WISCONSIN DEPARTMENT OF CHILDREN AND FAMILIES

Child and Adolescent Needs and Strengths

WI CANS 2.0

Ages 6 to 21

2023 REFERENCE GUIDE

ACKNOWLEDGEMENTS

Many individuals have collaborated in the development of the Child and Adolescent Needs and Strengths (CANS). Along with the CANS, and the versions for developmental disabilities, justice, child 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 child-serving systems that address the needs and strengths of children, youth and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. Training and annual certification is required for appropriate use.

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

Additionally, "child/youth" is being utilized in reference to "child," "youth," "adolescent," or "young adult." For items that are focused on or include adults the term "individual" is used.

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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 child serving systems— 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 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 designed to translate immediately into action levels. Different action levels exist for needs and strengths. For a description of these action levels please see below.
3. Ratings should describe the individual, not the individual 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 responsivity involves considering whether cultural factors are influencing the expression of needs and strengths. Ratings should be completed considering the child/youth's developmental and/or chronological age depending on the item. In other words, anger control is not relevant for a very young child but would be for an older child and young adult regardless of developmental age. Alternatively, school achievement should be considered within the framework of expectations based on the child/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." While most items are purely descriptive, there are a few items that consider cause and effect; see individual item descriptions for details on when the "why" is considered in rating these items.
6. A 30-day window is used to make sure assessments stay relevant to the child/youth's present circumstances. The CANS is a communication tool and a measure of an individual's story. The 30-day time frame should be considered in terms of whether an item is a need within the time frame within which the specific behavior may or may not have occurred. The action levels assist in understanding whether a need is currently relevant even when no specific behavior has occurred during the time frame.

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 the child/youth's and parents/caregivers' needs and strengths. Strengths are the child/youth's assets: areas in life where they are doing well or have 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 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 up 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 domain that asks about the family's beliefs and preferences, and about general family concerns. The care provider, along with the child/youth and family as well as other stakeholders, gives a number rating to each of these items. These ratings help the provider, child/youth and family understand where intensive or immediate action is most needed, and also where a child/youth has assets that could be a major part of the treatment or service plan.

The CANS ratings, however, do not tell the whole story of a child/youth's strengths and needs. Each section in the CANS 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 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, child/youth-serving systems. It provides for a structured communication and critical thinking about children/youth and their context. The CANS 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 child/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.

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

MEASUREMENT PROPERTIES OF THE CHILD AND ADOLESCENT NEEDS AND STRENGTHS

RELIABILITY

Strong evidence from multiple reliability studies indicates that the CANS can be completed reliably by individuals working with children/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, child welfare professionals, 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., 2002). Training and annual certification with a reliability of at least 0.70 on a test case vignette is required for ethical use. 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 its ability to measure children/youth's 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/youth in urban and rural settings (Anderson & Estle, 2001). In numerous jurisdictions, the CANS has been used to predict service utilization and costs, and to evaluate outcomes of clinical interventions and programs (Lyons, 2004; Lyons & Weiner, 2009; Lyons, 2009). Five independent research groups in four states have demonstrated the reliability and validity of decision support algorithms using the CANS (Chor, et al., 2012, 2013, 2014; Cordell, et al., 2016; Epstein, et al., 2015; Israel, et. al., 2015; Lardner, 2015).

RATING NEEDS & STRENGTHS

The CANS 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 child/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:

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 present	Useful in planning
2	Identified strength	Build or develop strength
3	No strength identified	Strength creation or identification may be indicated

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

To complete the CANS, a CANS trained and certified care coordinator, child welfare professional, 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 above). 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 individuals 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 children/youth and their families to discover individual and family functioning and strengths. Failure to demonstrate an individual's skill should first be viewed as an opportunity to learn the skill as opposed to the problem. Focusing on the individual's strengths instead of weaknesses with their families may result in enhanced motivation and improved performance. Involving the individual and, when appropriate, their families 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, adults 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 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 of strength-building activities, when appropriate. It is important to remember that when developing service and treatment plans for healthy child 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 child 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 percentage 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 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.

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 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 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 TREATMENT/SERVICE 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

The CANS is often completed 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 program, 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 allows for recommendations for future care which ties to current needs. And finally, it allows for a shared language to talk about our child/youth and creates opportunities for collaboration. It is our hope that this guide will help you to make the most out of the CANS and guide you in filling it out in an accurate way that helps you make good clinical decisions.

CANS: A STRATEGY FOR CHANGE

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 child/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 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 child/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 with 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.

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 the CANS and how it will be used. The description of the CANS should include teaching the child/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, share with the child/youth and family the CANS domains and items (see the CANS Core Item list on page 17) and encourage the family to look over the items prior to your meeting with them. The best time to do this 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 individual that you are with them.

- **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; and (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 THE PARENT'S/CAREGIVER'S 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 their 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.

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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WI CANS 2.0 STRUCTURE

The Wisconsin CANS 2.0 expands depending upon the needs of the individual. Basic core items are rated for all children and youth. Individualized Assessment Modules are triggered by key core items (see letters below) rated '1', '2', or '3'. Additional questions are required for the modules to function.

CORE ITEMS

Trauma Experiences Domain
Sexual Abuse [A]
Physical Abuse
Neglect
Emotional Abuse
Medical Trauma
Natural or Manmade Disaster
Family Violence
Community Violence
Criminal Activity

Adjustment to Trauma Domain
Adjustment to Trauma
Traumatic Grief and Separation
Intrusions/Re-experiencing
Attachment Difficulties
Dissociation

Life Functioning Domain
Family Functioning – Nuclear
Family Functioning – Extended
Living Situation
Developmental/Intellectual [B]
Medical [C]
Physical
Dental
Daily Functioning
Social Functioning – Peers
Social Functioning – Adults
Legal [D]
Eating Disturbance
Sleep
Sexual Development

Life Skills
Expectant Parent or Parenting
School
School Attendance
School Behavior
School Achievement
Relations with Teacher(s)

Child/Youth and Family Cultural Factors Domain
Language
Cultural Identity
Traditions and Cultural Rituals
Cultural Stress
Knowledge Congruence
Help Seeking Congruence
Expression of Distress

Child/Youth Behavioral/Emotional Needs Domain
Psychosis
Impulsivity/Hyperactivity
Depression
Anxiety
Oppositional Behavior
Conduct
Anger Control
Substance Use
Somatization
Behavioral Regression
Emotional and/or Physical Dysregulation

Child/Youth Risk Behaviors Domain
Suicide Risk
Non-Suicidal Self-Injurious Behavior
Other Self-Harm (Recklessness)
Exploited
Child/Youth Risk Behaviors cont'd
Danger to Others
Sexual Aggression
Delinquent Behavior
Runaway [E]
Intentional Misbehavior
Fire Setting
Bullying

Child/Youth Strengths Domain
Relationship Permanence
Family Strengths – Nuclear
Family Strengths – Extended
Positive Peer Relations
Optimism
Decision Making
Well-Being
Educational Setting
Recreational
Vocational
Talents and Interests
Spiritual/Religious
Community Life
Involvement with Care
Natural Supports
Resilience
Resourcefulness

Current Caregiver: Resources & Needs Domain
Supervision
Problem Solving
Involvement with Care
Knowledge
Empathy with Child
Organization
Social Resources
Medical/Physical Health
Mental Health

Substance Use
Developmental
Family Stress
Cultural Congruence

Identified Permanent Resource: Resources & Needs Domain
Residential Stability
Self-Care/Daily Living Skills
Access to Childcare Services
Cultural Stress
Employment/Educational Functioning
Educational Attainment
Financial Resources
Community Connection
Legal
Transportation
Supervision
Problem Solving
Involvement with Care
Knowledge
Empathy with Child
Organization
Social Resources
Medical/Physical Health
Mental Health
Substance Use
Developmental
Family Stress
Cultural Congruence

MODULES

[A] Sexual Abuse

Emotional Closeness to the Perpetrator
Frequency of Abuse
Duration
Physical Force
Reaction to Disclosure
Victim of Sex Trafficking

[B] Developmental Disabilities

Cognitive
Autism Spectrum
Communication
Self-Care Daily Living Skills

[C] Medical Health

Life Threatening
Chronicity
Diagnostic Complexity
Emotional Response
Impairment in Functioning
Treatment Involvement
Intensity of Treatment Support
Organizational Complexity

[D] Legal

Seriousness
History
Arrests
Planning
Community Safety
Legal Compliance
Peer Influences
Parental Criminal Behaviors (Influences)
Environmental Influences

[E] Runaway

Frequency of Running
Consistency of Destination
Safety of Destination
Involvement in Illegal Activities
Likelihood of Return on Own
Involvement with Others
Realistic Expectations
Planning

TRAUMA EXPERIENCES DOMAIN

All of the trauma experiences items are static indicators. In other words, these items indicate whether 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 Domain: Has the child/youth experienced adverse or traumatic life events?

For the **Trauma Experiences Domain,** use the following categories and action levels:

0   No evidence of any trauma of this type.

1   A single event or one incident of trauma occurred, or a suspicion exists of trauma experiences.

2   Multiple trauma experiences or multiple incidents of trauma.

3   Repeated or chronic, ongoing and/or severe trauma with medical and physical consequences.

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

SEXUAL ABUSE*

This item describes whether or not the child/youth has experienced sexual abuse, or there is suspicion that the child experienced sexual abuse.

Questions to Consider:
- Has the caregiver or child/youth disclosed sexual abuse?
- How often did the abuse occur?
- Did the abuse result in physical injury?

Ratings and Descriptions

0   No evidence of any trauma of this type.

No evidence that the child/youth has experienced sexual abuse.

1   A single event or one incident of trauma occurred, or a suspicion exists of trauma experiences.

Child/youth has experienced one episode of sexual abuse or there is a suspicion that the child has experienced sexual abuse but no confirming evidence.

2   Multiple trauma experiences or multiple incidents of trauma.

Child/youth has experienced repeated sexual abuse.

3   Repeated or chronic, ongoing and/or severe trauma with medical and physical consequences.

Child/youth has experienced severe and repeated sexual abuse. Sexual abuse may have caused physical harm.

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

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[A] SEXUAL ABUSE MODULE

This module is to be completed when the Sexual Abuse item is rated '1,' '2' or '3.'

EMOTIONAL CLOSENESS TO THE PERPETRATOR

This item defines the relationship between the child/youth and the perpetrator of sexual abuse.

Questions to Consider:

- Did the child/youth know the perpetrator?
- Was the perpetrator a member of the family?

Ratings and Descriptions

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

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FREQUENCY OF ABUSE

This item identifies the frequency of the sexual abuse.

Questions to Consider:
- How often did the sexual 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.

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DURATION

This item identifies the length of time during which the abuse occurred.

Questions to Consider:
- For how long did the sexual abuse occur?

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.

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PHYSICAL FORCE

This item identifies the severity of physical force or violence used during episodes of sexual abuse.

Questions to Consider:

- Was there physical violence or the threat of physical violence 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 the 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.

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REACTION TO DISCLOSURE

This item identifies the level of support the child/youth received from family after disclosing the sexual abuse.

Questions to Consider:

- Was the family supportive of the child/youth during the disclosure process?
- Is the family aware of the abuse?

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 their 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 their experience.
3	Significant lack of support from close family members of the child/youth for coming forward with the description of their abuse experience. Significant relationship (e.g. parent, caregiving grandparent) is threatened.

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VICTIM OF SEX TRAFFICKING

This item identifies whether the child/youth is a victim of sex trafficking.

Questions to Consider:
- Is there any indication that the child/youth has experienced sex trafficking? At what frequency?

Ratings and Descriptions

0	There is no evidence that the child/youth has experienced sex trafficking.
1	Child/youth has experienced one episode of sex trafficking or there is a suspicion that the child/youth has experienced sex trafficking but no confirming evidence.
2	Child/youth has experienced repeated sex trafficking.
3	Child/youth has experienced severe and repeated sex trafficking. Sex trafficking may have caused physical harm.

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End of Sexual Abuse Module

PHYSICAL ABUSE

This item includes one or more episodes of aggressive behavior usually resulting in physical injury to the child/youth. It also includes contact that is intended to cause feelings of intimidation, pain, injury, or other physical suffering or bodily harm.

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

0   No evidence of any trauma of this type.

  There is no evidence that child/youth has experienced physical abuse.

1   A single event or one incident of trauma occurred, or a suspicion exists of trauma experiences.

  Child/youth has experienced one episode of physical abuse, or there is a suspicion that the child/youth has experienced physical abuse but no confirming evidence.

2   Multiple trauma experiences or multiple incidents of trauma.

  Child/youth has experienced repeated physical abuse.

3   Repeated or chronic, ongoing and/or severe trauma with medical and physical consequences.

  Child/youth has experienced severe and/or repeated physical abuse that caused sufficient physical harm to necessitate hospital or medical treatment.

NEGLECT

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

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

Ratings and Descriptions

0   No evidence of any trauma of this type.

   No evidence that the child/youth has experienced neglect.

1   A single event or one incident of trauma occurred, or a suspicion exists of trauma experiences.

   Child/youth has experienced minor or occasional neglect. Child/youth may have been left at home alone with no adult supervision or there may be occasional failure to provide adequate supervision of the child/youth.

2   Multiple trauma experiences or multiple incidents of trauma.

   Child/youth has experienced a moderate level of neglect. This may include occasional unintended failure to provide adequate food, shelter, or clothing with corrective action.

3   Repeated or chronic, ongoing and/or severe trauma with medical and physical consequences.

   Child/youth has experienced a severe level of neglect including prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis.

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EMOTIONAL ABUSE

This item rates whether the child/youth has experienced verbal and nonverbal emotional abuse, including belittling, shaming, and humiliating a child/youth, calling names, making negative comparisons to others, or telling a child that they are "no good." This item includes both "emotional abuse," which would include psychological maltreatment such as insults or humiliation towards a child and "emotional neglect," described as the denial of emotional attention and/or support from caregivers.

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

Ratings and Descriptions

0   No evidence of any trauma of this type.

      No evidence that the child/youth has experienced emotional abuse.

1   A single event or one incident of trauma occurred, or a suspicion exists of trauma experiences.

      Child/youth has experienced mild emotional abuse. For instance, the child/youth may experience some insults or is occasionally referred to in a derogatory manner by caregivers.

2   Multiple trauma experiences or multiple incidents of trauma.

      Child/youth has experienced emotional abuse over an extended period of time (at least one year). For instance, the child/youth may be consistently denied emotional attention from caregivers, insulted or humiliated on an ongoing basis, or intentionally isolated from others.

3   Repeated or chronic, ongoing and/or severe trauma with medical and physical consequences.

      Child/youth has experienced severe and repeated emotional abuse over an extended period of time (at least one year). For instance, the child/youth is completely ignored by caregivers, or threatened/terrorized by others.

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MEDICAL TRAUMA

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

Questions to Consider:

- 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?
- Did the child/youth find this medical experience to be overwhelming and/or are they having a traumatic reaction to the experience?

