Alameda County
Behavioral Health Care Services

Child and Adolescent
Needs and Strengths 2.0

Ages 6 –17

2018
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/themself" 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 5 years old).

For specific permission to use please contact the Praed Foundation. For more information on the CANS contact:

John S. Lyons, PhD
Senior Policy Fellow
Chapin Hall at the University of Chicago
1313 East 60th Street
Chicago, IL 60637
jlyons@chapinhall.org
www.chapinhall.org

April D. Fernando
Policy Fellow
Chapin Hall at the University of Chicago
1313 East 60th Street
Chicago, IL 60637
afernando@chapinhall.org
www.chapinhall.org

Praed Foundation
http://praedfoundation.org
praedfoundation@yahoo.com

Alameda County Behavioral Health Care Services
For CANS/ANSA-T/ANSA contact information please visit the BHCS Provider Website at
http://www.acbhcs.org/providers/CANS/contact.htm

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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; Cardall, 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** 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

Life Functioning Domain
1. Family Functioning
2. Living Situation
3. *School Behavior**
4. *School Achievement**
5. *School Attendance**
6. Social Functioning
7. Recreational
8. *Developmental/Intellectual**
9. Decision Making
10. Job Functioning
11. Legal
12. Medical/Physical
13. Sexual Development
14. Sleep
15. Independent Living

Strengths Domain
16. Family Strengths
17. Interpersonal
18. Optimism
19. Educational Setting
20. Vocational
21. Coping and Savoring
22. Talents and Interests
23. Spiritual/Religious
24. Cultural Identity
25. Community Life
26. Relationship Permanence
27. Natural Supports

Strengths Domain continued
28. Resiliency
29. Resourcefulness

Behavioral/Emotional Needs Domain
30. Psychosis (Thought Disorder)
31. Impulsivity/Hyperactivity
32. Depression
33. Anxiety
34. Oppositional
35. Conduct
36. Anger Control
37. *Substance Use**
38. Eating Disturbance
39. Adjustment to Trauma

Traumatic/ Adverse Childhood Expers.
40. *Sexual Abuse**
41. Physical Abuse
42. Emotional Abuse
43. Neglect
44. Medical Trauma
45. Witness to Family Violence
46. Witness to Community/Schl Viol.
47. Natural or Manmade Disaster
48. War/Terrorism Affected
49. Victim/Witness to Criminal Activity
50. Disrupt. in Caregiving/Attch Losses
51. Parental Criminal Behaviors

Traumatic Stress Symptoms
52. Emot. and/or Physical Dysregulation
53. Intrusions/Re-experiencing
54. Traumatic Grief and Separation
55. Hyperarousal
56. Avoidance
57. Numbing
58. Dissociation
59. Time Before Treatment

Risk Behaviors continued
60. *Suicide Risk**
61. Non-Suicidal Self-Injurious Behavior
62. Other Self-Harm (Recklessness)
63. *Danger to Others**
64. *Sexual Aggression**
65. *Runaway**
66. *Delinquent Behavior**
67. *Fire Setting**
68. Intentional Misbehavior
69. High Risk Sexual Activity
70. Sexual Exploitation

Cultural Factors Domain
71. Language
72. Traditions and Rituals
73. Cultural Stress
74. Discrimination/Bias
75. Cultural Diff within the Family

Developmental Factors/History (Optional)
76. Motor
77. Sensory
78. Communication
79. Autism Spectrum
80. Failure to Thrive
81. Regulatory Problems
82. Birth Weight

83. Prenatal Care
84. Substance Exposure
80. Failure to Thrive
81. Regulatory Problems
82. Birth Weight
83. Prenatal Care
84. Substance Exposure

85. Labor and Delivery
86. Maternal Availability
87. Curiosity
88. Playfulness
89. Temperament
90. Feeding/Elimination
91. Daycare/Preschool

Caregiver Resources and Needs Domain (Optional)
183. Supervision
184. Involvement with Care
185. Knowledge
186. Organization
187. Social Resources

188. Residential Stability
189. Medical/Physical
190. Mental Health
191. Substance Use

192. Developmental
193. Safety
194. Family Stress
195. Legal

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 current need; no need for action or intervention.

1   History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

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.

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1.   FAMILY FUNCTIONING

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, take into account the relationship the child/youth has with their family as well as the relationship of the family as a whole.

Questions to Consider

- Is there conflict in the family relationship that requires resolution?
- Is treatment required to restore or develop positive relationship in the family?

Ratings and Descriptions

0   *No current need; no need for action or intervention.*
No evidence of problems in relationships with family members, and/or child/child/youth is doing well in relationships with family members.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*
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.

2   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.*
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.

3   *Problems are dangerous or disabling; requires immediate and/or intensive action.*
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.

2. LIVING SITUATION

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

- How has the child/youth been behaving and getting along with others in the current living situation?

Ratings and Descriptions

0 *No current need; no need for action or intervention.*

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.

1 *Identified need requires monitoring, watchful waiting, or preventive activities.*

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.

2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.*

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.

3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*

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.

3. SCHOOL BEHAVIOR*

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

Questions to Consider

- How is the child/youth behaving in school?
- Has the child/youth had any detentions or suspensions?
- Has the child/youth needed to go to an alternative placement?

Ratings and Descriptions

0 *No current need; no need for action or intervention.*

No evidence of behavioral problems at school, OR child/youth is behaving well in school.

1 *Identified need requires monitoring, watchful waiting, or preventive activities.*

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.

2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.*

Child/youth's behavior problems are interfering with functioning at school. The child/youth is disruptive and may have received sanctions including suspensions.

3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*

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.

A rating of '1', '2' or '3' on this item triggers the completion of the School Module.

4. SCHOOL ACHIEVEMENT*

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

Questions to Consider

- How are the child/youth's grades?
- Is the child/youth having difficulty with any subjects?
- Is the child/youth at risk for failing any classes or repeating a grade?

Ratings and Descriptions

0	*No current need; no need for action or intervention.* No evidence of issues in school achievement and/or child/youth is doing well in school.
1	*Identified need requires monitoring, watchful waiting, or preventive activities.* Child/youth is doing adequately in school although some problems with achievement exist.
2	*Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.* Child/youth is having moderate problems with school achievement. The child/youth may be failing some subjects.
3	*Problems are dangerous or disabling; requires immediate and/or intensive action.* 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.

A rating of '1', '2' or '3' on this item triggers the completion of the School Module.

5. SCHOOL ATTENDANCE*

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

- Does the child/youth have any difficulty attending school?
- Is the child/youth on time to school?
- How many times a week is the child/youth absent?
- Once the child/youth arrives at school, does the child/youth stay for the rest of the day?

Ratings and Descriptions

0	*No current need; no need for action or intervention.* Child/youth attends school regularly.
1	*Identified need requires monitoring, watchful waiting, or preventive activities.* Child/youth has a history of attendance problems, OR child/youth has some attendance problems but generally goes to school.
2	*Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.* Child/youth's problems with school attendance are interfering with academic progress.
3	*Problems are dangerous or disabling; requires immediate and/or intensive action.* Child/youth is generally absent from school.

A rating of '1', '2' or '3' on this item triggers the completion of the School Module.

6. SOCIAL FUNCTIONING

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.

Questions to Consider

- Is the child/youth pleasant and likeable?
- Do same age peers like the child/youth?
- Do you feel that the child/youth can act appropriately in social settings?

Ratings and Descriptions

0   *No current need; no need for action or intervention.*
No evidence of problems and/or child/youth has developmentally appropriate social functioning.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*
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.

2   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.*
Child/youth is having some problems with social relationships that interfere with functioning in other life domains.

3   *Problems are dangerous or disabling; requires immediate and/or intensive action.*
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 the their safety, health, and/or development.

7. RECREATIONAL

This item rates the youth's access to and use of leisure activities

Questions to Consider

- Does the child/youth have things that they like to do with free time?
- Things that give the child/youth pleasure?
- Activities that are a positive use of the child/youth's extra time?
- Does the child/youth often claim to be bored or have nothing to do?

Ratings and Descriptions

0   *No current need; no need for action or intervention.*
No evidence of any problems with recreational functioning. Child/youth has access sufficient activities that the youth enjoys.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*
Child/youth is doing adequately with recreational activities although some problems may exist.

2   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.*
Child/youth is having moderate problems with recreational activities. Child/youth may experience some problems with effective use of leisure time.

3   *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Child/youth has no access to or interest in recreational activities. Child/youth has significant difficulties making use of leisure time.

8.   DEVELOPMENTAL/INTELLECTUAL*

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   *No current need; no need for action or intervention.*
No evidence of developmental delay and/or child/youth has no developmental problems or intellectual disability.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*
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   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.*
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   *Problems are dangerous or disabling; requires immediate and/or intensive action.*
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 Developmental Needs Module.

9.   DECISION MAKING

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

Questions to Consider

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

Ratings and Descriptions

0   *No current need; no need for action or intervention.*
No evidence of problems with judgment or decision making that result in harm to development and/or well-being.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*
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   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.*
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   *Problems are dangerous or disabling; requires immediate and/or intensive action.*
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.

10. JOB FUNCTIONING

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

Questions to Consider

- Is the youth able to meet expectations at work?
- Does the youth have regular conflict at work?
- Is the youth timely and able to complete responsibilities?

Ratings and Descriptions

0	*No current need; no need for action or intervention.* No evidence of any problems in work environment. Youth is excelling in a job environment.
1	*Identified need requires monitoring, watchful waiting, or preventive activities.* Youth has some mild problems at work (e.g., tardiness, conflict). Youth is functioning adequately in a job environment.
2	*Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.* Youth has moderate problems at work. Youth has problems with development of vocational or prevocational skills.
3	*Problems are dangerous or disabling; requires immediate and/or intensive action.* Youth has severe problems at work in terms of attendance, performance or relationships. Youth may have recently lost a job.
NA	Not applicable. Youth is not currently working nor recently employed

11. LEGAL

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. Issues of family involvement in the justice system are not rated here.

Questions to Consider

- Has the youth ever admitted that the youth has broken the law?
- Has the youth ever been arrested?
- Has the youth ever been in detention?

Ratings and Descriptions

0	*No current need; no need for action or intervention.* Youth has no known legal difficulties or involvement with the court system.
1	*Identified need requires monitoring, watchful waiting, or preventive activities.* 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	*Action or intervention is required to ensure that the identified need is addressed; need is interfering with youth's functioning.* 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	*Problems are dangerous or disabling; requires immediate and/or intensive action.* 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).

12. MEDICAL/PHYSICAL

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

Questions to Consider

- Does the child/youth have anything that limits the child/youth's physical activities?
- How much does this interfere with the child/youth's life?

Ratings and Descriptions

0	*No current need; no need for action or intervention.* No evidence that the child/youth has any medical or physical problems, and/or the child/youth is healthy.
1	*Identified need requires monitoring, watchful waiting, or preventive activities.* Child/youth has mild, transient or well-managed physical or medical problems. These include well-managed chronic conditions like juvenile diabetes or asthma.
2	*Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.* 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	*Problems are dangerous or disabling; requires immediate and/or intensive action.* 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.

13. SEXUAL DEVELOPMENT

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.

Questions to Consider

- Are there concerns about the child/youth's healthy sexual development?
- Is the child/youth sexually active?
- Does the child/youth have less/more interest in sex than other same age peers?

Ratings and Descriptions

0	*No current need; no need for action or intervention.* No evidence of issues with sexual development.
1	*Identified need requires monitoring, watchful waiting, or preventive activities.* 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.
2	*Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.* Moderate to serious problems with sexual development that interferes with the child/youth's life functioning in other life domains.
3	*Problems are dangerous or disabling; requires immediate and/or intensive action.* Severe problems with sexual development. This would include very frequent risky sexual behavior, sexual aggression, or victim of sexual exploitation.

14. SLEEP

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.

Questions to Consider

- Does the child/youth appear rested?
- Is the child/youth often sleepy during the day?
- Does the child/youth have frequent nightmares or difficulty sleeping?
- How many hours does the child/youth sleep each night?

Ratings and Descriptions

0   *No current need; no need for action or intervention.*
Child/youth gets a full night's sleep each night.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*
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   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.*
Child/youth is having problems with sleep. Sleep is often disrupted and child/youth seldom obtains a full night of sleep.

3   *Problems are dangerous or disabling; requires immediate and/or intensive action.*
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.

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15. INDEPENDENT LIVING SKILLS (16+)*

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.

Questions to Consider

- Does individual know how to take care of themselves?
- Are they responsible when left unsupervised?
- Are they developing skills to eventually be able to live in an apartment by themselves?
- Or, if living on their own, how well can they maintain the home?

Ratings and Descriptions

0   *No current need; no need for action or intervention.*
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.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*
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.

2   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.*
This level I ndicates 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.

3   *Problems are dangerous or disabling; requires immediate and/or intensive action*
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.

STRENGTHS DOMAIN

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 protective factor and a centerpiece of a strength-based plan.
1   Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
2   Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
3   An area in which no current strength is identified; efforts are needed to identify potential strengths.

16. FAMILY STRENGTHS

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.

Ratings and Descriptions

Questions to Consider

- Does the child/youth have good relationships with any family member?

- Is there potential to develop positive family relationships?

- 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?

0   *Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.*
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.

1   *Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.*
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.

2   *Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.*
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 are needed to identify potential strengths.*
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.

17. INTERPERSONAL

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.

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?

Ratings and Descriptions

0	*Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.* Significant interpersonal strengths. Child/youth has well-developed interpersonal skills and healthy friendships.
1	*Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.* Child/youth has good interpersonal skills and has shown the ability to develop healthy friendships.
2	*Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.* 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 are needed to identify potential strengths.* 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.

