Infants may appear withdrawn and slow to engage at times; young children may be irritable or demonstrate constricted affect.
<ul style="list-style-type: none"><li>• Are the child's caregivers concerned about possible depression or chronic low mood and irritability?</li><li>• Has the child withdrawn from normal activities?</li><li>• Does the child seem listless, sad or socially withdrawn?</li></ul>	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child's ability to function in at least one life domain.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of disabling level of depression that makes it virtually impossible for the child to function in any life domain. This rating is given to a child with a severe level of depression. This would include a child who withdraws from activity (school, play) or interaction (with family, peers, significant adults) due to depression. Disabling forms of depressive diagnoses would be rated here.

## ANXIETY (Ages 0-5)

This item rates symptoms associated with DSM-5 Anxiety Disorders characterized by excessive fear and anxiety and related behavioral disturbances (including avoidance behaviors).

Ratings and Descriptions	
Questions to Consider	0 <i>No evidence of any needs; no need for action.</i> No evidence of anxiety symptoms.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history, suspicion, or evidence of some anxiety associated with a recent negative life event. This level is used to rate either a phobia or anxiety problem that is not yet causing the child significant distress or markedly impairing functioning in any important context. Anxiety or fear is present, but child is able to be soothed and supported.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the child's ability to function in at least one life domain. Child may show irritability or heightened reactions to certain situations, significant separation anxiety, or persistent reluctance or refusal to cope with fear-inducing situation(s).
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

## OPPOSITIONAL (Non-compliance with Authority) (Ages 0-5)

This item rates the child's relationship with authority figures. Generally oppositional behavior is displayed in response to limits or structure set by a parent, caregivers, or other authority figure with responsibility for and control over the child.

Ratings and Descriptions	
Questions to Consider	0 <i>No evidence of any needs; no need for action.</i> No evidence of oppositional behaviors.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the child's functioning in at least one life domain. Behavior causes emotional harm to others. A child whose behavior meets the criteria for Oppositional Defiant Disorder in DSM-5 would be rated here.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the child has severe problems with compliance with rules or adult instruction or authority.

## ATTACHMENT DIFFICULTIES (Ages 0-5)

This item should be rated within the context of the child's significant parental or caregiver relationships.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Does the child struggle with separating from caregiver?</li><li>• Does the child approach or attach to strangers in indiscriminate ways?</li><li>• Does the child have the ability to make healthy attachments to appropriate adults or are their relationships marked by intense fear or avoidance?</li><li>• Does the child have separation anxiety issues that interfere with ability to engage in childcare or preschool?</li></ul>	<p>0 <i>No current need; no need for action. This may be a resource for the child.</i> No evidence of attachment problems. Caregiver-child relationship is characterized by mutual satisfaction of needs and child's development of a sense of security and trust. Child seeks age-appropriate contact with caregiver for both nurturing and safety needs.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Infants appear uncomfortable with caregivers, may resist touch, or appear anxious and clingy some of the time. Caregivers feel disconnected from infant. Older children may be overly reactive to separation or seem preoccupied with parent. Boundaries may seem inappropriate with others.</p> <hr/> <p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Infants may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older children may have ongoing problems with separation, may consistently avoid caregivers and have inappropriate boundaries with others, putting them at risk.</p> <hr/> <p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Infant/child may be unable to separate or be calmed following a separation from caregiver. Older children may have disabling separation anxiety or exhibit extremely controlling behaviors with caregiver. Children whose indiscriminate boundaries put them in danger would be rated here. Children diagnosed with Reactive Attachment Disorder would be rated here.</p>

## ADJUSTMENT TO TRAUMA (Ages 0-5)

This item is used to describe the child who is having difficulties adjusting to a traumatic experience. This is one item where speculation about why a person is displaying a certain behavior is considered. There should be an inferred link between the trauma and the behavior.

### Questions to Consider

- Has the child experienced a traumatic event?
- Does the child experience frequent nightmares?
- Is the child troubled by flashbacks? Does the child repeatedly 'play out' or 'act out' traumatic experiences?
- What are the child's current coping skills?

### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence that child has experienced a traumatic life event, OR child has adjusted well to traumatic/adverse experiences.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
The child has experienced a traumatic event and there are some changes in their behavior that are managed or supported by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Child may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.
- 
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with child's functioning in at least one life domain.
- 
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD).

**MOTOR (Ages 0-5)**

This item describes the child’s fine (e.g., hand grasping and manipulation) and gross (e.g., sitting, standing, walking) motor functioning.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>• Do any of the child’s motor skills concern you or others?</li><li>• Do you see any ways in which the child’s fine or gross motor development differs from other children?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> The child’s development of fine and gross motor functioning appears normal. There is no reason to believe that child has any problems with motor development.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child has mild fine (e.g., using scissors) or gross motor skill deficits. Child has exhibited delayed sitting, standing, or walking, but has since reached those milestones.</p> <hr/> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child has moderate motor deficits. A non-ambulatory child with fine motor skills (e.g., reaching, grasping) or an ambulatory child with severe fine motor deficits would be rated here.</p> <hr/> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child has severe or profound motor deficits. A non-ambulatory child with additional movement deficits would be rated here, as would any child older than 6 months who cannot lift his or her head.</p>

**REGULATORY (Ages 0-5)**

This item refers to all dimensions of self-regulation, including the quality and predictability of sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, the ability to moderate intense emotions without the use of aggression, and ability to be consoled.

Questions to Consider

- Does the child have particular challenges around transitioning from one activity to another resulting at times in the inability to engage in activities?
- Does the child have severe reactions to changes in temperature or clothing such that it interferes with engaging in activities/school or play?
- Does the child require more adult supports to cope with frustration than other children in similar settings? Does the child have more distressing tantrums or yelling fits than other children? Does the child respond with aggression when they are upset?

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
Strong evidence the child is developing strong self-regulation capacities. This is indicated by the capacity to fall asleep, regular patterns of feeding and sleeping. Young infants can regulate breathing and body temperature, are able to move smoothly between states of alertness, sleep, feeding on schedule, able to make use of caregiver/pacifier to be soothed, and moving toward regulating themselves (e.g., infant can begin to calm to caregiver’s voice prior to being picked up). Toddlers are able to make use of caregiver to help regulate emotions, fall asleep with appropriate transitional objects, can attend to play with increased attention and play is becoming more elaborated, or have some ability to calm themselves down.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
At least one area of concern about an area of regulation--breathing, body temperature, sleep, transitions, feeding, crying--but caregiver feels that adjustments on their part are effective in assisting child to improve regulation; monitoring is needed.
- 
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Concern in one or more areas of regulation: sleep, crying, feeding, tantrums/aggression, sensitivity to touch, noise, and environment. Referral to address self-regulation is needed.
- 
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Concern in two or more areas of regulation, including but not limited to: difficulties in breathing, body movements, crying, sleeping, feeding, attention, ability to self soothe, sensitivity and/or aggressive responses to environmental or emotional stressors.

### ATYPICAL BEHAVIORS (Ages 0-5)

This item describes ritualized or stereotyped behaviors (where the child repeats certain actions over and over again) or demonstrates behaviors that are unusual or difficult to understand. Behaviors may include mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations.

Questions to Consider	Ratings and Descriptions
Does the child exhibit behaviors that are unusual or difficult to understand? Does the child engage in certain repetitive actions? Are the unusual behaviors or repeated actions interfering with the child's functioning?	0 <i>No evidence of any needs; no need for action.</i> No evidence of atypical behaviors (repetitive or stereotyped behaviors) in the child.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Atypical behaviors (repetitive or stereotyped behaviors) reported by caregivers or familiar individuals that may have mild or occasional interference in the child's functioning.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Atypical behaviors (repetitive or stereotyped behaviors) generally noticed by unfamiliar people and have notable interference in the child's functioning.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Atypical behaviors (repetitive or stereotyped behaviors) occur with high frequency, and are disabling or dangerous.

### AGGRESSION (Ages 0-5)

This item rates the child's violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others. A rating of '2' or '3' would indicate that caregivers are unable to shape/control the child's aggressive behaviors. **Child must be at least 24 months old to rate this item.**

Questions to Consider	Ratings and Descriptions
1. Has the child ever tried to injure another person or animal on purpose? 2. Do they hit, kick, bite, or throw things at others with intent to hurt them?	0 <i>No evidence of any needs; no need for action.</i> No evidence or history of aggressive behaviors or significant verbal aggression towards others (including people and animals).
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History of aggressive behavior toward people or animals or concern expressed by caregivers about aggression.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of aggressive behavior toward people or others in the past 30 days. Caregiver's attempts to redirect or change behaviors have not been successful.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> The child exhibits a current, dangerous level of aggressive behavior that involves the threat of harm to animals or others. Caregivers are unable to mediate this dangerous behavior.
	NA Child is younger than 24 months of age.

## AUTISM SPECTRUM (Ages 0-5)

This item describes the presence of Autism Spectrum Disorder.

	Ratings and Descriptions
Questions to Consider	0 <i>No evidence of any needs; no need for action.</i> There is no history of Autism Spectrum symptoms.
• Does the child have any symptoms of Autism Spectrum Disorder?	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Evidence of a low end Autism Spectrum Disorder. The child may have had symptoms of Autism Spectrum Disorder but those symptoms were below the threshold for an Autism diagnosis and did not have significant effect on development.
	2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child meets criteria for a diagnosis of Autism Spectrum Disorder. Autism Spectrum symptoms are impairing child's functioning in one or more areas and requires intervention.
	3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child meets criteria for a diagnosis of Autism Spectrum Disorder and has high end needs to treat and manage severe or disabling symptoms.

## ITEMS FOR AGES 6-24

### PSYCHOSIS (THOUGHT DISORDER) (Ages 6-24)

This item rates the symptoms of psychiatric disorders with a known neurological base, including schizophrenia spectrum and other psychotic disorders. The common symptoms of these disorders include hallucinations (i.e. experiencing things others do not experience), delusions (i.e. a false belief or an incorrect inference about reality that is firmly sustained despite the fact that nearly everybody thinks the belief is false or proof exists of its inaccuracy), disorganized thinking, and bizarre/idiosyncratic behavior.

	Ratings and Descriptions
	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of psychotic symptoms. Both thought processes and content are within normal range.</p>
<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>Does the child/youth exhibit behaviors that are unusual or difficult to understand?</li> <li>Does the child/youth engage in certain actions repeatedly?</li> <li>Are the unusual behaviors or repeated actions interfering with the child/youth's functioning?</li> </ul>	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Evidence of disruption in thought processes or content. Child/youth may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes Child/youth with a history of hallucinations but none currently. Use this category for child/youth who are below the threshold for one of the DSM diagnoses listed above.</p> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.</i> Evidence of disturbance in thought process or content that may be impairing the child/youth's functioning in at least one life domain. Child/youth may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the child/youth or others at risk of physical harm.</p>

## IMPULSIVITY/HYPERACTIVITY (Ages 6-24)

Problems with impulse control and impulsive behaviors, including motoric disruptions, are rated here. This includes behavioral symptoms associated with Attention-Deficit Hyperactivity Disorder (ADHD), Impulse-Control Disorders as indicated in the DSM-5. Children with impulse problems tend to engage in behavior without thinking, regardless of the consequences. This can include compulsions to engage in gambling, violent behavior (e.g., road rage), and sexual behavior, fire-starting or stealing.

	Ratings and Descriptions
	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of symptoms of loss of control of behavior.</p> <hr/>
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Is the child/youth unable to sit still for any length of time?</li><li>• Does the child/youth have trouble paying attention for more than a few minutes?</li><li>• Is the child/youth able to control the child/youth's behavior, talking?</li></ul>	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or evidence of mild levels of impulsivity evident in action or thought that place the child/youth at risk of future functioning difficulties. The child/youth may exhibit limited impulse control, e.g., child/youth may yell out answers to questions or may have difficulty waiting one's turn. Some motor difficulties may be present as well, such as pushing or shoving others.</p> <hr/>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.</i> Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child/youth's functioning in at least one life domain. This indicates a child/youth with impulsive behavior who may represent a significant management problem for adults (e.g., caregivers, teachers, coaches, etc.). A child/youth who often intrudes on others and often exhibits aggressive impulses would be rated here.</p> <hr/>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the child/youth at risk of physical harm. This indicates a child/youth with frequent and significant levels of impulsive behavior that carries considerable safety risk (e.g., running into the street, dangerous driving or bike riding). The child/youth may be impulsive on a nearly continuous basis. The child/youth endangers self or others without thinking.</p>

## DEPRESSION (Ages 6-24)

Symptoms included in this item are irritable or depressed mood, social withdrawal, sleep disturbances, weight/eating disturbances, and loss of motivation, interest or pleasure in daily activities. This item can be used to rate symptoms of the depressive disorders as specified in DSM-5.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Is child/youth concerned about possible depression or chronic low mood and irritability?</li><li>• Has the child/youth withdrawn from normal activities?</li><li>• Does the child/youth seem lonely or not interested in others?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of problems with depression.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of depression or evidence of depression associated with a recent negative life event with minimal impact on life domain functioning. Brief duration of depression, irritability, or impairment of peer, family, or academic functioning that does not lead to pervasive avoidance behavior.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.</i> Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child/youth's ability to function in at least one life domain.</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of disabling level of depression that makes it virtually impossible for the child/youth to function in any life domain. This rating is given to a child/youth with a severe level of depression. This would include a child/youth who stays at home or in bed all day due to depression or one whose emotional symptoms prevent any participation in school, friendship groups, or family life. Disabling forms of depressive diagnoses would be rated here.</p>

### ANXIETY (Ages 6-24)

This item rates symptoms associated with DSM-5 Anxiety Disorders characterized by excessive fear and anxiety and related behavioral disturbances (including avoidance behaviors). Panic attacks can be a prominent type of fear response.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>Does the child/youth have any problems with anxiety or fearfulness?</li><li>Is the child/youth avoiding normal activities out of fear?</li><li>Does the child/youth act frightened or afraid?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of anxiety symptoms.</p> <hr/>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history, suspicion, or evidence of mild anxiety associated with a recent negative life event. This level is used to rate either a mild phobia or anxiety problem that is not yet causing the individual significant distress or markedly impairing functioning in any important context.</p> <hr/>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.</i> Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered in the child/youth's ability to function in at least one life domain.</p> <hr/>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child/youth to function in any life domain.</p>

### OPPOSITIONAL (Non-compliance with Authority) (Ages 6-24)

This item rates the child/youth's relationship with authority figures. Generally oppositional behavior is displayed in response to limits or structure set by a parent, caregivers, or other authority figure with responsibility for and control over the child/youth.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>Does the child/youth follow their caregivers' rules?</li><li>Have teachers or other adults reported that the child/youth does not follow rules or directions?</li><li>Does the child/youth argue with adults when they try to get the child to do something?</li><li>Does the child/youth do things that they have been explicitly told not to do?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of oppositional behaviors.</p> <hr/>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment.</p> <hr/>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Clear evidence of oppositional and/or defiant behavior towards authority figures that is currently interfering with the child/youth's functioning in at least one life domain. Behavior causes emotional harm to others. A child whose behavior meets the criteria for Oppositional Defiant Disorder in DSM-5 would be rated here.</p> <hr/>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the child has severe problems with compliance with rules or adult instruction or authority.</p>

**CONDUCT (ANTISOCIAL BEHAVIOR) (Ages 6-24)**

This item rates the degree to which a child/youth engages in behavior that is consistent with the presence of a Conduct Disorder.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Is the child/youth seen as dishonest? How does the child/youth handle telling the truth/lies?</li><li>• Has the child/youth been part of any criminal behavior?</li><li>• Has the child/youth ever shown violent or threatening behavior towards others?</li><li>• Has the child/youth ever tortured animals?</li><li>• Does the child/youth disregard or is unconcerned about the feelings of others (lack empathy)?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of serious violations of others or laws.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history, suspicion or evidence of some problems associated with antisocial behavior including but not limited to lying, stealing, manipulation of others, acts of sexual aggression, or violence towards people, property or animals. The child/youth may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex and community.</p> <hr/> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.</i> Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. A child/youth rated at this level will likely meet criteria for a diagnosis of Conduct Disorder.</p> <hr/> <p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Evidence of a severe level of aggressive or antisocial behavior, as described above, that places the child/youth or community at significant risk of physical harm due to these behaviors. This could include frequent episodes of unprovoked, planned aggressive or other antisocial behavior.</p>

## ADJUSTMENT TO TRAUMA (Ages 6-24)

This item is used to describe the child/youth who is having difficulties adjusting to a traumatic experience, as defined by the child/youth. This is one item where speculation about why a person is displaying a certain behavior is considered. There should be an inferred link between the trauma and behavior.

Questions to Consider	Ratings and Descriptions
	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence that child/youth has experienced a traumatic life event, OR child/youth has adjusted well to traumatic/adverse experiences.</p>
<ul style="list-style-type: none"><li>• What was the child/youth's trauma?</li><li>• How is it connected to the current issue(s)?</li></ul>	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> The child/youth has experienced a traumatic event and there are some changes in their behavior that are managed or supported by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Child/youth may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.</p>
<ul style="list-style-type: none"><li>• What are the child/youth's coping skills?</li><li>• Who is supporting the child/youth?</li></ul>	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.</i> Clear evidence of adjustment problems associated with traumatic life event(s). Symptoms can vary widely and may include sleeping or eating disturbances, regressive behavior, behavior problems or problems with attachment. Adjustment is interfering with child/youth's functioning in at least one life domain</p>
	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child/youth to function in any life domain including symptoms such as flashbacks, nightmares, significant anxiety, intrusive thoughts, and/or re-experiencing trauma (consistent with PTSD).</p>

## ANGER CONTROL (Ages 6-24)

This item captures the child/youth's ability to identify and manage the child/youth's anger when frustrated.

Ratings and Descriptions	
Questions to Consider	0 <i>No evidence of any needs; no need for action.</i> No evidence of any anger control problems.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History, suspicion of, or evidence of some problems with controlling anger. Child/youth may sometimes become verbally aggressive when frustrated. Peers and family are aware of and may attempt to avoid stimulating angry outbursts.
	2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.</i> Child/youth's difficulties with controlling anger are impacting functioning in at least one life domain. Child/youth's temper has resulted in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
	3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth's temper or anger control problem is dangerous. Child/youth frequently gets into fights that are often physical. Others likely fear the child/youth.

## SUBSTANCE USE\* (Ages 6-24)

This item describes problems related to the use of alcohol and illegal drugs, the misuse of prescription medications, and the inhalation of any chemical or synthetic substance by a child/youth. This rating is consistent with DSM-5 Substance-Related and Addictive Disorders. This item does not apply to the use of tobacco or caffeine.