Ratings and Descriptions

0   No evidence of any trauma of this type.

There is no evidence that the child/youth has experienced any medical trauma.

1   A single event or one incident of trauma occurred, or a suspicion exists of trauma experiences.

Child/youth has experienced mild medical trauma resulting from, for example, minor surgery (e.g., stitches, bone setting).

2   Multiple trauma experiences or multiple incidents of trauma.

Child/youth has experienced moderate medical trauma resulting from, for example, major surgery or injuries requiring hospitalization.

3   Repeated or chronic, ongoing and/or severe trauma with medical and physical consequences.

Child/youth has experienced life-threatening medical trauma.

Supplemental Information: This item takes into account the impact of the event on the individual. 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/youth (e.g., shots, pills) would generally not be rated here.

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NATURAL OR MANMADE DISASTER

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

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 others talking about these kinds of disasters?

Ratings and Descriptions

0   No evidence of any trauma of this type.

There is no evidence that the child/youth has experienced, been exposed to, or witnessed natural or manmade disasters.

1   A single event or one incident of trauma occurred, or a suspicion exists of trauma experiences.

Child/youth has been indirectly affected by or secondhand exposure to a natural or manmade disaster (e.g., on television, hearing others discuss disasters).

2   Multiple trauma experiences or multiple incidents of trauma.

Child/youth has experienced a natural or manmade disaster which has had a notable impact on their well-being. Child/youth has been directly exposed to a disaster or witnessed the impact of a disaster on a family or friend. For instance, a child/youth may observe a caregiver who has been injured in a car accident or fire or watch their neighbor's house burn down.

3   Repeated or chronic, ongoing and/or severe trauma with medical and physical consequences.

Child/youth has experienced a life threatening natural or manmade disaster. Child/youth has been directly exposed to 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., house burns down, caregiver loses job).

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FAMILY VIOLENCE

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

Questions to Consider:
- Is there frequent fighting in the child/youth's family?
- Does the fighting ever become physical?

Ratings and Descriptions

0   No evidence of any trauma of this type.

There is no evidence that the child/youth has witnessed family violence.

1   A single event or one incident of trauma occurred, or a suspicion exists of trauma experiences.

Child/youth has witnessed one episode of family violence.

2   Multiple trauma experiences or multiple incidents of trauma.

Child/youth witnessed repeated episodes of family violence but no significant injuries (i.e., requiring emergency medical attention) have been witnessed.

3   Repeated or chronic, ongoing and/or severe trauma with medical and physical consequences.

Child/youth has witnessed repeated and severe episodes of family violence. Significant injuries have occurred as a direct result of the violence.

Supplemental Information: The Family Violence item is intended to relate to violence that occurs within the home. Sometimes this violence can also be criminal activity if law enforcement is involved. If law enforcement is not involved in violence that occurs within the family, it would only be rated under the Family Violence item and not the Criminal Activity item.

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COMMUNITY VIOLENCE

This item describes the exposure to incidents of violence the child/youth has witnessed or experienced in their community.

Questions to Consider:
- Does the child/youth live in a neighborhood with frequent violence?
- Did the violence result in significant injury to others in the community?

Ratings and Descriptions

0   No evidence of any trauma of this type.

There is no evidence that the child/youth has witnessed or experienced violence in the community.

1   A single event or one incident of trauma occurred, or a suspicion exists of trauma experiences.

Child/youth has witnessed occasional fighting or other forms of violence in the community. Child/youth has not been directly impacted by the community violence (e.g., violence not directed at self, family, or friends) and exposure has been limited.

2   Multiple trauma experiences or multiple incidents of trauma.

Child/youth witnessed the significant injury of others in their community; has had friends/family members injured as a result of violence or criminal activity in the community; is the direct victim of violence/criminal activity that was not life threatening; or has witnessed/experienced chronic or ongoing community violence.

3   Repeated or chronic, ongoing and/or severe trauma with medical and physical consequences.

Child/youth has witnessed or experienced the death of another person in their community as a result of violence; is the direct victim of violence/criminal activity in the community that was life threatening; or has experienced chronic/ongoing impact as a result of community violence (e.g., family member injured and no longer able to work).

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, 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

0   No evidence of any trauma of this type.

There is no evidence that the child/youth has been victim or a witness to criminal activity.

1   A single event or one incident of trauma occurred, or a suspicion exists of trauma experiences.

Child/youth is a witness to significant criminal activity.

2   Multiple trauma experiences or multiple incidents of trauma.

Child/youth is a direct victim of criminal activity or witnessed the victimization of a family or friend.

3   Repeated or chronic, ongoing and/or severe trauma with medical and physical consequences.

Child/youth is a victim of criminal activity that was life threatening or caused significant physical harm; or the child 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 child/youth who has witnessed drug dealing, assault or battery would also be rated on this item.

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ADJUSTMENT TO TRAUMA DOMAIN

This section identifies any dysregulated reactions or symptoms that children/youth may exhibit to any of a variety of traumatic experiences.

Question to Consider for this Domain: Is the child/youth exhibiting any difficulties adjusting to a trauma?

For the Adjustment to Trauma Domain, use the following categories and action levels:

0   No evidence of any needs; no need for action.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

3   Need is dangerous or disabling; requires immediate and/or intensive action.

ADJUSTMENT TO TRAUMA

This item is used to describe the child/youth who is having difficulties adjusting to a traumatic experience, as defined by them. 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 evidence of any needs; no need for action.

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

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

The child/youth has experienced a traumatic event and there are some changes in their behavior that are managed or supported by caregivers. These symptoms are expected to ease with the passage of time and therefore no current intervention is warranted. Child/youth may be in the process of recovering from a more extreme reaction to a traumatic experience, which may require a need to watch these symptoms or engage in preventive action.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

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 or relationships. Adjustment is interfering with child/youth's functioning in at least one life domain.

3   Need is dangerous or disabling; requires immediate and/or intensive action.

Clear evidence of debilitating level of trauma symptoms that makes it virtually impossible for the child/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).

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TRAUMATIC GRIEF AND SEPARATION

This item 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:
- Has the child/youth experienced separation from or loss of a significant person in their life?
- How much does the child/youth's reaction to the loss impact their functioning?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

There is no evidence that the child/youth is experiencing traumatic grief or separation from the loss of significant others. 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 that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

Child/youth is experiencing traumatic grief due to death or loss/separation from a significant other 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   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

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   Need is dangerous or disabling; requires immediate and/or intensive action.

Child/youth is experiencing dangerous or debilitating traumatic grief reactions that impair their functioning across several areas (e.g., interpersonal relationships, school) for a significant period of time following the loss or separation. Symptoms require immediate or intensive intervention.

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INTRUSIONS/RE-EXPERIENCING

This item describes intrusive memories or reminders of traumatic events, including nightmares, flashbacks, intense reliving of the events, and repetitive play with themes of specific traumatic experiences.

Questions to Consider:
- Does the child/youth experience intrusions?
- If so, when and how often do they occur and in what form?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

There is no evidence that the child/youth experiences intrusive thoughts of trauma.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

History or evidence of some intrusive thoughts of trauma but it does not affect the child/youth's functioning. A child/youth with some problems with intrusive, distressing memories, including occasional nightmares about traumatic events, would be rated here.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

Child/youth has difficulties with intrusive symptoms/distressing memories, intrusive thoughts that interfere with their ability to function in some life domains. For example, the child/youth may have recurrent frightening dreams with or without recognizable content or recurrent distressing thoughts, images, perceptions, or memories of traumatic events. The child/youth may exhibit trauma-specific reenactments through repetitive play with themes of trauma or intense physiological reactions to exposure to traumatic cues.

3   Need is dangerous or disabling; requires immediate and/or intensive action.

Child/youth has repeated and/or severe intrusive symptoms/distressing memories that are debilitating. This child/youth may exhibit trauma-specific reenactments that include sexually or physically traumatizing others. This child/youth may also exhibit persistent flashbacks, illusions or hallucinations that make it difficult for the child/youth to function. [continues]

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INTRUSIONS/RE-EXPERIENCING continued

Supplemental Information: Intrusions are distressful, unwanted memories and thoughts that are symptoms of trauma reactions. These can be preoccupying and debilitating, interfering with the performance of daily activities and even leading to suicidality. PTSD, or Post-Traumatic Stress Disorder, which develops during exposure to overwhelming trauma, is hallmarked by the presence of distressful memories and intrusive thoughts about the traumatic event. A great deal of the management of this condition involves coping with both the unwanted memories and negative thoughts related to the trauma that intrude upon one's daily life.

People with other conditions such as Bipolar Disorder also must cope with intrusive memories and thoughts, but do not always experience these as distressing even though their level of functioning may be seriously impacted by them. The key difference between Obsessive Compulsive Disorder (OCD) and PTSD is that the intrusive thoughts of PTSD sufferers are of traumatic events that actually happened to them, whereas OCD sufferers have thoughts of imagined catastrophes.

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ATTACHMENT DIFFICULTIES

This item rates the level of difficulties the child/youth has with attachment and their ability to form relationships.

Questions to Consider:

- Does the child/youth struggle with separating from caregiver? Does the child/youth approach or attach to strangers in indiscriminate ways?
- Does the child/youth have the ability to make healthy attachments to appropriate adults or are their relationships marked by intense fear or avoidance?
- Does the child/youth have separation anxiety issues that interfere with ability to engage in childcare or preschool?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

   No evidence of attachment problems. Caregiver-youth relationship is characterized by mutual satisfaction of needs and child/youth's development of a sense of security and trust. Caregiver can respond to child/youth cues in a consistent, appropriate manner, and child/youth seeks age-appropriate contact with caregiver for both nurturing and safety needs.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

   Some history or evidence of insecurity in the caregiver-youth relationship. Caregiver may have difficulty accurately reading child/youth's bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Child/youth may have some problems with separation (e.g., anxious/clingy behaviors in the absence of obvious cues of danger) or may avoid contact with caregiver in age-inappropriate way. Child/youth may have minor difficulties with appropriate physical/emotional boundaries with others.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

   Problems with attachment that interfere with child/youth's functioning in at least one life domain and require intervention. Caregiver may consistently misinterpret child/youth cues, act in an overly intrusive way, or ignore/avoid child/youth bids for attention/ nurturance. Child/youth may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and have ongoing difficulties with physical or emotional boundaries with others. [continues]

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3   Need is dangerous or disabling; requires immediate and/or intensive action.

Child/youth is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behavior in care giving relationships) OR child/youth presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Child/youth is considered at ongoing risk due to the nature of their attachment behaviors. Child/youth may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers, or child/youth may have child/youth vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.

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DISSOCIATION

This item includes symptoms such as daydreaming, spacing or blanking out, forgetfulness, fragmentation, detachment, and rapid changes in personality often associated with traumatic experiences.

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 evidence of any needs; no need for action.

  Child/youth shows no evidence of dissociation.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement .

  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   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

  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.

3   Need is 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 they 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. [continues]

DISSOCIATION continued

Supplemental Information: There are two main types of dissociation: 1) ordinary and 2) traumatic. Ordinary dissociation is something we have all experienced. For example, when driving down a boring stretch of freeway, the driver may be day-dreaming or be preoccupied with something and become unaware of their surroundings. A period of time may pass without the driver being aware of the passage of time or the miles that have been driven.

Traumatic dissociation is when elements in the mind like memories and feelings become dissociated when normally they would be associated. When this happens, the mind dissociates as a way to separate the conscious mind from the part of the mind that experiences the painful trauma. One example of this is the natural human tendency to react to pain with avoidance and denial. Each of us has a pain threshold. When it is passed, we remove our consciousness so we don't experience the pain. The experience was automatically dissociated and repressed, to keep it out of reach of conscious awareness. Children who are abused may dissociate or "forget" part of the experience or the associated feelings as a way to cope with the experience. For those who experience ongoing, repetitive trauma, dissociation occurs so frequently that it interferes with other aspects of life or functioning.

Some of the symptoms include:
- feeling that other people, objects, and the world around oneself are not real,
- hearing voices inside one's head that tell you to do things or comment on things you're doing,
- not recognizing oneself in the mirror,
- finding familiar places and people unfamiliar,
- dissociating from your body or bodily sensations,
- having no access to forbidden feelings like anger, sadness, fear,
- missing pieces of information about events from the past,
- feeling like you are watching yourself from a distance during stressful times,
- feeling spacey or distracted in situations that would evoke feelings in others,
- making efforts to avoid thoughts, feeling, or conversations associated with the event,
- being unable to recall an important aspect of the event.

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 children/youth 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 child/youth and family are experiencing.

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

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

0   No evidence of any needs; no need for action.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

3   Need is dangerous or disabling; requires immediate and/or intensive action.

FAMILY FUNCTIONING - NUCLEAR

This item evaluates and rates the child/youth's relationships with those who are in their nuclear family. All other individuals, including those the family considers 'family' who are not legally related to them should be considered under Family Functioning – Extended.

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

Ratings and Descriptions

0   No evidence of any needs; no need for action.

No evidence of problems in relationships with family members, and/or child/youth is doing well in relationships with family members.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

History or suspicion of problems, and/or child/youth is doing adequately in relationships with family members, although some problems may exist. For example, some family members may have problems in their relationships with the child/youth. Arguing may be common but does not result in major problems.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

Child/youth is having problems with parents, siblings and/or other family members that are impacting their functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.

3   Need is 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.

Supplemental Information: This item should be rated independently of the problems the child/youth experienced or stimulated by the child/youth currently being assessed.

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FAMILY FUNCTIONING - EXTENDED

This item evaluates and rates the child/youth's relationships with those who are in their extended family. This refers to all family members excluding immediate birth or adoptive parents and siblings.

Questions to Consider:

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

Ratings and Descriptions

0   No evidence of any needs; no need for action.

No evidence of problems in relationships with extended family members, and/or child/youth is doing well in relationships with family members.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

History or suspicion of problems, and/or child/youth is doing adequately in relationships with extended family members, although some problems may exist. For example, some extended family members may have problems in their relationships with the child/youth. Arguing may be common but does not result in major problems.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

Child/youth is having problems with extended family members that are impacting their functioning. Frequent arguing, difficulty maintaining positive relationships may be observed.

3   Need is dangerous or disabling; requires immediate and/or intensive action.

Child/youth is having severe problems with extended family members. This would include problems of domestic violence, absence of any positive relationships, etc.

Supplemental Information: This item should be rated independently of the problems the child/youth experienced or stimulated by the child/youth currently being assessed.

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LIVING SITUATION
This item refers to how the child/youth is functioning in their 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 evidence of any needs; no need for action.

     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 that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

     Child/youth experiences some 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   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

     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   Need is 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 unable to remain in present living situation due to problematic behaviors.