18. OPTIMISM

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

Questions to Consider

- Does the child/youth have a generally positive outlook on things; have things to look forward to?
- How does the youth see themselves in the future?
- Is the child/youth forward looking/sees themselves as likely to be successful?

Ratings and Descriptions

0	*Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.* Child/youth has a strong and stable optimistic outlook for his/her future.
1	*Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.* Child/youth is generally optimistic about their future.
2	*Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.* 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	*An area in which no current strength is identified; efforts are needed to identify potential strengths.* There is no evidence of optimism at this time and/or child/youth has difficulties seeing positive aspects about themselves or their future.

19. EDUCATIONAL SETTING

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.

Questions to Consider

- Is the school an active partner in the child/youth's education?
- Does the child/youth like school?
- Has there been at least one year in which the child/youth did well in school?
- When has the child/youth been at their best in school?

Ratings and Descriptions

0	*Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.* 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	*Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.* School works with the child/youth and family to address the child/youth's educational needs; OR the child/youth likes school.
2	*Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.* The school is currently unable to adequately address the child/youth's academic or behavioral needs.
3	*An area in which no current strength is identified; efforts are needed to identify potential strengths.* 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 not in school.

20. VOCATIONAL

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.

Questions to Consider

- Does the child/youth know what they want to 'be when they grow up?'
- Has the child/youth ever worked or are they developing prevocational skills?
- Does the child/youth have plans to go to college or vocational school, for a career?

Ratings and Descriptions

0	*Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.* Child/youth is employed and is involved with a work environment that appears to exceed expectations. Job is consistent with developmentally appropriate career aspirations.
1	*Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.* Child/youth is working; however, the job is not consistent with developmentally appropriate career aspirations.
2	*Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.* 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.
3	*An area in which no current strength is identified; efforts are needed to identify potential strengths.* 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

21. COPING AND SAVORING SKILLS

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

	Ratings and Descriptions
Questions to Consider • How does the child/youth handle stress and disappointment? • How does the child/youth respond when good things happen to them?	**0** *Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.* Child with exceptional psychological strengths. Both coping and savoring skills are well developed.
	1 *Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.* Child with good psychological strengths. The person has solid coping skills for managing distress or solid savoring skills for enjoying pleasurable events.
	2 *Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.* Child with limited psychological strengths. For example, a person with very low self-esteem would be rated here.
	3 *An area in which no current strength is identified; efforts are needed to identify potential strengths.* Child with no known or identifiable psychological strengths. This may be due to intellectual impairment or serious psychiatric disorders.

22. TALENTS AND INTERESTS

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
Questions to Consider • What does the child/youth do with free time? • What does the child/youth enjoy doing? • Is the child/youth engaged in any pro-social activities? • What are the things that the child/youth does particularly well?	**0** *Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.* Child/youth has a talent that provides pleasure and/or self-esteem. Child/youth with significant creative/artistic/athletic strengths would be rated here.
	1 *Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.* 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.
	2 *Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.* 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.
	3 *An area in which no current strength is identified; efforts are needed to identify potential strengths.* 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.

23. SPIRITUAL/RELIGIOUS

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.

Questions to Consider

- Does the child/youth have spiritual beliefs that provide comfort?
- Is the family involved with any religious community? Is the child/youth involved?
- Is child/youth interested in exploring spirituality?

Ratings and Descriptions

0   *Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.*
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.

1   *Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.*
Child/youth is involved in and receives some comfort and/or support from spiritual and/or religious beliefs, practices and/or community.

2   *Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.*
Child/youth has expressed some interest in spiritual or religious belief and practices.

3   *An area in which no current strength is identified; efforts are needed to identify potential strengths.*
There is no evidence of identified spiritual or religious beliefs, nor does the child/youth show any interest in these pursuits at this time.

24. CULTURAL IDENTITY

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).

Questions to Consider

- Does the child/youth identify with any racial/ ethnic/cultural group?
- Does the child/youth find this group a source of support?

Ratings and Descriptions

0   *Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.*
The child/youth has defined a cultural identity and is connected to others who support the child/youth's cultural identity.

1   *Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.*
The child/youth is developing a cultural identity and is seeking others to support the child/youth's cultural identity.

2   *Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.*
The child/youth is searching for a cultural identity and has not connected with others.

3   *An area in which no current strength is identified; efforts are needed to identify potential strengths.*
The child/youth does not express a cultural identity.

25. COMMUNITY LIFE

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

- Does the child/youth feel like they are part of a community?
- Are there activities that the child/youth does in the community? Does the child/youth feel like they are part of a community?
- Are there activities that the child/youth does in the community?

Ratings and Descriptions

0   *Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.*

Child/youth is well integrated into his/her 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.

1   *Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.*

Child/youth is somewhat involved with his/her community. This level can also indicate a child/youth with significant community ties although they may be relatively short term.

2   *Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.*

Child/youth has an identified community but has only limited, or unhealthy, ties to that community.

3   *An area in which no current strength is identified; efforts are needed to identify potential strengths.*

There is no evidence of an identified community of which child/youth is a member at this time.

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26. RELATIONSHIP PERMANENCE

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

Questions to Consider

- Does the youth have relationships with adults that have lasted her/his lifetime?
- Is the youth in contact with both parents?
- Are there relatives in the youth's life with whom the youth has long-lasting relationships?

Ratings and Descriptions

0   *Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.*

Youth who has very stable relationships. Family members, friends, and community have been stable for most of the youth's life and are likely to remain so in the foreseeable future. Youth is involved with both parents.

1   *Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.*

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.

2   *Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.*

Youth who has had at least one stable relationship over the youth's lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.

3   *An area in which no current strength is identified; efforts are needed to identify potential strengths.*

Youth who does not have any stability in relationships. Independent living or adoption must be considered.

27. NATURAL SUPPORTS

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

Questions to Consider

- Who does the child/youth consider to be a support?
- Does the child/youth have non-family members in the child/youth's life that are positive influences?

0	*Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.* Child/youth has significant natural supports that contribute to helping support the child/youth's healthy development.
1	*Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.* Child/youth has identified natural supports that provide some assistance in supporting the child/youth's healthy development.
2	*Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.* Child/youth has some identified natural supports however the child/youth is not actively contributing to the child/youth's healthy development.
3	*An area in which no current strength is identified; efforts are needed to identify potential strengths.* Child/youth has no known natural supports (outside of family and paid caregivers).

28. RESILIENCY

This rating refers to the child/youth's ability to recognize his or her 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.

Ratings and Descriptions

Questions to Consider

- What does the child/youth do well?
- Is the child/youth able to recognize the child/youth's skills as strengths?
- Is the child/youth able to use the child/youth's strengths to problem solve and address difficulties or challenges?

0	*Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.* 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.
1	*Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.* Child/youth uses internal strengths in overcoming or the ability to bounce back for healthy development, problem solving, or dealing with stressful life events.
2	*Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.* 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.
3	*An area in which no current strength is identified; efforts are needed to identify potential strengths.* Child/youth is currently unable to identify internal strengths for preventing or overcoming negative life events or outcomes.

29. RESOURCEFULNESS

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

Questions to Consider	Ratings and Descriptions
• Does the child/youth have an external or environmental strengths? • Does the child/youth use their external or environmental strengths to aid in their well-being?	**0** *Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.* Child/youth is quite skilled at finding the necessary resources required to aid them in managing challenges. **1** *Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.* 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. **2** *Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.* 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. **3** *An area in which no current strength is identified; efforts are needed to identify potential strengths.* 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.

BEHAVIORAL/EMOTIONAL NEEDS DOMAIN

The ratings in this section identify the behavioral health needs of the 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 youth?

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

0   No current need; no need for action or intervention.

1   History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

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.

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30. PSYCHOSIS (THOUGHT DISORDER)

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.

Questions to Consider

- Does the youth exhibit behaviors that are unusual or difficult to understand?
- Does the youth engage in certain actions repeatedly?
- Are the unusual behaviors or repeated actions interfering with the youth's functioning?

Ratings and Descriptions

0   *No current need; no need for action or intervention.*
No evidence of psychotic symptoms. Both thought processes and content are within normal range.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*
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.

2   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.*
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.

3   *Problems are dangerous or disabling; requires immediate and/or intensive action.*
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.

31. IMPULSIVITY/HYPERACTIVITY

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.

Questions to Consider

- Is the child/youth unable to sit still for any length of time?
- Does the child/youth have trouble paying attention for more than a few minutes?
- Is the child/youth able to control the child/youth's behavior, talking?

Ratings and Descriptions

0   *No current need; no need for action or intervention.*
No evidence of symptoms of loss of control of behavior.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*
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.

2   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.*
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.

3   *Problems are 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/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.

32. DEPRESSION

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

Questions to Consider

- Is child/youth concerned about possible depression or chronic low mood and irritability?
- Has the child/youth withdrawn from normal activities?
- Does the child/youth seem lonely or not interested in others?

0 *No current need; no need for action or intervention.*
No evidence of problems with depression.

1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
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.

2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.*
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.

3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
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.

33. ANXIETY

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.

Ratings and Descriptions

Questions to Consider

- Does the child/youth have any problems with anxiety or fearfulness?
- Is the child/youth avoiding normal activities out of fear?
- Does the child/youth act frightened or afraid?

0 *No current need; no need for action or intervention.*
No evidence of anxiety symptoms.

1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
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.

2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.*
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.

3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child/youth to function in any life domain.

34. OPPOSITIONAL (Non-compliance with Authority)

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

Ratings and Descriptions

Questions to Consider

- Does the child/youth follow their caregivers' rules?
- Have teachers or other adults reported that the child/youth does not follow rules or directions?
- Does the child/youth argue with adults when they try to get the child/youth to do something?
- Does the child/youth do things that they have been explicitly told not to do?

0 *No current need; no need for action or intervention.*
No evidence of oppositional behaviors.

1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
There is a history or evidence of mild level of defiance towards authority figures that has not yet begun to cause functional impairment. Child/youth may occasionally talk back to teacher, parent/caregiver; there may be letters or calls from school.

2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.*
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/youth whose behavior meets the criteria for Oppositional Defiant Disorder in DSM-5 would be rated here.

3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others. This rating indicates that the child/youth has severe problems with compliance with rules or adult instruction or authority.

35. CONDUCT

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

Questions to Consider

- Is the child/youth seen as dishonest? How does the child/youth handle telling the truth/lies?
- Has the child/youth been part of any criminal behavior?
- Has the child/youth ever shown violent or threatening behavior towards others?
- Has the child/youth ever tortured animals?
- Does the child/youth disregard or is unconcerned about the feelings of others (lack empathy)?

0 *No current need; no need for action or intervention.*
No evidence of serious violations of others or laws.

1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
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.

2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.*
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.

3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
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.

36. ANGER CONTROL

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

Questions to Consider

- How does the child/youth control their emotions?
- Does the child/youth get upset or frustrated easily?
- Does the child/youth overreact if someone criticizes or rejects the child/youth?
- Does the child/youth seem to have dramatic mood swings?

Ratings and Descriptions

0 *No current need; no need for action or intervention.*
No evidence of any anger control problems.

1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
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 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.*
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 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
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.

37. SUBSTANCE USE*

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.

Questions to Consider

- Has the child/youth used alcohol or drugs on more than an experimental basis?
- Do you suspect that the child/youth may have an alcohol or drug use problem?
- Has the child/youth been in a recovery program for the use of alcohol or illegal drugs?

Ratings and Descriptions

0 *No current need; no need for action or intervention.*
Child/youth has no notable substance use difficulties at the present time.

1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
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 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.*
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 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
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 Substance Use Disorder Module.

38. 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.

Questions to Consider
- How does the individual feel about their body?
- Do they seem to be overly concerned about their weight?
- Do they ever refuse to eat, binge eat, or hoard food?
- Has the individual ever been hospitalized for eating related issues?

Ratings and Descriptions

0   *No current need; no need for action or intervention.*
    No evidence of eating disturbances.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*
    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   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.*
    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   *Problems are dangerous or disabling; requires immediate and/or intensive action.*
    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) would also be rated in this item.

39. ADJUSTMENT TO TRAUMA

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

- What was the child/youth's trauma?
- How is it connected to the current issue(s)?
- What are the child/youth's coping skills?
- Who is supporting the child/youth?

Ratings and Descriptions

0   *No current need; no need for action or intervention.*

No evidence that child/youth has experienced a traumatic life event, OR child/youth has adjusted well to traumatic/adverse experiences.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*

The child/youth has experienced a traumatic event and there are some changes in his/her 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.

2   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's 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/youth's functioning in at least one life domain

3   *Problems are 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/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).

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 his/her behavior?

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.

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

Questions to Consider

- Has the caregiver or child/youth disclosed sexual abuse?
- Is there suspicion or evidence that the child/youth has been sexually abused?

Ratings and Descriptions

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.

*A rating of 'YES' on this item triggers the completion of the Sexual Abuse Sub-Module.

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

Questions to Consider
- Is physical discipline used in the home? What forms?
- Has the child/youth ever received bruises, marks, or injury from discipline?

Ratings and Descriptions

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.

42. NEGLECT

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	Ratings and Descriptions
• 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?	**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.

43. EMOTIONAL ABUSE

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	Ratings and Descriptions
• How does the caregiver talk to/interact with the child/youth? • Is there name calling or shaming in the home?	**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.

44. MEDICAL TRAUMA

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
• Has the child/youth had any broken bones, stitches or other medical procedures? • Has the child/youth had to go to the emergency room, or stay overnight in the hospital?	**No** There is no evidence that the child/youth has experienced any medical trauma. **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.

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 could be included. A child/youth who must experience chemotherapy or radiation could also be included. Children/youth 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.