Ratings and Descriptions	
Questions to Consider	0 <i>No evidence of any needs; no need for action.</i> Child/youth has no notable substance use difficulties at the present time.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth has substance use problems that occasionally interfere with daily life (e.g., intoxication, loss of money, reduced work/school performance, parental concern). History of substance use problems without evidence of current problems related to use is rated here.
	2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.</i> Child/youth has a substance use problem that consistently interferes with the ability to function optimally, but does not completely preclude functioning in an unstructured setting.
	3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth has a substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the child/youth.

\*A rating of '1', '2' or '3' on this item triggers the completion of the [D] Substance Use Disorder Module.

## [D] SUBSTANCE USE DISORDER MODULE

The items in this module focus on different elements/issues related to using substances. This module is to be completed when the Behavioral/Emotional Needs Domain, Substance Use item is rated '1,' '2' or '3.'

Rate the following items within the last 30 days unless specified by anchor descriptions.

### SEVERITY OF USE (Ages 6-24)

This item rates the frequency and severity of the child/youth's current substance use.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Is the child/youth currently using substances? If so, how frequently?</li> <li>Is there evidence of physical dependence on substances?</li> </ul>	0 Child/youth is currently abstinent and has maintained abstinence for at least six months.
	1 Child/youth is currently abstinent but only in the past 30 days or child/youth has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.
	2 Child/youth actively uses alcohol or drugs but not daily.
	3 Child/youth uses alcohol and/or drugs on a daily basis.

### DURATION OF USE (Ages 6-24)

This item identifies the length of time that the child/youth has been using drugs or alcohol.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>How long has the child/youth been using drugs and/or alcohol?</li> </ul>	0 Child/youth has begun use in the past year.
	1 Child/youth has been using alcohol or drugs for at least one year but has had periods of at least 30 days where the child/youth did not have any use.
	2 Child/youth has been using alcohol or drugs for at least one year (but less than five years), but not daily.
	3 Child/youth has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.

### STAGE OF RECOVERY (Ages 6-24)

This item identifies where the child/youth is in their recovery process.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>In relation to stopping substance use, at what stage of change is the child/youth?</li> </ul>	0 Child/youth is in maintenance stage of recovery. Child/youth is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.
	1 Child/youth is actively trying to use treatment to remain abstinent.
	2 Child/youth is in contemplation phase, recognizing a problem but not willing to take steps for recovery.
	3 Child/youth is in denial regarding the existence of any substance use problem.

**PEER INFLUENCES (Ages 6-24)**

This item identifies the impact that the child/youth's social group has on their substance use.

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>What role do the child/youth's peers play in their alcohol and drug use?</li> </ul>	Ratings and Descriptions	
	0	Child/youth's primary peer social network does not engage in alcohol or drug use.
	1	Child/youth has peers in their primary peer social network who do not engage in alcohol or drug use but has some peers who do.
	2	Child/youth predominantly has peers who engage in alcohol or drug use but child/youth is not a member of a gang.
	3	Child/youth is a member of a peer group that consistently engages in alcohol or drug use.

**PARENTAL INFLUENCES (Ages 6-24)**

This item rates the parent's/caregiver's use of drugs or alcohol with or in the presence of the child/youth.

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>Do the caregiver(s) use substances? If so, does the caregiver's use impact the child/youth's use?</li> </ul>	Ratings and Descriptions	
	0	There is no evidence that child/youth's caregivers have ever engaged in substance abuse.
	1	One of child/youth's caregivers has history of substance abuse but not in the past year.
	2	One or both of child/youth's caregivers have been intoxicated with alcohol or drugs in the presence of the child/youth.
	3	One or both of child/youth's caregivers use alcohol or drugs with the child/youth.

**ENVIRONMENTAL INFLUENCES (Ages 6-24)**

This item rates the impact of the child/youth's community environment on their alcohol and drug use.

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>Are there factors in the child/youth's community that impacts their alcohol and drug use?</li> </ul>	Ratings and Descriptions	
	0	No evidence that the child/youth's environment stimulates or exposes them to any alcohol or drug use.
	1	Problems in the child/youth's environment that might expose them to alcohol or drug use.
	2	Problems in the child/youth's environment that clearly expose them to alcohol or drug use.
	3	Severe problems in the child/youth's environment that stimulate them to engage in alcohol or drug.

**RECOVERY SUPPORT IN COMMUNITY (Ages 6-24)**

This describes the individual’s participation in recovery programs such as AA, NA, or other types of recovery groups or activities that are community based.

	Ratings and Descriptions
Questions to Consider	0 No problems with maintaining social connectivity through recovery support groups or activities. Individual attends recovery support groups and meetings regularly.
• Are there factors in the individual’s community that impacts their alcohol and drug use?	1 Problems with maintaining social connectivity through recovery support groups or activities. Individual may attend meetings irregularly.
	2 Individual struggles with maintaining social connectivity through recovery support groups or activities. Individual has attended recovery support groups in the past but is no longer attending meetings.
	3 Individual is unable to maintain social connectivity through recovery support groups or activities. Individual has never participated in recovery support groups or activities.

**END OF SUBSTANCE USE MODULE**

## EATING DISTURBANCE

This item rates problems with eating, including disturbances in body image, refusal to maintain normal body weight, recurrent episodes of binge eating, and hoarding food.

	Ratings and Descriptions
	0 <i>No evidence of any needs; no need for action.</i> No evidence of eating disturbances.
Questions to Consider <ul style="list-style-type: none"><li>• How does the individual feel about their body?</li><li>• Do they seem to be overly concerned about their weight?</li><li>• Do they ever refuse to eat, binge eat, or hoard food?</li><li>• Has the individual ever been hospitalized for eating related issues?</li></ul>	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> There is a history, suspicion or mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.
	2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Eating disturbance impairs individual's functioning in at least one life domain. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). The individual may meet criteria for a DSM-5 Feeding and Eating Disorders (including Anorexia Nervosa, Bulimia Nervosa, Avoidant/Restrictive Food Intake Disorder, etc.) and Pica. Food hoarding also would be rated here.
	3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Individual's eating disturbance is dangerous or puts their health at risk. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

**Supplemental Information:** Anorexia Nervosa is characterized by refusal to maintain a body weight that is at or above the minimum normal weight for age and height, intense fear of gaining weight or becoming fat, denying the seriousness of having a low body weight, or having a distorted image of your appearance or shape. Repeated bingeing and getting rid of the extra calories from bingeing by vomiting, excessive exercise, fasting, or misuse of laxatives, diuretics, enemas or other medications characterize Bulimia Nervosa. Individuals who compulsively ingest non-nutritive substances (Pica) and Avoidant Restrictive Food Intake Disorder (ARFID) would also be rated in this item.

# 3. INDIVIDUAL STRENGTHS

This domain describes the assets of the child/youth that can be used to advance healthy development. It is important to remember that strengths are NOT the opposite of needs. Increasing a child/youth’s strengths while also addressing his or her behavioral/emotional needs leads to better functioning, and better outcomes, than does focusing just on the child/youth’s needs. Identifying areas where strengths can be built is a significant element of service planning. In these items the ‘best’ assets and resources available to the child/youth are rated based on how accessible and useful those strengths are. These are the only items that use the Strength Rating Scale with action levels.

**Question to Consider for this Domain:** What child/youth strengths can be used to support a need?

For the **Strengths Domain** the following categories and action levels are used:

- 0 Well-developed or centerpiece strength; may be used as a centerpiece of an intervention/ action plan.
- 1 Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
- 2 Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
- 3 An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

## ITEMS FOR EARLY CHILDHOOD (AGES 0-5)

**FAMILY STRENGTH (Ages 0-5)**  
 This item refers to the presence of a sense of family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with Family Functioning, the definition of family comes from the child’s perspective (i.e., who the child/youth describes as their family). If this information is not known, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the child is still in contact.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>• Does the child have good relationships with any family member?</li> <li>• Is there potential to develop positive family relationships?</li> <li>• Is there a family member that the child can go to in time of need for support? That can advocate for the child?</li> </ul>	<p>0 <i>Well-developed or centerpiece strength; may be used as a centerpiece of an intervention/ action plan.</i>            Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. 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. Child is fully included in family activities.</p> <hr/> <p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i>            Family has some good relationships and good communication. Family members are able to enjoy each other’s company. 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. [continues]</p>

## FAMILY STRENGTH continued

- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*  
Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support.
- 
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*  
Family needs significant assistance in developing relationships and communications, or child has no identified family. Child is not included in normal family activities.

## INTERPERSONAL (Ages 0-5)

This item is used to identify a child's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because a child can have social skills but still struggle in their relationships at a particular point in time. This strength indicates an ability to make and maintain long-standing relationships.

### Ratings and Descriptions

#### Questions to Consider

- Does the child have the trait ability to make friends?
- Do you feel that the child is pleasant and likable?
- Do adults or same age peers like the child?

- 0 *Well-developed or centerpiece strength; may be used as a centerpiece of an intervention/ action plan.*  
Child has an easy temperament and, if old enough, is interested in and effective at initiating relationships with other children or adults. If still an infant, individual exhibits anticipatory behavior when fed or held.
- 
- 1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*  
Child responds positively to social initiations by adults, but may not initiate such interactions by themselves.
- 
- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*  
Child may be shy or uninterested in forming relationships with others. If still an infant, individual may have a temperament that makes attachment to others a challenge.
- 
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*  
Child does not exhibit any age-appropriate social gestures (e.g., social smile, cooperative play, responsiveness to social initiations by non-caregivers). An infant that consistently exhibits gaze aversion would be rated here.

### NATURAL SUPPORTS (Ages 0-5)

This item refers to unpaid helpers in the child's natural environment. These include individuals who provide social support to the target child and family. All family members and paid caregivers are excluded.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>• Who do family members consider to be a support?</li><li>• Does the child have non-family members in their life that are positive influences or supports?</li></ul>	0 <i>Well-developed or centerpiece strength; may be used as a centerpiece of an intervention/ action plan.</i> Child has significant natural supports that contribute to helping support the child's healthy development.
	1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child has identified natural supports that provide some assistance in supporting the child's healthy development.
	2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child has some identified natural supports, however, these supports are not actively contributing to the child's healthy development.
	3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child has no known natural supports (outside of family and paid caregivers).

### RESILENCY (PERSISTENCE AND ADAPTABILITY) (Ages 0-5)

This item refers to how the child reacts to new situations or experiences, how they respond to changes in routines, as well as their ability to keep trying a new task/skill, even when it is difficult for them.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>• Does child show ability to hang in there even when frustrated by a challenging task?</li><li>• Does child routinely require adult support in trying a new skill/activity?</li><li>• Can child easily and willingly transition between activities?</li><li>• What type of support does the child require to adapt to changes in schedules?</li></ul>	0 <i>Well-developed or centerpiece strength; may be used as a centerpiece of an intervention/ action plan.</i> The child consistently has a strong ability to adjust to changes and transitions and continues an activity when challenged or meeting obstacles. This supports further growth and development and can be incorporated into a service plan as a centerpiece strength.
	1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> The child has some ability to continue an activity that is challenging. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to them, would be rated here. The child demonstrates a level of adaptability and ability to continue in an activity that is challenging. The child could benefit from further development in this area before it is considered a significant strength.
	2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> The child has limited ability to continue a challenging task with primary support from caregivers.
	3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> The child has difficulty coping with challenges and this places their development at risk. Child may seem frightened of new information, changes or environments.

**PLAYFULNESS (Ages 0-5)**

This item rates the degree to which a child participates in age-appropriate play. Play should be understood developmentally. When rating this item, you should consider if the child is interested in play, whether the child needs adult support while playing, and/or whether the child has opportunity to participate in age-appropriate play. Problems with either solitary or group (e.g. parallel) play could be rated here.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Is the child easily engaged in play?</li><li>• Does the child initiate play? Can the child sustain play?</li><li>• Does the child need adult support in initiating and sustaining play more than what is developmentally appropriate?</li><li>• Does the child experience opportunities for play on a regular basis?</li></ul>	<p>0 <i>Well-developed or centerpiece strength; may be used as a centerpiece of an intervention/ action plan.</i></p> <p>The child consistently demonstrates the ability to make use of play to further their development. Their play is consistently developmentally appropriate, spontaneous, self-initiated and enjoyable.</p> <hr/> <p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i></p> <p>The child demonstrates play that is developmentally appropriate, self-initiated, spontaneous and enjoyable much of the time. Child needs some assistance making full use of play.</p> <hr/> <p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></p> <p>The child demonstrates the ability to enjoy play and use it to support their development some of the time or with support of a caregiver. Even with this in place there does not appear to be investment and enjoying in the child.</p> <hr/> <p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>The child does not demonstrate the ability to play in a developmentally appropriate or quality manner.</p>

### FAMILY SPIRITUAL/RELIGIOUS (Ages 0-5)

This item refers to the family's experience of receiving comfort and support from religious or spiritual involvement. This item rates the presence of beliefs that could be useful to the family; however, an absence of spiritual and/or religious beliefs does not represent a need for the family. **For infants and young children, this strength is rated with regard to the child's family.**

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>Does the family have spiritual beliefs that provide comfort?</li><li>Is the family involved with any religious community?</li><li>Is family interested in exploring spirituality?</li></ul>	<p>0 <i>Well-developed or centerpiece strength; may be used as a centerpiece of an intervention/ action plan.</i></p> <p>This level indicates a family with strong moral and spiritual strengths. Family may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort them in difficult times.</p>
	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i></p> <p>Family is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or community.</p>
	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></p> <p>Family has expressed some interest in spiritual or religious belief and practices and may have little contact with religious institutions.</p>
	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>There is no evidence of identified spiritual or religious beliefs, nor does the family show any interest in these pursuits at this time.</p>

### CREATIVITY/IMAGINATION (Ages 0-5)

This item rates the child's ability to problems solve and develop new ideas.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>Does the child enthusiastically engage in creative activities or find creative solutions to problems?</li><li>Has a teacher or childcare worker expressed that the child is skilled in this area?</li></ul>	<p>0 <i>Well-developed or centerpiece strength; may be used as a centerpiece of an intervention/ action plan.</i></p> <p>Significant level of creativity/imagination. The child consistently demonstrates strong skills in this area.</p>
	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i></p> <p>Child usually demonstrates good skills in creativity/imagination but continues to need development in this area.</p>
	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></p> <p>The child usually demonstrates some skills in creativity/imagination but can be encouraged in this area by adults.</p>
	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>Child has no known skills in creativity/imagination. Adults are minimally able to impact child's skills in this area.</p>

### CURIOSITY (Ages 0-5)

This item describes whether the child is interested in their surroundings and in learning and experiencing new things.

Questions to Consider:	Ratings & Descriptions
<ul style="list-style-type: none"><li>Does the child seem interested in the world around them?</li><li>Does the child seem aware of changes in the settings they are in?</li><li>Is the child eager to explore?</li><li>Does the child show interest in trying a new task or activity?</li></ul>	<p>0 <i>Well-developed or centerpiece strength; may be used as a centerpiece of an intervention/ action plan.</i> The child consistently demonstrates curiosity and takes action to explore their environment.</p> <hr/>
	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> The child demonstrates curiosity much of the time and will take action to explore their environment some of the time.</p> <hr/>
	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> The child, with encouragement, will explore and demonstrate interest in novelty or change.</p> <hr/>
	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> The child does not demonstrate curiosity or exploration of their environment.</p>

## ITEMS FOR AGES 6-24

### FAMILY STRENGTH (Ages 6-24)

This item refers to the presence of a sense of family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with Family Functioning, the definition of family comes from the child/youth's perspective (i.e., who the child/youth describes as their family). If this information is not known, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the child/youth is still in contact.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>Does the child/youth have good relationships with any family member?</li><li>Is there potential to develop positive family relationships?</li><li>Is there a family member that the child/youth can go to in time of need for support? That can advocate for the child/youth?</li></ul>	<p>0 <i>Well-developed or centerpiece strength; may be used as a centerpiece of an intervention/ action plan.</i> Family has strong relationships and significant family strengths. This level indicates a family with much love and respect for one another. There is at least one family member who has a strong loving relationship with the child/youth and is able to provide significant emotional or concrete support. Child/youth is fully included in family activities.</p> <hr/>
	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Family has some good relationships and good communication. Family members are able to enjoy each other's company. There is at least one family member who has a strong, loving relationship with the child/youth and is able to provide limited emotional or concrete support. [continues]</p>

**FAMILY STRENGTH continued**

- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*  
Family needs some assistance in developing relationships and/or communications. Family members are known, but currently none are able to provide emotional or concrete support.
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*  
Family needs significant assistance in developing relationships and communications, or child/youth has no identified family. Child/youth is not included in normal family activities.

**INTERPERSONAL (Ages 6-24)**

This item is used to identify a child/youth's social and relationship skills. Interpersonal skills are rated independently of Social Functioning because a child/youth can have social skills but still struggle in his or her relationships at a particular point in time. This strength indicates an ability to make and maintain long-standing relationships.

Ratings and Descriptions

Questions to Consider

- Does the child/youth have the trait ability to make friends?
- Do you feel that the child/youth is pleasant and likable?
- Do adults or same age peers like the child/youth?

- 0 *Well-developed or centerpiece strength; may be used as a centerpiece of an intervention/ action plan.*  
Significant interpersonal strengths. Child/youth has well-developed interpersonal skills and healthy friendships.
- 1 *Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.*  
Child/youth has good interpersonal skills and has shown the ability to develop healthy friendships.
- 2 *Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.*  
Child/youth requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Child/youth has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.
- 3 *An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.*  
There is no evidence of observable interpersonal skills or healthy friendships at this time and/or child/youth requires significant help to learn to develop interpersonal skills and healthy friendships.

### OPTIMISM (Ages 6-24)

This rating should be based on the child/youth's sense of themselves in their own future. This rates the child/youth's future orientation.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>Does the child/youth have a generally positive outlook on things; have things to look forward to?</li><li>How does the youth see themselves in the future?</li><li>Is the child/youth forward looking/sees themselves as likely to be successful?</li></ul>	0 <i>Well-developed or centerpiece strength; may be used as a centerpiece of an intervention/ action plan.</i> Child/youth has a strong and stable optimistic outlook for their future.
	1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth is generally optimistic about their future.
	2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth has difficulty maintaining a positive view of themselves and their life. Child/youth's outlook may vary from overly optimistic to overly pessimistic.
	3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> There is no evidence of optimism at this time and/or child/youth has difficulties seeing positive aspects about themselves or their future.