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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 (motor, social and speech) 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 age-appropriate?
- Has the child/youth been screened for any developmental problems?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

No evidence of developmental delay and/or child/youth has no developmental problems or intellectual disability.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

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   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

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   Need is 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. [continues]

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DEVELOPMENTAL/INTELLECTUAL continued

Supplemental Information: All developmental disabilities occur on a continuum; a child/youth with Autism Spectrum Disorder may be designated a '0,' '1,' '2,' or '3' depending on the significance of the disability and the impairment. Learning disability is <u>not</u> rated in this item. A child/youth with suspected low IQ or developmental delays and who has not been previously diagnosed and/or assessed would be rated here and a referral for assessment would be recommended.

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

[B] DEVELOPMENTAL DISABILITIES (DD) MODULE

This module is to be completed when the Developmental/Intellectual item is rated '1,' '2' or '3.'

COGNITIVE

This item rates cognitive impairment characterized by deficits in the child/youth's general mental abilities, such as age appropriate reasoning, problem solving, planning, and processing information.

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 some indicators that cognitive skills are not appropriate for age or are at the upper end of age expectations.
2	Child/youth has clear indicators that cognitive development is not at expected level and interferes with functioning much of the time. Infants may not have the ability to indicate wants/needs.
3	Child/youth has significant delays in cognitive functioning that are seriously interfering with their functioning. Child/youth is completely reliant on caregiver to function.

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AUTISM SPECTRUM
This item describes the presence of Autism Spectrum Disorder.

Questions to Consider:
- Does the child/youth have any symptoms of Autism Spectrum Disorder?
- Does the child/youth have a previous diagnosis of Autism Spectrum Disorder?

Ratings and Descriptions

0   Child/youth's development appears within normal range. There is no reason to believe that the child/youth has any developmental problems associated with Autism Spectrum Disorder.

1   Evidence of a low-end Autism Spectrum Disorder. The child/youth may have had symptoms of Autism Spectrum Disorder, but those symptoms were below the threshold for an ASD diagnosis and did not have significant effect on development.

2   Child/youth meets criteria for a diagnosis of Autism Spectrum Disorder. ASD symptoms are impairing child's functioning in one or more areas and requires intervention.

3   Child/youth meets criteria for a diagnosis of Autism Spectrum Disorder and has high-end needs to treat and manage severe or disabling symptoms.

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COMMUNICATION

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

Questions to Consider:
- Do others understand the child/youth when they are trying to communicate? Does the child/youth understand others who are trying to communicate with them?
- Has the child/youth ever been diagnosed with a communication disorder?

Ratings and Descriptions

0	Child/youth's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child/youth has any problems communicating.
1	Child/youth has receptive communication skills but limited expressive communication skills.
2	Child/youth has both limited receptive and expressive communication skills.
3	Child/youth is unable to communicate. Communication difficulties include inability to point and grunt.

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SELF-CARE DAILY LIVING SKILLS

This item rates the child/youth's age-appropriate ability to participate in self-care activities, including eating, bathing, dressing and toileting and other such tasks related to keeping up with one's personal hygiene.

Questions to Consider:

- Does the child/youth show age-appropriate self-care skills?
- Is the child/youth able to complete all domains of self-care as is developmentally appropriate: eating, bathing, grooming, dressing, toileting, etc?

Ratings and Descriptions

0	Child/youth's self-care and daily living skills appear age appropriate. There is no reason to believe that the child/youth has any problems performing daily living skills.
1	Child/youth requires excessive verbal prompting on self-care tasks or daily living skills, or the child/youth is able to use adaptations and supports to complete self-care.
2	Child/youth requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g., eating, bathing, dressing, and toileting) and/or does not appear to be developing the needed skills in this area.
3	Child/youth is not able to function independently at all in this area. Child/youth requires attendant care on more than one of the self-care tasks (e.g., eating, bathing, dressing, toileting).

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End of Developmental Disabilities Module

MEDICAL*

This item rates the child/youth's current health status. This item does not rate depression or other mental health issues. Most transient, treatable conditions would receive a rating of '1.' Most chronic conditions (e.g., diabetes, severe asthma, HIV) would receive a rating of '2.' The rating of '3' is reserved for life-threatening medical conditions or a disabling physical condition.

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

Ratings and Descriptions

0	No evidence of any needs; no need for action.
	No evidence that the child/youth has any medical problems, and/or they are healthy.

1	Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
	Child/youth has mild, transient, or well-managed medical problems. These include well-managed chronic conditions like diabetes or asthma.

2	Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
	Child/youth has *serious* medical problems that require medical treatment or intervention. Or child/youth has a chronic illness or a physical challenge that requires *ongoing* medical intervention.

3	Need is dangerous or disabling; requires immediate and/or intensive action.
	Child/youth has life-threatening illness or medical condition. Immediate and/or intense action should be taken due to imminent danger to child/youth's safety, health, and/or development.

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

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[C] MEDICAL HEALTH MODULE

This module is to be completed when the Medical item is rated '1,' '2' or '3.'

LIFE THREATENING

This item refers to conditions that pose an impending danger to life or carry a high risk of death if not treated.

Questions to Consider:

- Does the child/youth have a medical condition that poses a risk of death if not treated?

Ratings and Descriptions

0	Child/youth's current medical condition(s) do not pose any risk of premature death.
1	Child/youth's current medical condition(s) may shorten life but not until later in adulthood.
2	Current medical condition(s) places child/youth at risk of premature death before reaching adulthood.
3	Child/youth's medical condition places them at imminent risk of death.

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CHRONICITY

This item refers to a condition that is persistent or long-lasting in its effects or a disease that develops gradually over time and is expected to last a long time even with treatment. Chronic conditions are in contrast to acute conditions which have a sudden onset.

Questions to Consider:
- Is the child/youth's medical condition acute or chronic?
- What is the expectation of recovery for the child/youth from their medical condition?

Ratings and Descriptions

0   Child/youth is expected to fully recover from current medical condition within the next six months to one year. Note: A child/youth with this rating does not have a chronic condition.

1   Child/youth's chronic condition is minor or well controlled with current medical management.

2   Child/youth's chronic condition(s) has significant effects/exacerbations despite medical management. Child/youth may experience more frequent medical visits, including ER visits, surgeries or hospitalizations for acute manifestation or complications of chronic condition.

3   Child/youth's chronic condition(s) place them at risk for prolonged inpatient hospitalization or out-of-home placement (or in-home care with what would be equivalent to institutionalized care).

DIAGNOSTIC COMPLEXITY

This item refers to the degree to which symptoms can be attributed to medical, developmental, or behavioral conditions, or there is an acknowledgement that symptoms/behaviors may overlap and are contributing to the complexity of the child/youth's presentation.

Questions to Consider:
- Is the diagnosis of the child/youth's medical condition clear?
- Does the child/youth present with symptoms that could be attributed to medical, developmental or behavioral conditions?

Ratings and Descriptions

0   The child/youth's medical diagnoses are clear; the symptom presentation is clear.

1   Although there is some confidence in the accuracy of child/youth's diagnoses, there also exists sufficient complexity in their symptom presentation to raise concerns that the diagnoses may not be accurate.

2   There is substantial concern about the accuracy of the child/youth's medical diagnoses due to the complexity of symptom presentation.

3   It is currently not possible to accurately diagnose the child/youth's medical condition(s).

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EMOTIONAL REPONSE

This item refers to how the child/youth is managing the emotional strain of their medical condition.

Questions to Consider:

- How is the child/youth coping with their medical condition?
- Does the child/youth have emotional difficulties related to their medical condition that interfere with their functioning?

Ratings and Descriptions

0	Child/youth is coping well with their medical condition.
1	Child/youth is experiencing some emotional difficulties related to medical condition, but these difficulties do not interfere with other areas of functioning.
2	Child/youth is having difficulties coping with medical condition. Child/youth's emotional response is interfering with functioning in other life domains.
3	Child/youth's emotional response to medical condition is interfering with treatment and functioning.

IMPAIRMENT IN FUNCTIONING

This item refers to a reduction in either physical or mental capacity that is sufficient to interfere with managing day-to-day tasks of life. This limitation can range from a slight loss of function to a total impairment which is usually considered a disability. Some impairments may be short-term while others may be permanent. Assessing the impairment can help identify the best course of treatment and whether it is responding to treatment.

Questions to Consider:
- Is the child/youth's medical condition(s) interfering with their day-to-day functioning?

Ratings and Descriptions

0	Child/youth's medical condition is not interfering with functioning in other life domains.
1	Child/youth's medical condition has a limited impact on functioning in at least one other life domain.
2	Child/youth's medical condition is interfering in more than one life domain or is disabling in at least one.
3	Child/youth's medical condition has disabled them in most other life domains.

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TREATMENT INVOLVEMENT

This item describes the degree to which the child/youth and/or family is involved in seeking and supporting treatment to address the medical condition of the child/youth.

Questions to Consider:
- How involved or supportive are the child/youth and/or family in the child/youth's treatment of the medical condition?

Ratings and Descriptions

0	Child/youth and family are actively involved in treatment.
1	Child/youth and/or family are generally involved in treatment but may struggle to stay consistent.
2	Child/youth and/or family are generally uninvolved in treatment although they are sometimes compliant to treatment recommendations.
3	Child/youth's and/or family are currently resistant to all efforts to provide medical treatment.

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INTENSITY OF TREATMENT SUPPORT

This item refers to the complexity of the child/youth's medical treatment, including frequency of treatment, whether there is a need for special medical services or equipment, and the extent of support needed by caregivers in the management of the treatment.

Questions to Consider:
- Does the child/youth's medical condition(s) require specialized medical equipment or services?
- Does the child/youth have the support needed to administer their medical treatments?

Ratings and Descriptions

0   Child/youth's medical treatment is not intrusive in the family's routine. Child/youth and family are maintaining all necessary treatment.

1   Child/youth's medical treatment regimen is getting in the way of the family's routine. They sometimes are unable to complete procedures, and/or require support in administering some of the treatments.

2   Child/youth's medical treatment cannot currently be administered by the child/youth and/or family without some support in the home.

3   Intensity of the child/youth's treatment prevents the caregiver from managing at least one area of the family's life functioning.

Supplemental Information: In considering the intensity of treatment and supports provided, the family's circumstances and child/youth's medical condition(s) and their risk of use of the Emergency Department, Urgent Care, and/or Hospitalization should be considered.

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ORGANIZATIONAL COMPLEXITY

This item refers to how effectively organizations and service providers caring for a child/youth work together. The more organizations and professionals, the increased likelihood of complexity and need for ongoing communication and collaboration.

Questions to Consider:
- Is medical care for the child/youth being provided by multiple providers? How many?
- Are the medical providers coordinated in providing care for the child/youth?
- Does the child/youth have a primary care provider assisting the family with coordinating care/ referrals to specialty care providers?

Ratings and Descriptions

0	All care is provided by a single provider; there are no additional service providers involved.
1	Care is provided by a single or multiple service provider(s), and while there may be some challenges, communication/collaboration among providers is generally effective.
2	Care is provided by a single or multiple services provider(s) and communication/ collaboration among providers may present some challenges for the child/youth's care and is impacting the child/youth's functioning.
3	Care is provided by a single or multiple services provider(s) and lack of communication/ collaboration among providers is presenting significant challenges for the child/youth's care and places the child/youth at risk due to their medical condition which is not improving or worsening.

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End of the Medical Health Module

PHYSICAL

This item describes the child/youth's physical limitations.

Questions to Consider:
- Does the child/youth have any physical limitations?
- How does the child/youth's physical limitations impact their functioning?

Ratings and Descriptions

0   No evidence of any needs; no need for action.
Child/youth has no physical limitations.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
Child/youth has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Rate here treatable medical conditions that result in physical limitations (e.g., asthma).

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
Child/youth has some physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.

3   Need is dangerous or disabling; requires immediate and/or intensive action.
Child/youth has severe physical limitations due to multiple physical conditions.

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DENTAL

This item refers to the child/youth's need for dental health services.

Questions to Consider:

- Does the child/youth have any dental health needs?
- When was the last time that the child/youth had a dental exam?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

   No evidence of any dental health needs or needs are currently being addressed appropriately.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

   Child/youth has not received dental health care and requires a checkup. Child/youth may have some dental health needs, but they are not clearly known at this time.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

   Child/youth has dental health needs that require attention.

3   Need is dangerous or disabling; requires immediate and/or intensive action.

   Child/youth has serious dental health needs that require intensive or extended treatment/ intervention.

DAILY FUNCTIONING

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

Questions to Consider:
- Does the child/youth show age-appropriate self-care skills?
- Is the child/youth able to complete all domains of self-care as is developmentally appropriate: eating, bathing, grooming, dressing, toileting, etc.?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

Child/youth's self-care skills appear developmentally appropriate. There is no reason to believe that the child/youth has any problems performing the basic activities of daily living.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

Child/youth requires verbal prompting on self-care tasks, or child/youth is able to use adaptations and supports to complete self-care.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

Child/youth requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g., bathing, dressing, toileting).

3   Need is dangerous or disabling; requires immediate and/or intensive action.

Child/youth requires attendant care on more than one of the self-care tasks (e.g., bathing, dressing, and toileting).

SOCIAL FUNCTIONING - PEERS

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

Questions to Consider:
- Currently, how well does the child/youth get along with others?
- Has there been an increase in conflicts with others?
- Do they have unhealthy relationships?
- Does the child/youth tend to change friends frequently?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

No evidence of problems and/or child/youth has age-appropriate social functioning.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

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   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

Child/youth is having some problems with their social relationships that interfere with functioning in other life domains.

3   Need is 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 child/youth's safety, health, and/or development.

Supplemental Information: A child/youth who socializes with primarily younger or much older child/youths would be identified as having needs on this item. A child/youth who has conflictual relationships with peers also would be described as having needs. An isolated child/youth with no same age friends would be rated '3.'

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SOCIAL FUNCTIONING - ADULTS

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

Questions to Consider:
- Currently, how well does the child/youth get along with adults?
- Has there been an increase in conflicts with adults?
- Do they have unhealthy relationships with adults?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

No evidence of problems and/or child/youth has age-appropriate social functioning with adults.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

There is a history or suspicion of problems in social relationships with adults. Child/youth is having some difficulty interacting with adults and building and/or maintaining relationships with them.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

Child/youth is having some problems with their social relationships with adults that interfere with functioning in other life domains.

3   Need is dangerous or disabling; requires immediate and/or intensive action.

Child/youth is experiencing significant disruptions in social relationships with adults. Child/youth may have constant conflict in relations with others, or have maladaptive relationships with others. The quality of the child/youth's social relationships with adults presents imminent danger to the child/youth's safety, health, and/or development.

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LEGAL*

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

Questions to Consider:

- Has the child/youth ever admitted that they have broken the law?
- Has the child/youth ever been arrested?
- Has the child/youth ever been incarcerated?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

Child/youth has no known legal difficulties or involvement with the court system.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

Child/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 there is immediate risk of involvement with the legal system.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

Child/youth has some legal problems and is currently involved in the legal system due to moderate delinquent behaviors (e.g., misdemeanors such as offenses against persons or property, drug-related offenses, underage drinking).