45. NATURAL OR MANMADE DISASTER
This item describes the child/youth's exposure to either natural or manmade disasters.

	Ratings and Descriptions
Questions to Consider • Has the child/youth been present during a natural or manmade disaster? • Does the child/youth watch television shows containing these themes or overhear adults talking about these kinds of disasters?	**No** There is no evidence that the child/youth has experienced, been exposed to or witnessed natural or manmade disasters.
	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.

46. WITNESS TO FAMILY VIOLENCE
This item describes exposure to violence within the child/youth's home or family.

	Ratings and Descriptions
Questions to Consider • Is there frequent fighting in the child/youth's family? • Does the fighting ever become physical?	**No** There is no evidence the child/youth has witnessed family violence.
	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.

47. WITNESS TO COMMUNITY/SCHOOL VIOLENCE
This item describes the exposure to incidents of violence the youth has witnessed or experienced in his/her community. This includes witnessing violence at the child/youth's school or educational setting.

	Ratings and Descriptions
Questions to Consider • Does the child/youth live in a neighborhood with frequent violence? • Has the child/youth witnessed or directly experienced violence at his/her school?	**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.

48. WAR/TERRORISM AFFECTED

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

Questions to Consider

- Has the child/youth or their family lived in a war torn region?
- How close were they to war or political violence, torture or terrorism?
- Was the family displaced?

Ratings and Descriptions

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).

49. WITNESS/VICTIM TO CRIMINAL ACTIVITY

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.

50. PARENTAL CRIMINAL BEHAVIORS

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.

51. DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES

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	Ratings and Descriptions
• Has the child/youth ever lived apart from their caregivers?	**No** There is no evidence that the youth has experienced disruptions in caregiving and/or attachment losses.
• What happened that resulted in the youth living apart from their caregivers?	**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.

TRAUMATIC STRESS SYMPTOMS

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

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 current need; no need for action or intervention.

1 Identified need requires monitoring, watchful waiting, or preventive activities.

2 Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.

3 Problems are dangerous or disabling; requires immediate and/or intensive action.

Rate the following items within the last 30 days.

52. EMOTIONAL AND/OR PHYSICAL DYSREGULATION
Child/youth has difficulties with arousal regulation or expressing emotions and energy states.

Questions to Consider

- Does the child/youth have reactions that seem out of proportion to the situation?
- Does the child/youth have extreme or unchecked emotional reactions to situations?

Ratings and Descriptions

0 *No current need; no need for action or intervention.*
Child/youth has no difficulties regulating emotional or physiological responses. Emotional responses and energy level are appropriate to the situation.

1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
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. .

2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.*
Child/youth has problems with affect/physiological regulation that are impacting his/her 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).

3 *Problems are 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.

53. INTRUSIONS/RE-EXPERIENCING

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.

Questions to Consider

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

Ratings and Descriptions

0   *No current need; no need for action or intervention.*

There is no evidence that the individual experiences intrusive thoughts of trauma.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*

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 or intervention is required to ensure that the identified need is addressed; need is interfering with individual's 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   *Problems are 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.

54. TRAUMATIC GRIEF & SEPARATION

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.

Questions to Consider

- Is the trauma reaction of the child/youth based on a grief/loss experience?
- How much does the child/youth's reaction to the loss impact functioning?

Ratings and Descriptions

0   *No current need; no need for action or intervention.*

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.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*

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.

2   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.*

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.

3   *Problems are dangerous or disabling; requires immediate and/or intensive action.*

Child/youth is experiencing dangerous or debilitating traumatic grief reactions that impair his/her 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.

55. HYPERAROUSAL

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.

Questions to Consider	Ratings and Descriptions
• Does the child/youth feel more jumpy or irritable than is usual? • Does the child/youth have difficulty relaxing and/or have an exaggerated startle response? • Does the child/youth have stress-related physical symptoms: stomach or headaches? • Do these stress-related symptoms interfere with the child/youth's ability to function?	**0** *No current need; no need for action or intervention.* Child/youth has no evidence of hyperarousal symptoms. **1** *Identified need requires monitoring, watchful waiting, or preventive activities.* History or evidence of hyperarousal that does not interfere with his/her daily functioning. Child/youth may occasionally manifest distress-related physical symptoms such as stomachaches and headaches. **2** *Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.* Child/youth exhibits one significant symptom or a combination or 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. **3** *Problems are dangerous or disabling; requires immediate and/or intensive action.* 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.

56. AVOIDANCE

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.

Questions to Consider	Ratings and Descriptions
• Does the child/youth make specific and concerted attempts to avoid sights, sounds, smells, etc. that are related to the trauma experience?	**0** *No current need; no need for action or intervention.* Child/youth exhibits no avoidance symptoms. **1** *Identified need requires monitoring, watchful waiting, or preventive activities.* Child/youth may have history or exhibits one primary avoidant symptom, including efforts to avoid thoughts, feelings or conversations associated with the trauma. **2** *Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.* Child/youth exhibits avoidance symptoms that interfere with his/her 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** *Problems are dangerous or disabling; requires immediate and/or intensive action.* 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.

57. NUMBING

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.

Questions to Consider

- Does the child/youth experience a normal range of emotions?
- Does the child/youth tend to have flat emotional responses?

Ratings and Descriptions

0 *No current need; no need for action or intervention.*
Child/youth has no evidence of numbing responses.

1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
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 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.*
Child/youth exhibits numbing responses that impair his/her 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 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
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.

58. DISSOCIATION

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

Questions to Consider

- Does the child/youth ever enter a dissociative state?
- Does the child/youth often become confused about who or where they are?
- Has the child/youth been diagnosed with a dissociative disorder

Ratings and Descriptions

0 *No current need; no need for action or intervention.*
No evidence of dissociation.

1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
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 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with child/youth's functioning.*
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 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
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.

59. TIME BEFORE TREATMENT

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

Questions to Consider

- How long after the trauma occurred did the child begin receiving treatment?

Ratings and Descriptions

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.

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 or intervention.

1   History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

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.

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60. SUICIDE RISK*

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

Ratings and Descriptions

Questions to Consider

- Has the child/youth ever talked about a wish or plan to die or to kill the child/youth's self?
- Has the child/youth ever tried to commit suicide?

0   *No evidence of any needs.*
No evidence of suicidal ideation.

1   *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the recent past.

2   *Action or intervention is required to ensure that the identified need is addressed.*
Recent ideation or gesture. Recent, but not acute, suicidal ideation or gesture.

3   *Intensive and/or immediate action is required to address the need or risk behavior.*
Current ideation and intent OR command hallucinations that involve self-harm. Current suicidal ideation and intent.

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

61. NON-SUICIDAL SELF-INJURIOUS BEHAVIOR

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.).

Questions to Consider

- Does the behavior serve a self-soothing purpose (e.g., numb emotional pain, move the focus of emotional pain to the physical)?
- Does the child/youth ever purposely hurt oneself (e.g., cutting)?

Ratings and Descriptions

0 *No evidence of any needs.*
   No evidence of any forms of self-injury.

1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
   A history or suspicion of self-injurious behavior.

2 *Action or intervention is required to ensure that the identified need is addressed.*
   Engaged in self-injurious behavior (cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.

3 *Intensive and/or immediate action is required to address the need or risk behavior.*
   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.

62. OTHER SELF-HARM (RECKLESSNESS)

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.

Questions to Consider

- Does the child/youth act without thinking?
- Has the child/youth ever talked about or acted in a way that might be dangerous to the child/youth's self? (e.g., reckless behavior such as riding on top of cars, reckless driving, climbing bridges, etc.)?

Ratings and Descriptions

0 *No evidence of any needs.*
   No evidence of behaviors (other than suicide or self-mutilation) that place the child/youth at risk of physical harm.

1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
   There is a history, suspicion or mild behavior (other than suicide or self-mutilation) that places child/youth at risk of physical harm such as reckless and dangerous risk-taking behavior.

2 *Action or intervention is required to ensure that the identified need is addressed.*
   Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth in danger of physical harm.

3 *Intensive and/or immediate action is required to address the need or risk behavior.*
   Engaged in reckless or intentional risk-taking behavior (other than suicide or self-mutilation) that places the child/youth at immediate risk of death.

63. DANGER TO OTHERS*

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.

Ratings and Descriptions

Questions to Consider

- Has the child/youth ever injured another person on purpose?
- Does the child/youth get into physical fights?
- Has the child/youth ever threatened to kill or seriously injure others?

0	*No evidence of any needs.*
	No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).
1	*Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
	History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.
2	*Action or intervention is required to ensure that the identified need is addressed.*
	Occasional or moderate level of aggression towards others. Child/youth has made verbal threats of violence towards others.
3	*Intensive and/or immediate action is required to address the need or risk behavior.*
	Acute homicidal ideation with a plan, frequent or dangerous (significant harm) level of aggression to others. Child/youth is an immediate risk to others.

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

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64. SEXUAL AGGRESSION*

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

- Has the child/youth ever been accused of being sexually aggressive towards another child/youth?
- Has the child/youth had sexual contact with a younger individual?

0	*No evidence of any needs.*
	No evidence of sexually aggressive behavior.
1	*Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
	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	*Action or intervention is required to ensure that the identified need is addressed.*
	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	*Intensive and/or immediate action is required to address the need or risk behavior.*
	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.

*A rating of '1', '2' or '3' on this item triggers the completion of the Sexually Aggressive Behavior Module.

65. RUNAWAY*

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

	Ratings and Descriptions

Questions to Consider

- Has the child/youth ever run away from home, school, or any other place?
- If so, where did the child/youth go? How long did the child/youth stay away? How was the child/youth found?
- Does the child/youth ever threaten to run away?

0   *No evidence of any needs.*
Child/youth has no history of running away or ideation of escaping from current living situation.

1   *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
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   *Action or intervention is required to ensure that the identified need is addressed.*
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   *Intensive and/or immediate action is required to address the need or risk behavior.*
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.

A rating of '1', '2' or '3' on this item triggers the completion of the Runaway Module.*

66. DELINQUENT BEHAVIOR*

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.

	Ratings and Descriptions

Questions to Consider

- Do you know of laws that the child/youth has broken (even if the child/youth has not been charged or caught)?
- Has the child/youth ever been arrested?

0   *No evidence of any needs.*
No evidence or no history of delinquent behavior.

1   *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.*
History or suspicion of delinquent behavior, but none in the recent past. Status offenses would generally be rated here.

2   *Action or intervention is required to ensure that the identified need is addressed.*
Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the child/youth at risk.

3   *Intensive and/or immediate action is required to address the need or risk behavior.*
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.

A rating of '1', '2' or '3' on this item triggers the completion of the Delinquent Behavior Module.*

67. FIRE SETTING*

This item refers to behavior involving the intentional setting of fires that might be dangerous to the child/youth or others. This includes both malicious and non-malicious fire-setting. This does NOT include the use of candles or incense or matches to smoke or accidental fire-setting.

Ratings and Descriptions

Questions to Consider

- Has the child/youth ever started a fire?
- Has the incident of fire setting put anyone at harm or at risk of harm?

0	*No evidence of any needs.* No evidence of fire setting by the child/youth.
1	*Need that requires monitoring, watchful waiting, or preventive action.* This may have been a risk behavior in the past. History of fire setting but not in the recent past.
2	*Action or intervention is required to ensure that the identified need is addressed.* Recent fire setting behavior but not of the type that has endangered the lives of others OR repeated fire-setting behavior in the recent past.
3	*Intensive and/or immediate action is required to address the need or risk behavior.* Acute threat of fire setting. Set fire that endangered the lives of others (e.g. attempting to burn down a house).

A rating of '1', '2' or '3' on this item triggers the completion of the Fire Setting Module.*

68. INTENTIONAL MISBEHAVIOR

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 his/her 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

Questions to Consider

- 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)?
- 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.?

0	*No evidence of any needs.* Child/youth shows no evidence of problematic social behaviors that cause adults to administer consequences.
1	*Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.* 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.
2	*Action or intervention is required to ensure that the identified need is addressed.* 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.
3	*Intensive and/or immediate action is required to address the need or risk behavior.* 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).

69. HIGH RISK SEXUAL BEHAVIOR

This refers to sexual behavior and may or may not involve multiple partners. **Please rate behavior during the past year.**

Questions to Consider	Ratings and Descriptions
• Is the child/youth sexually active? • Is the child/youth's sexual activity developmentally normative and healthy? • Does the child/youth's sexual activity put him/her at risk for abuse, unwanted pregnancy or sexually transmitted infections?	**0** *No evidence of any needs.* Child/youth exhibits no history of sexual behavior beyond what is developmentally appropriate.
	1 *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.* Child/youth has history of high-risk sexual behavior but not in past six months.
	2 *Action or intervention is required to ensure that the identified need is addressed.* Child/youth engages in high-risk sexual behaviors.
	3 *Intensive and/or immediate action is required to address the need or risk behavior.* Child/youth engages in a dangerous level of sexual behaviors, or with partners who are abusive or otherwise physically dangerous.

70. SEXUAL EXPLOITATION

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.**

Questions to Consider	Ratings and Descriptions
	0 *No evidence of any needs.* There is no evidence that the child/youth has been sexually exploited or victimized, or has otherwise seen or been exposed to sexual exploitation.
• Has the child/youth traded sexual activity for goods, money, affection or protection? • Has the child/youth been a victim of human trafficking?	**1** *Need that requires monitoring, watchful waiting, or preventive action. This may have been a risk behavior in the past.* There is strong suspicion or evidence that the child has seen or been exposed to sexual victimization, or has been directly sexually exploited.
	2 *Action or intervention is required to ensure that the identified need is addressed.* 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.
	3 *Intensive and/or immediate action is required to address the need or risk behavior.* 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.