### EDUCATIONAL SETTING (Ages 6-24)

This item is used to evaluate the nature of the school's relationship with the child/youth and family, as well as the level of support the child/youth receives from the school. Rate according to how much the school is an effective partner in promoting child/youth's functioning and addressing the child/youth's needs in school.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>Is the school an active partner in the child/youth's education?</li><li>Does the child/youth like school?</li><li>Has there been at least one year in which the child/youth did well in school?</li><li>When has the child/youth been at their best in school?</li></ul>	0 <i>Well-developed or centerpiece strength; may be used as a centerpiece of an intervention/ action plan.</i> The school works closely with the child/youth and family to identify and successfully address the child/youth's educational needs; OR the child/youth excels in school.
	1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> School works with the child/youth and family to address the child/youth's educational needs; OR the child/youth likes school.
	2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> The school is currently unable to adequately address the child/youth's academic or behavioral needs.
	3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> There is no evidence of the school working to identify or successfully address the child/youth's needs at this time and/or the school is unable and/or unwilling to work to identify and address the child/youth's needs and/or there is no school to partner with at this time.
	NA Youth is home schooled, or not in school due to age.

## VOCATIONAL (Ages 6-24)

This item is used to refer to the strengths of the school/vocational environment and may or may not reflect any specific educational/work skills possessed by the child/youth.

	Ratings and Descriptions
Questions to Consider	0 <i>Well-developed or centerpiece strength; may be used as a centerpiece of an intervention/ action plan.</i> Child/youth is employed and is involved with a work environment that appears to exceed expectations. Job is consistent with developmentally appropriate career aspirations.
• Does the child/youth know what they want to 'be when they grow up?'	1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth is working; however, the job is not consistent with developmentally appropriate career aspirations.
• Has the child/youth ever worked or are they developing prevocational skills?	2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth is temporarily unemployed. A history of consistent employment should be demonstrated and the potential for future employment without the need for vocational rehabilitation should be evidenced. This also may indicate a child/youth with a clear vocational preference.
• Does the child/youth have plans to go to college or vocational school, for a career?	3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child/youth is unemployed and has no clear vocational aspirations or a plan to achieve these aspirations. This level indicates a child/youth with no known or identifiable vocational skill and no expression of any future vocational preferences
	NA Child/youth does not have any vocational or career aspirations due to age.

### COPING AND SAVORING SKILLS (Ages 6-24)

This rating should be based on the psychological strengths that the child/youth 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/youth's current level of distress.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>• How does the child/youth handle stress and disappointment?</li><li>• How does the child/youth respond when good things happen to them?</li></ul>	<p>0 <i>Well-developed or centerpiece strength; may be used as a centerpiece of an intervention/ action plan.</i> Child/youth with exceptional psychological strengths. Both coping and savoring skills are well developed.</p>
	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth with good psychological strengths. The person has solid coping skills for managing distress or solid savoring skills for enjoying pleasurable events.</p>
	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth with limited psychological strengths. For example, a person with very low self-esteem would be rated here.</p>
	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child/youth with no known or identifiable psychological strengths. This may be due to intellectual impairment or serious psychiatric disorders.</p>

## TALENTS AND INTERESTS (Ages 6-24)

This item refers to hobbies, skills, artistic interests, and talents that are positive ways that young people can spend their time, and also give them pleasure and a positive sense of self.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• What does the child/youth do with free time?</li><li>• What does the child/youth enjoy doing?</li><li>• Is the child/youth engaged in any pro-social activities?</li><li>• What are the things that the child/youth does particularly well?</li></ul>	<p>0 <i>Well-developed or centerpiece strength; may be used as a centerpiece of an intervention/ action plan.</i></p> <p>Child/youth has a talent that provides pleasure and/or self-esteem. Child/youth with significant creative/artistic/athletic strengths would be rated here.</p> <hr/>
	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i></p> <p>Child/youth has a talent, interest, or hobby that has the potential to provide pleasure and self-esteem. This level indicates a child/youth with a notable talent. For example, a child/youth who is involved in athletics or plays a musical instrument would be rated here.</p> <hr/>
	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></p> <p>Child/youth has expressed interest in developing a specific talent, interest or hobby even if that talent has not been developed to date, or whether it would provide with any benefit.</p> <hr/>
	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>There is no evidence of identified talents, interests or hobbies at this time and/or child/youth requires significant assistance to identify and develop talents and interests.</p>

### SPIRITUAL/RELIGIOUS (Ages 6-24)

This item refers to the child/youth's experience of receiving comfort and support from religious or spiritual involvement. This item rates the presence of beliefs that could be useful to the child/youth; however, an absence of spiritual/religious beliefs does not represent a need for the family.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Does the child/youth have spiritual beliefs that provide comfort?</li><li>• Is the family involved with any religious community? Is the child/youth involved?</li><li>• Is child/youth interested in exploring spirituality?</li></ul>	<p>0 <i>Well-developed or centerpiece strength; may be used as a centerpiece of an intervention/ action plan.</i> Child/youth is involved in and receives comfort and support from spiritual and/or religious beliefs, practices and/or community. Child/youth may be very involved in a religious community or may have strongly held spiritual or religious beliefs that can sustain or comfort the child/youth in difficult times.</p> <hr/> <p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or community.</p> <hr/> <p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth has expressed some interest in spiritual or religious belief and practices.</p> <hr/> <p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> There is no evidence of identified spiritual or religious beliefs, nor does the child/youth show any interest in these pursuits at this time.</p>

### CULTURAL IDENTITY (Ages 6-24)

Cultural identify refers to the child/youth's view of self as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography, sexual orientation or gender identity and expression (SOGIE).

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Does the child/youth identify with any racial/ ethnic/cultural group?</li><li>• Does the child/youth find this group a source of support?</li></ul>	<p>0 <i>Well-developed or centerpiece strength; may be used as a centerpiece of an intervention/ action plan.</i> The child/youth has defined a cultural identity and is connected to others who support the child/youth's cultural identity.</p> <hr/> <p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> The child/youth is developing a cultural identity and is seeking others to support the child/youth's cultural identity.</p> <hr/> <p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> The child/youth is searching for a cultural identity and has not connected with others.</p> <hr/> <p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> The child/youth does not express a cultural identity.</p>

**COMMUNITY LIFE (Ages 6-24)**

This item reflects the child/youth’s connection to people, places or institutions in their community. This connection is measured by the degree to which the child/youth is involved with institutions of that community which might include (but are not limited to) community centers, little league teams, jobs, after-school activities, religious groups, etc. Connections through specific people (e.g., friends and family) could be considered an important community connection, if many people who are important to the child/youth live in the same neighborhood.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>• Does the child/youth feel like they are part of a community?</li></ul>	<p>0 <i>Well-developed or centerpiece strength; may be used as a centerpiece of an intervention/ action plan.</i></p> <p>Child/youth is well integrated into their community. The child/youth is a member of community organizations and has positive ties to the community. For example, individual may be a member of a community group (e.g. Girl or Boy Scout) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.</p>
<ul style="list-style-type: none"><li>• Are there activities that the child/youth does in the community? Does the child/youth feel like they are part of a community?</li></ul>	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i></p> <p>Child/youth is somewhat involved with their community. This level can also indicate a child/youth with significant community ties although they may be relatively short term.</p>
<ul style="list-style-type: none"><li>• Are there activities that the child/youth does in the community?</li></ul>	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i></p> <p>Child/youth has an identified community but has only limited, or unhealthy, ties to that community.</p>
	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i></p> <p>There is no evidence of an identified community of which child/youth is a member at this time.</p>

### RELATIONSHIP PERMANENCE (Ages 6-24)

This rating refers to the stability of significant relationships in the child/youth's life. This likely includes family members but may also include other individuals.

Ratings and Descriptions	
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• Does the child/youth have relationships with adults that have lasted their lifetime?</li><li>• Is the child/youth in contact with both parents?</li><li>• Are there relatives in the child/youth's life with whom the child/youth has long-lasting relationships?</li></ul>	<b>0</b> <i>Well-developed or centerpiece strength; may be used as a centerpiece of an intervention/ action plan.</i> Child/youth who has very stable relationships. Family members, friends, and community have been stable for most of the child/youth's life and are likely to remain so in the foreseeable future. Child/youth is involved with both parents.
	<b>1</b> <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.
	<b>2</b> <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth who has had at least one stable relationship over the child/youth's lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
	<b>3</b> <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child/youth who does not have any stability in relationships. Independent living or adoption must be considered.

### NATURAL SUPPORTS (Ages 6-24)

This item refers to unpaid helpers in the child/youth's natural environment. These include individuals who provide social support to the target child/youth and family. All family members and paid caregivers are excluded.

Ratings and Descriptions	
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>• Who does the child/youth consider to be a support?</li><li>• Does the child/youth have non-family members in the child/youth's life that are positive influences?</li></ul>	<b>0</b> <i>Well-developed or centerpiece strength; may be used as a centerpiece of an intervention/ action plan.</i> Child/youth has significant natural supports that contribute to helping support the child/youth's healthy development.
	<b>1</b> <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth has identified natural supports that provide some assistance in supporting the child/youth's healthy development.
	<b>2</b> <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth has some identified natural supports however the child/youth is not actively contributing to the child/youth's healthy development.
	<b>3</b> <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child/youth has no known natural supports (outside of family and paid caregivers).

## RESILIENCE (Ages 6-24)

This rating refers to the child/youth's ability to recognize their internal strengths and use them in times of stress and in managing daily life. Resilience also refers to the child/youth's ability to bounce back from stressful life events.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>• What does the child/youth do well?</li></ul>	<p>0 <i>Well-developed or centerpiece strength; may be used as a centerpiece of an intervention/ action plan.</i> Child/youth's internal strength in overcoming or the ability to bounce back is a core part of identity and associated with a well-developed and recognizable set of supports and strengths for dealing with challenges.</p>
<ul style="list-style-type: none"><li>• Is the child/youth able to recognize the child/youth's skills as strengths?</li></ul>	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength. Strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.</i> Child/youth uses internal strengths in overcoming or the ability to bounce back for healthy development, problem solving, or dealing with stressful life events.</p>
<ul style="list-style-type: none"><li>• Is the child/youth able to use the child/youth's strengths to problem solve and address difficulties or challenges?</li></ul>	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth has limited ability to recognize and use internal strengths in overcoming or the ability to bounce back to effectively to support the child/youth's healthy development, problem solving or dealing with stressful life events.</p>
	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child/youth is currently unable to identify internal strengths for preventing or overcoming negative life events or outcomes.</p>

## RESOURCEFULNESS (Ages 6-24)

This rating should be based on the child/youth's ability to identify and use external/environmental strengths in managing daily life.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>Does the child/youth have an external or environmental strengths?</li><li>Does the child/youth use their external or environmental strengths to aid in their well-being?</li></ul>	<p>0 <i>Well-developed or centerpiece strength; may be used as a centerpiece of an intervention/ action plan.</i> Child/youth is quite skilled at finding the necessary resources required to aid them in managing challenges.</p>
	<p>1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Child/youth has some skills at finding necessary resources required to aid thm in a healthy lifestyle but sometimes requires assistance at identifying or accessing these resources.</p>
	<p>2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Child/youth has limited skills at finding necessary resources required to aid in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.</p>
	<p>3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Child/youth has no skills at finding the necessary resources to aid in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources.</p>

# 4. RISK BEHAVIORS

This section focuses on behaviors that can get children and youth in trouble or put them in danger of harming themselves or others. Time frames in this section can change (particularly for ratings '1' and '3') away from the standard 30-day rating window.

**Question to Consider for this Domain:** Does the child/youth's behaviors put the them at risk for serious harm?

For the **Risk Behaviors Domain**, use the following categories and action levels:

- 0 No current need; no need for action.
- 1 Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need or risk behavior is addressed.
- 3 Intensive and/or immediate action is required to address the need or risk behavior.

## RISK BEHAVIORS AND FACTORS: ITEMS FOR EARLY CHILDHOOD (AGES 0-5)

### SELF-HARM (Ages 0-5)

This item includes reckless and dangerous behaviors that, while not intended to harm self or others, place the child or others at some jeopardy. **The child must be 12 months of age to rate this item.**

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>• Has the child head banged or done other self-harming behaviors?</li> <li>• If so, does the caregiver's support help stop the behavior?</li> </ul>	<p>Ratings and Descriptions</p> <p>0 <i>No evidence of any needs; no need for action.</i> There is no evidence of self-harm behaviors.</p> <hr/> <p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History, suspicion or some evidence of self-harm behaviors. These behaviors are controllable by caregiver.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Child's self-harm behaviors such as head banging that cannot be impacted by supervising adult and interferes with their functioning.</p> <hr/> <p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Child's self-harm behavior that puts their safety and well-being at risk.</p> <hr/> <p>NA Child is younger than 12 months of age.</p>
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### EXPLOITED (Ages 0-5)

This item describes a history and pattern of being the object of abuse and includes a level of current risk for re-victimization. For children birth to age five, this can include sexual exploitation or being taken advantage of by others.

#### Questions to Consider

- Has the child ever been victimized in any way (e.g. mugged, teased, bullied, abused, victim of a crime, etc.)?
- Are there concerns that they have been or is currently being taken advantage of by peers or other adults?
- Is the child currently at risk of being victimized by another person?

#### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
No evidence of a history of exploitation OR no evidence of recent exploitation and no significant history of victimization within the past year. Child is not presently at risk for re-victimization.
- 
- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
Suspicion or history of exploitation, but the child has not been exploited during the past year. Child is not presently at risk for re-victimization.
- 
- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*  
Child has been recently exploited (within the past year) but is not at acute risk of re-exploitation. This might include experiences of physical or sexual abuse, significant psychological abuse by family or friends or violent crime.
- 
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*  
Child has recently been exploited and is at acute risk of re-exploitation.

### PRENATAL CARE (Ages 0-5)

This refers to the health care and pregnancy-related illness of the mother that impacted the child in utero.

#### Questions to Consider

- What kind of prenatal care did the biological mother receive?
- Did the mother have any unusual illnesses or risks during pregnancy?

#### Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
Child's biological mother had adequate prenatal care (e.g. 10 or more planned visits to a physician) that began in the first trimester. Child's mother did not experience any pregnancy-related illnesses.
- 
- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
Child's biological mother had some shortcomings in prenatal care, or had a mild form of a pregnancy-related illness. A child whose mother had 6 or fewer planned visits to a physician would be rated here; her care must have begun in the first or early second trimester. A child whose mother had a mild or well-controlled form of pregnancy-related illness such as gestational diabetes, or who had an uncomplicated high-risk pregnancy, would be rated here.
- 
- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*  
Child's biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness. A child whose mother had 4 or fewer planned visits to a physician would be rated here. A mother who experienced a high-risk pregnancy with some complications would be rated here.
- 
- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*  
Child's biological mother had no prenatal care, or had a severe form of pregnancy-related illness. A mother who had toxemia/preeclampsia would be rated here.

**EXPOSURE (Ages 0-5)**

This item describes the child’s exposure to environmental toxins and substance use and abuse both before and after birth.

Questions to Consider

- Was the child exposed to substances during the pregnancy? If so, what substances?

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
Child had no in utero exposure to environmental toxins, alcohol or drugs, and there is currently no exposure in the home.

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- 1 *Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
Child had either some in utero exposure (e.g. mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy, or exposure to lead at home), or there is current alcohol and/or drug use in the home or environmental toxins in the home or community.

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- 2 *Action is required to ensure that the identified need or risk behavior is addressed.*  
Child was exposed to significant environmental toxins, alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy (e.g., heroin, cocaine), significant use of alcohol or tobacco, or exposure to environmental toxins would be rated here.

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- 3 *Intensive and/or immediate action is required to address the need or risk behavior.*  
Child was exposed to environmental toxins, alcohol or drugs in utero and continues to be exposed in the home or community. Any child who evidenced symptoms of substance withdrawal at birth (e.g., crankiness, feeding problems, tremors, weak and continual crying) would be rated here. A child who ingested lead paint and exhibited symptoms would be rated here.

## LABOR AND DELIVERY (Ages 0-5)

This dimension refers to conditions associated with, and consequences arising from, complications in labor and delivery of the child during childbirth.

Questions to Consider	Ratings and Descriptions	
	0	<i>No evidence of any needs; no need for action.</i> Child and mother had normal labor and delivery. A child who received an Apgar score of 7-10 at birth would be rated here.
	1	<i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child or mother had some mild problems during delivery, but there is no history of adverse impact. An emergency C-section or a delivery-related physical injury (e.g. shoulder displacement) to the baby is rated here.
	2	<i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother. Extended fetal distress, postpartum hemorrhage, or uterine rupture would be rated here. A child who received an Apgar score of 4-7, or needed some resuscitative measures at birth is rated here.
	3	<i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Child had severe problems during delivery that have long-term implications for development (e.g. extensive oxygen deprivation, brain damage). A child who received an Apgar score of 3 or lower, or who needed immediate or extensive resuscitative measures at birth, would be rated here.

## BIRTH WEIGHT (Ages 0-5)

This describes the child's birth weight as compared to normal development.

Questions to Consider	Ratings and Descriptions	
	0	<i>No evidence of any needs; no need for action.</i> Child within normal range for weight at birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here.
	1	<i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child born underweight. A child with a birth weight of between 1500 grams (3.3 pounds) and 2499 grams would be rated here.
	2	<i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Child considerably under-weight at birth to the point of presenting a development risk to them. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.
	3	<i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Child extremely under-weight at birth to the point of threatening their life. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here.

### FAILURE TO THRIVE (Ages 0-5)

This item rates the presence of problems with weight gain or growth.

	Ratings and Descriptions
Questions to Consider	
<ul style="list-style-type: none"><li>Does the child have any problems with weight gain or growth either now or in the past?</li><li>Are there any concerns about the child's eating habits?</li><li>Does the child's doctor have any concerns about the child's growth or weight gain?</li></ul>	<p><b>0</b> <i>No evidence of any needs; no need for action.</i> No evidence of failure to thrive.</p> <hr/> <p><b>1</b> <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> The infant/child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. The infant/child may presently be experiencing slow development in this area.</p> <hr/> <p><b>2</b> <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> The infant or child is experiencing problems in their ability to maintain weight or growth. The infant or child may be below the 5<sup>th</sup> percentile for age and sex, may weigh less than 80% of their ideal weight for age, have depressed weight for height, or have a rate of weight gain that causes a decrease in two or more major percentile lines over time (75<sup>th</sup> to 25<sup>th</sup>).</p> <hr/> <p><b>3</b> <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> The infant/child has one or more of all of the above and is currently at serious medical risk.</p>

### MATERNAL/PRIAMRY CAREGIVER AVAILABILITY (Ages 0-5)

This addresses the primary caregiver's emotional and physical availability to the child in the weeks immediately following the birth. Rate parental availability up to 3 months (12 weeks) postpartum.