3   Need is dangerous or disabling; requires immediate and/or intensive action.

Child/youth has serious current or pending legal difficulties that place them at risk for a court-ordered out-of-home placement, or incarceration (ages 18+), such as serious offenses against persons or property (e.g., robbery, aggravated assault, possession with intent to distribute controlled substances, 1st or 2nd degree offenses).

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

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[D] LEGAL MODULE

This module is to be completed when the Legal item is rated '1,' '2' or '3.'

SERIOUSNESS

This item rates the seriousness of the child/youth's delinquent behaviors.

Questions to Consider:

- What are the behaviors/actions that got the child/youth involved in the youth justice or adult criminal system?

Ratings and Descriptions

0	Child/youth has engaged only in status violations (e.g., curfew).
1	Child/youth has engaged in minor delinquent behavior (e.g., shoplifting, trespassing).
2	Child/youth has engaged in significant delinquent behavior (e.g., extensive theft, significant property destruction).
3	Child/youth has engaged in delinquent behavior that places others at risk of significant physical harm.

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HISTORY

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

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

Ratings and Descriptions

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

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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/detentions in the last 30 days.
3	Child/youth has more than 2 arrests/detentions in last 30 days.

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PLANNING

This item rates the premeditation or spontaneity of the delinquent acts.

Questions to Consider:

- Does the child/youth engage in pre-planned, spontaneous or impulsive criminal acts?

Ratings and Descriptions

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

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COMMUNITY SAFETY

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

Questions to Consider:
- Is the delinquency violent in nature?
- Does the child/youth commit violent acts against people or property?

Ratings and Descriptions

0	Child/youth presents no risk to the community. The child/youth 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.

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LEGAL COMPLIANCE
This item refers to the child/youth's compliance with any current court orders and sanctions.

Questions to Consider:
- Does the child/youth follow the orders of a court or meet the expectations of their probation (e.g., paying fines, completing community service, or reporting to probation officer)?
- Have they missed any appointments or violated probation or court orders?
- Is the child/youth attending appointments, school, etc.

Ratings and Descriptions

0	Child/youth is in full compliance with court orders and sanctions and does not miss any appointments.
1	Child/youth is in general compliance with court orders and sanctions (e.g., occasionally misses appointments).
2	Child/youth is in partial compliance with standing court orders and sanctions (e.g., child/youth is going to school, but not completing community service).
3	Child/youth is in noncompliance with standing court orders and sanctions (e.g., probation violations).

PEER 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	Child/youth's primary peer social network does not engage in delinquent behavior.
1	Child/youth has peers in their primary peer social network who do not engage in delinquent behavior but has some peers who do.
2	Child/youth predominantly has peers who engage in delinquent/criminal behavior but the child is not a member of a gang whose membership encourages or requires illegal behavior as an aspect of membership.
3	Child/youth is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.

PARENTAL CRIMINAL BEHAVIOR (INFLUENCES)

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 their 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	Two (or more) of child/youth's parents have history of criminal behavior.

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 evidence that the child/youth's environment stimulates or exposes the child/youth to any criminal behavior.
1	Suspicion that the child/youth's environment might expose the child/youth to criminal behavior.
2	Child/youth's environment clearly exposes the child/youth to criminal behavior.
3	Child/youth's environment encourages or enables the child/youth to engage in criminal behavior.

End of Legal Module

EATING DISTURBANCE

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

Questions to Consider:
- Does the child/youth have any challenges with eating?
- Is the child/youth an overly picky eater?
- Does the child/youth have any eating rituals?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

   This rating is for a child/youth with no evidence of eating disturbances.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

   This rating is for a child/youth with some eating disturbance that is not interfering with their functioning. 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   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

   This rating is for a child/youth with eating disturbance that interferes with their functioning. This could include preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising 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 to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This child/youth may meet criteria for a DSM Eating Disorder (Anorexia or Bulimia Nervosa).

3   Need is dangerous or disabling; requires immediate and/or intensive action.

   This rating is for a child/youth with a more severe form of eating disturbance. 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, 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. Children/youth who compulsively ingest non-nutritive substances (Pica) would also be rated in this item.

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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?
- Are they often sleepy during the day?
- Do they have frequent nightmares or difficulty sleeping?
- How many hours does the child/youth sleep each night?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

No evidence of problems with sleep. Child/youth gets a full night's sleep each night and feels rested.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

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. Sleep is not restful for the child/youth.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

Child/youth is having problems with sleep. Sleep is often disrupted, and child/youth seldom obtains a full night of sleep and doesn't feel rested. Difficulties in sleep are interfering with their functioning in at least one area of their life.

3   Need is 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 and does not feel rested. Child/youth's sleep deprivation is dangerous and places them at risk.

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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 and expression (SOGIE) could be rated here <u>only</u> if they are leading to difficulties. Sexually abusive behaviors are rated elsewhere.

Questions to Consider:
- Are there concerns about the child/youth's sexual development?
- Is the child/youth sexually active?

Ratings and Descriptions

0	No evidence of any needs; no need for action. No evidence of issues with sexual development.
1	Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. 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	Need is interfering with functioning. Action is required to ensure that the identified need is addressed. Moderate to serious problems with sexual development that interfere with the child/youth's life functioning in other life domains.
3	Need is dangerous or disabling; requires immediate and/or intensive action. Severe problems with sexual development. This would include very frequent risky sexual behavior or victim of sexual exploitation.

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LIFE SKILLS

This item is used to describe the child/youth's ability to take responsibility for and also self-manage in an age-appropriate way. Skills related to healthy development towards becoming a responsible adult and living independently may include cooking, housekeeping, 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 child/youth 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 the child/youth maintain the home?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

Child/youth is fully capable of independent living. No evidence of any deficits or barriers that could impede the development of skills to maintain one's own home.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

This level indicates a child/youth with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems are generally addressable with training or supervision.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

This level indicates a child/youth with moderate impairment of independent living skills. Notable problems completing tasks necessary for independent living and/or managing self when unsupervised would be common at this level. Problems are generally addressable with in-home services and supports.

3   Need is dangerous or disabling; requires immediate and/or intensive action.

This level indicates a child/youth with profound impairment of independent living skills. This child/youth would be expected to be unable to live independently given current status. Problems require a structured living environment.

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EXPECTANT PARENT OR PARENTING

This item is intended to rate the child/youth in any parenting or caregiver roles. For example, a child/youth with a son or daughter or a youth responsible for an elderly parent or grandparent would be rated here. Include pregnancy as a parenting role.

Questions to Consider:

- Does the child/youth have children or care for an elderly parent?
- Is the child/youth pregnant?
- Does the child/youth have trouble caring for children or parents?
- Are parenting responsibilities keeping the child/youth from going to school or work?

Ratings and Descriptions

0	No evidence of any needs; no need for action.
	The child/youth has a parenting/caregiving role and they are functioning appropriately in that role.
1	Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
	The child/youth has responsibilities as a parent/caregiver but occasionally experiences difficulties with this role.
2	Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
	The child/youth has responsibilities as a parent/caregiver and either the child/youth is struggling with these responsibilities, or these issues are currently interfering with the child/youth's functioning in other life domains.
3	Need is dangerous or disabling; requires immediate and/or intensive action.
	The child/youth has responsibilities as a parent/caregiver and they currently unable to meet these responsibilities, or these responsibilities are making it impossible for the child/youth to function in other life domains.
NA	Child/youth is not a caregiver/parent.

Supplemental Information: Children/youth who occasionally supervise other children are not rated on this item.

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SCHOOL DOMAIN

Items in this domain focus on several different elements/experiences that may impact a child's/youth functioning in school or an educational setting.

Question to Consider for this Domain: How is the child/youth functioning in school or educational settings?

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

0   No evidence of any needs; no need for action.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

3   Need is dangerous or disabling; requires immediate and/or intensive action.

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SCHOOL ATTENDANCE

This item rates issues of attendance. Truancy and expulsion/suspension are all attendance problems. 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 evidence of any needs; no need for action.

Child/youth attends school regularly.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

Child/youth has a history of attendance problems, OR child/youth has some attendance problems but generally goes to school. They may miss up to one day per week on average or may have had moderate to severe problems during the past six months but has been attending school regularly during the past month.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

Child/youth's problems with school attendance are interfering with academic progress.

3   Need is dangerous or disabling; requires immediate and/or intensive action.

Child/youth is generally absent from school, putting their educational development at risk.

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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 evidence of any needs; no need for action.

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

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

   Child/youth is behaving adequately in school although some behavior problems exist. Behavior problems may be related to relationship with either teachers or peers.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

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

3   Need is 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.

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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 evidence of any needs; no need for action.

     No evidence of issues in school achievement and/or child/youth is doing well in school.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

     Child/youth is doing adequately in school although some problems with achievement exist.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

     Child/youth is having moderate problems with school achievement. The child/youth may be failing some subjects.

3   Need is 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.

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RELATIONS WITH TEACHER(S)

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 and Descriptions

0	No evidence of any needs; no need for action.
	Child/youth has good relations with teachers.

1	Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
	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	Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
	Child/youth has difficult relations with teachers that notably interfere with their educational progress.

3	Need is dangerous or disabling; requires immediate and/or intensive action.
	Child/youth has very difficult relations with all teachers (or their one teacher all the time). Relations with teachers currently prevents child from learning.

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CHILD/YOUTH AND FAMILY CULTURAL FACTORS DOMAIN

These items identify linguistic or cultural issues for which service providers need to make accommodations (e.g., provide interpreter, find therapist who speaks family's primary language, and/or ensure that an child/youth in an out-of-home setting can participate in cultural rituals associated with their cultural identity). Items in the Cultural Factors Domain describe difficulties that children/youth may experience or encounter because of their membership in any cultural group, and/or because of the relationship between members of that group and members of the dominant society.

Health care disparities are differences in health care quality, affordability, access, utilization, and outcomes between groups. Culture in this domain is described broadly to include cultural groups that are racial, ethnic, or religious, or are based on age, sexual orientation, gender identity, socio-economic status and/or geography. Literature exploring issues of health care disparity states that race and/or ethnic group membership may be a primary influence on health outcomes.

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

Question to Consider for this Domain: How does the child/youth and/or their family's membership in a particular cultural group impact their stress and well-being?

For the **Child/Youth and Family Cultural Factors Domain,** use the following categories and action levels:

0   No evidence of any needs; no need for action.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

3   Need is dangerous or disabling; requires immediate and/or intensive action.

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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's 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 evidence of any needs; no need for action.

No evidence that there is a need or preference for an interpreter and/or the child/youth and family speak and read the primary language where the child/youth or family lives.

1 Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

Child/youth and/or family speak or read the primary language where they live, but potential communication problems exist because of limited vocabulary or comprehension of the nuances of the language.

2 Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

Child/youth and/or significant family members do not speak the primary language where they live. Translator or family's native language speaker is needed for successful intervention; a qualified individual can be identified within natural supports.

3 Need is dangerous or disabling; requires immediate and/or intensive action.

Child/youth and/or significant others do not speak the primary language where they live. Translator or family's native language speaker is needed for successful intervention; no such individual is available from among natural supports.

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, 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	No evidence of any needs; no need for action.
	The child/youth has defined a cultural identity and is connected to others who support their cultural identity.
1	Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.
	The child/youth is experiencing some confusion or concern regarding cultural identity.
2	Need is interfering with functioning. Action is required to ensure that the identified need is addressed.
	The child/youth has significant struggles with their own cultural identity. Child/youth may have a cultural identity but is not connected with others who share their culture.
3	Need is dangerous or disabling; requires immediate and/or intensive action.
	The child/youth does not express a cultural identity or is experiencing significant problems due to conflict regarding their cultural identity.

TRADITIONS AND CULTURAL RITUALS

This item rates the child/youth's access to and participation in cultural traditions, rituals and practices, including the celebration of culturally specific holidays such as Kwanza, Dia de los Muertos, Yom Kippur, Quinceañera, 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 their traditions and rituals?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

    The child/youth is consistently able to practice traditions and rituals consistent with their cultural identity.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

    The child/youth is generally able to practice traditions and rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these practices.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

    The child/youth experiences significant barriers and is sometimes prevented from practicing traditions and rituals consistent with their cultural identity.

3   Need is dangerous or disabling; requires immediate and/or intensive action.

    The child/youth is unable to practice traditions and rituals consistent with their cultural identity.

CULTURAL STRESS

This item identifies circumstances in which the child/youth's cultural identity is met with hostility or other problems within their 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:
- Has the child/youth experienced any problems with the reaction of others to their cultural identity?
- Has the child/youth experienced discrimination?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

No evidence of stress between the child/youth's cultural identity and current environment or living situation.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

Some occasional stress resulting from friction between the child/youth's cultural identify and their current environment or living situation.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

The child/youth is experiencing cultural stress that is causing problems of functioning in at least one life domain. The child/youth needs support to learn how to manage culture stress.

3   Need is dangerous or disabling; requires immediate and/or intensive action.

The child/youth is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. The child/youth needs immediate plan to reduce culture stress.

KNOWLEDGE CONGRUENCE

This item refers to a family's explanation about their children's presenting issues, needs and strengths in comparison to the prevailing professional/helping culture(s) perspective.

Questions to Consider:
- How does the family describe the child/youth's needs?
- Do members of the family disagree on how they see the needs of the child/youth?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

There is no evidence of differences/disagreements between the family's explanation of presenting issues, needs and strengths and the prevailing professional/helping cultural view(s), i.e., the family's view of the child/youth is congruent with the prevailing professional/helping cultural perspective(s).

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

Small or mild differences between the family's explanation and the prevailing professional/helping cultural perspective(s), but these disagreements do not interfere with the family's ability to meet its needs.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

Disagreement between the family's explanation and the prevailing professional/helping cultural perspective(s) creates challenges for the family and/or those who work with them.

3   Need is dangerous or disabling; requires immediate and/or intensive action.

Significant disagreements in terms of explanation between the family and the prevailing professional/helping cultural perspective(s) that places the family in jeopardy of significant problems or sanctions.

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HELP SEEKING CONGRUENCE

This item refers to a family's approach to help seeking behavior in comparison to the prevailing professional/helping culture(s) perspective.

Questions to Consider:

- Has the family reached out to professional or other resources to support the needs of their child/youth?
- Are there disagreements in the family in whom to seek for support and how?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

There is no evidence of differences/disagreements between the family's approach to help seeking and the prevailing professional/helping cultural view(s), i.e., the family's approach is congruent with prevailing professional/helping cultural perspective(s) on help seeking behavior.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

Some differences between the family's help seeking beliefs and/or behavior and the prevailing professional/helping cultural perspective(s), but these differences do not interfere with the child/youth and/or family's ability to meet its needs.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

Disagreement between the family's help seeking beliefs and/or behavior and the prevailing professional/helping cultural perspective(s) creates challenges for the family and/or those working with them.

3   Need is dangerous or disabling; requires immediate and/or intensive action.

Significant disagreements in terms of help seeking beliefs and/or behaviors between the family and the prevailing professional/helping cultural perspective(s) places the family in jeopardy of significant problems or sanctions.