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 it 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   History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

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.

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71. LANGUAGE

This item looks at whether the child/youth and family need 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

- What language does the family speak at home?
- Is there a child/youth interpreting for the family in situations that may compromise the child/youth or family's care?
- Does the child/youth or significant family members have any special needs related to communication (e.g., ESL, ASL, Braille, or assisted technology)?

Ratings and Descriptions

0   *No current need; no need for action or intervention.*
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 they live.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*
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.

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 they or their 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   *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Child/youth and/or significant family members do not speak the primary language where they or their family lives. Translator or family's native language speaker is needed for successful intervention; no such individual is available from among natural supports.

72. TRADITIONS AND RITUALS

This item rates the child/youth and 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.

Questions to Consider

- What holidays does the child/youth celebrate?
- What traditions are important to the child/youth?
- Does the child/youth fear discrimination for practicing the child/youth's traditions and rituals?

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 requires monitoring, watchful waiting, or preventive activities.*
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 *Problems are 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.

73. DISCRIMINTATION BIAS

This item refers to any experience of discrimination or bias that is purposeful or accidental, direct or indirect. Discrimination may be based on gender, race, ethnicity, socioeconomic status, religion, sexual orientation, skin shade/color/complexion, linguistic ability, body shape/size, etc. Any statement of discrimination by a child/youth should be acknowledged and respected. Youth, children and families' feelings are what matter. These feelings can impact how a child or family function, and creates stress for the child/youth and/or family, which can correlate with depression and/or poor health outcomes. The presence of such discrimination or experiences may present a barrier to accessing supports or services that may be helpful to the child/youth or family. When families report feelings of discrimination providers can discuss those feelings and how they impact functioning, create an advocacy statement in the treatment plan, or assist the family in finding a better fit for necessary services**.**

Questions to Consider

- Does the child or his/her family experience racism, sexism, or any other kind of discrimination?
- How does discrimination impact his/her life?

Ratings and Descriptions

0 *No current need; no need for action or intervention.*
No report of experiences of discrimination that impacts the child/youth or family's ability to function and/or creates stress.

1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
Child/youth or family reports experiences of discrimination that occurred recently or in the past, but it is not currently causing any stress or difficulties for the child/youth or family.

2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*
Child/youth or family reports experiences of discrimination that are currently interfering with the child's or family's functioning.

3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Child/youth or family reports experiences of discrimination that substantially and immediately interferes with the child/youth or family's functioning on a daily basis and requires immediate action.

74. CULTURAL DIFFERENCES WITHIN THE FAMILY

Sometimes child members within a family have different backgrounds, values and/or perspectives This might occur in a family where a child is adopted from a different race, culture, ethnicity, or socioeconomic status. The parent may struggle to understand or lack awareness of the child's experience of discrimination. Additionally this may occur in families where the parents are first generation immigrants to the United States. The child 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 child have different understandings of appropriate behaviors that are rooted in cultural traditions?
- Do the family and child understand and respect each other's perspectives?
- Do the family and child have conflicts that result from different cultural 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 requires monitoring, watchful waiting, or preventive activities.* 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 child/youth.
3	*Problems are 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 their functioning and/or requires immediate action.

75. CULTURAL STRESS

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 child/youth and their family). Racism, negativity toward SOGIE and other forms of discrimination would be rated here.

Questions to Consider

- What does the family believe is their reality of discrimination? How do they describe discrimination or oppression?
- Does this impact their functioning as both individuals and as a family?
- How does the caregiver support the child/youth's identity and experiences if different from the child/youth's own?

Ratings and Descriptions

0	*No current need; no need for action or intervention.* No evidence of stress between the child/youth's cultural identity and current living situation.
1	*Identified need requires monitoring, watchful waiting, or preventive activities.* Some mild or occasional stress resulting from friction between the child/youth's cultural identity and current living situation.
2	*Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.* 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.
3	*Problems are dangerous or disabling; requires immediate and/or intensive action.* 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.

DEVELOPMENTAL FACTORS/ HISTORY (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   History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities.

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.

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

Questions to Consider	Ratings and Descriptions
• Do any of the child's motor skills concern you or others? • Do you see any ways in which the child's fine or gross motor development differs from other children?	**0** *No current need; no need for action or intervention.* 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. **1** *Identified need requires monitoring, watchful waiting, or preventive activities.* 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. **2** *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.* 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. **3** *Problems are dangerous or disabling; requires immediate and/or intensive action.* 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.

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

Questions to Consider	Ratings and Descriptions
• Are there any ways in which the child's senses appear different from other children? • How would you describe the child's vision, hearing, smell, touch, taste, and kinesthetic senses?	**0** *No current need; no need for action or intervention.* Child's sensory functioning appears normal. There is no reason to believe that the child has any problems with sensory functioning. **1** *Identified need requires monitoring, watchful waiting, or preventive activities.* Child has impairment on a single sense (e.g., mild hearing deficits, correctable vision problems). **2** *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.* 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). **3** *Problems are dangerous or disabling; requires immediate and/or intensive action.* Child has significant impairment in one or more senses (e.g., profound hearing or vision loss) that could be dangerous or debilitating without intervention.

78. COMMUNICATION
This item rates the child's ability to communicate through any medium, including all spontaneous vocalizations and articulations; and learning disabilities involving expressive and/or receptive language. This item does not refer to challenges in expressing one's feelings.

Questions to Consider	Ratings and Descriptions
• Is the child able to understand others' communications? • Is the child able to communicate to others?	**0** *No current need; no need for action or intervention.* Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating. **1** *Identified need requires monitoring, watchful waiting, or preventive activities.* Child has a history of communication problems but currently is not experiencing problems. Infants may rarely vocalize. A toddler may have very few words and become frustrated with expressing needs. A preschooler may be difficult for others to understand. **2** *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.* Child has limited receptive and expressive communication that interferes with their functioning. Infants may have trouble interpreting facial gestures or initiate gestures to communicate needs. Toddlers may not follow simple 1-step commands. Preschoolers may be unable to understand simple conversation or carry out 2-3 step commands. **3** *Problems are dangerous or disabling; requires immediate and/or intensive action.* Child has serious communication difficulties and is unable to communicate. Communication difficulties include inability to point and grunt.

79. AUTISM SPECTRUM

This item describes the presence of Autism Spectrum Disorder.

	Ratings and Descriptions

Questions to Consider

- Does the child have any symptoms of Autism Spectrum Disorder?

0 *No current need; no need for action or intervention.*
There is no history of Autism Spectrum symptoms.

1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
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 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*
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 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Child meets criteria for a diagnosis of Autism Spectrum Disorder and has high end needs to treat and manage severe or disabling symptoms.

80. FAILURE TO THRIVE

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

Ratings and Descriptions

Questions to Consider

- Has the child had problems with the ability to gain weight and grow?
- Has the child's growth and weight caused any medical problems?

0 *No current need; no need for action or intervention.*
No evidence of failure to thrive.

1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
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.

2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*
The infant or child is experiencing problems in their ability to maintain weight or growth. The infant or child may be below the 5th 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 (75th to 25th).

3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
The infant/child has one or more of all of the above and is currently at serious medical risk.

81. REGULATORY PROBLEMS

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
- 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 youth 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?

Ratings and Descriptions

0   *No current need; no need for action or intervention.*

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.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*

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 or intervention 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, sensitivity to touch, noise, and environment. Referral to address self-regulation is needed.

3   *Problems are 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, and/or sensitivity to environmental stressors.

82. BIRTH WEIGHT

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

Questions to Consider
- How did the child's birth weight compare to typical averages?

Ratings and Descriptions

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.

1   Child born underweight. A child with a birth weight of between 1500 grams (3.3. pounds) and 2499 grams would be rated here.

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.

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.

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

Questions to Consider	Ratings and Descriptions
- What kind of prenatal care did the biological mother receive? - Did the mother have any unusual illnesses or risks during pregnancy?	**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.

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

Questions to Consider	Ratings and Descriptions
Was the child exposed to substances during the pregnancy? If so, what substances?	**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.

85. LABOR AND DELIVERY
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
Where there any unusual circumstances related to the labor and delivery of the child?	**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.
	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.
	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.
	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.

86. MATERNAL AVAILABILITY

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.

Questions to Consider	Ratings and Descriptions	
• Was the primary caregiver available to meet the child's needs in the first 3 months after birth?	0	The child's parent/primary caretaker was emotionally and physically available to the child in the weeks following the birth.
	1	The primary caretaker experienced some minor or transient stressors that made the parent slightly less available to the child.
	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.
	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.

87. CURIOSITY

This rating describes the child's self-initiated efforts to discover his/her world.

Questions to Consider	Ratings and Descriptions	
• Does the child attempt to explore their world with all of their senses?	0	*No current need; no need for action or intervention.* Child with exceptional curiosity. Infants displayed mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.
	1	*Identified need requires monitoring, watchful waiting, or preventive activities.* 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	*Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.* Child with limited curiosity. Child may have been hesitant to seek out new information or environments, or reluctant to explore even presented objects.
	3	*Problems are dangerous or disabling; requires immediate and/or intensive action.* Child with very limited or no observable curiosity. Child may seem frightened of new information or environments.

88. PLAYFULNESS

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
	0 *No current need; no need for action or intervention.* No evidence that infant or child has problems with play.
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?	**1** *Identified need requires monitoring, watchful waiting, or preventive activities.* 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 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.* 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 *Problems are dangerous or disabling; requires immediate and/or intensive action.* 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.

89. TEMPERAMENT

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

	Ratings and Descriptions
	0 *No current need; no need for action or intervention.* Child with an easy temperament. S/he was easily calmed or distracted when angry or upset
	1 *Identified need requires monitoring, watchful waiting, or preventive activities.* 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.
Questions to Consider • Does the child attempt to explore their world with all of their senses?	**2** *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.* Child with a difficult temperament. Child had difficulty being calmed, soothed, or distracted. Persistent episodes of crying, tantrums or other difficult behaviors are observed.
	3 *Problems are dangerous or disabling; requires immediate and/or intensive action.* 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.

90. FEEDING/ELIMINATION

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

91. DAYCARE/PRESCHOOL

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.

	Ratings and Descriptions
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?	**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 requires monitoring, watchful waiting, or preventive activities.* 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** *Problems are 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.

EXTENSION MODULES

[1] SCHOOL

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 the Life Functioning Domain, School Behavior/Achievement/Attendance items are rated '1,' '2' or '3.'

EDUCATIONAL ATTRIBUTES

92. ACADEMIC PERSISTENCE
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   *No current need; no need for action or intervention.*
Child/youth with academic persistence. For example, they take on assignments and asks for assistance when needed would be rated here.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*
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   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*
Child/youth whose academic persistence is inconsistent. This person initially attempts tasks but gives up and does not complete assignments.

3   *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Child/youth whose academic persistence is inadequate. This person does not take on assignments or has refused assistance.

93. TARDINESS
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 current need; no need for action or intervention.*
No evidence of tardiness. Person is usually on time for school and classes.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*
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   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*
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   *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Child/youth is tardy for school or classes on a regular basis.

94. CLASS AVOIDANCE

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	*No current need; no need for action or intervention.*
	Child/youth regularly attends all classes.
1	*Identified need requires monitoring, watchful waiting, or preventive activities.*
	Child/youth may occasionally fail to attend a particular class.
2	*Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*
	Child/youth may regularly avoid one class or occasionally fail to attend several classes.
3	*Problems are dangerous or disabling; requires immediate and/or intensive action.*
	Child/youth has a pattern of failing to attend more than one class each week.

95. CLASSROOM BEHAVIOR

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 & Definitions

0	*No current need; no need for action or intervention.*
	Child/youth participates appropriately in classes and is not disruptive.
1	*Identified need requires monitoring, watchful waiting, or preventive activities.*
	Child/youth does not participate in classes but is not disruptive.
2	*Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*
	Child/youth is occasionally disruptive in classes.
3	*Problems are dangerous or disabling; requires immediate and/or intensive action.*
	Child/youth's behavior regularly disrupts classes.

96. NON-CLASSROOM BEHAVIOR

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 & Definitions

0	*No current need; no need for action or intervention.*
	Child/youth gets through non-classroom tasks (i.e. lunch, study hall, passing through hallways) without incidents.
1	*Identified need requires monitoring, watchful waiting, or preventive activities.*
	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	*Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*
	Child/youth has incidents weekly during non-classroom tasks (i.e. lunch, study hall, passing through hallways).
3	*Problems are dangerous or disabling; requires immediate and/or intensive action.*
	Child/youth has major incidents, such as physical fights, during non-classroom tasks (i.e. lunch, study hall, passing through hallways).

97. SCHOOL DISCIPLINE

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 does he/she receive?
- Is he/she frequently suspended?

Ratings & Definitions

0	*No current need; no need for action or intervention.*
	No evidence of behavior problems at school. No discipline referrals have occurred this school year.
1	*Identified need requires monitoring, watchful waiting, or preventive activities.*
	Some problems with school behavior. A single office referral for discipline might be rated here.
2	*Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*
	Child/youth is having moderate behavioral difficulties at school. They are disruptive and may receive sanctions including a suspension or multiple detentions.
3	*Problems are dangerous or disabling; requires immediate and/or intensive action.*
	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

98. SELF-MANAGEMENT

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

Questions to Consider

- How week 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	*No current need; no need for action or intervention.*
	The child/youth is able to manage emotions and behavior at a level consistent with age and developmental level.
1	*Identified need requires monitoring, watchful waiting, or preventive activities.*
	The child/youth can usually manage emotions and behaviors. They occasionally require internal support.
2	*Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*
	The child/youth has moderate problems managing emotions and behaviors. They do not maintain control when upset but may respond to external support.
3	*Problems are dangerous or disabling; requires immediate and/or intensive action.*
	The child/youth is having severe problems managing emotions and behaviors. They do not respond to external support.