	Ratings and Descriptions
Questions to Consider	
<ul style="list-style-type: none"><li>Was the primary caregiver available to meet the child's needs in the first 3 months after birth?</li></ul>	<p><b>0</b> The child's parent/primary caretaker was emotionally and physically available to the child in the weeks following the birth.</p> <hr/> <p><b>1</b> The primary caretaker experienced some minor or transient stressors that made the parent slightly less available to the child.</p> <hr/> <p><b>2</b> The primary caregiver experienced a moderate level of stress sufficient to make them significantly less emotionally and physically available to the child in the weeks following the birth.</p> <hr/> <p><b>3</b> The primary caregiver was unavailable to the child to such an extent that the child's emotional or physical well-being was severely compromised.</p>

## ITEMS FOR AGES 6-24

### SUICIDE RISK\* (Ages 6-24)

This item is intended to describe the presence of thoughts or behaviors aimed at taking one's life. This rating describes both suicidal and significant self-injurious behavior. This item rates overt and covert thoughts and efforts on the part of a child or youth to end their life. A rating of '2' or '3' would indicate the need for a safety plan. Notice the specific time frames for each rating

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Has the child/youth ever talked about a wish or plan to die or to kill the child/youth's self?</li> <li>Has the child/youth ever tried to commit suicide?</li> </ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of suicidal ideation.</p>
	<p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the recent past.</p>
	<p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Recent, but not acute, suicidal ideation or gesture.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Current suicidal ideation and intent OR command hallucinations that involve self-harm.</p>

\*A rating of '1', '2' or '3' on this item triggers the completion of the [E] Suicide Risk Module.

## [E] SUICIDE RISK MODULE

The items in this module are intended to provide more detailed information on a child/youth's suicide risk. This module is to be completed when the Risk Behavior Domain, Suicide Risk item is rated '1,' '2' or '3.'

**Question to Consider for this Module:** What are the issues that increase the child/youth's risk of suicide?

Note: It is critical to probe these areas using direct and specific questions to ensure a thorough risk assessment has been completed. If you have concerns about your ability to ask these types of questions directly, please consult with your supervisor for coaching.

### HISTORY OF ATTEMPTS (Ages 6-24)

This rating refers to suicidal ideation or/and behaviors that a child/youth engages in. Please rate the highest level experienced.

Questions to Consider	Ratings and Descriptions
<ol style="list-style-type: none"> <li>Has the child/youth ever attempted suicide?</li> <li>If so, how did they make that attempt? Was it a method that is typically lethal?</li> </ol>	<p>0 No lifetime history of suicidal ideation or attempt.</p>
	<p>1 Lifetime history of significant suicidal ideation but no potentially lethal attempts.</p>
	<p>2 Lifetime history of a potentially lethal suicide attempt.</p>
	<p>3 Lifetime history of multiple potentially lethal suicide attempts.</p>

**SUICIDE IDEATION (Ages 6-24)**

This item rates whether the child/youth has recently thought about hurting themselves.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Has the child/youth ever considered suicide as an option?</li> <li>If so, when do these thoughts happen and what is the content?</li> </ul>	0 No evidence.
	1 History but no recent ideation.
	2 Recent ideation, but not in past 24 hours.
	3 Current ideation OR command hallucinations that involve self-harm.

**SUICIDE INTENT (Ages 6-24)**

This item rates the level of intent the child/youth has of harming themselves.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Has the child/youth ever intended to commit suicide?</li> <li>If so, how recently?</li> <li>If so, what stopped them from following through on their intent?</li> </ul>	0 No evidence.
	1 History, but no recent intent to commit suicide.
	2 Recent intention to commit suicide.
	3 Current intention.

**SUICIDE PLANNING (Ages 6-24)**

This item rates whether the child/youth has recently had a plan to commit suicide.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Does the child/youth's suicidal ideation include details of planning?</li> <li>If so, how realistic is that plan?</li> <li>If so, how lethal is that plan?</li> </ul>	0 No evidence of a concrete plan.
	1 A vague notion of a plan, but the plan is not realistic.
	2 Child/youth has a plan to commit suicide that is feasible.
	3 Child/youth has a plan that is immediately accessible and feasible.

**END OF SUICIDE RISK MODULE**

### NON-SUICIDAL SELF-INJURIOUS BEHAVIOR (Ages 6-24)

This rating includes repetitive, physically harmful behavior that generally serves as a self-soothing function to the child/youth (e.g., cutting, carving, burning self, face slapping, head banging, etc.).

Ratings and Descriptions	
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>Does the behavior serve a self-soothing purpose (e.g., numb emotional pain, move the focus of emotional pain to the physical)?</li><li>Does the child/youth ever purposely hurt oneself (e.g., cutting)?</li></ul>	<b>0</b> <i>No evidence of any needs; no need for action.</i> No evidence of any forms of self-injury.
	<b>1</b> <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> A history or suspicion of self-injurious behavior.
	<b>2</b> <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Engaged in self-injurious behavior (cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.
	<b>3</b> <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Engaged in self-injurious behavior requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put the child/youth's health at risk.

### OTHER SELF-HARM (RECKLESSNESS) (Ages 6-24)

This rating includes reckless and dangerous behaviors that, while not intended to harm self or others, place the child/youth or others in some jeopardy. Suicidal or self-injurious behaviors are not rated here.

Ratings and Descriptions	
<b>Questions to Consider</b> <ul style="list-style-type: none"><li>Does the child/youth act without thinking?</li><li>Has the child/youth ever talked about or acted in a way that might be dangerous to themselves (e.g., reckless behavior such as riding on top of cars, reckless driving, climbing bridges, etc.)?</li></ul>	<b>0</b> <i>No evidence of any needs; no need for action.</i> No evidence of behaviors (other than suicide or self-mutilation) that place the child/youth at risk of physical harm.
	<b>1</b> <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> There is a history or suspicion of or mild reckless or risk-taking behavior (other than suicide or self-mutilation) that places child/youth at risk of physical harm.
	<b>2</b> <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth in danger of physical harm.
	<b>3</b> <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth at immediate risk of death.

### DANGER TO OTHERS\* (Ages 6-24)

This item rates the child/youth's violent or aggressive behavior. The intention of this behavior is to cause significant bodily harm to others. A rating of '2' or '3' would indicate the need for a safety plan. Reckless behavior that may cause physical harm to others is not rated on this item.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>Has the child/youth ever injured another person on purpose?</li><li>Does the child/youth get into physical fights?</li><li>Has the child/youth ever threatened to kill or seriously injure others?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).</p>
	<p>1 <i>Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.</i> History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.</p>
	<p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Occasional or moderate level of aggression towards others. Child/youth has made verbal threats of violence towards others.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Child/youth is an immediate risk to others.</p>

\*A rating of '1', '2' or '3' on this item triggers the completion of the [F] Violence Module.

## [F] DANGEROUSNESS/VIOLENCE MODULE

This module includes items that focus on different elements/issues that are salient when working with children/youth who have committed acts of violence against others. This module is to be completed when the Risk Behaviors Domain, Danger to Others item is rated '1,' '2' or '3.'

### HISTORICAL RISK FACTORS

Rate the following items within the child/youth's lifetime.

#### HISTORY OF VIOLENCE (Ages 6-24)

This item rates the child/youth's history of violence.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>Has the child/youth ever been violent with a sibling, peer, and adult?</li></ul>	<p>0 No evidence of any history of violent behavior by the child/youth.</p>
	<p>1 Child/youth has engaged in mild forms of violent behavior including vandalism, minor destruction of property, physical fights in which no one was injured (e.g. shoving, wrestling).</p>
	<p>2 Child/youth has engaged in moderate forms of violent behavior including fights in which participants were injured. Cruelty to animals would be rated here unless it resulted in significant injury or death of the animal.</p>
	<p>3 Child/youth has initiated unprovoked violent behaviors on other people that resulted in injuries to these people. Cruelty to animals that resulted in significant injury or death to the animal would be rated here.</p>

## EMOTIONAL/BEHAVIORAL RISKS

### **FRUSTRATION MANAGEMENT (Ages 6-24)**

This item describes the child/youth's ability to manage their own anger and frustration tolerance.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>How does the child/youth control their temper?</li> </ul>	0 Child/youth appears to be able to manage frustration well. No evidence of problems of frustration management.
<ul style="list-style-type: none"> <li>Does the child/youth get upset or frustrated easily?</li> </ul>	1 Child/youth has some mild problems with frustration. The child/youth may anger easily when frustrated; however, the child/youth is able to calm self-down following an angry outburst.
<ul style="list-style-type: none"> <li>Does the child/youth become physically aggressive when angry?</li> </ul>	2 Child/youth has problems managing frustration. The child/youth's anger when frustrated is causing functioning problems in school, at home, or with peers.
<ul style="list-style-type: none"> <li>Does the child/youth have a hard time managing anger if someone criticizes or rejects them?</li> </ul>	3 Child/youth becomes explosive and dangerous to others when frustrated. The child/youth demonstrates little self-control in these situations and others must intervene to restore control

### **HOSTILITY (Ages 6-24)**

This item rates the perception of others regarding the child/youth's level of anger and hostility.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Does the child/youth seem hostile frequently or in inappropriate environments/situations?</li> </ul>	0 Child/youth appears to not experience or express hostility except in situations where most people would become hostile
	1 Child/youth appears hostile but does not express it. Others experience child/youth as being angry.
	2 Child/youth expresses hostility regularly.
	3 Child/youth is almost always hostile either in expression or appearance. Others may experience child/youth as 'full of rage' or 'seething'

**PARANOID THINKING (Ages 6-24)**

This item rates the existence/level of paranoid thinking experienced by the child/youth.

	Ratings and Descriptions
Questions to Consider	<p>0 <i>No current need; no need for action or intervention.</i> Child/youth does not appear to engage in any paranoid thinking.</p>
<ul style="list-style-type: none"> <li>Does the child/youth seem suspicious?</li> </ul>	<p>1 <i>Identified need requires monitoring, watchful waiting, or preventive activities.</i> Child/youth is suspicious of others but is able to test out these suspicions and adjust their thinking appropriately.</p>
<ul style="list-style-type: none"> <li>Is there any evidence of paranoid thinking/beliefs?</li> </ul>	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.</i> Child/youth believes that others are 'out to get' them. Child/youth has trouble accepting that these beliefs may not be accurate. Child/youth at times is suspicious and guarded but at other times can be open and friendly.</p>
<ul style="list-style-type: none"> <li>Is the child/youth very guarded?</li> </ul>	<p>3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth believes that others plan to cause them harm. Child/youth is nearly always suspicious and guarded.</p>

**SECONDARY GAINS FROM ANGER (Ages 6-24)**

This item is used to rate the presence of anger to obtain additional benefits.

	Ratings and Descriptions
Questions to Consider	<p>0 Child/youth either does not engage in angry behavior or, when they do become angry, does not appear to derive any benefits from this behavior.</p>
<ul style="list-style-type: none"> <li>What happens after the child/youth gets angry? Does the child/youth get anything in return?</li> </ul>	<p>1 Child/youth unintentionally has benefited from angry behavior; however, there is no evidence that child/youth intentionally uses angry behavior to achieve desired outcomes.</p>
<ul style="list-style-type: none"> <li>Does the child/youth typically get what the child/youth wants from expressing anger?</li> </ul>	<p>2 Child/youth sometimes uses angry behavior to achieve desired outcomes with parents, caregivers, teachers, or peers.</p>
	<p>3 Child/youth routinely uses angry behavior to achieve desired outcomes with parents, caregivers, teachers, or peers. Others in child/youth's life appear intimidated.</p>

**VIOLENT THINKING (Ages 6-24)**

This item rates the level of violence and aggression in the child/youth's thinking.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Does the child/youth report having violent thoughts?</li> </ul>	<p>0 There is no evidence that child/youth engages in violent thinking.</p> <hr/> <p>1 Child/youth has some occasional or minor thoughts about violence.</p> <hr/>
<ul style="list-style-type: none"> <li>Does the child/youth verbalize their violent thoughts either specifically or by using violent themes?</li> </ul>	<p>2 Child/youth has violent ideation. Language is often characterized as having violent themes and problem solving often refers to violent outcomes.</p> <hr/> <p>3 Child/youth has specific homicidal ideation or appears obsessed with thoughts about violence. For example, a child/youth who spontaneously and frequently draws only violent images may be rated here.</p>

**RESILIENCY FACTORS****AWARENESS OF VIOLENCE POTENTIAL (Ages 6-24)**

This item rates the child/youth's insight into their risk of violence.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Is the child/youth aware of the risks of their potential to be violent?</li> </ul>	<p>0 Child/youth is completely aware of their level of risk of violence. Child/youth knows and understands risk factors. Child/youth accepts responsibility for past and future behaviors. Child/youth is able to anticipate future challenging circumstances. A child/youth with no violence potential would be rated here.</p> <hr/>
<ul style="list-style-type: none"> <li>Is the child/youth concerned about these risks?</li> </ul>	<p>1 Child/youth is generally aware of their potential for violence. Child/youth is knowledgeable about the child/youth's risk factors and is generally able to take responsibility. Child/youth may be unable to anticipate future circumstances that may challenge the child/youth.</p> <hr/>
<ul style="list-style-type: none"> <li>Can the child/youth predict when/where/for what reason they will get angry and/or possibly become violent?</li> </ul>	<p>2 Child/youth has some awareness of their potential for violence. Child/youth may have tendency to blame others but is able to accept some responsibility for the child/youth's actions.</p> <hr/> <p>3 Child/youth has no awareness of their potential for violence. Child/youth may deny past violent acts or explain them in terms of justice or as deserved by the victim.</p>

**RESPONSE TO CONSEQUENCES (Ages 6-24)**

This item rates the child/youth's reaction when they receive consequences for violence or aggression.

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>How does the child/youth react to consequences given for violent or aggressive behavior?</li> </ul>	<p>Ratings and Descriptions</p> <p>0 Child/youth is clearly and predictably responsive to identified consequences. Child/youth is regularly able to anticipate consequences and adjust behavior.</p> <hr/> <p>1 Child/youth is generally responsive to identified consequences; however, not all appropriate consequences have been identified or the child/youth may sometimes fail to anticipate consequences.</p> <hr/> <p>2 Child/youth responds to consequences on some occasions but sometimes does not appear to care about consequences for their violent behavior</p> <hr/> <p>3 Child/youth is unresponsive to consequences for their violent behavior.</p>
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**COMMITMENT TO SELF CONTROL (Ages 6-24)**

This item rates the child/youth's willingness and commitment to controlling aggressive and/or violent behaviors.

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>Does the child/youth want to change their behaviors?</li> <li>Is the child/youth committed to such change?</li> </ul>	<p>Ratings and Descriptions</p> <p>0 Child/youth fully committed to controlling their violent behavior.</p> <hr/> <p>1 Child/youth is generally committed to control their violent behavior; however, child/youth may continue to struggle with control in some challenging circumstances.</p> <hr/> <p>2 Child/youth ambivalent about controlling their violent behavior.</p> <hr/> <p>3 Child/youth not interested in controlling their violent behavior at this time.</p>
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**TREATMENT INVOLVEMENT (Ages 6-24)**

This item rates the child/youth and/or family's involvement in their treatment.

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>Is the child/youth on medication or have a treatment plan?</li> <li>Does the child/youth and family know what the plan is?</li> </ul>	<p>Ratings and Descriptions</p> <p>0 Child/youth fully involved in their own treatment. Family supports treatment as well.</p> <hr/> <p>1 Child/youth or family involved in treatment but not both. Child/youth may be somewhat involved in treatment, while family members are active or child/youth may be very involved in treatment while family members are unsupportive</p> <hr/> <p>2 Child/youth and family are ambivalent about treatment involvement. Child/youth and/or family may be skeptical about treatment effectiveness or suspicious about clinician intentions.</p> <hr/> <p>3 Child/youth and family are uninterested in treatment involvement. A child/youth with treatment needs who is not currently in treatment would be rated here.</p>
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**END OF DANGEROUSNESS/VIOLENCE MODULE**

## SEXUAL AGGRESSION (Ages 6-24)

This item is intended to describe both aggressive sexual behavior and sexual behavior in which the child/youth takes advantage of a younger or less powerful child/youth. The severity and recency of the behavior provide the information needed to rate this item.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>Has the child/youth ever been accused of being sexually aggressive towards another child/youth?</li><li>Has the child/youth had sexual contact with a younger individual?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> No evidence of sexually aggressive behavior.
	1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of sexually aggressive behavior and/or sexually inappropriate behavior within the past year that troubles others such as harassing talk or public masturbation.
	2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Child/youth engages in sexually aggressive behavior that negatively impacts functioning. For example, frequent inappropriate sexual behavior (e.g., inappropriate touching of others). Frequent disrobing would be rated here only if it was sexually provocative.
	3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Child/youth engages in a dangerous level of sexually aggressive behavior. This would indicate the rape or sexual abuse of another person involving sexual penetration.

## RUNAWAY (Ages 6-24)

This item describes the risk of running away or actual runaway behavior.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>Has the child/youth ever run away from home, school, or any other place?</li><li>If so, where did the child/youth go? How long did the child/youth stay away? How was the child/youth found?</li><li>Does the child/youth ever threaten to run away?</li></ul>	0 <i>No evidence of any needs; no need for action.</i> Child/youth has no history of running away or ideation of escaping from current living situation.
	1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child/youth has no recent history of running away but has not expressed ideation about escaping current living situation. Child/youth may have threatened running away on one or more occasions or has a history of running away but not in the recent past.
	2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Child/youth has run from home once or run from one treatment setting. Also rated here is a child/youth who has runaway to home (parental or relative).
	3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Child/youth has run from home and/or treatment settings in the recent past and present an imminent flight risk. A child/youth who is currently a runaway is rated here.