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EXPRESSION OF DISTRESS

This item refers to a child/youth's or family's style of expressing distress in comparison to the prevailing professional/helping culture(s) perspective.

Questions to Consider:
- How does the child/youth and/or family react to distressing situations?
- What kind of support do they have?
- What are their social resources?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

There is no evidence of differences/disagreements between the way the family expresses distress and the prevailing professional/helping cultural view(s), i.e. family's style of expressing distress is congruent with prevailing professional/helping cultural perspective(s).

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

Some differences between the way the family expresses distress and the prevailing professional/helping cultural perspective(s) but these disagreements do not interfere with the family's ability to meet its needs.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

Disagreement between the way the family expresses distress and the prevailing professional/helping cultural perspective(s) creates challenges for the family and/or those who work with them.

3   Need is dangerous or disabling; requires immediate and/or intensive action.

Disagreement in terms of the way the family expresses distress and the prevailing professional/helping cultural perspective(s) places the family in jeopardy of significant problems or sanctions.

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CHILD/YOUTH BEHAVIORAL/ EMOTIONAL NEEDS DOMAIN

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

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

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

0   No evidence of any needs; no need for action.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

3   Need is dangerous or disabling; requires immediate and/or intensive action.

PSYCHOSIS (THOUGHT DISORDER)

This item rates the symptoms of psychiatric disorders, 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 child/youth exhibit behaviors that are unusual or difficult to understand?
- Does the child/youth engage in certain actions repeatedly?
- Are the unusual behaviors or repeated actions interfering with the child/youth's functioning?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

    No evidence of psychotic symptoms. Thought processes and content are within normal range.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

    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 an child/youth with a history of hallucinations but none currently. Use this category for children/youth who are below the threshold for one of the DSM diagnoses listed above.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

    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   Need is 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.

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IMPULSIVITY/HYPERACTIVITY

Problems with impulse control and impulsive behaviors, including motoric disruptions (e.g., tics or sudden, rapid, recurring, nonrhythmic motor movements or vocalizations) are rated here. This includes behavioral symptoms associated with Attention Deficit/Hyperactivity Disorder (ADHD) and Impulse-Control Disorders as indicated in the DSM.

Questions to Consider:
- Does the child/youth's impulsivity put them at risk?
- Is the child/youth able to control themselves?
- Does the child/youth report feeling compelled to do something despite negative consequences?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

   No evidence of symptoms of loss of control of behavior.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

   This is a history or evidence of some 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   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

   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, employers, etc.). A child/youth who often intrudes on others and often exhibits aggressive impulses would be rated here.

3   Need is dangerous or disabling; requires immediate and/or intensive action.

   Clear evidence of a dangerous level of hyperactivity and/or impulsive behavior that places the child/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 themselves or others without thinking.

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DEPRESSION

This item rates symptoms such as 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 the DSM.

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?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

    No evidence of problems with depression.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.

    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   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

    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   Need is 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 or work, friendship groups or relationships with others, or family life. Disabling forms of depressive diagnoses would be rated here.

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ANXIETY

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

Questions to Consider:
- 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?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

No evidence of anxiety symptoms.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

History, suspicion, or evidence of some anxiety. This level is used to rate either a mild phobia or anxiety problem that is not yet causing the child/youth significant distress or markedly impairing functioning in any important context.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

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   Need is 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.

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OPPOSITIONAL BEHAVIOR

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.

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?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

No evidence of oppositional behaviors.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

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   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

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   Need is 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. [continues]

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Supplemental Information: Oppositional Behavior and Conduct

The Oppositional Behavior item is intended to capture how the child/youth relates to authority figures like parents and teachers. Conduct Disorder is when the child/youth consistently violates the basic rights of others and/or the rules and norms of society that are antisocial in nature with no remorse. Oppositional behavior is different from conduct disorder in that the emphasis of the behavior is on the child/youth's noncompliance to authority rather than on seriously breaking social rules, norms and laws. While children with Conduct Disorder typically exhibit aggressive and/or criminal behavior, children that are oppositional may exhibit anger and deceitfulness but without the aggressive behaviors that directly impact others. Especially in the area of rule-breaking and non-compliance, many of the features of Oppositional Behavior may also be present in Conduct Disorder, but not vice versa. In such cases, both items could be rated for the same behavior.

CONDUCT

This item rates the degree to which a child/youth engages in behaviors that show a disregard for and violation of the rights of others such as stealing, lying, vandalism, cruelty to animals, and assault. This item rates the degree to which a child/youth engages in behavior that is consistent with the presence of a Conduct Disorder.

Questions to Consider:

- How does the child/youth handle telling the truth/lies? Is the child/youth seen as dishonest?
- Has the child/youth ever tortured animals?
- Has the child/youth ever been arrested?
- Is the child/youth on probation?
- Has the child/youth ever been incarcerated?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

     No evidence of serious violations of others or laws.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.

     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 or work and home behavior. Problems are recognizable but not notable for age, sex, and community.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

     Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals. Child/youth rated at this level would likely meet criteria for a diagnosis of Conduct Disorder.

3   Need is 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.

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ANGER CONTROL

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

Questions to Consider:

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

Ratings and Descriptions

0   No evidence of any needs; no need for action.

     No evidence of any anger control problems.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

     History, suspicion, 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   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

     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, or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.

3   Need is 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.

Supplemental Information: The Anger Control item is derived from Intermittent Explosive Disorder and includes 1) the failure to resist aggressive impulses that result in serious assaultive acts or destruction of property and 2) aggressiveness expressed during an episode that is grossly out of proportion to the precipitating psychosocial stressor. The child/youth may describe the aggressive episodes as "spells" or "attacks" in which the explosive behavior is preceded by a sense of tension or arousal and followed immediately by a sense of relief. But later, the child/youth may feel upset, remorseful, regretful, or embarrassed about the aggressive behavior. Be careful to rate the Anger Control item appropriately given the child/youth's developmental level. Young children's natural inability to fully control their emotions should not be used to rate this item. Anger Control or Intermittent Explosive Disorder may occur as a part of both Oppositional Defiant Disorder and Conduct Disorder.

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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 an child/youth. This rating is consistent with the DSM 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 evidence of any needs; no need for action.

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

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

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   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

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   Need is 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.

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SOMATIZATION

This item identifies the presence of recurrent physical complaints without apparent physical cause or conversion-like phenomena (e.g., pseudoseizures).

Questions to Consider:
- Does the child/youth have any physical complaints? Do these physical complaints have a physical or medical cause?
- Do the child/youth's physical symptoms recur and cause disturbance in their functioning? Are these symptoms dangerous or disabling to the child/youth?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

Child/youth has no evidence of somatic symptoms.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

There is a history or suspicion of somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), joint, limb, or chest pain without medical cause that do not interfere with the child's functioning.

2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

Somatic problems or the presence of conversion symptoms. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches) that interfere with the child/youth's functioning. The child/youth may meet criteria for a somatoform disorder. Additionally, they could manifest any conversion symptoms here (e.g., pseudoseizures, paralysis).

3   Need is dangerous or disabling; requires immediate and/or intensive action.

Somatic symptoms cause significant disturbance in school, social or another area of functioning and could be dangerous or disabling to the child/youth. This could include significant and varied symptomatic disturbance without medical cause.

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BEHAVIORAL REGRESSION

This item is used to describe shifts in previously adaptive functioning evidenced in regressions in behaviors or physiological functioning.

Questions to Consider:

- Has the child/youth exhibited any behaviors the reflect a regression in age-appropriate behavior?
- Are the behavioral regressions impacting the child/youth's functioning?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

Child/youth has no evidence of behavioral regression.

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1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

Child/youth has some regressions in age-level of behavior (e.g., thumb sucking, whining when age-inappropriate). Behavioral regression does not impact functioning.

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2   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

Child/youth has regressions in age-level of behavior including loss of ability to engage with peers, stopping play or exploration in environment that was previously evident, or occasional bedwetting. Behavioral regressions impact child's functioning.

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3   Need is dangerous or disabling; requires immediate and/or intensive action.

Child/youth has more significant regressions in behaviors in an earlier age as demonstrated by changes in speech or loss of bowel or bladder control. Behavioral regressions are dangerous or disabling to the child/youth.

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EMOTIONAL AND/OR PHYSICAL DYSREGULATION

This item describes the child/youth's difficulties with arousal regulation or expressing emotions and energy states.

Questions to Consider:

- Does the child/youth have reactions that seem out of proportion (larger or smaller than is appropriate) to the situation?
- Does the child/youth have extreme or unchecked emotional reactions to situations?

Ratings and Descriptions

0   No evidence of any needs; no need for action.
     Child/youth has no problems with emotional regulation. Emotional responses and energy level are appropriate to the situation.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

     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   Need is interfering with functioning. Action is required to ensure that the identified need is addressed.

     Child/youth has problems with affect/physiological regulation that are impacting their functioning in some life domains but is able to control affect at times. The child/youth may be unable to modulate emotional responses or have more persistent difficulties in regulating bodily functions. The child/youth may exhibit marked shifts in emotional responses (e.g., from sadness to irritability to anxiety) or have contained emotions with a tendency to lose control of emotions at various points (e.g., normally restricted affect punctuated by outbursts of anger or sadness). The child/youth may also exhibit persistent anxiety, intense fear or helplessness, lethargy/loss of motivation, or affective or physiological over-arousal or reactivity (e.g., silly behaviour, loose active limbs) or under arousal (e.g., lack of movement and facial expressions, slowed walking and talking). [continues]

3   Need is dangerous or disabling; requires immediate and/or intensive action.

Child/youth is unable to regulate affect and/or physiological responses. The child/youth may have more rapid shifts in mood and an inability to modulate emotional responses (feeling out of control of their emotions or lacking control over their movement as it relates to their emotional states). 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.

Supplemental Information: These symptoms are characterized by difficulties with arousal regulation. This can include difficulties modulating or expressing emotions and energy states such as emotional outbursts or marked shifts in emotions, overly constricted emotional responses, and intense emotional responses, and/or evidence of constricted, hyperaroused, or quickly fluctuating energy level. The child/youth may demonstrate such difficulties with a single type or a wide range of emotions and energy states. This can also include difficulties with regulation of body functions, including disturbances in sleeping, eating, andelimination; over-reactivity or under-reactivity to touch and sounds; and physical or somatic complaints. This can also include difficulties with describing emotional or bodily states. The child/youth's behavior likely reflects their difficulty with emotional and physiological regulation, especially for younger children. This can be demonstrated as excessive and chronic silly behavior, excessive body movements, difficulties regulating sleep/wake cycle, and inability to fully engage in activities.

Emotional dysregulation refers to difficulty regulating or "controlling" one's emotional responses and behaviors. Emotional dysregulation can be seen in both:

- the ease with which someone's mood changes, and
- the intensity of that mood change.

For example, children/youth who have difficulties with emotional regulation will regularly have "mood swings" where they will very quickly become angry, sad, or anxious with little to no warning. These children/youth will also have exaggerated emotional responses, so that not only do they become sad, anxious, or angry fairly suddenly, but the intensity of that emotion appears to be far in excess of what would be expected in that situation. It is important to rate this item appropriately given the child/youth's age and developmental level. Younger children's emotional reactions may be more extreme and should not be rated unless they are out of proportion with their developmental level.

All people have occasional overreactions, but for people with dysregulation problems, these extreme emotional responses are common and cause significant difficulties in their life. Their mood swings and over-responding can lead to behavioral problems and interfere with their social interactions and relationships at home or school.

CHILD/YOUTH RISK BEHAVIORS DOMAIN

This section focuses on behaviors that can get children/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 them at risk for serious harm?

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

0   No evidence of any needs; no need for action.

1   Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.

2   Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.

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

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 an child/youth to end their life. A rating of '2' or '3' would indicate the need for a safety plan.

Questions to Consider:
- Has the child/youth ever talked about a wish or plan to die or to kill themselves?
- Has the child/youth ever tried to commit suicide?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

No evidence of suicidal ideation.

1   Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.

History of suicidal ideation, but no recent ideation or gesture. History of suicidal behaviors or significant ideation but none during the recent past.

2   Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.

Recent, but not acute, suicidal ideation or gesture.

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

Current suicidal ideation and intent OR command hallucinations that involve self-harm.

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NON-SUICIDAL SELF-INJURIOUS BEHAVIOR

This item 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 use self-injurious behavior as a release?
- Does the child/youth ever purposely hurt themselves (e.g., cutting)?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

    No evidence of any forms of self-injury.

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1   Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.

    A history or suspicion of self-injurious behavior.

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2   Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.

    Engaged in self-injurious behavior (e.g., cutting, burns, piercing skin with sharp objects, repeated head banging) that does not require medical attention.

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3   Need or risk behavior is dangerous or disabling. 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.

Supplemental Information: Suicidal behavior is not self-injurious behavior. Carving and cutting on the body are common examples of self-injurious behavior. Generally, body piercings and tattoos are not considered a form of self-injury. Repeatedly piercing or scratching one's skin would be included. Self-injury in this fashion is thought to have addictive properties since generally the self-harm behavior results in the release of endorphins that provide a calming feeling.

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OTHER SELF-HARM (RECKLESSNESS)

This item 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-mutilative behaviors are not rated here.**

Questions to Consider:
- Does the child/youth ever put themselves in dangerous situations?
- Has the child/youth ever talked about or acted in a way that might be dangerous to themselves (e.g., reckless behavior such as riding on top of cars, reckless driving, climbing bridges, etc.)?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

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

1   Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement.

   There is a history or suspicion of or some reckless or risk-taking behavior (other than suicide or self-mutilation) that placed the child/youth at risk of physical harm.

2   Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior 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   Need or risk behavior is dangerous or disabling. 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.

Supplemental Information: This item provides an opportunity to identify other potentially self-destructive behaviors (e.g., reckless driving, subway surfing, unprotected sex, substance use, etc.). If the child/youth frequently exhibits significantly poor judgment that has the potential to place themselves in danger, but has yet to actually do so, a rating of '1' might be used to indicate the need for prevention. A rating of '3' is used for a child/youth that has placed themselves in significant physical jeopardy during the rating period.

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EXPLOITED

This item describes a child/youth who has been victimized by others. This item is used to examine a history and pattern of being the object of abuse and/or whether the person is at current risk for re-victimization. This item includes children/youth who are currently being bullied at school or in their community. It would also include children/youth who are victimized in other ways (e.g., sexual abuse, sexual exploitation, inappropriate expectations based on their level of development, a child/youth who is forced to take on a parental level of responsibility, etc.).

Questions to Consider:

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

Ratings and Descriptions

0   No evidence of any needs; no need for action.

   No evidence that the child/youth has experienced victimization or exploitation. They may have been bullied, robbed, or burglarized on one or more occasions in the past, but no pattern of victimization exists. Child/youth is not presently at risk for re-victimization or exploitation.