99. DECISION-MAKING SKILLS
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 *No current need; no need for action or intervention.*
The child/youth makes decisions that are at a level consistent with age and developmental level. Student manages well in school and activities.

1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
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 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*
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 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
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.

100. ABILITY TO PAY ATTENTION
Problems with attention ad 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 *No current need; no need for action or intervention.*
Child/youth who is able to pay attention and stay on task at a level consistent with age and developmental level.

1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
Child/youth with evidence of problems with attention. They may occasionally have difficulty staying on task for an age appropriate time period.

2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*
Child/youth with evidence of moderate problems with attention. They frequently has difficulty staying on task for an age appropriate time period.

3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Child/youth with evidence of major problems with attention. S/he is unable to stay on task for an age appropriate time period.

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

Ratings and Descriptions

0 *No current need; no need for action or intervention.*
No evidence that the child/youth has ever engaged in bullying at school or in the community.

1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
History or suspicion of bullying, or child/youth has engaged in bullying behavior or associated with groups that have bullied other children.

2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*
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 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Child/youth has repeatedly utilized threats or actual violence when bullying others in school and/or in the community.

102. BULLIED BY OTHERS
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 *No current need; no need for action or intervention.*
There is no evidence that child/youth has been bullied by others.

1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
Child/youth has been bullied occasionally in the past but has coped adequately.

2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*
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 s/he would otherwise enjoy.

3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
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

103. PARENTING RESPONSIBILITIES
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.

Ratings and Descriptions

Questions to Consider

- Is the child/youth over- or under-sensitive to touch, movement, sights or sounds?
- Does the child/youth have poor body perception?
- Does the child/youth have difficulty learning new movements?

0   *No current need; no need for action or intervention.*
No evidence of child /youth needing to function in a parental role.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*
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.

2   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*
Child/youth has some limitations due to parenting responsibilities. They may be pregnant or serving a parental role. S/he 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.

3   *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Child/youth has major parenting responsibilities. They may lack external supports. These responsibilities interfere with school participation. School placement or advancement is in jeopardy.

104. GANG INVOLVEMENT
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.'

Ratings and Descriptions

Questions to Consider

- Who is in the child/youth's non-family support group?
- What activities does the child/youth engage in with his/her friend group?
- Does the child/youth live in a neighborhood where gangs are prevalent?

0   *No current need; no need for action or intervention.*
Child/youth has no known gang affiliations.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*
Child/youth has a history of gang affiliations or hangs with current gang members but this does not appear to impact school performance.

2   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.*
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.

3   *Problems are dangerous or disabling; requires immediate and/or intensive action.*
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 or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.
>
> 1   Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.
>
> 2   Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.
>
> 3   An area in which no current strength is identified; efforts are needed to identify potential strengths.

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

Questions to Consider	Ratings & Definitions
• Is the child/youth involved with clubs or sports teams?	**0** *Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.* Child/youth takes on a leadership role in clubs and/or athletics.
	1 *Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.* Child/youth actively participates in clubs and/or athletics.
	2 *Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.* Child/youth is a member of a club or athletic activities.
	3 *An area in which no current strength is identified; efforts are needed to identify potential strengths.* Child/youth is not engaged in clubs or athletic activities.

106. LEADERSHIP
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.

Questions to Consider	Ratings & Definitions
• What leadership quality does the child/youth exhibit? • Does the child/youth take on leadership roles at school?	**NA** Not Applicable.
	0 *Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.* This level indicates a child/youth with significant leadership strengths. An child/youth who is regularly recognized by adults or is acknowledged as a positive leader by peers.
	1 *Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.* This level indicates an child/youth with a notable leadership talent. For example, an child/youth who is elected team captain or class representative. This may also include an 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 *Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.* This level indicates an 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. [continues]

3	*An area in which no current strength is identified; efforts are needed to identify potential strengths.*
	This level indicates a child/youth who does not express interest in leadership roles.

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

Questions to Consider

✦ How does the child/youth relate to his/her peers?

Ratings & Definitions

0	*Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.*
	Child/youth is sought out by many other students.
1	*Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.*
	Child/youth does well with other students or has some close friends.
2	*Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.*
	Child/youth does adequately with other students or has few friends.
3	*An area in which no current strength is identified; efforts are needed to identify potential strengths.*
	Child/youth tends to be a loner.

108. RELATIONSHIPS WITH TEACHERS
This item describes a child/youth's relationships with teachers.

Questions to Consider

✦ How does the child/youth relate to teachers?

✦ Does the child/youth have a strong connection with one or more teachers?

✦ Does the child/youth have regular conflict with teachers?

Ratings & Definitions

0	*Well-developed or centerpiece strength; may be used as a protective factor and a centerpiece of a strength-based plan.*
	Child/youth has good relations with teachers.
1	*Useful strength is evident but requires some effort to maximize the strength. Strength might be used and built upon in treatment.*
	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	*Strengths have been identified but require significant strength building efforts before they can be effectively utilized as part of a plan.*
	Child/youth has difficult relations with teachers that notably interfere with their education.
3	*An area in which no current strength is identified; efforts are needed to identify potential strengths.*
	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.

[2] DEVELOPMENTAL NEEDS

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.'

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

Questions to Consider

- Has the child/youth been tested for or diagnosed with a learning disability?
- Does the child/youth have an intellectual disability or delay?

Ratings and Descriptions

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.

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

Questions to Consider

- Is the child/youth vocal about their needs and wants?
- Has the child/youth ever been diagnosed with a communication disorder?

Ratings and Descriptions

0	*No current need; no need for action or intervention.* 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	*Identified need requires monitoring, watchful waiting, or preventive activities.* Child/youth has receptive communication skills but limited expressive communication skills
2	*Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.* Child/youth has both limited receptive and expressive communication skills.
3	*Problems are dangerous or disabling; requires immediate and/or intensive action.* Child/youth is unable to communicate.

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

Questions to Consider

- Is the child/youth progressing developmentally in a way similar to peers of the same age?

Ratings and Descriptions

0	*No current need; no need for action or intervention.* Child/youth's development appears within normal range. There is no reason to believe that the child/youth has any developmental problems.
1	*Identified need requires monitoring, watchful waiting, or preventive activities.* Evidence of a mild developmental delay.

• Has the child/youth been diagnosed with a developmental disorder?	2	*Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.* Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay.
	3	*Problems are dangerous or disabling; requires immediate and/or intensive action.* Severe developmental disorder.

112. SELF-CARE DAILY LIVING SKILLS
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.

		Ratings and Descriptions
	0	*No current need; no need for action or intervention.* 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.
Questions to Consider • Does the child/youth show age appropriate self-care skills? • Is the child/youth able to groom themselves?	1	*Identified need requires monitoring, watchful waiting, or preventive activities.* Child/youth requires verbal prompting on self-care tasks or daily living skills.
	2	*Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning.* 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	*Problems are dangerous or disabling; requires immediate and/or intensive action.* Child/youth requires attendant care on more than one of the self-care tasks-eating, bathing, dressing, toileting.

[3] SUBSTANCE USE DISORDER

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.

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

Ratings and Descriptions

Questions to Consider

- Is the child/youth currently using substances? If so, how frequently?
- Is there evidence of physical dependence on substances?

0	*No current need; no need for action or intervention.* Child/youth is currently abstinent and has maintained abstinence for at least six months.
1	*Identified need requires monitoring, watchful waiting, or preventive activities.* 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	*Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning* Child/youth actively uses alcohol or drugs but not daily.
3	*Problems are dangerous or disabling; requires immediate and/or intensive action* Child/youth uses alcohol and/or drugs on a daily basis.

---

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

Ratings and Descriptions

Questions to Consider

- How long has the child/youth been using drugs and/or alcohol?

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.

115. STAGE OF RECOVERY
This item identifies where the child/youth is in their recovery process.

Questions to Consider

- In relation to stopping substance use, at what stage of change is the child/child/youth?

Ratings and Descriptions

0   *No current need; no need for action or intervention.*
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   *Identified need requires monitoring, watchful waiting, or preventive activities.*
Child/youth is actively trying to use treatment to remain abstinent.

2   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning*
Child/youth is in contemplation phase, recognizing a problem but not willing to take steps for recovery.

3   *Problems are dangerous or disabling; requires immediate and/or intensive action*
Child/youth is in denial regarding the existence of any substance use problem.

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

Questions to Consider

- What role do the child/youth's peers play in their alcohol and drug use?

Ratings and Descriptions

0   *No current need; no need for action or intervention.*
Child/youth's primary peer social network does not engage in alcohol or drug use.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*
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   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning*
Child/youth predominantly has peers who engage in alcohol or drug use but child/youth is not a member of a gang.

3   *Problems are dangerous or disabling; requires immediate and/or intensive action*
Child/youth is a member of a peer group that consistently engages in alcohol or drug use.

117. PARENTAL INFLUENCES

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

Questions to Consider

- Do the caregiver(s) use substances? If so, does the caregiver's use impact the child/youth's use?

Ratings and Descriptions

0   *No current need; no need for action or intervention.*
There is no evidence that child/youth's caregivers have ever engaged in substance abuse.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*
One of child/youth's caregivers has history of substance abuse but not in the past year.

2   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning*
One or both of child/youth's caregivers have been intoxicated with alcohol or drugs in the presence of the child/youth.

3   *Problems are dangerous or disabling; requires immediate and/or intensive action*
One or both of child/youth's caregivers use alcohol or drugs with the child/youth.

118. ENVIRONMENTAL INFLUENCES

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

Questions to Consider

- Are there factors in the child/youth's community that impacts their alcohol and drug use?

Ratings and Descriptions

0   *No current need; no need for action or intervention.*
No evidence that the child/youth's environment stimulates or exposes them to any alcohol or drug use.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*
Problems in the child/youth's environment that might expose them to alcohol or drug use.

2   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning*
Problems in the child/youth's environment that clearly expose them to alcohol or drug use.

3   *Problems are dangerous or disabling; requires immediate and/or intensive action*
Severe problems in the child/youth's environment that stimulate them to engage in alcohol or drug.

[4] SEXUAL ABUSE

This module is to be completed when the Potentially Traumatic/Adverse Childhood Experience, Sexual Abuse item is rated 'Yes'.

Complete this section if Sexual Abuse is rated 'YES'. Rate the following items within the child/youth's lifetime.

119. EMOTIONAL CLOSENESS TO PERPETRATOR
This item rates the relationship the child/youth had with the person who abused them.

Questions to Consider

- What is the relationship between the perpetrator and the child/youth?

Ratings and Descriptions

0	Perpetrator was a stranger at the time of the abuse.
1	Perpetrator was known to the child/youth at the time of event but only as an acquaintance.
2	Perpetrator had a close relationship with the child/youth at the time of the event but was not an immediate family member.
3	Perpetrator was an immediate family member (e.g. parent, sibling).

120. FREQUENCY OF ABUSE
Please rate using time frames provided in the anchors

Questions to Consider

- How often does/did the abuse occur?

Ratings and Descriptions

0	Abuse occurred only one time.
1	Abuse occurred two times.
2	Abuse occurred two to ten times.
3	Abuse occurred more than ten times.

121. DURATION
This item rates the duration of the abuse.

Questions to Consider

- How long has the abuse been happening?

Ratings and Descriptions

0	Abuse occurred only one time.
1	Abuse occurred within a six month time period.
2	Abuse occurred within a six-month to one year time period.
3	Abuse occurred over a period of longer than one year.

122. PHYSICAL FORCE

This item rates the level of force that was involved in the sexual abuse.

Questions to Consider

- Is physical force used during the abuse?

Ratings and Descriptions

0	No physical force or threat of force occurred during the abuse episode(s).
1	Sexual abuse was associated with threat of violence but no physical force.
2	Physical force was used during the sexual abuse.
3	Significant physical force/violence was used during the sexual abuse. Physical injuries occurred as a result of the force.

123. REACTION TO DISCLOSURE

This item rates how others responded to the abuse and how supportive they were upon disclosure.

Questions to Consider

- How does the child/youth react when the abuse is disclosed?

Ratings and Descriptions

0	All significant family members are aware of the abuse and supportive of the child/youth coming forward with the description of the child/youth's abuse experience.
1	Most significant family members are aware of the abuse and supportive of the child/youth for coming forward. One or two family members may be less supportive. Parent may be experiencing anxiety/depression/guilt regarding abuse.
2	Significant split among family members in terms of their support of the child/youth for coming forward with the description of the child/youth's experience.
3	Significant lack of support from close family members of the child/youth for coming forward with the description of the child/youth's abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened.

[5] SUICIDE RISK

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.

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

Questions to Consider

- Has the child/youth ever attempted suicide?
- If so, how did they make that attempt? Was it a method that is typically lethal?

Ratings and Descriptions

0	No lifetime history of suicidal ideation or attempt.
1	Lifetime history of significant suicidal ideation but no potentially lethal attempts.
2	Lifetime history of a potentially lethal suicide attempt.
3	Lifetime history of multiple potentially lethal suicide attempts.

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

Questions to Consider

- Has the child/youth ever considered suicide as an option?
- If so, when do these thoughts happen and what is the content?

Ratings and Descriptions

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.

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

Questions to Consider

- Has the child/youth ever intended to commit suicide?
- If so, how recently?
- If so, what stopped them from following through on their intent?

Ratings and Descriptions

0	No evidence.
1	History, but no recent intent to commit suicide.
2	Recent intention to commit suicide.
3	Current intention.