## DELINQUENT BEHAVIOR (CRIMINAL BEHAVIOR) (Ages 6-24)

This rating includes both criminal behavior and status offenses that may result from child/youth failing to follow required behavioral standards (e.g., truancy, curfew violations, driving without a license). Sexual offenses should be included as criminal behavior. If caught, the child/youth could be arrested for this behavior.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>Do you know of laws that the child/youth has broken (even if the child/youth has not been charged or caught)?</li><li>Has the child/youth ever been arrested?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence or no history of delinquent behavior.</p>
	<p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or suspicion of delinquent behavior, but none in the recent past. Status offenses would generally be rated here.</p>
	<p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the child/youth at risk.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Serious recent acts of delinquent activity that place others at risk of significant loss or injury, or place the child/youth at risk of adult sanctions. Examples include car theft, residential burglary and gang involvement.</p>

## INTENTIONAL MISBEHAVIOR (Ages 6-24)

This rating describes intentional behaviors that a child/youth engages in to force others to administer consequences. This item should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which the child/youth lives) that put the child/youth at some risk of consequences. It is not necessary that the child/youth be able to articulate that the purpose of their misbehavior is to provide reactions/consequences to rate this item. There is always, however, a benefit to the child/youth resulting from this unacceptable behavior even if it does not appear this way on the face of it (e.g., child/youth feels more protected, more in control, less anxious because of the sanctions). This item should not be rated for child/youth who engage in such behavior solely due to developmental delays.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Does the child/youth intentionally do or say things to upset others or get in trouble with people in positions of authority or (e.g., parents or teachers)?</li><li>• Has the child/youth engaged in behavior that was insulting, rude or obnoxious and which resulted in sanctions for the child/youth such as suspension, job dismissal, etc.?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> Child/youth shows no evidence of problematic social behaviors that cause adults to administer consequences.</p>
	<p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Some problematic social behaviors that force adults to administer consequences to the child/youth. Provocative comments or behavior in social settings aimed at getting a negative response from adults might be included at this level.</p>
	<p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i> Child/youth may be intentionally getting in trouble in school or at home and the consequences, or threat of consequences is causing problems in the child/youth's life.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i> Frequent seriously inappropriate social behaviors force adults to seriously and/or repeatedly administer consequences to the child/youth. The inappropriate social behaviors may cause harm to others and/or place the child/youth at risk of significant consequences (e.g. expulsion from school, removal from the community).</p>

### SEXUAL EXPLOITATION (Ages 6-24)

This rating describes the severity of exposure to sexual exploitation or victimization. This includes any situation, context or relationship where the child receives something (e.g., food accommodation, drugs and alcohol, cigarettes, affection, gifts, money, etc.) as a result of performing, and or others performing on them, sexual activities. **Please rate behavior during the past year.**

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Has the child/youth traded sexual activity for goods, money, affection or protection?</li><li>• Has the child/youth been a victim of human trafficking?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i></p> <p>There is no evidence that the child/youth has been sexually exploited or victimized, or has otherwise seen or been exposed to sexual exploitation.</p>
	<p>1 <i>Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i></p> <p>There is strong suspicion or evidence that the child has seen or been exposed to sexual victimization, or has been directly sexually exploited.</p>
	<p>2 <i>Action is required to ensure that the identified need or risk behavior is addressed.</i></p> <p>Child/youth has witnessed the victimization or exploitation of a family or friend and/or is a direct victim of sexual victimization or commercial sexual exploitation.</p>
	<p>3 <i>Intensive and/or immediate action is required to address the need or risk behavior.</i></p> <p>Child/youth has been exposed to chronic and/or severe instances of sexual victimization, or is a direct victim of commercial sexual exploitation that was life threatening or caused significant physical harm, or is actively being sexually exploited.</p>

# 5. CULTURAL FACTORS DOMAIN

These items identify linguistic or cultural issues for which service providers need to make accommodations (e.g., provide interpreter, finding therapist who speaks family’s primary language, and/or ensure that children and youth in placement has the opportunity to participate in cultural rituals associated with their cultural identity). Items in the Cultural Factors Domain describe difficulties that children and youth may experience or encounter as a result of their membership in any cultural group, and/or because of the relationship between members of that group and members of the dominant society.

It is important to remember when using the CANS that the family should be defined from the individual child/youth’s perspective (i.e., who the individual describes as part of her/his family). The cultural issues in this domain should be considered in relation to the impact they are having on the life of the individual when rating these items and creating a treatment or service plan.

**Question to Consider for this Domain:** How does the child/youth’s membership in a particular cultural group impact his or her stress and wellbeing?

For the **Cultural Factors Domain**, use the following categories and action levels:

- 0 No current need; no need for action or intervention.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

## ITEMS FOR ALL AGES

Please note: In rating these items for Early Childhood (Ages 0-5), please use the **perspective of the family**.

### LANGUAGE (All Ages, 0-24)

This item looks at whether the child/youth or family needs help with communication to obtain the necessary resources, supports and accommodations (e.g., interpreter). This item includes spoken, written, and sign language, as well as issues of literacy.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>• What language does the family speak at home?</li> <li>• Does the family have any special needs related to communication (e.g., ESL, ASL, Braille, or assisted technology)?</li> </ul>	<p>0 <i>No current need; no need for action or intervention.</i></p> <p>No evidence that there is a need or preference for an interpreter and/or the child/youth and family speak and read the primary language where the youth or family lives.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i></p> <p>Child/youth and/or family speak or read the primary language where the child/youth or family lives, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.</p> <p>[continues]</p>

**LANGUAGE continued**

- 2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Child/youth and/or significant family members do not speak the primary language where the youth or family lives. Translator or family's native language speaker is needed for successful intervention; a qualified individual(s) can be identified within natural supports.
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Child/youth and/or significant family members do not speak the primary language where the youth or family lives. Translator or family's native language speaker is needed for successful intervention; no such individual is available from among natural supports.

**For Early Childhood(Ages 0-5): Please rate the above item from the perspective of the family.**

**TRADITIONS AND RITUALS (All Ages, 0-24)**

This item rates the child/youth's and/or family's access to and participation in cultural tradition, rituals and practices, including the celebration of culturally specific holidays such as Kwanza, Dia de los Muertos, Yom Kippur, Quinceanera, etc. This also may include daily activities that are culturally specific (e.g., wearing a hijab, praying toward Mecca at specific times, eating a specific diet, access to media), and traditions and activities to include newer cultural identities.

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*  
Child/youth and/or family are consistently practice their chosen traditions and rituals consistent with their cultural identity.
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
Child/youth and/or family are generally practice their chosen traditions and rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these practices.
- 2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Child/youth and/or family experience significant barriers and are sometimes prevented from practicing their chosen traditions and rituals consistent with their cultural identity.
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Child/youth and/or family are unable to practice their chosen traditions and rituals consistent with their cultural identity.

Questions to Consider

- What holidays does the family celebrate?
- What traditions are important to the family?
- Does the family fear discrimination for practicing their traditions and rituals?

**For Early Childhood (Ages 0-5): Please rate the above item from the perspective of the family.**

**CULTURAL STRESS (All Ages, 0-24)**

This item identifies circumstances in which the child/youth’s cultural identity is met with hostility or other problems within the child/youth’s environment due to differences in attitudes, behavior, or beliefs of others (this includes cultural differences that are causing stress between the youth and the child/youth’s family). Racism, negativity toward SOGIE and other forms of discrimination would be rated here.

<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• What does the family believe is their reality of discrimination? How do they describe discrimination or oppression?</li><li>• Does this impact their functioning as a family?</li></ul>	<p>Ratings and Descriptions</p> <p>0 <i>No current need; no need for action or intervention.</i> No evidence of stress between the child/youth’s cultural identity and current environment or living situation.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Some occasional stress resulting from friction between the child/youth’s cultural identity and current environment or living situation.</p> <hr/> <p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth is experiencing cultural stress that is causing problems of functioning in at least one life domain. Child/youth needs support to learn how to manage culture stress.</p> <hr/> <p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. Child/youth needs immediate plan to reduce culture stress.</p>
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**For Early Childhood (Ages 0-5): Please rate the above item from the perspective of the family’s cultural stress.**

**CULTURAL DIFFERENCES WITHIN THE FAMILY (All Ages, 0-24)**

Sometimes individual members within a family have different backgrounds, values and/or perspectives This might occur in a family where an Individual is adopted from a different race, culture, ethnicity, or socioeconomic status. The parent may struggle to understand or lack awareness of the Individual’s experience of discrimination. Additionally this may occur in families where the parents are first generation immigrants to the United States. The individual may refuse to adhere to certain cultural practices, choosing instead to participate more in popular US culture.

Questions to Consider

- Do the parents and the children have different understandings of appropriate behaviors that are rooted in cultural traditions?
- Does the family and children understand and respect each other’s perspectives?
- Does the family and children have conflicts that result from having different perspectives?

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*  
No evidence of conflict, stress or disengagement within the family due to cultural differences or family is able to communicate effectively in this area.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
Child/youth and family have struggled with cultural differences in the past, but are currently managing them well or there are mild issues of disagreement.
- 
- 2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Child/youth and family experience difficulties managing cultural differences within the family that negatively impacts the functioning of the individual.
- 
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Child/youth and family experience such significant difficulty managing cultural differences within the family that it interferes with the Individual’s functioning and/or requires immediate action.

**For Early Childhood (Ages 0-5): Please rate the above item from the perspective of the family’s cultural stress.**

# 6. DEVELOPMENTAL FACTORS/ MILESTONES – OPTIONAL SECTION

The items in this section are required for any child who is developmentally disabled, and, may be rated for anyone if they represent a need for the child. The N/A option is generally used for items in this domain when a child is older than five years old AND the item does not represent a specific need for the child.

**Question to Consider for this Domain:** What is the developmental history of the child/youth?

For the **Development Factors/History**, use the following categories and action levels:

- 0 No current need; no need for action or intervention.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

**OPTIONAL section for Ages 6-24 only.**

## **MOTOR (Optional item Ages 6-24)**

This item describes the child’s fine (e.g., hand grasping and manipulation) and gross (e.g., sitting, standing, walking) motor functioning.

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>• Do any of the child’s motor skills concern you or others?</li> <li>• Do you see any ways in which the child’s fine or gross motor development differs from other children?</li> </ul>	<p>Ratings and Descriptions</p> <ul style="list-style-type: none"> <li>0 <i>No current need; no need for action or intervention.</i> The child’s development of fine and gross motor functioning appears normal. There is no reason to believe that child has any problems with motor development.</li> <hr/> <li>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child has mild fine (e.g., using scissors) or gross motor skill deficits. Child has exhibited delayed sitting, standing, or walking, but has since reached those milestones.</li> <hr/> <li>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child has moderate motor deficits. A non-ambulatory child with fine motor skills (e.g., reaching, grasping) or an ambulatory child with severe fine motor deficits would be rated here.</li> <hr/> <li>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child has severe or profound motor deficits. A non-ambulatory child with additional movement deficits would be rated here, as would any child older than 6 months who cannot lift his or her head.</li> </ul>
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**SENSORY (Optional item Ages 6-24)**

This item describes the child’s ability to use all senses including vision, hearing, smell, touch, taste and kinesthetic.

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>• Are there any ways in which the child’s senses appear different from other children?</li> <li>• How would you describe the child’s vision, hearing, smell, touch, taste, and kinesthetic senses?</li> </ul>	Ratings and Descriptions	
	0	<p><i>No current need; no need for action or intervention.</i></p> <p>Child’s sensory functioning appears normal. There is no reason to believe that the child has any problems with sensory functioning.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i></p> <p>Child has impairment on a single sense (e.g., mild hearing deficits, correctable vision problems).</p>
	2	<p><i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Child has impairment that impairs their functioning in at least one life domain, e.g., moderate impairment on a single sense or mild impairment on multiple senses (e.g., difficulties with sensory integration, diagnosed need for occupational therapy).</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Child has significant impairment in one or more senses (e.g., profound hearing or vision loss) that could be dangerous or debilitating without intervention.</p>

**COMMUNICATION (Optional Item Ages, 6-24)**

This item rates the child/youth’s ability to communicate with others via expression and reception.

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>• Is the child/youth vocal about their needs and wants?</li> <li>• Has the child/youth ever been diagnosed with a communication disorder?</li> </ul>	Ratings and Descriptions	
	0	<p><i>No current need; no need for action or intervention.</i></p> <p>Child/youth's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child/youth has any problems communicating.</p>
	1	<p><i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i></p> <p>Child/youth has receptive communication skills but limited expressive communication skills</p>
	2	<p><i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Child/youth has both limited receptive and expressive communication skills.</p>
	3	<p><i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Child/youth is unable to communicate.</p>

### AUTISM SPECTRUM (Optional item Ages 6-24)

This item describes the presence of Autism Spectrum Disorder.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>Does the child have any symptoms of Autism Spectrum Disorder?</li></ul>	<p>0 <i>No current need; no need for action or intervention.</i> There is no history of Autism Spectrum symptoms.</p> <hr/>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Evidence of a low end Autism Spectrum Disorder. The child may have had symptoms of Autism Spectrum Disorder but those symptoms were below the threshold for an Autism diagnosis and did not have significant effect on development.</p> <hr/>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child meets criteria for a diagnosis of Autism Spectrum Disorder. Autism Spectrum symptoms are impairing child's functioning in one or more areas and requires intervention.</p> <hr/>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child meets criteria for a diagnosis of Autism Spectrum Disorder and has high end needs to treat and manage severe or disabling symptoms.</p>

### FAILURE TO THRIVE (Optional item Ages 6-24)

This item rates the presence of problems with weight gain or growth.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>Has the child had problems with the ability to gain weight and grow?</li><li>Has the child's growth and weight caused any medical problems?</li></ul>	<p>0 <i>No current need; no need for action or intervention.</i> No evidence of failure to thrive.</p> <hr/>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> The infant/child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. The infant/child may presently be experiencing slow development in this area.</p> <hr/>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.</i> The infant or child is experiencing problems in their ability to maintain weight or growth. The infant or child may be below the 5<sup>th</sup> percentile for age and sex, may weigh less than 80% of their ideal weight for age, have depressed weight for height, or have a rate of weight gain that causes a decrease in two or more major percentile lines over time (75<sup>th</sup> to 25<sup>th</sup>).</p> <hr/>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> The infant/child has one or more of all of the above and is currently at serious medical risk.</p>

## REGULATORY PROBLEMS (Optional item Ages 6-24)

Item refers to all dimensions of self-regulation, including the quality and predictability of sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, and ability to be consoled.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>• Does the child have particular challenges around transitioning from one activity to another resulting at times in the inability to engage in activities?</li><li>• Does the child have severe reactions to changes in temperature or clothing such that it interferes with engaging in activities/school or play?</li><li>• Does the child require more adult supports to cope with frustration than other children in similar settings? Does the child have more distressing tantrums or yelling fits than other children?</li></ul>	<p>0 <i>No current need; no need for action or intervention.</i></p> <p>Strong evidence the child is developing strong self-capacities. This is indicated by the capacity to fall asleep, regular patterns of feeding and sleeping. Young infants can regulate breathing and body temperature, are able to move smoothly between states of alertness, sleep, feeding on schedule, able to make use of caregiver/ pacifier to be soothed, and moving toward regulating themselves (e.g., infant can begin to calm to caregiver's voice prior to being picked up). Toddlers are able to make use of caregiver to help regulate emotions, fall asleep with appropriate transitional objects, can attend to play with increased attention and play is becoming more elaborated, or have some ability to calm themselves down.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i></p> <p>At least one area of concern about an area of regulation--breathing, body temperature, sleep, transitions, feeding, crying--but caregiver feels that adjustments on their part are effective in assisting child to improve regulation; monitoring is needed.</p>
	<p>2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Concern in one or more areas of regulation: sleep, crying, feeding, tantrums, sensitivity to touch, noise, and environment. Referral to address self-regulation is needed.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Concern in two or more areas of regulation, including but not limited to: difficulties in breathing, body movements, crying, sleeping, feeding, attention, ability to self soothe, and/or sensitivity to environmental stressors.</p>

## BIRTH WEIGHT (Optional item Ages 6-24)

This describes the child's birth weight as compared to normal development.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>• How did the child's birth weight compare to typical averages?</li></ul>	<p>0 Child within normal range for weight at birth. A child with a birth weight of 2500 grams (5.5 pounds) or greater would be rated here.</p>
	<p>1 Child born underweight. A child with a birth weight of between 1500 grams (3.3 pounds) and 2499 grams would be rated here.</p>
	<p>2 Child considerably under-weight at birth to the point of presenting a development risk to them. A child with a birth weight of 1000 grams (2.2 pounds) to 1499 grams would be rated here.</p>
	<p>3 Child extremely under-weight at birth to the point of threatening their life. A child with a birth weight of less than 1000 grams (2.2 pounds) would be rated here.</p>

### PRENATAL CARE (Optional item Ages 6-24)

This refers to the health care and birth circumstances experienced by the child in utero.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>• What kind of prenatal care did the biological mother receive?</li><li>• Did the mother have any unusual illnesses or risks during pregnancy?</li></ul>	0 Child's biological mother had adequate prenatal care (e.g. 10 or more planned visits to a physician) that began in the first trimester. Child's mother did not experience any pregnancy-related illnesses.
	1 Child's biological mother had some shortcomings in prenatal care, or had a mild form of a pregnancy-related illness. A child whose mother had 6 or fewer planned visits to a physician would be rated here; her care must have begun in the first or early second trimester. A child whose mother had a mild or well-controlled form of pregnancy-related illness such as gestational diabetes, or who had an uncomplicated high-risk pregnancy, would be rated here.
	2 Child's biological mother received poor prenatal care, initiated only in the last trimester, or had a moderate form of pregnancy-related illness. A child whose mother had 4 or fewer planned visits to a physician would be rated here. A mother who experienced a high-risk pregnancy with some complications would be rated here.
	3 Child's biological mother had no prenatal care, or had a severe form of pregnancy-related illness. A mother who had toxemia/preeclampsia would be rated here.

### SUBSTANCE EXPOSURE (Optional item Ages 6-24)

This dimension describes the child's exposure to substance use and abuse both before and after birth.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>• Was the child exposed to substances during the pregnancy? If so, what substances?</li></ul>	0 Child had no in utero exposure to alcohol or drugs, and there is currently no exposure in the home.
	1 Child had either mild in utero exposure (e.g. mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy), or there is current alcohol and/or drug use in the home.
	2 Child was exposed to significant alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy (e.g., heroin, cocaine), or significant use of alcohol or tobacco, would be rated here.
	3 Child was exposed to alcohol or drugs in utero and continues to be exposed in the home. Any child who evidenced symptoms of substance withdrawal at birth (e.g., crankiness, feeding problems, tremors, weak and continual crying) would be rated here.

**LABOR AND DELIVERY (Optional item Ages 6-24)**

This dimension refers to conditions associated with, and consequences arising from, complications in labor and delivery of the child during childbirth.

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>Where there any unusual circumstances related to the labor and delivery of the child?</li> </ul>	<p>Ratings and Descriptions</p> <p>0 Child and mother had normal labor and delivery. A child who received an Apgar score of 7-10 at birth would be rated here.</p> <hr/> <p>1 Child or mother had some mild problems during delivery, but there is no history of adverse impact. An emergency C-section or a delivery-related physical injury (e.g. shoulder displacement) to the baby is rated here.</p> <hr/> <p>2 Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother. Extended fetal distress, postpartum hemorrhage, or uterine rupture would be rated here. A child who received an Apgar score of 4-7, or needed some resuscitative measures at birth is rated here.</p> <hr/> <p>3 Child had severe problems during delivery that have long-term implications for development (e.g. extensive oxygen deprivation, brain damage). A child who received an Apgar score of 3 or lower, or who needed immediate or extensive resuscitative measures at birth, would be rated here.</p>
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**MATERNAL/PRIMARY CAREGIVER AVAILABILITY (Optional item Ages 6-24)**

This addresses the primary caregiver's emotional and physical availability to the child in the weeks immediately following the birth. Rate parental availability up to 3 months (12 weeks) postpartum.