1   Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

   Suspicion or history of victimization or exploitation, but the child/youth has not been victimized to any significant degree in the past year. Child/youth is not presently at risk for re-victimization or exploitation.

2   Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.

   Child/youth has been recently victimized (within the past year) and may be at risk of re-victimization. This might include physical or sexual abuse, significant psychological abuse by family or friend, sexual exploitation, or violent crime.

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

   Child/youth has been recently or is currently being victimized or exploited, including human trafficking (e.g., labor or sexual exploitation including the production of pornography, sexually explicit performance, or sexual activity) or living in an abusive relationship, or constantly taking on responsibilities of being a parent to other family members.

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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.

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?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

No evidence or history of aggressive behaviors or significant verbal threats of aggression towards others (including people and animals).

1   Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

History of aggressive behavior or verbal threats of aggression towards others. History of fire setting would be rated here.

2   Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.

Occasional or moderate level of aggression towards others. Child/youth has made verbal threats of violence towards others.

3   Need or risk behavior is dangerous or disabling. 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.

Supplemental Information: Imagined violence, when extreme, may be rated here. Physically harmful aggression or command hallucinations that involve the harm of others, or a child/youth setting a fire that placed others at significant risk of harm would be rated a '3.' Reckless behavior that may cause physical harm to others is **not** rated on this item.

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SEXUAL AGGRESSION

This item describes sexual behavior that could result in charges being made against the child/youth. Sexual aggression includes the use or threat of physical force or taking advantage of a power differential to engage in non-consenting sexual activity. The severity and recency of the behavior provide the information needed to rate this item.

Questions to Consider:
- Has the child/youth ever been accused of being sexually aggressive towards another child or youth?
- Has the child/youth ever been accused of sexually harassing others or using sexual language?
- Has the child/youth had sexual contact with a younger child?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

No evidence of sexually aggressive behavior.

1   Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

History of sexually aggressive behavior (but not in past year) OR sexually inappropriate non-physical behavior in the past year that troubles others such as harassing talk or language. For example, occasional inappropriate sexually aggressive/harassing language or behavior.

2   Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.

Child/youth engages in sexually aggressive behavior that impairs their functioning. For example, frequent inappropriate sexual behavior (e.g., inappropriate touching).

3   Need or risk behavior is dangerous or disabling. 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.

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DELINQUENT BEHAVIOR

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

Questions to Consider:

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

Ratings and Descriptions

0   No evidence of any needs; no need for action.

No evidence or history of delinquent or criminal behavior.

1   Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

History or suspicion of delinquent or criminal behavior, but none in the recent past. Status offenses would generally be rated here.

2   Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.

Child/youth has been engaged in criminal activity during the past year, but the criminal activity does not represent a significant physical risk to others in the community. Currently engaged in delinquent behavior (e.g., vandalism, shoplifting, etc.) that puts the child/youth at risk.

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

Serious recent acts of delinquent or criminal activity that place others at risk of significant loss or injury. Examples include car theft, residential burglary, rape, armed robbery, and assault.

Supplemental Information: This item uses the mental health rather than the justice definition of delinquency, reflecting behaviors that we know about. Since the primary goal of the intervention is to prevent the child/youth from future harm, it is necessary to assess behaviors of which we are aware. The general vagueness of this item prevents placing the child/youth in any legal jeopardy from the assessment (i.e., no specific crimes are identified, just a level of risk).

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RUNAWAY*

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

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 they stay away? How was the child/youth found?
- Does the child/youth ever threaten to run away?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

Child/youth has no history of running away or ideation of escaping from current living situation.

1   Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

Child/youth has no recent history of running away but has 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   Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.

Child/youth has run from home once or run from one treatment setting. Also rated here is a child/youth who has run home (parental or relative).

3   Need or risk behavior is dangerous or disabling. 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 presents 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 [E] Runaway Module.

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[E] RUNAWAY MODULE

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 often but not always.

3   Child/youth runs at every opportunity.

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CONSISTENCY OF DESTINATION

This item describes whether 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.

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

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.

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INVOLVEMENT IN ILLEGAL ACTIVITIES

This item describes what type of activities the child/youth is involved in while on the run and whether they are legal activities.

Questions to Consider:

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

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., armed robbery).

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LIKELIHOOD OF RETURN ON OWN

This item describes whether 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 (e.g., police).

Questions to Consider:

- Does the child/youth usually return home on their own?
- Is adult/external intervention needed?

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 themselves difficult to find and/or might passively resist return once found.

3   Child/youth makes repeated and concerted efforts to hide to not be found and/or resists return.

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INVOLVEMENT WITH OTHERS
This item describes whether 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 themselves 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 child/youth's behavior.

2   Others involved in running by providing help, hiding child/youth.

3   Child/youth actively is encouraged to run by others. Others actively cooperate to facilitate running behavior.

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REALISTIC EXPECTATIONS

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

Questions to Consider:

- What are the child/youth's 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.

PLANNING

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

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End of Runaway Module

INTENTIONAL MISBEHAVIOR

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

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 (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.?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

Child/youth shows no evidence of problematic social behaviors that cause adults to administer consequences.

1   Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

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   Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior 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   Need or risk behavior is dangerous or disabling. 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). [continues]

INTENTIONAL MISBEHAVIOR continued

Supplemental Information: The key to rating the Intentional Misbehavior item is the child/youth's intent. This item is designed to capture behaviors in which the child/youth is intentionally trying to get sanctioned. For what could be a variety of reasons, the child/youth is trying to draw attention from parents, teachers, or other authority figures. This could be due to a true lack of attention from adults, an excessive need for attention, or the child/youth's desire to draw the attention of authority figures away from something else. Rating should be based on the social/cultural view of the behavior. The same behavior may draw different sanctions (or none at all) in different societies. The item is based on the child/youth's understanding of their society's sanctions. Thus, ratings should be based not only on the child/youth's behavior, but also on society's or the parent's sanctions of the behavior. Thus, cultural societal factors may be important here.

Behavior without a known intent to draw sanctions should be rated elsewhere. Violent, aggressive behavior with the intent to hurt others is rated on the Danger to Others item. Behavior intended to hurt oneself rather than just draw sanctions is rated on the Non-Suicidal Self-Injurious Behavior or Suicide Risk items.

Examples may include a child/youth who is a consistent disruption or annoyance in the classroom in order to draw the attention of the teacher possibly due to a lack of attention otherwise at home or school. Also rated would be a child/youth who intentionally misbehaves in school to draw attention away from the fact that they are failing academically which is a source of greater embarrassment.

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.

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?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

No evidence of fire setting by the child/youth.

1   Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

History of fire setting but not in the recent past.

2   Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior 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   Need or risk behavior is dangerous or disabling. Intensive and/or immediate action is required to address the need or risk behavior.

Acute threat of fire setting. Child/youth has set fires that endangered the lives of others (e.g., attempting to burn down a house).

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BULLYING

This item describes behavior that involves intimidation (either verbal or physical or both) of peers and younger children, including cyber bullying. Threatening others with harm if they do not comply with the child/youth's demand would be rated here. A victim of bullying is not rated here.

Questions to Consider:
- Are there concerns that the child/youth might bully other children in person or online via social media, email or text, etc.?
- Have there been any reports that the child/youth has picked on, made fun of, harassed or intimidated another person?
- Does the individual hang around with other people who bully?

Ratings and Descriptions

0   No evidence of any needs; no need for action.

     No evidence that the child/youth has ever engaged in bullying at school/home, in the community or online.

1   Need or risk behavior that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement.

     History or suspicion of bullying, or child/youth has engaged in bullying behavior or associated with groups that have bullied others.

2   Need or risk behavior is interfering with functioning. Action is required to ensure that the identified need or risk behavior is addressed.

     Child/youth has bullied others at school/ home, in the community or online. They have either bullied others or led a group that bullied others.

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

     Child/youth has repeatedly utilized threats or actual violence when bullying others in school, home, in the community or online.

Supplemental Information: Bullying does not include all fighting behavior. Bullying behavior may be verbal (in person or online) and/or physical and is intended to demonstrate the child/youth's power or authority over another. Fighting itself does not warrant a rating on the Bullying item unless there is some intent to intimidate other children. For example, threatening others with harm if they do not comply with the child/youth's demands would be rated as Bullying. However, fighting with another child due to anger, frustration, retaliation, or self-defense should not be rated as bullying.

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CHILD/YOUTH 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 their behavioral/emotional needs leads to better functioning, and better outcomes, than does focusing just on their 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.

NOTE: When you have no information/evidence about a strength in this area, use a rating of '3.'

Question to Consider for this Domain: What are the child/youth's strengths that can be used to support a need?

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

0   Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.

1   Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

2   Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

3   An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

RELATIONSHIP PERMANENCE

This item refers to the stability of significant relationships in the child/youth's life. This likely includes family members but may also include other individuals (e.g., chosen family).

Questions to Consider:
- Is the child/youth in contact with their parents?
- Are there adults, including relatives, with whom the child/youth has had long-lasting relationships?

Ratings and Descriptions

0   Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.

    Child/youth has very stable relationships. Family members, friends, and community have been stable for most of the child/youth's life and are likely to remain so in the foreseeable future.

1   Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

    Child/youth has 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 a parent may be rated here.

2   Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

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

3   An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

    Child/youth does not have any stability in relationships. Independent living or adoption must be considered.

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FAMILY STRENGTHS - NUCLEAR

This item refers to the presence of a sense of family identity as well as love and communication among nuclear 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 nuclear family comes from the child/youth's perspective (i.e., who the individual describes as their family). If this information is not known, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the child/youth is still in contact.

Questions to Consider:

- What are the relationships like among the members of the nuclear family?
- How does the nuclear family communicate with each other?

Ratings and Descriptions

0   Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.

Nuclear family has strong relationships and significant family strengths.

1   Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

Nuclear family has some good relationships and good communication.

2   Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

Nuclear family needs some assistance in developing relationships and/or communications.

3   An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

Nuclear family needs significant assistance in developing relationships and communications, or child/youth has no identified family.

FAMILY STRENGTHS - EXTENDED

This item refers to the presence of a sense of family identity as well as love and communication among extended 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 extended family comes from the child/youth's perspective (i.e., who the individual describes as their family). If this information is not known, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the child/youth is still in contact.

Questions to Consider:

- What are the relationships like among the members of the extended family?
- How does the extended family communicate with each other?

Ratings and Descriptions

0   Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.

Extended family has strong relationships and significant family strengths.

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1   Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

Extended family has some good relationships and good communication.

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2   Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

Extended family needs some assistance in developing relationships and/or communications.

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3   An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

Extended family needs significant assistance in developing relationships and communications, or child/youth has no identified extended family.

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POSITIVE PEER RELATIONS

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 their 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 social skills needed to make and maintain friendships?
- Do adults or same age peers like the child/youth?

Ratings and Descriptions

0   Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.

Significant interpersonal strengths. Child/youth has well-developed interpersonal skills and healthy friendships.

1   Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

Child/youth has good interpersonal skills and has shown the ability to develop healthy friendships.

2   Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

Child/youth requires strength building to learn to develop good interpersonal skills and/or healthy friendships. Child/youth has some social skills that facilitate positive relationships with peers and adults but may not have any current healthy friendships.

3   An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

There is no evidence of observable interpersonal skills or healthy friendships at this time and/or child/youth requires significant help to learn to develop interpersonal skills and healthy friendships.

OPTIMISM

This item should be rated based on the child/youth's sense of self 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 child/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, centerpiece strength; may be used as a centerpiece in an intervention/action plan.
	Child/youth has a strong and stable optimistic outlook for their future.
1	Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.
	Child/youth is generally optimistic about their future.
2	Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.
	Child/youth 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 may be recommended to develop a strength in this area.
	There is no evidence of optimism at this time and/or child/youth has difficulties seeing positive aspects about themselves or their future.

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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 decision-making process and ability to make good decisions?
- Does the child/youth typically make good choices for themselves?
- How does the family describe the child/youth's decision-making ability?

Ratings and Descriptions

0   Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.

Child/youth shows exceptional age-appropriate decision making.

1   Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

Child/youth generally makes good decisions and benefits from support from others.

2   Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

Child/youth has limited decision making skills, requiring more supervision than expected for their age.

3   An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

Child/youth does not show decision making skills and makes decisions that would likely result in significant physical harm to self or others. Child/youth requires intense and constant supervision, over and above that expected for child/youth's age.

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WELL-BEING

This rating should be based on the psychological strengths that the child/youth might have developed including the ability to both enjoy positive life experiences and manage negative life experiences. This should be rated independent of the child/youth's current level of distress.

Questions to Consider:
- Does the child/youth have psychological strengths?
- Is the child/youth able to enjoy what is positive in their lives? Manage the challenges?

Ratings and Descriptions

0   Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.

   Child/youth with exceptional psychological strengths. Both coping and savoring skills are well developed.

1   Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

   Child/youth with good psychological strengths. The child/youth has solid coping skills for managing distress or solid savoring skills for enjoying pleasurable events.

2   Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

   Child/youth with limited psychological strengths. For example, a child/youth with very low self-esteem would be rated here.

3   An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

   Child/youth with no known or identifiable psychological strengths. This may be due to intellectual impairment or serious psychiatric disorders.

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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 educational setting. Rate according to how much the school is an effective partner in promoting the 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 the 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, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.

The educational setting 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   Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

Educational setting 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 strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

The educational setting 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 may be recommended to develop a strength in this area.

There is no evidence of the educational setting working to identify or successfully address the child/youth's needs at this time and/or it is unable and/or unwilling to work to identify and address the child/youth's needs and/or there is no educational setting to partner with at this time. [continues]

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EDUCATIONAL SETTING continued

Supplemental Information: This item rates not only refers to the child/youth's perception of school and their school performance, but predominantly refers more to the school's relationship to the child/youth and family, and the level of support the child/youth is receiving from the school. This item includes the level of understanding that the school has of the child/youth's educational needs and the planning created to address those needs.

If the school is actively participating in meeting the child/youth's needs and working with the child/youth's family, a rating of '0' would be given. If the school is unwilling or unable to identify and address the child/youth's needs or work with the child/youth and the family to provide appropriate interventions, a rating of '3' would be given.

RECREATIONAL
This item refers to leisure time activities outside of school.

Questions to Consider:
- Does the child/youth have things that they like to do with their free time?
- Does the child/youth have things that give them pleasure?
- Does the child/youth have activities that are a positive use of their extra time?
- Does the child/youth often claim to be bored or have nothing to do?

Ratings and Descriptions

0   Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.

Child/youth has notable recreational opportunities that play a significant role in their well-being.

1   Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

Child/youth has recreational opportunities that are consistent with their talents/interests.

2   Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

Child/youth has limited recreational opportunities or those available do not fit the child/ youth's talents/interests.

3   An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

Child/youth has no recreational opportunities.