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

Questions to Consider

- Does the child/youth's suicidal ideation include details of planning?
- If so, how realistic is that plan?
- If so, how lethal is that plan?

Ratings and Descriptions

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.

128. SUBSTANCE USE
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.

Questions to Consider

- Has the child/youth used alcohol or drugs on more than an experimental basis?
- Do you suspect that the child/youth may have an alcohol or drug use problem?
- Has the child/youth been in a recovery program for the use of alcohol or illegal drugs?

Ratings and Descriptions

0	Child/youth has no notable substance use difficulties at the present time.
1	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	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	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.

129. DEPRESSION
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.

Questions to Consider
- Is child/youth concerned about possible depression or chronic low mood and irritability?
- Has child/youth withdrawn from normal activities?
- Does the child/youth seem lonely or not interested in others?

Ratings and Descriptions

0	No evidence of problems with depression.
1	History or suspicion of depression or mild to moderate 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 gross avoidance behavior.
2	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.
3	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. This level is used to indicate an extreme case of one of the disorders from the category listed above.

130. CONDUCT
This item rates the degree to which a youth engages in behavior that is consistent with the symptoms of a Conduct Disorder.

Questions to Consider

- Is the youth seen as dishonest? How does the youth handle telling the truth/lies?
- Has the youth been part of any criminal behavior?
- Has the youth ever shown violent or threatening behavior towards others?
- Has the youth ever tortured animals?
- Does the youth disregard or is unconcerned about the feelings of others (lack empathy)?

Ratings and Descriptions

0	No evidence of serious violations of others or laws.
1	There is a history or suspicion of 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 youth may have some difficulties in school and home behavior. Problems are recognizable but not notably deviant for age, sex and community.
2	Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. A youth rated at this level will likely meet criteria for a diagnosis of Conduct Disorder.
3	Evidence of a severe level of conduct problems, as described above, that places the youth or community at significant risk of physical harm due to these behaviors. This rating indicates a youth with a severe conduct disorder. This could include frequent episodes of unprovoked, planned aggressive or other anti-social behavior.

131. CAREGIVER MENTAL HEALTH
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 or intervention. This may be a strength of the caregiver. No evidence of caregiver mental health difficulties.
1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver's functioning. Caregiver's mental health difficulties interfere with his or her capacity to parent.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has mental health difficulties that make it impossible to parent the child/youth at this time.

132. ACCESSIBLE FIREARM/MEDICATION
This item refers to the child/youth's ability to access potentially lethal objects / substances.

Questions to Consider

- Are there guns, firearms or lethal medication kept in the home or accessible to the child/youth in some other location?

Ratings and Descriptions

0	No evidence that the child/youth has access to firearms, lethal medication, or similarly lethal device/substance.
1	Some evidence that a lethal weapon /substance is accessible with substantial effort. Examples include a gun in a locked cabinet to which the child/youth cannot access the key, or a vague plan to obtain potentially lethal substances.
2	Evidence that a lethal means is available with modest effort (i.e. deception, some planning). **SAFETY PLAN MUST BE CREATED.**
3	Evidence that the child has immediate access to lethal means. **Child/youth should not be allowed to re-enter said environment until means has been removed. SAFETY PLAN MUST BE CREATED.**

[6] DANGEROUSNESS/VIOLENCE

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.

133. HISTORY OF PHYSICAL ABUSE
This item rates the history of physical abuse the child/youth has received.

Questions to Consider

- Has the child/youth ever been physically abused?

Ratings and Descriptions

0	No evidence of a history of physical abuse.
1	Child/youth has experienced corporal punishment.
2	Child/youth has experienced physical abuse on one or more occasions from care giver or parent.
3	Child/youth has experienced extreme physical abuse that has resulted in physical injuries that required medical care

134. HISTORY OF VIOLENCE
This item rates the child/youth's history of violence.

Questions to Consider

- Has the child/youth ever been violent with a sibling, peer, and adult?

Ratings and Descriptions

0	No evidence of any history of violent behavior by the child/youth.
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).
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.
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.

135. WITNESS TO COMMUNITY/SCHOOL VIOLENCE
This item describes the exposure to incidents of violence the youth has witnessed or experienced in his/her community. This includes witnessing violence at the child/youth's school or educational setting.

Questions to Consider
- Does the child/youth live in a neighborhood with frequent violence?
- Has the child/youth witnessed or directly experienced violence at his/her school?

Ratings and Descriptions

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.

136. WITNESS TO FAMILY VIOLENCE
This item describes exposure to violence within the child/youth's home or family.

Questions to Consider	Ratings and Descriptions	
• Is there frequent fighting in the child/youth's family? • Does the fighting ever become physical?	No	There is no evidence the child/youth has witnessed family violence.
	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.

EMOTIONAL/BEHAVIORAL RISKS

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

Questions to Consider	Ratings and Descriptions	
• How does the child/youth control their temper? • Does the child/youth get upset or frustrated easily? • Does the child/youth become physically aggressive when angry? • Does the child/youth have a hard time managing anger if someone criticizes or rejects them?	0	*No current need; no need for action or intervention.* Child/youth appears to be able to manage frustration well. No evidence of problems of frustration management.
	1	*Identified need requires monitoring, watchful waiting, or preventive activities.* 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.
	2	*Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.* Child/youth has problems managing frustration. The child/youth's anger when frustrated is causing functioning problems in school, at home, or with peers.
	3	*Problems are dangerous or disabling; requires immediate and/or intensive action.* 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

138. HOSTILITY

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

Questions to Consider

- Does the child/youth seem hostile frequently or in inappropriate environments/ situations?

Ratings and Descriptions

0   *No current need; no need for action or intervention.*

Child/youth appears to not experience or express hostility except in situations where most people would become hostile

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*

Child/youth appears hostile but does not express it. Others experience child/youth as being angry.

2   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.*

Child/youth expresses hostility regularly.

3   *Problems are dangerous or disabling; requires immediate and/or intensive action.*

Child/youth is almost always hostile either in expression or appearance. Others may experience child/youth as 'full of rage' or 'seething'

139. PARANOID THINKING

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

Questions to Consider

- Does the child/youth seem suspicious?
- Is there any evidence of paranoid thinking/beliefs?
- Is the child/youth very guarded?

Ratings and Descriptions

0   *No current need; no need for action or intervention.*

Child/youth does not appear to engage in any paranoid thinking.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*

Child/youth is suspicious of others but is able to test out these suspicions and adjust their thinking appropriately.

2   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.*

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.

3   *Problems are dangerous or disabling; requires immediate and/or intensive action.*

Child/youth believes that others plan to cause them harm. Child/youth is nearly always suspicious and guarded.

140. SECONDARY GAINS FROM ANGER
This item is used to rate the presence of anger to obtain additional benefits.

Questions to Consider

- What happens after the child/youth gets angry? Does the child/youth get anything in return?
- Does the child/youth typically get what the child/youth wants from expressing anger?

Ratings and Descriptions

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.
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.
2	Child/youth sometimes uses angry behavior to achieve desired outcomes with parents, caregivers, teachers, or peers.
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.

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

Questions to Consider

- Does the child/youth report having violent thoughts?
- Does the child/youth verbalize their violent thoughts either specifically or by using violent themes?

Ratings and Descriptions

0	*No current need; no need for action or intervention.* There is no evidence that child/youth engages in violent thinking.
1	*Identified need requires monitoring, watchful waiting, or preventive activities.* Child/youth has some occasional or minor thoughts about violence.
2	Child/youth has violent ideation. Language is often characterized as having violent themes and problem solving often refers to violent outcomes.
3	*Problems are dangerous or disabling; requires immediate and/or intensive action.* 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.

RESILIENCY FACTORS

142. AWARENESS OF VIOLENCE POTENTIAL
This item rates the child/youth's insight into their risk of violence.

Questions to Consider

- Is the child/youth aware of the risks of their potential to be violent?
- Is the child/youth concerned about these risks?
- Can the child/youth predict when/where/for what reason they will get angry and/or possibly become violent?

Ratings and Descriptions

0 *No current need; no need for action or intervention.*
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.

1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
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.

2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.*
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.

3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
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.

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

Questions to Consider

- How does the child/youth react to consequences given for violent or aggressive behavior?

Ratings and Descriptions

0 *No current need; no need for action or intervention.*
Child/youth is clearly and predictably responsive to identified consequences. Child/youth is regularly able to anticipate consequences and adjust behavior.

1 *Identified need requires monitoring, watchful waiting, or preventive activities.*
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.

2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.*
Child/youth responds to consequences on some occasions but sometimes does not appear to care about consequences for their violent behavior

3 *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Child/youth is unresponsive to consequences for their violent behavior.

144. COMMITMENT TO SELF CONTROL
This item rates the child/youth's willingness and commitment to controlling aggressive and/or violent behaviors.

Questions to Consider

- Does the child/youth want to change their behaviors?
- Is the child/youth committed to such change?

Ratings and Descriptions

0   *No current need; no need for action or intervention.*
Child/youth fully committed to controlling their violent behavior.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*
Child/youth is generally committed to control their violent behavior; however, child/youth may continue to struggle with control in some challenging circumstances.

2   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.*
Child/youth ambivalent about controlling their violent behavior.

3   *Problems are dangerous or disabling; requires immediate and/or intensive action.*
Child/youth not interested in controlling their violent behavior at this time.

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

Questions to Consider

- Is the child/youth on medication or have a treatment plan?
- Does the child/youth and family know what the plan is?

Ratings and Descriptions

0   *No current need; no need for action or intervention.*
Child/youth fully involved in their own treatment. Family supports treatment as well.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*
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

2   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning.*
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.

3   *Problems are dangerous or disabling; requires immediate and/or intensive action.*
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.

[7] SEXUALLY AGGRESSIVE BEHAVIOR

The items in the Sexually Aggressive Behaviors Module focus on elements/issues about the nature of the sexually aggressive behavior identified as being committed by the child/youth. This module is to be completed when the Risk Behaviors Domain, Sexually Aggressive Behavior item is rated '1,' '2' or '3.'

Please rate the most recent episode of sexually aggressive behavior.

| **146. RELATIONSHIP** |
| This item rates the nature of the relationship between the child/youth and the victim of their aggression. |

Questions to Consider	Ratings and Descriptions
• How does the child/youth know the other children involved? • Is there a power differential between parties? • Did the sexual aggression include physical harm to another person?	0 *No current need; no need for action or intervention.* No evidence of victimizing others. All parties in sexual activity appear to be consenting. No power differential. 1 *Identified need requires monitoring, watchful waiting, or preventive activities.* Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this child/youth being in the position of authority. 2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning* Child/youth is clearly victimizing at least one other individual with sexually abusive behavior. 3 *Problems are dangerous or disabling; requires immediate and/or intensive action* Child/youth is severely victimizing at least one other individual with sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior.

| **147. PHYSICAL FORCE/THREAT** |
| This item rates the level of physical force involved in the sexual aggression. |

Questions to Consider	Ratings and Descriptions
• Did the sex act include physical force or the threat of force? If so, how intense was that force? • Was the victim physically harmed or at risk of serious harm?	0 No evidence of the use of any physical force or threat of force in either the commission of the sex act nor in attempting to hide it. 1 Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act. 2 Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm. 3 Evidence of severe physical force in the commission of the sex act. Victim harmed or at risk for physical harm from the use of force.

148. PLANNING
This item should be rated only for the perpetrator.

Questions to Consider

- Does the child/youth plan the their sexual activities, or do they happen spontaneously?

Ratings and Descriptions

0	No evidence of any planning. Sexual activity appears entirely opportunistic.
1	Some evidence of efforts to get into situations where likelihood of opportunities for sexual activity are enhanced.
2	Evidence of some planning of sex act.
3	Considerable evidence of predatory sexual behavior in which victim is identified prior to the act, and the act is premeditated.

149. AGE DIFFERENTIAL
Please rate the highest level from the most recent episode of sexual behavior. This item should be rated only for the perpetrator.

Questions to Consider

- What are the ages of the individuals the child/youth has had sex with?

Ratings and Descriptions

0	Ages of the perpetrator and victim and/or participants essentially equivalent (less than 3 years apart).
1	Age differential between perpetrator and victim and/or participants is 3 to 4 years.
2	Age differential between perpetrator and victim at least 5 years, but perpetrator less than 13 years old.
3	Age differential between perpetrator and victim at least 5 years and perpetrator 13 years old or older.

150. TYPE OF SEX ACT
This item rates the kind of the sex act involved in the aggression. Rate the most serious type of aggression present.

Questions to Consider

- What was the exact sex act(s) involved in the child/youth's aggression?

Ratings and Descriptions

0	Sex act(s) involve touching or fondling only.
1	Sex act(s) involve fondling plus possible penetration with fingers or oral sex.
2	Sex act(s) involve penetration into genitalia or anus with body part.
3	Sex act involves physically dangerous penetration due to differential size or use of an object.

151. RESPONSE TO ACCUSATION
This item rates how the child/youth responded to the accusation and the remorse felt by the child/youth.

Questions to Consider

- Is the child/youth sorry for their behavior?
- Does the child/youth admit to the sex acts?

Ratings and Descriptions

0	Child/youth admits to behavior and expresses remorse and desire to not repeat.
1	Child/youth partially admits to behaviors and expresses some remorse.
2	Child/youth admits to behavior but does not express remorse.
3	Child/youth neither admits to behavior nor expresses remorse. Child/youth is in complete denial.

152. TEMPORAL CONSISTENCY
Temporal consistency relates to a child/youth's patterns and history of sexually problematic behavior.

Questions to Consider

- How long has the child/youth exhibited sexually problematic behavior(s)?