<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>Was the primary caregiver available to meet the child's needs in the first 3 months after birth?</li> </ul>	<p>Ratings and Descriptions</p> <p>0 The child's parent/primary caretaker was emotionally and physically available to the child in the weeks following the birth.</p> <hr/> <p>1 The primary caretaker experienced some minor or transient stressors that made the parent slightly less available to the child.</p> <hr/> <p>2 The primary caregiver experienced a moderate level of stress sufficient to make them significantly less emotionally and physically available to the child in the weeks following the birth.</p> <hr/> <p>3 The primary caregiver was unavailable to the child to such an extent that the child's emotional or physical well-being was severely compromised.</p>
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### CURIOSITY (Optional item Ages 6-24)

This rating describes the child's self-initiated efforts to discover their world.

Questions to Consider ✦ Does the child attempt to explore their world with all of their senses?	Ratings and Descriptions	
	0	<i>No current need; no need for action or intervention.</i> Child with exceptional curiosity. Infants displayed mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child with good curiosity. An ambulatory child who did not walk to interesting objects, but who actively explored them when presented to him/her, would be rated here.
	2	<i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child with limited curiosity. Child may have been hesitant to seek out new information or environments, or reluctant to explore even presented objects.

3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child with very limited or no observable curiosity. Child may seem frightened of new information or environments.
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### PLAYFULNESS (Optional item Ages 6-24)

This item rates the degree to which an infant/child is given opportunities for and participates in age appropriate play. Play should be understood developmentally. When rating this item, you should consider if the child is interested in play and/or whether the child needs adult support while playing. Problems with either solitary or group (e.g. parallel) play could be rated here.

Questions to Consider ✦ Is the child easily engaged in play? ✦ Does the child initiate play? Can the child sustain play? ✦ Does the child need adult support in initiating and sustaining play more than what is developmentally appropriate?	Ratings and Descriptions	
	0	<i>No current need; no need for action or intervention.</i> No evidence that infant or child has problems with play.
	1	<i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child is doing adequately play activities although some problems may exist. Infants may not be easily engaged in play. Toddlers and preschoolers may seem uninterested and poorly able to sustain play.
	2	<i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child is having problems with play. Infants resist play or do not have enough opportunities for play. Toddlers and preschoolers show little enjoyment or interest in activities within or outside the home and can only be engaged in play/recreational activities with ongoing adult interaction and support.

3	<i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child has no access to or interest in play. Infant spends most of time non interactive. Toddlers and preschoolers even with adult encouragement cannot demonstrate enjoyment or use play to further development.
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### TEMPERAMENT (Optional item Ages 6-24)

This rating describes the child's general mood state and ability to be soothed.

Questions to Consider ♦ Does the child attempt to explore their world with all of their senses?	<b>Ratings and Descriptions</b>
	<b>0</b> <i>No current need; no need for action or intervention.</i> Child with an easy temperament. They were easily calmed or distracted when angry or upset
	<b>1</b> <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> Child with some mild problems being calmed, soothed, or distracted when angry or upset. Child may have had occasional episodes or extended crying or tantrums.
	<b>2</b> <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child with a difficult temperament. Child had difficulty being calmed, soothed, or distracted. Persistent episodes of crying, tantrums or other difficult behaviors are observed.
	<b>3</b> <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child who had significant difficulties being calmed, soothed, or distracted when angry or upset. Repeated and extreme persistent episodes of crying, tantrums or other difficult behaviors are observed when the child is angry or upset.

### FEEDING/ELIMINATION (Optional item Ages 6-24)

This category refers to all dimensions of eating and/or elimination. Pica would be rated here.

Note: Child must be older than 18 months in order to rate Pica.

Questions to Consider • Did the child have any unusual difficulties with urination or defecation? • Did the child have any difficulties with breast or formula feeding?	<b>Ratings and Descriptions</b>
	<b>0</b> <i>No current need; no need for action or intervention.</i> Child does not appear to have any problems with feeding or elimination.
	<b>1</b> <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.</i> History or evidence of problems with feeding and/or elimination (e.g. picky eating).
	<b>2</b> <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child has problems with feeding and/or elimination that are interfering with functioning in at least one life domain area.
	<b>3</b> <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child's problems with feeding and/or elimination are debilitating or placing their development at risk without intervention.

**DAYCARE/PRESCHOOL (Optional item Ages 6-24)**

This item rates the child’s experiences in preschool/daycare settings and the child’s ability to get their needs met in these settings. This item also considers the presence of problems within these environments in terms of attendance, progress, support from the school staff to meet the child’s needs, and the child’s behavioral response to these environments.

Questions to Consider

- What is the child’s experience in preschool/daycare?
- Does the child have difficulties with learning new skills, social relationships or behavior?

Ratings and Descriptions

- 0 *No current need; no need for action or intervention.*  
No evidence of problem with functioning in current preschool or daycare environment.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.*  
History or evidence of problems with functioning in current preschool or daycare environment. Child may be enrolled in a special program.
- 
- 2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Child is experiencing difficulties maintaining their behavior, attendance, and/or progress in this setting.
- 
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Child’s problems with functioning in preschool or daycare environment place them at immediate risk of being removed from program due to their behaviors, lack of progress, or unmet needs.

# 7. DYADIC CONSIDERATIONS

These items look at specific aspects of the caregiver’s needs and their relationship with the child.

**Question to Consider for this Domain:** How does the caregiver’s needs and their relationship to the child impact their ability to care for the child?

**This domain is to be completed for children ages 0-5 only.**

For the **Dyadic Considerations** items, use the following categories and action levels:

- 0 No current need; no need for action. This may be a resource for the child.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.
- 2 Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
- 3 Need prevents the provision of care; requires immediate and/or intensive action.

**CAREGIVER EMOTIONAL RESPONSIVENESS (Ages 0-5)**  
 This item refers to the caregiver’s ability to understand and respond to the joys, sorrows and other feelings of the child with similar or helpful feelings.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>• Is the caregiver able to empathize with the child?</li> <li>• Is the caregiver able to respond to the child’s needs in an emotionally appropriate manner?</li> <li>• Is the caregiver’s level of empathy impacting the child’s development?</li> </ul>	<ul style="list-style-type: none"> <li>0 <i>No current need; no need for action. This may be a resource for the child.</i>                      Caregiver is emotionally empathic and attends to the child’s emotional needs.</li> <hr/> <li>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i>                      The caregiver can be emotionally empathic and typically attends to the child’s emotional needs. There are times, however, when the caregiver is not able to attend to the child’s emotional needs.</li> <hr/> <li>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i>                      The caregiver is often not empathic and frequently is unable to attend to the child’s emotional needs.</li> <hr/> <li>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i>                      The caregiver has significant difficulties with emotional responsiveness. They are not empathic and rarely attends to the child’s emotional needs.</li> </ul>

## CAREGIVER ADJUSTMENT TO TRAUMATIC EXPERIENCES (Ages 0-5)

This rating covers the caregiver's reactions to a variety of traumatic experiences that challenges the caregiver's ability to provide care for the child.

	Ratings and Descriptions
Questions to Consider	0 <i>No current need; no need for action. This may be a resource for the child.</i> There is no evidence that the caregiver has experienced trauma, OR there is evidence that the caregiver has adjusted well to their traumatic experiences.
• Has the caregiver experienced a traumatic event?	1 <i>Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.</i>
• Does the caregiver experience frequent nightmares?	The caregiver has mild adjustment problems and exhibits some signs of distress, OR caregiver has a history of having difficulty adjusting to traumatic experiences.
• Are they troubled by flashbacks?	2 <i>Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver's functioning.</i>
• What are the caregiver's current coping skills?	The caregiver has marked adjustment problems and is symptomatic in response to a traumatic event (e.g., anger, depression, and anxiety).
	3 <i>Problems are dangerous or disabling; requires immediate and/or intensive action</i> The caregiver has post-traumatic stress difficulties. Symptoms may include intrusive thoughts, hyper-vigilance, constant anxiety, and other common symptoms of Post-Traumatic Stress Disorder (PTSD).

# 8. POTENTIALLY TRAUMATIC / ADVERSE CHILDHOOD EXPERIENCES

All of the potentially traumatic/adverse childhood experiences items are static indicators. In other words, these items indicate whether or not a child/youth has experienced a particular trauma. If the child/youth has ever had one of these experiences it would always be rated in this section, even if the experience was not currently causing problems or distress in the child/youth's life. Thus, these items are not expected to change except in the case that the child/youth has a new trauma experience or a historical trauma is identified that was not previously known.

**Question to Consider for this Module:** Has the child/youth experienced adverse life events that may impact their behavior?

**This section is for all ages (Ages 0-24). Rate these items within the child/youth's lifetime.**

For the **Potentially Traumatic/Adverse Childhood Experiences**, the following categories and descriptions are used:

- No No evidence of any trauma of this type.
- Yes Child/youth has had experience or there is suspicion that the child/youth has experienced this type of trauma—one incident, multiple incidents, or chronic, on-going experiences.

## SEXUAL ABUSE (All Ages, 0-24)

This item describes whether or not the child/youth has experienced sexual abuse.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>• Has the caregiver or child/youth disclosed sexual abuse?</li> <li>• Is there suspicion or evidence that the child/youth has been sexually abused?</li> </ul>	No There is no evidence that the child/youth has experienced sexual abuse.
	Yes Child/youth has experienced sexual abuse, or there is a suspicion that they have experienced sexual abuse – including single or multiple episodes, or chronic over an extended period of time. The abuse may have involved penetration, multiple perpetrators, and/or associated physical injury. Child/youth with exposure to secondary sexual abuse (e.g., witnessing sexual abuse, having a sibling sexually abused) should be rated here.

## PHYSICAL ABUSE (All Ages, 0-24)

This item describes whether or not the child/youth has experienced physical abuse.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>• Is physical discipline used in the home? What forms?</li> <li>• Has the child/youth ever received bruises, marks, or injury from discipline?</li> </ul>	No There is no evidence that the child/youth has experienced physical abuse.
	Yes Child/youth has experienced or there is a suspicion that they experienced physical abuse – mild to severe, or repeated physical abuse with sufficient physical harm requiring medical treatment.

**NEGLECT (All Ages, 0-24)**

This rating describes whether or not the child/youth has experienced neglect. Neglect can refer to a lack of food, shelter or supervision (physical neglect), lack of access to needed medical care (medical neglect), or failure to receive academic instruction (educational neglect).

**Questions to Consider**

- Is the child/youth receiving adequate supervision?
- Are the child/youth's basic needs for food and shelter being met?
- Is the child/youth allowed access to necessary medical care? Education?

**Ratings and Descriptions**

- No** There is no evidence that the child/youth has experienced neglect.
- 
- Yes** Child/youth has experienced neglect, or there is a suspicion that they experienced neglect. This includes occasional neglect (e.g., child/youth left home alone for a short period of time when developmentally inappropriate and with no adult supervision, or occasional failure to provide adequate supervision of the child/youth); multiple and/or prolonged absences of adults, with minimal supervision; or failure to provide basic necessities of life (adequate food, shelter, or clothing) on a regular basis.

**EMOTIONAL ABUSE (All Ages, 0-24)**

This item describes whether or not the child/youth has experienced verbal and/or nonverbal emotional abuse, including belittling, shaming, and humiliating a child/youth, calling names, making negative comparisons to others, or telling a child/youth that they are, "no good." This item includes both "emotional abuse," which would include psychological maltreatment such as insults or humiliation towards a child and "emotional neglect," described as the denial of emotional attention and/or support from caregivers.

**Questions to Consider**

- How does the caregiver talk to/interact with the child/youth?
- Is there name calling or shaming in the home?

**Ratings and Descriptions**

- No** There is no evidence that child/youth has experienced emotional abuse.
- 
- Yes** Child/youth has experienced emotional abuse, or there is a suspicion that they have experienced emotional abuse (mild to severe, for any length of time) including: insults or occasionally being referred to in a derogatory manner by caregivers, being denied emotional attention or completely ignored, or threatened/terrorized by others.

### MEDICAL TRAUMA (All Ages, 0-24)

This item describes whether or not the youth has experienced medically-related trauma, resulting from, for example, inpatient hospitalizations, outpatient procedures, and significant injuries.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>Has the child/youth had any broken bones, stitches or other medical procedures?</li><li>Has the child/youth had to go to the emergency room, or stay overnight in the hospital?</li></ul>	<p>No There is no evidence that the child/youth has experienced any medical trauma.</p> <hr/> <p>Yes Child/youth has had a medical experience that was perceived as emotionally or mentally overwhelming. This includes events that were acute in nature and did not result in ongoing medical needs; associated distress such as minor surgery, stitches or bone setting; acute injuries and moderately invasive medical procedures such as major surgery that required only short term hospitalization; events that may have been life threatening and may have resulted in chronic health problems that alter the child/youth's physical functioning. A suspicion that a child/youth has had a medical experience that was perceived as emotionally or mentally overwhelming should be rated here.</p>

**Supplemental Information:** This item takes into account the impact of the event on the child/youth. It describes experiences in which the child/youth is subjected to medical procedures that are experienced as upsetting and overwhelming. A child/youth born with physical deformities who is subjected to multiple surgeries, who must experience chemotherapy or radiation, who experience an accident and require immediate medical intervention that results in on-going physical limitations or deformities (e.g., burn victims) could be included here. Common medical procedures, which are generally not welcome or pleasant but are also not emotionally or psychologically overwhelming for children (e.g., shots, pills) would generally not be rated here.

### NATURAL OR MANMADE DISASTER (All Ages, 0-24)

This item describes the child/youth's exposure to either natural or manmade disasters.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>Has the child/youth been present during a natural or manmade disaster?</li><li>Does the child/youth watch television shows containing these themes or overhear adults talking about these kinds of disasters?</li></ul>	<p>No There is no evidence that the child/youth has experienced, been exposed to or witnessed natural or manmade disasters.</p> <hr/> <p>Yes Child/youth has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand (e.g., on television, hearing others discuss disasters). This includes disasters such as a fire or earthquake or manmade disaster; car accident, plane crashes, or bombings; observing a caregiver who has been injured in a car accident or fire or watching a neighbor's house burn down; a disaster that caused significant harm or death to a loved one; or there is an ongoing impact or life disruption due to the disaster (e.g. caregiver loses job). A suspicion that the child/youth has experienced, been exposed to or witnessed natural or manmade disasters either directly or second-hand would be rated here.</p>

### WITNESS TO FAMILY VIOLENCE (All Ages, 0-24)

This item describes exposure to violence within the child/youth's home or family.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>Is there frequent fighting in the child/youth's family?</li><li>Does the fighting ever become physical?</li></ul>	<p>No There is no evidence the child/youth has witnessed family violence.</p> <hr/> <p>Yes Child/youth has witnessed, or there is a suspicion that they witnessed family violence – single, repeated, or severe episodes. This includes episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) and episodes in which significant injuries have occurred as a direct result of the violence.</p>

### WITNESS TO COMMUNITY/SCHOOL VIOLENCE (All Ages, 0-24)

This item describes the exposure to incidents of violence the child/youth has witnessed or experienced in their community. This includes witnessing violence at the child/youth's school or educational setting.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>Does the child/youth live in a neighborhood with frequent violence?</li><li>Has the child/youth witnessed or directly experienced violence at their school?</li></ul>	No There is no evidence that the child/youth has witnessed violence in their community or school.
	Yes Child/youth has witnessed or experienced violence in their community or school, such as: fighting; friends/family injuries as a result of violence; severe and repeated instances of violence and/or the death of another person in their community/school as a result of violence; is the direct victim of violence/criminal activity in the community/school that was life threatening; or has experienced chronic/ongoing impact as a result of community/school violence (e.g., family member injured and no longer able to work). A suspicion that the child/youth has witnessed or experienced violence in the community would be rated here.

### WAR/TERRORISM AFFECTED (All Ages, 0-24)

This item describes the child/youth's exposure to war, political violence, torture or terrorism.

Ratings and Descriptions	
Questions to Consider <ul style="list-style-type: none"><li>Has the child/youth or their family lived in a war torn region?</li><li>How close were they to war or political violence, torture or terrorism?</li><li>Was the family displaced?</li></ul>	No No evidence that the child/youth has been exposed to war, political violence, torture or terrorism.
	Yes Child/youth has experienced, or there is suspicion that they experienced or been affected by war, terrorism or political violence. Examples include: Family members directly related to the child/youth may have been exposed to war, political violence, or torture resulting in displacement, injury or disability, or death; parents may have been physically or psychologically disabled from the war and are unable to adequately care for the child/youth; child/youth may have spent an extended amount of time in a refugee camp, or feared for their own life during war or terrorism due to bombings or shelling very near to them; child/youth may have been directly injured, tortured, or kidnapped in a terrorist attack; child/youth may have served as a soldier, guerrilla, or other combatant in their home country. Also included is a child/youth who did not live in war or terrorism-affected region or refugee camp, but whose family was affected by war.

**Supplemental Information:** Terrorism is defined as "the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious or ideological." Terrorism includes attacks by individuals acting in isolation (e.g. sniper attacks).

### WITNESS/VICTIM TO CRIMINAL ACTIVITY (All Ages, 0-24)

This item describes the child/youth's exposure to criminal activity. Criminal behavior includes any behavior for which an adult could go to prison including drug dealing, prostitution, assault, or battery.

#### Questions to Consider

- Has the child/youth or someone in their family ever been the victim of a crime?
- Has the child/youth seen criminal activity in the community or home?

#### Ratings and Descriptions

- No There is no evidence that the child/youth has been victim of or a witness to criminal activity.
- Yes Child/youth has been victimized, or there is suspicion that they have been victimized or has witnessed criminal activity. This includes a single instance, multiple instances, or chronic and severe instances of criminal activity that was life threatening or caused significant physical harm, or child/youth has witnessed the death of a family friend or loved one.

**Supplemental Information:** Any behavior that could result in incarceration is considered criminal activity. A child/youth who has been sexually abused or witnesses a sibling being sexually abused or physically abused to the extent that assault charges could be filed would be rated here and on the appropriate abuse-specific items. A youth who has witnessed drug dealing, prostitution, assault or battery would also be rated on this item.

### PARENTAL CRIMINAL BEHAVIOR (All Ages, 0-24)

This item describes the criminal behavior of both biological and step parents, and other legal guardians, but not foster parents.