Supplemental Information: This item rates the degree to which a child/youth has identified and participates in positive leisure time activities that fit the child/youth's talents and interests. This does not simply indicate that the child/youth participates in activities, but rather that those activities align with the child/youth's talents and areas of interest. This item can be rated in conjunction with the Talents/Interests item as the two areas are intertwined. In order for a child/youth to be rated lower in this item, they must also have identified talents and interests in which they are actively involved. A child/youth who makes full use of leisure time activities to pursue recreational activities that support their healthy development and enjoyment would be given a rating of '0,' and a child/youth who has no recreational opportunities or no desire to participate in such activities would be given a rating of '3.'

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VOCATIONAL

This item is used to refer to practical skills that help a child/youth become proficient in a trade or profession and may or may not reflect any specific work skills possessed by the child/ youth.

Questions to Consider:

- Does the child/youth have any skills or aptitudes that prepare them for a trade?

Ratings and Descriptions

0	Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan. Child/youth has vocational skills and relevant work experience.
1	Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength. Child/youth has some vocational skills or work experience.
2	Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful. Child/youth has some pre-vocational skills or identified vocational interests.
3	An area in which no current strength is identified; efforts may be recommended to develop a strength in this area. Child/youth has no known vocational skills or the child needs significant assistance in identifying vocational interests.

Supplemental Information: This item rates the level of vocational skills or work experience a child/youth has, and also includes vocational goals that they have expressed. Vocational strengths are rated independently of functioning in that a child/youth can have considerable strengths and aspirations but not be doing well at the moment, and should also be rated regardless of age or developmental level. Developing vocational skills and having a job is a significant indicator of positive outcomes in adult life. A child/youth who has some vocational skills or work experience would be given a rating of '1,' and a child/youth who needs significant assistance in developing those skills would be given a rating of '3.' The treatment plan for a teen that is given a rating of '3' should include significant efforts to build vocational skills.

TALENTS AND INTERESTS

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

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?

Ratings and Descriptions

0   Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.

Child/youth has a talent that provides pleasure and/or self-esteem. A child/youth with significant creative/artistic/athletic strengths would be rated here.

1   Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

Child/youth has 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 strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

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 them with any benefit.

3   An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

There is no evidence of identified talents, interests, or hobbies at this time and/or child/ youth requires significant assistance to identify and develop talents and interests. [continues]

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TALENTS AND INTERESTS continued

Supplemental Information: This item is often rated in conjunction with the Recreational item in that the two items are related – children/youth with recreational strengths are also seen to have strengths in the area of talents and interests. This item can also be linked to the Vocational and Optimism items for children/youth who have identified talents and interests are often optimistic about themselves and some of their talents or interests may translate into vocational skills or career paths. A key piece to this item is that the talent or interest brings the child/youth pleasure or well-being and contributes to their sense of self – for instance, a child/youth who likes to collect car stereos without paying for them may need some assistance in developing other interests, such as learning to fix their friends' car stereos. A child/youth who has identified areas of interest and displays talent in certain areas would be given a rating of '0,' and a child/youth who is not able to identify any interests or hobbies or display any areas of talent would be given a rating of '3.'

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 and/or religious beliefs does not represent a need for the family.

Questions to Consider:

- Does the child/youth have spiritual beliefs that provide them comfort?
- Is the child/youth involved in any religious community? Is their family?
- Is the child/youth engaged in any pro-social activities?
- Is the child/youth interested in exploring any spirituality or religious practice?

Ratings and Descriptions

0   Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action 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   Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

Child/youth 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 strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

Child/youth has expressed some interest in spiritual or religious belief and practices.

3   An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

There is no evidence of identified spiritual or religious beliefs, nor does the child/youth show any interest in these pursuits at this time.

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?

Ratings and Descriptions

0   Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.

Child/youth is well integrated into their community. The child/youth is a member of community organizations and has positive ties to the community. For example, child/youth may be a member of a community group (e.g., Girl or Boy Scouts) for more than one year, may be widely accepted by neighbors, or involved in other community activities, informal networks, etc.

1   Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

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

2   Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

Child/youth 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 may be recommended to develop a strength in this area.

There is no evidence of an identified community of which child/youth is currently a member.

INVOLVEMENT WITH CARE

This item rates the level of involvement and follow-through the child/youth has in the planning and provision of their care.

Questions to Consider:

- Does the child/youth understand their needs?
- Are they participating in addressing them?

Ratings and Descriptions

0   Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.

Child/youth is knowledgeable of needs and helps direct planning to address them.

1   Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

Child/youth is knowledgeable of needs and participates in planning to address them.

2   Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

Child/youth is at least somewhat knowledgeable of needs but is not willing to participate in plans to address them.

3   An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

Child/youth is neither knowledgeable about needs nor willing to participate in any process to address them.

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NATURAL SUPPORTS

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

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

Ratings and Descriptions

0   Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.

Child/youth has significant natural supports that contribute to helping support their healthy development.

1   Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

Child/youth has identified natural supports that provide some assistance in supporting their healthy development.

2   Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

Child/youth has some identified natural supports; however, these supports are not actively contributing to their healthy development.

3   An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

Child/youth has no known natural supports (outside of family and paid caregivers).

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RESILIENCE

This item refers to the child/youth's ability to recognize their internal strengths and use them in managing daily life.

Questions to Consider:

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

Ratings and Descriptions

0   Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/ action plan.

Child/youth can both identify and use strengths to better themselves and successfully manage difficult challenges.

1   Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

Child/youth can identify most of their strengths and is able to partially utilize them.

2   Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

Child/youth can identify strengths but is not able to utilize them effectively.

3   An area in which no current strength is identified; efforts may be recommended to develop a strength in this area.

Child/youth is not yet able to identify personal strengths.

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RESOURCEFULNESS

This item refers to the child/youth's ability to identify and use external/environmental strengths in managing daily life.

Questions to Consider:

- Does the child/youth have external or environmental strengths?
- Does the child/youth use their external or environmental strengths to aid in their well-being?

Ratings and Descriptions

0   Well-developed, centerpiece strength; may be used as a centerpiece in an intervention/action plan.

Child/youth is quite skilled at finding the necessary resources required to aid them in managing challenges.

1   Identified and useful strength. Strength will be used, maintained or built upon as part of the plan. May require some effort to develop strength into a centerpiece strength.

Child/youth has some skills at finding necessary resources required to aid them in a healthy lifestyle but sometimes requires assistance at identifying or accessing these resources.

2   Strengths have been identified but require strength-building efforts before they can be effectively utilized as part of a plan. Identified but not useful.

Child/youth 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 may be recommended to develop a strength in this area.

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.

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CURRENT CAREGIVER: RESOURCES & NEEDS DOMAIN

This section focuses on the strengths and needs of the child/youth's current caregiver. In general, we recommend that you rate the unpaid caregiver or caregivers with whom the child/youth is currently living. If the child/youth has been placed in out-of-home care, then focus on the child/youth's current out-of-home care provider.

In situations where there are multiple caregivers, we recommend making the ratings based on the needs of the set of caregivers as they affect the child/youth. For example, the supervision capacity of a father who is uninvolved in monitoring and discipline may not be relevant to the ratings. Alternatively, if the father is responsible for the children because he works the first shift, and the mother works the second shift, then his skills should be factored into the ratings of the Supervision item.

The items in this section represent caregivers' potential areas of need while simultaneously highlighting the areas in which the caregivers can be a resource for the child/youth.

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

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

0   No current need; no need for action. This may be a resource for the child/youth.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

3   Need prevents the provision of care; requires immediate and/or intensive action.

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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 the child/youth in their care.

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?

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

     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 that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

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

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

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

3   Need prevents the provision of care; 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.

PROBLEM SOLVING

This item describes the caregiver's ability to problem solve and its impact on parenting—to plan, implement, and monitor a course of action; and to judge and self-regulate behavior according to anticipated outcomes.

Questions to Consider:

- Does the caregiver have difficulties with problem solving?
- Are there particular situations that the caregiver has difficulty thinking through?
- Do the caregiver's problem-solving skills impact their ability to parent the child/youth?

Ratings and Descriptions

0	No current need; no need for action. This may be a resource for the child/youth.
	Caregiver has good problem-solving skills.
1	Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.
	Caregiver struggles with thinking through problems or situations, but this does not interfere with their functioning as a parent.
2	Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.
	The caregiver has difficulty thinking through problems or situations which interferes with their ability to function as a parent.
3	Need prevents the provision of care; requires immediate and/or intensive action.
	The caregiver has problems with problem solving that places the child/youth at risk.

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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. This may be a resource for the child/youth.

     No evidence of problems with caregiver involvement in services or interventions, and/or caregiver can act as an effective advocate for the child/youth.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

     Caregiver is consistently involved in the planning and/or implementation of services for the child/youth but is not an active advocate on their behalf. Caregiver is open to receiving support, education, and information.

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

     Caregiver is not actively involved in the child/youth's services and/or interventions intended to assist the child/youth.

3   Need prevents the provision of care; requires immediate and/or intensive action.

     Caregiver wishes for child/youth to be removed from their care.

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KNOWLEDGE

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

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 needs?

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

      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 that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource 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   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

      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   Need prevents the provision of care; 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 them at risk of significant negative outcomes.

Supplemental Information: This item is perhaps the one most sensitive to issues of cultural awareness. It is natural to think that what you know, someone else should know, and if they do not, then it is a knowledge problem. In order to minimize the cultural issues, it is recommended thinking of this item in terms of whether there is information that can be made available to the caregivers so that they could be more effective in working with the child/youth. Additionally, the caregivers' understanding of the child/youth's diagnosis and how it manifests in their behavior should be considered in rating this item.

EMPATHY WITH CHILD

This item refers to the caregiver's ability to understand and respond to the joys, sorrows and other feelings of the child/youth with similar or helpful feelings.

Questions to Consider:

- Is the caregiver able to empathize with the child/youth?
- Is the caregiver able to respond to the child/youth's needs in an emotionally appropriate manner?
- Is the caregiver's level of empathy impacting the child/youth's development?

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

   Caregiver is emotionally empathic and attends to the child/youth's emotional needs.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

   The caregiver can be emotionally empathic and typically attends to the child/youth's emotional needs. There are times, however, when the caregiver is not able to attend to the child/youth's emotional needs.

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

   The caregiver is often not empathic and frequently is unable to attend to the child/youth's emotional needs.

3   Need prevents the provision of care; requires immediate and/or intensive action.

   The caregiver has significant difficulties with emotional responsiveness. They are not empathic and rarely attend to the child/youth's emotional needs.

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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 the child/youth to appointments or school?

Ratings and Descriptions

0	No current need; no need for action. This may be a resource for the child/youth.
	Caregiver is well organized and efficient.
1	Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.
	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	Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.
	Caregiver has moderate difficulty organizing and maintaining household to support needed services.
3	Need prevents the provision of care; requires immediate and/or intensive action.
	Caregiver is unable to organize household to support needed services.

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SOCIAL RESOURCES

This item rates the social assets (e.g., 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. This may be a resource for the child/youth.

Caregiver has significant social and family networks that actively help with caregiving.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

Caregiver has some family, friends or social network that actively helps with caregiving.

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

Work needs to be done to engage family, friends, or social network in helping with caregiving.

3   Need prevents the provision of care; requires immediate and/or intensive action.

Caregiver has no family or social network to help with caregiving.

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MEDICAL/PHYSICAL HEALTH

This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit their ability to 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. This may be a resource for the child/youth.

 No evidence of medical or physical health problems. Caregiver is generally healthy.

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1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

 There is a history or suspicion of, and/or caregiver is in recovery from, medical/physical problems.

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2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

 Caregiver has medical/physical problems that interfere with the capacity to parent the child/youth.

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3   Need prevents the provision of care; requires immediate and/or intensive action.

 Caregiver has medical/physical problems that make parenting the child/youth currently impossible.

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MENTAL HEALTH

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

Questions to Consider:
- Do caregivers have any mental health needs that make parenting difficult?
- Is there any evidence of transgenerational trauma that is impacting the caregiver's ability to give care effectively?

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

   No evidence of caregiver mental health difficulties.

---

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

   There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.

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2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

   Caregiver's mental health difficulties interfere with their capacity to parent.

---

3   Need prevents the provision of care; requires immediate and/or intensive action.

   Caregiver has mental health difficulties that make it currently impossible to parent the child/youth.

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

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

   No evidence of caregiver substance use issues.

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1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

   There is a history of, suspicion or mild use of substances and/or caregiver is in recovery from substance use difficulties where there is no interference in their ability to parent.

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2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

   Caregiver has some substance abuse difficulties that interfere with their capacity to parent.

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3   Need prevents the provision of care; requires immediate and/or intensive action.

   Caregiver has substance abuse difficulties that make it currently impossible to parent the child/youth.

DEVELOPMENTAL

This item describes the presence of limited cognitive capacity or developmental disabilities that challenges the caregiver's ability to parent.

Questions to Consider:

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

Ratings and Descriptions

0	No current need; no need for action. This may be a resource for the child/youth.
	No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.
1	Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.
	Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.
2	Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.
	Caregiver has developmental challenges that interfere with the capacity to parent the child/youth.
3	Need prevents the provision of care; requires immediate and/or intensive action.
	Caregiver has severe developmental challenges that make it currently impossible to parent the child/youth.

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FAMILY STRESS

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

Questions to Consider:
- Do caregivers find it stressful at times to manage the challenges in dealing with the child/youth's needs?
- Does the stress ever interfere with ability to care for the child/youth?

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

No evidence of caregiver having difficulty managing the stress of the child/youth's needs and/or caregiver can manage the stress of child/youth's needs.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

There is a history or suspicion of and/or caregiver has some problems managing the stress of child/youth's needs.

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

Caregiver has notable problems managing the stress of child/youth's needs. This stress interferes with their capacity to provide care.

3   Need prevents the provision of care; requires immediate and/or intensive action.

Caregiver is unable to manage the stress associated with child/youth's needs. This stress prevents caregiver from providing care.

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CULTURAL CONGRUENCE

This item refers to a family's child rearing practices, understanding of child development and early intervention in comparison to the prevailing professional/helping culture(s) perspective.

Questions to Consider:
- Are the family's child rearing practices, understanding of child development and early intervention aligned with the helping professional's perspectives?
- Do the differences between the family's and the helping professional's understanding of child development and early intervention or child rearing practices impacting their working relationship?

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

The family does not have cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child/youth.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

The family has some cultural differences related to child rearing practices, child development and early intervention that are not generally accepted but not considered to put the child/youth at risk.

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

The family has cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child/youth.

3   Need prevents the provision of care; requires immediate and/or intensive action.

The family has cultural differences related to child rearing practices, child development and early intervention that is considered abusive or neglectful and may result in intervention.

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IDENTIFIED PERMANENT RESOURCE: RESOURCES & NEEDS DOMAIN

This section focuses on the resources and needs of the child/youth's permanent resource. If the child/youth has been placed in out-of-home care, then focus on the permanency plan caregiver to whom the child/youth will be returned. If it is a long-term foster care or pre-adoptive placement, then rate that caregiver(s), if different from the child/youth's current caregiver.

If the child/youth is currently in a congregate care setting, such as a hospital, shelter, group home, or residential care center then it may be more appropriate to rate the community caregivers where the child/youth will be placed upon discharge from congregate care. If there is NO community caregiver, this section might need to be left blank with an indication that no caregiver is identified.