Ratings and Descriptions

0	This level indicates a child/youth who has never exhibited sexually abusive behavior or who has developed this behavior only in the past three months following a clear stressor.
1	This level indicates a child/youth who has been sexually abusive during the past two years OR child/youth who has become sexually abusive in the past three months despite the absence of any clear stressors.
2	This level indicates a child/youth who has been sexually abusive for an extended period of time (e.g. more than two years), but who has had significant symptom-free periods.
3	This level indicates a child/youth who has been sexually abusive for an extended period of time (e.g. more than two years) without significant symptom-free periods.

153. HISTORY OF SEXUALLY AGGRESSIVE BEHAVIOR (toward others)
This item rates the quantity of sexually aggressive behaviors exhibited by the child/youth.

Questions to Consider

- How many incidents have been identified and/or investigated?
- How many victims have been identified?

Ratings and Descriptions

0	Child or adolescent has only one incident of sexually abusive behavior that has been identified and/or investigated.
1	Child or adolescent has two or three incidents of sexually abusive behavior that have been identified and/or investigated.
2	Child or adolescent has four to ten incidents of sexually abusive behavior that have been identified and/or investigated with more than one victim.
3	Child or adolescent has more than ten incidents of sexually abusive behavior with more than one victim.

154. SEVERITY OF SEXUAL ABUSE
This item rates the significance and severity of the child/youth's own sexual abuse history.

Questions to Consider

- Has the child/youth been sexually abused, either known or suspected?
- If so, what was the type and intensity of abuse the child/youth endured?
- If so, who was child/youth's abuser

Ratings and Descriptions

0	No history of any form of sexual abuse.
1	History of occasional fondling or being touched inappropriately, however, not occurring on a regular basis or by someone in a caregiver capacity or suspicion of history of sexual abuse without confirming evidence.
2	This level is to indicate a moderate level of sexual abuse. This may involve a child/youth who has been fondled on an ongoing basis or sexually penetrated (anal or genital) once by someone not in a caregiver capacity.
3	This level is to indicate a severe level of sexual abuse involving penetration on an ongoing basis by someone either in a caregiver capacity or in close emotional relation to the child/youth.

155. PRIOR TREATMENT
This item rates the child/youth's experience in and the effectiveness of prior treatment.

Questions to Consider

- Does the child/youth have any history of treatment for sexual aggression?
- If so, what type of treatment and what was the effectiveness of each treatment?

Ratings and Descriptions

0	No history of prior treatment or history of outpatient treatment with notable positive outcomes.
1	History of outpatient treatment which has had some degree of success.
2	History residential treatment where there has been successful completion of program.
3	History of residential or outpatient treatment condition with little or no success.

[8] RUNAWAY

The items in the Runaway Module focus on aspects of running behavior that are important to understand when working with a child/youth at risk for running away This module is to be completed when the Risk Behaviors Domain, Runaway item is rated '1,' '2' or '3.'

156. FREQUENCY OF RUNNING
This item describes how often the child/youth runs away.

Questions to Consider

- How often does the child/youth run away?

Ratings and Descriptions

0	Child/youth has only run once in past year
1	Child/youth has run on multiple occasions in past year.
2	Child/youth runs run often but not always.
3	Child/youth runs at every opportunity.

157. CONSISTENCY OF DESTINATION
This item describes whether or not the child/youth runs away to the same place, area, or neighborhood.

Questions to Consider

- Does the child/youth always run to the same spot?

Ratings and Descriptions

0	Child/youth always runs to the same location.
1	Child/youth generally runs to the same location or neighborhood
2	Child/youth runs to the same community but the specific locations change.
3	Child/youth runs to no planned destination.

158. SAFETY OF DESTINATION
This item describes how safe the area is where the child/youth runs.

Questions to Consider

- Does the child/youth run to safe locations?

Ratings and Descriptions

0	Child/youth runs to a safe environment that meets their basic needs (e.g. food, shelter).
1	Child/youth runs to generally safe environments; however, they might be somewhat unstable or variable.
2	Child/youth runs to generally unsafe environments that cannot meet their basic needs.
3	Child/youth runs to very unsafe environments where the likelihood that the child/youth will be victimized is high.

159. INVOLVEMENT IN ILLEGAL ACTIVITIES

This item describes what type of activities the child/youth is involved in while on the run and whether or not they are legal activities.

Questions to Consider

- When the child/youth runs, are they involved in illegal acts?

Ratings and Descriptions

0	Child/youth does not engage in illegal activities while on run beyond those involved with the running itself.
1	Child/youth engages in status offenses beyond those involved with the running itself while on run (e.g. curfew violations, underage drinking)
2	Child/youth engages in delinquent activities while on run.
3	Child/youth engages in dangerous delinquent activities while on run (e.g. prostitution)

160. LIKELIHOOD OF RETURN ON OWN

This item describes whether or not the child/youth returns from a running episode on their own, whether they need prompting, or whether they need to be brought back by force (police).

Questions to Consider

- Does the child/youth usually return home on their own?

Ratings and Descriptions

0	Child/youth will return from run on their own without prompting.
1	Child/youth will return from run when found but not without being found.
2	Child/youth will make it difficult to find them and/or might passively resist return once found.
3	Child/youth makes repeated and concerted efforts to hide so as to not be found and/or resists return.

161. INVOLVEMENT WITH OTHERS

This item describes whether or not others help the child/youth to run away.

Questions to Consider

- Are others involved in the running activities?

Ratings and Descriptions

0	Child/youth runs by self with no involvement of others. Others may discourage behavior or encourage child/youth to return from run.
1	Others enable child/youth running by not discouraging their behavior.
2	Others involved in running by providing helping child/youth not be found.
3	Child/youth actively is encouraged to run by others. Others actively cooperate to facilitate running behavior.

162. REALISTIC EXPECTATIONS

This item describes what the child/youth's expectations are for when they run away.

Questions to Consider

- Does the child/youth have realistic expectations when they run away?

Ratings and Descriptions

0	Child/youth has realistic expectations about the implications of their running behavior.
1	Child/youth has reasonable expectations about the implications of their running behavior but may be hoping for a somewhat 'optimistic' outcome.
2	Child/youth has unrealistic expectations about the implications of their running behavior.
3	Child/youth has obviously false or delusional expectations about the implications of their running behavior.

163. PLANNING

This item describes how much planning the child/youth put into running away or if the child/youth runs spontaneously.

Questions to Consider

- Does the child/youth plan when they run away?

Ratings and Descriptions

0	Running behavior is completely spontaneous and emotionally impulsive.
1	Running behavior is somewhat planned but not carefully.
2	Running behavior is planned.
3	Running behavior is carefully planned and orchestrated to maximize likelihood of not being found.

[9] DELINQUENT BEHAVIOR

The items in the Juvenile Justice Module are intended to provide specific information about delinquent and criminal behaviors. This module is to be completed when the Risk Behaviors Domain, Delinquent Behavior item is rated '1,' '2' or '3.'

Rate the following items using time frames provided in the anchors.

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164. SERIOUSNESS
This item rates the seriousness of the individual's criminal offenses.

Questions to Consider
- What are the behaviors/actions that have made the child/youth involved in the juvenile justice or adult criminal system?

Ratings and Descriptions

0	Child/youth has engaged only in status violations (e.g., curfew); or no evidence of criminal behavior.
1	Child/youth has engaged in delinquent behavior.
2	Child/youth has engaged in criminal behavior.
3	Child/youth has engaged in delinquent criminal behavior that places other citizens at risk of significant physical harm.

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165. HISTORY
This item rates the individual's history of delinquency. Please rate using timeframes provided in the descriptions.

Questions to Consider
- How many criminal/ delinquent behaviors has the individual engaged in?
- Are there periods of time in which the individual did not engage in criminal behaviors?

Ratings and Descriptions

0	Current delinquent behavior is the first known occurrence.
1	Child/youth has engaged in multiple criminal/delinquent acts in the past one year.
2	Child/youth has engaged in multiple criminal/delinquent acts for more than one year but has had periods of at least 3 months where he/she did not engage in delinquent behavior.
3	Child/youth has engaged in multiple criminal/delinquent acts for more than one year without any period of at least 3 months where he/she did not engage in criminal/delinquent behavior.

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166. ARRESTS
This item rates the child/youth's history of arrests.

Questions to Consider
- How many times has the child/youth been arrested or detained in the past 30 days?

Ratings and Descriptions

0	Child/youth has no known arrests/detentions in past.
1	Child/youth has history of delinquency, but no arrests in the past 30 days.
2	Child/youth has 1 to 2 arrests/detention in the last 30 days.
3	Child/youth has more than 2 arrests/detentions in last 30 days.

167. PLANNING
This item rates the premeditation or spontaneity of the criminal acts.

Questions to Consider	Ratings and Descriptions
• Does the child/youth engage in pre-planned, spontaneous or impulsive criminal acts?	**0** No evidence of any planning. Delinquent/criminal behavior appears opportunistic or impulsive.
	1 Evidence suggests that child/youth places him/herself into situations where the likelihood of delinquent/criminal behavior is enhanced.
	2 Evidence of some planning of delinquent/criminal behavior.
	3 Considerable evidence of significant planning of delinquent/criminal behavior.

168. COMMUNITY SAFETY
This item rates the level to which the criminal behavior of the child/youth puts the community's safety at risk.

Questions to Consider	Ratings and Descriptions
• Is the delinquency violent in nature? • Does the child/youth commit violent crimes against people or property?	**0** No evidence of any risk to the community from the child/youth's behavior. He/she could be unsupervised in the community.
	1 Child/youth engages in behavior that represents a risk to community property.
	2 Child/youth engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the child/youth's behavior.
	3 Child/youth engages in behavior that directly places community members in danger of significant physical harm.

169. LEGAL COMPLIANCE
This item rates the child/youth's compliance with the rules of the court and probation.

Questions to Consider	Ratings and Descriptions
• Is the child/youth compliant with the terms of his/her probation? • Is the child/youth attending appointments, school, etc.? • Is the child/youth actively or frequently violating probation?	**0** *No current need; no need for action or intervention.* Child/youth is fully compliant with all responsibilities imposed by the court (e.g. school attendance, treatment, restraining orders) or no court orders are currently in place.
	1 *Identified need requires monitoring, watchful waiting, or preventive activities.* Child/youth is in general compliance with responsibilities imposed by the court (e.g. occasionally missed appointments).
	2 *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning* Child/youth is in partial noncompliance with standing court orders (e.g. child/youth is going to school/work but not attending court-ordered treatment).
	3 *Problems are dangerous or disabling; requires immediate and/or intensive action* Child/youth is in serious and/or complete noncompliance with standing court orders (e.g. parole violations).

170. PEER CRIMINAL BEHAVIOR (INFLUENCES)
This item rates the level to which the child/youth's peers engage in delinquent or criminal behavior.

Questions to Consider
- Do the child/youth's friends also engage in criminal behavior?
- Are the members of the child/youth's peer group involved in the criminal justice system or on parole/probation?

Ratings and Descriptions

0   *No current need; no need for action or intervention.*
    Child/youth's primary peer social network does not engage in delinquent/criminal behavior.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*
    Child/youth has peers in his/her primary peer social network who do not engage in delinquent/criminal behavior but has some peers who do.

2   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning*
    Child/youth predominantly has peers who engage in delinquent/criminal behavior but child/youth is not a member of a gang whose membership encourages or requires illegal behavior as an aspect of membership.

3   *Problems are dangerous or disabling; requires immediate and/or intensive action*
    Child/youth is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.

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171. PARENTAL CRIMINAL BEHAVIOR
This item rates the influence of parental criminal behavior on the child/youth's delinquent or criminal behavior

Questions to Consider
- Have the child/youth's parent(s) ever been arrested?
- If so, how recently has the child/youth seen his parent(s)?

Ratings and Descriptions

0   There is no evidence that child/youth's parents have ever engaged in criminal behavior.

1   One of child/youth's parents has history of criminal behavior but child/youth has not been in contact with this parent for at least one year.

2   One of child/youth's parents has history of criminal behavior and child/youth has been in contact with this parent in the past year.

3   Both of child/youth's parents have history of criminal behavior.

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172. ENVIRONMENTAL INFLUENCES
This item rates the influence of community criminal behavior on the child/youth's delinquent or criminal behavior.

Questions to Consider
- Does the child/youth live in a neighborhood/ community with high levels of crime?
- Is the child/youth a frequent witness or victim of such crime?

Ratings and Descriptions

0   *No current need; no need for action or intervention.*
    No evidence that the child/youth's environment stimulates or exposes him/her to any criminal behavior.

1   *Identified need requires monitoring, watchful waiting, or preventive activities.*
    Problems in the child/youth's environment that might expose him/her to criminal behavior.

2   *Action or intervention is required to ensure that the identified need is addressed; need is interfering with individual's functioning*
    Problems in the child/youth's environment that clearly expose him/her to criminal behavior.

3   *Problems are dangerous or disabling; requires immediate and/or intensive action*
    Severe problems in the child/youth's environment that stimulate him/her to engage in criminal behavior.

[10] FIRE SETTING

The items in the Fire Setting Module are intended to provide specific information about the child/youth's fire setting behavior. This module is to be completed when the Risk Behaviors Domain, Fire Setting item is rated '1,' '2' or '3.'

Rate the following items using time frames provided in the anchors.

173. HISTORY
This item rates the child/youth's history of fire setting including the number of fire setting events and the time elapsed between fire setting events.