#### Questions to Consider

- Has the child/youth's parent/guardian or family been involved in criminal activities or ever been in jail?

#### Ratings and Descriptions

- No There is no evidence that child/youth's parents have ever engaged in criminal behavior.
- Yes One or both of the child/youth's parents/guardians have a history of criminal behavior that resulted in a conviction or incarceration. A suspicion that one or both of the child/youth's parents/guardians have a history of criminal behavior that resulted in conviction or incarceration would be rated here.

### DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES (All Ages, 0-24)

This item documents the extent to which a child/youth has had one or more major changes in caregivers, potentially resulting in disruptions in attachment.

#### Questions to Consider

- Has the child/youth ever lived apart from their caregivers?
- What happened that resulted in the youth living apart from their caregivers?

#### Ratings and Descriptions

- No There is no evidence that the youth has experienced disruptions in caregiving and/or attachment losses.
- Yes Child/youth has been exposed to, or there is suspicion that they were exposed to, at least one disruption in caregiving with familiar alternative caregivers or unknown caregivers (this includes placement in foster or other out-of-home care such as residential care facilities). Child/youth may or may not have had ongoing contact with primary attachment figure(s) during this disruption. Shift in caregiving may have been temporary or permanent.

**Supplemental Information:** Children/youth who have been exposed to disruptions in caregiving involving separation from primary attachment figure(s) and/or attachment losses would be rated here. Children/youth who have had placement changes, including stays in foster care, residential treatment facilities or juvenile justice settings, can be rated here. Short-term hospital stays or brief juvenile detention stays, during which the child/youth's caregiver remains the same, would not be rated on this item.

# 9. TRAUMATIC STRESS SYMPTOMS

These items describe dysregulated reactions or symptoms that children and youth may exhibit to any of the variety of traumatic experiences.

**This domain should be completed for children/youth ages 6-24.**

**Question to Consider for this Domain:** How is the child/youth responding to traumatic events?

For the **Traumatic Stress Symptoms**, the following categories and action levels are used:

- 0 No evidence of any needs; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

**Rate the following items within the last 30 days.**

## EMOTIONAL AND/OR PHYSICAL DYSREGULATION (Ages 6-24)

Child/youth has difficulties with arousal regulation or expressing emotions and energy states.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>• Does the child/youth have reactions that seem out of proportion to the situation?</li> <li>• Does the child/youth have extreme or unchecked emotional reactions to situations?</li> </ul>	<p>0 <i>No evidence of any needs; no need for action.</i> Child/youth has no difficulties regulating emotional or physiological responses. Emotional responses and energy level are appropriate to the situation.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> History or evidence of difficulties with affect/physiological regulation. The child/youth could have some difficulty tolerating intense emotions and become somewhat jumpy or irritable in response to emotionally charged stimuli, or more watchful or hypervigilant in general or have some difficulties with regulating body functions (e.g. sleeping, eating or elimination). The child/youth may also have some difficulty sustaining involvement in activities for any length of time or have some physical or somatic complaints. .</p> <hr/> <p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth has problems with affect/physiological regulation that are impacting their functioning in some life domains, but is able to control affect at times. The child/youth may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. The child/youth may exhibit marked shifts in emotional responses (e.g. from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g. normally restricted affect punctuated by outbursts of anger or sadness). The child/youth may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or affective or physiological over-arousal or reactivity (e.g. silly behavior, loose active limbs) or under arousal (e.g. lack of movement and facial expressions, slowed walking and talking). [continues]</p>

**EMOTIONAL AND/OR PHYSICAL DYSREGULATION continued**

- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Child/youth is unable to regulate affect and/or physiological responses. The child/youth may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states). The child/youth may also exhibit tightly contained emotions with intense outbursts under stress. Alternately, the child/youth may be characterized by extreme lethargy, loss of motivation or drive, and no ability to concentrate or sustain engagement in activities (i.e. emotionally “shut down”). The child/youth may have more persistent and severe difficulties regulating sleep/wake cycle, eating patterns, or have elimination problems.

**INTRUSIONS/RE-EXPERIENCING (Ages 6-24)**

This item rates the frequency with which the child/youth experiences thoughts of their trauma that they cannot control and how much/how little these thoughts impact their ability to function.

Ratings and Descriptions

- 0 *No evidence of any needs; no need for action.*  
There is no evidence that the individual experiences intrusive thoughts of trauma.
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement*  
History or evidence of some intrusive thoughts of trauma but it does not affect the individual’s functioning. A individual with some problems with intrusive, distressing memories, including occasional nightmares about traumatic events, would be rated here.
- 2 *Action is required to ensure that the identified need is addressed; need is interfering with functioning.*  
Individual has difficulties with intrusive symptoms/distressing memories, intrusive thoughts that interfere with their ability to function in some life domains. For example, the individual may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions or memories of traumatic events. The individual may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions to exposure to traumatic cues.
- 3 *Need is dangerous or disabling; requires immediate and/or intensive action.*  
Individual has repeated and/or severe intrusive symptoms/distressing memories that are debilitating. This individual may exhibit trauma-specific reenactments that include sexually or physically traumatizing other children or sexual play with adults. This individual may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the individual to function.

Questions to Consider

- Does the child/youth experience intrusions?
- If so, when and how often do they occur?

## TRAUMATIC GRIEF & SEPARATION (Ages 6-24)

This rating describes the level of traumatic grief the child/youth is experiencing due to death or loss/separation from significant caregivers, siblings, or other significant figures.

	Ratings and Descriptions
<p>Questions to Consider</p> <ol style="list-style-type: none"><li>1. Is the trauma reaction of the child/youth based on a grief/loss experience?</li><li>2. How much does the child/youth's reaction to the loss impact functioning?</li></ol>	<p>0 <i>No evidence of any needs; no need for action.</i></p> <p>There is no evidence that the child/youth is experiencing traumatic grief or separation from the loss of significant caregivers. Either the child/youth has not experienced a traumatic loss (e.g., death of a loved one) or the child/youth has adjusted well to separation.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i></p> <p>Child/youth is experiencing traumatic grief due to death or loss/separation from a significant person in a manner that is expected and/or appropriate given the recent nature of loss or separation. History of traumatic grief symptoms would be rated here.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i></p> <p>Child/youth is experiencing traumatic grief or difficulties with separation in a manner that impairs functioning in some but not all areas. This could include withdrawal or isolation from others or other problems with day-to-day functioning.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i></p> <p>Child/youth is experiencing dangerous or debilitating traumatic grief reactions that impair their functioning across several areas (e.g. interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.</p>

## HYPERAROUSAL (Ages 6-24)

This includes difficulty falling asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Child/youth may also show common physical symptoms such as stomachaches and headaches. These symptoms are a part of the DSM-5 criteria for Trauma-Related Adjustment Disorder, Posttraumatic Stress Disorder and other Trauma- and Stressor-Related Disorders.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Does the child/youth feel more jumpy or irritable than is usual?</li><li>• Does the child/youth have difficulty relaxing and/or have an exaggerated startle response?</li><li>• Does the child/youth have stress-related physical symptoms: stomach or headaches?</li><li>• Do these stress-related symptoms interfere with the child/youth's ability to function?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> Child/youth has no evidence of hyperarousal symptoms.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> History or evidence of hyperarousal that does not interfere with their daily functioning. Child/youth may occasionally manifest distress-related physical symptoms such as stomachaches and headaches.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth exhibits one significant symptom or a combination of two or more of the following hyperarousal symptoms: difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Child/youth who frequently manifest distress-related physical symptoms such as stomach aches and headaches would be rated here. Symptoms are distressing for the child/youth and/ or caregiver and negatively impacts day-to-day functioning.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth exhibits multiple and/or severe hyperarousal symptoms including alterations in arousal and physiological and behavioral reactivity associated with traumatic event(s). This may include difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper vigilance and/or exaggerated startle response. Intensity and frequency of these symptoms are overwhelming for the child/youth and/or caregiver and impede day-to-day functioning in many life areas.</p>

## AVOIDANCE (Ages 6-24)

These symptoms include efforts to avoid stimuli associated with traumatic experiences. These symptoms are part of the DSM criteria for PTSD and Acute Stress Disorder.

Ratings and Descriptions	
Questions to Consider	0 <i>No evidence of any needs; no need for action.</i> Child/youth exhibits no avoidance symptoms.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child/youth may have history or exhibits one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth exhibits avoidance symptoms that interfere with their functioning in at least one life domain. In addition to avoiding thoughts or feelings associated with the trauma, the child/youth may also avoid activities, places, or people that arouse recollections of the trauma.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth's avoidance symptoms are debilitating. Child/youth may avoid thoughts, feelings, situations and people associated with the trauma and is unable to recall important aspects of the trauma.

## NUMBING (Ages 6-24)

This item describes child/youth's reduced capacity to feel or experience and express a range of emotions. These numbing responses were not present before the trauma.

Ratings and Descriptions	
Questions to Consider	0 <i>No evidence of any needs; no need for action.</i> Child/youth has no evidence of numbing responses.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child/youth has history or evidence of problems with numbing. He/she may have a restricted range of affect or be unable to express or experience certain emotions (e.g., anger or sadness).
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth exhibits numbing responses that impair their functioning in at least one life domain. Child/youth may have a blunted or flat emotional state or have difficulty experiencing intense emotions or feel consistently detached or estranged from others following the traumatic experience.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth exhibits significant numbing responses or multiple symptoms of numbing that put him/her at risk. This child/youth may have a markedly diminished interest or participation in significant activities and a sense of a foreshortened future.

## DISSOCIATION (Ages 6-24)

This item rates the level of dissociative states the child/youth may experience.

Ratings and Descriptions	
Questions to Consider	0 <i>No evidence of any needs; no need for action.</i> No evidence of dissociation.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Child/youth has history or evidence of dissociative problems, including some emotional numbing, avoidance or detachment, and some difficulty with forgetfulness, daydreaming, spacing or blanking out.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Child/youth exhibits dissociative problems that interfere with functioning in at least one life domain. This can include amnesia for traumatic experiences or inconsistent memory for trauma (e.g., remembers in one context but not another), more persistent or perplexing difficulties with forgetfulness (e.g., loses things easily, forgets basic information), frequent daydreaming or trance-like behavior, depersonalization and/or derealization. This rating would be used for someone who meets criteria for Dissociative Disorders or another diagnosis that is specified "with dissociative features"
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Child/youth exhibits dangerous and/or debilitating dissociative symptoms. This can include significant memory difficulties associated with trauma that also impede day to day functioning. Child/youth is frequently forgetful or confused about things he/she should know about (e.g., no memory for activities or whereabouts of previous day or hours). Child/youth shows rapid changes in personality or evidence of distinct personalities. Child/youth who meets criteria for Dissociative Identity Disorder or a more severe level of a Dissociative Disorder would be rated here.

## TIME BEFORE TREATMENT (Ages 6-24)

This item identifies the amount of time that passed between the trauma and the beginning of treatment.

Ratings and Descriptions	
Questions to Consider	0 Trauma was recognized and treatment started within one month of initial experience.
	1 Trauma was recognized and treatment started within one to six months of initial experience.
	2 Trauma was recognized and treatment started within six months to one year of the initial experience.
	3 Trauma was not recognized nor treated for more than one year after the initial experience.

# 10. TRANSITION AGE YOUTH DOMAIN

**\*\*This domain is to be completed for all young adults age 18-24.\*\***

The following items are designed primarily for young adults age 18 thru 24; however, these items should also be rated for any individual if it is felt that transition issues apply (e.g., individuals less than 18 years old in a parenting role).

**Question to Consider for this Domain:** What areas could the young adult benefit from support?

For the **Transition Age Youth Domain**, use the following categories and action levels:

- 0 No evidence of any needs; no need for action.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
- 2 Action is required to ensure that the identified need is addressed; need is interfering with functioning.
- 3 Need is dangerous or disabling; requires immediate and/or intensive action.

## STRENGTHS

### INDIVIDUAL INVOLVEMENT IN CARE (Ages 18-24)

This item refers to the individual's participation in efforts to address their identified needs.

	Ratings and Descriptions
<b>Questions to Consider</b> <ul style="list-style-type: none"> <li>• Is the individual aware of their needs and strengths?</li> <li>• How does individual understand their needs and challenges?</li> <li>• Does the individual attend sessions willingly and participate fully?</li> </ul>	0 <i>Well-developed centerpiece strength; may be used as a centerpiece in an intervention/ action plan.</i> Individual is knowledgeable of needs and helps direct planning to address them.
	1 <i>Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.</i> Individual is knowledgeable of needs and participates in planning to address them.
	2 <i>Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.</i> Individual is at least somewhat knowledgeable of needs but is not willing to participate in plans to address them.
	3 <i>An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.</i> Individual is neither knowledgeable about needs nor willing to participate in any process to address them.

## BEHAVIORAL/EMOTIONAL NEEDS

### INTERPERSONAL PROBLEMS (Ages 18-24)

This rating identifies problems with relating to other people including significant manipulative behavior, social isolation, or significant conflictual relationships. The presence of any DSM personality disorder may be rated here.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Is the individual being currently treated for personality disorder or have a diagnosis of one?</li> <li>Is individual experiencing overwhelming anger or fear around others abandoning them?</li> <li>Or do they have relationships that are often very intense but not very stable?</li> </ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of symptoms of interpersonal problems.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Evidence of some challenges, probably sub-threshold for the diagnosis of a personality disorder. For example, mild but consistent dependency in relationships might be rated here. Or, some evidence of mild antisocial or narcissistic behavior. Also, an unconfirmed suspicion of the presence of a diagnosable personality disorder would be rated here.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Evidence of sufficient degree of personality disorder to warrant a DSM diagnosis.</p> <hr/> <p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Evidence of severe interpersonal problems that have significant implications for the individual's long-term functioning. Personality disorder dramatically interferes with the individual's ability to function independently.</p>

# FUNCTIONING

## RESIDENTIAL STABILITY (Ages 18-24)

This item rates the current and likely future housing circumstances for the individual. If the individual lives independently, their history of residential stability can be rated.

<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Is the individual staying in temporary housing, homeless shelter, transitional housing or looking for new housing due to eviction, being “kicked out of family home”, or running away from family home?</li></ul>	<p>Ratings and Descriptions</p> <p>0 <i>No evidence of any needs; no need for action.</i> There is no evidence of residential instability. The individual has stable housing for the foreseeable future.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> The individual has relatively stable housing but has either moved in the past three months or there are indications that housing problems could arise at some point within the next three months. Also, a mild degree of residential instability if living independently, characterized by the potential loss of housing due to the person’s difficulty with self-care, disruptive behavior, financial situation, or other psychosocial stressor. A recent move for any reason that the individual found stressful would be rated here.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> The individual has moved multiple times in the past year. Also there is a moderate degree of residential instability if the person is living independently, characterized by recent and temporary lack of permanent housing.</p> <hr/> <p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action</i> The individual has experienced periods of homelessness in the past six months. Also, significant degree of residential instability if living independently, characterized by homelessness for at least 30 days as defined by living on the streets, in shelters, or other transitional housing.</p>
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## PARENTAL/CAREGIVING ROLE (Ages 18-24)

This item describes the individual in any parental/caregiver role. For example, an individual with a son or daughter or an individual responsible for an elderly parent or grandparent would be rated here. Include pregnancy as a parenting role. An adult whose children are in the custody of child welfare, but who retains parental rights, would be rated in a parental role.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>Does the individual have younger siblings, minor children, or dependent adults whom he/she is providing significant caregiving responsibilities?</li><li>Is individual able to effectively meet caregiving responsibilities or is they struggling or feeling overwhelmed and requiring significant external supports at this time?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> The individual has a parenting/caregiving role, and he/she is functioning appropriately in that role. There is no evidence of a problem with parenting or care giving.</p> <hr/> <p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> The individual has responsibilities as a parent/caregiver and occasionally experiences difficulties with this role.</p> <hr/> <p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> The individual has responsibilities as a parent/caregiver, and the person is currently unable to meet these responsibilities, or these responsibilities are currently interfering with the individual's functioning in other life domains.</p> <hr/> <p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action</i> The individual has responsibilities as a parent/caregiver, and the individual is currently unable to meet these responsibilities, or these responsibilities are making it impossible for the individual to function in other life domains. The individual has the potential of abuse or neglect in their parenting/caregiving.</p> <hr/> <p>NA The individual has no role as a parent/caregiver.</p>

## JOB FUNCTIONING\* (Ages 18-24)

If the individual is working, this item describes their functioning in a job setting.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>• Is the individual able to meet expectations at work?</li><li>• Do they have regular conflict at work?</li><li>• Are they timely and able to complete responsibilities?</li></ul>	<p>0 <i>No evidence of any needs; no need for action.</i> No evidence of any problems in work environment. Individual is excelling in a job environment.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Individual has a history of problems with work functioning, or individual may have some problems in the work environment that are not interfering with work functioning or other functional areas. The individual is functioning adequately in a job environment. An individual that is not currently working, but is motivated and is actively seeking work, could be rated here.</p>
	<p>2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Some problems at work including disruptive behavior and/or difficulties with performing required work is indicated. Supervisors likely have warned individual about problems with their work performance. OR although not working, the individual seems interested in doing so, but may have problems with developing vocational or prevocational skills.</p>
	<p>3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Individual has problems at work in terms of attendance, performance or relationships. Individual may have recently lost a job. Work problems are placing the individual or others in danger including aggressive behavior toward peers or superiors or severe attendance problems are evidenced. Individual may be recently fired or at very high risk of firing (e.g. on notice). OR the individual has a long history of unemployment.</p>
	<p>NA Individual is not currently working or recently unemployed.</p>

\*A rating of '1', '2' or '3' on this item will trigger the completion of the [G] Vocational and Career Module.\*

## [G] VOCATIONAL AND CAREER MODULE

This module is to be completed when the Life Functioning Domain, Job Functioning item is rated '1,' '2' or '3.'

### CAREER ASPIRATIONS (Ages 18-24)

This item describes the degree to which an individual has ideas about what type of job they would want, or a clear idea of a career direction.

Questions to Consider	Ratings and Descriptions
Does the individual have goals for their job or career development?	0 Individual has clear and feasible career plans.
Is the individual able to identify a job or career path, and do they have resources needed to get there?	1 Individual has career plans but significant barriers may exist to achieving these plans.
	2 Individual wants to work but does not have a clear idea regarding jobs or careers.
	3 Individual has no career plans or aspirations.

### JOB TIME (Ages 18-24)

This item describes how many hours the individual currently works.

Questions to Consider	Ratings and Descriptions
Does the individual work and how many hours? What is their work schedule?	0 Individual works at least full-time.
	1 Individual works more than 20 hours per week but not full-time.
	2 Individual works less than 20 hours per week.
	3 Individual is not working.