In situations where there are multiple caregivers, we recommend making the ratings based on the needs of the set of caregivers as they affect the child/youth. For example, the supervision capacity of a father who is uninvolved in monitoring and discipline may not be relevant to the ratings. Alternatively, if the father is responsible for the children because he works the first shift, and the mother works the second shift, then his skills should be factored into the ratings of Supervision.

Question to Consider for this Domain: What are the resources and needs of the child/youth's identified permanent resource?

For the **Identified Permanent Resource: Resources & Needs Domain,** use the following categories and action levels:

0   No current need; no need for action. This may be a resource for the child/youth.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

3   Need prevents the provision of care; requires immediate and/or intensive action.

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RESIDENTIAL STABILITY

This item rates the housing stability of the caregiver(s) and <u>does not</u> include the likelihood that the child/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. This may be a resource for the child/youth.

Caregiver has stable housing with no known risks of instability.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

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   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

Caregiver has moved multiple times in the past year. Housing is unstable.

3   Need prevents the provision of care; requires immediate and/or intensive action.

Family is homeless or has experienced homelessness in the recent past.

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SELF-CARE/DAILY LIVING SKILLS

This item rates the caregiver's ability to participate in self-care activities or basic activities of daily living (including eating, bathing, dressing, and toileting) and its impact on the caregiver's ability to provide care for the child/youth.

Questions to Consider:

- Does the caregiver have the basic activities of daily living skills needed to provide care for the child/youth?
- What level of support with daily living skills does the caregiver need in order to provide care for the child/youth?

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

    The caregiver has the skills needed to complete the daily tasks required to care for themselves.

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1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.

    Caregiver needs verbal prompting to complete the daily tasks required to care for themselves.

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2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

    Caregiver needs physical prompting to complete the daily tasks required to care for themselves. The caregiver's challenges with the basic activities of daily living interferes with their ability to care for the child/youth.

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3   Need prevents the provision of care; requires immediate and/or intensive action.

    Caregiver is unable to complete some or all of the daily tasks required to care for themselves which makes it impossible to care for the child/youth. The caregiver needs immediate intervention.

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ACCESS TO CHILDCARE SERVICES

This item describes the caregiver's access to appropriate childcare for young children or older children in their care with developmental delays.

Questions to Consider:
- Does the caregiver have access to childcare services?
- What other services are needed?

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

   Caregiver has access to sufficient childcare services.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.

   Caregiver has some access to childcare services. Needs are minimally met by available services.

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

   Caregiver has limited access to childcare services. Current services do not meet the caregiver's needs.

3   Need prevents the provision of care; requires immediate and/or intensive action.

   Caregiver has no access to needed childcare services.

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CULTURAL STRESS

This item identifies circumstances in which the caregiver/family's cultural identity is met with hostility or other problems within their 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's identity and experiences, if different from their own?

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

   No evidence of stress between the caregiver/family's cultural identity and current environment or living situation.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

   Some occasional stress resulting from friction between the caregiver/family's cultural identity and their current environment or living situation.

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

   The caregiver/family is experiencing cultural stress that is causing problems of functioning in at least one life domain. The caregiver/family needs support on managing culture stress.

3   Need prevents the provision of care; requires immediate and/or intensive action.

   The caregiver/family is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances. The caregiver/family needs immediate plan to reduce culture stress.

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EMPLOYMENT/EDUCATIONAL FUNCTIONING

This item rates the performance of the caregiver in educational or work settings. This performance can include issues of behavior, attendance, or achievement/productivity.

Questions to Consider:

- Does the caregiver have any problems at school or work?
- What level of support does the caregiver need to address their problems at work or school?
- Does the caregiver need support in finding employment or attending school?

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

No indication of employment or school related challenges.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.

Some history of problems with work or school functioning, or there is some indication that future assistance will be needed for caregiver with functional challenges at work or school. Caregiver needs monitoring and further assessment.

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

Some problems with school or work functioning, or difficulties with learning. Caregiver may be recently unemployed. Caregiver needs an intervention to address employment and/or learning difficulties.

3   Need prevents the provision of care; requires immediate and/or intensive action.

A severe degree of school or work problems. Caregiver is chronically unemployed and not attending any education program. Caregiver needs immediate intervention.

EDUCATIONAL ATTAINMENT

This item rates the progress of the caregiver toward completing planned education.

Questions to Consider:

- Does the caregiver have educational goals?
- Has the caregiver achieved their educational goals?
- How does achieving (or not achieving) their educational goals impact the caregiver's vocational functioning?

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

Caregiver has achieved all their identified educational goals; OR has no educational goals and educational attainment has no impact on lifetime vocational functioning.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.

Caregiver has set educational goals and is currently making progress towards achieving them.

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

Caregiver has set educational goals but is currently not making progress towards achieving them.

3   Need prevents the provision of care; requires immediate and/or intensive action.

Caregiver has no educational goals and lack of educational attainment is interfering with their lifetime vocational functioning.

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FINANCIAL RESOURCES

This item describes the money and other sources of income available to caregivers that can be used in addressing the needs of the child/youth and family.

Questions to Consider:
- Does the family have sufficient funds to raise or care for the child/youth?

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

No evidence of financial issues or caregiver has financial resources necessary to meet needs.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.

History or suspicion, or existence of difficulties. Caregiver has financial resources necessary to meet most needs; however, some limitations exist.

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

Caregiver has financial difficulties that limit ability to meet significant family needs.

3   Need prevents the provision of care; requires immediate and/or intensive action.

Caregiver is experiencing financial hardship or poverty.

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COMMUNITY CONNECTION

This item reflects the caregiver's connection to people, places, or institutions in their community.

Questions to Consider:
- Does the caregiver have ties with their community?
- Can the caregiver look to neighbors or other community groups for support?

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

Caregiver with extensive and substantial long-term ties with the community. For example, involvement in a community group for more than one year, a caregiver who is widely accepted by neighbors, or involved in other community activities or informal networks.

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1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

Caregiver is somewhat involved with their community. This level can also indicate an caregiver with significant community ties although they may be relatively short term.

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2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

Caregiver has an identified community but has only limited, or unhealthy, ties to that community.

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3   Need prevents the provision of care; requires immediate and/or intensive action.

Caregiver has no known ties or supports with a community.

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LEGAL

This item rates the caregiver's level of involvement with the justice system which impacts their ability to parent. This includes divorce, civil disputes, custody, eviction, property issues, worker's comp, immigration, etc.

Questions to Consider:

- 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?
- Is the caregiver involved in civil disputes, custody, family court?

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

   Caregiver has no known legal difficulties.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

   Caregiver has a history of legal problems but currently is not involved with the legal system.

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

   Caregiver has some legal problems and is currently involved in the legal system.

3   Need prevents the provision of care; requires immediate and/or intensive action.

   Caregiver has serious current or pending legal difficulties that place them at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention. A caregiver who is incarcerated would be rated here.

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TRANSPORTATION

This item reflects the caregiver's ability to provide appropriate transportation for the child/youth.

Questions to Consider:
- Does the caregiver have the means to transport the child/youth?
- Are there any barriers to transportation?

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

Caregiver has no unmet transportation needs. Caregiver can get child/youth to appointments, school, activities, etc. consistently.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.

Caregiver has occasional unmet transportation needs. They have difficulty getting child/youth to appointments, school, activities, etc. no more than weekly and do not require a special vehicle.

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

Caregiver has frequent unmet transportation needs. They have difficulty getting child/youth to appointments, school, activities, etc. regularly (e.g., once a week). Caregiver needs assistance transporting child/youth and access to transportation resources or may require a special vehicle.

3   Need prevents the provision of care; requires immediate and/or intensive action.

Caregiver has no access to appropriate transportation and is unable to get the child/youth to appointments, school, activities, etc. Caregiver needs immediate intervention and development of transportation resources.

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 the child/youth in their care.

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?

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

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 that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

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

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

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

3   Need prevents the provision of care; 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.

PROBLEM SOLVING

This item describes the caregiver's ability to problem solve and its impact on parenting—to plan, implement, and monitor a course of action, to judge and self-regulate behavior according to anticipated outcomes.

Questions to Consider:
- Does the caregiver have difficulties with problem solving?
- Are there particular situations that the caregiver has difficulty thinking through?
- Do the caregiver's problem-solving skills impact their ability to parent the child/youth?

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

Caregiver has good problem-solving skills.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion, or disagreement. This may be an opportunity for resource building.

Caregiver struggles with thinking through problems or situations, but this does not interfere with their functioning as a parent.

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

The caregiver has difficulty thinking through problems or situations which interferes with their ability to function as a parent.

3   Need prevents the provision of care; requires immediate and/or intensive action.

The caregiver has problems with problem solving that places the child/youth at risk.

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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. This may be a resource for the child/youth.

No evidence of problems with caregiver involvement in services or interventions, and/or caregiver can act as an effective advocate for the child/youth.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

Caregiver is consistently involved in the planning and/or implementation of services for the child/youth but is not an active advocate on their behalf. Caregiver is open to receiving support, education, and information.

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

Caregiver is not actively involved in the child/youth's services and/or interventions intended to assist the child/youth.

3   Need prevents the provision of care; requires immediate and/or intensive action.

Caregiver wishes for child/youth to be removed from their care.

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KNOWLEDGE

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

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 needs?

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

   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 that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource 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   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

   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   Need prevents the provision of care; 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 them at risk of significant negative outcomes.

Supplemental Information: This item is perhaps the one most sensitive to issues of cultural awareness. It is natural to think that what you know, someone else should know, and if they do not, then it is a knowledge problem. In order to minimize the cultural issues, it is recommended thinking of this item in terms of whether there is information that can be made available to the caregivers so that they could be more effective in working with the child/youth. Additionally, the caregivers' understanding of the child/youth's diagnosis and how it manifests in their behavior should be considered in rating this item.

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EMPATHY WITH CHILD

This item refers to the caregiver's ability to understand and respond to the joys, sorrows and other feelings of the child/youth with similar or helpful feelings.

Questions to Consider:
- Is the caregiver able to empathize with the child/youth?
- Is the caregiver able to respond to the child/youth's needs in an emotionally appropriate manner?
- Is the caregiver's level of empathy impacting the child/youth's development?

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

Caregiver is emotionally empathic and attends to the child/youth's emotional needs.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

The caregiver can be emotionally empathic and typically attends to the child/youth's emotional needs. There are times, however, when the caregiver is not able to attend to the child/youth's emotional needs.

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

The caregiver is often not empathic and frequently is unable to attend to the child/youth's emotional needs.

3   Need prevents the provision of care; requires immediate and/or intensive action.

The caregiver has significant difficulties with emotional responsiveness. They are not empathic and rarely attend to the child/youth's emotional needs.

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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 the child/youth to appointments or school?

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

      Caregiver is well organized and efficient.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

      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   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

      Caregiver has moderate difficulty organizing and maintaining household to support needed services.

3   Need prevents the provision of care; requires immediate and/or intensive action.

      Caregiver is unable to organize household to support needed services.

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SOCIAL RESOURCES

This item rates the social assets (e.g., 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. This may be a resource for the child/youth.

Caregiver has significant social and family networks that actively help with caregiving.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

Caregiver has some family, friends or social network that actively helps with caregiving.

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

Work needs to be done to engage family, friends, or social network in helping with caregiving.

3   Need prevents the provision of care; requires immediate and/or intensive action.

Caregiver has no family or social network to help with caregiving.

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MEDICAL/PHYSICAL HEALTH

This item refers to medical and/or physical problems that the caregiver(s) may be experiencing that prevent or limit their ability to 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. This may be a resource for the child/youth.

No evidence of medical or physical health problems. Caregiver is generally healthy.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

There is a history or suspicion of, and/or caregiver is in recovery from, medical/physical problems.

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

Caregiver has medical/physical problems that interfere with the capacity to parent the child/youth.

3   Need prevents the provision of care; requires immediate and/or intensive action.

Caregiver has medical/physical problems that make parenting the child/youth currently impossible.

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MENTAL HEALTH

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

Questions to Consider:

- Do caregivers have any mental health needs that make parenting difficult?
- Is there any evidence of transgenerational trauma that is impacting the caregiver's ability to give care effectively?

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

No evidence of caregiver mental health difficulties.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

Caregiver's mental health difficulties interfere with their capacity to parent.

3   Need prevents the provision of care; requires immediate and/or intensive action.

Caregiver has mental health difficulties that make it currently impossible to parent the child/youth.

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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:

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

Ratings and Descriptions

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

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DEVELOPMENTAL

This item describes the presence of limited cognitive capacity or developmental disabilities that challenges the caregiver's ability to parent.

Questions to Consider:

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

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

   No evidence of caregiver developmental disabilities or challenges. Caregiver has no developmental needs.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

   Caregiver has developmental challenges. The developmental challenges do not currently interfere with parenting.

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

   Caregiver has developmental challenges that interfere with the capacity to parent the child/youth.

3   Need prevents the provision of care; requires immediate and/or intensive action.

   Caregiver has severe developmental challenges that make it currently impossible to parent the child/youth.

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FAMILY STRESS

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

Questions to Consider:

- Do caregivers find it stressful at times to manage the challenges in dealing with the child/youth's needs?
- Does the stress ever interfere with ability to care for the child/youth?

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

No evidence of caregiver having difficulty managing the stress of the child/youth's needs and/or caregiver can manage the stress of child/youth's needs.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

There is a history or suspicion of and/or caregiver has some problems managing the stress of child/youth's needs.

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.

Caregiver has notable problems managing the stress of child/youth's needs. This stress interferes with their capacity to provide care.

3   Need prevents the provision of care; requires immediate and/or intensive action.

Caregiver is unable to manage the stress associated with child/youth's needs. This stress prevents caregiver from providing care.

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CULTURAL CONGRUENCE

This item refers to a family's child rearing practices, understanding of child development and early intervention in comparison to the prevailing professional/helping culture(s) perspective.

Questions to Consider:

- Are the family's child rearing practices, understanding of child development and early intervention aligned with the helping professional's perspectives?
- Do the differences between the family's and the helping professional's understanding of child development and early intervention or child rearing practices impacting their working relationship?

Ratings and Descriptions

0   No current need; no need for action. This may be a resource for the child/youth.

The family does not have cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child/youth.

1   Identified need that requires monitoring, watchful waiting, or preventive action based on history, suspicion or disagreement. This may be an opportunity for resource building.

The family has some cultural differences related to child rearing practices, child development and early intervention that are not generally accepted but not considered to put the child/youth at risk.

2   Need is interfering with the provision of care. Action is required to ensure that the identified need is addressed.
The family has cultural differences related to child rearing practices, child development and early intervention that are considered by the majority culture as problematic for the child/youth.

3   Need prevents the provision of care; requires immediate and/or intensive action.
The family has cultural differences related to child rearing practices, child development and early intervention that is considered abusive or neglectful and may result in intervention.

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