Questions to Consider	Ratings and Descriptions	
• How many times have you started fires? • When did that happen?	0	Only one known occurrence of fire setting behavior.
	1	Child/youth has engaged in multiple acts of fire setting in the past year.
	2	Child/youth has engaged in multiple acts of fire setting for more than one year but has had periods of at least 6 months where the child/youth did not engage in fire setting behavior.
	3	Child/youth has engaged in multiple acts of fire setting for more than one year without any period of at least 3 months where the child/youth did not engage in fire setting behavior.

174. ARRESTS
This item rates the child/youth's history of arrests in the juvenile justice sector.

Questions to Consider	Ratings and Descriptions	
• How many times has the child/youth been arrested or detained in the past 30 days?	0	Child/youth has no known arrests in past.
	1	Child/youth has history of delinquency, but no arrests in the past 30 days.
	2	Child/youth has 1 to 2 arrests/detention in the last 30 days.
	3	Child/youth has more than 2 arrests in last 30 days.

Please rate the most recent episode of fire setting.

175. SERIOUSNESS
This item rates the extent of damage or harm caused by the child/youth's fire setting behavior.

Questions to Consider	Ratings and Descriptions	
• What happened after you started fires? • What was the extent of the damage? • Was any property damaged or were there any injuries?	0	Child/youth has engaged in fire setting that resulted in only minor damage (e.g. camp fire in the back yard which scorched some lawn).
	1	Child/youth has engaged in fire setting that resulted only in some property damage that required repair.
	2	Child/youth has engaged in fire setting which caused significant damage to property (e.g. burned down house).
	3	Child/youth has engaged in fire setting that injured self or others.

176. PLANNING
This item rates the child/youth's forethought when engaging in fire setting behavior.

Questions to Consider

- Do you plan to set fires or do you do it spontaneously because the opportunity suddenly presents itself?

Ratings and Descriptions

0	No evidence of any planning. Fire setting behavior appears opportunistic or impulsive.
1	Evidence suggests that child/youth places the themselves into situations where the likelihood of fire setting behavior is enhanced.
2	Evidence of some planning of fire setting behavior.
3	Considerable evidence of significant planning of fire setting behavior. Behavior is clearly premeditated.

177. USE OF ACCELERANTS
This item rates the child/youth's use of chemicals and other flammable materials (accelerants) to aid the spread of fire or to make the fire more intense.

Questions to Consider

- Have you used accelerants to start a fire, such as gasoline or anything that will help you start a fire rapidly?

Ratings and Descriptions

0	No evidence of any use of accelerants (e.g., gasoline). Fire setting involved only starters such as matches or a lighter.
1	Evidence suggests that the fire setting involved some use of mild accelerants (e.g. sticks, paper) but no use of liquid accelerants.
2	Evidence that fire setting involved the use of a limited amount of liquid accelerants but that some care was taken to limit the size of the fire.
3	Considerable evidence of significant use of accelerants in an effort to secure a very large and dangerous fire.

178. INTENTION TO HARM
This item rates the extent to which the child/youth intended to injure others when fire setting.

Questions to Consider

- When you started the fire, did you intend to harm/injure or kill someone?
- Were you seeking revenge?

Ratings and Descriptions

0	Child/youth did not intend to harm others with fire. The child/youth took efforts to maintain some safety.
1	Child/youth did not intend to harm others but took no efforts to maintain safety.
2	Child/youth intended to seek revenge or scare others but did not intend physical harm, only intimidation.
3	Child/youth intended to injure or kill others.

179. COMMUNITY SAFETY

This item rates the level of risk the child/youth poses to the community due to their fire setting behavior.

Questions to Consider	Ratings and Descriptions
• When you started the fires, did you place other people in your community at risk? • Do other people think that you put them at risk when you start fires? • Do you intentionally try to hurt others when you start a fire?	**0** Child/youth presents no risk to the community. The child/youth could be unsupervised in the community. **1** Child/youth engages in fire setting behavior that represents a risk to community property. **2** Child/youth engages in fire setting behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the child/youth's behavior. **3** Child/youth engages in fire setting behavior that intentionally places community members in danger of significant physical harm. Child/youth attempts to use fires to hurt others.

180. RESPONSE TO ACCUSATION

This item rates the reaction of the child/youth as they are confronted with the behavior.

Questions to Consider	Ratings and Descriptions see
• How did you react when you were accused of setting fires? • How do you feel about that?	**0** Child/youth admits to behavior and expresses remorse and desire to not repeat. **1** Child/youth partially admits to behaviors and expresses some remorse. **2** Child/youth admits to behavior but does not express remorse. **3** Child/youth neither admits to behavior nor expresses remorse. Child/youth is in complete denial.

181. REMORSE

This item rates the degree to which the child/youth expresses regret for the behavior.

Questions to Consider	Ratings and Descriptions
• Does the child/youth feel responsible for starting that fire? • How did the child/youth apologize for what they did?	**0** Child/youth accepts responsibility for behavior and is truly sorry for any damage/risk caused. Child/youth is able to apologize directly to effected people. **1** Child/youth accepts responsibility for behavior and appears to be sorry for any damage/risk caused. However, child/youth is unable or unwilling to apologize to effected people. **2** Child/youth accepts some responsibility for behavior but also blames others. May experience sorrow at being caught or receiving consequences. May express sorrow/remorse but only in an attempt to reduce consequences. **3** Child/youth accepts no responsibility and does not appear to experience any remorse.

182. LIKELIHOOD OF FUTURE FIRE SETTING
This item rates the potential for reoccurrence of fire setting behavior in the future.

Questions to Consider

- How is the child/youth willing to control themself to prevent setting fires in the future?

Ratings and Descriptions

0	Child/youth is unlikely to set fires in the future. Child/youth able and willing to exert self-control over fire setting.
1	Child/youth presents mild to moderate risk of fire setting in the future. Should be monitored but does not require ongoing treatment/intervention.
2	Child/youth remains at risk of fire setting if left unsupervised. Child/youth struggles with self-control.
3	Child/youth presents a real and present danger of fire setting in the immediate future. Child/youth unable or unwilling to exert self-control over fire setting behavior.

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 or intervention. This may be a strength of the caregiver.

1   History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.

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.

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183. SUPERVISION

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

Questions to Consider

- How does the caregiver feel about their ability to keep an eye on and discipline the child/youth?

- Does the caregiver need some help with these issues?

0   No current need; no need for action or intervention. This may be a strength of the caregiver.

No evidence caregiver needs help or assistance in monitoring or disciplining the child/youth, and/or caregiver has good monitoring and discipline skills.

1   Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.

Caregiver generally provides adequate supervision, but is inconsistent. Caregiver may need occasional help or assistance.

2   Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver's functioning.

Caregiver supervision and monitoring are very inconsistent and frequently absent. Caregiver needs assistance to improve supervision skills.

3   Problems are dangerous or disabling; requires immediate and/or intensive action.

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.

184. INVOLVEMENT WITH CARE

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

Questions to Consider

- How involved are the caregivers in services for the child/youth?
- Is the caregiver an advocate for the child/youth?
- Would the caregiver like any help to become more involved?

Ratings and Descriptions

0	No current need; no need for action or intervention. This may be a strength of the caregiver.
	No evidence of problems with caregiver involvement in services or interventions, and/or caregiver is able to act as an effective advocate for child.
1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.
	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.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver's functioning.
	Caregiver is not actively involved in the child/youth's services and/or interventions intended to assist.
3	Problems are dangerous or disabling; requires immediate and/or intensive action.
	Caregiver wishes for child/youth to be removed from his/her care.

185. KNOWLEDGE

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

Questions to Consider

- Does the caregiver understand the child/youth's current mental health diagnosis and/or symptoms?
- Does the caregiver's expectations of the child/youth reflect an understanding of the child/youth's mental or physical challenges?

Ratings and Descriptions

0	No current need; no need for action or intervention. This may be a strength of the caregiver.
	No evidence of caregiver knowledge issues. Caregiver is fully knowledgeable about the child/youth's psychological strengths and weaknesses, talents and limitations.
1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.
	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.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver's functioning.
	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.
3	Problems are dangerous or disabling; requires immediate and/or intensive action.
	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.

186. ORGANIZATION

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

Questions to Consider

- Do caregivers need or want help with managing their home?
- Do they have difficulty getting to appointments or managing a schedule?
- Do they have difficulty getting their youth to appointments or school?

Ratings and Descriptions

0	No current need; no need for action or intervention. Caregiver is well organized and efficient.
1	Identified need requires monitoring, watchful waiting, or preventive activities. 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.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with functioning. Caregiver has moderate difficulty organizing and maintaining household to support needed services.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver is unable to organize household to support needed services.

187. SOCIAL RESOURCES

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.

Questions to Consider

- Does family have extended family or friends who provide emotional support?
- Can they call on social supports to watch the child/youth occasionally?

Ratings and Descriptions

0	No current need; no need for action or intervention. This may be a strength of the caregiver. Caregiver has significant social and family networks that actively help with caregiving.
1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. Caregiver has some family or friend or social network that actively helps with caregiving.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver's functioning. Work needs to be done to engage family, friends or social network in helping with caregiving.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has no family or social network to help with caregiving.

188. RESIDENTIAL STABILITY

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

Questions to Consider

- Is the family's current housing situation stable?
- Are there concerns that they might have to move in the near future?
- Has family lost their housing?

Ratings and Descriptions

0	No current need; no need for action or intervention. This may be a strength of the caregiver. Caregiver has stable housing with no known risks of instability.
1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. 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.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver's functioning. Caregiver has moved multiple times in the past year. Housing is unstable.
3	Problems are dangerous or disabling; requires immediate and/or intensive action Family is homeless, or has experienced homelessness in the recent past.

189. MEDICAL/PHYSICAL

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.

Questions to Consider

- How is the caregiver's health?
- Does the caregiver have any health problems that limit their ability to care for the family?

Ratings and Descriptions

0	No current need; no need for action or intervention. This may be a strength of the caregiver. No evidence of medical or physical health problems. Caregiver is generally healthy.
1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. There is a history or suspicion of, and/or caregiver is in recovery from medical/physical problems.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver's functioning. Caregiver has medical/physical problems that interfere with the capacity to parent the child/youth.
3	Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has medical/physical problems that make parenting the child/youth impossible at this time.

190. MENTAL HEALTH

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	Ratings and Descriptions
• 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?	**0** No current need; no need for action or intervention. This may be a strength of the caregiver. No evidence of caregiver mental health difficulties. **1** Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building. There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties. **2** Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver's functioning. Caregiver's mental health difficulties interfere with his or her capacity to parent. **3** Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has mental health difficulties that make it impossible to parent the child/youth at this time.

191. SUBSTANCE USE

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	Ratings and Descriptions
• Do caregivers have any substance use needs that make parenting difficult? • Is the caregiver receiving any services for the substance use problems?	**0** No current need; no need for action or intervention. This may be a strength of the caregiver. No evidence of caregiver substance use issues. **1** Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength 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 his/her ability to parent. **2** Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver's functioning. Caregiver has some substance abuse difficulties that interfere with his or her capacity to parent. **3** Problems are dangerous or disabling; requires immediate and/or intensive action. Caregiver has substance abuse difficulties that make it impossible to parent the child/youth at this time.

192. DEVELOPMENTAL

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.

Questions to Consider

- Does the caregiver have developmental challenges that make parenting/caring for the child/youth difficult?

- Does the caregiver have services?

Ratings and Descriptions

0	No current need; no need for action or intervention. This may be a strength of the caregiver.
	No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.
1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.
	Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver's functioning.
	Caregiver has developmental challenges that interfere with the capacity to parent the child/youth.
3	Problems are dangerous or disabling; requires immediate and/or intensive action.
	Caregiver has severe developmental challenges that make it impossible to parent the child/youth at this time.

193. SAFETY

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 caregiver.

Questions to Consider

- Is the caregiver able to protect the child/youth from harm in the home?

- Are there individuals living in the home or visiting the home that may be abusive to the child/youth?

Ratings and Descriptions

0	No current need; no need for action or intervention. This may be a strength of the caregiver.
	No evidence of safety issues. Household is safe and secure. Child/youth is not at risk from others.
1	Identified need requires monitoring, watchful waiting, or preventive activities. This may be an opportunity for strength building.
	Household is safe but concerns exist about the safety of the child/youth due to history or others who might be abusive.
2	Action or intervention is required to ensure that the identified need is addressed; need is interfering with caregiver's functioning.
	Child/youth is in some danger from one or more individuals with access to the home.
3	Problems are dangerous or disabling; requires immediate and/or intensive action.
	Child/youth is in immediate danger from one or more individuals with unsupervised access.

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

194. FAMILY STRESS
This is the impact of managing the youth's behavioral and emotional needs on the family's stress level.

Questions to Consider	Ratings and Descriptions
• Do caregivers find it stressful at times to manage the challenges in dealing with the youth's needs? • Does the stress ever interfere with ability to care for the youth?	**0** No evidence of caregiver having difficulty managing the stress of the youth's needs and/or caregiver is able to manage the stress of youth's needs. **1** There is a history or suspicion of and/or caregiver has some problems managing the stress of youth's needs. **2** Caregiver has notable problems managing the stress of youth's needs. This stress interferes with his/her capacity to provide care. **3** Caregiver is unable to manage the stress associated with youth's needs. This stress prevents caregiver from parenting.

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

Questions to Consider	Ratings and Descriptions
• Has the caregiver been arrested? • Is one or more of the caregivers incarcerated or on probation? • Is one or more of the caregivers struggling with immigration or legal documentation issues?	**0** Caregiver has no known legal difficulties. **1** Caregiver has a history of legal problems but currently is not involved with the legal system. **2** Caregiver has some legal problems and is currently involved in the legal system. **3** 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.