### JOB ATTENDANCE (Ages 18-24)

This item describes the individual's ability to consistently make it to work based on their job history.

Questions to Consider	Ratings and Descriptions
Has the individual experienced communication or disciplinary action for work attendance issues?	0 Individual goes to work consistently as scheduled.
Is the individual meeting expectations for attendance?	1 Individual has occasional problems going to work. They may sometimes call in sick when not ill.
	2 Individual has difficulty consistently going to work.
	3 Individual has severe job attendance problems that threaten termination or have resulted in recent firing.

**JOB PERFORMANCE (Ages 18-24)**

This item describes the individual's prior work performance based on their job history

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>What feedback has the individual received regarding their job performance?</li> </ul>	<ul style="list-style-type: none"> <li>0 Individual is a productive employee.</li> <li>1 Individual is generally a productive employee but some performance issues exist.</li> <li>2 Individual is having problems performing adequately on the job.</li> <li>3 Individual has severe performance problems that threaten termination or have resulted in recent firing.</li> </ul>

**JOB RELATIONS (Ages 18-24)**

This item describes the individual's history of relationships in work environments.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Are individual's relationships at the job setting a source of distress or source of strength for them?</li> </ul>	<ul style="list-style-type: none"> <li>0 Individual gets along well with superiors and co-workers.</li> <li>1 Individual is experiencing some problems with relationships at work.</li> <li>2 Individual is having problems with their relationships with superiors and/or co-workers. Difficulties are causing functioning problems at work.</li> <li>3 Individual is having severe relationship problems with superiors and/or co-workers. Relationship issues threaten employment or have resulted in recent firing.</li> </ul>

**JOB SKILLS (Ages 18-24)**

This item describes whether the individual has the skills needed for their career aspirations.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"> <li>Does individual require additional job skills to maintain current employment?</li> </ul>	<ul style="list-style-type: none"> <li>0 Individual has significant job skills consistent with career aspirations.</li> <li>1 Individual has basic job skills but they may not match career aspirations.</li> <li>2 Individual has limited job skills.</li> <li>3 Individual has no job skills.</li> </ul>

**END OF VOCATIONAL AND CAREER MODULE**

### SELF-CARE (Ages 18-24)

This item is used to describe an individual's current ability to perform basic self-care activities such as bathing, grooming, feeding, and toileting. Problems are rated regardless of the cause of them. Trauma, poverty and physical impairment may complicate the issue of self-care.

Ratings and Descriptions	
Questions to Consider	0 <i>No evidence of any needs; no need for action.</i> Individual's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the individual has any problems performing daily living skills.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> A mild degree of impairment with self-care. This is characterized by self-care difficulties that impair the individual's level of functioning, but do not represent a significant short or long-term threat to the person's well-being.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> This is characterized by a disruption in one self-care skill or moderate disruption in more than one self-care skill. The person's self-care does not represent an immediate threat to the person's safety but has the potential for creating significant long-term problems if not addressed.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action</i> A significant degree of self-care impairment. This is characterized by extreme disruptions in multiple self-care skills. The person's self-care abilities are sufficiently impaired that he/she represents an immediate threat to himself/herself and requires 24-hour supervision to ensure safety. (Suicidal or homicidal ideation or behavior would not be coded here, however, an acute eating disorder would be coded here).

### KNOWLEDGE OF ILLNESS (Ages 18-24)

This rating captures an individual's awareness and understanding of their psychiatric symptoms and diagnosis.

Ratings and Descriptions	
Questions to Consider	0 <i>No evidence of any needs; no need for action.</i> This level indicates a person who is aware of their psychiatric diagnosis and can verbalize an understanding of the nature, symptoms, and course of the illness. Any person who is sub-threshold on a psychiatric diagnosis would be rated here.
	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> The individual is aware that they have an illness but is not clear about its implications.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> The individual is unaware that they have an illness but recognizes that there is a problem.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action</i> The individual refuses to accept their illness despite clear evidence of a psychiatric disorder.

## MEDICATION INVOLVEMENT (Ages 18-24)

This item focuses on the individual's willingness or ability to participate in taking prescribed medication.

	Ratings and Descriptions
Questions to Consider	0 <i>No evidence of any needs; no need for action.</i>
• Does the individual remember to take their medication? When prompted, does the individual take their medication?	Individual takes medications as prescribed without assistance or reminders, or individual is not currently on any prescribed medication.
• Does the individual take their prescribed medications as directed by their physician?	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i>
• Does the individual ever refuse to take prescribed medications?	Individual usually takes medications as prescribed but may intermittently stop, skip, or forget to take medications without causing instability of the underlying medical condition(s); they may benefit from reminders and checks to consistently take medications.
• Is there concern about the individual abusing their medications?	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i>
	Individual takes medications inconsistently or misuses medications, causing some instability of the underlying medical condition; they may benefit from direct supervision of medication.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i>
	Individual does not take medication(s) prescribed for management of underlying medical conditions and their underlying medical conditions are not well controlled. An individual abusing their prescribed medications to a significant degree (e.g., overdosing or over using medications to a dangerous degree) would also be rated here.

## INTIMATE RELATIONSHIPS (Ages 18-24)

This item is used to rate the individual's current status in terms of romantic/intimate relationships.

	Ratings and Descriptions
Questions to Consider	0 <i>No evidence of any needs; no need for action.</i>
• Is the individual in a romantic partnership or relationship at this time?	Individual has a strong, positive, adaptive partner relationship with another; or they have maintained a positive partner relationship in the past but are not currently in an intimate relationship.
• What is the quality of this relationship?	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i>
• Does the individual see the relationship as a source of comfort/strength or source of distress/conflict?	Individual has a generally positive partner relationship with another person. They may have had a problematic partner relationship in the past.
	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i>
	Individual's partner relationship interferes with their functioning.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i>
	Individual is currently involved in a negative or unhealthy relationship with another person. This relationship is either dangerous or disabling to the individual.

## TRANSPORTATION (Ages 18-24)

This item is used to rate the level of transportation required to ensure that the individual can effectively participate in their own treatment.

	Ratings and Descriptions
Questions to Consider	0 <i>No evidence of any needs; no need for action.</i> Individual has no transportation needs. They are able to get to appointments, school/work, activities, etc. consistently, and are able to access any special vehicle needs for transportation, if needed.
• Does individual have reliable transportation?	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement</i> Individual has occasional transportation needs (e.g. appointments). They have difficulty getting to appointments, school/work, activities, etc. no more than weekly and do not require a special vehicle.
• Are there any barriers to transportation?	2 <i>Action is required to ensure that the identified need is addressed; need is interfering with functioning.</i> Individual has frequent transportation needs (e.g. appointments). They have difficulty getting to appointments, school/work, activities, etc. regularly (e.g., once a week). Individual needs transportation assistance and access to special transportation resources.
	3 <i>Need is dangerous or disabling; requires immediate and/or intensive action.</i> Individual has no access to appropriate transportation and is unable to get to appointments, school/work, activities, etc. Individual needs immediate intervention and development of transportation resources.

# II. CAREGIVER RESOURCES & NEEDS

This section focuses on the strengths and needs of the caregiver. Caregiver ratings should be completed by household. If multiple households are involved in the planning, then this section should be completed once for each household under consideration (if possible). If the child or youth is in a foster care or out-of-home placement, please rate the identified parent(s), other relative(s), adoptive parent(s), or caretaker(s) who is planning to assume custody and/or take responsibility for the care of this child/youth.

**Question to Consider for this Domain:** What are the resources and needs of the child/youth’s caregiver(s)?

For **Caregiver Resources and Needs Domain** use the following categories and action levels:

- 0 No current need; no need for action. This may be a resource for the child/youth.
- 1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.
- 2 Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.
- 3 Need prevents the provision of care; requires immediate and/or intensive action.

**This section is to be completed for all ages (Ages 0-24) unless otherwise indicated.**

## SUPERVISION (All Ages, 0-24)

This item rates the caregiver’s capacity to provide the level of monitoring and discipline needed by the child/youth. Discipline is defined in the broadest sense, and includes all of the things that parents/caregivers can do to promote positive behavior with their children.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>• How does the caregiver feel about their ability to keep an eye on and discipline the child/youth?</li> <li>• Does the caregiver need some help with these issues?</li> </ul>	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> No evidence caregiver needs help or assistance in monitoring or disciplining the child/youth, and/or caregiver has good monitoring and discipline skills.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver generally provides adequate supervision, but is inconsistent. Caregiver may need occasional help or assistance.</p>
	<p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.</p>
	<p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver is unable to monitor or discipline the child/youth. Caregiver requires immediate and continuing assistance. Child/youth is at risk of harm due to absence of supervision or monitoring.</p>

## INVOLVEMENT WITH CARE (All Ages, 0-24)

This item rates the caregiver's participation in the child/youth's care and ability to advocate for the child/youth.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>• How involved are the caregivers in services for the child/youth?</li><li>• Is the caregiver an advocate for the child/youth?</li><li>• Would the caregiver like any help to become more involved?</li></ul>	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> No evidence of problems with caregiver involvement in services or interventions, and/or caregiver is able to act as an effective advocate for child.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver is consistently involved in the planning and/or implementation of services for the child/youth but is not an active advocate on behalf of the child/youth. Caregiver is open to receiving support, education, and information.</p>
	<p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver is not actively involved in the child/youth's services and/or interventions intended to assist.</p>
	<p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver wishes for child/youth to be removed from their care.</p>

## KNOWLEDGE (All Ages, 0-24)

This item identifies the caregiver's knowledge of the child/youth's strengths and needs, and the caregiver's ability to understand the rationale for the treatment or management of these problems.

Questions to Consider	Ratings and Descriptions
<ul style="list-style-type: none"><li>• Does the caregiver understand the child/youth's current mental health diagnosis and/or symptoms?</li><li>• Does the caregiver's expectations of the child/youth reflect an understanding of the child/youth's mental or physical challenges?</li></ul>	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the child/youth's psychological strengths and weaknesses, talents and limitations.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver, while being generally knowledgeable about the child/youth, has some mild deficits in knowledge or understanding of the child/youth's psychological condition, talents, skills and assets.</p>
	<p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver does not know or understand the child/youth well and significant deficits exist in the caregiver's ability to relate to the child/youth's problems and strengths.</p>
	<p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver has little or no understanding of the child/youth's current condition. Caregiver's lack of knowledge about the child/youth's strengths and needs place the child/youth at risk of significant negative outcomes.</p>

### ORGANIZATION (All Ages, 0-24)

This item is used to rate the caregiver's ability to organize and manage their household within the context of intensive community services.

Ratings and Descriptions	
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>Do caregivers need or want help with managing their home?</li><li>Do they have difficulty getting to appointments or managing a schedule?</li><li>Do they have difficulty getting their youth to appointments or school?</li></ul>	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> Caregiver is well organized and efficient.</p> <hr/>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.</p> <hr/>
	<p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has moderate difficulty organizing and maintaining household to support needed services.</p> <hr/>
	<p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver is unable to organize household to support needed services.</p>

### SOCIAL RESOURCES (All Ages, 0-24)

This item rates the social assets (extended family) and resources that the caregiver can bring to bear in addressing the multiple needs of the child/youth and family.

Ratings and Descriptions	
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>Does family have extended family or friends who provide emotional support?</li><li>Can they call on social supports to watch the child/youth occasionally?</li></ul>	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> Caregiver has significant social and family networks that actively help with caregiving.</p> <hr/>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver has some family or friend or social network that actively helps with caregiving.</p> <hr/>
	<p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Work needs to be done to engage family, friends or social network in helping with caregiving.</p> <hr/>
	<p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver has no family or social network to help with caregiving.</p>

### RESIDENTIAL STABILITY (All Ages, 0-24)

This item rates the housing stability of the caregiver(s) and does not include the likelihood that the child or youth will be removed from the household.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• Is the family's current housing situation stable?</li><li>• Are there concerns that they might have to move in the near future?</li><li>• Has family lost their housing?</li></ul>	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> Caregiver has stable housing with no known risks of instability.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> Caregiver has relatively stable housing but either has moved in the recent past or there are indications of housing problems that might force housing disruption.</p>
	<p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has moved multiple times in the past year. Housing is unstable.</p>
	<p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Family is homeless, or has experienced homelessness in the recent past.</p>

### MEDICAL/PHYSICAL (All Ages, 0-24)

This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit their ability to provide care for the child/youth. This item does not rate depression or other mental health issues.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>• How is the caregiver's health?</li><li>• Does the caregiver have any health problems that limit their ability to care for the family?</li></ul>	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> No evidence of medical or physical health problems. Caregiver is generally healthy.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> There is a history or suspicion of, and/or caregiver is in recovery from medical/physical problems.</p>
	<p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has medical/physical problems that interfere with the capacity to parent the child/youth.</p>
	<p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver has medical/physical problems that make parenting the child/youth impossible at this time.</p>

## MENTAL HEALTH (All Ages, 0-24)

This item refers to any serious mental health issues (not including substance abuse) among caregivers that might limit their capacity to provide care for the child/youth.

### Questions to Consider

- Do caregivers have any mental health needs (including adjusting to trauma experiences) that make parenting difficult?
- Is the child/youth receiving services?
- Is there any evidence of transgenerational trauma that is impacting the caregiver or the child/youth's ability to give care effectively?

### Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*  
No evidence of caregiver mental health difficulties.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*  
There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.
- 
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*  
Caregiver's mental health difficulties interfere with his or her capacity to parent.
- 
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*  
Caregiver has mental health difficulties that make it impossible to parent the child/youth at this time.

## SUBSTANCE USE (All Ages, 0-24)

This item rates the impact of any notable substance use by caregivers that might limit their capacity to provide care for the child/youth.

### Questions to Consider

- Do caregivers have any substance use needs that make parenting difficult?
- Is the caregiver receiving any services for the substance use problems?

### Ratings and Descriptions

- 0 *No current need; no need for action. This may be a resource for the child/youth.*  
No evidence of caregiver substance use issues.
- 
- 1 *Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.*  
There is a history of, suspicion or mild use of substances and/or caregiver is in recovery from substance use difficulties where there is no interference in their ability to parent.
- 
- 2 *Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.*  
Caregiver has some substance abuse difficulties that interfere with his or her capacity to parent.
- 
- 3 *Need prevents the provision of care; requires immediate and/or intensive action.*  
Caregiver has substance abuse difficulties that make it impossible to parent the child/youth at this time.

## DEVELOPMENTAL (All Ages, 0-24)

This item describes the presence of limited cognitive capacity or developmental disabilities that challenges the caregiver's ability to provide care for the child/youth.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>Does the caregiver have developmental challenges that make parenting/caring for the child/youth difficult?</li><li>Does the caregiver have services?</li></ul>	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i></p>
	<p>No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i></p> <p>Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.</p>
	<p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i></p> <p>Caregiver has developmental challenges that interfere with the capacity to parent the child/youth.</p>

## SAFETY (All Ages, 0-24)

This item describes the caregiver's ability to maintain the child/youth's safety within the household. It does not refer to the safety of other family or household members based on any danger presented by the assessed child/youth.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"><li>Is the caregiver able to protect the child/youth from harm in the home?</li><li>Are there individuals living in the home or visiting the home that may be abusive to the child/youth?</li></ul>	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i></p>
	<p>No evidence of safety issues. Household is safe and secure. Child/youth is not at risk from others.</p>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i></p> <p>Household is safe but concerns exist about the safety of the child/youth due to history or others who might be abusive.</p>
	<p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i></p> <p>Child/youth is in some danger from one or more individuals with access to the home.</p>

**\*All referrants are legally required to report suspected child abuse or neglect.\***

### **FAMILY STRESS (All Ages, 0-24)**

This is the impact of managing the child/youth's behavioral and emotional needs on the family's stress level.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>• Do caregivers find it stressful at times to manage the challenges in dealing with the child/youth's needs?</li><li>• Does the stress ever interfere with ability to care for the child/youth?</li></ul>	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> No evidence of caregiver having difficulty managing the stress of the child/youth's needs and/or caregiver is able to manage the stress of child/youth's needs.</p> <hr/>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> There is a history or suspicion of and/or caregiver has some problems managing the stress of child/youth's needs.</p> <hr/>
	<p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> Caregiver has notable problems managing the stress of child/youth's needs. This stress interferes with their capacity to provide care.</p> <hr/>
	<p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> Caregiver is unable to manage the stress associated with child/youth's needs. This stress prevents caregiver from parenting.</p>

### **FAMILY RELATIONSHIP TO THE SYSTEM (Age 0-5 Only)**

This item describes the degree to which the family's apprehension to engage with the formal health care system creates a barrier to receipt of care. For example, if a family refuses to see a psychiatrist due to their belief that medications are over-prescribed for children, a clinician must consider this belief and understand its impact on the family's choices. These complicated factors may translate into generalized discomfort with the formal health care system and may require the care provider to reconsider their approach.

	Ratings and Descriptions
Questions to Consider <ul style="list-style-type: none"><li>• Does the caregiver express any hesitancy in engaging in formal services?</li><li>• How does the caregiver's hesitancy impact their engagement in care for their child?</li></ul>	<p>0 <i>No current need; no need for action. This may be a resource for the child/youth.</i> The caregiver expresses no concerns about engaging with the formal helping system.</p> <hr/>
	<p>1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i> The caregiver expresses some hesitancy to engage with the formal helping system that is easily rectified with clear communication about intentions or past issues engaging with the formal helping system.</p> <hr/>
	<p>2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i> The caregiver expresses hesitancy to engage with the formal helping system that requires significant discussions and possible revisions to the treatment plan.</p> <hr/>
	<p>3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i> The caregiver's hesitancy to engage with the formal helping system prohibits the family's engagement with the treatment team at this time. When this occurs, the development of an alternate treatment plan may be required.</p>

## LEGAL INVOLVEMENT (Age 0-5 Only)

This item rates the caregiver's involvement with the justice system. This includes any legal issues related to immigration.

	Ratings and Descriptions
Questions to Consider	0 <i>No current need; no need for action. This may be a resource for the child/youth.</i>
• Has the caregiver been arrested?	Caregiver has no known legal difficulties.
• Is one or more of the caregivers incarcerated or on probation?	1 <i>Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.</i>
• Is one or more of the caregivers struggling with immigration or legal documentation issues?	Caregiver has a history of legal problems but currently is not involved with the legal system.
	2 <i>Need is interfering with the provision of care; action is required to ensure that the identified need is addressed.</i>
	Caregiver has some legal problems and is currently involved in the legal system.
	3 <i>Need prevents the provision of care; requires immediate and/or intensive action.</i>
	Caregiver has serious current or pending legal difficulties that place him/her at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention. A caregiver who is incarcerated would be rated here.